



# Agent of Record (AOR) Form

If you wish to recognize an agent to represent your True Health New Mexico account, please confirm the information below, sign and return this form to:

True Health New Mexico  
Attn: Agent of Record Changes  
P.O. Box 37200  
Albuquerque, NM 87176  
**Email:** [brokerinquiry@truehealthnewmexico.com](mailto:brokerinquiry@truehealthnewmexico.com)  
**Fax:** 1-800-734-1596

### To be completed by the Agent:

|                      |  |
|----------------------|--|
| Agent Name           |  |
| Agent Writing Number |  |
| NPN                  |  |
| Agency Name          |  |

### To be completed by the member or employer group decision-maker on file with True Health New Mexico:

This letter gives the above Agent exclusive rights to the use of True Health New Mexico products and services on my behalf. This notice replaces any and all previous AOR letters and terminates the rights of any other Agent/ Agency to service my insurance needs.

|                                 |  |
|---------------------------------|--|
| Print Name                      |  |
| Signature                       |  |
| Date                            |  |
| Effective Date of Agent Change* |  |
| Group/Member Name               |  |
| Group Number/Member ID#         |  |

Your signature above allows the agent listed to act as an agent of True Health New Mexico and to receive compensation in the form of monthly commission payments for his/her services, if commissions are payable. You further understand and agree that the agent does not have the authority to approve your coverage and/or effective date and may not accept premiums on behalf of True Health New Mexico. The agent of record listed above will remain in force until True Health New Mexico receives a formal written notice of cancellation.

\*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.