Trustmark Group Insurance
Administration Guide

Welcome to Trustmark Group Insurance, a division of Trustmark Life Insurance Company! We are pleased you have chosen us to meet your organization's insurance needs. Our Group Insurance Administration Guide is designed to help our clients with day-to-day administration of group insurance plans. It outlines the procedures for administering your Group Insurance Plan. *This guide has been designed for your assistance and in no way changes the provisions in your specific Group Policy.*

This guide may not cover all possible situations and unusual circumstances that might occur while administering your employees' insurance needs. Some situations may require the personal attention of your Account Representative or other Trustmark personnel. However, the successful administration of your Group Insurance Plan depends upon how accurate information is reported and recorded.

A review of the Group Policy, with particular attention to the Schedule of Benefits, will help you answer many frequently asked questions about your plan. But if we can be of assistance, please contact your local sales office. To more readily meet your needs, when contacting our Account Representatives, always be prepared to provide the following information:

- Company (policyholder) name
- Group ID number
- Insured's Name
- Insured's social security number or member ID

IMPORTANT NOTICE

This Guide explains general principles in your Trustmark Group Insurance Policy. Any information regarding a particular person's eligibility, benefit level, or right to continuation or conversion should be obtained from the Group Policy. If a conflict exists between this guide and the Group Policy, the Group Policy takes precedence. Trustmark reserves the right to change or discontinue the procedures outlined herein at any time.

Regarding sample forms used or described in this manual: *Insurance forms are frequently revised*. Please contact your Trustmark Group Insurance representative to be certain you are using the most current form available.

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Chapter 1 – Introduction

About Trustmark Group Insurance

Trustmark is a leading mutual health and life insurer and benefits administrator licensed nationwide to offer a full line of medical, managed care, disability, long term care and dental products to individuals and groups. The Company also offers retirement income and other asset protection plans to safeguard the financial security of policyowners and their families.

Trustmark is a mutual holding company, which means that Trustmark is managed for the benefit of policy owners. Therefore, those insured by the Company are more than customers. Our responsiveness, attention to detail, competent advice and friendly service characterize our staff. Furthermore, the Company insists that its employees practice the highest degree of ethical business conduct. Fair reputation of the Company is dependent upon our customers' trust and we are dedicated to preserving that trust.

Our Dedicated Staff Dispenses Quality Service

Delivering quality service to you and your employees' means recruiting and maintaining a quality-oriented staff. We provide an atmosphere that promotes and encourages personal and professional growth through ongoing education and training programs. In addition, quality initiatives are incorporated into every job assignment at Trustmark to assure maximum customer satisfaction and to integrate new ideas into our way of doing business.

Administering Your Plan

The Trustmark Group Administration Guide provides instructions for administering various types of plans, coverages, and provisions. To use it effectively, please familiarize yourself with the basic characteristics of your Group Plan, as detailed in your Group Profile.

This guide also provides information you will need for day-to-day administration of your group policy. Some situations may require the personal attention of your Account Representative or other Trustmark personnel. Please refer to your Group Profile for the name, address and phone number of your designated Account Representative. The Group Profile also lists the addressees and phone numbers of other Trustmark personnel you may contact for help with specific issues or questions.

Types of Plans

We provide two types of administration for Group plans. The type of plan administration depends on who maintains the eligibility records and provides claim payment:

- For a Trustmark -Administered Plan, we maintain eligibility records based on information received from the policyholder. We provide all claim payment services.
- For a Self-Administered/Third-Party Administered Plan, the employer and/or a Third Party Administrator maintain the eligibility records. The Third Party Administrator provides claim Payment.

Primarily, this guide outlines procedures for Trustmark-Administered Plans.

File Maintenance

To help you keep track of your group insurance records, we recommend Group Enrollment Forms be maintained alphabetically in the following files:

Pending: Use this file for employees whose insurance coverage is subject to review of the Evidence of Insurability Form and have not yet been approved by Trustmark. Once approval is received, the Evidence of Insurability Form should be moved to the appropriate file. This file also includes employees waiting to be added upon completion of the waiting period.

Report: Use this file for your employees Group Enrollment Forms and Change Forms that have not yet been reported.

Active: Use this file for employees whose coverage is in force. The forms should be moved to this file from the report file after the insured has been reported to Trustmark.

Inactive: Use this file for employees whose coverage has been completely canceled and reported to Trustmark, including those who have refused group coverage.

Continuation: Forms normally maintained in this file are for terminated employees on Federal or State continuation.

Policyholder Responsibilities

The employer must maintain records relating to each employee's coverage under the Plan. These records are subject to review by Trustmark and must include:

1. The names and birth dates of all employees/dependents who are covered by the plan.
2. The benefits in force on each employee/dependents.
3. Salary information for salary-based benefits must be available to verify the correct benefit.
4. Payroll records confirming full-time employment dates.
5. The effective date of each employee's coverage.
6. The effective date of any change.
7. COBRA notices, coverage selections, premiums paid and related records.
8. Review and verification of the List Bill for accuracy. PLEASE DO NOT MAKE ADJUSTMENTS FOR CHARGES WHICH ARE NOT REFLECTED ON THE BILL.

The basic records for this information are the Group Enrollment and Change forms.

Clerical Errors

Generally, clerical errors in reporting information to us on eligible or ineligible persons will be corrected, but limited to two months' back premium PRIOR TO THE CORRECTION AND IMPLEMENTATION OF SUCH CORRECTION. Coverage for an approved employee/member will be made effective on the date specified by Trustmark. Please refer to your group policy for further details.

Chapter 2 – Deliverables

Booklet Certificates

Shortly after your group becomes covered by Trustmark, you will receive a supply of Booklet Certificates for all those employees enrolled for coverage. Each employee should receive a Booklet Certificate as well as a coverage letter.

Unique Member Identifier

In order to prevent identity theft, many states have enacted laws aimed at curbing this growing problem in America by limiting the use of Social Security numbers as personal identifiers. Trustmark supports those measures and has transitioned to a Trustmark assigned Unique Member Identifier (UMI). This unique ID will replace the member's Social Security number on all correspondence directed to the member and on the member's Identification Card. As the Group Administrator, you may enter your employee's Social Security number or unique member ID on all correspondence to us.

Coverage Letters

As new employees are added for coverage we will forward coverage letters to you. The letters should be distributed to the employee along with their Booklet Certificates. New coverage letters will be generated and distributed for the following instances:

- New employees
- Change in family status
- Addition or termination of specific coverages

We will mail the Coverage Letters to you for delivery to enrolled employees. You will already have a supply of booklets to give your employees.

Certificate Supplement Pages

For most changes in coverage, you will not have to issue a new Booklet Certificate. In some cases you may receive amended pages reflecting the change. New Certificate Supplement pages may only need to be issued for the following changes:

- Increased or decreased amounts of Life, AD&D, Disability Income, or Comprehensive Medical benefits.
- Addition or termination of a particular insurance benefit.

We will mail the Certificate Pages to you for delivery to enrolled employees. You will already have a supply of booklets to give your employees.

