



# Healthcare Reform Mandated Benefit Provision Changes

Earlier this year, the Patient Protection and Affordable Care Act was signed into law. As mandated by this new law, there are several benefit changes taking effect for new business groups with plans effective on or after September 23, 2010. These include:

- 100% coverage of most preventive services
- Removal of lifetime dollar limits
- Removal of annual dollar limits on certain benefits
- Coverage for dependents up to age 26, regardless of student status
- No pre-existing condition limitations for members under age 19
- No prior authorization or increased cost-sharing for emergency services (in- or out-of-network)
- No rescissions except in cases of fraud or intentional misrepresentation
- May not discriminate in favor of highly compensated individuals for eligibility and benefits
- Disclosure to members of internal and external appeals process

Trustmark is compliant with these benefit changes as we understand them today, and will modify accordingly once we receive specific guidance from the federal government as to how to implement these provisions.

Plan availability and/or coverage may vary by state. Insured products are underwritten by Trustmark Life Insurance Company or Trustmark Insurance Company.

400 Field Drive | Lake Forest, IL 60045 | [www.trustmarkcompanies.com](http://www.trustmarkcompanies.com)

**Trustmark**  
Companies

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# Administration Guide



# TABLE OF CONTENTS

## INTRODUCTION

ADMINISTERING YOUR PLAN.....	2
POLICYHOLDER/EMPLOYER RESPONSIBILITIES.....	2

## DELIVERABLES

INSURANCE CERTIFICATES.....	3
COVERAGE OR VALIDATION LETTERS.....	3
IDENTIFICATION CARDS.....	3

## GUIDELINES

### ENROLLMENT ELIGIBILITY

ENROLLMENTS.....	4
ELIGIBILITY.....	4
TRUSTMARK'S ONLINE ENROLLMENT SYSTEM.....	4
EFFECTIVE DATES.....	4
LATE/SPECIAL ENROLLEES.....	4
ENROLLING NEW EMPLOYEES.....	5
ENROLLING DEPENDENTS.....	5
DECLINING COVERAGE.....	5
SPECIAL ENROLLMENT OR LATE ENROLLMENT.....	5
SPECIAL ENROLLMENT: TERMINATION OF PRIOR COVERAGE.....	5
SPECIAL ENROLLMENT: LOSS OF PRIOR COVERAGE.....	6
SPECIAL ENROLLMENT: CHANGE IN LIFE STATUS.....	6
VERIFICATION OF DEPENDENT ELIGIBILITY.....	6
VERIFICATION OF DEPENDENT ELIGIBILITY INCAPACITATED DEPENDENT.....	7
LATE ENROLLMENT.....	7

## **BENEFICIARIES**

BENEFICIARY DESIGNATIONS.....	8
INDIVIDUAL BENEFICIARIES.....	8
RELATIONSHIPS.....	8
ESTATES.....	8
GUARDIANS.....	8
MULTIPLE BENEFICIARIES.....	8
PRIMARY AND CONTINGENT BENEFICIARIES.....	9
TITLES.....	9
ORGANIZATIONS OR ENDOWMENTS.....	9
TRUSTS.....	9
EFFECT OF DIVORCE.....	9
BENEFICIARY CHANGES.....	9

## **CHANGES, CANCELLATION, TERMINATIONS**

CHANGES.....	10
PROCEDURE TO MAKE A CHANGE.....	10
CANCELING COVERAGE.....	10
PROCEDURE FOR CANCELING COVERAGE.....	10
TERMINATIONS.....	11
PROCEDURE TO TERMINATE MEMBERS FROM THE INSURANCE PLAN.....	11
TERMINATION OF GROUP COVERAGE.....	11

## **PREMIUM SUBMISSION**

AUTOMATED LIST BILL.....	12
PREMIUM SUBMISSION WITH ON AUTOMATED LIST BILL.....	12
GRACE PERIOD.....	12
REMINDER LETTER AND LATE PAYMENT PROCEDURES.....	13

<b>THANK YOU</b> .....	14
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## WELCOME

**Welcome to Trustmark Affinity Markets.** Your healthcare plan is underwritten and administered by either Trustmark Life Insurance Company or Trustmark Insurance Company (Trustmark), headquartered in Lake Forest, Ill. We are pleased you have selected Trustmark to meet your organization's insurance needs.

