

ACCIDENT 2007 ASSEMBLY INSTRUCTIONS

INSURED: FIRSTNAME----- M LASTNAME-----
POLICY - LOB: SAACCKY6 83
ACCOUNT NUMBER: [REDACTED]
EFFECTIVE DATE: [REDACTED]
POLICY FORM: ACC00000
SERIES: 00
ISSUE STATE: KY
GROUP NAME: [REDACTED]

AGENT NAME: [REDACTED]
AGENT MF/WA: NWB0NSG7
ASSOCIATION:
DEPT NO: LNWB
RELEASE DATE: 20080527
APP BATCH ID: 2008140113
OP ID: SYS

**FOLLOWING ARE ALL POLICY SPECIFIC MANUAL ASSEMBLY INSTRUCTIONS NECESSARY TO
COMPLETE THIS PACKAGE**

Trustmark

Voluntary Benefit Solutions®

A Division of Trustmark Insurance Company
P.O. BOX 7937
LAKE FOREST IL 60045-7937

ADDRESS SERVICE REQUESTED

FIRSTNAME----- M LASTNAME-----
3341 NW 47TH TERRACE
APT 408
CITYERDALE LAKES KY 33319

CERTIFICATE NUMBER: SAACCKY6

Dear FIRSTNAME----- M LASTNAME-----:

Welcome to the Trustmark family. You have joined the many thousands of people all across the country who count on us for sound protection. Serving people is a Trustmark tradition that started in 1913.

We wanted to take this opportunity to highlight the Doctor's Office Visit Benefit, as explained in your contract. This features more than just a regular visit to the doctor's office. It includes initial treatment for an accident by a doctor at walk in clinics as well as urgent care centers!

Trustmark has also amended the terms of your contract, as we have enhanced the Health Screening Benefit Rider. The benefit limits payment to the actual cost of the test, up to the maximum amount. The maximum amount shown on your schedule page is now payable, even if the actual cost of the screening is less.

Please review the enclosed insurance contract and store it in a safe place for future reference.

Trustmark promises you prompt, reliable service. If you have questions for our Customer Care Team, please call us at (800) 918-8877, fax us at (847) 615-4943, or e-mail us at CustomerCare@trustmarksolutions.com. If you have questions regarding claims, please call (877) 201-9373. Our staff is available to answer questions, make changes, or perform any other related services you may need. You may also visit us at our website at www.trustmarksolutions.com.

Be assured that Trustmark is committed to protecting your privacy, and we will treat your personal information with complete confidentiality. Enclosed is our Company statement regarding our privacy commitment.

Thank you for your confidence in us. We look forward to serving you for many years to come.

Sincerely,



Joseph L. Pray
President and Chief Executive Officer

Encl.

TRUSTMARK INSURANCE COMPANY
"We, Us, and Our"
400 Field Drive
Lake Forest, Illinois 60045-2581
(800) 918-8877

ACCIDENT INSURANCE CERTIFICATE

THIS COVERAGE IS GUARANTEED RENEWABLE FOR LIFE. YOU MAY RENEW THIS COVERAGE BY PAYING EACH PREMIUM ON THE PREMIUM DUE DATE, SUBJECT TO THE GRACE PERIOD. YOUR PREMIUM CAN BE CHANGED ONLY IF WE CHANGE IT ON ALL SIMILAR CERTIFICATES IN FORCE IN YOUR STATE.

This is Your Certificate of Insurance (Certificate) while You are insured. It explains the rights and benefits that are determined by the Master Policy (Policy).

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 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 ten (10) days of receipt of this Certificate. An error or omission may result in loss of coverage as of its Effective Date. Please note, the Effective Date of Your Certificate may differ from the effective date of the Policy.

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 You receive it. At that time, You should ask Us in writing to cancel it. The Certificate will then be cancelled and any Premium paid will be refunded.

**PLEASE READ YOUR CERTIFICATE CAREFULLY
THIS IS A LIMITED CERTIFICATE**



Joseph L. Pray
President and Chief Executive Officer



Dennis L. Schoff
General Counsel and Secretary

VACMXXCV50000

TABLE OF CONTENTS

Schedule.....3

Schedule of Benefits.....4

Definitions.....7

Benefit Provisions.....10

Eligibility, Effective Date, Termination and Continuation.....15

Exclusions16

Premium17

Claim Provisions.....18

General Provisions19

VACMXXTC50000

SCHEDULE

POLICYHOLDER: [REDACTED]

EFFECTIVE DATE: [REDACTED]

ISSUE AGE: [REDACTED]

CERTIFICATE NUMBER: SAACCKY6

PREMIUM MODE: [REDACTED]

PREMIUM AMOUNT: \$ [REDACTED]

EMPLOYER: [REDACTED]

COVERED PERSONS:

INSURED: FIRSTNAME----- M LASTNAME-----

BENEFITS FOR ACCIDENT INSURANCE:

See Schedule of Benefits

ADDITIONAL BENEFITS:

ACCIDENTAL DEATH BENEFIT	Insured \$50,000	Spouse \$20,000	Child \$10,000
ACCIDENTAL DEATH COMMON CARRIER BENEFIT	Insured \$100,000	Spouse \$40,000	Child \$20,000
CATASTROPHIC ACCIDENT BENEFIT	Insured \$100,000	Spouse \$50,000	Child \$50,000
ELIMINATION PERIOD:	90 days		