Identification Cards

Trustmark issues named I.D. cards that include the employee's name together with the employee's Unique Member Identifier. When mandated, dependent names are included on the employee's card. Initial I.D. card orders produce a card template that should be used as a temporary card for the employees, until a named card is generated. Your Trustmark Client

Manager should have provided you with this temporary card in a PDF format. Contact them if another copy is needed. Once member eligibility is input into our administration system, the process of generating the individualized cards begins. The cards are generally produced in 7 business days; however, this depends on volumes. Two cards are generated for each employee and then attached to an introduction letter. Contact your Client Manager when an employee requires more than two cards. The I.D. cards may provide important information on the employee's prescription drug benefits and/or mental health benefits information as well, so they should be presented to the provider at each visit.

Chapter 3 – Eligibility & Enrollment Guidelines

The Eligibility & Enrollment Guidelines section contains four major segments. The name and general contents of each section are listed below.

- **Enrollments**: Description of eligibility, effective dates, and enrollment guidelines for members.
- **Beneficiary**: Guidelines and procedures to designate beneficiaries to receive insurance proceeds payable under the plan in the event of death.
- **Changes**: Guidelines and procedures for changing a member's information.
- **Terminations**: Guidelines and procedures for terminating a member's coverage.

Enrollments

Eligibility

The eligibility date is the date on which the employee meets all eligibility requirements outlined in the Group Policy and becomes eligible for insurance in accordance with the provisions of the policy.

For employees, the eligibility date is the date of employment plus the waiting period (if any) specified in the Group Policy.

Eligibility maintenance can be handled three ways:

- Utilize Express, Trustmark's Benefit Administration Self Service Center - Express is a safe and secure Internet application that allows you and your employees to enter, update, and maintain benefit elections using automated transactions. Express is available 24/7 and lets your employees make their benefit selections and updates at home with their families. As a Group Administrator, you have full access to all of your employee's enrollment screens and menu choices along with additional benefit administration tools. If you would like additional information about Express and it's capabilities, please contact your local sales office.
- Access our Automated Customer Enrollment (ACE) system - ACE provides you access to your enrollment and eligibility information and is accessible through the Internet. You would be able to access and update your members' basic eligibility records in real time. This option will be phased out when your group's eligibility is accessible through Express.
- Manually submit all eligibility records and forms to Trustmark.

Effective Dates

The date on which group insurance coverage becomes effective depends on the provisions in the Group Policy. In general, effective dates are calculated according to one of the following basis:

- First of insurance month.
- Date of eligibility, if the signature date on application is on or before that date.
- First day of the month after the date of application, if the signature date is within 30 days after your date of eligibility.
- Date approved by Trustmark, if Evidence of Insurability Form is required.

Please refer to the Group Profile sheet and/or your Group Policy for more information on effective dates.

The interpretation of these dates depends on whether the plan is non-contributory or contributory.

Effective Dates for Non-Contributory Plans

This section explains how to determine effective dates for non-contributory plans. For a non-contributory plan, the policyholder (employer) pays the entire premium for the insured's coverage or the insured pays all or part of the premium with pre-tax dollars as in the case of a Section 125 Plan.

Standard Contract: After timely receipt of the enrollment card, the effective date of coverage is the first of the month following the completion of the waiting period.

Immediate Contract: After timely receipt of the enrollment card, the effective date of coverage is immediate following completion of the waiting period.

All employees must be enrolled as they become eligible. Non-contributory coverage may not be waived.

Effective Dates for Contributory Plans

This section explains how to determine effective dates for contributory plans. For a contributory plan, the covered person is required to pay all or part of the premium.

Standard Contract: Upon timely receipt of the enrollment card, if the signature date on the enrollment card is on or before the date he or she is eligible, the effective date of coverage is the first of the month following the completion of the waiting period.

Immediate Contract: Upon timely receipt of the enrollment card, if the signature date on the enrollment form is on or before the date he or she is eligible, the effective date of coverage is the date on which the employee completes the waiting period.

Chapter 3 – Eligibility & Enrollment Guidelines

New Employee Enrollments

Open Enrollment

Open enrollment is the one time each year when benefits-eligible employees may make changes to specific benefit plan selections. For your plan's availability and benefits, please contact your Trustmark Group Insurance representative.

Types of Enrollments

There are three types of enrollment: New Employee Enrollment, Special Enrollment and Late Enrollment.

New Employee Enrollment

Currently there are three ways to enroll your new members:

- Express, Trustmark's Benefit Administration Self Service Center
- Automated Customer Enrollment (ACE). This option will be phased out when your group's eligibility is accessible through Express
- Manually

PLEASE NOTE: In addition to completed enrollment information, the following is required for HRA and HSA group plans at the time of enrollment.

- Employee's who elect an HRA group plan must furnigh a completed Coordination of Benefits Form
- Employee's who elect an HSA group plan must complete additional bank custodian forms

Procedure for Express Enrollment of New Employees

1. Access Express and click on the Add Member menu option from your main menu. Complete the required fields by adding your employee's basic census data. You or a Trustmark User must add this key data prior to a new employee being able to enroll in benefits.

2. Inform your employee that he or she may now access Express and make their initial benefit elections. If you prefer, you may access the Member Menu option and make the benefit elections on behalf of your employee.

Procedure for Automated Customer Enrollment (ACE) of New Employees

1. Each new employee must complete, sign and date the front side of the Group Enrollment Form. The form must be fully completed. If enrollment forms are not completed properly, the enrollment process will be delayed. **

   Note: If the employee elects dependent coverage, dependent coverage must be selected on the form, along with all required information. If the employee refuses coverage for himself or

herself, or a dependent, the reason for the refusal must be indicated on the form. (Coverage can only be declined if the employee pays part of or the entire premium.)

2. Access ACE and complete the Member Enrollment screen.

3. If Life coverage is provided, mail enrollment card to the following address so that Beneficiary information is maintained on file.

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

4. If no life coverage is provided, simply file a copy for your records.

Procedure for Manually Enrolling New Employees

1. Each new employee must complete, sign and date the front side of the Group Enrollment Form. The form must be fully completed. *If enrollment forms are not completed properly, the enrollment process will be delayed. ***

   Note: If the employee elects dependent coverage, dependent coverage must be selected on the form, along with all required information. If the employee refuses coverage for himself or herself, or a dependent, the reason for the refusal must be indicated on the form. (Coverage can only be declined if the employee pays part of or the entire premium.)

2. Review the form for accuracy and completeness and mail the copy (ies) to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep a copy with your group insurance records.

***Special Attention should be given to the Following Sections of the Enrollment Form:*

Enrolling Dependents

Employees can provide coverage for their dependents at the time of initial enrollment through the Express System or by providing the appropriate information on the Group Enrollment Form.

See the Verification of Eligibility section on page 12 for more details on enrolling dependents.

Declining Coverage

An employee may choose to decline coverage for them self or a dependent during initial enrollment through the Express System or by completing the Refusal of Coverages section on the Group Enrollment Form.

Please note: coverages for a non-contributory benefit may not be declined.

Special Enrollments

Special Enrollment/Late Enrollment

As a result of HIPAA regulations, effective 7-1-97 for new groups with medical coverage, there are 2 types of Special Enrollments:

- Due To Termination of Prior Coverage
- Change in Life Status

All special enrollments may be entered through the Express System or submitted to Trustmark. The Automated Customer Enrollment (ACE) system will not accept these types of enrollments.