This guide is designed to help you with the day-to-day administration of your group insurance plan. It outlines procedures and will help you achieve the most important objective of your plan: employee satisfaction! *This guide has been designed for your assistance and does not change the provisions in your specific certificate.* This guide may not cover all possible situations and circumstances that might occur while administering your employees' insurance needs. Some situations may require the personal attention of your Trustmark Account Executive or other Trustmark personnel. The successful administration of your insurance plan will always depend on accurate information, reports and records. A review of the Certificate, with particular attention to your specific Schedule of Benefits, will help you answer frequently asked questions about your plan.

For further assistance, please visit our website at [www.trustmarkaffinitymarkets.com](http://www.trustmarkaffinitymarkets.com) contact your Trustmark Account Executive or the Trustmark Premium Accounting & Eligibility Department.

So that we can more readily meet your needs when you call, always be prepared to provide the following information:

- Company (Policyholder) name
- Group ID number
- Insured's name
- Member ID (Social Security number or Trustmark-assigned unique identifier)



# **I**ntroduction

## **ADMINISTERING YOUR PLAN**

This administration guide provides helpful instructions for administering various types of plans, coverage and provisions. Some situations may require the personal attention of your Account Executive or other Trustmark personnel. Trustmark administers the plan based on the eligibility records and other information received from the employer. Trustmark also provides all claim payment services.

## **POLICYHOLDER/EMPLOYER RESPONSIBILITIES**

The employer must maintain records relating to the Trustmark Plan. These records are subject to review by Trustmark and must include:

1. The names and birth dates of all employees/dependents covered by the plan
2. The benefits in force on each employee/dependent
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 to the employees coverage or status
7. COBRA notices, State Continuation, coverage selections
8. Premiums paid and related records (i.e. Statement/List Bill)  
(PLEASE DO NOT MAKE ADJUSTMENTS FOR CHARGES WHICH ARE NOT REFLECTED ON THE BILL)
10. Contribution levels

# **D**eliverables

## **INSURANCE CERTIFICATES**

Shortly after Trustmark accepts the employer application, you will receive insurance certificates to distribute to all employees who are enrolled for coverage.

## **COVERAGE OR VALIDATION LETTERS**

As new employees are added for coverage, we will forward the new employee letter to you, which should be distributed to the employee. New letters will be generated and distributed in the following instances:

- New employees
- Change in family status
- Additions or changes in specific coverage

## **IDENTIFICATION CARDS**

You will receive two Trustmark identification cards for each employee/member enrolled for coverage. *Should you need additional ID cards for a specific employee/member, please contact Trustmark's Premium Accounting & Eligibility Department at 866-373-9607, or Medical ID cards can also be ordered online [www.trustmarkaffinitymarkets.com](http://www.trustmarkaffinitymarkets.com).* ID cards indicate a Unique Member ID (UMI), precertification toll-free phone number, provider network, ER-Physician-Urgent Care-encounter fees and other important information concerning the employee's plan. The ID cards also function as a lab and prescription drug card, if applicable.

# **G**UIDELINES

This Guidelines section contains four major segments:

- **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.

