

**TRUSTMARK INSURANCE COMPANY**  
**“We, Us, and Our”**  
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**CRITICAL ILLNESS  
PROTECTION POLICY  
SPECIFIED DISEASE COVERAGE  
OUTLINE OF COVERAGE  
RETAIN FOR YOUR RECORDS**

**THIS POLICY PROVIDES LIMITED BENEFITS  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND  
ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

Policy Form: CII I 214 P  
Policy Title: Critical Illness Protection Policy

- (1) **NOTICE** - This policy is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have underlying coverage. Read the Buyer’s Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage. This policy should not be purchased by persons covered by Medicaid. This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.
- (2) **READ THE POLICY CAREFULLY** - This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. **PLEASE READ THE POLICY CAREFULLY!**
- (3) **CRITICAL ILLNESS COVERAGE** - Policies of this category are designed to provide, to persons insured, restricted coverage that pays benefits **ONLY** upon diagnosis of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

**BENEFITS** – The policy will pay a benefit when a covered person is diagnosed with a specified disease described in the schedule of benefits, so long as the date of diagnosis occurs after the effective date and after the waiting period, if applicable, while coverage is in effect. Benefit amounts for each specified disease are listed on the policy as a percentage of the annual maximum benefit amount that is available for each covered person per calendar year.

Benefit payments are limited to the annual maximum benefit amount available per calendar year per covered person, as listed on the policy schedule. There are no deductible or copayment provisions. A separate benefit is payable for each covered person and may range for each of the following:

- Insured – Benefits may range from \$5,000 to \$100,000
- Spouse - Benefits may range from \$1,000 to \$100,000
- Dependent - Benefits may range from \$1,000 to \$100,000

**Your coverage may or may not include the following riders. Please read your coverage documents carefully for information on included riders, if any:**

**Additional Sickness Rider:** Benefits are eligible for payment when a physician determines that a covered person is unable to perform two or more standard activities for at least 90 continuous days as a result of a specified disease. Benefit may range from 25%-50% of the Annual Maximum Benefit Amount as listed on the Policy Schedule for the Covered Person making a claim for benefits under this rider and is payable once per lifetime for each covered person.

**Caregiver Rider:** Benefits are eligible for payment for a covered person who provides caregiving services (including home health care, homemaking and transportation) three days a week for two weeks to an eligible family member who has a specified disease. Benefit may range from \$500 to \$1000 and is payable once per calendar year, with a maximum of three payments per lifetime per covered person.

**EZ Value/Future Purchase Option Rider:** The annual maximum benefit amount is increased each year, for 5 years, based on the amount an additional \$1.00 per week will purchase at your attained age at time of purchase.

**Healthy Living Rider:** Benefits are eligible for payment for a covered person who receives tests or services intended to detect specified diseases early or prevent specified diseases from occurring. A separate benefit is payable for each covered person and may range for each of the following:

- early detection and prevention service – Benefits may range from \$50 to \$100 per day
- follow up diagnostic test – Benefits may range from \$50 to \$100 per day

Benefits for early detection and prevention services and follow up diagnostic tests are eligible for payment once per calendar year per covered person.

**Medical Advice Membership Endorsement:** Covered persons are given access to medical experts to assist and support them when conditions are diagnosed.

**Specified Illness Rider:** Benefits are eligible for payment upon diagnosis of additional specified diseases. Each listed specified disease is eligible for a benefit only once per lifetime, and payment is subject to a percentage of the annual maximum benefit amount per calendar year per covered person listed in the policy schedule.

**Waiver of Premium for Critical Illness Rider:** Premium will be waived for 6 months in the event you are diagnosed with a specified disease which qualifies for a 50% or 100% benefit under the policy. Waiver of premium benefit is limited to once per calendar year.

**Waiver of Premium for Disability Rider:** Premium will be waived in the event you are totally disabled for 6 months or longer.

(4) **EXCLUSIONS & LIMITATIONS -**

No benefits will be paid for any of the following:

- A diagnosis made prior to the effective date or during the waiting period as applicable to the covered person
- Any condition not listed explicitly on the schedule of benefits

Any illness resulting from the covered person's:

- Use of drugs, narcotics, or hallucinogens not prescribed by a physician, or not used in the manner prescribed by the physician
- Commission of or attempt to commit a felony
- Self-inflicted injury, while sane or insane
- Suicide, or attempt to commit suicide
- Engagement in an illegal occupation
- Involvement in a war or act of war, declared or undeclared
- Participation in a riot

**PRE-EXISTING CONDITION LIMITATION**

No benefit will be paid for any condition caused by, contributed to, or resulting from a pre-existing condition which begins in the first six (6) months after the covered person's coverage effective date.

(5) **RENEWABILITY** - This policy is guaranteed renewable.

- (6) **CONTINUATION** – Continuation of benefits is available for dependent children who reach the limiting age but are incapable of self-sustaining employment due to intellectual disability or physical handicap. Conversion is available for covered spouses and dependents if coverage ends due to divorce. Covered spouses shall become the Insured under the Policy in the event of the insured's death.