

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE**

**TRUSTMARK INSURANCE COMPANY  
400 Field Drive, Lake Forest, Illinois 60045**

According to your application or the information furnished by you, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Trustmark Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find the purchase of this accident and sickness coverage is a wise decision you should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY ISSUER OR PRODUCER:**

I have reviewed your current accident and sickness insurance coverage. To the best of my knowledge, this accident and sickness policy will not duplicate your existing coverage because you intend to terminate your existing coverage. The replacement policy is being purchased for the following reason(s) (check one):

- \_\_\_\_\_ Additional benefits
- \_\_\_\_\_ No change in benefits, but lower premiums
- \_\_\_\_\_ Fewer benefits and lower premiums
- \_\_\_\_\_ Other. (please specify)

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of claim for benefits under the new policy, whereas a similar claim may have been payable under your present policy.
2. If, you wish to terminate you present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy has never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Signature of Producer or Other Representative)\*

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Typed Name of Insurer or Producer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Typed Address of Insurer or Producer)

\*Signature not required for direct response sales.