



## Agent of Record Form

**An Agent of Record (AOR) is an individual broker or company authorized to represent an individual 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 individual's account with any agent other than the agent of record.

Agent of Record (AOR) requests are effective the date they are received by BeWell, but may take up to 48 hours to process. Once the AOR Form is processed, the agent will have access to the consumer's account.

Note: Submitting an AOR Form does not automatically inform the carrier unless there is also a change to the consumer's enrollment.

### How to Submit this Form:

#### Upload:

Upload to the consumer's account. Uploading is the quickest way to process the form.

#### Mail:

NMHIX  
PO Box 25247  
Albuquerque, NM 87125

#### Email:

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



# AGENT OF RECORD DESIGNATION FORM Add Change

Complete this form to reflect an Agent of Record (AOR) on a consumer's BeWell account. . By signing the form, the Agent of Record has the authority to act on behalf of the client before insurance companies. This form must be signed by both the agent and the consumer.

## A. TYPE

Individual and Family Marketplace

*BeWell AOR requests become effective the date the completed and signed form is received by BeWell. Agents will have access to the consumer's account.*

## B. CONSUMER INFORMATION

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

## C. SIGNATURE

By signing this document, I instruct BeWell (the New Mexico Health Insurance Marketplace) to assign or change the Agent of Record associated with my BeWell account and any insurance policies I have purchased, or will purchase, through BeWell, to the agent listed below. *This designation shall remain in effect until I expressly terminate the designation in writing.*

Consumer Signature <b>X</b>	Date
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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)
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Email Address
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I hereby confirm, as Agent of Record (AOR), that I will assist the above-named consumer with the following services: insurance quotes, establishing or setting up accounts, plan selections, and completing their enrollment elections. Also, I will provide 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 consumer. I understand that the consumer has the right to change the Agent of Record, and if another agent is assigned to the same consumer's account with a later effective date, BeWell will honor the consumer's most recent request.

Agent Signature <b>X</b>	Date
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Upload to the consumer's BeWell account or email the completed form to: [contactcenter@nmhix.com](mailto:contactcenter@nmhix.com)