

1. Notice of Intent to Submit Qualified Health Plans

Please return this completed form by email followed by signed copy to the State of Connecticut Authorized Contact Person listed in Section 1.F: Authorized Exchange Contact Person, by no later than close of business on January 4, 2013.

I, _____, an authorized representative of _____, Issuer, have read the State of Connecticut Health Insurance Exchange solicitation for qualified health plans and stand-alone dental plans and have decided to submit an intention to apply for the initial certification.

The Issuer intends to submit applications for the following:

Product Type	Market Participation	
<input type="checkbox"/> Qualified Health Plan	<input type="checkbox"/> Individual Exchange	<input type="checkbox"/> SHOP Exchange
Stand-Alone Dental		
<input type="checkbox"/> Pediatric Only	<input type="checkbox"/> Individual Exchange	<input type="checkbox"/> SHOP Exchange
<input type="checkbox"/> Pediatric and Non-Pediatric		

The Issuer hereby agrees to be bound by and comply with all of the conditions, requirements and protocols set forth in the Solicitation instructions.

Agreed and Accepted by:

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