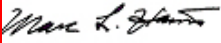


BOR Form

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



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

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

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.

<input type="checkbox"/> Certified Enrollment Counselor Name: _____	CEC number
Certified Enrollment Entity Name: _____	CEE number
<input checked="" type="checkbox"/> Certified Insurance Agent Name: Marc L. Harris / NoCobra.com, Inc.	License number 0C45052
<input type="checkbox"/> 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

Health Net: brokers@healthnet.com