

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

**ACCIDENT ONLY INSURANCE COVERAGE**  
**A-607/I FL**

**OUTLINE OF COVERAGE**  
**RETAIN FOR YOUR RECORDS**

**READ THE POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of the Policy. This is not the insurance contract and only the actual Policy provisions are final and binding. The Policy itself sets forth, in detail, the rights and obligations of both You and Trustmark Insurance Company. PLEASE READ YOUR POLICY CAREFULLY.

**Renewability**

The Policy is guaranteed renewable for life as long as Premiums are paid when they are due, subject to the Grace Period. Your Premium can be changed only if We change it on all similar Policies in force in Your state.

**Accident Only Insurance Coverage**

Policies of this category are designed to provide Covered Persons with coverage for losses resulting from Injuries received from a Covered Accident and are subject to any limitations or exclusions contained in the Policy. The Policy does not cover basic hospital, basic medical-surgical or major medical expenses.

**Benefits**

The benefit amounts are shown in the Schedule and/or Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or copayment provisions:

**Hospital Admission Benefit.** Benefit payable per admission if a Covered Person is confined to a Hospital within six months after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable for Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours in an Observation Unit.

**Hospital Confinement Benefit.** Benefit payable per day up to 365 days per Covered Accident. Must be confined in a Hospital or Hospital Sub-Acute Intensive Care Unit within six months after the date of the Covered Accident. Only one Confinement is payable at a time, even if it is caused by more than one Covered Accident. This benefit is not payable for Emergency Room treatment; outpatient treatment; or Confinement of less than 20 hours to an Observation Unit.

**Hospital Intensive Care Unit Confinement Benefit.** Benefit payable per day up to 15 days per Covered Accident. Must be confined in a Hospital Intensive Care Unit within 30 days after the date of the Covered Accident. The Hospital Intensive Care Unit Confinement Benefit and Hospital Confinement Benefit will not be paid concurrently.

**Accident Follow-Up Treatment Benefit.** Benefit payable for follow-up treatment recommended or advised by a Doctor. Follow-up treatment must occur after initial treatment in a Doctor's office or Emergency Room and occur within 90 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 routine examinations or preventive testing.

**Air Ambulance Benefit.** Benefit payable if a licensed professional air ambulance company transports a Covered Person to or from a Hospital or between medical facilities. Transportation must occur within 48 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Ambulance Benefit.** Benefit payable if a licensed professional ambulance company transports a Covered Person by ground to or from a Hospital or between medical facilities. Transportation must occur within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Appliance Benefit.** Benefit payable for use of a medical appliance if prescribed by a Doctor to aid in personal locomotion or mobility. Use 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.** Benefit payable for the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and 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.** Benefit payable for burns sustained which are treated by a Doctor within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. If more than one burn classification is met, the higher amount is payable, but only one burn classification amount is payable per Covered Person per Covered Accident.

**Concussion Benefit.** Benefit payable for a concussion sustained as the result of a Covered Accident. Must be diagnosed by a Doctor using x-ray, CAT scan, or MRI within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Dislocation Benefit.** Benefit payable for a Dislocation diagnosed by a Doctor within 90 days after the date of the Covered Accident. Reduction must require correction with anesthesia by a Doctor. Reduction without anesthesia is payable at 25% of the amount shown on the Schedule of Benefits for closed reduction. Benefits are only payable for the first Dislocation of a joint after the Effective Date. Subsequent dislocations of the same joint after the Effective Date will not be covered. Benefits are limited if the following occurs in one Covered Accident as shown on the Schedule of Benefits of the Policy: multiple Dislocations; Dislocations in combination with a Fracture; Dislocation in combination with a Fracture and tear, rupture, severance of a tendon, ligament or rotator cuff, or the Dislocation is diagnosed by a Doctor as an Incomplete Dislocation.

**Doctor's Office Visit Benefit.** Benefit payable for Initial treatment in a Doctor's office. Treatment must be within 60 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 routine examinations or preventive testing.

