


# BOR Form

DESIGNATE US



## 3 Easy Steps:

- 1) Print out, then fax or email the BOR form of the insurance carrier that you are currently on.  
**Fax to:** (949) 334-3478 or  
**Email to:** marc@nocobra.com
- 2) Call our office to confirm receipt of your BOR form.  
**Phone:** (949) 486-6018 or  
**Phone:** (949) 713-7222
- 3) "EXPERIENCE THE DIFFERENCE of working with a Covered California **CERTIFIED AGENT** with 18 years of experience in the health and dental insurance industry." 

## See why 723 others Completed the BOR Form and Designated Us Last Year:

- Covered California employees are **NOT Licensed Agents** with the state of CA
- CoveredCA.com employees **CANNOT recommend a health insurance plan!**
- We can help answer Covered CA and carrier related questions.
- Marc Harris and his staff have **18 years of experience** in the insurance industry.
- We offer an **ANNUAL REVIEW** during each open enrollment. Dental, Vision & Life too.
- **STOP WAITING ON HOLD WITH COVERED CA AND START BUILDING A RELATIONSHIP WITH US. THERE ARE NO ADDITIONAL FEES FOR OUR SERVICE.**

NO ADDITIONAL FEE TO USE US!

## Meet Marc Harris

### Your Local Certified Insurance Agent

I have been helping clients since 1998 and was one of the first agents to get certified with Covered California and the CoveredCA.com Exchange. We launched OE15.com to make it easy for clients like you evaluate all of your opportunities, and enroll in the policy with the best value. STOP waiting on hold for hours and **START getting the service you deserve.** Ready to renew your policy? We can help you today! Complete our short form and someone will contact you.



**Certified Insurance Agent: Marc Harris**

**Covered California Agent ID#: 2000016310**

**Date Certified: 10/29/2013**

**Certification #: 5000003622**

**PDF Download:** [Covered California Certificates](#)

**website:** [www.OE15.com](http://www.OE15.com)

**CA Insurance License #: 0C45052**



**Anthem Blue Cross  
Agent of Record (AOR) Change Form**



Have Questions? Call NoCobra.com (949) 713-7222

**OE15.com**

**Primary subscriber information**

Primary subscriber last name	First name	M.I.	Subscriber ID no.
Mailing street address	City	State	ZIP code
Phone no.	Email address		

I instruct Anthem Blue Cross to change the current Agent of Record that is associated with my policy to the agent listed below. By completing this document, I agree to the assignment of the new Agent of Record as my formal representative with Anthem Blue Cross and I understand that the transfer of all commissions associated with my plan on a going forward basis will begin on the effective date of the Agent of Record change.

This designation shall remain in effect until expressly terminated by the subscriber in writing.

Primary subscriber signature <b>X</b>	Date (MM/DD/YYYY)
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**New Agent of Record information**

Agent last name <b>Harris</b>	First name <b>Marc</b>	Agent encrypted Tax ID No. (TIN) <b>JNKFMQTRSZ</b>	Agent Exchange ID (NPN)
Agent state license no. <b>OE67717</b>	Agent phone no. <b>(949) 713-7222</b>	Agent email address <b>marc@nocobra.com</b>	
Agency name (optional) <b>NoCobra.com, Inc.</b>		Agency encrypted Tax ID No. (TIN) <b>CDHHKJLKQY</b>	
New agent signature <b>X</b>			Date (MM/DD/YYYY)

All Agent of Record changes are processed based on current change guidelines. This form can be completed by either subscriber or agent but must be signed by both the agent and the subscriber. Once Agent of Record changes are processed, they will be effective the first of the month following Anthem Blue Cross' approval of this form.

Mail or scan completed form to:

Anthem Blue Cross  
Email: [agent.support@wellpoint.com](mailto:agent.support@wellpoint.com)  
Fax: 1-877-255-4015

Additional forms may be required to complete this transaction. Please refer to state guidelines for Agent of Record changes California only specific forms (example: release)