



Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan(s) For Plan Year 2018

Please return this completed form by email followed by signed copy to the Access Health CT (AHCT) Authorized Contact Person listed in Section I-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 3, 2017.

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.