

## **PRIVACY NOTICES**

### **Notice of Privacy Practices**

Our Commitment to Protecting Your Privacy  
**TRUSTMARK INSURANCE COMPANY**  
**TRUSTMARK LIFE INSURANCE COMPANY**  
**TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK**  
**(We, Us, Our)**  
**NOTICE OF PRIVACY PRACTICES**

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

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

### **Our Responsibilities and Privacy Commitment**

We understand the importance of protecting your personal information. Our highest priority is to maintain your trust and confidence. We will maintain our commitment to safeguarding your information now and in the future.

We are required by law to:

- Maintain the privacy of your personal information.
- Provide you with certain rights with respect to your personal information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your personal information.
- Follow the terms of the Notice that is currently in effect.

We are guided by our respect for the confidentiality of your personal information. We are providing you with this notice in accordance with privacy laws and because we want you to know that we value your privacy.

## **Information We Collect**

*Personal Information* is any information we obtain about you in the course of issuing insurance and/or providing services. The information we may obtain includes, but is not limited to, your past, present, or future physical or mental health or condition, the provision of health care to you, payment for the provision of health care to you, your Social Security number, employment history, credit history, income information, and bank or credit card information.

We obtain this information from several sources, including but not limited to applications or other forms you complete, your business dealings with us and other companies, and consumer reporting agencies.

## **Our Privacy and Security Procedures**

Our employees who have access to this information are those who must have it to provide products or services to you. Below are some examples of our guidelines for protecting information.

- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to provide products or services to our insureds.
- Third parties are given access to information only for the purpose provided under our service agreements with them or as required or permitted by law.

## **Information We Disclose**

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

- Underwriting (but not personal information that consists of the genetic information of an individual);
- Premium rating;
- Submitting claims;

- Reinsuring risk;
- Assessing quality;
- Business management and planning; and
- Sales, transfer, merger or consolidation of the business.

Your information may also be shared:

- For purposes of treatment, payment, and operations, including assessment of eligibility, case management activities, coordination of care, collection of premium, payment of benefits, and other claims administration.
- With a regulatory, law enforcement, or other government authority as required by law. This may include finding or preventing criminal activity, fraud, material misrepresentation or material nondisclosures in connection with an insurance issue.
- In response to an administrative or judicial order, including a search warrant or subpoena.
- With a medical care institution or professional, to verify coverage, conduct an audit of their activities, discuss a medical problem of which the insured may not be aware, discuss drug and disease management approaches, and other purposes permitted or required by law.
- To conduct actuarial or research studies. In this case, individuals are not identified in the research report. Material identifying an individual is destroyed as soon as it is no longer needed.
- To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the national Security Act and implementing authority.
- To workers' compensation or other similar programs, established by law, that provides benefits for work-related injuries or illness without regard to fault as authorized by and to the extent necessary to comply with these programs.
- With third parties for use in auditing services or operations, auditing marketing services, performing various functions on our behalf, or to provide certain services.
- With a group policyholder for reporting claims experience, or for conducting an audit of our operations or services.
- To consult with outside health care providers, consultants and attorneys, and other health related services.

- With an authorized representative of your group health plan or employer, for purposes of benefit administration.
- As otherwise permitted or required by law.

We require those with whom we share information to implement appropriate safeguards regarding your personal information, as required by law. We use and disclose information as minimally necessary to perform our business functions and activities. Information may be requested from other companies to assist us with our determination of coverage, eligibility, benefits or for the purpose of determining the rating of premiums. Companies used for this purpose retain this information and it may be made available to other companies for their determinations. We are prohibited from using or disclosing personal information that is genetic information of an individual for underwriting purposes.

Your written authorization is required for uses and disclosures of personal information for purposes other than those described above. We will not sell your personal information without obtaining your written authorization to do so. If you provide us authorization to use or disclose your personal information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information for the specific purpose contained in the authorization. We are required to retain any records we may have containing your personal information for the periods specified in document retention laws. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of your benefits.

## **Your Rights**

To be notified following a breach of unsecured protected health information.

Upon written request, you have the right to:

- Inspect and copy certain protected health information. We may charge a reasonable fee for the costs of copying or mailing.
- Request confidential communication of protected health information.
- Receive an electronic copy of your protected health information when it is maintain electronically.
- Request restrictions on certain uses and disclosures of your protected health information, although we are not required to agree to a requested restriction.
- Request an amendment to your protected health information, although we are not required to agree to an amendment.

- Receive an accounting of impermissible protected health information disclosures or disclosures made in compliance with federal law for which an accounting is required.
- Request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

We will respond to your request in a timely manner. The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

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

If you believe your privacy rights have been violated, you may file a complaint with us, your respective state insurance department, or with the Secretary of Health and Human Services. All complaints must be in writing.

You may not be retaliated against for filing a complaint.

### **How to Contact Us**

You may contact our representative at the following address:

Privacy Officer

Privacy Request

Trustmark Companies

PO Box 7961

Lake Forest, IL 60045-7961

Email: [privacysecurityoffice@trustmarkbenefits.com](mailto:privacysecurityoffice@trustmarkbenefits.com)

We can change the terms of this notice, and the changes will apply to all personal information we have about you. Notification of a revised privacy notice will be provided through one of the following:

- U.S. Postal Service
- Internet E-mail.

Any right a consumer, claimant, or beneficiary may have under this notice is not limited by any other privacy notice used by Trustmark Mutual Holding Company or its subsidiaries and affiliates. *(Last Updated: July 1, 2020)*