

TRUSTMARK INSURANCE COMPANY

“We, Us, and Our”

400 Field Drive

Lake Forest, IL 60045-2581

(800) 918-8877

**CRITICAL ILLNESS
PROTECTION CERTIFICATE
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Certificate Form: CII M 214 C
Certificate Title: Critical Illness Protection Certificate

- (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 COVERAGE** – Policies of this category are designed to provide, to persons insured, restricted coverage that pays benefits **ONLY** upon diagnosis of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS – The certificate will pay a benefit when a covered person is diagnosed with a specified disease described in the schedule of benefits, so long as the date of diagnosis occurs after the effective date and after the waiting period, if applicable, while coverage is in effect. Benefit amounts for each specified disease are listed on the certificate as a percentage of the annual maximum benefit amount that is available for each covered person per calendar year.

Benefit payments are limited to the annual maximum benefit amount available per calendar year per covered person, as listed on the certificate schedule. There are no deductible or copayment provisions.

Your coverage may or may not include the following riders. Please read your coverage documents carefully for information on included riders, if any:

Additional Sickness Rider: Benefits are eligible for payment when a physician determines that a covered person is unable to perform two or more standard activities for at least 90 continuous days as a result of a specified disease. Benefit is payable once per lifetime for each covered person.

Caregiver Rider: Benefits are eligible for payment for a covered person who provides caregiving services (including home health care, homemaking and transportation) three days a week for two weeks to an eligible family member who has a specified disease. Benefit is payable once per calendar year, with a maximum of three payments per lifetime per covered person.

EZ Value/Future Purchase Option Rider: The annual maximum benefit amount is increased each year, for 5 years, based on the amount an additional \$1.00 per week will purchase at your attained age at time of purchase.

Healthy Living Rider: Benefits are eligible for payment for a covered person who receives tests or services intended to detect specified diseases early or prevent specified diseases from occurring. A separate benefit is payable for each covered person for each of the following:

- early detection and prevention service
- follow up diagnostic test

Benefits for early detection and prevention services, and follow up diagnostic tests are eligible for payment once per calendar year per covered person.

Medical Advice Membership Endorsement: Covered persons are given access to medical experts to assist and support them when conditions are diagnosed.

Specified Illness Rider: Benefits are eligible for payment upon diagnosis of additional specified diseases. Each listed specified disease is eligible for a benefit only once per lifetime, and payment is subject to the annual maximum benefit amount per calendar year per covered person listed in the certificate schedule.

Waiver of Premium for Critical Illness Rider: Premium will be waived for 6 months in the event you are diagnosed with a specified disease which qualifies for a 50% or 100% benefit under the certificate. Waiver of premium benefit is limited to once per calendar year.

Waiver of Premium for Disability Rider: Premium will be waived in the event you are totally disabled for 6 months or longer.

(4) **EXCLUSIONS & LIMITATIONS –**

No benefits will be paid for any of the following:

- A diagnosis made prior to the effective date or during the waiting period as applicable to the covered person
- Any condition not listed explicitly on the schedule of benefits

Any illness resulting from the covered person's:

- Self-inflicted injury, while sane or insane
- Suicide, or attempt to commit suicide
- Involvement in a war or act of war, declared or undeclared
- Participation in a riot

Illegal Occupation or Commission of Felony

We are not 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 Covered Person's being engaged in an illegal occupation.

Intoxicants and Controlled Substances

We are not 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.

(5) **RENEWABILITY** – This certificate is guaranteed renewable.

(6) **CONTINUATION** – Continuation of benefits is available for dependent children who reach the limiting age but are incapable of self-sustaining employment due to intellectual disability or physical handicap. Conversion is available for covered spouses and dependents if coverage ends due to the insured's death or divorce.