## **E**NROLLMENT ELIGIBILITY

Active full-time employees, working the required minimum hours per week as noted in your certificate, are eligible for insurance coverage. Companies may enroll all eligible employees and dependents in the initial enrollment. The eligibility date is the date on which the employee meets all eligibility requirements outlined in the certificate 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 certificate. Eligibility maintenance can be accomplished in two ways. The standard method is to use Trustmark's online enrollment system. The alternate method is to mail or FAX your eligibility paperwork, including new hires, terminations and changes to:

Trustmark  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

## **TRUSTMARK'S ONLINE ENROLLMENT SYSTEM**

This is a complimentary, user-friendly Internet system that is flexible and easily accessible. The system is available to all groups, regardless of size. Trustmark's online enrollment provides you convenient online access to your enrollment and eligibility information. You will be able to access and update your members' basic eligibility records electronically. If your company is not currently an online enrollment user, and you would like to become one, or you want more information, please contact Trustmark at **866-373-9607** or visit [www.trustmarkaffinitymarkets.com](http://www.trustmarkaffinitymarkets.com). Logon to Express Enrollment; first-time user to register and enroll.

## **EFFECTIVE DATES**

The date on which insurance coverage becomes effective depends on the provisions in your certificate. Please see your coverage certificate for details.

## **LATE/SPECIAL ENROLLEES**

Employees who did not sign up for benefits when first available will need to complete the appropriate enrollment form, as outlined above, and provide a HIPAA Certificate if available, or a Supplemental Enrollment Form.

## **ENROLLING NEW EMPLOYEES**

Each new employee must complete, sign and date the 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, IT MUST BE SELECTED ON THE FORM, WITH ALL REQUIRED INFORMATION PROVIDED. IF THE EMPLOYEE DECLINES COVERAGE FOR HIMSELF OR HERSELF, OR A DEPENDENT, THE REASON MUST BE INDICATED ON THE FORM. (*Coverage can only be declined if the employee contributes to pay part of or the entire premium.*)

Review the form for accuracy and completeness. Keep a copy with your group insurance records and mail or FAX copy(ies) to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

## **ENROLLING DEPENDENTS**

Employees can provide coverage for their dependents at the time of initial enrollment by providing the appropriate information on the enrollment form. See the "Verification of Dependent Eligibility" procedures for more details on enrolling dependents.

## **DECLINING COVERAGE**

If an employee chooses to decline coverage for himself/herself or a dependent during initial enrollment, please complete the Refusal of Coverages section on the enrollment form. PLEASE NOTE: COVERAGE FOR A NONCONTRIBUTORY BENEFIT MAY NOT BE DECLINED.

## **SPECIAL ENROLLMENT: TERMINATION OF PRIOR COVERAGE**

An employee and/or dependent is eligible to enroll for medical coverage as a special enrollee as defined by the Health Insurance Portability and Accountability Act (HIPAA), 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.
- Expiration of COBRA coverage

**NOTE:** THE ABOVE DOES NOT INCLUDE LOSS OF COVERAGE DUE TO FAILURE TO PAY PREMIUMS, 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 31 days have elapsed, please refer to the late enrollment section in your certificate.

## **SPECIAL ENROLLMENT: LOSS OF PRIOR COVERAGE**

- The employee must complete, sign and date the enrollment form and attach a copy of the proof of prior coverage, which the employee should have received from his or her previous employer or prior insurance carrier.

Review the form for accuracy and completeness. Keep a copy with your group insurance records and mail or FAX to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

## **SPECIAL ENROLLMENT: CHANGE IN LIFE STATUS**

An employee and/or dependent will be eligible to enroll as a special enrollee upon occurrence of one of the following events: marriage of the employee, establishment of a domestic partnership by the employee, the birth of employee's child, a child's adoption by the employee, a child's placement for adoption with the employee. Eligible employees must request enrollment no later than 30 days after the 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 in your certificate. The effective dates for special enrollment are as follows:

- **Marriage-** The first day of the month after the date of marriage.
- **Adoption-** The date of adoption or placement for adoption. Adoption papers are required. The employee must complete, sign and date the enrollment form, and attach a copy of any applicable paperwork.
- **New Born—**Date of birth

Review the form for accuracy and completeness, and mail or FAX copies to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

## **VERIFICATION OF DEPENDENT ELIGIBILITY**

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

- Child's last name differs from employee's
- Parents divorced

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

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

Review the form for accuracy and completeness and mail or FAX copies to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

Trustmark will notify your company when coverage has been approved.

