



New Broker Profile 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 Small Business Health Options system and our website. If you have any questions please call us at 1-833-862-3935.

New Broker to beWellnm – Complete STEPS 1-4

FFM Certified in:

Individual/Family Only Small Business Only Both

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 _____

STEP 2: Business Information

Business Name _____

Address _____

City/State _____ Zip Code _____

Email _____



Same as Business Address

Correspondence
Address

City/State

Zip Code

Email

STEP 3: Profile on website at beWellnm.com (Information provided will be made public)

Name

Business Name

Business Address

Phone #

Customer Facing
Email Address

Languages Spoken

Areas of Expertise

Counties Served

Education

Biography (160
Characters)

STEP 4: Final

Email a photo of yourself (tif or gif file size 200x166): brokers@nmhix.com

To submit this form online click the Submit Form button.

Date Submitted: _____ **Submitted By:** _____