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

**FIRST DIAGNOSIS CANCER LIMITED BENEFIT
PROTECTION POLICY
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Policy Form: CACIIND-82001P GA CNCR
Policy Title: First Diagnosis Cancer Limited Benefit 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)   **CANCER 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 Cancers:
- Invasive Cancer
- Carcinoma In Situ

BENEFITS -- The Policy will pay the benefit amount when a first diagnosis of Invasive Cancer or Carcinoma In Situ is made by a physician after the effective date and after the waiting period. There are no deductible or copayment provisions.

(4)   **LIMITATIONS** -- The policy does not pay benefits for any other Invasive Cancer or Carcinoma In Situ 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 in this Policy;
Skin cancer; malignant melanoma (Stage I); Carcinoma In Situ, except as specified under the section entitled "BenefitProvision";
More than one First Diagnosis occurrence except as specified.