Trustmark Group Insurance

EXPRESS
Employee Guide

Your Benefit Administration
Self-Service Center

Trustmark

LIFE INSURANCE COMPANY

400 Field Drive Lake Forest, Illinois 60045
Phone (847) 615-1500 Fax (847) 615-3935

Dear Employee,

Welcome to Express, Trustmark Life's benefit administration self-service center. By using Express, you can easily select your benefits on the Internet without the hassles of paper enrollment cards. As an added convenience, you can log on to Express from home 24 hours a day, 7 days a week if you wish to make your benefit selections with your family.

This guide is designed to help you understand the functionality of the Express online eligibility system by offering instructions for your initial benefit selections and the ongoing maintenance of your insurance needs. Please use this guide as a reference for everything from logging on to Express, eligibility checklists and steps for adding or removing dependents from coverage, waiving specific benefits, and changing personal information and/or beneficiaries.

You may sign on to Express using your social security number or unique member identifier and password any time while you are covered by Trustmark Life Insurance to view or maintain your insurance needs. Express will accommodate your updates and request additional information if required. When making your changes, follow the process through to completion and you will be presented with a summary page that displays your current elections.

It's easy to get started using Express. Along with this guide, Express also has an online help page for each screen that offers field descriptions and tips that will walk you through each step of the enrollment application. If you have any questions about the Express system or enrollment process, call (800) 351-2526 (Premium Department) toll free Monday through Friday between 7:30AM and 5:00PM, Central Standard Time. You may also send an email to Express@trustmarklife.com. We look forward to serving your premium needs.

Sincerely Yours,

The Express Team
Trustmark Life Insurance

Table of Contents

Express System Overview

#1

Introduction and Contact Information

This overview includes important information on using Express, an Internet application that allows you to enter, update and maintain benefit elections using automated transactions. Please read it carefully before beginning the enrollment process. If you have any questions about the Express enrollment process itself, please contact us:

- Click the Contact Us link at the top of any Express screen.
- Call toll free at (800) 351-2526 (Premium Department) Monday through Friday between 7:30AM and 5:00PM Central Standard Time.
- Send an email to Express@trustmarklife.com

eBusiness Agreement

After your initial login, Express presents an eBusiness agreement for your review. Please read and select Accept to be granted access to the Express application. If you do not accept the terms of the eBusiness agreement, please contact your Group Administrator.

Security Policy—Your Password

When you initially sign onto Express, you will need to create your password. Your Member ID (social security number or Trustmark assigned unique member identifier) and password are required to access and use the website. You are responsible for maintaining the confidentiality of your User Codes.

Privacy Policy

In order to provide insurance coverage, we must obtain and maintain Protected Health Information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) provides comprehensive Federal protection for the privacy of your protected health information. It gives individuals more control over their health information; sets boundaries on use and disclosure of health records; and establishes safeguards that covered entities must set up to protect information. Trustmark's Privacy Statement is available to you on Express by clicking the Privacy tab located at the top of each screen.

System Overview

Express allows you to select your benefits and change your enrollment status on the Internet.

- Log onto Express 24 hours a day, 7 days a week from home to make your benefit selections with your family.

- Express includes easy-to-understand prompts, screens, and an online help link for each page.

- When your initial enrollment or change is entered, be sure to click the Accept button to complete the process.

- When finished, click the Logoff tab located at the top of the screen to close the browser. Accept button to complete the process.

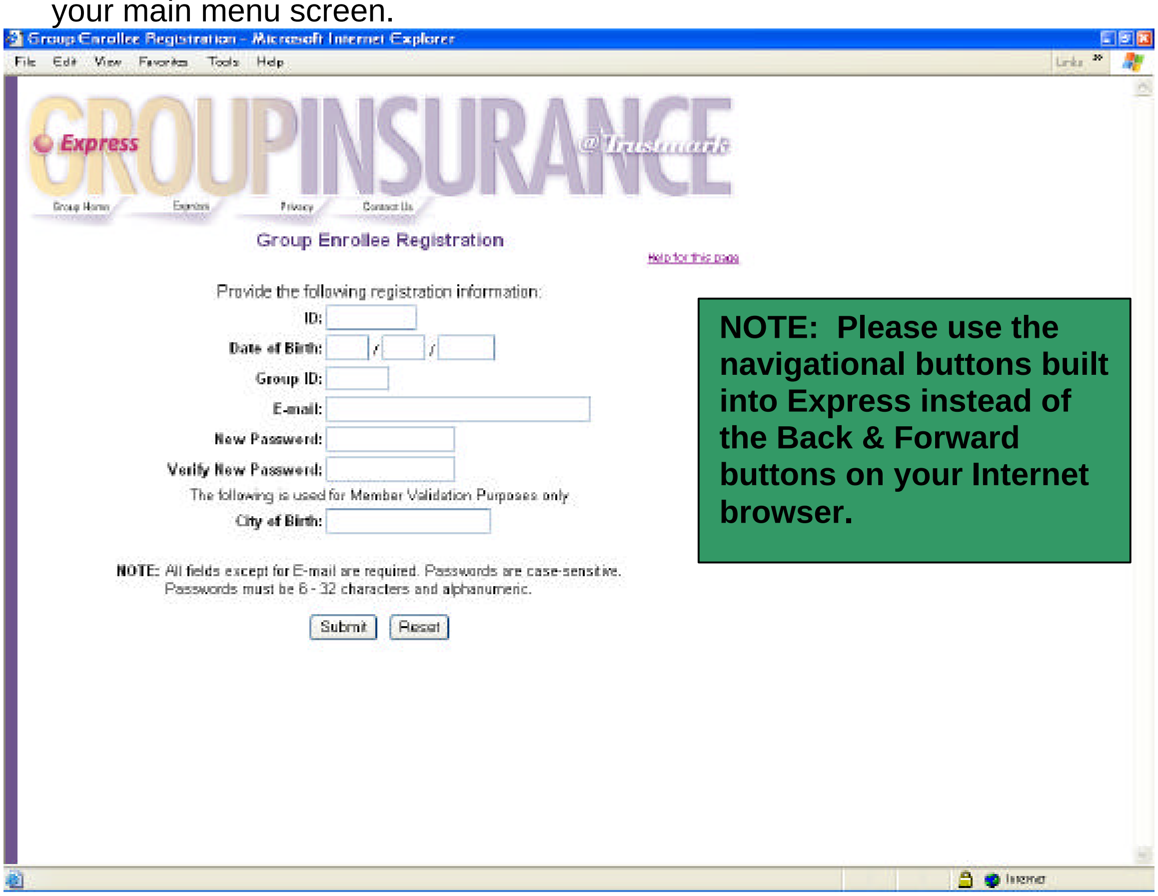
Viewing Completed Enrollments and Changes

New member enrollment may not be available for modification for up to 5 business days. You may, however, view your benefit selections and act upon held transactions with the links provided on your main menu screen. The links allow you to view your transaction, view the status of a held transaction, and update a held transaction if necessary.

Log On to Express

New to the online services offered by Trustmark Life Insurance Company? Just access Express and register:

1. Log onto Express at **enroll.trustmarklife.com** No prefix to the Internet address is needed. (e.g., www. or http:)
2. Click the "If you are new to Trustmark's online services, Click Here" link to start the registration process.
3. On the Group Enrollee Registration screen, enter the following information:
    a. Your social security number or Trustmark unique member identifier.
    b. Your date of birth in a MM-DD-YYYY format.
    c. Your Group ID number, which is supplied by your employer.
    d. Your email address. (This field is optional and is only used to supply your password if forgotten.)
    e. A password of your own choice. The password may be 6-32 characters in length and can be alpha, numeric or a combination.
    f. Your city of birth. (This field is used as security verification if you should forget your password.)
4. Read and accept the eBusiness agreement. You will then be taken to your main menu screen.



NOTE: Please use the navigational buttons built into Express instead of the Back & Forward buttons on your Internet browser.

Questionnaires

When additional information is required, you will be presented with an applicable questionnaire. You may complete and electronically submit the questionnaire, or print, complete and mail to Trustmark.

The additional information on the questionnaire may be required for eligibility review and to ensure prompt payment of claims. Your request for benefit(s) will be held until Trustmark reviews and/or approves the completed form.

The following are some of the additional information questionnaires you may be requested to complete:

Other Insurance Questionnaire—If you or any of your dependents are covered by other medical insurance.
This information is used for coordination of benefit purposes and will aid in the timely handling of submitted claims. Please note that the receipt of the Other Insurance questionnaire is required prior to any Health Reimbursement Arrangement (HRA) claims being paid. Please provide the following information:

- Name, social security number and date of birth of the insured.
- Name and phone number of the other insurance carrier.
- Policy Number.
- Type of Coverage.
- Who is Covered.

Verification of Dependent Eligibility Questionnaire—Based upon a dependent child's relationship to you, this information is requested to verify the eligibility of the dependent child.
You may be requested to submit the following information:

- Legal Guardianship or custody papers.
- A divorce decree indicating who is responsible for providing insurance coverage for the child.
- The name, address and phone number of the college or vocational school your child attends.
- Names of the child's natural parents.

Full Time Student Verification Questionnaire—If your dependent child is over the dependent limiting age of your group's contract and is a fulltime college or vocational school student.
Please provide the following:

- Name, address and phone number of the school.
- Number of credits or hours your child is taking.
- Current semester start date.
- Estimated graduation date.

Common Law Spouse Verification Questionnaire or Domestic Partner Affidavit

Due to state mandates and contract provisions, we may request a completed questionnaire as verification of a spousal relationship. In addition to the completed questionnaire, please supply one or more of the following documents to verify your relationship:

- Proof of a joint checking or savings account.
- A copy of a joint tax return.
- Proof of owning or leasing property together.
- A signed declaration of domestic partnership, in states where it is recognized.

Incapacitated Dependent Verification Questionnaire

Along with a completed questionnaire, please provide a physician's certification and medical records if your dependent child is over the age of 19 and deemed incapacitated and fully dependent on you for support.

Evidence of Insurability Questionnaire—If you are a late enrollee in life-type benefits or if your request for life exceeds the Guarantee Issue Amount as defined by your employer.

This questionnaire requests medical information on you and your dependents, if applicable, for review of your eligibility for the requested benefits.

Most questionnaires may be completed and submitted online.
All questionnaires can be printed and mailed to Trustmark at:

Trustmark Life Insurance Company
P.O. Box 7904
Lake Forest, IL 60045

Transactions Held for Review and/or Approval

Certain eligibility transactions may require additional information and must be reviewed by Trustmark prior to acceptance. In Express:

- Transactions are held awaiting additional information.
- Questionnaires can be completed and submitted online or printed, completed and mailed.
- Transactions remain in a held status until Trustmark receives the requested information.
- Your request for benefits remains unprocessed until Trustmark acts upon the information.