**Emergency Dental Benefit.** Benefit payable for broken teeth repaired with crowns and broken teeth resulting in extractions, regardless of the number of teeth involved. This benefit is payable once per Covered Person per Covered Accident.

**Emergency Room Treatment Benefit.** Benefit payable for examination or treatment by a Doctor in a Hospital Emergency Room within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Eye Injury Benefit.** Benefit payable for eye surgery or the removal of a foreign object in an eye by a Doctor within 90 days after the date of the Covered Accident. An examination with anesthesia is not considered surgery. This benefit is payable once per Covered Person per Covered Accident.

**Fracture Benefit.** Benefit payable for a Fracture diagnosed by a Doctor within 90 days after the Covered Accident. If a Doctor diagnoses the Fracture as a Chip or Avulsion Fracture We will pay 25% of the amount shown on the Schedule of Benefits for a closed reduction. Benefits are limited if the following occurs in one Covered Accident as shown on the Schedule of Benefits of the Policy: multiple Fractures; Fractures in combination with a Dislocation; Fractures in combination with a Dislocation and tear, rupture, or severance of a tendon, ligament or rotator cuff.

**Herniated Disc Benefit.** Benefit payable for a herniated disc treated by a Doctor within 60 days after the date of the Covered Accident and repaired through surgery within 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Laceration Benefit.** Benefit payable for Lacerations repaired by a Doctor within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. If a Laceration is sustained on a 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 Benefit.

**Lodging Benefit.** Benefit payable for motel/hotel per night up to 30 days per Covered Accident. Benefit payable for a companion's motel/hotel stay during the period of time the Covered Person is Confined to a Hospital that is more than 100 miles from the residence of the Covered Person.

**Loss of Finger, Toe, Hand, Foot, or Sight Benefit.** Benefit payable as shown on the Schedule of Benefits if the Covered Person loses a finger, toe, hand, foot, or sight of an eye within 90 days after the date of the Covered Accident. 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, 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.** Benefit payable for up to six physical therapy treatments per Covered Accident which is prescribed by a Doctor, rendered by a Physical Therapist and performed in an office or in a Hospital. Physical Therapy must begin within 60 days after the date of the Covered Accident and be completed within six months after the date of the Covered Accident.

**Prosthetic Device or Artificial Limb Benefit.** Benefit payable for a prosthetic device or artificial limb prescribed by a Doctor for functional use when a Covered Person loses a hand or foot. 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. This benefit is not payable for joint replacement such as an artificial hip or knee.

**Skin Grafts Benefit.** Benefit payable only for skin grafts for which a Burn Benefit was received. This benefit is payable once per Covered Person per Covered Accident.

**Surgery Benefit.** Benefit payable if a Covered Person undergoes abdominal or thoracic surgery within 72 hours after the date of a Covered Accident. Surgery must be for repair of internal Injuries. This benefit is payable once per Covered Person per Covered Accident. If this surgery is exploratory or other surgery without repair, the benefit payable is shown on the Schedule of Benefits of the Policy. Hernia repair is not payable under this benefit.

**Tendon/Ligament/Rotator Cuff Benefit.** Benefit payable for torn, ruptured, or severed tendon, ligament or rotator cuff repaired through surgery within 90 days after the date of the Covered Accident. If a Covered Person sustains Injuries as a result of a Covered Accident and receives a Fracture or a Dislocation and tears or severs a tendon, ligament, or rotator cuff, benefits are only payable for the larger benefit.

**Torn Knee Cartilage Benefit.** Benefit payable for torn knee cartilage treated by a Doctor within 60 days after the date of the Covered Accident and repaired through surgery within six months after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the benefit payable is shown on the Schedule of Benefits of the Policy.

**Transportation Benefit.** Benefit payable for transportation to travel more than 100 miles for special treatment and Confinement in a Hospital. Treatment must be prescribed by a Doctor and not available locally. This benefit is payable up to three trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

**Wellness Benefit.** Benefit payable for each Covered Person who receives a Health Screening Test, routine physical or immunization performed in a Doctor's office or Hospital. This benefit is limited to two visits per calendar year per Covered Person.

