



We thank you for choosing the Solstice product for your clients. Please
find attached the necessary paperwork required to install your group for coverage. We have
also included the submission check list below for your reference.

Group Submission Check List

- 1 Employer Application
- 2 Employee Enrollment Forms
- 3 Binder Check for estimated 1st month's premium _____ amount of check
Check made payable to: **Solstice Benefits, Inc.**
- 4 Group Payment Authorization Form (EFT) - required for all groups under 15 enrolled or
\$10 admin fee will be added to premiums each month
- 5 Most recent NYS 45 or NJ WR 30
- 6 Proposal page for plan sold

Group Submission Questions

If you have any questions regarding group submission requirements or any other items,
please contact Mark Sofia 908-415-8006 or msofia@solsticebenefits.com.

New Agent Items Required

If this is your first case with Solstice, we will require the following items to be completed and returned with your group submission.

- 1 Solstice Broker Agreement
- 2 Solstice Business Associate Agreement
- 3 W-9 Form
- 4 Copy of current Insurance License

Address for Group Submission

Please send all documents to the address listed below:

Mail: Solstice Benefits, Inc.
Attn: Mark Sofia
16 Candeub Ct.
Manalapan, NJ 07726

Fax*: (954) 370-4337

E-mail*: msofia@solsticebenefits.com

*Group paperwork can be submitted electronically but initial binder check must be received via mail unless the group wishes to use EFT for first month's premium.