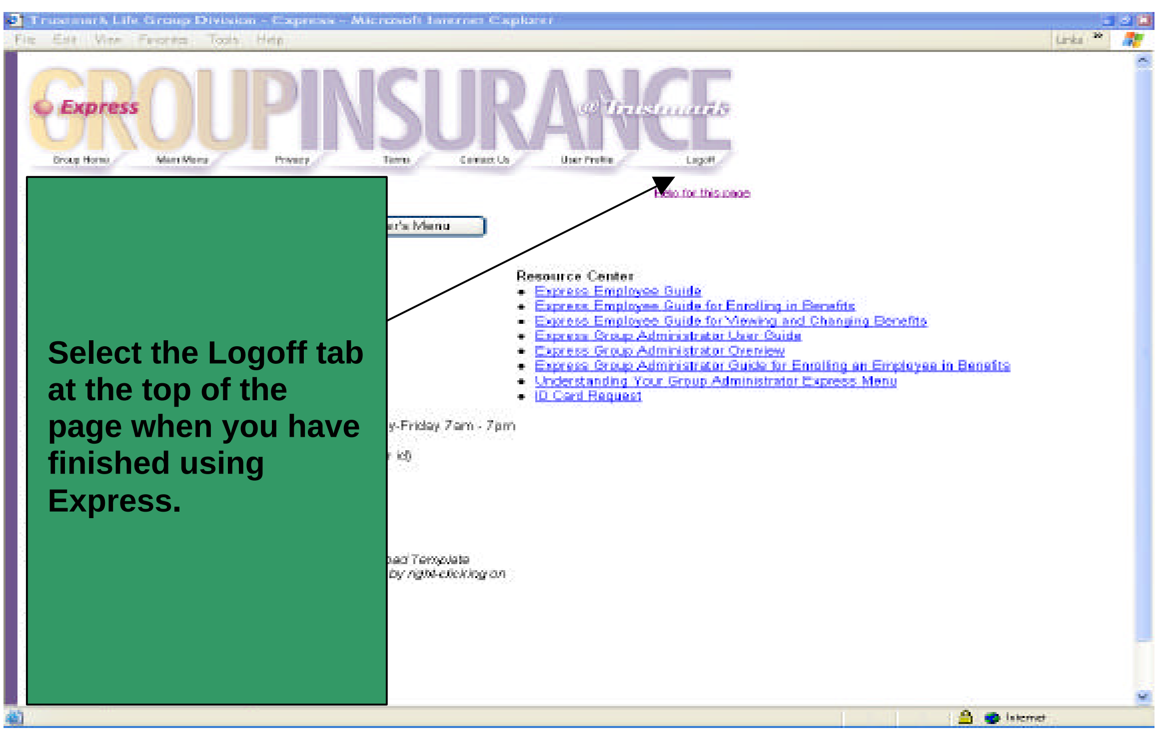
- If your Group Administrator or Trustmark user enters the enrollment information for you and additional information is required, you must mark the transaction complete on the Update Held Transactions screen after the questionnaire has been submitted.
- The Update Held Transactions and View Status of Held Transactions sections of your main menu should be accessed often to view/retrieve a questionnaire that requires completion and to act upon the held item.
- Additional information on the specifics of handling held transactions can be found throughout this guide.

Additional Resources

Health tips, physician information, claim forms, administration forms and frequently asked questions are available through the links located in the Resource Center of your main menu. This information may also be found at Trustmark's Group Insurance website location at www.trustmarklife.com
Each screen in the Express system also has a help link that describes each field and offers tips on completing your enrollment.

Log Off

When you complete the enrollment process, you may return to you main menu or log off. To log off of the Express application, please click the Logoff tab location at the top of any screen to close your browser. If you leave Express unused for 60 minutes, the system will automatically log itself off.



Your Initial Enrollment

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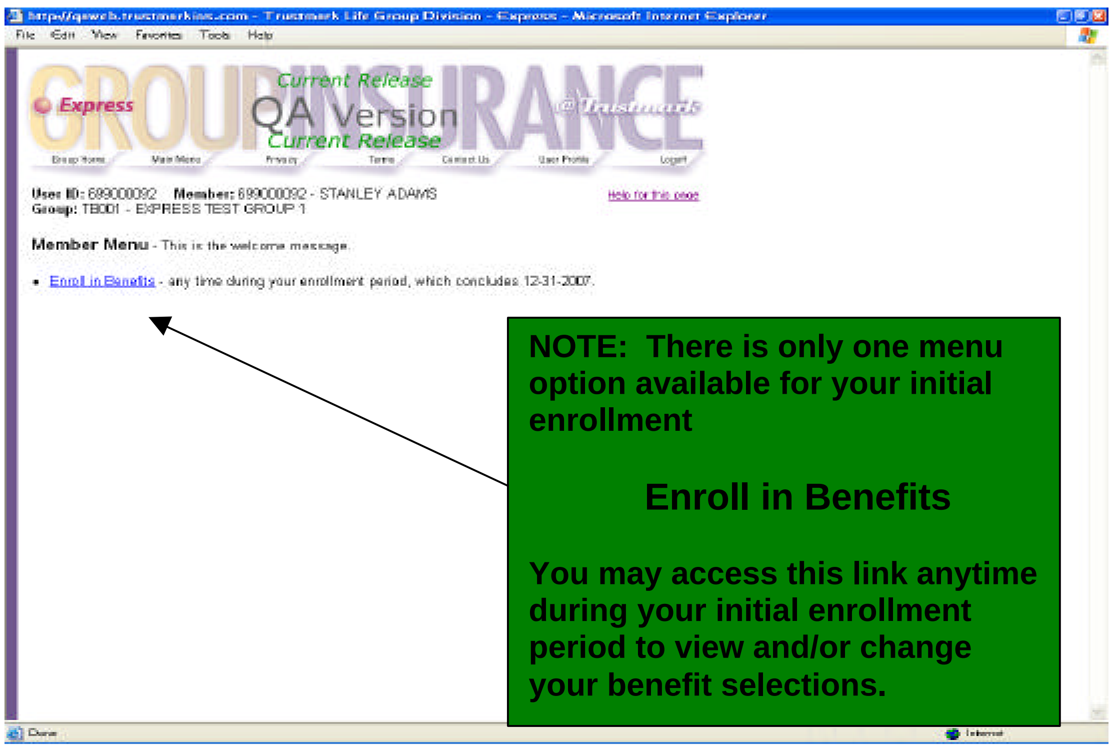
Welcome to Express!

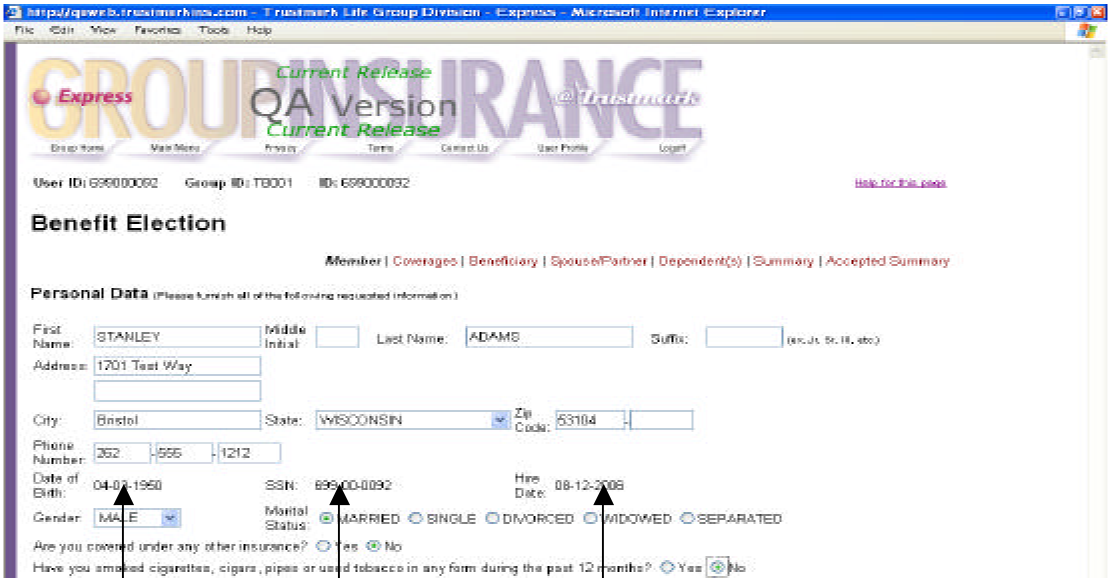
Below is a description of the types of information you will need for making selections during your initial enrollment as well as the steps in the process. Included are screen shots that give you an idea of what you will see as you proceed through your enrollment in benefits.



Enter Personal Data

You will need the following information when applying for benefits for yourself:

- Full name, including a suffix if used.
- Complete mailing address
- Phone number, including area code
- Marital status
- Other insurance information, if applicable
- Smoker status
- Benefit coverage level to be selected
- Benefit selections
- Beneficiary information, if applicable.

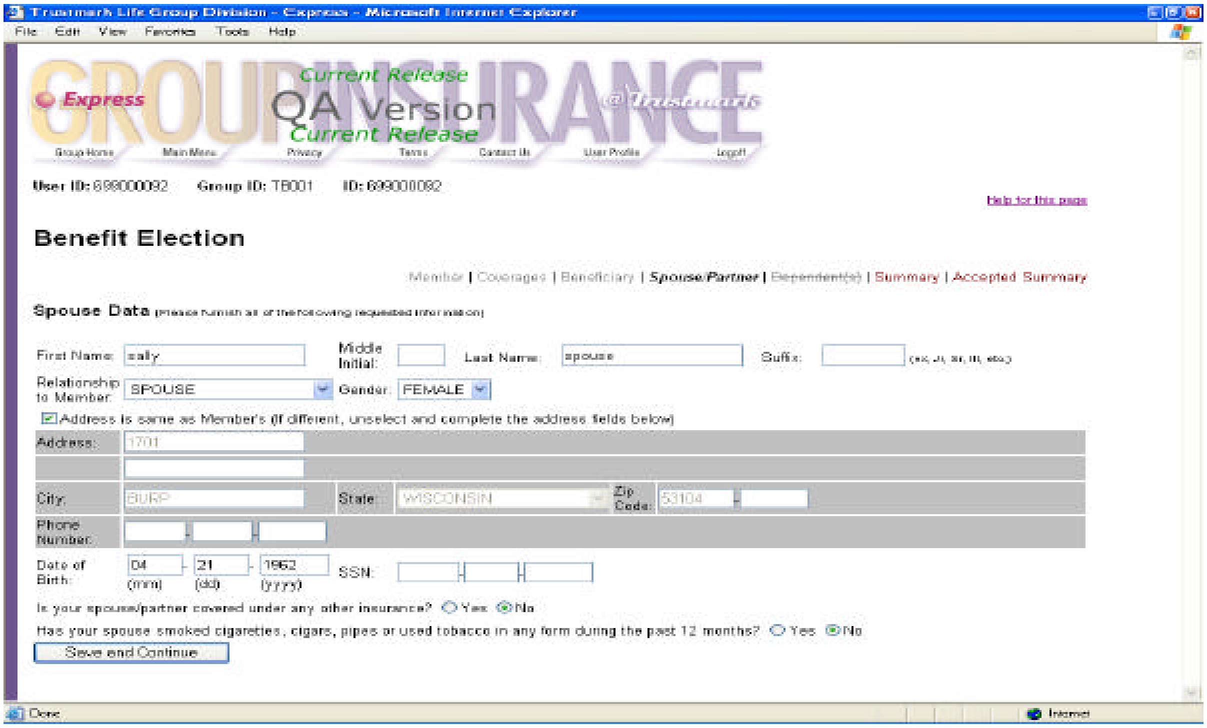


NOTE: If your date of birth, social security number or hire date is incorrectly shown, please contact your group administrator.

Enter Dependent Data

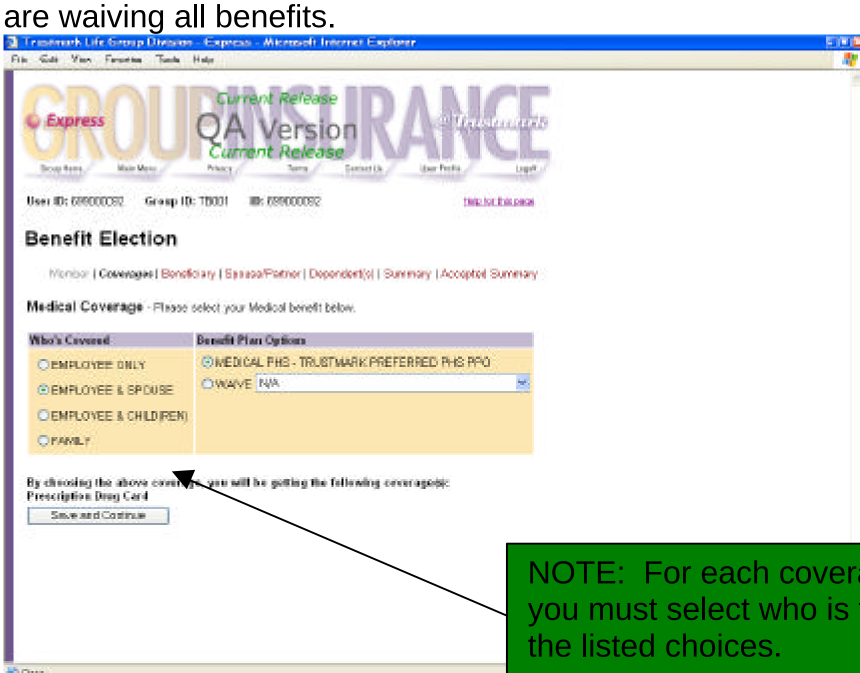
If applying for dependent coverage, please have the following information on hand:

- Full name of your spouse and/or dependent children including any suffix
- Relationship to you
- Complete mailing address if different from yours
- Phone number including area code (optional field)
- Date of Birth
- Social Security Number (optional field)
- Other insurance information, if applicable
- Smoker status of your spouse
- School information for dependent child that area enrolled in a college or vocational school, if applicable.
- Incapacitated dependent status for children, if applicable.