Special Enrollment Due to Termination of Prior Coverage

An employee and/or dependent is eligible to enroll as a special enrollee if coverage was initially declined due to other coverage and that coverage was terminated because of:

- Legal separation
- Divorce
- Death
- Termination of employment
- Reduction in number of hours of employment
- Termination of employer contributions toward the other coverage.
- COBRA coverage expires

The above does not include loss of coverage due to:

- Failure of an individual or participant to pay premiums on a timely basis.
- Termination for cause (such as fraud or misrepresentation).

Eligible employees must request enrollment within 30 days after termination of other coverage or termination of employer contributions to obtain special enrollee status. If more than 30 days, please refer to the late enrollee section.

The effective date will be no later than the first day of the month following the date the completed enrollment request is received.

The actual effective date is determined on the type of language in the contract.

Procedure for Express Enrollment of Special Enrollments Due to Prior Coverage

1. Access Express and click on the Add Member menu option if your employee has previously waived all coverage. Complete the required fields by adding your employee's basic census data. You or a Trustmark User must add this key data prior to an employee being able to enroll dependents in benefits.

2. Your employee may now access Express and enroll himself/herself and dependents online. If you prefer, you may access the Member Menu options and make the benefit selections on behalf of your employee.

Procedure for Manually Handling Special Enrollments Due to Prior Coverage

1. The employee must complete, sign and date the Group Enrollment Form, and attach a copy of the proof of prior coverage, which the employee should have received from his previous employer.

2. Review the form for accuracy and completeness, and mail the copy(ies) to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep a copy with your group insurance records.

4. We will notify your organization when coverage has been approved.

Special Enrollments Due to a Change in Life Status

The following people have special enrollment rights due to a life status change:

- An employee is eligible but has not enrolled. The employee can enroll if a person becomes a dependent of the employee through marriage, birth of a child or adopting a child.

- A spouse of an employee becomes eligible when they get married, or a child becomes a dependent through birth, adoption, or placement for adoption.

- An employee and spouse become eligible when they get married, or a child becomes a dependent through birth, adoption, or placement for adoption.

- A dependent of an employee becomes eligible if he or she becomes a dependent through birth, marriage, adoption or placement for adoption.

- An employee and dependent become eligible if dependent becomes a dependent of the employee through marriage, birth, adoption, or placement for adoption.

Eligible employees must request enrollment no later than 30 days after date of life status change to attain special enrollee status. If more than 30 days after life status change, please refer to the late enrollees section.

The effective dates for special enrollments are as follows:

- Marriage—No later than the first day of the month beginning after the date the completed enrollment request was received.
- Birth—The date of birth providing a completed enrollment request is received. Please refer to your Contract for state specifics.
- Adoption—The date of adoption or placement for adoption providing a completed enrollment request is received.

Procedure for Express Enrollment of Special Enrollments Due to Change in Life Status

1. Access Express and click on the Add Member menu option if your employee has previously waived all coverage. Complete the required fields by adding your employee's basic census data. You or a Trustmark User must add this key data prior to an employee being able to enroll dependents in benefits.

2. Your employee may now access Express and enroll himself/herself and dependents online. If you prefer, you may access the Member Menu options and make the benefit selections on behalf of your employee.

Procedure for Manually Handling Special Enrollments Due to Change in Life Status

1. The employee must complete, sign and date the Group Enrollment Form, and attach a copy of any applicable paperwork.

2. Review the form for accuracy and completeness, and mail the copy (ies) to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. We will notify your organization when coverage has been approved.

Verification of Dependent Eligibility

In certain circumstances, it may be necessary to verify whether or not a dependent is eligible as defined in your Policy. The following criteria is generally used for determining whether or not a Verification of Dependent Eligibility Form is necessary:

- Child's last name differs from employee
- Parent's divorced
- Dependant marked as "Step Child" or "Other" on enrollment form

These are the most common examples, but there may be other situations that occur that requires the use of the Verification of Dependent Eligibility form.

Procedure for Express Verification of Dependent Eligibility

1. The Verification of Dependent Eligibility questionnaire is presented during an Express initial enrollment or change in life status (if applicable). The questionnaire may be completed online and electronically submitted to Trustmark (allows for a quick turnaround), or printed, completed, and mailed to:

   Attn: Group Premium Department
   Trustmark Insurance Company
   P.O. Box 7904
   Lake Forest, IL 60045-7904

2. The request for coverage will be reviewed and the determination may be accessed in the View Pended Transactions section of Express.

Procedure for Manual Verification of Dependent Eligibility

1. The employee must complete, sign and date the Verification of Dependent Eligibility Form.

2. Review the form for accuracy and completeness and mail all copies to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Trustmark will notify your organization when coverage has been approved.

Procedure for Express Verification of Dependent Eligibility for an Incapacitated Dependent

1. The Verification of Dependent Eligibility for an Incapacitated Dependent questionnaire is presented during an Express initial enrollment or change in life status (if applicable). The questionnaire may be filled online and then printed. The dependent's physician must complete and sign the bottom portion of the form. Submit the completed form with the appropriate medical information to:

   Attn: Group Premium Department
   Trustmark Insurance Company
   P.O. Box 7904
   Lake Forest, IL 60045-7904

2. The request for coverage will be reviewed and the determination may be accessed in the View Pended Transactions section of Express.

Procedure for Manual Verification of Dependent Eligibility for an Incapacitated Dependent

1. The employee must complete, sign and date the Verification of Dependent Eligibility for an Incapacitated Dependent Form. The dependent's physician must complete the bottom portion of the form.

2. Review the form for accuracy and completeness, and mail all copies to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Trustmark will notify your organization when coverage has been approved.

Chapter 3 – Eligibility & Enrollment Guidelines

Late Enrollments

Types of Enrollments

There are three types of enrollment: New Employee Enrollment, Special Enrollment and Late Enrollment.

Late Enrollment

The employee is considered a late enrollee if he or she signs an enrollment form more than 31 days after becoming eligible. A Evidence of Insurability Form is required for all late entrants electing life or other ancillary coverages and it is important that all employees be aware of the established eligibility periods for (a) coverage under the plan, (b) an increase in benefits, and (c) a change in status, such as dependent coverage.

Employees may not waive non-contributory coverage and all employees must be enrolled at time of eligibility.

Employees who elect to add dependent coverage after the initial enrollment must complete the Group Enrollment Form and possibly Evidence of Insurability Form. Refer to your Policy for specific information about adding newborn children or newly eligible dependents.

In order to comply with HIPAA legislation, Trustmark accepts all late enrollees for medical coverage. We continue to review ancillary coverage and will notify your company when coverage has been approved or declined.

Late enrollments may be entered through Express or submitted manually to Trustmark. The Automated Customer Enrollment (ACE) system will not accept these types of enrollments.

Procedure for Express Entry of Late Enrollees

1. Access Express and click on the Add Member menu option if your employee has previously waived all coverage. Complete the required fields by adding your employee's basic census data. You or a Trustmark User must add this key data prior to an employee being able to enroll dependents in benefits.

2. Your employee may now access Express and enroll as a late enrollee. If you prefer, you may access the Member Menu options and make the benefit selections on behalf of your employee.

