

TRUSTMARK INSURANCE COMPANY

NOTICE TO ADDITIONAL PROPOSED INSURED'S RIGHT TO DESIGNATE A SECONDARY ADDRESSEE

The purpose of this document is for additional insureds to designate a secondary addressee.

Proposed Insured's Name: _____
(Print Name)

Employee's Name: _____
(Print Name)

Life insurance covering a person 64 years of age or older or owned by a person 64 years of age or older which has been in force for at least one year, cannot be canceled for nonpayment of premium unless notification of possible lapse in coverage is mailed to the owner and specified secondary addressee, if designated, at least 30 days prior to the effective date of cancellation.

Long-term care insurance cannot be canceled for nonpayment of premium unless notification of possible lapse in coverage is mailed to the owner and specified secondary addressee, if designated, at least 30 days prior to the effective date of cancellation.

You have the right to designate a secondary addressee to receive such notice and to change this designation annually.

I elect the option by indicating the name and address of my designated contact below.

Designee's Name _____

Designee's Address _____

Waiver of designation of Secondary Addressee

Protection Against Unintended Lapse – If I have applied for the HH/LTC rider, or if I am the Insured or Owner, I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of the long-term care rider for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

I elect NOT to designate a person to receive this notice.

X _____
Signature of Insured (If minor child, parent or guardian's signature required) _____ Date _____

Trustmark Voluntary Benefit Solutions
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LTC-2nd FL

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