



## Broker Enrollment Event Request Form

Event Form needs to be submitted to [partners@nmhix.com](mailto:partners@nmhix.com) no less than 7 business days prior to the enrollment event.

Date and time of the event:
Physical address of the event:
Names of participating Brokers: *No less than 2 brokers per event
Will there be a Spanish speaking broker at the event? Please list:



How will you be referring Medicaid consumers (PED, ISD office, HSD call center, etc,)
How will you be marketing this event, and which marketing materials will you be using to promote your event?
What support will you be needing from BeWell?