

Trustmark Accident Insurance

Helps you and your family take care of the unexpected bills related to accidents that occur every day.

Consider the risks...

- More than 200,000 children visit hospital emergency room each year because of playground injuries.
National Safety Council, 2005 statistics
- 46% of injuries occur at home.
Injury Facts, 2004 edition
- Every 1.6 seconds someone in this country suffers an accidental injury.
National Safety Council Injury Facts®, 2003 edition.
- Basketball and bicycling are the leading sports-related activities requiring emergency room treatment.
Injury Facts, 2004 edition

Supporting Families With Children

Trustmark's Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day, from the soccer field to the ski slope and the highway in between.

Accident insurance provides benefits due to covered accidents for initial care, injuries and follow-up care. Benefits are paid directly to you and may be used any way you and your family choose.

With Trustmark's Accident insurance you can focus your energy on recovery rather than worry about how you are going to pay your bills.

Highlights

- Guaranteed issue for everyone
- Convenient payroll deductions
- Portable coverage you can keep if you retire or change jobs
- Coverage remains in force as long as premiums are paid
- Premiums do not increase as you get older
- No limitations for pre-existing conditions
- No integration – benefits paid to you regardless of any other coverage you have

Who is Eligible?

- Active employees, age 17-80 working at least 17 hr/wk
- Spouse, age 17-80 and not disabled
- Children age 0-24

Exclusions

No benefits will be payable for an Injury as the result of a Covered Accident that occurs:

- During any involvement in any period of any type of armed conflict;
- While riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- While 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 in a scheduled or chartered flight operated by a commercial airline;
- While engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- While participating or attempting to participate in an illegal activity, whether or not You are charged with a crime;
- While committing or attempting to commit suicide or injuring Yourself intentionally, whether You are sane or not.

No benefits will be payable for:
Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident.

Type of Coverage	Bi-Weekly Rate (26 per year)
Employee	\$7.07
Employee & Spouse	\$10.21
Employee & Child(ren)	\$13.62
Family	\$16.76

Type of Coverage	Monthly Rate (12 per year)
Employee	\$15.31
Employee & Spouse	\$22.11
Employee & Child(ren)	\$29.51
Family	\$36.31

Type of Coverage	Semi-Monthly Rate (24 per year)
Employee	\$7.65
Employee & Spouse	\$11.06
Employee & Child(ren)	\$14.75
Family	\$18.16

This overview provides a brief description of coverage and is not a contract. Refer to plan A-607 for exact terms and provisions.
Plan availability and/or coverage, benefits, definitions, exclusions and limitations may vary by state.
Underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

Trustmark Accident Insurance

Schedule of Benefits

Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
INITIAL CARE	
Hospital Benefits	
Admission Benefit (per admission)	\$750
Confinement Benefit (per day up to 365 days)	\$200
ICU Benefit (per day up to 15 days)	\$400
Emergency Room Treatment	\$150
Ambulance	
Ground	\$100
Air	\$500
Initial Doctor's Office Visit	\$50
Lodging (per night up to 30 days per accident)	\$100
Surgery Benefit	
Open, abdominal, thoracic	\$1,000
Exploratory	\$100
Blood, Plasma and Platelets	\$300
Emergency Dental Benefit	
Extraction	\$50
Crown	\$150
FOLLOW-UP CARE	
Accident Follow-up Treatment	\$50
Physical Therapy	
Up to 6 visits per person per accident	\$25
Appliance	\$100
Transportation	
100+ miles, up to 3 trips	\$300
Prosthetic Device or Artificial Limb	
More than one	\$1,000
One	\$500
Skin Grafts	25% of burn benefit

ACCIDENTAL DEATH	
Employee	\$25,000
Spouse	\$10,000
Child	\$5,000
ACCIDENTAL DEATH - COMMON CARRIER	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000

Benefit	Amount
INJURIES	
Fractures	
Open reduction	up to \$5,000
Closed reduction	up to \$2,500
Chips	25% of closed amount
Dislocations	
Open reduction	up to \$4,000
Closed reduction	up to \$2,000
Laceration	
	\$25-\$400
Burns	
Flat amount for:	
3rd degree 35 or more sq. in.	\$10,000
3rd degree 9-34 sq. in.	\$1,500
2nd degree for 36% or more of body	\$750
Concussion	\$100
Eye Injury	
Requires surgery or removal of foreign body	\$200
Herniated Disc	\$400
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or one toe	\$750
Tendon/Ligament/Rotator Cuff Injury	
Repair of more than one	\$600
Repair of one	\$400
Exploratory surgery without repair	\$100
Torn Knee Cartilage	\$500
Exploratory surgery	\$100

CATASTROPHIC ACCIDENT	
Employee	\$100,000
Spouse	\$50,000
Child	\$50,000

Samples for Accident Insurance

1) Complete Application (Portion Illustrated Below) and 2) Retain Notification For Your Records

TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, IL 60045
Application for Accident Coverage
Application for Reinstatement of Accident Coverage

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICANT INFORMATION

Employer: UK, KCTCS, or CKMS Employee I.D. # _____ Annual Salary: \$ 25,000 Full-Time Part-Time
Location: COLLEGE Department: ABC01 Email Address: jsmith@uky.edu.com
Social Security No. 123-45-6789 Date of Hire: 04/25/1998 Home Phone No. (859) 234-5678

Employee: JOE SMITH Birth Date: 01/01/1970 Sex: M F Deduction Mode: 52 26 24 20 12 11 10 _____
Home Address: (Street) 111 ANY ROAD (City) ANY TOWN (State) KY (Zip) 40506

COVERAGE FOR: Employee Only Employee & Spouse Employee & Children Employee, Spouse & Children

List all eligible persons to be covered on this plan: Employee, Spouse; and Your Children age 24 or under

Name(s)	DOB	Relationship	Gender
EMPLOYEE	(as above)	Self	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
JANE SMITH	01/01/1971	Spouse	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
CHILD SMITH	01/01/2004	Child 1	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
		Child 2	<input type="checkbox"/> M <input type="checkbox"/> F
		Child 3	<input type="checkbox"/> M <input type="checkbox"/> F
		Child 4	<input type="checkbox"/> M <input type="checkbox"/> F

24-Hour Coverage
 Non-Occupational Coverage
Hospital Plan: Plan 1 Plan 2 Plan 3
 Wellness Benefit Rider
 \$25 Per Visit \$50 Per Visit
 Catastrophic Accident Benefit
 Accidental Death Benefit
 Accident Disability Spouse Benefit
 Loss of Work Rider

Premium Amount: \$ 36.31

1. Are you actively at work at least 17 hours per week performing all of the normal duties of your usual occupation? Yes No
2. If Spouse to be covered: Is spouse currently disabled? Yes No

Beneficiary: a) Primary: JANE SMITH Relationship: SPOUSE

For "Deduction Mode" check
*12" if you are paid Monthly
*26 if paid Bi-weekly
*24" if you are paid Semi-Monthly.

Notice of Insurance Information Practices

To issue an insurance policy we need to obtain information about you and any other persons proposed for insurance. Some of that information will come from you and some will come from other sources. As part of our normal procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry, if obtained, typically includes information as to your character, general reputation, personal characteristics and mode of living. You have a right of access and correction with respect to information collected about you. Address your request to receive additional information or a description of your rights to our Underwriting Department.

This Notification Must Be Detached and Delivered To Proposed Insured.

Information regarding your insurability will be treated as confidential. Trustmark Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosures of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3669.

Trustmark Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for insurance.

Detach and Deliver to Proposed Insured.