



Connecticut's Health Insurance Marketplace

## Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan

Please return this completed form by email followed by signed copy to the Access Health CT Authorized Contact Person listed in Section E by 5 pm Eastern Standard Time on March 31, 2014.

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, Issuer, have read the Solicitation to Stand-Alone Dental Plan Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace for Stand-Alone Dental Plans and have decided to submit a Non-Binding Notice of Intent to apply for initial 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>Signed</b>	