

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (“HIPAA”)
NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Teachers Protective Mutual Life Insurance Company (“TPM”) is committed to protecting personal information about your health. This notice of health information privacy practices (the “Notice”) will tell you about the ways in which we may use and disclose your personal health information to administer our business operations, and in other circumstances that are either required or permitted by law. To the extent that applicable state law further limits or restricts the uses and disclosures discussed below, we will comply with the more stringent state law. Except as outlined below, we will not use or disclose your personal health information without written permission.

As used in this Notice, “Personal Health Information” means individually identifiable information about you including demographic information (like your name, address and gender) which is collected from you or from members of the health care industry (like doctors or employee benefit plans) and relates to your health, health care provided to you, or payment for health care provided to you.

We are required by law to: (1) safeguard your Personal Health Information; (2) give you this Notice of our legal duties and privacy practices; and (3) abide by the terms of this Notice as long as it remains in effect. We reserve the right to change any of our privacy practices and the terms of this Notice, and to make the new Notice effective for all Personal Health Information maintained by us. In the event of a material change, a revised Notice will be sent to all of our policyholders and certificate holders.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

For Treatment: We do not make treatment decisions, but we may disclose your Personal Health Information to those who do. For example, we may disclose information regarding your benefits to doctors, hospitals, long term care facilities, and other health care providers who take care of you.

For Claim Processing and Payment Related Purposes: We may make uses and disclosures of your Personal Health Information as necessary for determining your eligibility for benefits, and claim administration purposes. For instance, we may use information regarding services you receive from health care providers such as physicians and hospitals to process and pay claims. Examples of our payment related purposes also include our collection of premiums, reinsurance, and care coordination activities. All of these types of purposes are referred to as “Payment” in this Notice.

For Business Operations: We will use and disclose your Personal Health Information as necessary, and as permitted by law, for our “Health Care Operations” which include underwriting, premium rating, customer service, reinsurance, compliance, fraud prevention and reporting, auditing, agent commission reconciliation, and other functions related to the administration of your insurance coverage, if any.

Collection of Information: To properly underwrite and administer your insurance coverage, if any, we collect medical and non-medical personal information such as your age, occupation, physical condition, and health history, including drug and alcohol usage. You are our most important source of information; however, we may also collect or verify information by contacting information sources such as medical professionals and facilities which have provided services to you, consumer reporting agencies and insurance companies to which you have applied for coverage.

Business Associates: We may disclose your Personal Health Information to outside persons or organizations who assist us with our business operations (for functions such as underwriting support, claims management, actuarial services, or legal services for example). These persons or organizations are TPM’s “business associates.” We contractually require our business associates to appropriately safeguard the privacy of your Personal Health Information.

Family and Friends Involved in Your Care: We may disclose your Personal Health Information to certain family members, friends, and others involved in your care or involved in paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited Personal Health Information with such individuals without your written authorization. If you have designated a person to help prevent the unintentional lapse of long-term care insurance coverage, we will inform that person prior to terminating the policy for nonpayment of premiums. We may also disclose limited Personal Health Information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you. You have the right to stop or limit these disclosures by contacting us at the address shown at the end of this Notice.

Service-Related Uses and Marketing: We may contact you to provide information about payment of your claims, other service related matters, or to provide information about health-related insurance products and services we offer that may be of interest to you. We will not use your Personal Health Information for marketing our non-health products without your written permission to do so.

Other Uses and Disclosures for Public Health, Government Oversight, or Similar Activities: We are permitted or required by law to make certain other uses and disclosures of your Personal Health Information without your permission.

- We may release your Personal Health Information for any purpose allowed by law.
- We may release your Personal Health Information to law enforcement officials as allowed by law to report wounds and injuries and crimes.
- We may release your Personal Health Information to your employer for public health activities, such as permitted reporting of disease, injury, death, and for required public health investigations.
- We may release your Personal Health Information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may release your Personal Health Information to your employer in connection with an employer-sponsored benefit plan if your employer certifies that the information provided will be maintained in a confidential manner and not used for employment related decisions or in any other manner not permitted by law. A certification by your employer is not required when we share enrollment/disenrollment or unidentifiable (summary) health information with your employer for administrative purposes, such as payroll deduction of the employee portion of the premium.

