

TRUSTMARK INSURANCE COMPANY
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ACCELERATED BENEFIT HOME HEALTH AND CHRONIC CARE BENEFIT RIDER
OUTLINE OF COVERAGE
Rider Form IUL-HH/LTC.899 WA

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

NOTICE: Benefits paid under this rider may or may not be taxable. If so, You or Your beneficiary may incur a tax obligation. As with all tax matters, You or Your beneficiary should contact Your personal tax advisor to assess the impact of the Accelerated Death Benefit rider. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.

This rider is not intended to qualify under section 101(g) (26 U.S.C. 1101(g)) or section 7702B (26 U.S.C. 7702B) of the Internal Revenue Code.

If you receive payment of accelerated benefits from a life insurance policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others.

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

WAITING PERIOD: There is a 30 day waiting period following the effective date during which time no benefits are payable.

1. THIS RIDER IS A 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 Policy remains in force.

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

5. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, you should review the Guide to Health Insurance for People with Medicare available from us.

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

6. HOME HEALTH AND CHRONIC 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 chronic 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 chronic care expenses, subject to the Policy provisions and the rider provisions and waiting period. In order for the benefit to be payable, the insured must:

- Require assistance in 2 or more of the following activities of daily living: (a) Getting in and out of bed; (b) Walking; (c) Bathing; (d) Dressing; (e) Eating; (f) Going to the toilet; and (g) Taking medication; or
- Have impairment of cognitive ability.

Benefits begin after the waiting period when the insured is confined in a chronic care facility or is receiving home health care or adult day care services.

CHRONIC CARE FACILITY BENEFIT

We will pay the chronic care facility benefit for each month the Insured remains confined in a chronic care facility, following the waiting period, up to the 25 months for all benefit periods combined. 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.

You may choose to receive a one time lump sum benefit of \$2,500; or a monthly chronic care facility benefit for each Benefit Period that is the lesser of:

- 4% of the Death Benefit Amount at the end of the waiting period for that benefit period; or
- \$10,000

HOME HEALTH CARE OR ADULT DAY CARE BENEFIT

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 waiting period, up to 50 months for all benefit periods combined. 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.

You may choose to receive a one time lump sum benefit of \$2,500; or you may receive a monthly home health care or adult day care benefit for each Benefit Period in an amount that is the lesser of:

- 2% of the Death Benefit Amount at the end of the waiting period for that benefit period; or
- \$5,000

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

- 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.
- Incurred outside the United States or Canada;
- Due to chronic alcohol or drug addiction, unless the addiction results from administration of drugs for treatment prescribed by a physician;
- In any facility contracted for or operated by the United States Government when there is no cost to the insured.
- In any facility for which no charge is made to the insured;
- Due to illness, treatment or medical condition arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection;
 - service in the armed forces or units auxiliary thereto;
 - attempted suicide or intentionally self-inflicted injury; or
 - aviation (this exclusion applies only non-fare paying passengers); or
 - normal pregnancy and childbirth. However, complications of pregnancy are considered as sickness under this rider;
- Which does not satisfy all the conditions stated in the rider provision titled Conditions on Eligibility for Benefits.

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 CHRONIC CARE NEEDS.

9. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the cost of home health and chronic care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted.

The level of benefits under this rider is directly related to the death benefit under the Policy, excluding any term rider. Under Policy Death Benefit Option A, the death benefit is generally related to the Face Amount of the Policy and, therefore, would remain level. Whereas, under Policy 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 Policy to which this rider is attached, but only before benefits begin. Any increase in the Policy death benefit is subject to the terms of the Policy. 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. **PREMIUM.** Premium is equivalent to the face amount on the base policy divided by 1,000 multiplied by the rate per \$1,000.
- 12. **ADDITIONAL FEATURES.** Issue of this rider is subject to the Insured furnishing evidence of insurability satisfactory to us.

I acknowledge that the Applicant has received a copy of this disclosure, prior to or at the time of application, describing accelerated death benefits.

Signature of Agent _____
Date

I acknowledge receipt of this disclosure describing accelerated death benefits.

Signature of Insured _____
Date

