

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

OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS

Certificate Form: CACI-82001C
Certificate Title: Critical Illness Protection Certificate

NOTICE OF THIRTY DAY RIGHT TO CANCEL

IF YOU ARE NOT SATISFIED WITH THIS CERTIFICATE, YOU CAN RETURN IT TO US AT THE ADDRESS ABOVE WITHIN 30 DAYS AFTER ITS RECEIPT VIA REGULAR MAIL AT THE ADDRESS ABOVE. THE CERTIFICATE WILL THEN BE CANCELLED AN ANY PREMIUM PAID WILL BE REFUNDED

- (1) **NOTICE --** This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal health law.
- (2) **READ THE CERTIFICATE CAREFULLY --** This outline of coverage provides a very brief description of the important features of the Certificate. Please note that this outline is not intended to be a part of the insurance contract. Only the actual Certificate provisions are final and binding. The Certificate itself sets forth in detail Your rights and obligations as well as those of the insurance company. **PLEASE READ THE CERTIFICATE CAREFULLY!**
- (3) **CRITICAL ILLNESS PROTECTION COVERAGE --** Certificates 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

NOTE: for use with Critical Illness only coverage

BENEFITS – Except for Coronary Artery Bypass Surgery, the Certificate will pay the full Benefit Amount when a First Diagnosis of each of the conditions listed above as covered Critical Illnesses is made so long as 90 consecutive days have elapsed between dates of First Diagnosis. Also, 90 days must have elapsed since payment is made for a recurring condition. The Benefit Amount is limited to one full benefit amount each defined condition listed above as a covered Critical Illness. There are no deductible or copayment provisions.

A Partial Benefit Amount is payable for a First Diagnosis Coronary Artery Bypass Surgery and each condition will only be paid once during each covered person's lifetime.

The First Diagnosis must be made by a Physician after the Effective Date and after the Waiting Period.

Another full Benefit Amount will be paid for recurrence of the same covered condition so long as payment was previously made under the Certificate for such condition, 12 months have elapsed between dates of diagnosis and 90 consecutive days have elapsed between dates of diagnosis for a different covered condition for which payment is made under this Certificate.

No benefit payment will be paid for recurrence of Coronary Artery Bypass Surgery.

Note: for use with Critical Illness only and Critical Illness and Cancer combined coverage with subsequent condition with recurring condition rider.

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

(5) **EXCLUSIONS**

NOTE: THESE EXCLUSIONS ARE FOR CRITICAL ILLNESS ONLY COVERAGE

No benefits will be paid for:

- A diagnosis made prior to the Effective Date, or during the Waiting Period;
- Any disease, sickness or incapacity not specified in the Certificate;
- More than one First Diagnosis occurrence after the Effective Date and after the Waiting Period, except as otherwise specified in the Certificate;
- 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;
- War or act of war, declared or undeclared;
- The Covered Person's participation in a riot.

Illegal Occupation

We are not be liable for any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Intoxicants and Controlled Substances

We are not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

Illegal Occupation

We are not be liable for any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Intoxicants and Controlled Substances

We are not be liable for any loss sustained or contracted in consequence of the Covered Person's

being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

(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 which begins in the first twelve (12) months after the Covered Person's coverage Effective Date.