

**TRUSTMARK INSURANCE COMPANY**  
**“We, Us, and Our”**  
**400 Field Drive**  
**Lake Forest, IL 60045-2581**  
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**CRITICAL ILLNESS**  
**PROTECTION CERTIFICATE**  
**SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE**  
**RETAIN FOR YOUR RECORDS**

Certificate Form: CACI-82001C  
Certificate Title: Critical Illness Protection Certificate

**NOTICE OF THIRTY DAY RIGHT TO CANCEL**

**IF YOU ARE NOT SATISFIED WITH THIS CERTIFICATE, YOU CAN RETURN IT TO US AT THE ADDRESS ABOVE WITHIN 30 DAYS AFTER ITS RECEIPT VIA REGULAR MAIL AT THE ADDRESS ABOVE. THE CERTIFICATE WILL THEN BE CANCELLED AN ANY PREMIUM PAID WILL BE REFUNDED**

- (1) **NOTICE --** This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal health law.
- (2) **READ THE CERTIFICATE CAREFULLY --** This outline of coverage provides a very brief description of the important features of the Certificate. Please note that this outline is not intended to be a part of the insurance contract. Only the actual Certificate provisions are final and binding. The Certificate itself sets forth in detail Your rights and obligations as well as those of the insurance company. **PLEASE READ THE CERTIFICATE CAREFULLY!**
- (3) **CRITICAL ILLNESS PROTECTION COVERAGE --** Certificates of this category are designed to provide, to persons insured, restricted coverage that pays benefits **ONLY** when certain losses occur as a result of the following Critical Illnesses:
  - Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig=s Disease)
  - Blindness
  - Coronary Artery Bypass Surgery
  - Heart Attack
  - Paralysis of at least Two Limbs
  - Stroke
  - Renal Failure
  - Transplant of a Major Organ

NOTE: for use with Critical Illness only coverage

**BENEFITS --** The Certificate will pay the Benefit Amount when a First Diagnosis of Critical Illness is made. There are no deductible or copayment provisions.

A Partial Benefit Amount is payable for a First Diagnosis of Coronary Artery Bypass Surgery.

The First Diagnosis must be made by a Physician after the Effective Date and after the Waiting Period.

NOTE: for use with Cancer only, Critical Illness only or Critical Illness with Cancer coverage which does NOT include subsequent conditions.

(4) **LIMITATIONS** -- The Certificate does not pay benefits for any other Critical Illness not specified in the Certificate.

(5) **EXCLUSIONS**

**NOTE: THESE EXCLUSIONS ARE FOR CRITICAL ILLNESS ONLY COVERAGE**

No benefits will be paid for:

- A diagnosis made prior to the Effective Date, or during the Waiting Period;
- Any disease, sickness or incapacity not specified in the Certificate;
- More than one First Diagnosis occurrence after the Effective Date and after the Waiting Period, except as otherwise specified in the Certificate;
- Transient Ischemic Attacks, Reversible Ischemic Neurological Deficit, and attacks of
- Vertebrobasilar Ischemia;
- Balloon Angioplasty, laser relief, or other like procedures;

Any Critical Illness resulting from:

- Self-Inflicted injury, while sane or insane;
- War or act of war, declared or undeclared;
- The Covered Person's participation in a riot.

**Illegal Occupation**

We are not be liable for any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

**Intoxicants and Controlled Substances**

We are not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

(6) **PRE-EXISTING CONDITION LIMITATION**

No benefit amount or partial benefit amount will be paid for any condition caused by or resulting from a Pre-existing Condition which begins in the first twelve (12) months after the Covered Person's coverage Effective Date.