

Trustmark Certificate DI0000KY for [REDACTED] Insured

TRUSTMARK INSURANCE COMPANY
400 Field Drive
Lake Forest, IL 60045

DISABILITY INCOME PROTECTION CERTIFICATE

Certificate Number: DI0000KY
Insured: [REDACTED]

THIS COVERAGE IS GUARANTEED RENEWABLE TO THE ANNIVERSARY ON OR NEXT FOLLOWING YOUR 72nd BIRTHDAY. YOUR PREMIUM CAN BE CHANGED ONLY IF WE CHANGE IT ON ALL SIMILAR CERTIFICATES IN FORCE IN YOUR STATE.

We agree to insure the person shown above as the Insured against losses resulting from Total Disability due to Covered Accidents or Covered Sicknesses. We guarantee You can keep this coverage in force to the anniversary on or next following your 72nd birthday, as long as You pay the required premiums when due, subject to the Grace Period allowed.

This is Your Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy (Policy). The Policy is a contract between the Policyholder and Us.

The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect a claim starting before the amendment takes effect.

A copy of the Policy is kept at Our home office. You may inspect it during regular business hours.

This Certificate was issued in consideration of the payment of premiums as provided and on the basis that the information on Your application was correct and complete. If any information on the application was not correct, write to Us within (10) days of receipt of this Certificate. **An error or omission in Your application may result in loss of coverage as of its effective date. Please note: Your Certificate Effective Date may differ from the effective date of the group Policy.**

Your coverage is insured by Trustmark Insurance Company. All claims should be submitted to Trustmark and all questions regarding your coverage should be directed to Trustmark.

NOTICE OF THIRTY DAY RIGHT TO CANCEL CERTIFICATE

If, for any reason, You are not satisfied with this Certificate, You can return it to Us at our Home Office within 30 days after You receive it. At that time, You should ask Us in writing to cancel it. We will consider this Certificate as if it never existed. Any premium paid will be refunded to You.



David M. McDonough
President & Chief Executive Officer

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Sara Lee Keller
General Counsel and Secretary

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Trustmark Certificate DI0000KY for [REDACTED] Insured

SCHEDULE

Insured: [REDACTED]

Certificate Number: DI0000KY

Policyholder: [REDACTED]

Participating Employer:

Certificate Effective Date: [REDACTED]

Issue Age: [REDACTED]

Premium Amount: [REDACTED]

Premium Mode: [REDACTED]

BENEFITS FOR TOTAL DISABILITY

ACCIDENT

Elimination Period:
Maximum Benefit Period:
Monthly Benefit Amount For Off-Job Total Disability:

[REDACTED]

SICKNESS

Elimination Period:
Maximum Benefit Period:
Monthly Benefit Amount For Sickness:

[REDACTED]

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DEFINITIONS

Active Employee means You are:
A Full Time employee; and
Performing the normal duties of Your Job.

Certificate means this booklet, including any attached applications for insurance, riders, endorsements, or amendments describing Your group insurance benefits.

Certificate Effective Date is the date coverage becomes effective for the Insured. This date will be used to determine coverage years, months, and anniversaries.

Covered Accident means an accident causing Injury which;

- (1) Occurs after the Certificate Effective Date;
- (2) Occurs while this Certificate is in force; and
- (3) Is not excluded by name or specific description in this Certificate.

Covered Sickness means an illness, infection, disease, pregnancy, Complications of Pregnancy, or any other abnormal physical condition, not caused by an Injury, which:

- (1) Occurs after the Certificate Effective Date;
- (2) Occurs while this Certificate is in force; and
- (3) Is not excluded by name or specific description in this Certificate.

Complications of Pregnancy are conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. Such conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also means non-elective cesarean section, ectopic pregnancy which is terminated, and spontaneous termination of pregnancy when a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness/hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy and not constituting a distinctly diagnosed Complication of Pregnancy.

Doctor means a person who is licensed by law, and is acting within the scope of such license, to treat Injuries or Sickness that results in Total Disability. A Doctor cannot be You or a member of Your immediate family, a business or professional partner, or any person who has a financial affiliation or business interest with You.

Eligible Employee means a person who is an Active Employee of the Participating Employer listed on the Schedule.

Elimination Period means the number of days after the date of disability that must elapse before benefits become payable. The number of days is shown in the Schedule.

Full Time means a regular workweek of at least 15 hours per week. We have the right to verify the hours worked by reviewing payroll records and/or income tax records.

