

**TRUSTMARK INSURANCE COMPANY
TRUSTMARK LIFE INSURANCE COMPANY**

PLAN SPONSOR CERTIFICATION TO THE GROUP HEALTH PLAN

During the term of this group health benefit plan you, the plan sponsor, may receive Protected Health Information. As set forth in the HIPAA Privacy Rule ("Rule"), Protected Health Information ("PHI") includes individually identifiable health information and relates to the past, present, or future:

- condition of an individual's physical or mental health;
- health care provided to an individual; or
- payment for health care provided to an individual.

As plan sponsor of a fully insured group health plan, you may choose not to receive PHI from us. If you make this selection below, your group health plan will be exempt from the administrative requirements of the HIPAA Privacy Rule. Whether or not you receive PHI from us, you, the plan sponsor, must agree to safeguard and protect the confidentiality of any PHI you receive and to complete and sign this Certification and the attached List of Authorized Representatives. The plan sponsor also agrees to amend the plan document of the group health plan consistent with this Certification.

EXEMPTION FROM ADMINISTRATIVE REQUIREMENTS

The group health plan will be exempt from the administrative requirements of the Rule if it does not create or receive PHI on plan participants, except for:

- a. Summary health information (health information that does not identify the individual to whom it applies); or
- b. Information on enrollment or dis-enrollment from the insurance health plan.

Administrative requirements include: assignment of privacy officer and contact person, employee training; safeguard protections for PHI; handling privacy complaints; sanctions for non-compliance with privacy policies and procedures; mitigation for harmful effects of use and disclosure in violation of privacy policies and procedures; develop privacy policies and procedures; creation of Privacy Policy.

PLAN SPONSOR CERTIFICATION

I, the plan sponsor, or the designated representative of the plan sponsor, certify that the plan sponsor will:

- Not use or disclose PHI for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan of the plan sponsor.
- Not use or disclose to anyone the PHI of any individual covered under this group health benefit plan other than as described in this Certification, and permitted or required by the HIPAA Privacy Rule and other applicable law.
- Ensure that any agents, including subcontractor, to whom I provide PHI, agree to the same restrictions and conditions that apply to the plan sponsor in connection with the HIPAA Privacy Rule.
- Report to the group health benefit plan any use or disclosure of the information that is inconsistent with the uses or disclosures permitted or required by the HIPAA Privacy Rule and other applicable law.
- Make available PHI as required in the Rule for Access of Individuals to their own PHI.

- Make available PHI as required in the Rule in order to amend PHI and incorporate any amendment to PHI in accordance with the Rule.
- Make available the information required to provide an accounting of disclosures of PHI as required by the Rule.
- Make its internal practices, books and records relating to the use and disclosure of PHI received from the group health benefit plan available to the Secretary of the Department of Health and Human Services.
- Return or destroy, if feasible, all PHI received from the group health benefit plan that the plan sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made. If destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- Provide a List of Authorized Representatives which includes the identity or job title and affiliation of persons required or permitted to receive information in order to perform services on behalf of the group health benefit plan (e.g. claim administrator, case management vendor, pharmacy benefit manager, claim subrogation vendor, claim auditor, provider network manager, utilization and review management vendor, stop loss insurance carrier, insurance broker/consultant), and any other entity subcontracted to assist in administering the health plan.
- Provide PHI only to those individuals or entities identified on the List of Authorized Representatives.
- Provide an effective mechanism for resolving any issues of noncompliance with the provision of this Certification.

Please indicate your choice:

_____ No, I do not want to receive protected health information and understand that I am exempt from the administrative requirements of the Rule.

_____ Yes, I want to receive detailed protected health information and I will comply with the administrative requirements of the Rule.

Name of Group Health Benefit Plan(Employer): _____

Group Number: _____

Signed by (Plan Sponsor): _____

Print Name and Title: _____

Date: _____