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SCHEDULE OF BENEFITS

Hospital Admission Benefit	\$2000 per admission	
Hospital Confinement Benefit	\$400 per day	
Maximum Benefit Period:	365 days	
Hospital Intensive Care Unit Benefit	\$600 per day	
Maximum Benefit Period:	15 days	
Accident Follow-up Treatment Benefit	\$100	
Air Ambulance Benefit	\$1,000	
Ambulance Benefit	\$200	
Appliance Benefit	\$200	
Blood/Plasma/Platelets Benefit	\$600	
Burn Benefit		
Third-degree burns which cover 35 or more square inches of body surface:	\$15,000	
Third-degree burns which cover at least 9 square inches of body surface, but less than 35 square inches of body surface:	\$2,250	
Second-degree burns which cover at least 36% of body surface:	\$1,125	
Concussion Benefit	\$200	
Dislocation Benefit	<u>Closed Reduction</u>	<u>Open Reduction</u>
- hip	\$4,000	\$8,000
- knee (except patella)	\$2,000	\$4,000
- ankle bone (medial or lateral malleolus) or bones of foot (other than toes)	\$1,600	\$3,200
- collarbone (sternoclavicular)	\$1,000	\$2,000
- lower jaw	\$600	\$1,200
- shoulder (glenohumeral)	\$600	\$1,200
- elbow	\$600	\$1,200
- wrist	\$600	\$1,200
- bone or bones of the hand (other than fingers)	\$600	\$1,200
- collarbone (acromioclavicular and separation)	\$200	\$400
- one toe or finger	\$200	\$400
Benefit amount without anesthesia is 25% of applicable Closed Reduction benefit.		
Benefit amount for Incomplete Dislocation is 25% of applicable Closed Reduction benefit.		
Doctor's Office Visit Benefit	\$100	
Emergency Dental Benefit	Extraction \$100	Crown \$300
Emergency Room Treatment Benefit	\$200	
Eye Injury Benefit	\$400	

Fractures Benefit	<u>Closed Reduction</u>	<u>Open Reduction</u>
- skull (except bones of face or nose) depressed skull fracture	\$5,000	\$10,000
- skull (except bones of face or nose) simple non-depressed skull fracture	\$2,000	\$4,000
- hip, thigh (femur)	\$3,000	\$6,000
- body of vertebrae (excluding vertebral processes)	\$1,600	\$3,200
- pelvis (includes Ilium, Ischium, pubis acetabulum except coccyx)	\$1,600	\$3,200
- leg (tibia and/or fibula)	\$1,600	\$3,200
- bones of face or nose (except mandible or maxilla)	\$700	\$1,400
- upper jaw, maxilla (except alveolar process)	\$700	\$1,400
- upper arm between elbow and shoulder (humerus)	\$700	\$1,400
- lower jaw, mandible (except alveolar process)	\$600	\$1,200
- shoulder blade (scapula), collarbone (clavicle), sternum	\$600	\$1,200
- vertebral processes	\$600	\$1,200
- forearm (radius and/or ulna), hand		
- wrist (except finger)	\$600	\$1,200
- kneecap (patella)	\$600	\$1,200
- foot (except toes)	\$600	\$1,200
- ankle (medial or lateral malleolus)	\$600	\$1,200
- rib	\$500	\$1,000
- coccyx	\$400	\$800
- finger, toe	\$100	\$200

Benefit amount for Chip or Avulsion Fractures is 25% of applicable Closed Reduction benefit.

Herniated Disc Benefit \$800

Laceration Benefit - Total of all Lacerations is:
Over six inches long (over 15.24 centimeters) and repaired by stitches: \$800
Two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches: \$400
Less than two inches long (less than 5.08 centimeters) and repaired by stitches: \$100
Laceration not requiring stitches: \$50

Lodging Benefit \$200 per night
Maximum Benefit Period: 30 days

Loss of Finger, Toe, Hand, Foot, Sight Benefit
Loss of both hands or both feet or sight of both eyes or any combination of two or more listed above: \$15,000
Loss of one hand or one foot or sight of one eye: \$7,500
Loss of two or more fingers or two or more toes or any combination of two or more listed above: \$1,500
Loss of one finger or one toe: \$750

Physical Therapy Benefit \$50 per visit
Maximum Visits: 6 visits

Prosthetic Device or Artificial Limb Benefit
More than one prosthetic device or artificial limb: \$2,000
One prosthetic device or artificial limb: \$1,000

Skin Grafts 25% of applicable burn benefit

Surgery Benefit	\$2,000
Exploratory or other surgery without repair	\$200

Tendon/Ligament/Rotator Cuff Benefit	
Repair of more than one:	\$1,200
Repair of one:	\$800
Exploratory arthroscopic surgery without repair:	\$200

Torn Knee Cartilage Benefit	\$1,000
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Benefit amount for exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement), the benefit payable is \$200.

Transportation Benefit	\$475
Maximum Trips:	3 trips

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DEFINITIONS

Active Employee means You are:

- An employee of Employer;
- Performing the normal duties of Your job; and
- Working at least 17 hours per week.

Activities of Daily Living (ADL) means any of the following basic human functional abilities required to remain independent: bathing; continence; dressing; eating; going to the toilet; and transferring.

ADL Disabled means the inability to perform two or more Activities of Daily Living (ADL) without standby assistance.

Catastrophic Loss means an Injury that within 90 days of the Covered Accident results in total and irrecoverable:

- Loss of both hands or both feet;
- Loss of both arms or both legs;
- Loss of use of both arms or both legs;
- Loss of one hand and one foot;
- Loss of one arm and one leg;
- Loss of use of one arm and one leg;
- Total Blindness;
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the fingers.