**Your coverage may or may not include the following Additional Benefits. Please read the Schedule of Your Policy carefully for Your Additional Benefits, if any:**

**Accidental Death Benefit.** Benefit payable for each Covered Person as a result of Injuries received in a Covered Accident that cause the Covered Person to die within 90 days after the date of the Covered Accident. If this benefit is paid, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

**Accidental Death Common Carrier Benefit.** Benefit payable for each Covered Person as a result of Injuries received in a Covered Accident while a fare paying passenger on a Common Carrier that cause the Covered Person to die within 90 days after the date of the Covered Accident. If this benefit is paid, We will not pay the Accidental Death Benefit for the same Covered Person.

**Accident Disability Benefit.** This benefit provides a monthly benefit amount if a Covered Person becomes Totally Disabled. Benefit is payable up to 12 months for as long as coverage is in force and the Covered Person remains Totally Disabled, except when outside the geographical areas as defined in the Geographical Limitations of the Policy. We will pay benefits for only one Disability at a time even if it is caused by more than one Covered Accident.

**Catastrophic Accident Benefit.** Benefit payable at the end of the Elimination Period if a Covered Person sustains a Catastrophic Loss as the result of Injuries received in a Covered Accident. In addition to the exclusions in the Policy, benefits are not payable for Injuries caused by or the result of a Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor. This benefit is payable once per lifetime for each Covered Person.

**Wellness Benefit Rider.** Benefit payable for a Covered Person that receives a Health Screening Test, routine physical, or immunization performed in a Doctor's office. This benefit is limited to two visits per calendar year per individual and only one Wellness Benefit is payable per visit.

## Exclusions

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

- During war or act of war, declared or undeclared (this exclusion does not apply to victims of terrorism);
- 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, or parakiting;
- 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.
- Having a work related Injury if Non-Occupational Coverage Type is shown on the Schedule.

## Premium

To keep Your Policy in force, the Premium must be paid. The Premium amount is shown on the Schedule of the Policy.

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**ACCIDENT INSURANCE POLICY**

**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 POLICIES OR CLASSES IN FORCE IN YOUR STATE.**

This is Your Policy of Insurance (Policy) while You are insured.

The Policy and application constitute 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.

**IMPORTANT NOTICE: Please read the copy of the application attached to this Policy. This Policy 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 Policy. An error or omission may result in loss of coverage as of its Effective Date. TO PRESENT INQUIRES OR OBTAIN INFORMATION ABOUT YOUR COVERAGE, OR FOR ASSISTANCE IN RESOLVING A COMPLAINT, CALL US AT THE TELEPHONE NUMBER STATED ABOVE.**

**NOTICE OF THIRTY DAY RIGHT TO CANCEL**

If You are not satisfied with this Policy, 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 Policy will then be cancelled and any Premium paid will be refunded.

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

**TRUSTMARK INSURANCE COMPANY**



John Anderson  
President



Laura A. Derouin  
Corporate Secretary

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# SCHEDULE

**POLICYHOLDER:** Multiple Employer/Union Group Insurance Trust

**EFFECTIVE DATE:** April 17, 2015

**ISSUE AGE:** 40

**POLICY NUMBER:** >WSA607\_FL

**PREMIUM AMOUNT:** \$10.00

**PREMIUM MODE:** Weekly

**EMPLOYER:** DEF Company

**COVERED PERSONS:**

**INSURED:** Mark W Bresnen II

**SPOUSE:** Amy A Snowdon I

**CHILD(REN):** John W Bresnen II  
Beth W Bresnen II  
Chd 3 W Bresnen II  
Chd 4 W Bresnen II  
Chd 5 W Bresnen II  
Chd 6 W Bresnen II  
Chd 7 W Bresnen II  
Chd 8 W Bresnen II  
Chd 9 W Bresnen II

**BENEFITS FOR ACCIDENT INSURANCE:**

See Schedule of Benefits

**ADDITIONAL BENEFITS:**

<b>ACCIDENTAL DEATH BENEFIT</b>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
	\$10,000	\$5,000	\$3,000