Elect Your Benefits

You will be presented with a separate Express screen for each benefit your group offers. Just elect the benefit and indicate who is to be covered. You may also be offered the opportunity of waiving a benefit if allowed. If you do choose to waive a coverage, you must select a waiver reason from the drop-down list. Please follow the Express enrollment process through to completion even if you are waiving all benefits.



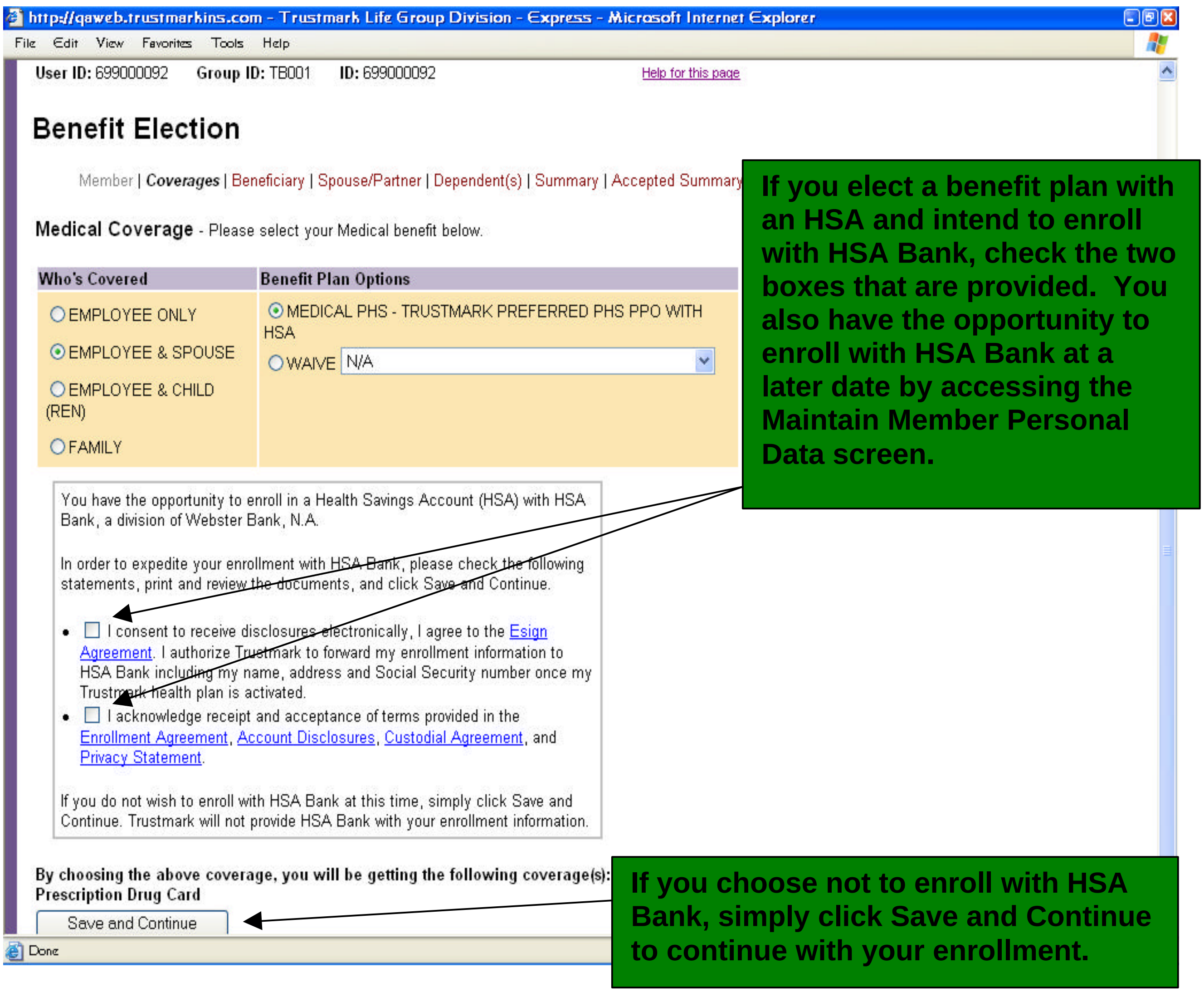
NOTE: For each coverage offered to you, you must select who is to be covered from the listed choices.

Health Reimbursement Arrangements (HRA) Information

If your medical plan offers a Health Reimbursement Arrangement (HRA) and you or any dependents have other health insurance, the Coordination of Benefits questionnaire is presented during the enrollment process and then on a yearly basis. This completed form is required information for HRA medical plans and must be completed online or printed and mailed to Trustmark Life Insurance prior to any claims being considered for payment.

Health Savings Account (HSA) Information

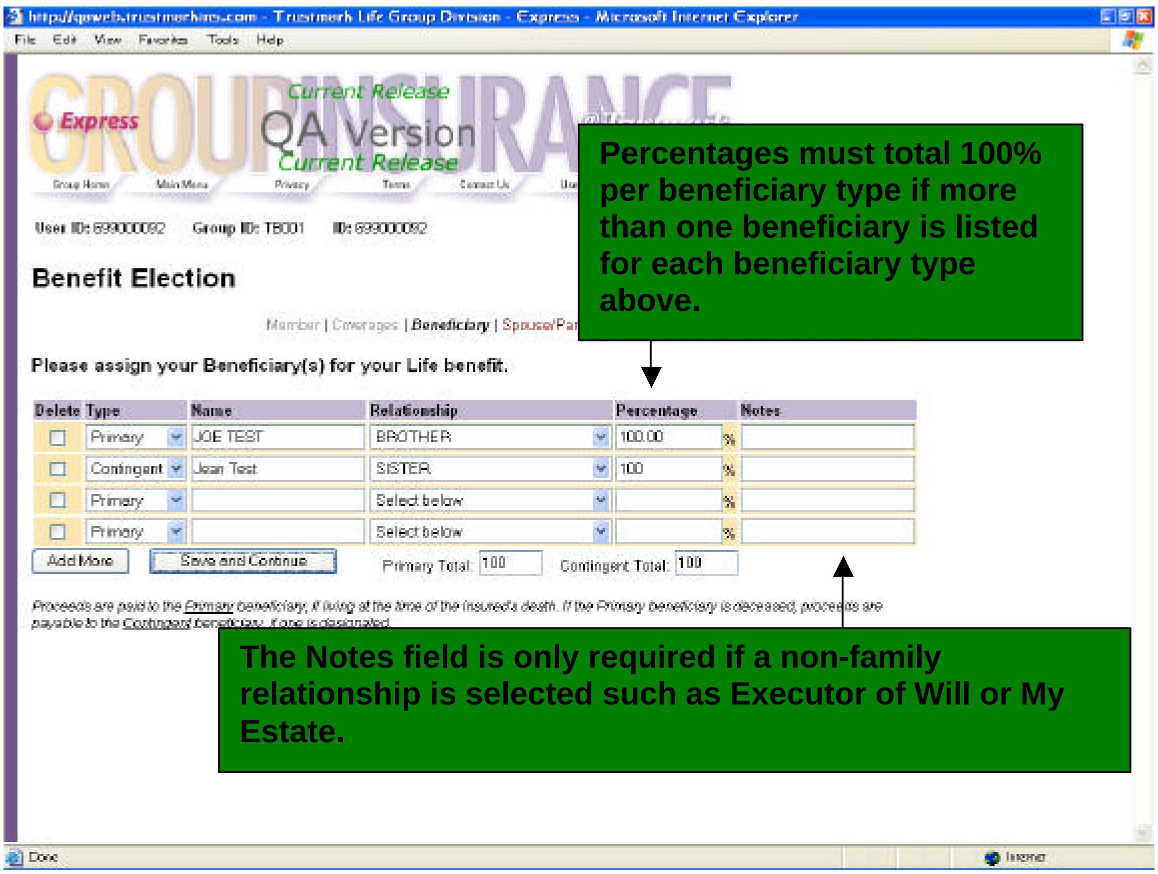
If you select a medical plan with a Health Savings Account (HSA) and you have elected HSA Bank as your custodian, the opportunity to enroll with HSA Bank is presented during the enrollment process. On the Benefit Election screen, check the two statements, and then print the bank documents.



Beneficiary Information

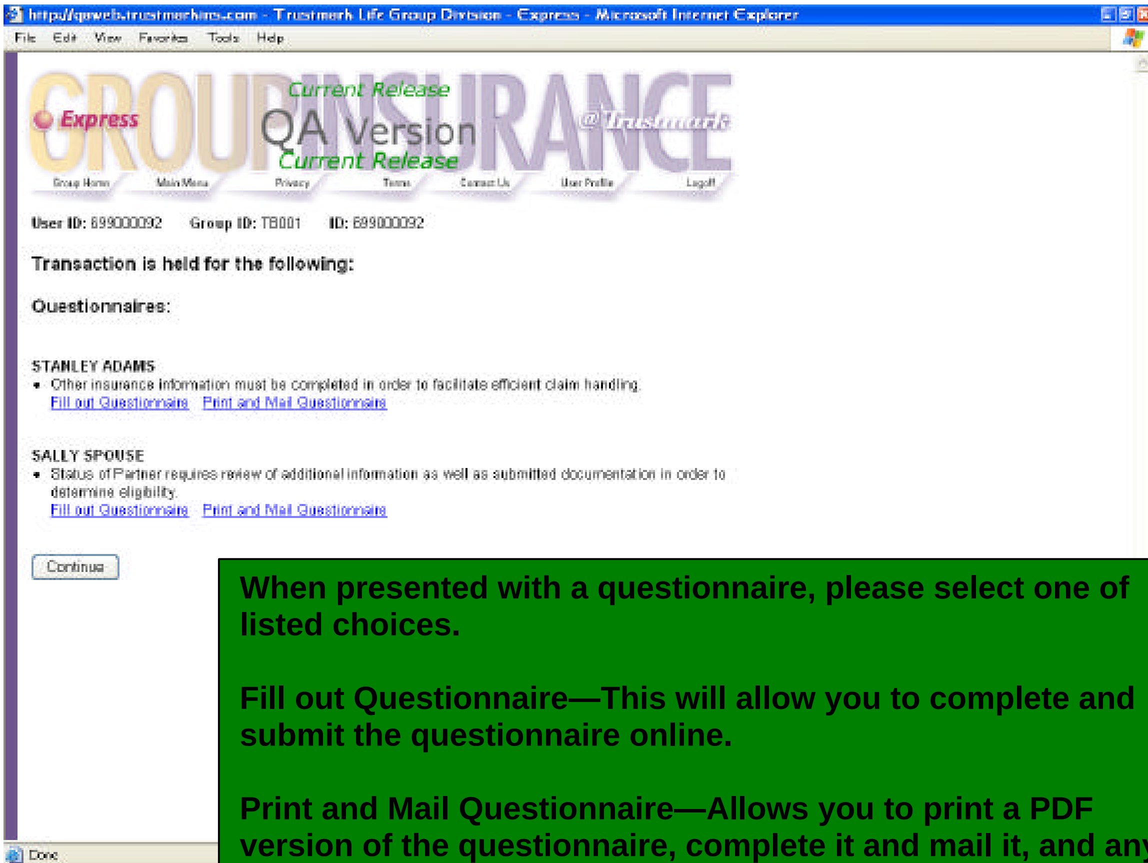
If your group offers life-type benefits, you will be presented with a Beneficiary Election screen. Primary and contingent beneficiaries may be selected:

- **Primary Beneficiary**—Person or persons designated by you as the first to receive policy benefits upon your death.
- **Contingent Beneficiary**—Person or persons named to receive proceeds in case the primary beneficiary is not alive at the time of your death.



