

Non-Binding Notice of Intent to Submit Qualified Health Plans

Please return this completed form by email followed by a signed copy to the **State of Connecticut Authorized Contact Person** identified in Section 1.F: Authorized Exchange Contact for Solicitation, no later than 5:00pm Eastern Standard Time on January 4, 2013.

I, _____, an authorized representative of

_____, Issuer, have read the **State of Connecticut Initial Solicitation to Health Plan Issuers for Participation in the Individual and Small Business Health Options Program (SHOP) Exchanges** for qualified health plans and stand-alone dental plans and have decided to submit a Non-Binding Notice of Intent to apply for initial certification. Submission of the Non-Binding Notice of Intent does **not** bind a prospective insurer to submit an application.

The issuer intends to submit applications for the following:

<u>Product Type</u>	<u>Market Participation</u>
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<input type="checkbox"/> Qualified Health Plan	<input type="checkbox"/> Individual Exchange	<input type="checkbox"/> Shop Exchange
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Stand-Alone Dental

<input type="checkbox"/> Pediatric Only	<input type="checkbox"/> Individual Exchange	<input type="checkbox"/> Shop Exchange
<input type="checkbox"/> Pediatric and Non-Pediatric		

Agreed and Accepted by:

Name	
Title	
Company	
Corporate Address	
Telephone	
E-Mail Address	
Date	
Signed	