



AGENT OF RECORD (AOR) LETTER

Return completed forms to:

New Mexico Health Connections
Attn: Agent of Record Changes
2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110
Email: brokerinquiry@mynmhc.org
Fax: 866-231-1344

Date of Request: _____

Member/Group Number: _____

Member /Group Name: _____

Member/Group Address: _____

Member/Group Phone: _____

New Mexico Health Connections (NMHC), please be advised that I/we wish to appoint as our agent representative, effective ____/____/____*:

Agent Name: _____

NMHC Agent ID: _____

Agency Name: _____

This letter gives the above Agent exclusive rights to the use of NMHC products and services on my behalf. This notice replaces any and all previous Agent of Record (AOR) letters, and terminates the rights of any other Agency/Broker to service my insurance needs.

**The effective date of change must be a future date. Changes are effective first of the month following receipt. If no date is provided, the effective date of the change will be the first of the month following receipt of the AOR letter.*

Signature Date

Printed name Company name, if applicable