



## Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan(s) 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 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 May 18, 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 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:

<b>Name</b>	
<b>Title</b>	
<b>Company</b>	
<b>Corporate Address</b>	
<b>Telephone</b>	
<b>E-Mail Address</b>	
<b>Date</b>	
<b>Signature</b>	

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