The loss of use of the leg means the loss of function of the entire leg from the hip to the toes.

The loss of hearing means deafness in both ears, meaning best corrected hearing threshold of 90 dB or greater in the better ear, and such that it cannot be corrected to any functional degree by any procedure, aid or device.

The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Chip or Avulsion Fracture means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Confinement or Confined means the assignment to a bed as a resident inpatient in a Hospital on the advice of a Doctor or Confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Doctor.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and private chartered vehicles are not Common Carriers.

Covered Accident means an accident causing Injury which:

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

Covered Person means a person listed on the Schedule as insured under this Certificate, except no person who is on active duty status in any navy, military, or air force may be covered under this Certificate.

Dependent means:

- Your Eligible Dependent whose coverage is in force;
- Your child who has coverage in force, who has reached the limiting age for children but who cannot earn his own living due to mental retardation or physical handicap, if all other requirements for Eligible Dependents are met.

Dislocation means the complete disruption of the normal relationship of the two bones which form a joint such that the dislocated bone is no longer in its normal position.

Doctor means a person who is licensed to practice medicine or surgery, and is acting within the scope of such license, to treat Injury or sickness in the state in which treatment is received. 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.

Effective Date means the date coverage under this Certificate becomes effective. The Effective Date is shown on the Schedule.

Eligible Dependent means a person who is:

- Your legally married spouse;
- Your newly born child;
- Your unmarried natural or legally adopted child under age 26; or
- Your grandchild under age 26 who is a dependent for federal income tax purposes.

"Child" as used above includes adopted children and stepchildren. Eligible Dependent will not include a foster child.

Elimination Period means the period of time after the date of a Covered Accident for which no benefits are payable as shown on the Schedule.

Emergency Room means a specified area within a Hospital that is designed for the emergency care of accidental Injuries. It must:

- Be staffed and equipped to handle trauma;
- Be supervised and provide treatment by Doctors; and
- Provide care seven days per week, 24 hours per day.

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

Fracture means a break in a bone which is confirmed by X-ray or CT scan.

Hospital means an institution licensed, accredited or certified by the state which:

- Is accredited by the Joint Commission on Accreditation of Health Care Organizations;
- Provides 24-hour nursing service by registered nurses (RN); and
- Provides diagnostic and therapeutic care under the supervision of a full-time staff of Doctors on an inpatient basis.

Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitation facilities, including rehabilitation hospitals, are not Hospitals.

Hospital Intensive Care Unit means a place which:

- Is a specially designated area of the Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient Confinement;
- Is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis; and
- Has a Doctor assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care Unit is not a progressive care unit, an intermediate care unit, a private monitored room, sub-acute intensive care unit, an observation unit or any facility not meeting the definition of a Hospital Intensive Care Unit as defined above.

Hospital Sub-Acute Intensive Care Unit means a place which:

- Is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- Is permanently equipped with special life saving equipment for the care of the critically ill or injured; and
- Is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Immediate Family means:

You or Your spouse; and
Any of Your, or Your spouse's children, parents, grandparents, grandchildren, brothers, sisters, and their respective spouses.

Incomplete Dislocation means a dislocation in which the joint is not completely separated.

Injury, Injuries means an accidental bodily injury which resulted from a Covered Accident. It does not include sickness, disease or bodily infirmity. Overuse syndromes, typically due to repetitive or recurrent activities, such as osteoarthritis, Carpal Tunnel Syndrome or tendonitis, are considered to be a sickness and not an Injury for purposes of this Certificate.

Insured means the person named as the Insured on the Schedule.

Laceration means a cut.

Loss of Finger, Toe, Hand, Foot or Sight - Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.

Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Loss of sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

Maximum Benefit Period means the longest period of time for which a benefit will be paid. The durations are shown in the Schedule and Schedule of Benefits.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following outpatient surgery or treatment in the Emergency Room by a Doctor and which:

Is under the direct supervision of a Doctor or registered nurse;
Is staffed by nurses assigned specifically to that unit; and
Provides care seven days per week, 24 hours per day.

Physical Therapist means a person other than You or Your Immediate Family, who:

Is licensed by the state to practice physical therapy;
Performs services which are allowed by their license;
Performs services for which benefits are provided in the Certificate; and
Practices according to the Code of Ethics of the American Physical Therapy Association.

Policy means the Master Policy issued to the Policyholder.

Policyholder means the entity named on the Schedule.

Total Blindness means loss of sight in both eyes, meaning no light perception, and sight cannot be restored.

We, Us, Our, or the Company means Trustmark Insurance Company.

You, Your means the Insured named in the Schedule.

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BENEFIT PROVISIONS

Refer to the Schedule and Schedule of Benefits for benefit amounts.

Hospital Admission Benefit

The Hospital Admission Benefit is payable for each Covered Person Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital within six months after the date of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient treatment; or
- A stay of less than 20 hours in an Observation Unit.

Hospital Confinement Benefit

The Hospital Confinement Benefit is payable for each Covered Person Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown on the Schedule of Benefits. This benefit is payable only for Confinement in a Hospital or Hospital Sub-Acute Intensive Care Unit which begins within six months after the date of the Covered Accident. We will pay benefits for only one Confinement at a time even if it is caused by more than one Covered Accident.

If a Covered Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat the Confinement as a new Confinement.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently.