· We may release your Personal Health Information if required by law to a government oversight agency conducting audits, investigations (such as investigations into consumer complaints), or civil or criminal proceedings.

· We may release your Personal Health Information in order to comply with a court order, a subpoena or summons issued by a judicial officer, an administrative request, or other similar process authorized under law; in most cases you will have notice of such release.

· We may release your Personal Health Information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy.

· We may release your Personal Health Information if you are a member of the military as required by armed forces services. We may also release your Personal Health Information if necessary for national security or intelligence activities; disaster relief purposes; to avert a serious threat to health or safety; or for the protection of the President and others.

· We may release your Personal Health Information to coroners, medical examiners and funeral directors if needed, for example to identify a deceased person. We may also release your information to organ or tissue procurement organizations, consistent with applicable law.

· We may release your Personal Health Information to a correctional institution if you are or become an inmate of that correctional institution.

· We may release your Personal Health Information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

· We may release your Personal Health Information to non-affiliated organizations or persons such as, other insurance institutions, agents, insurance support organizations, or law enforcement and governmental authority as necessary to prevent criminal activity, fraud, material misrepresentation or material non-disclosure in connection with your coverage or application for coverage.

RIGHTS THAT YOU HAVE

Your rights are explained below. Any written requests to exercise those rights should be directed to our privacy officer at the address provided at the end of this Notice.

Right to Access. You have the right to copy and/or inspect Personal Health Information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. We may charge a reasonable fee for copies and postage and, in certain cases, we may deny your request.

Right to Confidential Communications. You have the right to request that we send communications of health information to you by alternative means or to alternative locations, if all or part of that information could endanger you. For example, you may ask that we contact you at work, rather than at home. We will accommodate reasonable requests.

Right to Request an Amendment. You have the right to request in writing that Personal Health Information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but we will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe

that such notification is necessary.

Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures made by us of your Personal Health Information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The first list in any 12-month period is free; you may be charged a reasonable fee for each subsequent list you request within the same 12-month period.

Right to Request Restrictions. You have the right to request restrictions on certain of our uses and disclosures of your Personal Health Information for Payment, or Health Care Operations by notifying us of your request for a restriction in writing. You must describe the restriction you are requesting in detail. We are not required to agree to your restriction request but we will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate in writing any agreed-to restriction by sending such termination notice to us at the address given below.

Right to Revoke Your Authorization. If you have signed an authorization granting us permission to use and disclose your PHI for purposes other than Payment or Health Care Operations, you have the right to revoke that authorization in writing at any time, except to the extent that we have taken action in reliance of such authorization, or if other law provides us with the right to contest a claim under the policy or the policy itself. Your revocation, however, will not prevent us from using collected information in conjunction with our fraud prevention program.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

Note: The rights granted to you do not extend to information about you relating to or in anticipation of a claim or civil or criminal proceeding.

CONTACTING US

To exercise your rights as described above, please send your written request to: Privacy Officer, Teachers Protective Mutual Life Insurance Company, PO Box 597, Lancaster, Pennsylvania 17608-0597, or call (717) 394-7156 ext. 3032. Please be sure to include your full name, address, date of birth, policy number, and the nature of your request or complaint.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with us by sending your written complaint to our Privacy Officer at the address given above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights. We will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION: For additional information regarding our HIPAA Notice of Health Information Privacy Practices or our general privacy policies, please write to us at the address shown above or call the telephone number listed above.

THIS NOTICE IS REQUIRED BY FEDERAL LAW. WE MAKE IT AVAILABLE TO THE GENERAL PUBLIC, APPLICANTS, AND POLICYHOLDERS. YOUR RECEIPT OF THIS NOTICE IS NOT EVIDENCE OF COVERAGE.

Effective Date: April 14, 2003