

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

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

Policy Form: CRTILL-12000/P 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 a Critical Illness for:
  - Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)
  - Blindness
  - Carcinoma In Situ
  - Coronary Artery Bypass Surgery
  - Heart Attack
  - Life Threatening Internal Cancer
  - Paralysis of at least Two Limbs
  - Stroke
  - Renal Failure
  - Transplant of a Major Organ

**BENEFITS** -- After the Waiting Period, the period of time following the Effective Date of this Policy during which no benefits are available, the Policy will pay the Benefit Amount on the initial diagnosis by a Physician of a Critical Illness. There are no deductible or copayment provisions.
- (4) **LIMITATIONS** -- This Policy does not pay benefits for any other disease, sickness or incapacity not specified in this Policy as a Critical Illness.
- (5) **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.
- (6) **EXCLUSIONS** -- **No** benefits will be paid for a diagnosis of specified Critical Illness that occurs as a result of the following:
  - Diagnosis made prior to the Effective Date, or during the Waiting Period, as applicable to the Covered Person;

- The Covered Person engaging in illegal activities;
- Intentionally self-inflicting injury, while sane or insane;
- Sickness caused by alcohol, drugs, narcotics, or hallucinogens not prescribed by a Physician, or not used in the manner prescribed by the Physician;
- The Covered Person's committing or attempting to commit suicide; or
- War or act of war, declared or undeclared.

No Critical Illness benefits will be paid for any of the following:

- Transient Ischemic Attacks;
- Balloon Angioplasty, laser relief or other like procedures;
- Disease, sickness, or incapacity not specified in the Policy;
- Pre-malignant conditions or conditions with malignant potential;
- Basal cell carcinoma and Squamous cell carcinoma of the skin; or
- Melanoma that is diagnosed as Clarke's level I or II or Breslow's classification less than 0.75mm.

- (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 renewable at Your option, except that it shall automatically terminate the earlier of:

- The date immediately following the date of First Diagnosis made after the Waiting Period; except when a Partial Benefit Amount is paid;
- 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 insurance terminated.