3. The employee will be presented with a Supplemental Enrollment Questionnaire during the enrollment process. The questionnaire may be completed online and electronically submitted to Trustmark (allows for a quick turnaround), or printed, completed, and mailed to:

   Attn: Group Premium Department
   Trustmark Insurance Company
   P.O. Box 7904
   Lake Forest, IL 60045-7904

4. The request for coverage will be reviewed and the determination will be accessible in the View Pended Transactions section of Express.

Procedure for Manual Entry of Late Enrollees

1. The employee must complete the Group Enrollment Form and possibly Evidence of Insurability Form. The employee should also read and acknowledge the Investigative Consumer Reports Notification and Medical Authorization that is part of the Evidence of Insurability Form.

2. Review the form for accuracy and completeness and mail the copy(ies) of the Group Enrollment Form and the Evidence of Insurability Form to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep a copy of the Group Enrollment Form with your group insurance records.

4. We will notify your organization when coverage has been approved.

Chapter 3 – Eligibility & Enrollment Guidelines

Beneficiary Designations

For Life and/or AD&D coverages, the employee must designate a beneficiary through the Express System or on the Enrollment Form. The beneficiary is an individual, organization, endowment, trust, or estate named by the insured to receive the insurance proceeds payable under the plan at his or her death.

By designating a beneficiary, the employee is assured that Trustmark will make payment of the proceeds to the desired person(s) at the time of death, in accordance with all state and federal laws and regulations.

When no beneficiary is named, payment may be distributed according to the Group Policy provisions. Failure to name a beneficiary often causes a delay in payment and additional expenses for the descendant's family. Employees should be encouraged to designate a valid beneficiary(ies) upon enrollment.

PLEASE NOTE: Your state may have specific regulations relating to beneficiary designations.

Individual Beneficiaries

Individual beneficiaries should be identified by first name, middle initial and last name. The beneficiary's relationship to the employee should be specified. (An insured cannot name his or her employer as beneficiary.)

Relationships

Acceptable beneficiary relationships include husband, wife, son, daughter, grandfather, cousin, uncle, sister-in-law, etc. When the beneficiary is not a relative, the relationship should be specified as non-relative, not friend or guardian.

Estates

The insured may designate his or her estate as the beneficiary. In the event of a claim, payment will be made to the person approved by a court as the executor of the Estate or administrator of the Will. The fewest complications arise when the designation is simply "My Estate" or "the Executor of my Will," not a specified designation like "Samuel Smith, Executor of my Estate."

Guardians

The guardian of a minor should not be designated as a beneficiary. The minor should be the designated beneficiary. In the event of a claim that occurs while the beneficiary is a minor, proceeds will be paid to the duly appointed guardian of the minor's estate, which might be someone other than the guardian of the minor child.

Multiple Beneficiaries

Two or more persons named as co-beneficiaries will share the proceeds equally, unless otherwise specified. If an insured does not want equal distribution, the insured should specify the percentage or proportion that each beneficiary is to receive, rather than the dollar amount. This practice eliminates the need to redesignate the beneficiary when the amount of coverage changes. When percentages are used, they must total 100 percent.

Primary and Contingent Beneficiaries

Proceeds are paid to the Primary Beneficiary, if living at the time of the insured's death. If the Primary Beneficiary is deceased, proceeds are payable to the Contingent Beneficiary, if one was designated by the insured.

Titles

Titles such as Mr., Mrs., Miss, Ms., Dr., should not be used in beneficiary designations. A married woman should be referred to by her given name. For example, Jane E. Carlton, not Mrs. Raymond W. Carlton.

Organizations or Endowments

The insured may designate a corporation or charitable organization other than the employer as beneficiary. The name and address by which the organization or corporation takes title to property should be indicated. The organization must have representatives who are empowered to accept such funds – such as a board of directors or board of trustees – and the existence of, which should be continuous, so that payment can be made safely to such representatives in the event of a claim. The beneficiary designation should indicate whether or not there are directors or trustees.

Trusts

The insured may designate a Trust as beneficiary. In the event of a claim, payment will be made to the Trust named in the Trust Agreement. The beneficiary designation must include the full name and address of each Trustee and the title and the date of the Trust Agreement. A Trust should not be designated unless each Trustee is named in an existing Trust arrangement.

Effect of Divorce

In the event of divorce between the insured and a beneficiary, the insured beneficiary designation should not conflict with the terms of the divorce decree. If you learn of an insured's divorce, you should meet with the insured to review the beneficiary designation. If relationships are changed, the designation should reflect the change. For example, wife should be changed to ex-wife to distinguish from the wife of a new marriage.

When there is any question about conforming to the law, the insured should be referred to his or her attorney.

Procedure to Make Beneficiary Changes Through Express

Insureds should be urged to review and update their beneficiary designations as soon as a change is required to avoid possible difficulty in determining the beneficiary of choice in the event of death.

1. You or your employees may access the Maintain Beneficiaries menu option in Express to change an existing beneficiary, add additional beneficiaries, or delete a beneficiary.

2. Select Save and Continue to complete the Transaction.

Procedure to Manually Make Beneficiary Changes

Insureds should be urged to update beneficiary designations as soon as a change is required to avoid possible difficulty in determining the beneficiary of choice in the event of death.

1. The employee must complete, sign and date the Beneficiary Change Form.
2. Review the form for accuracy and completeness and mail all copies to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep one copy with your group insurance records and give the other copy to the employee.

Chapter 3 – Eligibility & Enrollment Guidelines

Changes & Terminations

CHANGES

Changes to the information provided on an employee's Enrollment Form must be reported to Trustmark as soon as possible. Changes of name, class or benefit level, dependent status, and salary must be reported. Certain changes (for example, correction to date of birth or clerical errors) require a detailed note of explanation accompanying the appropriate form.

There are three ways to update your employee's records:

- Express, Trustmark's Benefit Administration Self Service Center
- Automated Customer Enrollment (ACE). This option will be phased out when your group's eligibility is converted to Express.
- Manually

Procedure to Make a Change using Express

1. You or your employee may access the appropriate Member Menu options available in Express to maintain personal, dependent and beneficiary data, add dependent coverage, terminate dependent coverage, and reduce (waive) coverage.

2. As the Group Administrator, you may update an employee's key data (date of birth, hire date, salary, etc.) by accessing the Update Member link on your main menu.

Procedure to Make a Change using Automated Customer Enrollment

1. Utilizing the appropriate screen on ACE:
   - Member Update
   - Add Newborns

2. Complete the necessary change(s) on a timely basis. No paperwork should be submitted to Trustmark.

Procedure to Make a Change Manually

These changes may be reported on the Group Enrollment Form or Request for Change Form. Only the sections relevant to the specific change must be completed. Changes in salary must be reported only when there is a salary-based benefit.

1. The employee must complete, sign and date the Enrollment form or Request for Change Form.

2. Review the form for accuracy and completeness and mail the original to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep the last copy with your group insurance records.

Retroactive eligibility changes that result in premium adjustments are subject to your contract provisions and are limited to no more than two months adjustment period.

Canceling Coverage

If an active employee wishes to cancel specific coverage for himself/herself or a dependent at a later date (e.g.: spouse now has own coverage), there are three ways to update your employee's records.

Please note that coverage for a non-contributory benefit may not be cancelled.

