



Broker Change 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.

- Name Change – Complete STEP 1
- Business Information Change – Complete STEP 2
- Website Profile Change – Complete STEP 3
- Photo Change – Complete STEP 4

FFM Certified in:

- Individual/Family Only
- Small Business Only
- Both

STEP 1: Name Change (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 Change

Business Name _____

Address _____

City/State _____ Zip Code _____

Email _____

Same as Business Address

Correspondence Address _____

City/State _____ Zip Code _____

Email _____

STEP 3: Profile change 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: Photo Change

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

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