



Affordable health insurance options. Made easy!

## beWellnm Broker Form

Thank you for becoming certified with beWellnm. We look forward to growing our partnership and your business. Please fill out the form below to establish a profile in our beWellnm Small Business Portal. If you have any questions please call us at 1-833-862-3935. When you have completed this form please email it to: [brokers@nmhix.com](mailto:brokers@nmhix.com).

- New Broker to beWellnm – Complete STEPS 1-3
- Update Information – Complete STEPS 2 & 3
- Add Profile to website – Complete STEP 3

### STEP 1: Agent Information (First and Last Name as it appears on your Health License)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

NPN \_\_\_\_\_

License Renewal Date \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Preferred Method of Communication \_\_\_\_\_ Alt Phone \_\_\_\_\_

Federal Employer Identification # (EIN) **OR** Social Security Number (SSN) \_\_\_\_\_

### STEP 2: Agency Information (Place of business)

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Agency NPN \_\_\_\_\_



Affordable health insurance options. *Made easy!*

**Correspondence Address**

Same as Business Address

Correspondence Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**STEP 3: Profile on website at beWellnm.com**

Phone # \_\_\_\_\_

Public Email Address \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Areas of Expertise \_\_\_\_\_

Counties Servicing \_\_\_\_\_

Education \_\_\_\_\_

On Exchange Plans:

Individual/Family Only     Small Business Only     Both

Biography (160 Characters) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email a photo of yourself (tif or gif file size 200x166) to:

[brokers@nmhix.com](mailto:brokers@nmhix.com)