Questionnaires

When Trustmark required additional information, you will be presented with the appropriate questionnaire.



When presented with a questionnaire, please select one of listed choices.

Fill out Questionnaire—This will allow you to complete and submit the questionnaire online.

Print and Mail Questionnaire—Allows you to print a PDF version of the questionnaire, complete it and mail it, and any other relevant backup documentation, to Trustmark at the following address:

Trustmark Life Insurance Company
PO Box 7904
Lake Forest, IL 60045

View Status of Held Transactions

To view the current status of all held transactions, click on the View Status of Held Transactions link. This section allows you to view the reason for the held transaction along with their current status.

The following is a list of the held transactions status options and their definitions.

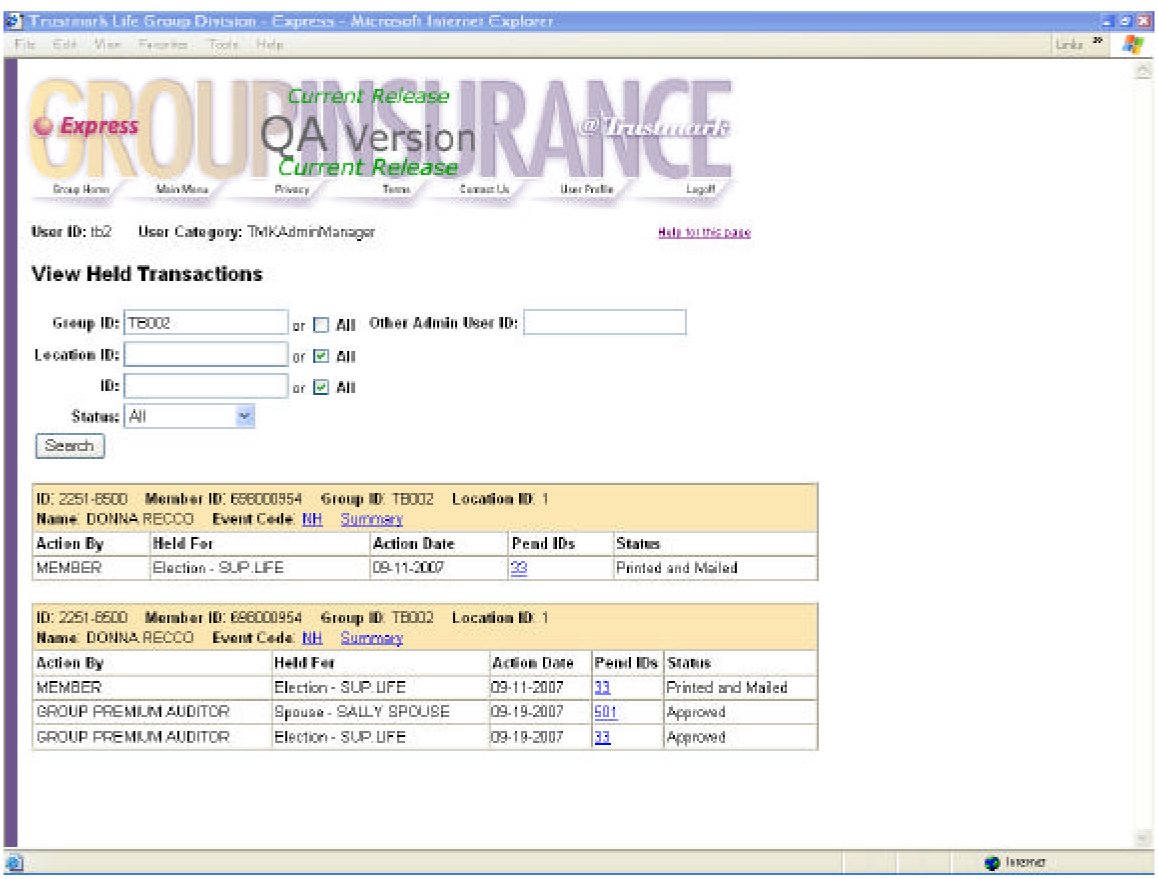
Awaiting Action—The transaction is not complete and needs to be acted upon by you, your Group Administrator or Trustmark.

Reviewed—Your Group Administrator has reviewed the transaction for possible payroll deduction changes.

Under Review—The requested information has been received and is being reviewed by Trustmark.

Approved—The requested information has been received and your request for coverage has been approved by Trustmark.

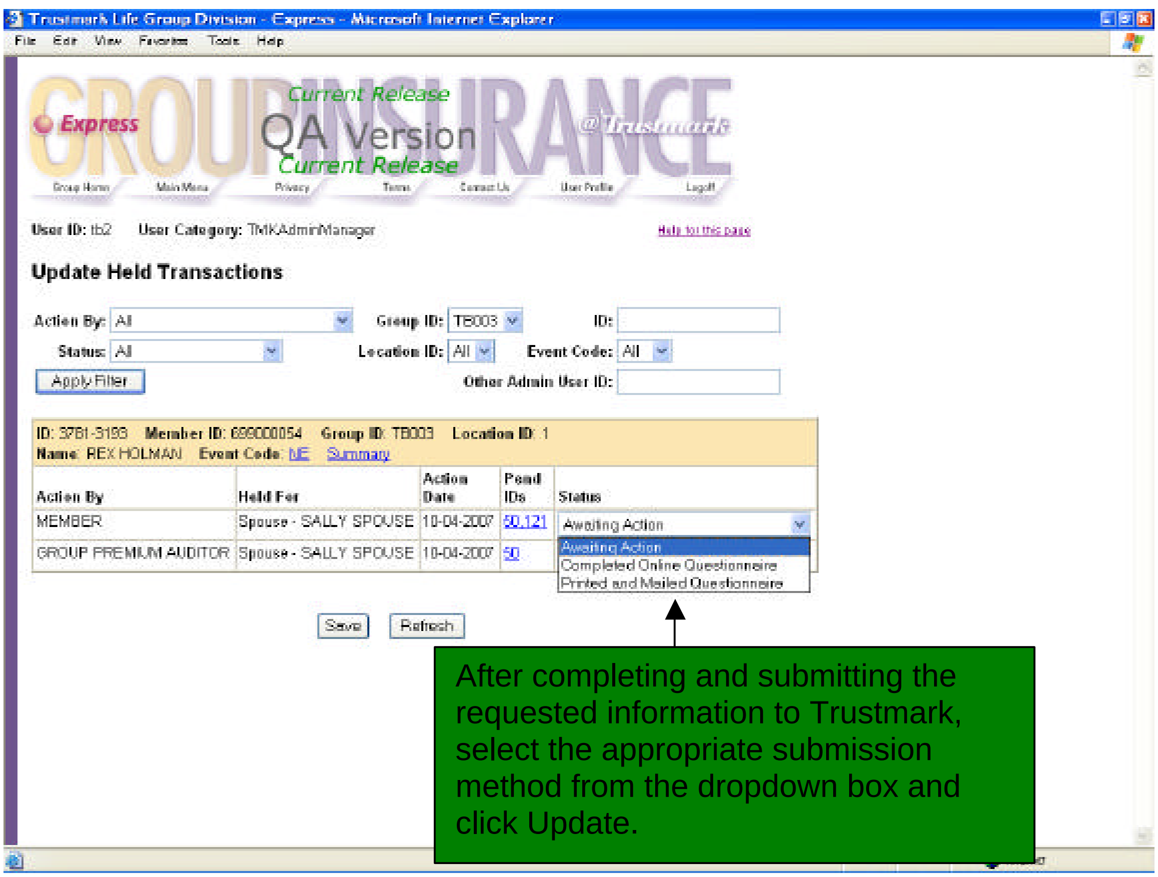
Denied—The requested information has been received and your request for coverage has been denied by Trustmark.



Update Held Transactions

If you have a request for coverage that requires additional information, your request for coverage may be held and awaiting action by you. Your Group Administrator will notify you if a questionnaire requesting additional information needs completion. Please forward the requested information to us as soon as possible and act upon the held transaction as follows:

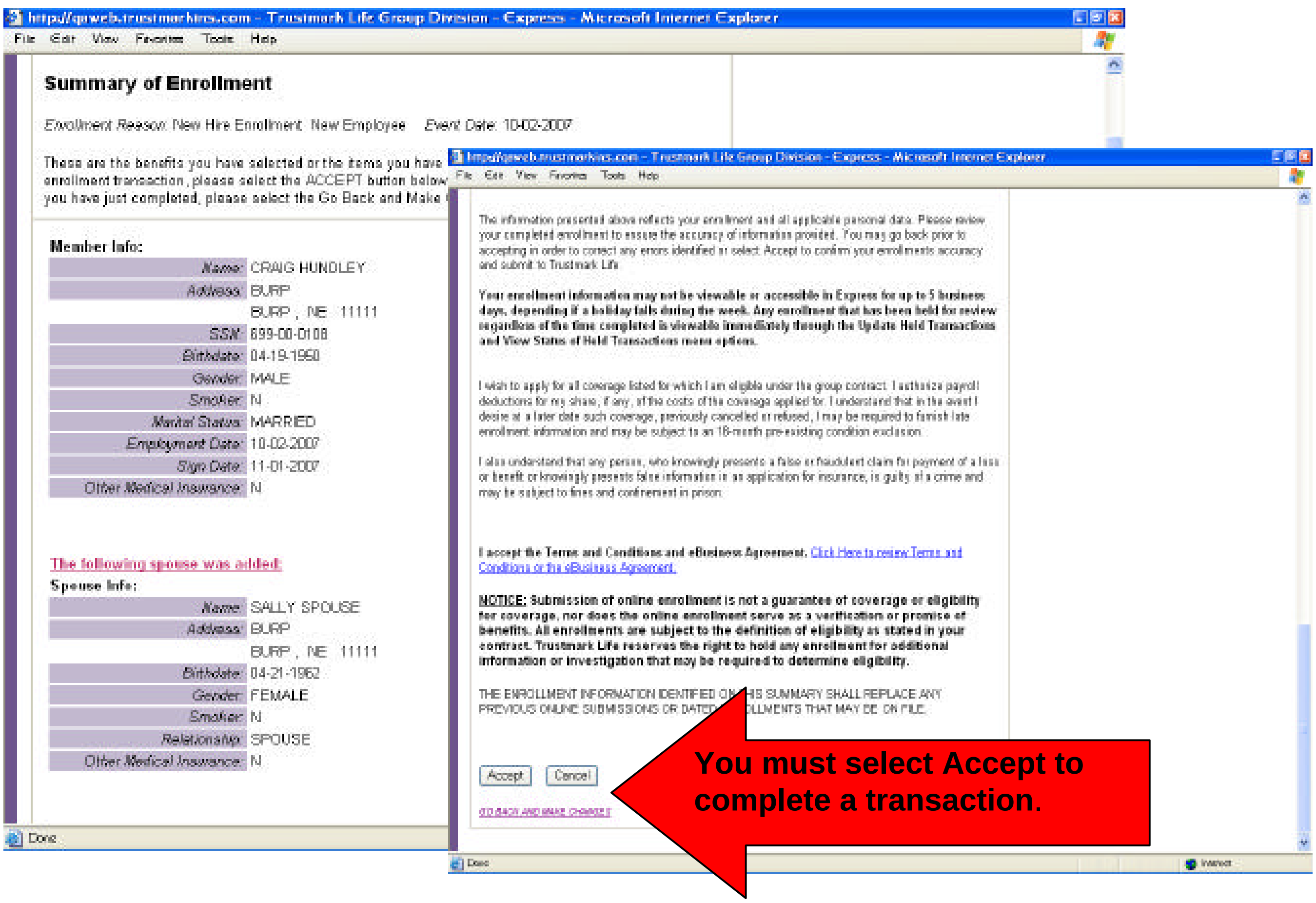
- Access Express and click on the Update Held Transactions link.
- Click on the Pend ID link for a description of the held item.
- Click on the Summary link to view and/or retrieve the form that needs completion.
- Complete and submit the information online or print and mail the completed form to Trustmark Life.
- Once the information has been forwarded to Trustmark Life, click the appropriate submission method in the Status column to release the held item and allow the enrollment application to proceed.
- Please be sure to click Update at the bottom of the screen to complete the transaction. The held item is now moved to the View Status of Held Transactions section. This action also informs Trustmark Life that the item is now ready for our review.