## **VERIFICATION OF DEPENDENT ELIGIBILITY FOR AN INCAPACITATED DEPENDENT**

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

Review the form for accuracy and completeness, and mail or FAX copies to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

Trustmark will notify your company when coverage has been approved.

## **LATE ENROLLMENT**

The employee is considered a late entrant if he or she signs an enrollment form more than 31 days after becoming eligible. A Supplemental Enrollment Form is required for all late entrants, 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 noncontributory coverage and all employees must be enrolled at the time of eligibility. Employees who elect to add dependent coverage after the initial enrollment must complete the enrollment form. Refer to your certificate for specific information about adding newborn children or newly eligible dependents. All late enrollments must be submitted manually to Trustmark. You will be notified when the late enrollee's coverage has been approved. Please contact the Premium Accounting and Eligibility Department at **866-373-9607** if you have any questions regarding late enrollment procedures or ancillary coverage.

# **B**eneficiaries

## **BENEFICIARY DESIGNATIONS**

For Life and/or AD&D (Accidental Death and Dismemberment) coverages, the employee must designate a beneficiary 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 certificate provisions. Failure to name a beneficiary often causes a delay in payment and additional expenses for the decedent's family. Employees should be encouraged to designate a valid beneficiary(ies) upon enrollment. If no beneficiary is named, Trustmark's Premium Accounting & Eligibility Department will request that information.

**PLEASE NOTE:** STATES 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 re-designate 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., and 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.*

## **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. The employee must complete, sign and date the Beneficiary Change Form.

Review the form for accuracy and completeness and mail or FAX copies to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

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

# **C**hanges, Cancellation, 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, Medicare 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 two ways to update your employee's records:

- Online—Using Trustmark's convenient Benefit Administration Self Service Center
- Manually

## **PROCEDURE TO MAKE A CHANGE MANUALLY**

These changes are reported on the Request of 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. The employee must complete, sign and date the Request for Change Form.

Review the form for accuracy and completeness and mail or FAX copies to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

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 a maximum adjustment period of two months.

## **CANCELING COVERAGE**

An active employee may cancel coverage for a dependent at a later date (e.g., spouse now has own coverage). Please note that coverage for a noncontributory benefit may not be canceled.

## **PROCEDURE FOR CANCELING COVERAGE**

The employee must complete, sign and date an enrollment form, with the coverage to be declined. Review the form for accuracy and completeness and mail or FAX copies to:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045  
847-615-3898 FAX

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

## **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 certificate. The effective date of coverage termination is calculated in one of the following ways, depending on the provisions in your certificate:

Standard Contract—The effective date of termination is the first day of the calendar month at 12:01 a.m. (one minute past midnight) following the employee's termination date or the first day of the calendar month at 12:01 a.m. (one minute past midnight) following the date coverage is terminated.

Immediate Contract—The effective date of termination is at 12:01 a.m. (one minute past midnight) of the date on which coverage is terminated. Currently, the only groups that have an immediate contract are Over 50 groups.

## **PROCEDURE TO TERMINATE MEMBERS FROM THE INSURANCE PLAN**

Fax your terminations to Premium Accounting & Eligibility Department at 847-615-3898.

Or Mail in a listing to the following address:

Trustmark Affinity Markets  
Attention: Premium Accounting & Eligibility Department  
PO Box 7952  
Lake Forest, IL 60045

Note your terminations on your billing statement.

**\* PLEASE DO NOT TAKE IMMEDIATE CREDIT ON TERMINATIONS. YOU WILL BE GIVEN THE APPROPRIATE CREDIT ON YOUR NEXT BILLING STATEMENT.**

You should keep a copy of your terminations 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 month's adjustment period, as outlined in the certificate. 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.

