



**Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan(s)
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 D of the Access Health CT "Solicitation to Stand-Alone Dental Plan (SADP) Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace" ("Solicitation") no later than April 20, 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 SADP 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	
Signature	

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