**Luminare Health Benefits, Inc.**

**Consumer Privacy Right Request Form**

Certain state laws provide individual consumers with specific rights regarding their personal information. To exercise your privacy rights under the laws of your residence, please complete this privacy rights request form or call us toll free at (866) 666-1495 to submit a request. Please note that whichever method you use to contact us, we will need to verify your identity before we can complete any such request.

Please note:

• We do not sell your personal information to third parties, and we do not allow third parties to use the personal information we provide to them to market their products or services to you.

• State consumer privacy laws contain several exemptions and exceptions that apply to our company that may prevent us from honoring your request. Completion and submission of this form does not guarantee that you are entitled to exercise any rights. Please see our Privacy Policy for further information regarding your rights as a consumer.

Please select the state of residence for the individual who is the subject of this request:

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| California  Colorado  Connecticut  Oregon  Texas  Utah  Virginia | Your relationship with Luminare:  Participant/Policyholder/Member  Employee of Trustmark/Business Unit  Applicant for employment  Client/Potential Client of Trustmark/Business Unit  Broker or Agent  Other  Are you submitting this request on our own behalf or as the authorized representative of the individual who is the subject of the request?  Individual Authorized Representative  The following information will be used to verify the individual’s identity and to conduct a search for the individual's personal information.  First Name:    Last Name:    Last 4 digits of Individual’s Social Security Number:    Month/Day of Individual’s Date of Birth:    Email Address:  *Used for fulfilling this request.*  Please provide any additional details about the Individual’s association with Luminare:    Please mark which rights you wish to exercise.  Access personal information  Delete personal information  Correct inaccurate personal information  Other  How would you like to receive your results?  Electronic formatPrinted format  Note: There may be circumstances when the results cannot be returned in the requested format. |
| Other States | Certain states do not provide residents with additional rights related to privacy rights requests, though the list of states that do is constantly being updated. Even if your state does not provide such additional rights, there are certain individual rights provided under the federal Health Insurance Portability and Accountability Act (HIPAA). If you are a member of a health plan administered by Luminare Health and want to exercise one of your rights under HIPAA, please contact our Privacy Office at [Privacy@luminare.com](mailto:PrivacyOffice@luminare.com). |