

TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, IL 60045
(847) 615-1500

HOME HEALTH AND LONG TERM CARE BENEFIT RIDER
OUTLINE OF COVERAGE
Rider Form HH/LTC.205/I LA

CAUTION: This Home Health and Long Term Care Rider is issued to you based upon Your answers to the questions in Your application. A copy of Your application is enclosed or was retained by You when You applied for this rider. If Your answers are incorrect or untrue, or if material information was omitted in such answers, then We have the right to deny rider benefits or to rescind Your coverage under this rider. If, for any reason, any of Your answers are incorrect, Our address for making such corrections is Trustmark Insurance Company, 400 Field Drive, Lake Forest, Illinois 60045.

This rider provides an accelerated death benefit. Each benefit payment under this rider will reduce the following Policy Values: Death Benefit Amount, Accumulated Value, Surrender Charges, Any Indebtedness, and the Face Amount.

NOTICE TO BUYER: This rider may not cover all of the costs associated with home health and long term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all rider limitations.

1. **THIS RIDER IS A PART OF A POLICY OF INDIVIDUAL LIFE INSURANCE.**

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 rider contains governing contractual provisions. This means that the rider sets 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. **FEDERAL TAX CONSEQUENCES. Federal Tax Implications of this rider. This rider is not intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 as amended. Benefits paid under this rider may be taxable as income.**

4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.**

THIS RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your Policy to continue this rider as long as you pay your premiums on time. Trustmark cannot change any of the terms of your Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

5. **TERMS UNDER WHICH YOUR PREMIUM MAY CHANGE.**

YOUR PREMIUM WILL NOT CHANGE AFTER YOUR POLICY HAS BEEN ISSUED, OTHER THAN AT YOUR REQUEST.

6. **TERMS UNDER WHICH RIDER MAY BE RETURNED AND PREMIUM REFUNDED.** You may return the rider within 30 days after you receive it, and we will refund any cost of insurance which You paid for the rider.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, you should review the Guide to Health Insurance for People with Medicare available from us.

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

8. **HOME HEALTH AND LONG TERM CARE BENEFIT COVERAGE.** Riders of this category are designed to provide coverage in the form of a fixed dollar indemnity benefit for medically necessary home health care and confinement in a long term care facility.

9. **BENEFITS PROVIDED BY THIS RIDER.** This rider provides coverage in the form of a fixed dollar indemnity benefit for covered home health care, adult day care, long term care and assisted living expenses, subject to the Policy provisions and the rider provisions and elimination period. In order for the benefit to be payable, the insured must:

- Require assistance in 2 or more of the following activities of daily living: (a) Bathing (b) Continence; (c) Dressing; (e) Eating; (f) Toileting; and (g) Transferring; or
- Have Cognitive Impairment.

As determined by an assessment performed by a licensed or certified professional, such as a physician, nurse, or social worker.

Benefits begin after the insured has been confined in a long term care facility or received home health care, adult day care, or assisted living services for a total of 90 days. The first 90 days of services or confinement is the elimination period. No benefits are payable for services or confinement during this time. The 90-day period need not be continuous. It must, however, be entirely within one benefit period.

Long Term Care Facility and Assisted Living Benefit

We will pay the long term care facility or assisted living benefit for each month the insured remains confined in a long term care or assisted living facility, following the elimination period, up to the 25 months for all benefit periods combined. For a partial month of confinement, benefits are payable on a pro rata basis. One thirtieth (1/30th) of the monthly benefit will be paid for each 24-hour day of confinement. If a new confinement is within the same benefit period as a previous confinement, benefits are resumed at the previous amount of monthly benefit.

For each benefit period, the monthly long term care facility or assisted living benefit is the greater of:

4% of the Face Amount or 4% of the Death Benefit Amount at the end of the elimination period for that benefit period.

Home Health Care and Adult Day Care Benefit

We will pay the home health care or adult day care benefit for each month the insured receives home health care or adult day care services, following the elimination period, up to 25 months for all benefit periods combined. For a partial month, benefits are payable on a pro-rata basis. One thirtieth (1/30th) of the monthly benefit will be paid for each day of home health care or adult day care.

For each benefit period the monthly home health care or adult day care benefit is the lesser of:

4% of the Face Amount or 4% of the Death Benefit Amount at the end of the elimination period for that benefit period.

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

- For nervous or mental disorders. 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 is covered by this rider.
- For alcoholism or drug addiction;
- 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 condition arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection;
 - service in the armed forces or units auxiliary thereto;
 - attempted suicide or intentionally self-inflicted injury; or
- Which does not satisfy all the conditions stated in the rider provision titled Conditions on Eligibility for Benefits.

PRE-EXISTING CONDITION LIMITATION. This rider does not pay benefits for a loss:

- Due to a Pre-existing Condition that starts during the first six (6) months after the application date for this rider.

If more than one injury or sickness caused a concurrent benefit period, only one monthly benefit amount is payable per month of confinement.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR HOME HEALTH CARE OR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the cost of home health and long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted.

The level of benefits under this rider is directly related to the death benefit under the Policy, excluding any term rider. Under Policy Death Benefit Option A, the death benefit is generally related to the Face Amount of the certificate and, therefore, would remain level. Whereas, under Policy 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 this rider is attached, but only before benefits begin. Any increase in the Policy death benefit is subject to the terms of the Policy. 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.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. Loss due to clinically diagnosed Alzheimer's Disease and related degenerative and dementing illnesses, will be covered by this rider.

13. PREMIUM. Premium is equivalent to the Face Amount on the base Policy divided by 1,000 multiplied by the rate per \$1,000.

14. ADDITIONAL FEATURES. Issue of this rider is subject to the insured furnishing evidence of insurability satisfactory to us.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE RIDER.