Hospital Intensive Care Unit Confinement Benefit

The Hospital Intensive Care Unit Confinement Benefit is payable for each Covered Person Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown on the Schedule of Benefits. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, We will treat the Confinement as a new Confinement.

If a Covered Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in the Certificate, We will pay the Hospital Confinement Benefit.

We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently. If a Covered Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The maximum benefits paid will not exceed 365 days for the Hospital Confinement Benefit and 15 days for the Hospital Intensive Care Unit Confinement Benefit.

Accidental Death Benefit

The Accidental Death Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Accident. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

Accidental Death Common Carrier Benefit

The Accidental Death Common Carrier Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Accident, while a fare paying passenger on a Common Carrier. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Benefit for the same Covered Person.

If the Accidental Death Benefit or Accidental Death Common Carrier Benefit is payable due to Your death, benefits are payable to the beneficiary named in the application or later changed by You. If a Covered Person other than You dies, benefits are payable to You.

Catastrophic Accident Benefit

The Catastrophic Accident Benefit is payable at the end of the Elimination Period if any Covered Person:

- Sustains a Catastrophic Loss as the result of a Covered Accident;
- Is under the appropriate care of a Doctor during the Elimination Period;
- Is alive at the end of the Elimination Period; and
- The Covered Accident is not the result of a Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor.

The Catastrophic Accident Benefit is payable once per lifetime for each Covered Person.

Accident Follow-Up Treatment Benefit

The Accident Follow-Up Benefit is payable for each Covered Person who receives follow-up treatment that is recommended or advised by a Doctor. Follow-Up treatment must:

- Be within 90 days after the date of the Covered Accident;
- Be due to Injuries received as the result of a Covered Accident;
- Occur after initial treatment in a Doctor's office or Emergency Room; and
- Not be for routine examinations or preventive testing.

This benefit will be paid once per Covered Person per Covered Accident.

Air Ambulance Benefit

The Air Ambulance Benefit is payable for a licensed professional air ambulance company to transport a Covered Person to or from a Hospital, or between medical facilities for treatment of Injuries received in a Covered Accident. The air ambulance must provide the transportation services to the Covered Person within 48 hours after the date of the Covered Accident. This benefit will be paid once per Covered Person per Covered Accident.

Ambulance Benefit

The Ambulance Benefit is payable for a licensed professional ambulance company to transport a Covered Person by ground, to or from a Hospital or between medical facilities for treatment of Injuries received in a Covered Accident. The ambulance must provide transportation services to the Covered Person within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

Appliance Benefit

The Appliance Benefit is payable for the use of a medical appliance as an aid in personal locomotion or mobility, prescribed by a Doctor for a Covered Person as a result of Injuries received in a Covered Accident. Wheelchairs and crutches are examples of medical appliances. The use of a medical appliance must begin within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

Blood/Plasma/Platelets Benefit

The Blood/Plasma/Platelets Benefit is payable for each Covered Person who requires a transfusion, administration, cross matching, typing and processing of blood/plasma/platelets as a result of Injuries received in a Covered Accident. Blood/plasma/platelets must be administered within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

Burn Benefit

The Burn Benefit is payable for each Covered Person who sustains burns as the result of Injuries received in a Covered Accident. The Covered Person must be treated by a Doctor within 72 hours after the date of the Covered Accident. If the Covered Person meets more than one of the burn classifications, as shown on the Schedule of Benefits, We will pay the higher amount. We will pay only one of the classification amounts once per Covered Person per Covered Accident. The applicable amount payable is listed on the Schedule of Benefits.

Concussion Benefit

The Concussion Benefit is payable for each Covered Person who sustains a concussion as the result of Injuries received in a Covered Accident. The Covered Person must be diagnosed by a Doctor within 72 hours after the date of the Covered Accident using any type of medical imaging procedures. CAT scans, MRI, and/or X-ray are examples of medical imaging procedures. This benefit is payable once per Covered Person per Covered Accident.

Dislocation Benefit

The Dislocation Benefit is payable for each Covered Person who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Doctor within 90 days after the date of the Covered Accident. The Dislocation must require anesthesia by a Doctor. It can be corrected by open (surgical) or closed (non-surgical) reduction. The applicable amount payable is listed on the Schedule of Benefits.

This benefit is payable only for the first Dislocation of a joint. Subsequent Dislocations of the same joint are not payable.

If a Covered Person sustains more than one Dislocation in a Covered Accident which requires open or closed reduction, We will pay for all Dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the Dislocation requires reduction without anesthesia, We will pay 25% of the amount listed on the Schedule of Benefits for a closed reduction of the joint involved.

If a Doctor diagnoses the Dislocation as an Incomplete Dislocation, We will pay 25% of the amount listed on the Schedule of Benefits for a closed reduction of the joint involved.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay for no more than two times the amount for the bone or joint involved which has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of either the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Doctor's Office Visit Benefit

The Doctor's Office Visit Benefit is payable for each Covered Person who receives initial treatment and/or advice by a Doctor in a Doctor's office as the result of Injuries received in a Covered Accident. The treatment must be within 60 days after the date of the Covered Accident and the services provided must not be for routine examinations or preventive testing. This benefit is payable once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Doctor is payable under the Accident Follow-up Treatment Benefit.

Emergency Dental Benefit

The Emergency Dental Benefit is payable for each Covered Person who requires dental work as the result of Injuries received in a Covered Accident. This benefit is payable for broken teeth repaired with crown(s) or broken teeth resulting in extraction(s), regardless of the number of teeth involved. This benefit is payable once per Covered Person per Covered Accident.