<b>ACCIDENTAL DEATH COMMON CARRIER BENEFIT</b>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
	\$10,000	\$5,000	\$3,000

<b>CATASTROPHIC ACCIDENT BENEFIT</b>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
	\$2,500	\$10,000	\$5,000

**ELIMINATION PERIOD:** 90 Days

**WELLNESS BENEFIT RIDER** \$100 per visit

**WAITING PERIOD:** 60 days

**MAXIMUM BENEFIT:** 2 visits per calendar year per Covered Person

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**SCHEDULE OF BENEFITS**

<b>Hospital Admission Benefit</b>	\$1,000 per admission	
<b>Hospital Confinement Benefit</b>	\$200 per day	
Maximum Benefit Period:	365 days	
<b>Hospital Intensive Care Unit Benefit</b>	\$400 per day	
Maximum Benefit Period:	15 days	
<b>Accident Follow-up Treatment Benefit</b>	\$200	
<b>Air Ambulance Benefit</b>	\$2,500	
<b>Ambulance Benefit</b>	\$600	
<b>Appliance Benefit</b>	\$250	
<b>Blood/Plasma/Platelets Benefit</b>	\$600	
<b>Burn Benefit</b>		
• Third-degree burns which cover 35 or more square inches of body surface:	\$25,000	
• Third-degree burns which cover at least 9 square inches of body surface, but less than 35 square inches of body surface:	\$4,000	
• Second-degree burns which cover at least 36% of body surface:	\$2,000	
<b>Concussion Benefit</b>	\$200	
<b>Dislocation Benefit</b>	<u>Closed Reduction</u>	<u>Open Reduction</u>
- hip	\$6,000	\$12,000
- knee (except patella)	\$3,000	\$6,000
- ankle bone (medial or lateral malleolus) or bones of foot (other than toes)	\$2,400	\$4,800
- collarbone (sternoclavicular)	\$1,500	\$3,000
- lower jaw	\$900	\$1,800
- shoulder (glenohumeral)	\$900	\$1,800
- elbow	\$900	\$1,800
- wrist	\$900	\$1,800
- bone or bones of the hand (other than fingers)	\$900	\$1,800
- collarbone (acromioclavicular and separation)	\$300	\$600
- one toe or finger	\$300	\$600
Benefit amount without anesthesia is 25% of applicable Closed Reduction benefit.		
Benefit amount for Incomplete Dislocation is 25% of applicable Closed Reduction benefit.		
<b>Doctor's Office Visit Benefit</b>	\$200	
<b>Emergency Dental Benefit</b>	Extraction \$150; Crown \$450	
<b>Emergency Room Treatment Benefit</b>	\$150	
<b>Eye Injury Benefit</b>	\$400	
<b>Fractures Benefit</b>	<u>Closed Reduction</u>	<u>Open Reduction</u>

- skull (except bones of face or nose) depressed skull fracture	\$7,500	\$15,000
- skull (except bones of face or nose) simple non-depressed skull fracture	\$3,000	\$6,000
- hip, thigh (femur)	\$4,500	\$9,000
- body of vertebrae (excluding vertebral processes)	\$2,400	\$4,800
- pelvis (includes Ilium, ischium, pubis acetabulum except coccyx)	\$2,400	\$4,800
- leg (tibia and/or fibula)	\$2,400	\$4,800
- bones of face or nose (except mandible or maxilla)	\$1,050	\$2,100
- upper jaw, maxilla (except alveolar process)	\$1,050	\$2,100
- upper arm between elbow and shoulder (humerus)	\$1,050	\$2,100
- lower jaw, mandible (except alveolar process)	\$900	\$1,800
- shoulder blade (scapula), collarbone (clavicle), sternum	\$900	\$1,800
- vertebral processes	\$900	\$1,800
- forearm (radius and/or ulna), hand, wrist (except finger)	\$900	\$1,800
- kneecap (patella)	\$900	\$1,800
- foot (except toes)	\$900	\$1,800
- ankle (medial or lateral malleolus)	\$900	\$1,800
- rib	\$750	\$1,500
- coccyx	\$600	\$1,200
- finger, toe	\$150	\$300