Injury means an accidental bodily injury which;

- (1) Resulted from a Covered Accident; and
- (2) The Insured sought treatment from a Doctor within 30 consecutive days of the date the Covered Accident occurred.

Insured means the person who completed and signed the application and is covered under this Certificate. The name of the Insured is shown in the Schedule.

Maximum Benefit Period means the longest period of time for which benefits will be paid for a disability. The number of months is shown in the Schedule.

Off-Job Accident means an accident which occurs while You are not working at any job for pay or benefits.

Participating Employer means the individual, entity, corporation, or sponsoring organization named on the Schedule.

Policy means the group contract issued to the Trust named on the Schedule.

Policyholder means the Policyholder named on the Schedule.

Pre-Existing Condition means a sickness or physical condition for which You were treated, received medical advice or had taken medicine within 12 months before the Certificate Effective Date.

Recurrent Disability means Your becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related condition within 6 months after the end of a previous disability that is due to the same or related cause. The latter disability will be considered a recurrent disability.

We, Us, Our means Trustmark Insurance Company.

You, Your means the Insured named in the Schedule.

Your Job means the substantial and material duties of the Full Time employment You are engaged in at the time You become disabled.

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PREMIUMS

Premium Payments. All premium, charges or fees (hereinafter Premium) must be paid to Us. The premiums for the insurance benefits provided under this Certificate are shown in the Schedule.

If You do not pay the premiums when they are due or within the Grace Period, this coverage will terminate. The premium due dates are based on: (1) The Certificate Effective Date shown in the Schedule; and (2) The premium mode, which is how often You pay the premiums.

Grace Period. After the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. During the Grace Period, this coverage will stay in force. If the premium is not paid before the Grace Period ends, the coverage provided by this Certificate will terminate retroactively to the last day for which premium has been paid.

Notice of Cancellation. We will provide at least 30 days written notice of cancellation for non-payment of premium. Coverage will remain in effect at the existing premium until 30 days after the notice is given or until the effective date of replacement coverage obtained by the insured, whichever occurs first.

Our Right to Change Premiums. Rates can be changed only if the rate is changed for all forms of this class. A class for this form is determined by the elimination period, benefit period, issue age band, industry/occupation class, type of underwriting and state of residence.

We also have the right to change the rates on any premium due date following the effective date of any premium tax law, or change to such law, applicable to the contract. The amount of such change will be determined by the amount of change in the tax imposed. Any change due to a premium tax will be separated from, and will not affect, any change in rates made under the terms described above.

Written notice of an adjustment will be mailed to You at least 30 days in advance.

If premium is paid through payroll deduction, You must complete an authorization when premium is increased by Us. If an authorization is not received 30 days prior to the date the premium takes effect, benefits will be reduced. The reduced benefit amount will be the amount of coverage the currently authorized deduction could purchase after the premium increase.

Unpaid Premium. Upon the payment of a claim under this Certificate, any premium then due and unpaid may be deducted from Your claim payment.

Putting This Policy Back In Force. If You do not pay a premium by the end of the Grace Period, this coverage will no longer be in force. However, You may be able to put it back in force. This is called reinstatement. You may apply for reinstatement by submitting a reinstatement application with evidence of Your insurability. If We approve the reinstatement application, this coverage will be reinstated on the date We assign. If We do not notify You that We have approved or disapproved the reinstatement application, this coverage will be reinstated on the 45th day after We receive Your completed reinstatement application.

The reinstated coverage will cover only disabilities that result from:

- (1) Covered Accidents that occur after the reinstatement date; or
- (2) Covered Sicknesses which begin more than 10 days after the reinstatement date.

In all other respects, the rights of all parties will remain the same, subject to any provisions noted on or attached to the reinstated coverage. The statements in the application for the reinstated coverage will be measured from the date of reinstatement with respect to the time periods stated in Time Limit on Certain Defenses provision of the Certificate.

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TOTAL DISABILITY BENEFIT

We will pay this benefit if You become Totally Disabled due to a Covered Accident or a Covered Sickness. If You are disabled longer than the Elimination Period, We will pay benefits shown in the Schedule for as long as this coverage is in force and You remain disabled up to the Maximum Benefit Period, except as shown in Geographical Limitations. If benefits are payable for less than a full month, We will calculate benefits on a daily basis. A month is 30 days. The daily amount is one-thirtieth of the monthly amount.