Emergency Room Treatment Benefit

The Emergency Room Treatment Benefit is payable for each Covered Person who requires examination and treatment by a Doctor in an Emergency Room as the result of Injuries received in a Covered Accident. Examination and treatment must occur within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per covered Accident. Follow-up treatment prescribed by a Doctor is payable under the Accident Follow-up Treatment benefit.

Eye Injury Benefit

The Eye Injury Benefit is payable for each Covered Person who requires eye surgery or the removal of a foreign object from the eye by a Doctor as a result of Injuries received in a Covered Accident. The surgery or the removal must occur within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. An examination with anesthesia is not considered surgery.

Fracture Benefit

The Fracture benefit is payable for each Covered Person who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must be diagnosed by a Doctor within 90 days after the date of the Covered Accident. The Fracture must require open (surgical) or closed (non-surgical) reduction by a Doctor. The applicable amount payable is listed on the Schedule of Benefits. If a covered Person sustains more than one Fracture in a Covered Accident and requires open or closed reduction, We will pay for all Fractures. However, We will pay no more than two times the amount listed on the Schedule of Benefits for the bone involved which has the highest benefit amount.

If a Doctor diagnoses the Fracture as a Chip or Avulsion Fracture, We will pay 25% of the applicable amount listed on the Schedule of Benefits for the closed reduction for the bone involved.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay for no more than two times the amount for the bone or joint involved which has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of either the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Herniated Disc Benefit

The Herniated Disc Benefit is payable for each Covered Person who sustains a herniated disc in the spine as the result of Injuries received in a Covered Accident. The herniated disc must be treated by a Doctor within 60 days and must be repaired through surgery by a Doctor within 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

Laceration Benefit

The Laceration Benefit is payable for each Covered Person who sustains Lacerations as the result of Injuries received in a covered Accident. The Laceration must be repaired by a Doctor within 72 hours after the date of the Covered Accident. We will pay the applicable amount listed on the Schedule of Benefits for each Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. If the Laceration is severe enough to require stitches but the Doctor chooses to repair it another way, We will pay it as if the Laceration was repaired with stitches.

If a Covered Person sustains a Laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as a result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Lodging Benefit

The Lodging Benefit is payable for one companion to accompany each Covered Person who is Confined in a Hospital as of the result of Injuries received in a Covered Accident. The Hospital must be more than 100 miles from the residence of the Covered Person. The Lodging Benefit is payable for one motel/hotel room.

The Lodging Benefit is payable for as long as:
The companion accompanies the Covered Person; and

The Covered Person remains Confined; but
Not longer than the Maximum Benefit Period shown on the Schedule of Benefits.

Loss of Finger, Toe, Hand, Foot, or Sight Benefit

This benefit is payable for a Covered Person for the Loss of Finger, Toe, Hand, Foot, or Sight due to Injuries received in a Covered Accident and occurs within 90 days after the date of the Covered Accident. The applicable amount payable is shown on the Schedule of Benefits.

If the Covered Person loses a finger or a toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

Physical Therapy Benefit

The Physical Therapy Benefit is payable for each Covered Person who requires physical therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 60 days after the date of the Covered Accident. The therapy must be prescribed by a Doctor, rendered by a Physical Therapist and performed in an office or in a Hospital on an inpatient or outpatient basis. This benefit is payable per visit per Covered Person per Covered Accident, up to the Maximum Visits shown on the Schedule of Benefits.

Prosthetic Device or Artificial Limb Benefit

This benefit is payable for a Covered Person who loses a hand, foot or Loss of Sight of an eye as a result of Injuries received in a Covered Accident and requires a prosthetic device or artificial limb which is prescribed by a Doctor for functional use. The prosthetic device/artificial limb must be received within 365 days after the date of the Covered Accident. This benefit is payable once per covered Person per Covered Accident. This benefit is not payable for hearing aids, dental aids including false teeth, eyeglasses or for cosmetic prostheses. joint replacement such as an artificial hip or knee.

Skin Grafts Benefit

The Skin Graft Benefit is payable for each Covered person who receives a skin graft for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Covered Person per Covered Accident.

Surgery Benefit

The Surgery Benefit is payable for each Covered Person who undergoes open abdominal or thoracic surgery within 72 hours of the Covered Accident to repair internal Injuries received as the result of a Covered Accident. If this surgery was for exploratory or other surgery without repair, the benefit payable is shown on the Schedule of Benefits. This benefit is payable once per Covered Person per Covered Accident.

Hernia repair is not payable under this benefit.

Tendon/Ligament/ Rotator Cuff Benefit

The Tendon/Ligament/Rotator Cuff Benefit is payable for each Covered Person who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed, and must be repaired through surgery by a Doctor within 90 days after the date of the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown on the Schedule of Benefits.

If any Covered Person receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of either the Tendon/Ligament/ Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Torn Knee Cartilage Benefit

The Torn Knee Cartilage Benefit is payable for each Covered Person who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. The torn knee cartilage (meniscus) must be first treated by a Doctor within 60 days and must be repaired through surgery by a Doctor within six months after the date of the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit amount is shown on the Schedule of Benefits.

Transportation Benefit

The Transportation Benefit is payable for each Covered Person who is required to travel more than 100 miles to receive special treatment or be Confined in a Hospital as the result of Injuries received in a Covered Accident. Confinement in a Hospital must be prescribed by a Doctor and not available locally. This benefit is payable up to the Maximum Trips shown on the Schedule of Benefits, per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

VACIKYBP50001

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION

Eligibility for Coverage

Insured - You are eligible for coverage if all of the following criteria are met:

- Your application is approved by Us; and
- You are an Active Employee on the Effective Date of coverage.

