

NOTICE OF INSURANCE INFORMATION PRACTICES

This is to inform you that as part of this company's procedure for processing your application for insurance, an investigation into your medical history may be prepared. Information may be collected from any medical professional, psychologist, counselor, hospital, clinic, including Veterans Administration, or any other facility, insurance company or insurance support organization. The information gathered shall include, but is not limited to, information regarding any medical or health history including all consultations, diagnosis, prescriptions, treatment, tests as well as any information regarding alcohol or drug abuse. Trustmark may also request information from any employer, a former employer, insurance company or insurance support organization to give any information or record it has about any proposed insured with regard to employment, employment history and income earnings, credit history, or state agencies with regard to criminal or vehicular history. You have the right to make a written request within a reasonable period of time to receive information that has been disclosed by Trustmark. Such information will include, the name (except for a person whose identity could not be discovered under the applicable rules of civil procedure), address, and institutional affiliation, if any, of each person receiving or examining the recorded health care information during the preceding 3 years; the date of the receipt or examination; and to the extent practicable, a description of the information disclosed.

Information regarding your insurability will be treated as confidential. Trustmark or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB). The Bureau is a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information, other than medical record information, that it has in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Trustmark, or its reinsurers, may release information in their files to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted.

Information may also be disclosed to a person or entity for the performance of an insurance function for Trustmark. Such information will be limited to that which is reasonably necessary to enable the person or entity to provide Trustmark with information necessary to determine claim payment, detecting or preventing criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with an insurance transaction. A person's written authorization is not required when the person or entity receiving such personal information agrees not to further disclose it.

Additionally, disclosure of reasonably necessary information may be made:

- To a medical care institution or medical professional for: verifying insurance coverage or benefits; informing a person of a medical problem of which the person may not be aware; or conducting an operations or services audit.
- To law enforcement or other government authority: (1) to protect the interests of Trustmark, its insurance producers, or insurance support organizations in preventing or prosecuting the perpetration of fraud on such entities; or (2) if such entities reasonably believe that illegal activities have been conducted by a person.
- To an insurance regulatory authority that agrees not to further disclose the information without a person's separate, written authorization.
- For the purpose of conducting actuarial or research studies.
- To any affiliate of Trustmark whose only use of the information will be in connection with an audit of the insurance institution or insurance producer, if the affiliate agrees not to disclose the information for any other purpose or to unaffiliated persons.