

TRUSTMARK INSURANCE COMPANY
(Herein "company")
400 Field Drive, Lake Forest, IL 60045
(800) 918-8877

CONVALESCENT CARE ACCELERATED DEATH BENEFIT RIDER
OUTLINE OF COVERAGE
Rider Form HH/LTC.205 MN

CAUTION: The issuance of the Convalescent Care Accelerated Death Benefit Rider is based upon your responses to the questions in your application. A copy of your application is enclosed. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: 400 Field Drive, Lake Forest, Illinois 60045.

Notice to Buyer: The rider may not cover all of the costs associated with convalescent care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all rider limitations.

1. The rider is a group rider which was issued and approved in the state of Minnesota as a long term care insurance rider meeting the requirements of Minnesota law.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage from other riders available to you. This is not an insurance contract, but only a summary of coverage. Only the group rider and your Certificate contain governing contractual provisions. This means that the group rider and your Certificate set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR RIDER CAREFULLY!**
3. THIS PLAN IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE RIDER AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986. Benefits received under the rider may be taxable as income. You should consult your personal tax advisor to assess the impact of the benefit.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.** **RENEWABILITY:** THE RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your Certificate and rider, to continue the rider as long as you pay your premiums on time. Trustmark Insurance Company cannot change any of the terms of your rider on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Monthly Deduction: During the period company is paying benefits under the rider, company will also waive the monthly deduction for the Certificate and all riders. The Certificate will remain in force while company is paying benefits under the rider.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** **Company has the right to adjust the premium rates subject to applicable state laws and regulations. Any increase in premium rates will be done on a class basis. Premium rates are guaranteed not to change within the first year of the rider. After the first year premium rate adjustments will be made no more frequently than once every 12 months. Company will not increase your premium rate**

because of your increasing age, or for the amount of time you have been covered under the rider. Company will give you a 45-day written notice before any premium rate adjustment.

6. **TERMS UNDER WHICH RIDER MAY BE RETURNED AND PREMIUM REFUNDED.** You may return the rider within 30 days after you receive it, and company will refund any cost of insurance which you paid for the rider. The rider does not contain a provision providing for a refund or partial refund of premium upon the death of an insured or surrender of the contract or rider.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the insurance company.

Neither Trustmark Insurance Company nor its agents represent Medicare, the federal government, or any state government.

8. **CONVALESCENT CARE COVERAGE.** Riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The rider provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to the rider and Certificate limitations and elimination period requirements.

9. **BENEFITS PROVIDED BY THE RIDER.**

Coverage includes benefits for confinement in a Nursing Facility or Assisted Living Facility; or services for Home Health Care or Adult Day Care. There are no deductibles and no waiting periods for the rider. The elimination period is the first 90 days of services or confinement for each Benefit Period during which no benefits are payable. The monthly benefit amount is the lesser of the Maximum Monthly Limit or 4% of the Available Benefit. The Available Benefit is the greater of Face Amount and Death Benefit Amount. The Maximum Monthly Limit is based upon the IRS limitation for Qualified Long Term Care Services. The benefit maximum is the total benefit payable for all Benefit Periods for all covered confinements and services combined which cannot exceed the Available Benefit less Indebtedness, as of the start of the first Benefit Period.

Benefits payable for institutional and non-institutional are the same.

Any long term care inflation protection option required by Minnesota Statute 62S.23 Subdivision 7 is not required under the Convalescent Care Accelerated Death Benefit Rider.

Eligibility for Payment of Benefits: In order for the benefit to be payable, the insured must be a Chronically Ill Individual, expected to need care for at least 90 days, with a Plan of Care prescribed by a Licensed Health Care Practitioner who has determined care or services are Qualified Long Term Care Services.

Activities of Daily Living means any of the following basic human functional abilities required for the insured to remain independent:

- Bathing which means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Continence which means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform

- associated personal hygiene (including caring for catheter or colostomy bag);
- Dressing which means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- Eating which means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously;
- Toileting which means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
- Transferring which means moving into or out of a bed, chair or wheelchair.

Cognitive Impairment means deterioration or loss of intellectual capacity as measured by clinical evidence and standardized tests which measure impairment in the areas of: short or long-term memory; orientation as to person, place, and time; deductive and abstract reasoning; and judgment as it relates to safety awareness. The deterioration or loss must place an individual in jeopardy of harming self or others and thus require continual supervision by another individual.

10. LIMITATIONS AND EXCLUSIONS. The rider does not pay benefits for loss:

- Due to mental, psychoneurotic or personality disorders without clinically diagnosed organic disease. However, nervous or mental disorders which are caused by clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses are covered.
- Incurred while residing or confined outside the United States and Canada.
- Sustained or contracted in consequence while under the influence of any narcotic, unless administered on the advise of a Licensed Health Care Practitioner.
- In any facility contracted for or operated by the United States Government when there is no cost to the insured.
- In any facility for which no charge is made to the insured.
- Due to illness, treatment or medical conditions arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection; or
 - service in the armed forces or units auxiliary thereto.
- Which does not satisfy all the conditions stated in the provision captioned Conditions on Eligibility for Benefits.

Pre-existing Condition Limitations: The rider does not pay benefits for loss due to a Pre-existing Condition that begins within the first six (6) months after the Effective Date of the rider.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR CONVALESCENT CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of convalescent care services will likely increase over time, you should consider whether and how the benefits of the plan may be adjusted.

The level of benefits under the rider is directly related to the death benefit under the Certificate, excluding any term rider. If your Certificate has Death Benefit Option A, the death benefit is generally related to the Face Amount of the Certificate and, therefore, would remain level. Whereas, if your Certificate has Death Benefit Option B, the death benefit normally increases over time as it includes the Accumulated Value. The level of benefit may be increased by increasing the death benefit of the Certificate to which the rider is attached, but only before benefits begin. Any increase in the Certificate death benefit is subject to the terms of the Certificate. The cost for any additional benefit added as described above will be calculated on the same basis as the level of benefits prior to the increase.

You may have the option to apply for additional benefits. The total Face Amount cannot exceed \$300,000. Additional premium will be calculated in the same manner as the premium calculated for the rider initially purchased, and may be subject to underwriting.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. The rider provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. Coverage includes loss due to nervous or mental disorders which are caused by demonstrable, clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses.

13. PREMIUM. Total annual premium for benefits selected: _____ *The premium for this LTC benefit rider is included in the total premium cost for the Universal Life plan. The separate premium for this benefit rider will be shown on the Schedule page of the coverage issued. If, after your review of the benefit rider, you decide not to keep it, you may return it during the free look period for a full refund of any premium paid.*

14. ADDITIONAL FEATURES. Issue of the rider is subject to the insured furnishing evidence of insurability satisfactory to company, and may be subject to medical underwriting.

15. CONTACT THE STATE DEPARTMENT OF COMMERCE OR SENIOR LINKAGE LINE IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR CONVALESCENT CARE ACCELERATED DEATH BENEFIT RIDER.

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