Dependent - An Eligible Dependent is eligible for coverage on the later of:

- The date You are eligible for insurance; or
- The date You acquire the Dependent.

An Eligible Dependent is deemed to be acquired as follows:

- Spouse:** On the date of the marriage.
- Natural Child:** On the date of birth.
- Adopted Child:** On the date the child is placed in Your custody pursuant to an interim court order of adoption vesting temporary care of the child.
- Stepchild:** On the date of the marriage.
- Grandchild:** On the date the child is a dependent for Federal Income Tax purposes.

Effective Date

Insured - Coverage will start at 12:01 a.m. standard time at Your home on the Effective Date shown on the Schedule.

Eligible Dependent -

Newborn: Coverage for a newborn is effective from the moment of birth. For coverage to continue:

- We must receive written notice of the newborn within 45 days of the birth; and
- You must pay all required Premium within 31 days of receiving a notice of the amount due.

If notification of a newborn is received more than 45 days after the birth, coverage ends on the 46th day after birth. Insurance for the newborn will become effective only if an application for coverage is approved by Us.

Adopted Child: Coverage for an adopted child is effective from the date of placement. You must notify Us of the placement within 45 days or before the end of the period for which Premium has been paid if later, and You must pay any additional Premium within 31 days of receiving a notice of the amount due.

If notification of an adopted child is received more than 45 days after the date of placement, coverage ends on the 46th day after the date of placement. Insurance for the adopted child will become effective only if an application for coverage is approved by Us.

Other Than A Newborn or Adopted Child: You must complete and sign an application that includes Your Dependents. If approved by Us, Dependent coverage will be effective the same date Your insurance is effective for Eligible Dependents who are eligible on that date; for whom coverage is applied for and premium paid.

For an Eligible Dependent eligible on or first acquired after Your Effective Date: If any application for Dependent coverage is received and approved by Us, the insurance will be effective on the date We assign.

Termination of Coverage

Insured - Your coverage will terminate at 12:01 a.m. standard time at Your home on the earliest of:

- The end of the period for which Premium is paid, subject to the Grace Period;
- The Premium due date following the date We receive Your written request to have Your insurance terminated;
- The date You enter into active duty status for the military service of any country;
- Your death.

Dependent - Dependent coverage will terminate at 12:01 a.m. standard time at Your home on the earliest of:

- The end of the period for which Premium is paid, subject to the Grace Period;
- The Premium due date following the date a Dependent ceases to be a Dependent as defined;
- The date Your coverage terminates, subject to any Dependent Continuation;
- The date Dependent enters into active duty status for the military service of any country; or
- The Premium due date following the date We receive Your written request to terminate Dependent coverage for Your spouse and/or Dependent child/children.

Continuation for Incapacitated Children

Dependent children, insured herein, that reach the limiting age and are incapable of self-sustaining employment due to mental or physical handicap may continue to be covered regardless of age. The Dependent must be dependent on You for support and maintenance.

You must claim handicap status within 31 days of such child attaining the limiting age. We will require proof of handicap as often as necessary, but not more than once a year. Coverage for a handicapped child will end on the earliest of:

- The date the Dependent marries;
- The date the Dependent obtains self-sustaining employment;
- The date the Dependent ceases to be handicapped;
- The date the Dependent ceases to be dependent upon You for support and maintenance;
- Sixty (60) days after a written request for proof of handicap, if proof is not provided within such 60 days;
- The date You refuse to allow Us to examine the Dependent; or
- The Premium due date following the date We receive Your written request to terminate Dependent coverage for Your spouse and/or Dependent child/children.

Dependent Continuation

If coverage terminates due to death or divorce of the Insured, and the Insured's Spouse is a Covered Person named on the Schedule, the Spouse may elect to continue coverage under this Certificate. If the Spouse elects to continue coverage, the Spouse may also elect to continue coverage for Dependent Children named on the Schedule.

Notice of this election must be received by Us within 60 days of the event. No evidence of insurability will be required. Premium for the continued coverage must be paid within 31 days after the election is made. Premium will be based on Our rates in effect at the time of continuation.

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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;

VACIKYEX50000

PREMIUM

Payment of Premium

All premium, (hereinafter "Premium") must be paid to Us. The Premiums are shown on the Schedule.

If you do not pay the Premiums, this Certificate will terminate subject to the Grace Period. The Premium due dates are based on: (1) The Effective Date shown on the Schedule; and (2) The Premium Mode, which is how often You pay the Premiums, as shown on the Schedule.

Unpaid Premium

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

Return of Unearned Premium

We shall return promptly the unearned portion of any Premium paid beyond the month in which a cancellation is effective. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

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. Coverage shall remain in force during the Grace Period. If any Premium is unpaid at the end of the Grace Period, coverage shall automatically 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 Insured, whichever occurs first.

Premium Adjustment

We have the right to adjust the Premium as determined necessary by Us. A Premium adjustment will take effect on the next Premium due date following the adjustment.

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 this 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. The implementation of any change would not occur until after approval from the Kentucky Department of Insurance.

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

When a Covered Person's coverage ends, any resulting change in Premium will be made on the next Premium due date.

