

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