Summary Screens

When you have completed your enrollment, you will be presented with a summary page that displays your enrollment elections and any held transaction message. If a questionnaire was presented, you have the opportunity to click on the displayed links to view your submitted form or to print a copy. Please review all information on this screen for accuracy. You have the option of going back into the enrollment screens to make changes or to click **Accept** to complete your enrollment.

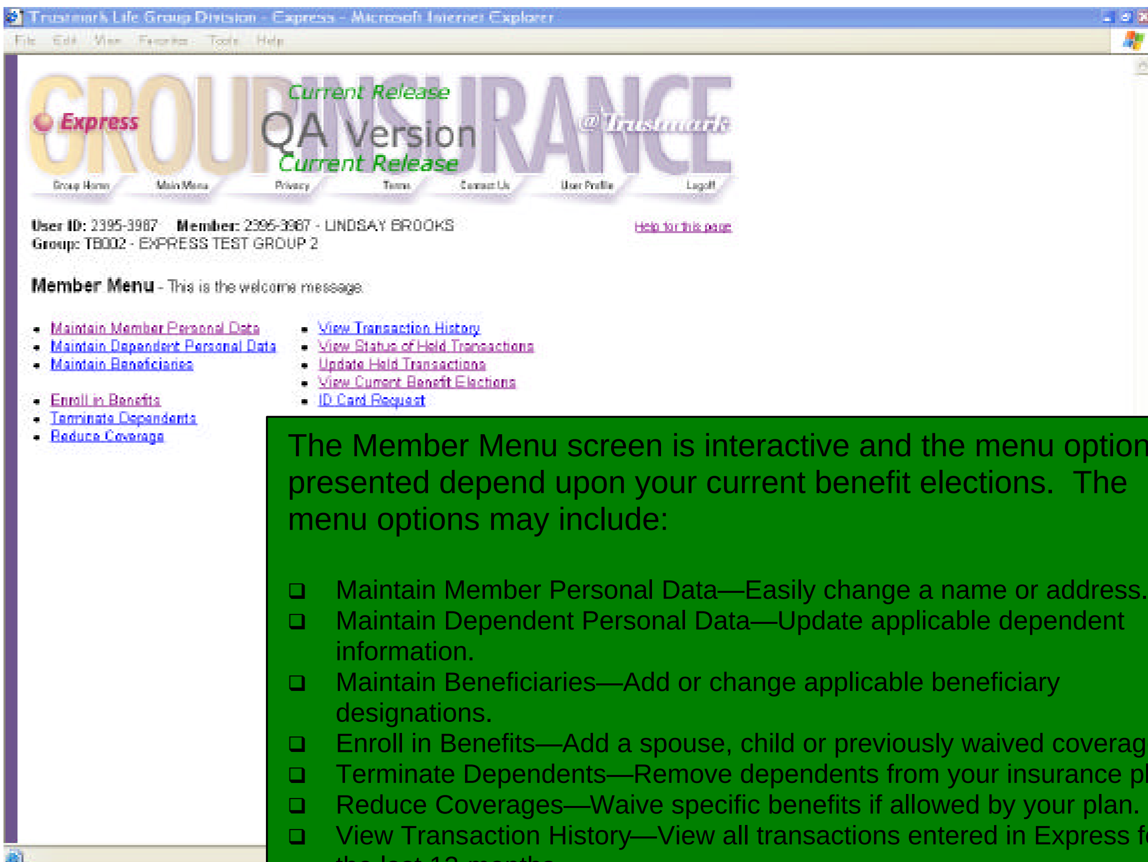
When your enrollment information is complete and you have clicked **Accept**, you will be presented with an Accepted Summary of Enrollment page. We encourage you to print a copy of this page for your records.



Your Menu Options

The Member Menu screen allows you to maintain your insurance needs. Access Express anytime to update personal information, maintain beneficiaries, add/or remove a dependent or waive specific benefits, if allowed by your group. Links are provided to access a history of your transactions and to work with held items.

When making your updates, please be sure to follow the Express screens through to completion to ensure your information has been successfully submitted to Trustmark.



The Member Menu screen is interactive and the menu options presented depend upon your current benefit elections. The menu options may include:

- Maintain Member Personal Data—Easily change a name or address.
- Maintain Dependent Personal Data—Update applicable dependent information.
- Maintain Beneficiaries—Add or change applicable beneficiary designations.
- Enroll in Benefits—Add a spouse, child or previously waived coverage.
- Terminate Dependents—Remove dependents from your insurance plan.
- Reduce Coverages—Waive specific benefits if allowed by your plan.
- View Transaction History—View all transactions entered in Express for the last 12-months.
- View Status of Held Transactions—View the status of all held transactions.
- Update Held Transactions—Act upon your held transactions.
- View Current Benefit Elections—View your current benefit selections and who is covered under your plan.
- ID Card Request—Order additional plan ID cards.
- Resource Center—Access additional Trustmark insurance information.

Are You Enrolled?

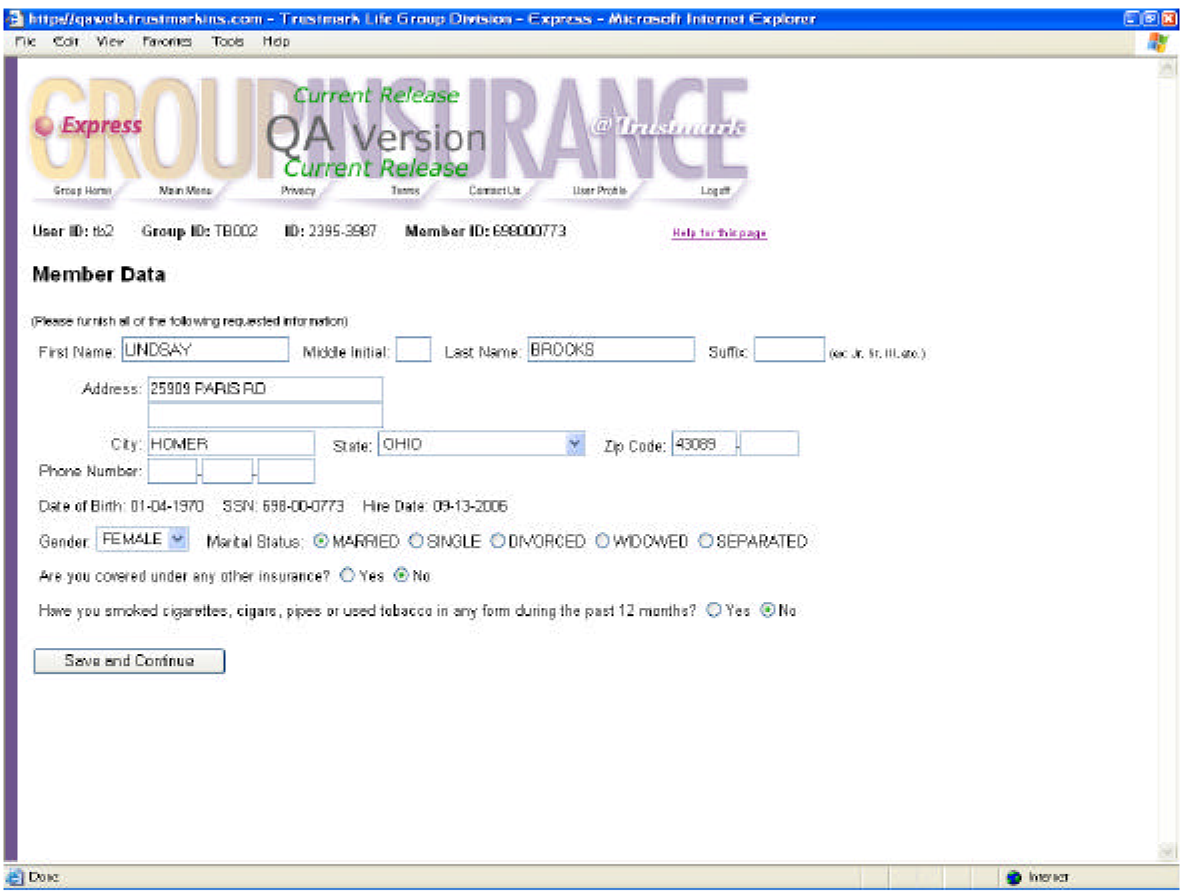
You must be enrolled for benefits to enroll a dependent for benefits. Please refer to the Your Initial Enrollment section of this manual for guidelines on using Express and a list of the information you'll need to complete the initial enrollment process.

Maintaining Personal Data

Two separate links are provided to update your personal information. Please access these links to change the following:

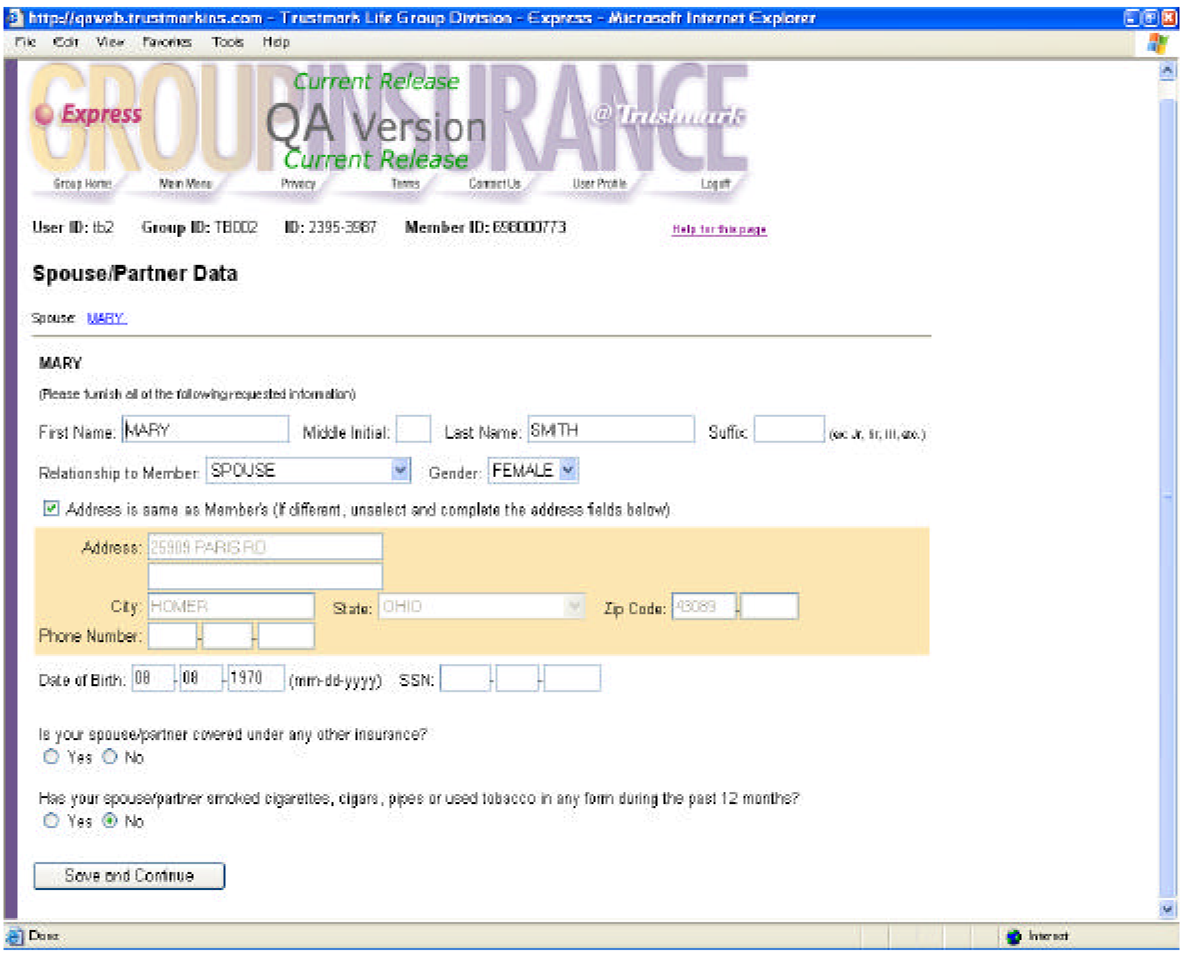
Member Personal Data

- Name
- Address
- Phone Number
- Gender
- Marital Status
- Other Insurance Information
- Smoker Information



