



# Instructions on how and when to use the Agent of Record Form:

## Definition of Agent of Record

Agent of Record — **the individual or company authorized to represent an insured in the purchase, servicing, and maintenance of insurance coverage with a designated insurer.** Most insurance companies will not disclose any information or discuss an insured's account with any agent other than the agent of record.

## Why do I need an agent of record?

Often, people or companies hire agents of record so that they do not have to do the work themselves of dealing with their insurance policies. This helps the policyholders save time. Because agents of **record have the legal authority to act on behalf of the client**, insurance companies can deal directly with them.

## Which of the following is a certified agent of record able to do?

The agent of record has a **legal right to receive commissions from the respective insurance policy.** The individual or legal entity is authorized to represent an insured party in purchasing, servicing, and maintaining insurance coverage with a designated insurer.

## When will change be effective?

Agent of Record requests will be effective the date it is received. The agent will have immediate access to the consumer's account. Carrier will be notified of change and commissions may be affected.

Get the form at [beWellnm.com](http://beWellnm.com)

## How to Submit form:

### Mail:

NMHIX  
PO Box 25247  
Albuquerque, NM 87125

### Email:

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

### Upload:

Go to consumer's portal and upload into their account.



# AGENT OF RECORD DESIGNATION FORM Add Change

Complete this form to ensure the correct agent is reflected as the Agent of Record (AOR) on consumers making a plan change. By signing the form agents of record have the legal authority to act on behalf of the client, insurance companies can deal directly with them. This form must be signed by both the agent and the consumer.

## A. TYPE

Individual and Family Marketplace

*beWellnm AOR requests become effective the date received. Agents will have immediate access to the consumer's account.*

## B. CONSUMER INFORMATION

Name	ID Number	Phone Number	
Mailing Street Address	City	State	Zip Code
Phone Number	Email Address		

## C. SIGNATURE

By signing and completing this document, I instruct beWellnm (New Mexico Health Insurance Exchange) to assign or change the Agent of Record associated with my policy to the agent listed below. *This designation shall remain in effect until expressly terminated in writing by the consumer.*

Consumer Signature <b>X</b>	Date MM/DD/YYYY
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## D. AGENT OF RECORD INFORMATION

Agent First and Last Name	Phone Number
State License Number	National Producer Number (NPN)

Tax ID Number (TIN)

Email Address

I hereby confirm, as Agent of Record (AOR), that I have assisted the above-named consumer with the following services; insurance quotes, establishing or setting up accounts, and with plan selections and completing their enrollment elections. Also, I have provided overall customer service and support to the consumer as it relates to interactions with the participating health insurance carriers. I acknowledge the acceptance as AOR for this particular consumer. I understand that the consumer has the right to change the defined Agent of Record, and if another agent is assigned to the same consumer's account with a later effective date, beWellnm will have to honor the consumer's request.

Agent Signature <b>X</b>	Date MM/DD/YYYY
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Please send this completed form via email to: [brokers@nmhix.com](mailto:brokers@nmhix.com).