Procedure for Canceling Coverage through Express

1. You or your employee may access the Reduce Coverage option on the Member Menu available in Express to reduce coverage and cancel specific benefits for himself/herself or a dependent.

Procedure for Canceling Coverage through the Automated Customer Enrollment (ACE)

1. Utilizing the appropriate screen on ACE:
   - Review/Remove Dependent
   - Review/Decline Coverage

2. Complete the necessary change on a timely basis. No paperwork should be submitted to Trustmark.

Procedure for Canceling Coverage Manually

1. The employee must complete, sign and date the Request for Cancellation Form.

2. Review the form for accuracy and completeness and mail the original to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep a copy with your group insurance records and give the other copy to the employee.

Retroactive eligibility changes that result in premium adjustments are subject to your contract provisions and are limited to no more than two months adjustment period.

Terminations

The termination date is the date on which the insurance coverage ends for a member, including the date the member no longer meets the eligibility requirements outlined in the Policy.

The effective date of coverage termination is calculated in one of the following ways, depending on the provisions in your Policy:

Standard Contract: The effective date of termination is the first day of the calendar month at 12:01 a.m. following the employees' termination date or the first day of the calendar month at 12:01 a.m. following the date coverage is terminated.

Immediate Contract: The effective date of termination is at 12:01 a.m. of the date on which coverage is terminated.

There are three ways to update your employee's records:

- Express, Trustmark's Benefit Administration Self Service Center
- Automated Customer Enrollment (ACE). This option will be phased out when your group's eligibility is converted to Express.
- Manually

Procedure to Terminate Members from the Group Insurance Plan through Express

1. Access the Terminate Member menu option from your main menu. Enter the termination date (e.g. last date of full-time employment) and select a termination reason from the drop-down box.

Procedure to Terminate Members from the Group Insurance Plan through Automated Customer Enrollment (ACE)

1. Utilizing the Employee Member Termination screen on ACE, complete the termination on a timely basis within 31 days of the termination. No paperwork should be submitted to Trustmark.

Procedure to Terminate Members from the Group Insurance Plan Manually

1. Complete the Termination Listing Form for terminated employees providing their last date of full-time employment.

2. Review the form for accuracy and completeness and mail the original to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. Keep a copy with your group insurance records.

Retroactive eligibility changes that result in premium adjustments are subject to your contract provisions and are limited to no more than two months adjustment period.

When the coverage ends, the members may be eligible to convert their group insurance to an individual form of insurance. Under certain conditions, they may be eligible to continue their group coverage at their own expense. See the When Coverage Ends section for more details regarding this issue.

Chapter 4 – Premium Submission

Automated List Bill

Under this billing method, we send your organization automated billing statements based on your group's eligibility information, which is maintained by us. When you report current-month or prior-month (retroactive) eligibility adjustments to Trustmark, the appropriate premium adjustments will appear on your next automated list bill.

List Bill Statements are issued automatically on a given date every month, via e-mail for ACE and Express or mailed if utilizing the manual method, and should arrive before the first of the month for which your organization is being billed. Trustmark issues a List Bill Statement for each of your group's divisions (a division is usually a billing location).

The bill should be verified for accuracy. Any changes in eligibility will be reflected on the next bill provided Trustmark receives the proper forms in a reasonable time period prior to the bill run date.

Procedure for Premium Submission with an Automated List Bill

1. Review the statement to verify accuracy.

2. When corrections are required, complete and submit Request for Change Forms. Change forms and/or enrollment cards received and processed prior to bill run will be reflected on the next statement.

3. If you have any questions regarding your statement, please contact the Premium Department Customer Service Team at 1-800-351-2526.

4. If you do not have Automatic Payment Withdrawal, PAY THE EXACT AMOUNT SHOWN ON THE BILL after "Total Due" on the statement and mail one copy of your statement along with your premium payment to:

   Trustmark Life Insurance Co.
   P.O. Box 75317
   Chicago, IL 60675-5317

Please Note: Premiums are payable on or before each premium due date. Timely payments maintain the policy in force until the next due date. There are various types of List Bills available to suit your specific needs.

In an unusual situation, if you need to overnight your payment, please send your payment to:

Trustmark Group Insurance #75317
350 N Orleans Street, Suite 5317
Receipt and Dispatch 8th floor
Chicago, IL 60654

Automatic Payment Withdrawal

If you elect the Automatic Payment Withdrawal (APW) option, you choose the day of the month between the 1st and the 22nd to be your Determination Day. The Determination Day, or the first business day following that day if the Determination Day falls on a weekend or a holiday, initiates the process.

Once the process is initiated, several things happen. First of all, we will request the funds transfer through the banking network. Second, we will automatically credit the premium payment to your account. Third, a notification will be sent via e-mail to you the next day. You must make sure that funds are available in your account on your Determination Day to cover the amount of your last bill. The actual withdrawal from your bank account may take place at anytime over the next three days.

Groups with multiple divisions can use the APW on any division they choose to. Multiple divisions can share bank accounts or use separate ones.

Wire/ACH Transactions

All groups need to have a Bank Funding Information form on file before Trustmark will accept any incoming transactions. Please fill out this form and mail to:

Trustmark Group Insurance
PO Box 7904
Lake Forest, IL 60045-7904

Please notify the Premium Department Customer Service Team at (800) 351-2526 with the date of the wire/ACH transaction and the dollar amount.

After the form is received, we will forward you the account and ABA routing information you will need to initiate the Wire/ACH transaction.

Grace Period

Except for the first premium payment, Trustmark allows a grace period for the payment of each premium due. The grace period is usually 31 days from your premium due date. Benefits (including prescription drug claims) will not be paid during the grace period.

If we do not receive your payment by the end of the grace period, your policy will be terminated for nonpayment of premium in accordance with your policy. If your policy is canceled, you will receive a written termination letter.

Chapter 5 – Claims Administration

Medical, Dental and Prescription Drug Card Claims

At Trustmark, accuracy and timeliness in claims processing is a top priority. Our claims processing area has instituted a system that randomly checks the accuracy and productivity of our claims processors. This auditing system enables us to maintain high levels of accuracy, quality and customer service.

Our claims processing teams strive to process claims as quickly as possible. However, some claims may require additional processing time, including:

- Claims that require requests for additional information to determine correct benefits, such as orperative reports for multiple procedures.
- Claims on which Coordination of Benefits information has been omitted.
- Claims that require a signed reimbursement agreement because third party liablility is indicated or probable.
- Claims that require further nvestigation due to questionable or creative billing practices.

Below is pertinent information about claim submission and instructions for submitting the following types of claims to us:

- Medical
- Dental
- Prescription Drugs
- Life
- Accidental Death and Dismemberment
- Long Term/Weekly Disability Income

If the employees have questions about claim submission, please have them contact the Benefits & Eligibility number on their ID card.

Claim Submission

All claims or statements must be itemized and include the following information:

- Member's name and Social Security number or Unique Member Identifier (UMI)
- The patient's (dependent's) name
- Fully itemized billing including diagnoses, procedure codes, dates of service, and place of service
- Healthcare providers name, Tax Identification Number (TIN) and mailing address
- For accidental injury, details of how, when, and where the accident occurred

Coordination of Benefits (COB)

If your plan has a Coordination of Benefits (COB) provision, any benefits paid under another group plan must be taken into account to determine the benefits due under your plan. Therefore, you should inform members that the primary carrier must determine benefits before the secondary carrier can determine benefits; otherwise, some delays in claim processing may occur.

