


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

CA Insurance License #: 0C45052



Email: marc@nocobra.com or Fax 24 Hrs/Day: (949) 334-3478

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

On-exchange IFP producer of record change request

Use this form to request a change to your producer of record on file for on-exchange Individual and Family Plans only.

Complete all fields and submit this form to one of the contacts listed below:

- **Fax:** (209) 371-5830
- **U.S. mail:** Blue Shield of California, P.O. Box 3008, Lodi, CA 95242
- **Email:** producerservices@blueshieldca.com

Subscriber name:	Subscriber ID#:
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Covered California case number:

Certified Agent/Agency Name*:	Tax ID#:
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Requested effective date [†] :

By signing below, I acknowledge that I am appointing the above-referenced producer as my insurance representative with respect to coverage provided by Blue Shield. The above-referenced producer is authorized to act on my behalf.

This designation will remain in effect until Blue Shield is notified otherwise in writing with this form.

Name of subscriber

Signature of subscriber

Name of certified agent

Signature of certified agent

Date

* If the desired payout is to the agency, then both the agent and agency must be appointed with Blue Shield of California. If the desired payout is to the agent, then only the agent will need to be appointed with Blue Shield of California.

† Producer of record change will take effect on the 1st day of the month following the date of receipt unless a future date is specified.