During the first year of disability, Total Disability or Totally Disabled, means You are:

- (1) Unable to work at Your Job; and
- (2) Not, in fact, working at Your place of employment for pay or benefits; and
- (3) Under a Doctor's care for the Injury or Covered Sickness causing such Total Disability.

After the first year of disability, if applicable, Total Disability or Totally Disabled means You are:

- (1) Unable to work at any job for which You are qualified by reason of education, training or experience; and
- (2) Not, in fact, working at any gainful job for pay or benefits; and
- (3) Under a Doctor's care for the Injury or Covered Sickness causing such Total Disability.

In addition to the above, if You do not have a job when You become Totally Disabled, We will pay benefits only as long as Your disabling condition as confirmed by Your Doctor, requires You to remain at home. At home means in Your house or yard. However, You can follow Your Doctor's orders even if it means leaving home. Under a Doctor's care means You are being cared for on a regular basis by a Doctor for a related disability.

If You become disabled because of a Pre-Existing Condition, We will not pay for a disability period if it begins during the first 12 months from the Certificate Effective Date.

A recurrent disability will be treated as follows:

- (1) A continuation of the previous disability, not a new disability, if You have returned to work for less than 6 months;

- (2) A new disability, if You have returned to work for 6 months or more, working at least the same number of hours You were working before the previous disability began;
- (3) A new disability, if You did not have a job before the previous disability began and You have ceased to be disabled for 6 months or more; and
- (4) A continuation of the previous disability for any circumstances not specifically listed above.

Any recurrent disability caused by a Pre-Existing Condition will not be covered if it is treated as a continuation of the previous disability.

A new disability is subject to a new Elimination Period and a new Maximum Benefit Period applies. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period, and a new Maximum Benefit Period does not apply.

We will pay benefits for only one disability at a time even if it is caused by more than one Injury, more than one Covered Sickness or an Injury and a Covered Sickness.

Pregnancy: Total Disability resulting from pregnancy or childbirth is covered the same as any Covered Accident or Covered Sickness when such disability begins after the Certificate has been in effect for a period of 10 months or more from the Certificate Effective Date.

Complications of Pregnancy: Total Disability resulting from Complications of Pregnancy is covered the same as any Covered Accident or Covered Sickness when such disability begins after the Certificate Effective Date. Benefits will not be paid if the Complications of Pregnancy are Pre-Existing Conditions.

Geographical Limitations. If You become Totally Disabled due to a Covered Accident or a Covered Sickness while You are outside the covered geographical areas and You are disabled longer than the Elimination Period shown in the Schedule, Your Maximum Benefit Period while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60 days period, benefits will not be paid until You return to the covered geographical areas. If You are still Totally Disabled as defined in this Certificate when You return from outside the covered geographical areas, We will determine Your remaining benefit period by subtracting the time period for which We have already paid You benefits from the Maximum Benefit Period shown in the Schedule. We will pay the Monthly Benefit Amount shown in the Schedule up to the remaining Maximum Benefit Period.

Termination of Benefits. Benefits will automatically end on the earliest of the following:

- (1) You are no longer Totally Disabled;
- (2) You fail to provide satisfactory proof of continuing Total Disability when requested;
- (3) You continue to be Totally Disabled beyond the Maximum Benefit Period shown in the Schedule; or
- (4) Your death.

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WAIVER OF PREMIUM

After 90 days of Total Disability, or after the Elimination Period, if longer than 90 days, We will waive the payment of premiums which thereafter become due for as long as the disability continues, but not beyond the Maximum Benefit Period.

For premiums to be waived, Your Total Disability must be the result of a Covered Accident or a Covered Sickness not excluded from coverage (see What Is Not Covered section). You must also give Us satisfactory proof of Total Disability.

After the Total Disability ends, or after the end of the Maximum Benefit Period, whichever is earlier, to keep this

coverage in force, You must resume the payment of premiums by paying the next premium due. Thereafter, premiums will be due and payable as provided in this Certificate.

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ELIGIBILITY

You are eligible for coverage if Your application is approved by Us and You are an Eligible Employee on the Certificate Effective Date.

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WHAT IS NOT COVERED

We will not pay benefits for losses that are caused by or occur as the result of Your:

- Involvement in any period of armed conflict, even if it is not declared;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- Participating or attempting to participate in an illegal activity;
- Committing or trying to commit suicide or injuring Yourself intentionally, whether You are sane or not;
- Addiction to alcohol or drugs;
- Having a Pre-Existing Condition as described and limited in this Certificate;
- Having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered; and
- Having a work-related Injury which is eligible for benefits under any worker's compensation act or similar law.

