

TRUSTMARK INSURANCE COMPANY
TRUSTMARK LIFE INSURANCE COMPANY
(We, Us, Our)

NOTICE OF PRIVACY PRACTICES
Effective date of this notice: April 1, 2006

Our Commitment to Protecting Your Privacy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As you may be aware, recent laws require that We provide you with notice as to how We protect an insured's "Nonpublic Personal Information." We want you to know that We are guided by Our respect for the confidentiality of your Personal Information. We are providing you with this notice in accordance with recent laws and because We want you to understand that We value your privacy.

You do not need to respond to this notice in any way.

Information We Collect

Personal Information is any information that We obtained about you in the course of issuing insurance, or providing you with any of Our services. The information We obtain could include but is not limited to:

- Social Security number;
- Medical history;
- Employment history;
- Credit history;
- Income information; or
- Bank or credit card numbers.

This information may have been obtained from several sources including:

- Applications or other forms you complete;
- Your business dealings with Us and other companies; or
- Consumer reporting agencies.

Our Privacy and Security Procedures

We protect your Personal Information. The only employees who have access to this information are those who must provide products or services to you. Below are some examples of Our guidelines for protecting information.

- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to provide products or services to Our insureds.
- We have guidelines in place to make sure that our business associates use information only for the purpose provided. Each business associate signs a contract agreeing to follow Our privacy procedures.

Information We Disclose

We do not disclose any information about you to anyone, except as allowed by law, including the Fair Credit Reporting Act. We may share all of the information We collect with insurance companies, agents, companies that help Us to conduct Our insurance business, companies that are self-insured, or others as permitted by law. Below are examples of the times We may share information for plan business purposes:

- Underwriting;
- Premium rating;

- Submitting claims;
- Reinsuring risk;
- Assessing quality;
- Business management and planning; and
- Sales, transfer, merger or consolidation of the business.
- It may be shared to assess eligibility for insurance benefits or payment.
- It may be shared to find or prevent criminal activity, fraud, material misrepresentation or material non-disclosures in connection with an insurance issue.
- It may be shared with a medical care institution or professional to verify coverage.
- It may be shared with a medical care institution or professional relating to a medical problem of which the insured may not be aware.
- It may be shared with a medical care institution or professional to conduct an audit of their activities.
- It may be shared for case management activities.
- It may be shared to coordinate care.
- We may share information about drug and disease management approaches and treatment, and related information that is not treatment.
- It may be shared for the collection of premium, the payment of benefits and other claims administration.
- It may be shared with a regulatory authority.
- It may be shared with a law enforcement authority or other government authority as required by law.
- It may be shared as otherwise permitted or required by law.
- It may be shared in response to an administrative or judicial order, including a search warrant or subpoena.
- It may be shared to conduct actuarial or research studies. In this case individuals would not be identified in the research report. Material identifying an individual would be destroyed as soon as it was no longer needed.
- It may be shared with Our business associates for use in auditing services or operations, or auditing marketing services.
- It may be shared with a group policyholder for reporting claims experience, or for conducting an audit of Our operations or services.
- It may be shared to consult with outside health care providers, consultants and attorneys, and other health related services.

We require those with whom We share information to agree to follow Our privacy guidelines. In sharing information, We share only that which is reasonably necessary to accomplish the task. Please note that information that We get from a report made by a company that assists Us to conduct insurance business may be retained by that company and used for other purposes.

Uses and disclosures of Personal Information for purposes other than those described above will be made only with your written authorization. If you provide Us authorization to use or disclose your Personal Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, We will no longer use or disclose information for the specific purpose contained in the authorization. You understand that We are unable to take back any disclosures already made with your authorization, and that We are required to retain any records We may have containing Your Personal Information. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

Our Privacy Commitment

We understand the importance of protecting your private information. Our highest priority is to maintain your trust and confidence. We will maintain our commitment to safeguarding the information now and in the future. We are committed to maintaining your privacy and are required by law:

- to maintain the privacy of Personal Information and to provide you with notice of Our legal duties and privacy practices with respect to Personal Information;
- to abide by the terms of the Notice of Privacy Practices currently in effect.

We reserve the right to change the terms of this privacy notice, and have such change be effective for all Personal Information that is maintained. Notification of a revised privacy notice will be provided through one of the following:

- U.S. Postal Service
- Revised Plan Document
- Internet E-mail.

Upon written request, you have the right to:

- request restrictions on certain uses and disclosures of your Personal Information, although We are not required to agree to a requested restriction
- receive confidential communication of Personal Information
- access Our records containing descriptions of your Personal Information
- request an amendment to your Personal Information, although We are not required to agree to a requested amendment
- receive an accounting of impermissible Personal Information disclosures or disclosures made in compliance with the Rule (or state regulations, if applicable) for which an accounting is required.

The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

How to File a Complaint Regarding the Use and Disclosure of Personal Information

If you believe your privacy rights have been violated, you may file a complaint with Us, your respective state insurance department or with the Secretary of Health and Human Services. All complaints must be in writing. Please be assured that you may not be retaliated against for filing a complaint.