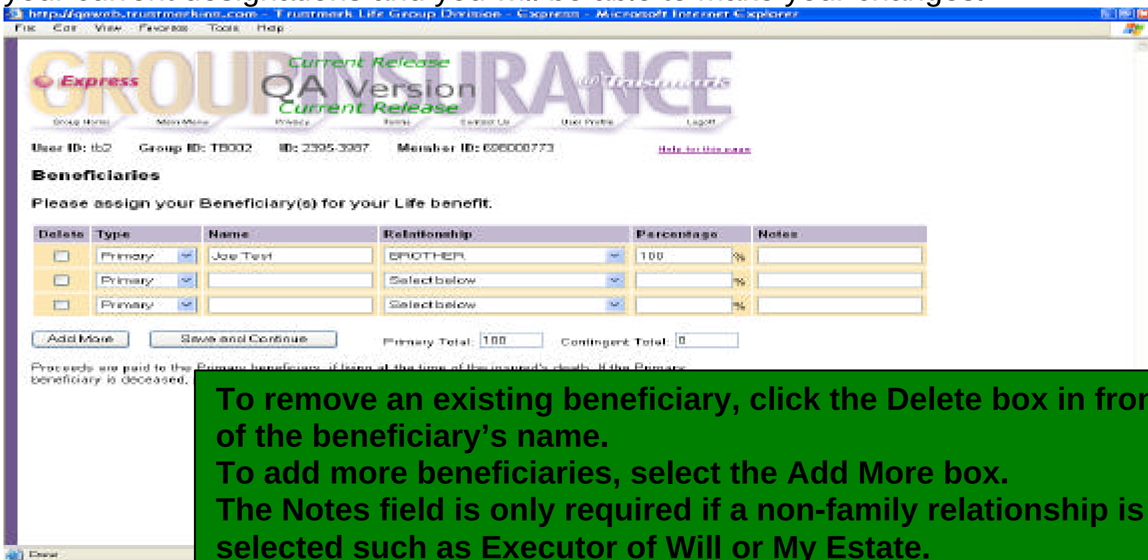
Dependent Personal Data

- Name
- Address
- Phone Number
- Relationship to Member
- Gender
- Date of Birth
- Social Security Number
- Other Insurance Information for spouse and/or children
- Spouse Smoker Information
- Fulltime Student Status for college-age children
- Incapacitated Dependent Status



Maintaining Beneficiaries

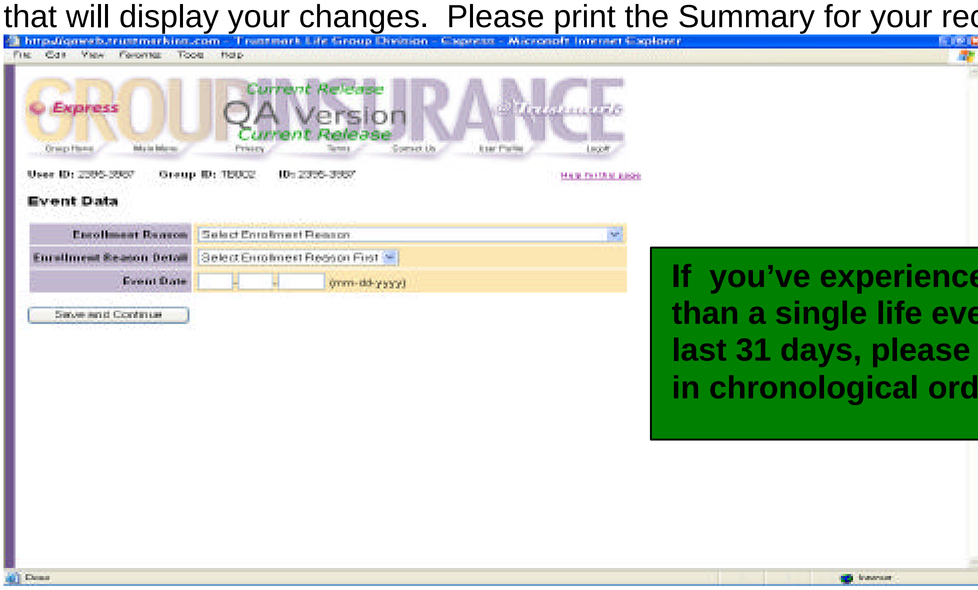
If your group offers life-type benefits, your beneficiary information is maintained in Express. To change your beneficiary designation, click on the Maintain Beneficiaries link. You will be presented with a beneficiary screen that displays your current designations and you will be able to make your changes.



To remove an existing beneficiary, click the Delete box in front of the beneficiary's name.
To add more beneficiaries, select the Add More box.
The Notes field is only required if a non-family relationship is selected such as Executor of Will or My Estate.

Add A Dependent or Elect Previously Waived Coverage

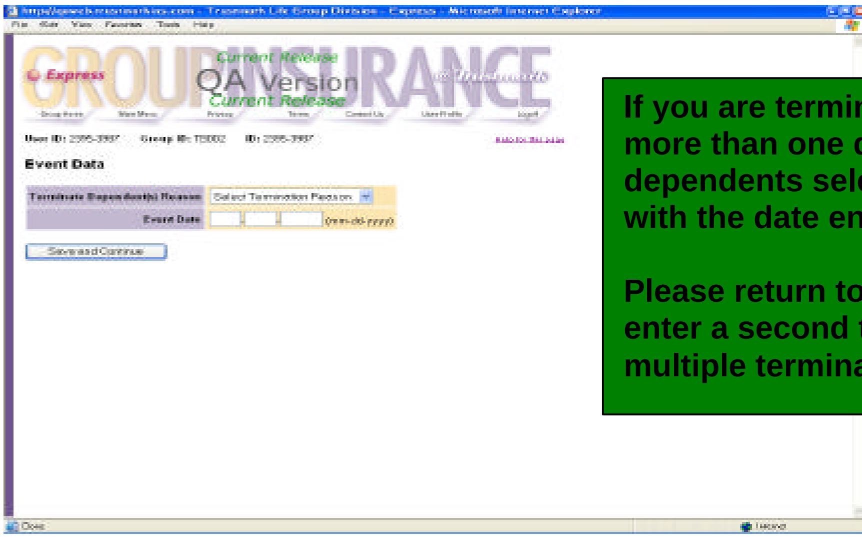
To enroll a dependent in your insurance plan or elect benefits that were previously waived, select the Enroll in Benefits link. Choose the reason for adding the dependent or benefit from the drop-down box and enter the event date in the field provided. For example, if you are adding your newborn child, select Birth of a Child from the drop-down box and enter your child's birth date in the Event Date field. Express will then walk you through the enrollment process. When you are finished, you will be presented with an Accepted Summary page that will display your changes. Please print the Summary for your records.



If you've experienced more than a single life event in the last 31 days, please enter them in chronological order.

Terminating Dependents

Choose the Terminate Dependents link to remove a dependent from all benefits. Select the reason for the termination from the drop-down box and enter the termination date in the field provided. The termination date you enter is the **LAST** day of full coverage. You will then be prompted to indicate which dependent(s) are to be terminated.

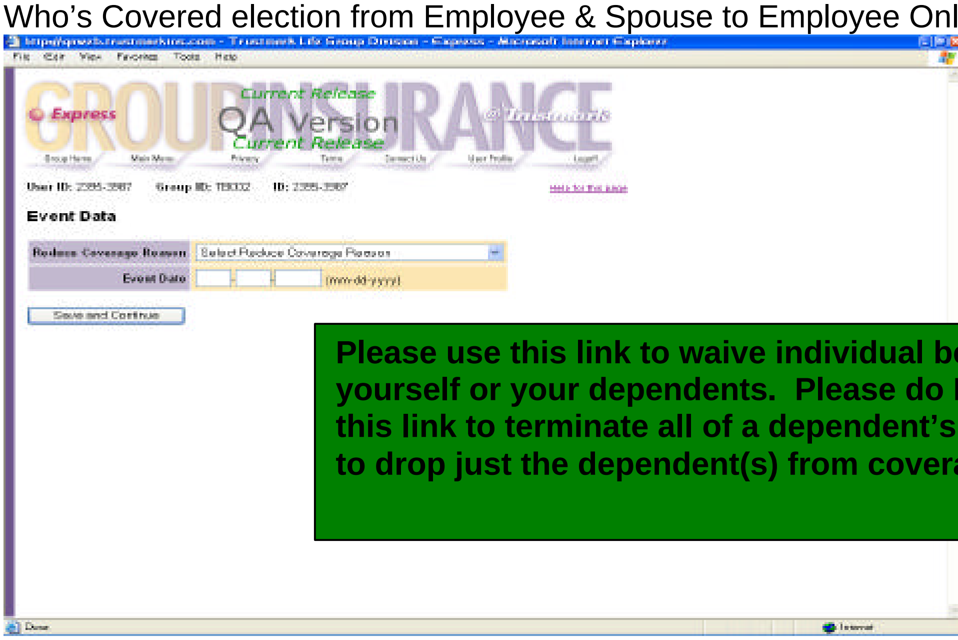


If you are terminating coverage for more than one dependent, ALL dependents selected will be terminated with the date entered on this screen.

Please return to your main menu and enter a second termination event if multiple termination dates are required.

Reducing Coverage

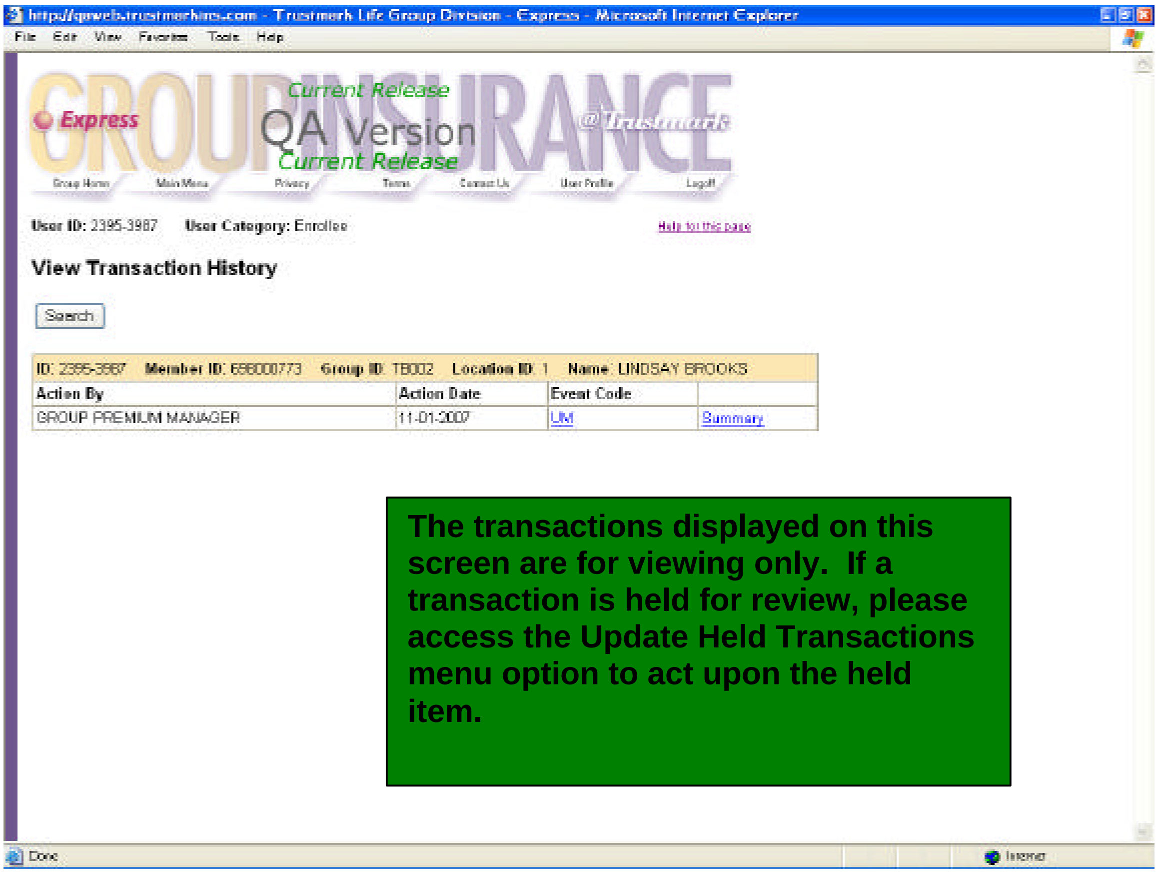
Select the Reduce Coverage link to waive your or a dependent(s) right to a specific benefit. Enter the reason for waiving coverage along with the **LAST** day of full coverage. You may now waive an entire benefit or reduce coverage. For example, if your spouse has obtained other insurance, you would change the Who's Covered election from Employee & Spouse to Employee Only.