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

**Herniated Disc Benefit** \$1,000

**Laceration Benefit** - Total of all Lacerations is:

- Over six inches long (over 15.24 centimeters) and repaired by stitches: \$1,000
- Two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches: \$500
- Less than two inches long (less than 5.08 centimeters) and repaired by stitches: \$125
- 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: \$40,000
- Loss of one hand or one foot or sight of one eye: \$20,000
- Loss of two or more fingers or two or more toes or any combination of two or more listed above: \$4,000
- Loss of one finger or one toe: \$2,000

**Physical Therapy Benefit** \$100 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  
\$200

- Exploratory or other surgery without repair

**Tendon/Ligament/Rotator Cuff Benefit**

- Repair of more than one: \$1,500
- Repair of one: \$1,000
- Exploratory arthroscopic surgery without repair: \$200

**Torn Knee Cartilage Benefit**

\$1,250

Benefit amount for exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement), the benefit payable is \$250.

**Transportation Benefit**

Maximum Trips:

\$600  
3 trips

**Wellness Benefit**

Maximum Benefit:

\$50 per visit  
2 visits per calendar year per  
Covered Person

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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 30 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.

**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.

**Covered Accident** means an accident causing Injury which:

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

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

**Dependent** means:

- Your Eligible Dependent whose coverage is in force;
- Your incapacitated child who has coverage in force.

**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 Policy 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, legally adopted child, or a child placed in your custody by court order who is 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, foster children placed in Your residence prior to the child's 18<sup>th</sup> birthday, and stepchildren.

**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, or educational facilities 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 Policy.

**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 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 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 Policy; and
- Practices according to the Code of Ethics of the American Physical Therapy Association.

**Policy** means this Policy, including any attached applications for insurance, Riders, endorsements, or amendments describing Your insurance benefits.

**Policyholder** means the person named on the Schedule.

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

**Waiting Period** means the period of time following the Effective Date of the Policy during which no benefits are available.

**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 Policy, 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 16<sup>th</sup> 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.

### **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 in 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 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 and 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 as shown on the Schedule of Benefits, per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

### **Wellness Benefit**

The Wellness Benefit is payable for each Covered Person who receives a Health Screening Test, routine physical, or immunization performed in a Doctor's office or Hospital.

Health Screening Test means only 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)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

The Wellness Benefit is subject to the Maximum Visits shown on the Schedule of Benefits. Only one Wellness Benefit is payable per visit.

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## **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 or the date You are legally or financially responsible for the child, whichever is earlier.
- **Stepchild:** On the date of the marriage.
- **Grandchild:** On the date the child is a dependent for federal income tax purposes.
- **Foster Child or other child:** On the date of placement in Your custody by court-order.

**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 60 days of the birth;
- You must pay all required Premium within 31 days of receiving a notice of the amount due.

If timely notice is given, We will not charge an additional Premium for coverage of the newborn child for the duration of the notice period. We will notify You of any change in Premium 45 days in advance. If timely notice is not given, We will charge the applicable additional Premium from the date of birth. If notice is given within 60 days of the birth of the newborn, We may not deny coverage for the child due to Your failure to timely notify Us of the birth.

**Adopted Child:** Coverage for an adopted child is effective from the date of placement, or from the moment of birth, if a written agreement to adopt the child has been entered into by You prior to the birth of the child, whether or not the agreement is enforceable. You must notify Us of the placement or birth of a newborn adopted child within 60 days or before the end of the period for which Premium has been paid if later. If timely notice is given, We will not charge an additional Premium for coverage of the adopted child for the duration of the notice period. We will notify You of any change in Premium 45 days in advance. If timely notice is not given, We will charge the applicable additional Premium from the date of placement.

If notice is given within 60 days of the birth or placement of the child, We may not deny coverage for the child due to Your failure to timely notify Us of the birth or placement.

You must pay any additional Premium within 31 days of receiving a notice of the amount due.