When Trustmark is the secondary payer, the best way to shorten the processing time normally required for a COB claim is to supply as much information as possible about the other coverage and any other insurance payments that are made (refer to the Coordination of Benefits section of your policy for more information about COB).

Medical Claims

To locate a preferred provider, members can contact the provider network by phone or by visiting the network's website, as noted on their ID card. This information is also available through the Trustmark Group Insurance website at www.trustmarkins.com/group/.

Procedure for Submitting Medical Claims

There are two ways to submit medical claims:

Providers

1. When a member visits a healthcare provider, the provider will make a copy of the ID card.
2. The member's claim will be either mailed or electronically filed by the provider to the address on the ID card for processing.

Members

1. Members are not required to submit a claim form with their medical claims. For those who prefer to submit a medical claim form (please add link to medical claim form here), these forms can be located and printed from the Trustmark Group Insurance website at www.trustmarkins.com/group/.
2. Members should mail all itemized medical bills to the address on the ID card.
3. Prescription drug receipts payable under the major medical plan should be sent to the same address.

Dental Claims

Procedure for Submitting Dental Claims

There are two ways to submit dental claims:

Providers

1. When a member visits a dental care provider, the provider will make a copy of the ID card.
2. The member's claim will be either mailed or electronically filed by the provider to the address on the ID card for processing.

Members

1. Members are not required to submit a claim form with their dental claims. For those who prefer to submit a dental claim form (please add link to dental claim form here), these forms can be located and printed from the Trustmark Group Insurance website at www.trustmarkins.com/group/.

2. Members should mail all itemized dental bills to the address on the ID card.

Prescription Drug Claims

Procedure for Submitting Prescription Drug Claims

If the employee's plan includes a prescription drug card benefit and/or the mail order option, instruct them to call the Benefits & Eligibility number on the ID Card for assistance.

If they don't have a prescription drug card, submit the claim for processing using the same procedures for submitting a medical claim.

Chapter 5 – Claims Administration

Life, Accidental Death & Dismemberment and Disability Claims

Life Claims

Procedure for Submitting Life Claims

1. Complete and sign the Administrator's or Employer's Statement section on the Proof of Death Claim Form. The beneficiary(s) must complete and sign the Beneficiary's Statement.

2. Submit the Proof of Death Form to the address on the top of the form with a certified copy of the final death certificate. Also provide a copy of the insured employee's Group Enrollment Form and, if applicable, the Beneficiary Change Form to your Trustmark Claims Office.

3. We will contact you, if any additional information is required.

Waiver of Premium

A member, who becomes totally and permanently disabled, may qualify for continued life insurance coverage without payment of premium. In order for the member to qualify, the following criteria must be met:

- Disability must begin before age 60.
- Disability must begin before retirement.
- The member must be eligible for the Life Benefit.
- Member must have been disabled for nine months from the date last worked.
- Proof of permanent disability from any occupation must be furnished to the Company after nine months and before one year from the date last worked due to disability.

Procedure for Waiving Premium

1. Complete and sign the employer section of the Group Waiver of Premium/Extended Death Benefit Form. The member's physician must complete and sign the Attending Physician section of the form. If the member has more than one treating physician, give the member additional forms for completion. The member must complete and sign the Authorization for Release of Information section on the back of the Waiver of Premium/Extended Death Benefit Form.

2. The member must send a copy of his or her birth certificate, the group insurance enrollment card and a description of his or her work experience and educational history to:

   The Trustmark Companies
   P.O. Box 7948
   Lake Forest, IL 60045-7948

3. All forms must be completed in its entirety to avoid delay in processing.

Accidental Death Claims

Procedure for Submitting Accidental Death Claims

1. Complete and sign the Administrator's or Employer's Statement section on Proof of Death Claim Form. The beneficiary(s) must complete and sign the Beneficiary Statement.

2. Submit the complete Proof of Death Claim Form, a certified copy of the final death certificate and a copy of the accident or police report. If available, please submit a newspaper account of the accident. Also provide a copy of the insured employee's Group Enrollment Form and if applicable, the Beneficiary Change Form.

3. Review this form for completeness and accuracy and mail to:

   The Trustmark Companies
   P.O. Box 7948
   Lake Forest, IL 60045-7948

Accidental Dismemberment Claims

Procedure for Submitting an Accidental Dismemberment Claim

1. For an Accidental Dismemberment, the Proof of Loss of Limb(s) or Sight Statements Forms must be filled out completely. The employee must complete and sign Part I and have an eyewitness complete Part II. If no eyewitness was present at the time of the accident, Part II should be completed by the first person to reach the insured immediately after the accident. The Group Administrator must complete and sign Part III and the Attending Physician must complete sign Part IV.

2. If available, please submit a newspaper account of the accident or a police report.

3. Review the form for completeness and accuracy and mail to:

   The Trustmark Companies
   P.O. Box 7948
   Lake Forest, IL 60045-7948

Short Term Disability Claims

Procedure for Submitting Short Term Disability Claims

1. Complete the Employer section for the Short Term Disability Claim Form.

2. Inform the employee to complete the Employee sections and to have the Attending Physician complete the Attending Physician section.

3. Submit this form to:

   The Trustmark Companies
   P.O. Box 7948

Lake Forest, IL 60045-7948

4. When the employee's return-to-work date is known, please call your Trustmark disability claims office at 800.290.8899.

To avoid delay of disability benefits, do not submit medical bills with disability claims. If any additional information is required, we will contact the Group Administrator.

Long-Term Disability (LTD) Claims

Long Term Disability (LTD) coverage provides monthly benefits to eligible members for periods of extended total disability. These benefits are payable after the elimination period specified in your group policy has passed. Have members refer to their group policy for details about the elimination period, benefit amounts, and length of time for which benefits are payable.

When it appears that one of your covered members will be disabled beyond the end of the elimination period, they should submit a claim as soon as possible. We request that this be submitted one month before the end of the elimination period.

Procedure for Submitting a Long Term Disability Claim

1. Complete and sign the Employer's Report of Claim section on the Group Long Term Disability Claim Form and include a copy of the employee's job description.

2. The member must complete and sign the Employee's Authorization for Release of Information section of the form.

3. The Attending Physician completes the Attending Physician's Statement portion of this form.

4. Review the application for completeness and accuracy and mail to the address below. This should be done at least 30 days prior to the date benefits become due. Mail to:

   The Trustmark Companies
   P.O. Box 7948
   Lake Forest, IL 60045-7948

Periodically, additional medical information regarding the disability is necessary. Prompt compliance with our requests for this information will avoid disruption of regular benefit payments.

NOTE: ***Trustmark must receive information about other forms of income such as Social Security, Worker's Compensation, State Disability Benefits, and any other employer or government-sponsored plans providing disability benefits to the employee, prior to determining LTD benefits.***

Chapter 5 – Claims Administration

Explanation of Benefits

Once a claim is processed, an Explanation of Benefits (EOB) will be sent to the member are used to request information on a claim that remains pending as well as to convey what benefits are paid. The EOB includes coded messages that are important for the member to read to aid in the understanding of their claim reimbursement.