Reinstatement

If coverage ends for failure to pay Premium, You may apply for Reinstatement by submitting an application. Such application must be submitted within 90 days from the date coverage ended. If We approve the 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 and Premium has been paid to Us.

The reinstated Certificate will only cover losses that result from Injuries received in a Covered Accident that occurs 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 Limits on Certain Defenses" provision.

VACIKYPP50000

CLAIM 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 Certificate number as shown on 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

Written proof of loss must be completed and returned to Us within 90 days after the covered loss begins or as soon thereafter as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date of the Covered Accident.

Payment of Claims

After We receive written proof of loss and process Your claim, We will pay any benefits due within 30 days. Any balance remaining unpaid upon the termination of liability will be paid within 30 days of receipt of due written proof. 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 from all liability for any such payment made in good faith.

Physical Examination and Autopsy

We can require that You be examined or interviewed at our expense as often as it is reasonably necessary while Your claim is pending or ongoing and to authorize an autopsy in case of death where it is not forbidden by law.

VACIKYCP50000

GENERAL PROVISIONS

Entire Contract

The Policy including this Certificate, Your application for coverage, any endorsements, riders 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 this Policy. No agent has authority to change the Policy or 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

Any misstatements or misrepresentation on the application may result in loss of coverage. After 3 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.

Change of Beneficiary

You can change Your beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change in the Certificate, unless the designation of the beneficiary is irrevocable.

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.

Legal Actions

No legal action may be brought against Us to recover benefits:
Before 60 days after You send Us written proof of loss; or
More than 3 years after the time has passed from the date of the alleged accident.

Annual Meeting

You are a member of the Trustmark Mutual Holding Company, which holds its annual meeting for the election of directors and the transaction of other business for Trustmark Mutual Holding Company each year at its home office, 400 Field Drive, Lake Forest, Illinois 60045-2581, except as otherwise resolved by the Board of Directors.

The annual meeting of the Members of the Company shall be held on the first Thursday of March in each year, except as otherwise resolved by the Board of Directors.

Each member is entitled to vote at such elections and to participate in such meeting.

Conformity with State Laws

Any provision of this Certificate which, on its Effective Date, is in conflict with the laws of the state in which You reside on that date, is changed to conform to the minimum requirements of that state.

VACIKYGP50000

TRUSTMARK INSURANCE COMPANY

"We, Us, and Our"

400 Field Drive

Lake Forest, Illinois 60045-2581

(800) 918-8877

HEALTH SCREENING BENEFIT RIDER

RIDER SCHEDULE

CERTIFICATE NUMBER: SAACCKY6

EFFECTIVE DATE: [REDACTED]

INSURED: FIRSTNAME----- M LASTNAME-----

WAITING PERIOD: 0 Days

COVERED PERSON(S):

BENEFIT AMOUNT: \$100 (Per Covered Person)

INSURED: FIRSTNAME----- M LASTNAME-----

SPOUSE:

CHILDREN:

This Rider is made a part of the Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium. Benefits provided by this Rider are subject to all of the terms, conditions, exclusions and limitations of the Certificate not inconsistent with the following:

Definitions

For the purpose of this Rider:

Covered Person: A person listed on the Rider Schedule as insured under this Rider.

Health Screening Test: The following procedures:

- Low Dose Mammography
- Pap Smear for women over age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine levels of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

Waiting Period: The period of time following the Effective Date of this Rider during which no benefits are available. The Waiting Period is shown on the Rider Schedule.

Benefit

We will pay the actual cost incurred for a Health Screening Test taken by a Covered Person up to the Benefit Amount shown in the Rider Schedule. The Benefit is limited to payment of one Health Screening Test per calendar year for each Covered Person. The Health Screening Test must be taken after the Rider's Effective Date and the Waiting Period.

Exclusion

This Rider provides benefits for only Health Screening Tests.

Renewability/Termination of Coverage

This Rider is renewable at Your option; except it shall automatically terminate on the earliest of the following:

- The date coverage under the Policy terminates for any reason;
- The end of the period for which premium is paid for the Rider, subject to the grace period; or
- The premium due date on or following the date We receive Your written request to terminate this Rider.

Coverage for a Covered Person will terminate on the date coverage terminates for any reason for such Covered Person under the Policy to which this Rider is attached.

Reinstatement

If You apply for reinstatement of the Certificate, You may apply to reinstate this Rider at that time.

TRUSTMARK INSURANCE COMPANY



Joseph L. Pray
President and Chief Executive Officer



Dennis L. Schöff
General Counsel and Secretary

**TRUSTMARK INSURANCE COMPANY
TRUSTMARK LIFE INSURANCE COMPANY
TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK
(We, Us, Our)**

NOTICE OF PRIVACY PRACTICES

Effective date of this notice: February 13, 2012

Our Commitment to Protecting Your Privacy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You do not need to respond to this notice in any way.

Our Responsibilities and Privacy Commitment

We understand the importance of protecting your private information. Our highest priority is to maintain your trust and confidence. We will maintain our commitment to safeguarding your information now and in the future.

We are required by law to:

- Maintain the privacy of your personal information.
- Provide you with certain rights with respect to your personal information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your personal information.
- Follow the terms of the Notice that is currently in effect.

We are guided by our respect for the confidentiality of your personal information. We are providing you with this notice in accordance with privacy laws and because we want you to know that we value your privacy.

Information We Collect

Personal Information is any information we obtain about you in the course of issuing insurance and/or providing services. The information we may obtain includes, but is not limited to, your past, present, or future physical or mental health or condition, the provision of health care to you, payment for the provision of health care to you, your Social Security number, employment history, credit history, income information, and bank or credit card information.

