



Non-Binding Notice of Intent

Please return this completed form to the following email address: CTHIX-Issuers@ct.gov no later than **March 24, 2025**.

The Issuer intends to submit application(s) for the following:

	Qualified Health Plan (QHP)	Stand-Alone Dental Plan (SADP)
Individual Marketplace	<input type="checkbox"/>	<input type="checkbox"/>
SHOP Marketplace	<input type="checkbox"/>	<input type="checkbox"/>

As an authorized representative (or the Issuer), I have read the Solicitation and have decided to submit a Non-Binding Notice of Intent to participate in the marketplace for the 2026 plan year. I also understand that the submission of the Non-Binding Notice of Intent does not bind a prospective insurer to submit an application.

Agreed and accepted by:

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

The Solicitation may be amended as deemed appropriate by Access Health CT. Access Health CT will forward amendments to the authorized representative listed above.