

**TRUSTMARK INSURANCE COMPANY**  
400 Field Drive, Lake Forest, IL 60045  
(800) 918-8877

**HOME HEALTH AND LONG TERM CARE BENEFIT RIDER**  
**OUTLINE OF COVERAGE**  
Rider Form HH/LTC.205 IL

This rider provides an accelerated death benefit. Each benefit payment under this rider will reduce the following Policy/Certificate 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. 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. This rider is not intended to be a qualified long term care insurance contract within the meaning of the Internal Revenue code of 1986.

**NOTICE TO BUYER:** THIS RIDER MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH HOME HEALTH AND LONG TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO CAREFULLY REVIEW ALL RIDER LIMITATIONS.

THIS RIDER IS NOT APPROVED FOR MEDICAID ASSET PROTECTION UNDER THE ILLINOIS LONG TERM CARE PARTNERSHIP PROGRAM. HOWEVER, THIS RIDER IS AN APPROVED TRADITIONAL LONG TERM CARE RIDER UNDER STATE INSURANCE REGULATIONS. FOR INFORMATION ABOUT POLICIES OR CERTIFICATES APPROVED UNDER THE ILLINOIS TRADITIONAL LONG TERM CARE PARTNERSHIP PROGRAM, CALL THE SENIOR HELPLINE AT THE DEPARTMENT OF AGING AT 1-800-252-8966.

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT YOUR INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR TRADITIONAL LONG TERM CARE INSURANCE COVERAGE.

**CAUTION:** The issuance of this traditional long term care insurance coverage is based on your responses to the questions on the application. A copy of your application [is enclosed/was retained by you when you applied]. If your answers are incorrect or untrue, the company may have the right to deny benefits or rescind your coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact Trustmark at 400 Field Drive, Lake Forest, Illinois 60045.

1. **THIS RIDER IS A PART OF A POLICY/CERTIFICATE 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/Certificate remains in force.

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

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 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, long term care and assisted living expenses, subject to the Policy/Certificate provisions and the rider provisions and elimination 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) Bathing (b) Continence; (c) Dressing; (d) Eating; (e) Going to the toilet; and (f) Transferring; or
- Have Cognitive Impairment.

Benefits begin after the insured has been confined in a long term care facility or received home health care, adult day care, or assisted living 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.

#### **Long Term Care Facility and Assisted Living Benefit**

We will pay the long term care facility or assisted living benefit for each month the insured remains confined in a long term care or assisted living facility, following the elimination 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.

For each benefit period, the monthly long term care facility or assisted living benefit is the greater of:

- 4% of the Face Amount or 4% of the Death Benefit Amount at the end of the elimination period for that benefit period.

#### **Home Health Care and 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 elimination period, up to 25 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.

For each benefit period the monthly home health care or adult day care benefit is the lesser of:

- 4% of the Face Amount or 4% of the Death Benefit Amount at the end of the elimination period for that benefit period.

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

- Due to a pre-existing condition that starts during the first six (6) months after the application date for this rider. Pre-existing Condition means a Sickness or Injury for which medical care, diagnosis or advice was received or recommended; or the existence of symptoms which would have caused an ordinarily prudent person to seek medical care, treatment, diagnosis or advice within the 6 months immediately before the rider effective date for the insured.

- 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 while residing or confined 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
  - 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 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 benefits under this rider is directly related to the death benefit under the Policy/Certificate, excluding any term rider. Under Policy/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 Policy/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 Policy/Certificate death benefit is subject to the terms of the Policy/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. **PREMIUM.** Premium is equivalent to the Face Amount on the base Policy/Certificate 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.