



Non-Binding Notice of Intent to Submit Qualified Health Plans (QHP) For Plan Year 2020

Please return this completed form via email to the Access Health CT (AHCT) Plan Management Team as denoted 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 17, 2019**.

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.