



**Non-Binding Notice of Intent to Submit Qualified Health Plans (QHP)  
For Plan Year 2017**

Please return this completed form by email followed by signed copy to the Access Health CT (AHCT) Authorized Contact Person listed in Section E of the Access Health CT “Solicitation to Health Plan Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplaces” (‘Solicitation’) no later than **April 15, 2016**.

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, Issuer, have read the Solicitation and have decided to submit a Non-Binding Notice of Intent to apply for QHP 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>	

*Note: The Solicitation may be amended as deemed appropriate by AHCT. AHCT will forward amendments to the authorized representative listed above.*