Please use this link to waive individual benefits for yourself or your dependents. Please do NOT use this link to terminate all of a dependent's benefits or to drop just the dependent(s) from coverage.

View Transaction History

The View Transaction History menu option allows you to view all of your eligibility and benefit selection changes that were entered into Express for a rolling 12-month period. The display indicates who originally entered the transaction into Express, the date entered and a link that brings up a Summary of the enrollment or enrollment change. Please contact your Group Administrator if you require information on a transaction that is older than the displayed data.



View Status of Held Transactions

To view the current status of all held transactions; click the View Status of Held Transactions link. This section allows you to view the reason for the hold along with the current status of the transaction. From this link you can also view and/or print a Summary page that outlines the held transaction and access a copy of the questionnaire that was presented for any applicable eligibility review. Please note that you can't act on a held item in this section but can do so by selecting the Update Held Transactions menu option.

The following is a list of the held transactions status options and their definitions.

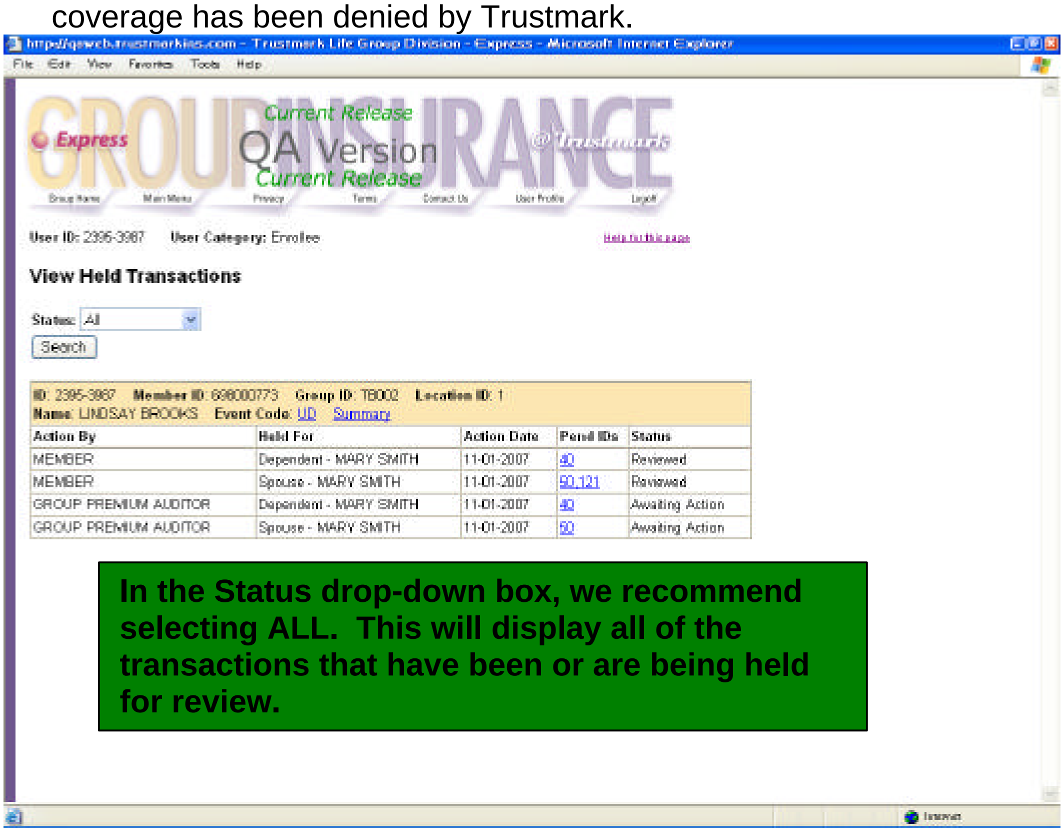
- **Awaiting Action**—The transaction is not complete and needs to be acted upon by you, your Group Administrator or Trustmark.

- **Reviewed**—The transaction has been reviewed by your Group Administrator for possible payroll deductions.

- **Under Review**—The requested information has been received and is being reviewed by Trustmark.

- **Approved**—The requested information has been received and your request for coverage has been approved by Trustmark.

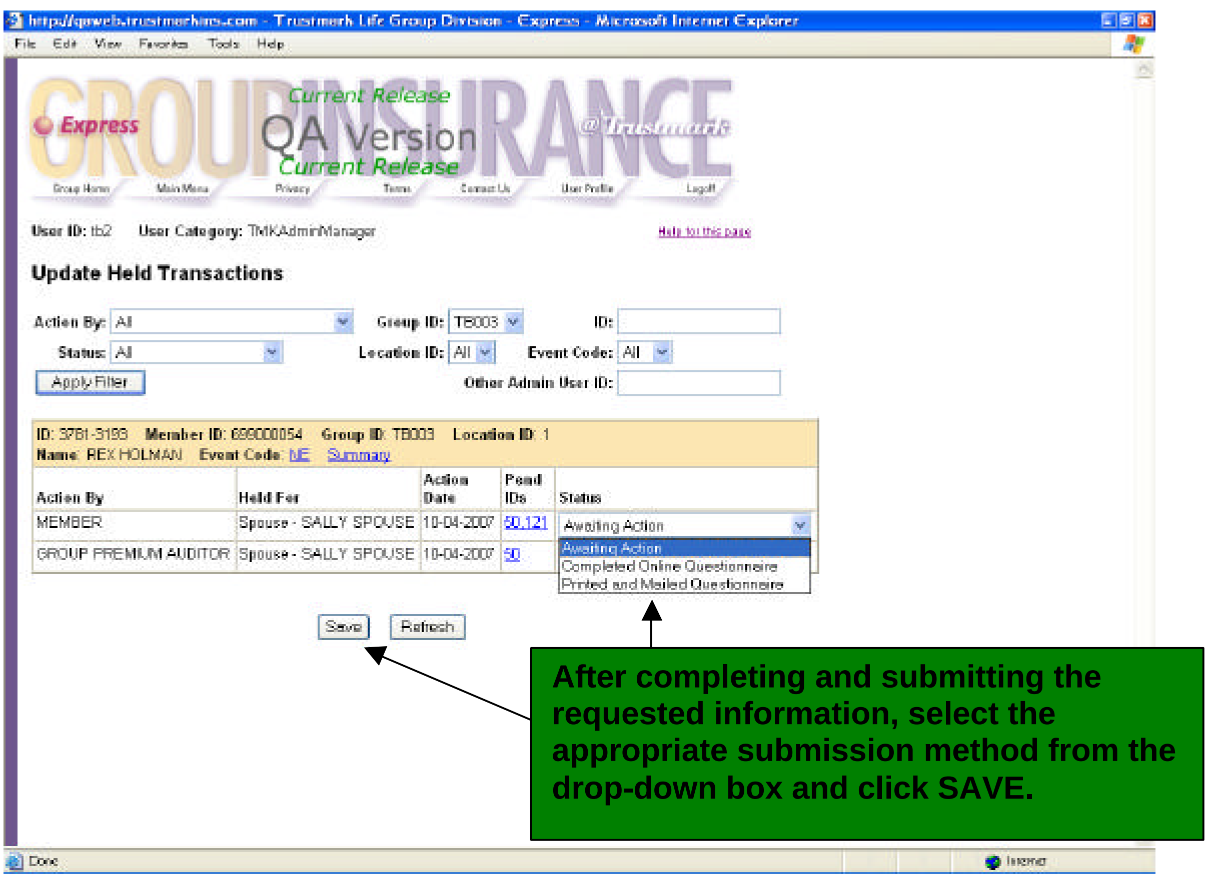
- **Denied**—The requested information has been received and your request for coverage has been denied by Trustmark.



Update Held Transactions

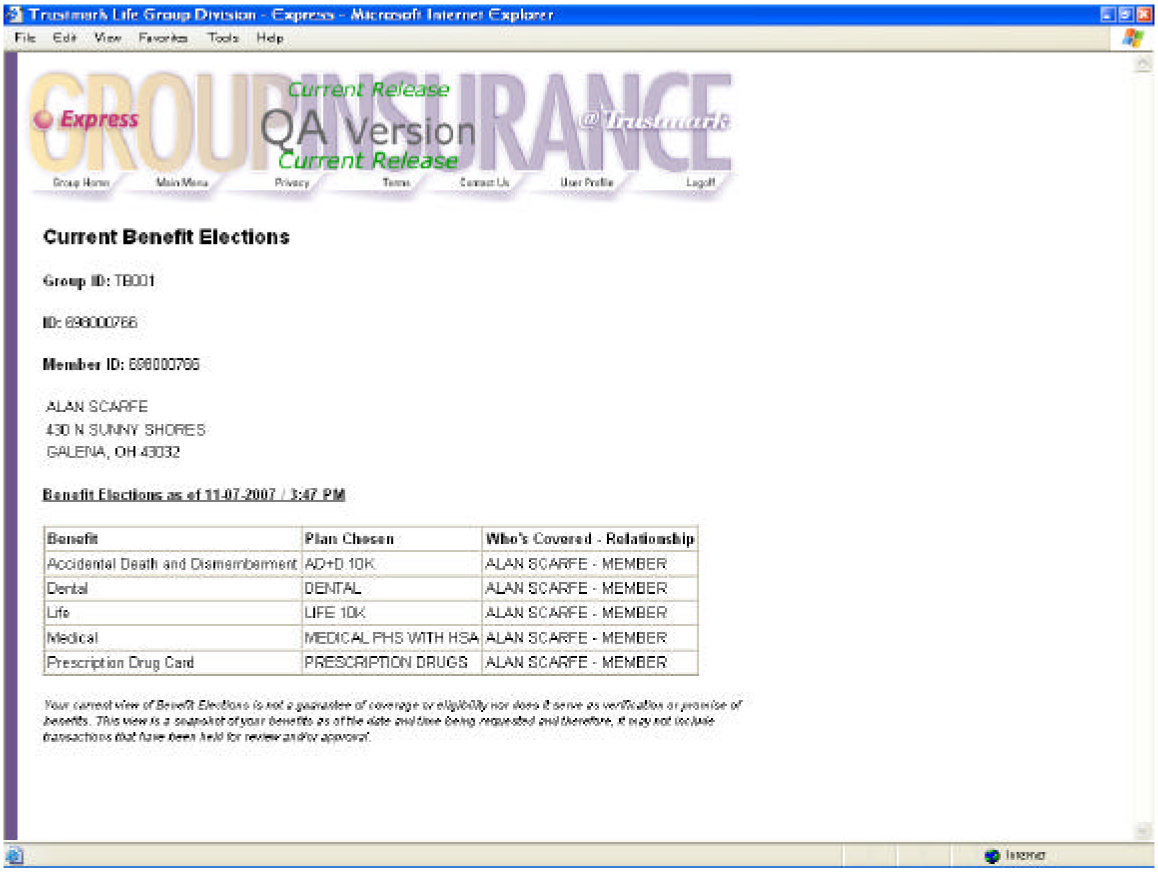
If your Group Administrator or a Trustmark User completes the changes/updates in Express for you and additional information is requested, the transactions will be held for awaiting action by you. Your Group Administrator will notify you that a questionnaire requesting additional information needs completion. Please forward the requested information to us as soon as possible and act upon these held transactions as follows:

- Access Express and click on the Update Held Transactions link.
- Click on the Pend ID link for a description of the held item.
- Click on the Summary link to view and/or retrieve the questionnaire that needs completion.
- Complete and submit the information online or print and mail the completed form to Trustmark.
- Once the information has been forwarded to Trustmark, click the appropriate submission method in the Status column to release the held item and allow the enrollment application to be processed.
- Please be sure to click Update at the bottom of the screen to complete the transaction. The held item is now moved to the View Status of Held Transactions section. This action also informs Trustmark that the item is ready for our review.



