

# 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**



Visit us online: [www.OE15.com](http://www.OE15.com) Have Questions? Call NoCobra.com, Inc. (949) 713-7222

# Molina Marketplace Agent of Record Form


This Molina Marketplace Agent of Record Form ("AOR Form") shall be completed by a Molina Marketplace member or subscriber ("You" or "Your") to designate an agent as the agent of record ("AOR") associated with Your Molina Marketplace membership. An agent should only be designated as Your AOR if the agent substantially assisted You with Your Molina Marketplace coverage.

**Except during the blackout period, all verified AOR Forms received prior to the 15<sup>th</sup> of each month will be in effect the first day of the following month. Verified AOR Forms received on or after the 15<sup>th</sup> of the month will be effective the first day of the second following month. AOR Forms will not be accepted during the blackout period beginning November 15 and ending December 14 each calendar year.**

Subscriber (Primary Applicant) Name.....Subscriber Phone Number.....  
Subscriber ID, Social Security Number or Member ID..... Subscriber State..... CA

## New Agent of Record Information

Please provide the following information for the agent that You wish to designate as Your AOR:

Agent Name..... Marc L. Harris / NoCobra.com, Inc.   
Agent Phone Number..... (949) 713-7222  
Agent E-mail Address..... marc@nocobra.com  
National Producer Number (not applicable to California and Washington):.....  
Agent Tax ID Number and/or License Number (California and Washington only):.. 34-2013121 / 0C45052

## Member Attestation

I attest that the above-named agent provided substantial assistance with my enrollment or membership in Molina Marketplace. I understand that by submitting this AOR Form that any prior AOR designation with respect to my coverage will be rescinded, and that the designation of the above-named agent as my AOR will remain in effect until revoked or replaced in writing.

X Subscriber (Primary Applicant) Name (Print):.....  
Signature:.....  
Date:.....

## Agent Attestation (To Be Completed By Agent)

By signing this AOR Form, I attest to the following:

- I am in compliance with all state and federal licensing, training, registration and contractual requirements that are applicable to Marketplace agents in the subscriber's state.
- I am contracted or affiliated with Molina Healthcare, Inc., and I am appointed to sell the Molina Marketplace product in the subscriber's state.
- If the subscriber's state is a Federally-facilitated Marketplace ("FFM") or State-partnership Marketplace, that I met all FFM registration and licensing requirements *prior to* assisting the above-referenced subscriber with his or her membership or enrollment in Molina Marketplace.

Agent Name (Print):..... Marc L. Harris .....  
Agent Signature:..... Date:.....

This form should be submitted by Your AOR to [MPAORRequest@MolinaHealthcare.com](mailto:MPAORRequest@MolinaHealthcare.com)  
If you have any questions please call (855) 885-3179, Option 3.

Agent ID# AB7416

**Currently have Covered CA? Want Marc Harris as your agent?**

Mail this form back to:  
NoCobra.com, Inc. or Fax: 949-334-3478  
27472 Portola Pkwy. Suite 205-222 or Email: [marc@nocobra.com](mailto:marc@nocobra.com)  
Foothill Ranch, CA 92610