

TRUSTMARK INSURANCE COMPANY (MUTUAL)

400 Field Drive, Lake Forest, Illinois 60045

(847) 615-1500

**HOME HEALTH AND LONG-TERM CARE BENEFIT RIDER
OUTLINE OF COVERAGE
Rider Form GUL-HH/LTC W/R**

This rider provides an accelerated death benefit. Each benefit payment under this rider will reduce the following Certificate Values: Death Benefit, Accumulated Value, Surrender Charges, Any Indebtedness, and the Face Amount

NOTICE: Benefits paid under this rider may or may not be taxable. Whether or not you or your beneficiary incur a tax liability when benefits are paid depends on how the IRS interprets applicable portions of the Tax Code. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.

NOTICE TO BUYER: This rider may not cover all of the costs associated with home health care long term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all rider limitations.

1. THIS RIDER IS PART OF A POLICY OF LIFE INSURANCE.

2. PURPOSE OF OUTLINE OF COVERAGE. This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage from other riders available to you. This is not an insurance contract, but only a summary of coverage. Only the rider contains governing contractual provisions. This means that the rider sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR RIDER CAREFULLY**.

3. TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED. We cannot cancel or reduce coverage under this rider. Only you can request termination of this rider. Unless you do, it will remain in force for as long as the Certificate remains in force.

During the period we are paying benefits under this rider, we will also waive the Monthly Deduction for the Certificate.

This rider will end:

- a. Upon your written request.
- b. Upon termination of the Certificate. Such termination will not affect payments if the Insured is confined at the time of termination.
- c. When we have paid benefits for the Maximum Lifetime Number of Months; or
- d. Upon termination of the Group Policy.

4. TERMS UNDER WHICH RIDER MAY BE RETURNED AND PREMIUM REFUNDED. You may return the rider within 30 days after you receive it, and we will refund any cost of insurance which you paid for the rider.

The rider does not contain a provision providing for a refund or partial refund of the rider premium upon the death of the insured or upon your termination of the rider.

5. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, you should review the Medicare Supplement Buyer's Guide. It is available from the Health and Human Services Department of the United States Government Social Security Administration.

Neither Trustmark Insurance Company (Mutual) nor its agents represent Medicare, the federal government, or any state government.

6. HOME HEALTH AND LONG-TERM CARE COVERAGE. Riders of this category are designed to provide coverage in the form of a fixed dollar indemnity benefit for Medically Necessary Home Health Care and confinement in a Long-Term Care Facility.

7. **BENEFITS PROVIDED BY THIS RIDER.** This rider provides coverage in the form of a fixed dollar indemnity benefit for covered home health care, adult day care and long-term care expenses, subject to the Certificate and the rider provisions and limitations and also subject to the rider's waiting or elimination period for the first 90 days of home health care, adult day care and confinement in a Long-Term Care Facility. In order for the Benefit to be payable, the Insured:

- a. Must require assistance in at least three of the following activities of daily living: 1) Getting in and out of bed; 2) Walking; 3) Bathing; 4) Dressing; 5) Eating; 6) Going to the toilet; 7) Taking medication; or
- b. Have impairment of Cognitive Ability.

Benefits begin after the Insured has been confined in a Long-Term Care Facility or received Home Health Care or Adult Day Care Services for a total of 90 days. The first 90 days of services or confinement is the Elimination Period. No benefits are payable for services or confinement during this time. The 90 day period need not be continuous. It must, however, be entirely within one Benefit Period.

For each Benefit Period the monthly Long-Term Care Facility Benefit is the lessor of:

- a. Four percent (4%) of the Death Benefit at the end of the Elimination Period for that Benefit Period; or
- b. \$5,000

We will pay the Long-Term Care Facility Benefit for each month the Insured remains confined in a Long-Term Care Facility, following the Elimination Period, up to the Maximum Lifetime Number of Months payable. The Maximum Lifetime Number of Months for which we will pay benefits under this rider for all Benefit Periods combined is twenty-five (25). For a partial month of confinement, benefits are payable on a pro-rata basis: One thirtieth (1/30th) of the monthly Benefit will be paid for each 24 hour day of confinement. If a new confinement is within the same Benefit Period as a previous confinement, benefits are resumed at the previous amount of monthly Benefit.

For each Benefit Period the monthly Home Health Care or Adult Day Care Benefit is the lessor of:

- a. Two percent (2%) of the Death Benefit at the end of the Elimination Period for that Period of Confinement; or
- b. \$5,000

We will pay the Home Health Care or Adult Day Care Benefit for each month the Insured receives Home Health Care or Adult Day Care services, following the Elimination Period, up to the Maximum Lifetime Number of Months payable. The Maximum Lifetime Number of Months for which we will pay benefits under this rider for all Benefit Periods combined is fifty (50). For a partial month, benefits are payable on a pro-rata basis: One thirtieth (1/30th) of the monthly Benefit will be paid for each day of Home Health Care or Adult Day Care.

8. **LIMITATIONS AND EXCLUSIONS.** This rider does not pay benefits for a loss:

- a. Beginning within the first six months following the rider effective date due to a pre-existing condition not disclosed in the application. A pre-existing condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment or a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within six months immediately before the rider effective date for the Insured.
- b. Due to mental, psychoneurotic or personality disorders without demonstrable organic disease. Loss due to nervous or mental disorders which are caused by demonstrable, clinically diagnosed organic disease, such as Alzheimer's Disease, and related degenerative and dementing illnesses is covered by this rider.
- c. Incurred outside the United States or Canada.
- d. Due to chronic alcohol or drug addiction, unless the addiction results from administration of drugs for treatment prescribed by a Physician.
- e. In any facility contracted for or operated by the United States Government when there is no cost to the Insured.
- f. In any facility for which no charge is made to the Insured.
- g. Due to illness, treatment or medical condition arising out of:
 - 1) war or act of war (whether declared or undeclared);
 - 2) participation in a felony, riot or insurrection;
 - 3) service in the armed forces or units auxiliary thereto;
 - 4) attempted suicide or intentionally self-inflicted Injury; or
 - 5) aviation (this exclusion applies only non-fare paying passengers);
 - 6) due to normal pregnancy and childbirth. However, complications of pregnancy are considered as Sickness under this rider.
 - 7) Which does not satisfy all the conditions stated in the rider provision captioned **Conditions for Payment.**

If more than one Injury or Sickness caused a concurrent Benefit Period, only one monthly Benefit amount is payable per month of confinement.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR HOME HEALTH CARE OR LONG-TERM CARE NEEDS.

9. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the cost of Home Health and Long-Term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted.

The level of benefit under this rider is directly related to the death benefit under the Certificate, excluding any term rider. Under Certificate death benefit Option A, the death benefit is generally related to the Face Amount of the Certificate, and therefore, would remain level. Whereas, under Certificate death benefit Option B, the death benefit normally increases over time as it includes the Accumulated Value. The level of benefit may be increased by increasing the death benefit of the Certificate to which this rider is attached, but only before benefits begin. Any increase in the Certificate death benefit is subject to the terms of the Certificate. The cost for any additional benefit added as described above will be calculated on the same basis as the level of benefits prior to the increase.

10. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Loss due to nervous or mental disorders which are caused by demonstrable, clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses, will be covered by this rider.
11. **ADDITIONAL FEATURES.** Issue of this rider is subject to the Insured furnishing evidence of insurability satisfactory to us.