



## 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)	_____

### STEP 2: Business Information

Business Name	_____
Address	_____
City/State	_____ Zip Code _____
Email	_____
Agency NPN	_____



nmhix NEW MEXICO'S HEALTH INSURANCE EXCHANGE

**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)