

TRUSTMARK INSURANCE COMPANY
“We, Us, and Our”
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**CRITICAL ILLNESS
PROTECTION POLICY
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Policy Form: CACIIND-82001P
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 diagnosis of Critical Illness is made. There are no deductible or copayment provisions.

A partial benefit amount is payable for a diagnosis of Coronary Artery Bypass Surgery.

The diagnosis must be made by a physician after the effective date and after the waiting period.

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

(5) **EXCLUSIONS**

No benefits will be paid for:

- A diagnosis made between the date of the application and the effective date;
- A pre-existing condition in the first 12 months after the effective date, or during the waiting period;
- Any disease, sickness or incapacity not specified in the policy;
- Use of any alcohol, drug, narcotic, or hallucinogen not prescribed for the Insured by a Physician, or not used in the manner prescribed by the Physician while committing a felony at the time of loss;
- More than one 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.

(6) **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 during the first twelve (12) months after the covered person's coverage effective date.