Refer to Group Marketing Materials Order Number G577-253, How to Interpret the Explanation of Benefits. This marketing piece presents a sample EOB and provides a detailed explanation; understanding claims payment codes, etc.

Chapter 6 – Tax Issues

Trustmark Responsibilities

Monthly

We deduct and pay the employee portion of Federal Income Contribution Applied (FICA) from the employee disability check and Federal Income Tax (FIT) if elected by the employee. We send a monthly report to the employer identifying amounts deducted and reported to the IRS. FICA is automatically deducted from Short-Term Disability benefits for payments made in the first six calendar months after the last calendar month the employee worked. Long Term Disability is not subject to FICA, unless the elimination period is less than six calendar months after the last calendar month in which the insured worked, and benefits are paid during this period. The portion of the benefits where the employer pays premium will always be fully taxable.

Quarterly

We report and pay the employee portion of FICA and FIT with our Form 941 under our tax ID number.

Annually

We send a summary FICA report in mid-January for the preceding year to each Group Plan Administrator. The report will list each employee on disability and the corresponding amounts withheld, reported, and paid to the IRS.

Group Employer Responsibilities

Monthly

The Employer receives a monthly report of taxable income from us. The amount of FICA withheld on the employee's disability payment should be matched by the employer and filed with regular payroll taxes. The monthly reports will summarize the amounts indicated on the check copies issued to the group at time of benefit payment.

Quarterly

The Employer files their portion of FICA payments on Form 941 under the group tax ID number along with their other payroll filings.

Annually

The Employer receives an annual report from us, which includes the employee portion of FICA and FIT on the W-2 along with other regular wages and amounts withheld. Please note that you can issue separate W-2 sick pay forms, which include the amount of disability paid, and amounts withheld.

A note about federal tax: Employees on disability may opt for Trustmark to withhold federal taxes from their disability checks. If taxes are withheld, this information will appear on the monthly reports and the employer needs to include this tax information on W-2s. If the employee does not have taxes withheld from disability checks, the employee is responsible for federal income tax payment and filing to the extent that the benefit is taxable.

Disability Benefits, Taxes and Section 125

If the employer provided 100% payment of premiums, all benefits are subject to taxes. If the employee pays any percent of the premium with pre-tax dollars, all benefits will be subject to taxes. For example, the employer paid 50% of premiums and the employee paid the other 50% of premiums with pre-tax dollars, all benefits would be subject to taxes.

If the employee pays any percent of the premium with after-tax dollars, all benefits will not be subject to taxes. For example, the employer 50% premium and the employee paid the other 50% premium with after-tax dollars, 50% (or any other percentage of employee premium paid with after-tax dollars) of benefits would not be subject to taxes.

It is important to remember when employees use pre-tax dollars to pay premiums, benefits are taxable, but when employees use after-tax dollars to pay premiums, that percentage portion is not taxable.

NOTE: *** Please note, FICA and FIT handling is different for Administrative Services Only (ASO) groups. The group is responsible for paying the employee and employer portion of FICA and any FIT withheld. We will send the group a check, issued from their claim account, reimbursing them for any employee portion of FICA and FIT withheld.***

WE HAVE PROVIDED THIS INFORMATION FOR GUIDANCE PURPOSES ONLY. CONSULT YOUR TAX ACCOUNTANT WITH ANY SPECIFIC QUESTIONS.

Chapter 7 – When Coverage Ends

Coverage ends when the employee/member no longer meets the eligibility requirements outlined in the Policy. Upon termination, qualified employees and dependents can convert only in certain states for medical their group medical and/or life insurance to an individual form of insurance. For groups of 20 or more employees, federal regulations (COBRA – Consolidated Omnibus Reconciliation Act) allow qualified employees and their eligible dependents to continue their group health coverage at their own expense for a specified period of time. Many employees may continue through state continuation. Refer to the Policy to see which applies.

This section discusses the conversion and continuation options that may be available when coverage ends. If you have questions about the conversion or continuation options, contact your Trustmark Employer Service Representative.

Conversion of Insurance

When members are no longer eligible for group coverage, they may have the right to obtain conversion coverage from us without providing evidence of insurability. A single conversion application is used for life and medical insurance. Refer to your Group Policy for specific conversion guidelines and requirements.

Conversion of Life Insurance

This section describes the requirements and procedure for conversion of Group Life insurance.

Requirements

To qualify for conversion of life insurance, an employee or dependent must meet the following requirements:

- Not excluded by the conversion restrictions specified in the Policy.
- Not continuing on waiver of premium or waiver of premium has ended. (Must be terminated off of group policy.)

Procedure for Conversion of Life Insurance

1. The Group Administrator must complete, sign and date the Group Conversion Request Form within 31 days of the termination.

2. Mail the form to:

   Attn: Group Premium Conversion
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. An application for conversion will be mailed to the former employee.

Conversion of Medical Insurance

This section describes the requirements and procedure for conversion of group medical insurance.

Requirements

To qualify for conversion of medical insurance, a member must meet all of the following requirements:

- Not eligible for Medicare or similar insurance benefits.
- Not excluded by the conversion restrictions specified in the Policy.
- The group contract remains intact.

When an individual qualifies for and elects continuation of coverage, the conversion privilege applies on the date the continuation ends.

Procedure for Conversion of Medical Insurance

1. The Group Administrator must complete, sign and date the Group Conversion Request Form within 31 days of the termination.

2. Mail the form to:

   Attn: Group Premium Conversion
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

3. An application for conversion will be mailed to the former employee.

IMPORTANT:

Your organization is responsible for informing employees of their conversion rights. It is important to keep a record of notifications for verification purposes.

Trustmark's contractual conversion obligations do not extend beyond the time period specified in the Policy, whether or not an individual has been notified of the conversion privilege.

Continuation of Coverage

Continuation of coverage is an option for an employee or employees' dependents that are no longer eligible for coverage through an employer's group health plan. The continuation for health plans may be in the form of either state continuation or COBRA.

All employers with 20 or more employees including part-time employees on at least 50 percent of the working days in the previous calendar year must offer COBRA for certain Qualifying events. In many states, state continuation is an option for an employee. For information concerning your plan options on continuation, check the Group Policy.

Any member (employee, spouse or dependent child who was covered by an employer's plan) may be eligible for continuation. Eligible events include: termination of employment; reduction of hours; death of covered employee; divorce or legal separation; loss of dependent child status; or disability at the time of a qualifying event or during the first 60 days.

The benefits offered would be identical to the benefits the member had prior to continuation. However, the benefits provided are subject to any plan design changes that group makes for active members. The period of coverage varies; however, under no circumstances may the continuation period be longer than 36 months under COBRA.

There are three ways to update your employee records:

- Express, Trustmark's Benefit Administration Self Service Center
- Automated Customer Enrollment (ACE) – This option will be phased out when your group's eligibility is converted to Express
- Manually

Procedure for Express Entry into Continuation of Coverage

1. Access Express and click on the Move Member to continuation menu option if your employee has previously been terminated. Complete the required fields and click Move Member to Continuation to complete the transaction.

Procedures for Automated customer Enrollment (ACE) into Continuation of Coverage

1. Select the COBRA button.

2. Completely fill out the electromic COBRA form and submit it within the given COBRA timeframes. No other COBRA paperwork should be submitted to Trustmark.