## **TERMINATION OF GROUP COVERAGE**

Sign and date a letter requesting termination of your group insurance coverage. Please include the requested termination date. The letter must be on your company letterhead.

# **P**remium Submission

## **AUTOMATED LIST BILL**

Under this billing method, Trustmark sends your organization automated billing statements based on your group's eligibility information, which is maintained by Trustmark. 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 automatically generated between the 15th and the 25th of every month. The billings are then sent out via email for online enrollment, or they will be mailed if using the manual method.

If you have an automated online enrollment bill, you will receive your statement the next day. If you utilize the manual statement, it 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 within a reasonable time period prior to the bill run date.

## **PREMIUM SUBMISSION WITH AN AUTOMATED LIST BILL**

1. Review the statement to verify accuracy.
2. When corrections are required, they can be done in two ways.
  - Online, as explained by the program.
  - Manually, as outlined in this guide. Any changes and/or enrollment forms that are processed prior to bill run will be reflected on the next statement.
3. If you have any questions regarding your statement, please contact your premium auditor.
4. If you have chosen the Automatic Payment Withdrawal as a part of your plan, the "Please Pay Amount" will be electronically transferred through the bank and automatically credit the premium payment to your account.

If you do not have automatic payment withdrawal, please **PAY THE EXACT AMOUNT SHOWN ON THE BILL AFTER "Total Due"** on the statement and mail the signed copy of your statement along with your premium payment to:

Trustmark  
75 Remittance Drive–Suite 1836  
Chicago, IL 60675–1836

**PLEASE NOTE:** WHEN MAILING THE PREMIUM PAYMENT, ALLOW AT LEAST FIVE DAYS FOR DELIVERY TO TRUSTMARK'S LOCKBOX. PREMIUMS ARE PAYABLE ON OR BEFORE EACH PREMIUM DUE DATE. TIMELY PAYMENTS KEEP THE POLICY IN FORCE UNTIL THE NEXT DUE DATE.

In an unusual situation, if you need to overnight your payment, please contact Trustmark's Premium Accounting & Eligibility Department at **866-373-9607** for further instructions.

## **GRACE PERIOD**

Except for the first premium payment, Trustmark allows a grace period for the payment of each premium due. The grace period is 31 days from your premium due date. Claims incurred in the grace period are not released for payment until premium has been received. If Trustmark does not receive your payment by the end of the grace period, your coverage will be terminated for nonpayment of premium in accordance with your certificate. If your policy is terminated, you will receive a written termination letter.

## **REMINDER LETTER AND LATE PAYMENT PROCEDURES**

Your premium is due and payable on the first of the month. Trustmark does allow a grace period of 31 days for the payment of each premium due. However, to assist you in making sure that your coverage is not interrupted, a premium reminder letter will be generated and mailed out if premium has not been paid by the 20th of the given month. This letter will remind you that your monthly premium has not been paid, and it is due prior to the end of the grace period to ensure uninterrupted coverage. If Trustmark does not receive your payment by the end of the grace period, a cancellation letter will be generated and mailed out to the company. Any claims incurred after the grace period will be held and any prescription drug coverage will be terminated.

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## **T**HANK YOU!

We want to say, “Thank you” again for choosing Trustmark Affinity Markets as your insurance carrier. Our goal is to attain and maintain your complete satisfaction.

If you have any feedback or suggestions to help us serve you better, please contact your designated Account Executive directly at (866) 447-0639.



Products sold or administered by Trustmark Affinity Markets are underwritten by Trustmark Life Insurance Company or Trustmark Insurance Company  
400 Field Drive • Lake Forest, IL 60045-2581 • (866) 447-0639  
[www.trustmarkaffinitymarkets.com](http://www.trustmarkaffinitymarkets.com)