



TMT ENCRYPTION QUESTIONNAIRE

Name:

Entities and operations covered in the responses to this questionnaire:

Sensitive Information and Use of Encryption:

Type of sensitive information transmitted, processed or stored:	A) Number of records transmitted or processed per year B) Maximum number of records stored at any one time	Encrypted while at-rest on the network?	Encrypted while in-transit within and out of the network including on wireless networks, in file transfers and in email?	Encrypted on mobile computing devices including laptops and PDAs?	Encrypted on mobile storage devices including USB flash drives and DVDs?	Encrypted on back-up media including back-up tapes?
Social security # or individual taxpayer identification #	A) B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Financial account record (e.g. bank accounts)	A) B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Payment card data (credit or debit card)	A) B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Drivers license #, passport # or other state or federal identification #	A) B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Personal health information (PHI)	A) B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Other- Please specify:	A) B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>



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Additional Detail: Please use the space below to clarify or provide additional detail regarding your answers in the table above, including the status and timeline for any "In Process" implementations.

Compensating Controls: Please describe below the additional controls implemented to protect and monitor your network and data, with a particular focus on those instances from question 3 above where you transmit, process or store unencrypted sensitive data. This should include but not be limited to all policies, access controls, network segmentation and centralization, data loss prevention, intrusion detection and other procedural and technical solutions.