

Pre-Enrollment Authorization
Trustmark Life Insurance Company
Effective: April 14, 2003

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize Trustmark Life Insurance Company or its authorized representatives, to obtain, use, and/or disclose certain information about me as indicated below.

Trustmark Life Insurance Company may obtain and maintain Protected Health Information (PHI) about me to perform specific functions. This authorization describes the type of information that is collected and my rights regarding how that information can be used.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by my provider, my health plan or insurer, a data clearinghouse, a health authority, employer, school or university. PHI can be maintained or transmitted in any form or medium. It relates to the past, present, or future:

- condition of my physical or mental health;
- health care provided to me; or
- payment for the health care provided to me.

PHI does not include summary health information or information that has been de-identified according to the standards for de-identification provided for in the HIPAA Privacy Rule.

This information may be obtained from a number of sources including, but not limited to, applications for health plan coverage, questionnaires, health care providers, claims for payment filed by myself or health care providers, referrals made by health care providers, and my medical records. Other sources of PHI include group health plan administrators, insurance carriers, the Medical Information Bureau, employers, and other business partners such as pharmacy benefit managers, third-party administrators, consultants, agents or brokers. PHI may be obtained over the telephone, by mail, or E-mail.

PHI may be used by Trustmark Life Insurance Company sales and underwriting personnel, legal, or others as may be necessary in order to provide insurance coverage. Additionally, PHI may be used by, and disclosed to other business partners, such as agents or brokers, for the purpose of determining eligibility for coverage.

Trustmark Life Insurance Company is committed to the privacy of your PHI and has required all business associates and vendors to agree in writing to those same protections. Despite these efforts your information may at some point fall outside of these protections.

I understand I have a right to inspect and copy my own PHI to be used or disclosed.

I understand that failure to sign this authorization will result in my application not being considered.

I agree this authorization will be valid until Trustmark Life Insurance Company has completed its determination of my eligibility for coverage.

A simulated, faxed or copied image of this authorization shall be as valid as the original.

Member Name (Please Print)

Member Signature

Date (Month/Day/Year)