

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

**LIMITED BENEFIT CRITICAL ILLNESS  
PROTECTION POLICY  
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE  
RETAIN FOR YOUR RECORDS**

Policy Form: CACIIND-82001P GA CMB  
Policy Title: Limited Benefit 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
  - Invasive Cancer
  - Carcinoma In Situ

**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. There are no deductible or copayment provisions.

After the Benefit Amount shown on the Schedule is payable for a Covered Person for a First Diagnosis of a Critical Illness, the Additional Benefit rider will pay the Benefit Amount shown on the Schedule for a First Diagnosis of a subsequent and different Critical Illness, which occurs 6 months or more after the initial First Diagnosis. No more than one Benefit Amount will be paid for a Covered Person for the same Critical Illness that occurs more than once. There are no deductible or copayment provisions.

A Partial Benefit Amount shown on the Schedule is payable for a Covered Person for Coronary Artery Bypass Surgery and Carcinoma In Situ.

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

(5) **EXCLUSIONS**

**No** benefits will be paid for:

A diagnosis made prior to the Effective Date, or during the Waiting Period, as applicable to the Covered Person;

Any disease, sickness or incapacity not specified as covered in this Policy;

Skin cancer; malignant melanoma (Stage I); Carcinoma In Situ, except as specified in this Policy;

More than one First Diagnosis occurrence, except as specified in this Policy.