

TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, Illinois 60045

**LIMITED BENEFIT INSURANCE COVERAGE
OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Policy Form: CACIIND-82001P FL
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 this underlying coverage. It should not be purchased by persons covered by Medicaid.
- (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 PROTECTION COVERAGE** -- Policies 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

BENEFITS -- The Policy will pay the benefit amount when a first diagnosis of Critical Illness is made by a physician after the effective date and after the waiting period (the waiting period is the period of time during which no benefits are available). There are no deductible or copayment provisions.

BENEFIT AMOUNT:	INSURED	SPOUSE	CHILD
	\$_____ The first 12 months following the Effective Date	_____	_____
	\$_____ More than 12 months following the Effective Date	_____	_____

- (4) **PREMIUM ADJUSTMENT** -- We have the right to adjust the premium as determined necessary by Us. A Premium Adjustment will take effect on the next premium due date following the adjustment. Written notice of an adjustment will be mailed to You at least 45 days in advance.
- (5) **LIMITATIONS** -- The policy does not pay benefits for any other Critical Illness not specified in the policy.

(6) **EXCLUSIONS**

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 policy;
- Sickness caused by alcohol, drugs, narcotics, or hallucinogens not prescribed by a physician, or not used in the manner prescribed by the physician.
- More than one first diagnosis occurrence after the effective date and after the waiting period, except as otherwise specified in the policy;
- 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;
 - The covered person's commission of, or attempt to commit, a felony;
 - The covered person engaging in an illegal occupation;
 - War or act of war, declared or undeclared;
 - The covered person's participation in a riot.

(7) **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. A Covered Person will receive credit for the time covered under previous coverage, if that coverage was similar to or exceeded the coverage provided under this Policy. The previous coverage must have been continuous to a date not more than 62 days before the Covered Person's Effective Date of coverage, exclusive of any waiting period.

Newly adopted children are exempt from the Pre-existing Condition limitation.

(8) **RENEWABILITY/TERMINATION OF COVERAGE**

This Policy is guaranteed renewable to age 100, except that it shall automatically terminate the earlier of:

- The date of First Diagnosis made after the Waiting Period, except when a Partial Benefit Amount is paid, for which the Benefit Amount shown on the Schedule is payable in full for You;
- The end of the period for which Premium is paid, subject to the grace period;
- The Premium due date following the date We receive Your written request to have Your insurance terminated; or
- The date coverage under this Policy would otherwise terminate.
- The date coverage is terminated for all those insured under this policy form in Your state.