



Affordable health insurance options. Made easy!

# BROKER OF RECORD DESIGNATION FORM: ADD CHANGE

Complete this form to ensure the correct broker is reflected as the Broker of Record (BOR) on new or existing business. This form must be signed by both the broker and the Company Owner and/or designated Administrator.

## A. TYPE

Employer Group -Small Business

*beWellnm BOR requests become effective the first day of the month following the receipt of this form.*  
  
*Example: If you submit this form on February 5<sup>th</sup>, your request will become effective March 1<sup>st</sup>.*

## B. GROUP INFORMATION (For Group Plans Only)

Group (Company) Name	Group ID Number	Phone Number	
Mailing Street Address	City	State	Zip Code
Group Contact First and Last Name	Email Address		

## C. SIGNATURE

By signing and completing this document, I instruct beWellnm (New Mexico Health Insurance Exchange) to assign or change the Broker of Record associated with my company policy to the broker listed below. *This designation shall remain in effect until expressly terminated in writing by the Company Owner and/or Designated Group Administrator.*

Company Owner/Designated Group Administrator Signature <b>X</b>	Date MM/DD/YYYY
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## D. BROKER OF RECORD INFORMATION

Broker First and Last Name (as it appears on HealthCare.gov)	Phone Number
State License Number	National Producer Number (NPN)
Broker Social Security Number (SSN) or Parent Tax ID Number (TIN)	
Email Address	

I hereby confirm, as Broker of Record (BOR), that I have assisted the above-named employer group/company with the following services; insurance quotes, establishing or setting up accounts, and assisting employees with plan selections and completing their enrollment elections. Also, I have provided overall customer service and support to the company and its employees as it relates to interactions with the participating health insurance carriers. I acknowledge the acceptance as BOR for this particular employer and their employees. I understand that the employer has the right to change the defined Broker of Record, and if another broker is assigned to the same company's account with a later effective date, beWellnm will have to honor the Company Owner/Designated Group Administrator's request.

Broker Signature <b>X</b>	Date MM/DD/YYYY
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Please send this completed form via email or fax to: [business@beWellnm.com](mailto:business@beWellnm.com) or (505) 314-5353