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CLAIMS PROVISIONS

How to File A Claim. You must send Us a completed claim form within 90 days after the covered loss begins or as soon as it is reasonably possible.

If You do not have a claim form You must give Us a written statement describing Your loss within 90 days after the covered loss begins or as soon as it is reasonably possible. The statement should include Your full name and address and the Certificate number as shown in the Schedule. It can also include proof of loss and how the loss occurred. Send the statement to Us. When We receive the statement describing Your loss, We will send You claim forms within 15 days. If you do not receive claim forms, Your written statement along with the proof of loss will be used to process Your claim.

Proof of Loss. You must give Us written proof of loss within 90 days after the covered loss begins. Written proof of loss, provided at Your expense, must show:

- (1) Your employer's statement verifying Total Disability, job title and duties; and
- (2) Your attending Doctor's statement verifying Total Disability, dates of disability, dates of treatment, diagnosis, and extent of disability including restrictions and limitations preventing You from performing Your Job.

We can require written proof of loss at reasonable periods for covered continuing disability. However, You must give Us proof no later than 90 days after the end of a period of loss for which We owe You benefits. We will be responsible only for the period for which You have given Us written proof of loss. This means that We will not pay benefits for a loss unless You continue to give Us written proof as required.

If You are unable to give Us written proof of loss within 90 days, it will not have a bearing on Your claim if proof is given to Us as soon as it is reasonably possible. In any event, proof must be given no later than 1 year after the 90 days, unless You are legally unable to do so.

Payment of Claims. After We receive written proof of loss and process Your claim, We will pay any benefits due. Benefits will be paid to You unless such benefits have been assigned. Any accrued benefits unpaid at Your death will be paid to the named beneficiary, if any, otherwise to Your estate.

If benefits are payable to Your estate or to a person who cannot give a valid release, We can pay up to \$1,000 to someone related to You by blood or marriage (or to Your beneficiary) whom We believe has a right to it. We will be discharged to the extent of any such payment made in good faith.

Physical Examinations. We can require that You be examined or interviewed at Our expense as often as it is reasonably necessary while Your claim is pending.

Legal Actions. No legal action may be brought against Us to recover benefits:

- (1) Before 60 days after You send Us written proof of loss; or
- (2) More than 3 years after the time has passed in which We require written proof of loss.

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GENERAL PROVISIONS

Entire Contract; Changes. The Policy, including this Certificate, Your application for coverage, any endorsements, amendments, and any attached papers constitutes the entire contract. No change shall be valid until approved by an executive officer of the Company and endorsed or attached to the Policy. No agent, broker or anyone else has the authority to change the Policy or to waive any of its provisions.

Misstatement of Age. If Your age has been misstated in the application and this coverage could have been issued at Your correct age, the benefits will be those the premiums paid would have bought at the correct age. If Your age has been misstated in the application, and if based on Your correct age this coverage would not have been issued, We will refund those premiums and this Certificate will be considered never to have been issued.

Time Limit on Certain Defenses. We rely on the statements made by You in the application to issue this coverage and pay benefits. After 2 years from the Certificate Effective Date no misstatements or omissions, except fraudulent misstatements or omissions made in Your application, will be used to void the coverage or to deny a claim for any loss.

After 1 year from the Certificate Effective Date, We will pay benefits for any Pre-Existing Condition not excluded by name or specific description if the covered disability began 12 months after the Certificate Effective Date and the Elimination Period has been satisfied.

Assignment. You can assign any rights You have under this Certificate. However, no assignment is binding on Us until We receive a copy of it. Each assignment will be subject to any payments made or action taken by Us before We received such assignment. We are not responsible for the validity of any assignment.

Termination of Coverage. This coverage will terminate on the earliest of the following:

- We receive Your request to terminate coverage;
- Failure to pay the premiums for this coverage, subject to the Grace Period allowed;
- The Certificate anniversary on or next following Your 72nd birthday; or
- Your death.

We shall return promptly the unearned portion of any premium paid. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

Conformity With State Statutes. Any provision of this Certificate that, on the Certificate Effective Date, is in conflict with the laws of the state in which the application is signed, is amended to conform to the minimum requirements of those laws.

Trustmark Certificate DI0000KY for [REDACTED] Insured

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