

Why Sign the BOR Form & Delegate Us as Your Broker?

NO ADDITIONAL COST to be a client of ours!

NO more waiting on HOLD for 2+ Hours!

Last open enrollment, our hours were 8am – 11pm

Licensed with the state for about **15 years** and are a **Certified Covered California Agent**.



BOR Form on Page 2

IMPORTANT: By going direct to Covered California, you get a customer service rep that is **NOT licensed**. They don't have a background in health insurance, they are just customer service reps.

COMMITMENT TO OUR CLIENTS: What we do is compare each of the plans and look for the **BEST VALUE** based on your needs. We offer an *Annual Review* to all of our clients, and the best thing is that you'll have our direct line all year round. So, **no more waiting on HOLD**.

We go the extra mile for our clients! By getting us the BOR Form, it enables us to:

- A) Upload your documents D) Help with **change reports**
- B) Update **income** projections E) Add or subtract **household members**
- C) Report a **change of address** F) Assist you with your **renewal**

THE NEXT STEP

3 Easy Options to get us the BOR Form:

1) Fax: (949) 334-3478

- 2) Do you have a fax machine? If so, just print out the form on page 2 and fax it back to our dedicated fax [24 Hours/Day!]

2) Email: marc@nocobra.com

- A) Print out the BOR form on page 2
- B) Complete the BOR Form and sign it
- C) Scan it back in or take a clear picture on your smart phone
- D) Email it back to us!

3) Snail Mail: NoCobra.com, Inc.

27 Lazurite, Suite #100

Rancho Santa Margarita, CA 92688

ATTN: BOR Form

4) Once we receive your BOR, we will process it, and get in touch with you in **5 - 7 business days!**



OE15.com

Direct Line: (949) 486-6018

Feeling a little bit hesitant? Just give us a call and let us know what it would take to earn your business!

NoCobra.com, Inc. / obamacareOC.com



Fax to: (949) 334-3478 or email to: marc@nocobra.com

Covered California email: agents@covered.ca.gov

Mail: NoCobra.com, Inc. 27 Lazurite #100 Rcho Sta Marg., CA 92688

NO ADDITIONAL COST FOR USING AN AGENT!!!

Get the service and knowledge you deserve.

AUTHORIZATION TO DELEGATE AGENT

I hereby authorize Covered California to delegate the agent below on my behalf:

APPLICANT'S FULL NAME (Print): _____

APPLICANT'S LAST 4 DIGITS OF SSN: _____

Sign



Here

APPLICANT'S SIGNATURE: _____

CASE ID# (If application already initiated): _____

Certified Insurance Agent – please fill out information highlighted below:

Complete this section if you are a Covered California certified individual helping someone fill out this application.

I certify that as a Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan-Based Enroller, I helped the applicant complete this application and that this service was free of charge. I also certify that I gave true and correct answers to all questions on this application as far as I know. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

☐ Certified Enrollment Counselor
Name: _____

CEC number _____

Certified Enrollment Entity
Name: _____


CEE number _____

☒ Certified Insurance Agent
Name: **Marc L. Harris / NoCobra.com, Inc.**

License number **0C45052**

☐ Certified Plan-Based Enroller
Name: _____ Plan: _____

Certification number _____

Certified individual's signature


Date _____

The state will not compensate the Covered California Certified Enrollment Entity unless the Certified Enrollment Counselor fills out this section completely and correctly when the application is submitted.

Please make this effective as of: _____

Covered California Agent Information

Certified Insurance Agent: **Marc L. Harris / NoCobra.com, Inc.**

Covered CA Agent ID#: **2000016310**

Certification Number Issued: **5000003622**