View Current Benefit Elections

Access the View Current Benefit Elections link to see what benefits are in effect and who is covered. The display shows what is effective as of the day accessed and does not reflect any held transactions.



ID Card Request

If you have lost or need an additional ID card, click on the ID Card Request link. Simply complete the requested fields and submit your request. Your ID card will be mailed to you as soon as it is printed.

Open Enrollment, Annual Enrollment or Plan Changes

#4

Open Enrollment

During the Open Enrollment period, a special link is available on the Member Menu.

- Click on the link to make enrollment choices.
- View current benefit elections along with the option of changing select benefit plans (if allowed) or enrolling as a late entrant (if allowed).
- Complete the Open Enrollment process and print a copy of the Accepted Summary page for your records.
- The link will no longer be available when the Open Enrollment period has ended.

This special link should only be used for your Open Enrollment selections or enrolling as a late entrant. Life events, special enrollments, or changes to dependent coverage that occur during the open enrollment period must be entered using the regularly displayed maintenance links.

Please contact your Group Administrator if you have any questions regarding the Open Enrollment period.

Annual Enrollment

Some insurance plans require their employees to re-enroll in benefits on a yearly basis. If your group requires an Annual Enrollment, Express will offer a separate link on your Member Menu screen that will walk you through the re-enrollment process.

- States how long you have to make your re-enrollment plan choices.
- Access this link during this time period to review and/or change your elections.
- Shows current benefit elections.
- Guides you through the system to select benefits for the upcoming insurance year.
- Provides an Accepted Summary page after completion of re-enrollment that reflects new elections.
- Link will no longer be available when the Annual Enrollment period has ended.
- Life events, special enrollments or changes to dependent coverage that occur during the Annual Enrollment period must be entered using the regularly displayed maintenance links.

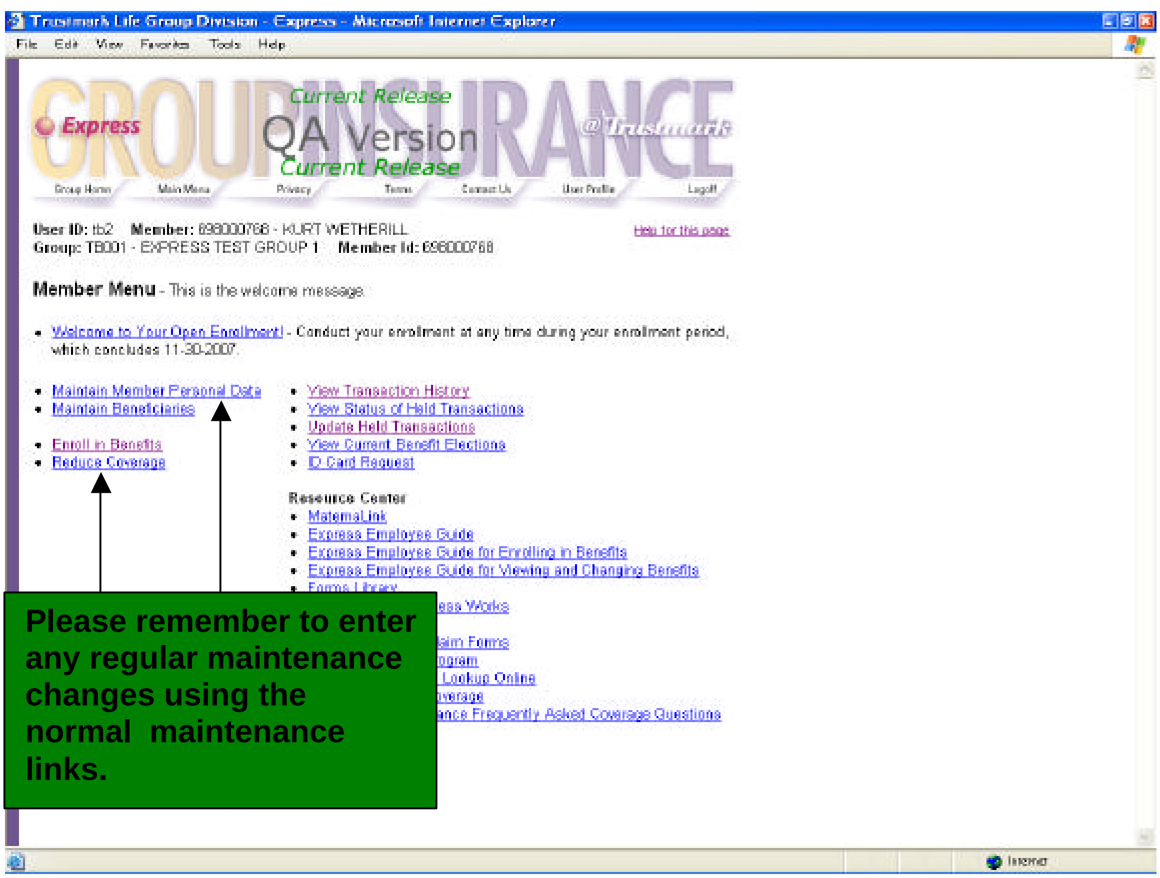
Please contact your Group Administrator if you have any questions regarding the Annual Enrollment period.

Plan Changes

If your employer changes benefit plans or offers additional benefits during the year, Express will feature a link on your main menu that will give you the opportunity to elect the new benefit plan(s).

- The link will only be available for a select time period and will no longer be available after the end of the time period.
- Access this link during the time frame to review and/or change elections.
- Provides an Accepted Summary page that reflects your new elections.
- Life events, special enrollments or changes to dependent coverage that occur during the plan change period must be entered using the regularly displayed maintenance links.

Please contact your Group Administrator if you have any questions regarding plan changes.



Held Transactions

A transaction that is held during an open enrollment, annual enrollment or a plan change is handled the same as during ongoing maintenance. Please refer to the Ongoing Maintenance section of this guide for information on held items.

Appendix-Insurance Terms and Definitions

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Beneficiary: An individual, organization, endowment, trust or estate designated by the insured to receive the benefit payable under the plan at his or her death.

- Primary Beneficiary—Person or persons designated as the first to receive policy benefits upon your death.
- Contingent Beneficiary—Person or persons named to receive proceeds in case the original (primary) beneficiary is not alive at the time of the insured's death.

Certificate of Creditable Coverage: A document provided by a health plan that proves coverage under that plan. Certificates of creditable coverage will usually be provided automatically when you leave a health plan.

COBRA: The Consolidated Omnibus Budget Reconciliation Act is a federal law in effect since 1986. COBRA permits an insured and his or her dependents to continue in the employer's group health plan after his or her job ends. If the employer has 20 or more employees, an insured may be eligible for COBRA continuation of coverage when the individual retires, quits, is fired, or works reduced hours. Continuation of coverage also extends to surviving, divorced or separated spouses, dependent children, and children who lose their dependent status under their parent's plan rules. An insured may choose to continue in the group health plan for a limited time and pay the full premium (including the share the employer used to pay on behalf of the insured). COBRA continuation of coverage generally lasts 18-months or 36-months for dependents in certain circumstances.

Contributory Coverage: A group insurance plan, which requires the insured to pay all of part of the premium.

Coverage: The benefit or amount of insurance, stated in the group policy, for which the insured is eligible or a major classification of benefits provided by a group policy (i.e., major medical, term life, short-term disability).

Creditable Coverage: Health insurance coverage under any of the following: a group health plan; an individual health plan; Medicare; Medicaid; CHAMPUS (health coverage for military personnel, retirees, and dependents); the Federal Employees Health Benefits Program; Indian Health Service; the Peace Corps; or a state health insurance high risk pool.

Dependent: An insured's spouse (not legally separated or divorced), unmarried children, adopted children and stepchildren who meet certain eligibility and age requirements. Dependents are specifically defined by your employer's contract or by specific state mandates.

Effective Date: The date on which insurance coverage goes into effect.

Enrollment Period: The period of time during which all employees may sign up for coverage under the group health plan.

Evidence of Insurability (E of I): A signed form that is proof of a person's physical condition, occupation, etc., affecting the acceptance of the applicant for insurance.

Fraud: Deceit, trickery, or misrepresentation with the intent to induce another to part with something of value to surrender a legal right.

Full Time Student: A child, from his or her 19th birthday through an age specified in the group contract (usually 23 to 25), who is enrolled in a college or vocational school for 12-credit hours or more per semester.

Group Administrator: The individual at a place of employment who is responsible for the administration of the group insurance program.

Group ID: The assigned identification number of the group health plan.

HIPAA: The Health Insurance Portability and Accountability Act is a federal law designed to protect health insurance coverage for workers and their families when they change jobs, terminate their employment or lose health coverage for other reasons.

Incapacitated Dependent: A child who, because of a handicap condition that occurred before the attainment of the limiting age, is incapable of self-sustaining employment and is dependent on his or her parents or other care providers for lifetime care and supervision.

Late Enrollment: A request for benefits from an employee and/or his dependents that is signed and dated more than 31-days from the date that he or she was eligible to enroll.

Life or Family Status Change: A change in an insured's personal status due to marriage, birth of a child, or adoption of a child.

Location ID: The actual physical location of the employer group. The group's Home Office is Location #1 and all other physical locations follow in numeric order.

Member Group: A group of employees put together based upon specific criteria such as, all hourly employees, all salaried employees, or all employees in a single location who receive the same benefits.

Member ID: An insured's identification number (usually a social security number of Trustmark assigned unique identifier).

Non-Contributory Coverage: An insurance plan where the employer (group) bears the full cost of the benefits for the employees. Generally, under non-contributory policies, one hundred percent of the eligible employees must be insured.

Open Enrollment: The period of time during which existing employees can enroll in or change their health coverage as stated in the group contract.

Over-Age Dependent: A dependent child who has reached the limiting age as stated in the contract and <u>is not</u> a full-time college or vocational school student.

Over-Age Student: A dependent child that has reached the limiting student age as stated in the contract for a college or vocational school student.

Pre-existing Condition: Any condition (either physical or mental) for which medical advice, diagnosis, care or treatment was recommended or received within a specified period of time immediately preceding enrollment in an insured's health plan.

Pre-existing Condition Exclusion Period: The specified period of time during which a health plan will not pay for covered care relating to a preexisting condition.

Special Enrollment Period: A time, triggered by certain specific events, during which an insured and his or her dependents are permitted to sign up for coverage under a group health plan. This special enrollment period is available when an insured's family status changes or when his or her health insurance status changes. Special enrollment periods must last at least 30 days. Enrollment in your health plan during a special enrollment period is not considered a late enrollment.

Supplemental Enrollment Form: A form requesting medical information that must be completed when an insured applies for medical benefits as a late enrollee.

Termination Date: The date on which coverage ends for an insured and his or her dependents.

Verification of Dependent Eligibility: The process of determining if a dependent is eligible for coverage by following the guidelines of the contract and specific state mandates.

Waiting Period: The length of time that may be required to work for an employer before an insured is eligible for insurance benefits.

Waive Coverages: The act of intentionally relinquishing or surrendering rights to benefits. An insured is only allowed to waive coverage if he or she pays the entire amount or a portion of the premium.

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