



Connecticut's Health Insurance Marketplace

## Non-Binding Notice of Intent to Submit Qualified Health Plans

Please return this completed form by email followed by signed copy to the Access Health CT Authorized Contact Person listed in Section E by 5 pm Eastern Standard Time on March 31, 2014.

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, Issuer, have read the Solicitation to Health Plan Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace for Qualified Health 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 application for the following:

- Individual Marketplace       SHOP Marketplace

Agreed and Accepted by:

<b>Name</b>	
<b>Title</b>	
<b>Company</b>	
<b>Corporate Address</b>	
<b>Telephone</b>	
<b>E-Mail Address</b>	
<b>Date</b>	
<b>Signed</b>	