

Non-Discrimination Notice

Solstice complies with all applicable state and federal laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. Solstice does not exclude people or treat them differently because of race, color, national origin, sex, gender identity, sexual orientation, age or disability.

Solstice provides, upon request and free of charge, any appropriate auxiliary aids and services necessary to individuals with disabilities to ensure an equal opportunity to participate in our products. If you need these services, contact the number on your ID card. Such services include access to qualified sign language interpreters and written information in other formats (audio, large print, etc.).

Solstice provides, upon request and free of charge, language services to people whose primary language is not English. If you need these services, contact the number on your ID card. Such services include access to qualified interpreters and information written in other languages.

If you believe that Solstice has failed to provide these services to you or has discriminated in any way based on race, color, national origin, sex, gender identity, sexual orientation, age or disability, you can file a grievance with our Civil Rights Coordinator in person or by mail, telephone or via e-mail at:

- P.O. Box 19199, Plantation, FL 33318
- 1-877-760-2247 ext. 1714
- Civilrights@solsticebenefits.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you. Additionally, you can file a complaint with the U.S Department of Health and Human Services, Office for Civil Rights electronically, by mail, in person or by phone at:

- <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,
- U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington D.C., 20201
- 1-800-368-1019
- 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