**Foster Child or other child:** Coverage for a foster child or other child is effective from the date of placement in Your custody by Court order. You must notify us of the placement within 60 days or before the end of the period for which Premium has been paid if later. If timely notice is given, We will not charge an additional Premium for coverage of the child for the duration of the notice period. We will notify You of any change in Premium 45 days in advance. If timely notice is not given, We will charge the applicable additional Premium from the date of the court-ordered placement. If notice is given within 60 days of the placement of the child, We may not deny coverage for the child due to Your failure to timely notify Us of the placement.

**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.
- The date the Policyholder terminates coverage.

**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 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; 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 Policy. 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 war or act of war, declared or undeclared (this exclusion does not apply to victims of terrorism);
- 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, or parakiting;
- 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.

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## PREMIUM

### Payment of Premium

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

In the event of cancellation, any unearned premium paid will be refunded. Cancellation shall be without prejudice to any claims originating prior to the effective date of cancellation and/or date of death.

If You do not pay the Premiums, this Policy will terminate subject to the Grace Period. The Premium due dates are based on: (1) The Effective Date shown in 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 Policy, any Premium then due and unpaid may be deducted from Your claim payment.

### 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 at the end of the Grace Period.

### 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. Your Premium can be changed only if we change it on all similar policies or classes in force in your state.

Written notice of an adjustment will be mailed to You at least 45 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. You will be given a conditional receipt for the Premium. 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 45<sup>th</sup> day after the date of the conditional receipt unless We have previously written You to notify You of the disapproval.

The reinstated Policy 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 Limit on Certain Defenses" provision.

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## CLAIM PROVISIONS

### How to File a Claim



You must send Us written notice of claim within 90 days after the covered loss begins or as soon as it is reasonably possible. The notice may be given to Us at Our home office or to Your agent.

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 Policy 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**

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. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon 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 45 days. If contested, We will pay or deny the claim within 60 days. 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. Overdue payments shall bear simple interest at the rate of 10 percent per year.

If benefits are payable to Your estate or to a person who cannot give a valid release, We can pay up to \$3,000 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 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 or ongoing.

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## **GENERAL PROVISIONS**

### **Entire Contract**

The Policy including this Policy, 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.

### **Time Limit on Certain Defenses**

After 2 years from the Policy 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. This does not affect Our ability to void the Policy or deny any claim during the first 2 years due to misstatement.

### **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 Policy, unless the designation of the beneficiary is irrevocable.

### **Assignment**

You can assign any rights You have under this Policy. 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
- After the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

### **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, 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 Policy 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.

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SAMPLE

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

**WELLNESS BENEFIT RIDER**

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and the payment of the required premium for this Rider.

This Rider is subject to all of the terms, conditions, exclusions, and limitations of the Policy, except as stated herein. The effective date of this Rider is the same as the Effective Date of the Policy if You applied for both the Policy and the Rider on the same application. If this Rider is added to the Policy after the Policy Effective Date, the premium and effective date for this Rider will be shown on an endorsement.

**Wellness Benefit**

The Wellness Benefit amount shown on the Schedule is payable for each Covered Person who receives a Health Screening Test, routine physical, or immunization performed in a Doctor's Office or Hospital.

The Wellness Benefit is subject to the Waiting Period and the Maximum Visits shown on the Schedule. Only one Wellness Benefit is payable per visit.

**Definitions**

**Health Screening Test** means only 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)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

**Waiting Period** means the period of time following the effective date of this Rider during which no benefits are available.

**Reinstatement**

If this Rider lapses, it may be reinstated if the Policy is reinstated, subject to Our approval.

**Termination of Coverage**

This Rider shall automatically terminate on the date coverage under the Policy terminates.

TRUSTMARK INSURANCE COMPANY



John Anderson  
President



Laura A. Derouin  
Corporate Secretary

SAMPLE

## New Voluntary Coverage Survey

Thank you for choosing Trustmark to provide your voluntary benefits! 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) 918-8877 or email CustomerCare@trustmarksolutions.com.

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?
- |                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |                        |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|------------------------|
| <b>NOT AT ALL<br/>LIKELY</b> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <b>VERY<br/>LIKELY</b> |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|------------------------|
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:

