



## Customer Service - Member Satisfaction Survey

Solstice is committed to providing you and your family with the best service possible. We would love your feedback on the service you received during your recent contact.

This survey will take approximately 5 minutes to complete. Your participation is optional and if you choose, anonymous.

If you have any concerns about this survey, please contact Member Services at 877.760.2247 (e-mail: [contact@solsticebenefits.com](mailto:contact@solsticebenefits.com)).

For this survey please base your answers only on **the most recent contact** that you made to Solstice Benefits and not any other contacts that you might have made to Solstice Benefits.



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**1. Which one of the following best describes the reason you reached out to us?**

**(Please select all that apply)**

- ☐ Claims question
- ☐ Referral question
- ☐ Benefits question
- ☐ Eligibility question or issue
- ☐ Dentist or provider question or issue
- ☐ ID card request
- ☐ Co-pay or out of pocket expense question
- ☐ Requesting a name or address change

Other (please specify)

**2. On a scale from 1 to 5, how would you rate your experience calling or contacting Solstice's Customer Service team?**

	1 (Worst)	2	3	4	5 (Best)
Level of Satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Based on this experience, how likely are you to recommend Solstice to a co-worker, close friend, or relative?**

	1 (Not at all likely)	2	3	4	5 (Extremely Likely)
Likelihood to recommend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. On a scale of 1 to 10, how likely are you to re-enroll with Solstice for dental or vision insurance?**

	1 (Not at all likely)	2	3	4	5 (Extremely Likely)
Likelihood to re-enroll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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**5. How many times have you contacted Solstice about your issue or question?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more times

**6. Did the information provided by the representative resolve your issue or question?**

- ☐ Yes
- ☐ No

**7. What additional feedback, if any, do you have for us?**



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We thank you very much for your valued time.

Your feedback is extremely helpful and will be reviewed within 24 business hours.

Have a question? Please remember to contact Solstice Member Services at:

1.877.760.2247  
Open Monday through Friday  
8:00 AM to 6:00 PM (EST)

**8. The information below is optional:**

Full Name:	<input type="text"/>
Group Number:	<input type="text"/>
Date of Contact:	<input type="text"/>



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