



Non-Binding Notice of Intent

Please return this completed form via email to the Access Health CT (AHCT) Plan Management Team as denoted in the Access Health CT “Solicitation to Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplaces” (‘Solicitation’) no later than **March 25, 2024**.

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 2025 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 AHCT. AHCT will forward amendments to the authorized representative listed above.