



**Non-Binding Notice of Intent to Submit Qualified Health Plans (QHP)
For Plan Year 2019**

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 **May 14, 2018**.

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:

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

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