



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

To submit this form online click the Submit Form button.

**Date Submitted:** \_\_\_\_\_ **Submitted By:** \_\_\_\_\_