

**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 know 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 Procedure

We protect your Personal Information. The only employees who have access to this information are those who must have it to 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.