Procedure for Manual Entry into Continuation of Coverage

1. The member must complete, sign and date the Application for Continuation of Coverage. For dependents, a completed enrollment card should be included with the application.

2. Review the form for accuracy and completeness and mail all copies to:

   Attn: Group Premium Department
   Trustmark Group Insurance
   P.O. Box 7904
   Lake Forest, IL 60045-7904

Administrations Forms

Available on the Trustmark Group Insurance Internet web site at:
http://www.trustmarklife.com/group/employers/manual/adminforms.cfm

Name of Form	Form #
Beneficiary Change Form (Milwaukee Public Schools)	G457-235.pdf
Coordination of Benefits	V319-60(TL).pdf
Affidavit, Release and Hold Harmless Agreement	V321-2(TL).pdf
Evidence of Insurability	G455-37
Group Enrollment Form	G457-239
Group Enrollment Form (Spanish Language)	G457-212
Verification of Dependent Eligibility	G457-58.pdf
Verification of Dependent Eligibility (Incapacitated Dependent)	V314-27.pdf
Supplemental Enrollment Forms	G354-4 or G354-5
Medical/Dental Claim Forms	G577-422/423
Investigative Consumer Reports Notification	G354-6.doc
Beneficiary Designation and Change Form	G457-187(TL).pdf
Request for Change Form	G457-4(TL).pdf
Request for Cancellation of Insurance	G457-37(TL).pdf
Employee Termination Listing	G457-115(TL).pdf
Group Waiver of Premium/Extended Death Benefit	V321-35.pdf
Proof of Death	V321-18.pdf
Proof of Loss of Limb(s) or Sight Statements	V321-27.pdf
Group Long Term Disability Claim Form	V321-12_R6-04.pdf
Group Short Term Disability Claim Form	V321-21.pdf
Group Conversion Request	G457-33.pdf
Application For Continuation of Coverage	G457-88.pdf
Kansas Application for Continuation of Coverage	G457-238(TL).pdf
Automatic Payment Withdrawal Authorization Form	G457-218(TL).pdf
Dependent Student Certification	V314-15.pdf
PHCS Provider Referral Form	G594-4.pdf
Bank Funding Form Wire Information	BankForm.doc
WellPointRx (Prescription Drugs)	Claim Forms

HIPAA Privacy Forms:	**Form #**
Plan Sponsor certification to the Group Health Plan:	
Fully Insured	2002-25C FI
Miniumum Premium	2002-25C MP
List of Authorized Representatives	2002-26C
Change to List of Authorized Representatives	2002-26C Change
Appointment of Personal Representative	2003-24A
Notice of Privacy Practices:	
Fully Insured/Minimum Premium	2002-17C FI/MP
Privacy Amendment:	
Fully Insured/Minimum Premium	2002-24C FI/MP
Business Associate Agreement	2002-9C BA
Information Packets:	
Fully Insured	FI 04-03
Minimum Premium	MP 04-03

Group Medicare Part D Forms:	
Group Medicare Part D	Group Medicare Part D

Express Informational Packets:	
Express Group Administrator User Guide	Express Group Admin Guide.pdf
Express Employee Guide	Express Employee Guide.pdf
Express New Employee Checklist	Express New Enrollee Checklist.pdf
Express Existing Member Checklist	Express Existing Member Checklist.pdf

Glossary

Accidental Death/Dismemberment
A benefit that provides for the payment of a specified amount due to an accidental injury resulting in death or loss of sight.

Administrator
The person responsible for the administration of a group insurance plan.

Beneficiary
The person or persons designated by the insured to receive the benefits of insurance upon his or her death.

Benefit
The amount payable by an insurer to a claimant, assignee or beneficiary under each coverage in the group contract.

Beneficiary Change Form
A form signed by an eligible person as notice of his or her desire to change the beneficiary.

Change Form
A form prepared by Trustmark -administered group policyholders. The form lists each insured for whom there has been a change to the information previously reported on an enrollment form.

Claim
A demand by an insured person for the benefit provided by the group contract.

Class
A category within a division into which insureds are placed in order to determine benefits for which they are eligible under the Contract.

Contributory Plan
A group insurance plan under which the insured shares in the cost of the plan with the policyholder.

Conversion Privilege
The right given to an insured to change his or her group insurance to a form of individual insurance, without medical examination, upon termination of his or her insurance under the group contract.

Coverage
The benefit or amount of insurance, stated in the group policy, for which the insured is eligible.

Decrease
The amount of coverage reduction caused by a change in classification due to attainment of a specified age, demotion, salary decrease, etc., as provided by the group policy.

Dependents
An insured's spouse (wife or husband not legally separated from the insured) and unmarried children who meet certain eligibility requirements.

Disability Income Insurance
A form of health insurance that provides for periodic payments when the insured is unable to work as a result of illness, disease or injury.

Division
A category within a group, commonly characterized as a billing location containing classes.

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

Eligibility Date
The date on which the employee meets all of the eligibility requirements outlined in the Contract and becomes eligible for insurance in accordance with the provisions of the policy.

Eligibility Period
See waiting period.

Enrollment Form
A form signed by an eligible person as notice of his or her desire to participate in the group insurance plan.

Grace Period
A specified time following the premium due date during which the insurance remains in force and payment of the premium can be made without penalty.

Group Number
A number assigned by Trustmark Group Insurance to identify each group contract. Also referred to as the policy number.

Group Policy
A contract of insurance made with an employer or-organization that covers their employees or members.

Increase
An increase in benefits that becomes effective for an insured or group of insureds as a result of a change in class.

Insured
The person (employee or member) who is covered by insurance provided under the group policy.

Insurer
The party to the insurance contract who promises to pay losses or benefits.

Life Insurance
Insurance that provides benefits to the paid to a beneficiary upon the insured's death.

List Bill
A report listing all insureds associated with a certain bill. This report includes active insureds, insureds whose coverages were terminated in the middle of a billing period and customers who are pending Trustmark approval.

Long Term Disability
A form of disability insurance that provides benefits for long-term illnesses.

Medical Insurance
Insurance that provides benefits to pay medical expenses incurred for illness or injury.

Noncontributory Plan
A group insurance plan under which the policyholder pays the entire cost, or the employee pays part or all of the cost with pre-tax dollars.

Policy Anniversary
The annual renewal date of a group policy.

Policyholder
See group number.

Policy Year
The period of time between policy anniversaries-usually 12 months.

Premium
The periodic payment required to keep a policy in force.

Rate
The premium charged for each insured in a particular class.

Self-administration
A method of administration under which the policyholder maintains all eligibility records pertaining to the persons covered.

Termination Date
The date on which insurance coverage ends for an employee and/or the employee'[s dependents no longer meets the eligibility requirements outlined in the Contract.

Trustmark-administration
A method of administration under which Trustmark maintains the insurance records pertaining to the persons covered. The policyholder reports the changes that have occurred each month.

Volume
A method of premium payment used for life, AD&D or disability insurance.

Waiting Period
The period of time that must elapse before an employee is eligible for insurance coverage. The waiting period is specified in the Contract.

Waiver of Premium
A provision for keeping a person's insurance in full force without further payment of premium, under certain circumstances.