



Connecticut's Health Insurance Marketplace

Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan

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

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

- Individual Marketplace SHOP Marketplace

Agreed and Accepted by:

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