How to Contact Us

You may contact Our representative at the following address:

Privacy Officer

Privacy Request

Trustmark Companies

PO Box 7961

Lake Forest, IL 60045-7961

Email – PrivacyComplianceDepartment@Trustmarkinsurance.com

Any right a consumer, claimant, or beneficiary may have under this notice is not limited by any other privacy notice used by Us.

HIPAA PRIVACY AMENDMENT
Effective as of: April 14, 2003
(Amended for HIPAA Security as of April 20, 2005)

This amendment is attached to and made a part of the health benefit plan. Except as stated in this amendment, it shall not change any of the terms or provisions of the health benefit plan.

Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule, the following language is attached to and becomes part of Your health benefit plan.

DEFINITIONS

Plan Sponsor:

- the employer in the case of an employee benefit plan established or maintained by a single employer;
- the employee organization in the case of a plan established or maintained by an employee organization; or
- the association, committees, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan in the case of a plan established or maintained by two or more employers or jointly by one or more employers and one or more employee organizations.

Protected Health Information (PHI): Protected Health Information (PHI) includes individually identifiable health information that is created or received by Your provider, Your health benefit plan or insurer, a data clearinghouse, a health authority, employer, school or university. PHI can be maintained or transmitted in any form or medium. It relates to the past, present, or future:

- condition of Your physical or mental health,
- health care provided to You; or
- payment for the health care provided to You.

PERMITTED/REQUIRED USE AND DISCLOSURE OF YOUR PHI

Your PHI will be used and disclosed for the purpose of routine treatment, payment of Your benefits and health care operations, including plan and benefit administration. Your PHI may also be used or disclosed between Your health plan, plan sponsor and any approved business associates as required or permitted by law, including the HIPAA Privacy Rule.

AMENDMENT PROVISION

The plan sponsor may receive information as to whether individuals are participating in the group health plan, or are enrolled or disenrolled in the plan.

The plan sponsor may also request summary health information for:

- obtaining premium bids from health plans for providing health insurance coverage, or
- modifying, amending or terminating the plan.

Summary health information summarizes claim history, claims expenses or types of claims experienced by individuals under the plan and also contains information which has been de-identified. De-identification deletes PHI and leaves only geographic information.

Your plan sponsor is required by law to:

- not use or disclose to anyone the PHI of any individual covered under this health benefit plan other than as permitted or required by the health benefit plan or by law;
- ensure that any agents, including subcontractor(s), to whom Your plan sponsor provides PHI received from the health benefit plan, agree to the same restrictions and conditions that apply to the plan sponsor with respect to such information;
- not to use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;
- report to the health benefit plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for or which Your plan sponsor becomes aware;

- allow You, upon written request, to:
 - access and amend Your PHI;
 - receive an accounting of disclosures of PHI for other than treatment, payment and healthcare operations;
- make its internal practices, books and records relating to the use and disclosure of PHI received from the health benefit plan available to the Secretary of the Office of Civil Rights of HHS for the purposes of determining compliance by the group health plan;
- return or destroy, if feasible, all PHI received from the health benefit plan that Your plan sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made; if destruction is not feasible, limit further uses and disclosures to those purposes that made the return or destruction of the information infeasible;
- provide PHI only to those individuals, under the control of the plan sponsor who perform plan administrative functions for the health benefit; (i.e. eligibility, enrollment, payroll deduction, benefit determination; claim reconciliation assistance), and to make clear to such individuals that they are not to use PHI for any reason other than for plan administrative functions nor to release PHI to an unauthorized individual;
- provide PHI only to those entities required to receive the information in order to maintain the health benefit plan (i.e. claim administrator, case management vendor, pharmacy benefit manager, claim subrogation, vendor, claim auditor, network manager, stop loss insurance carrier, insurance broker/consultant, and any other entity subcontracted to assist in administering the health plan); and
- provide an effective mechanism for resolving any issues of noncompliance with regard to the items mentioned in this Amendment.

Your Plan Sponsor may obtain Electronic PHI (also known as ePHI) relative to this health benefit plan. Electronic PHI is that PHI (defined above) which is (i) transmitted by electronic media; (ii) maintained in electronic media; or (iii) transmitted or maintained in any other form or medium.

Relative to this ePHI, your Plan Sponsor is required by law (45 CFR parts 160, 162 and 174) to do the following:

- implement reasonable and appropriate administrative, physical and technical safeguards that protect your ePHI;
- ensure that there are security measures between the Plan Sponsor and those individuals under the control of the Plan Sponsor, who perform plan administrative functions for the health benefit plan;
- ensure that any agent or subcontractor agrees to implement reasonable and appropriate safeguards to protect the information; and
- report to the group health plan any breach of the above that it becomes aware of.

HOW TO FILE A COMPLAINT REGARDING THE USE AND DISCLOSURE OF YOUR PHI

If You believe Your privacy rights have been violated, You may file a complaint with Us or with the Secretary of Health and Human Services. All complaints must be in writing. Please be assured that You may not be retaliated against for filing a complaint.

How to Contact Us

You may contact a representative of Trustmark at the following:

Privacy Officer
 HIPAA Compliance Department
 Trustmark Life Insurance Company
 P.O. Box 7961
 Lake Forest, IL 60045-7961
 Email – HIPAAComplianceDepartment@Trustmarkinsurance.com
 Website – www.trustmarklife.com