We obtain this information from several sources, including but not limited to applications or other forms you complete, your business dealings with us and other companies, and consumer reporting agencies.

Our Privacy and Security Procedures

Our employees who have access to this information are those who must have it to provide products or services to you. Below are some examples of our guidelines for protecting information.

- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to provide products or services to our insureds.
- Our business associates use information only for the purpose provided. Business associates sign a contract agreeing to follow our privacy procedures.

Information We Disclose

We will not disclose any Personal Information about you, except as allowed by law, including the Fair Credit Reporting Act. We may share all of the information we collect with insurance companies, agents, companies that help us to conduct our insurance business, companies that are self-insured, or others as permitted by law. Below are examples of the times we may share information for business purposes.

- Underwriting;
- Premium rating;
- Submitting claims;
- Reinsuring risk;
- Assessing quality;
- Business management and planning; and
- Sales, transfer, merger or consolidation of the business.

Your information may also be shared:

- For purposes of treatment, payment, and operations, including assessment of eligibility, case management activities, coordination of care, collection of premium, payment of benefits, and other claims administration.
- With a regulatory, law enforcement, or other government authority as required by law. This may include finding or preventing criminal activity, fraud, material misrepresentation or material nondisclosures in connection with an insurance issue.
- In response to an administrative or judicial order, including a search warrant or subpoena.
- With a medical care institution or professional, to verify coverage, conduct an audit of their activities, discuss a medical problem of which the insured may not be aware, discuss drug and disease management approaches, and other purposes

permitted or required by law.

To conduct actuarial or research studies. In this case, individuals are not identified in the research report. Material identifying an individual is destroyed as soon as it is no longer needed.

With our business associates for use in auditing services or operations, auditing marketing services, performing various functions on our behalf, or to provide certain services.

With a group policyholder for reporting claims experience, or for conducting an audit of our operations or services.

To consult with outside health care providers, consultants and attorneys, and other health related services.

As otherwise permitted or required by law.

We require those with whom we share information to implement appropriate safeguards regarding your Personal Information. We share only that which is minimally necessary to accomplish a task. Information that we get from a report made by a company that assists us to conduct insurance business may be retained by that company and used for other purposes.

Your written authorization is required for uses and disclosures of Personal Information for purposes other than those described above. If you provide us authorization to use or disclose your Personal Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information for the specific purpose contained in the authorization. We are required to retain any records we may have containing your Personal Information for the periods specified in document retention laws. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

Your Rights

Upon written request, you have the right to:

Inspect and copy certain Personal Information. We may charge a reasonable fee for the costs of copying or mailing.

Receive confidential communication of Personal Information.

Request restrictions on certain uses and disclosures of your Personal Information, although we are not required to agree to a requested restriction.

Request an amendment to your Personal Information, although we are not required to agree to an amendment.

Receive an accounting of impermissible Personal Information disclosures or disclosures made in compliance with federal law (or state regulations, if applicable) for which an accounting is required.

Be notified of a breach of unsecured Personal Information.

The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

How to File a Complaint Regarding the Use and Disclosure of Personal Information

If you believe your privacy rights have been violated, you may file a complaint with us, your respective state insurance department, or with the Secretary of Health and Human Services. All complaints must be in writing.

You may not be retaliated against for filing a complaint.

How to Contact Us

You may contact our representative at the following address:

Privacy Officer
Privacy Request
Trustmark Companies
PO Box 7961
Lake Forest, IL 60045-7961

Email - privacymanagementoffice@trustmarkins.com

Notification of a revised privacy notice will be provided through one of the following:

U.S. Postal Service
Revised Plan Document
Internet E-mail.

Any right a consumer, claimant, or beneficiary may have under this notice is not limited by any other privacy notice used by Trustmark Mutual Holding Company or its subsidiaries and affiliates.

Trustmark
Voluntary Benefit Solutions

A Division of Trustmark Insurance Company

New Voluntary Coverage Survey

Thank you for choosing Trustmark to provide your voluntary benefits! We value each and every one of our policyholders, and we are always looking for ways to improve the level of service you deserve. We would greatly appreciate it if you completed this short survey and returned it to us in the enclosed prepaid envelope. Should you have any questions regarding the survey, please contact us at (800) 229-4543 or email processmyapp@trustmarkins.com. Thank you in advance for your participation!

1. Is this the first time you were offered voluntary coverage? Yes No
2. Please select one or more reasons for your purchase.
 Estate planning
 Affordability
 Product design
 Ease of payroll deduction
 Re-enrollment
Other _____
3. How did you apply for your new policy?
 In-person enrollment
 Telephone
 Self-service kiosk
4. When did you receive your policy?
 1 to 3 weeks after enrollment
 4 to 6 weeks after enrollment
 7 to 12 weeks after enrollment
5. Were you satisfied with the time it took to receive your policy? Yes No
6. How likely are you to recommend Trustmark to a friend, family member or colleague?
NOT AT ALL LIKELY 0 1 2 3 4 5 6 7 8 9 10 VERY LIKELY
7. If we need to get in touch with you, how would you prefer to receive future communications?
 Phone _____
 Email _____
 Mail _____
8. Did the overall customer experience meet your expectations? Yes No

Optional:

If you answered no, please provide us with your contact information if you would like to discuss your experience.

Name (please print): _____ Telephone: _____

Email: _____ Best time to call: _____

9. Additional comments/feedback: