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

CANCER
PROTECTION POLICY
SUPPLEMENTAL COVERAGE

This is Your Policy of Insurance (Policy) while You are insured. The Policy is a contract between You and Us.

The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions, and limitations of the Policy.

IMPORTANT NOTICE: Please read the copy of the application attached to this policy. Carefully check the application and write to Us within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the Policy and the Policy was issued on the basis that the answers to all questions and information on Your application was correct and complete. An error or omission may result in loss of coverage as of its effective date.

Right to Examine: If You are not satisfied with this Policy, return it to Our home office or to Your agent within 30 days after the date You received it. The Policy will then be canceled and any Premium paid will be refunded.

Renewability: This Policy is guaranteed renewable to age 100. We will not change any provision of the Policy except that we may change Premium rates by class.

YOUR COVERAGE IS INSURED BY TRUSTMARK INSURANCE COMPANY. ALL CLAIMS SHOULD BE SUBMITTED TO TRUSTMARK. TO PRESENT INQUIRES OR OBTAIN INFORMATION ABOUT YOUR COVERAGE, OR FOR ASSISTANCE IN RESOLVING A COMPLAINT, CALL US AT THE TELEPHONE NUMBER STATED ABOVE.

THIS IS A LIMITED POLICY

TRUSTMARK INSURANCE COMPANY

John Anderson
President

Laura A. Derouin
Corporate Secretary

PLEASE READ YOUR POLICY CAREFULLY

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SCHEDULE - CANCER COVERAGE ONLY

POLICY NUMBER:	FL2015
INSURED:	TED J HINKSON
EFFECTIVE DATE:	May 11, 2015
INITIAL PREMIUM:	$155.04
PREMIUM PAYABLE:	MONTHLY
COVERED PERSONS:	
INSURED:	TED J HINKSON
SPOUSE:	NOT COVERED
CHILDREN:	NOT COVERED
WAITING PERIOD:	0 Days
BENEFIT AMOUNT:	INSURED
	$71,000
PARTIAL BENEFIT AMOUNT:	25% of the Benefit Amount for an initial diagnosis of Carcinoma in Situ

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DEFINITIONS

Active Employee: An Insured who is:

- A Full Time employee of employer;
- Performing the normal duties of Your usual job with Your employer;
- Working the minimum number of hours established by Your employer for a Full Time employee, which must be at least 20 hours per week;
- Working at Your employer's usual place of work or other place as required by employer in the course of such work; and
- Receiving a full rate of pay as set by the employment practices of employer or similar organizations.

You will be considered to be an Active Employee on a paid vacation day or regular non-working day if You were an Active Employee on Your last regular working day. You are considered an Active Employee if You are not performing Your usual job due to seasonal availability if You were an Active Employee on Your last regular working day.

Clinical Diagnosis: A diagnosis of Cancer based upon symptoms and diagnostic test results. We will regard as valid a Clinical Diagnosis of Cancer if and only if the following conditions are met:

- Pathological Diagnosis cannot be made because:
    - it is medically inappropriate or carries the potential for severe harm to the Covered Person; and
    - medical evidence exists to support the diagnosis; and
- A Physician is treating the Covered Person for Cancer.

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

Cancer: Cancer is limited to the following:

Carcinoma in Situ: A Cancer that is in the natural or normal location and is restricted to the site of origin without invasion of neighboring tissues. Diagnosis of Carcinoma in Situ shall be based on Clinical Diagnosis, Pathological Diagnosis, or any type of appropriate diagnosis. Benefits for Carcinoma in Situ are limited to the Partial Benefit Amount specified in the Schedule of Benefits. Cancers such as the following are not considered Carcinoma in Situ:

- Basal cell carcinoma and squamous cell carcinoma of the skin; or
- Melanoma that is diagnosed as Clark's level I or level II or Breslow's classification less than 0.75mm;
- Premalignant tumors or polyps.

The date of diagnosis is the date on which the tissue specimen, blood sample, and/or titer, which form/s the basis for the diagnosis of Carcinoma in Situ, is/are taken. In the event that such studies do not provide the basis for the diagnosis, the date of diagnosis is the date a clinical or other appropriate diagnosis is made, based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

Invasive Cancer: A malignant tumor characterized by the abnormal and uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Invasive Cancer is a diagnosis of malignancy established by a Pathological Diagnosis, Clinical Diagnosis, or any type of appropriate diagnosis. Invasive Cancer includes Leukemia and Hodgkin's Disease. Cancers such as the following are not considered Invasive Cancer:

- Carcinoma in Situ;
- Basal cell carcinoma and squamous cell carcinoma of the skin; or
- Melanoma that is diagnosed as Clark's level I or level II or Breslow's classification less than 0.75mm;
- Premalignant tumors or polyps.

The date of diagnosis is the date on which the tissue specimen, blood sample, and/or titer, which form/s the basis for the diagnosis of Invasive Cancer, is/are taken. In the event that such studies do not provide the basis for the diagnosis, the date of diagnosis is the date a clinical or other appropriate diagnosis is made**.** Diagnosis is to be made based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

Dependent: A Dependent is:

- 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. You must give Us proof of the child's incapacity and dependency within 31 days after the date the limiting age is reached in order to continue his coverage. You may also be required, from time to time, to give proof of his continuing incapacity and dependency. If proof is not given within 60 days of a request, his coverage will end 60 days after the request is made.

Effective Date: The date coverage under this Policy becomes effective for a Covered Person. The Effective Date is shown on the Schedule.

Eligible Dependent: A person who is:

- Your legally married spouse.
- Your newly born child.
- Your unmarried natural or legally adopted child under age 19. Coverage will continue for unmarried children age 19 to age 23, but only if they are: (a) full-time students at an accredited educational institution; and (b) dependent upon You for support and maintenance.
- Your grandchild who is a dependent for federal income tax purposes.
- A foster child or other child in Your court-ordered custody under the age of 18.

"Child" as used above includes adopted children and stepchildren.

Eligible Dependent will not include:

- A child or spouse whose primary residence is outside of the USA, its territories and possessions; or
- A child or spouse who is an Active Employee.

No Person may be covered as the Dependent of more than one Active Employee. No person who is in an active duty status in any navy, military, or air force may be covered under the Policy.

First Diagnosis: The first time a Physician identifies a Cancer from its signs or symptoms. A diagnosis of Cancer is based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

Full Time: A regular workweek of at least 20 hours per week. We have the right to verify the hours worked by reviewing payroll records and/or income tax records.

Immediate Family: Includes:

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

Injury: Accidental bodily injury resulting directly and independently of disease, bodily infirmity, or other cause.

Insured: The person named as the Insured on the Schedule.

Pathological Diagnosis: A diagnosis of Cancer based upon a microscopic study of fixed tissue or preparations from the hemic (blood) system. Pathological Diagnosis must be provided by a Physician who is also a board certified pathologist and whose diagnosis of malignancy is based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

Physician: An individual, other than You, or a member of Your Immediate Family, who is licensed to practice medicine or surgery for the treatment of Sickness and/or Injury in the state in which treatment is received.

Policy: This Policy, including any attached applications for insurance, Riders, endorsements, or amendments describing Your insurance benefits.

Pre-existing Condition: During the twelve (12) months immediately prior to the Covered Person's Effective Date:

- A Sickness or Injury for which medical care, diagnosis, or advice was received or recommended; or
- The existence of symptoms which would have caused an ordinarily prudent person to seek medical care, treatment, diagnosis, or advice.

Routine follow up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute a Pre-existing Condition unless evidence of breast cancer is found during or as a result of the follow up care.

Sickness: Illness or disease that results in loss covered by this Policy.

You and Your: The Insured named on the Schedule.

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

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

ELIGIBILITY, EFFECTIVE DATE, RENEWAL, AND TERMINATION

Eligibility for Coverage

Insured - You are eligible for coverage if Your application is approved by Us and You are an Active Employee on the Effective Date shown on the Schedule.

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 residence.
- **Stepchild:** On the date of the marriage.
- **Foster Child/Child in Your court-ordered custody:** On the date the child is placed in Your residence.
- **Grandchild:** On the date the child is dependent for federal income tax purposes.

Effective Date

Insured - Coverage will start at 12:00 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 any additional 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/Foster Child/Child in Your Court Ordered Custody: Coverage for an adopted child, foster child, or child in Your court ordered custody is effective from the moment of placement in Your residence. In the case of a newborn adopted child, coverage begins at the moment of birth if You entered into a written agreement to adopt the child prior to the birth of the child.

You must notify Us within 30 days after the birth or placement of the child in Your residence. If timely notice is given, We will not charge an additional premium for coverage of the child for the notice period. If timely notice is not given, We will charge the applicable additional premium from the date of birth or placement. If notice is given within 60 days of the birth or placement of the child, We will not deny coverage for the child due to the failure of the Insured to notify Us of the child's birth or placement.

Other Than A Newborn, Adopted Child, Foster Child or Child in Your Court Ordered Custody: You must complete and sign an application that includes Your Dependents. If approved by Us, Dependent coverage will be effective as follows:

- The date Your insurance is effective for Eligible Dependents who are eligible on that date; for whom coverage is applied for and Premium paid; and who are not hospital confined.
- At 12:00 a.m. standard time at Your home on the day an Eligible Dependent is no longer hospital confined if they were otherwise eligible for coverage on the date Your insurance became effective.
- For an Eligible Dependent eligible on or first acquired after Your Effective Date:
    - if an application for Dependent coverage is received by Us, insurance will be effective on the date We assign.

Renewability

You may renew coverage for as long as:

- Any Covered Person remains eligible for coverage subject to the "Termination of Coverage" provisions; and
- Premium is paid when Due, subject to the grace period.

This Policy is guaranteed renewable to age 100. We will not change any provision of the Policy except that we may change Premium rates by class.

Termination of Coverage

Insured - Your coverage will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date of First Diagnosis made after the Waiting Period, except when a Partial Benefit Amount is paid, for which the Benefit Amount shown on the Schedule is payable in full to You; or
- The end of the period for which Premium is paid, subject to the grace period; or
- The Premium due date following the date We receive Your written request to have Your insurance terminated; or
- The date coverage under this Policy would otherwise terminate.

Dependent - Dependent coverage will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date of First Diagnosis made after the Waiting Period, except when a Partial Benefit Amount is paid, for which the Benefit Amount shown on the Schedule is payable in full for that Dependent; or
- The end of the period for which Premium is paid, subject to the grace period; or
- The Premium due date following the date a Dependent ceases to be a Dependent as defined; or
- The date Your coverage terminates, except when Your termination is due to payment of the Benefit Amount shown on the Schedule; 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; or
- The date coverage under this Policy would otherwise terminate.

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 chiefly 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 chiefly 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;
- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for the Dependent;

- The Premium due date following the date We receive Your written request to terminate Dependent coverage for Your spouse and/or Dependent child/children;
- The date coverage under this Policy would otherwise terminate; or
- The date coverage is terminated for all those insured under this policy form in Your state.

Dependent Continuation

If coverage ends due to divorce, a Dependent spouse may elect to continue coverage for him/herself and covered Dependent children. A divorced spouse may not elect to continue coverage for covered Dependent children unless the divorced spouse is also covered. If coverage ends due to attainment of the limiting age, a covered Dependent may elect to continue coverage.

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.

Suspension of Coverage During Military Service

If a Covered Person enters into active duty status for the military or naval service of the United States or any other country coverage is suspended as of the first date of active duty status. We request that You notify Us within 30 days the first date of active duty status, however coverage will be suspended regardless of receipt of notification. When the Company receives notification of Your active duty status any required adjustment of Premium will be made including refund of Premium, if necessary.

Upon termination of active duty status, the Covered Person may request a resumption of coverage if the person still meets the eligibility requirements. This request must:

- Be in writing;
- Be submitted within 60 days of the Covered Person's termination from active duty status; and
- Include the required Premium.

Coverage will then begin again on the date following termination from active duty status. Credit will be given for the Pre-existing Condition limitation period satisfied prior to the date of suspension.

BENEFIT PROVISION

Subject to the Exclusions and Limitations and the provisions of the section entitled "Partial Benefit Amount", We will pay the Benefit Amount as shown on the Schedule for a Covered Person, if:

- A First Diagnosis is made by a Physician after the Effective Date and after the Waiting Period for a Covered Person; and said First Diagnosis is an appropriate diagnosis based on applicable x-ray, laboratory test, or other recognized diagnostic procedures performed during the life of the Covered Person or postmortem, and is made based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

The Benefit Amount shown on the Schedule will be paid for a First Diagnosis, except as provided under the "Partial Benefit Payment" provision. No more than one Benefit Amount will be paid for a Covered Person, even if a Covered Person experiences more than one Invasive Cancer.

Partial Benefit Payment

A Partial Benefit Amount, as shown on the Schedule, will be paid for:

- A First Diagnosis of Carcinoma in Situ.

Such diagnosis must be made after the Effective Date and after the Waiting Period. A Partial Benefit Amount will be paid only once for a Covered Person during that person's lifetime.

If a Covered Person receives the Partial Benefit Amount payment, the remaining percentage of the Benefit Amount will be payable if:

- The Covered Person should receive a First Diagnosis for Invasive Cancer, other than Carcinoma in Situ; and

- This Policy remains in effect for the Covered Person.

In no event will the total amount paid for the two benefit payments exceed the Benefit Amount shown on the Schedule.

EXCLUSIONS

No benefits will be paid for:

- A diagnosis made prior to the Effective Date, or during the Waiting Period, as applicable to the Covered Person;
- Any disease, Sickness, or incapacity not specified in this Policy;
- Basal cell carcinoma and squamous cell carcinoma of the skin;
- Melanoma that is diagnosed as Clark's level I or II or Breslow's classification less than 0.75mm;
- Premalignant tumors or polyps;
- Sickness caused by alcohol, drugs, narcotics, or hallucinogens not prescribed by a Physician, or not used in the manner prescribed by the Physician;
- More than one First Diagnosis occurrence after the Effective Date and after the Waiting Period, except as specified on the Schedule and under the Section entitled "Benefit Provision";
- Any Invasive Cancer or Carcinoma in Situ resulting from:
    - self-inflicted Injury, while sane or insane;
    - the Covered Person's commission of, or attempt to commit, a felony;
    - the Covered Person engaging in an illegal occupation;
    - war or act of war, declared or undeclared;
    - the Covered Person's participation in a riot.

PRE-EXISTING CONDITION LIMITATION

No Benefit Amount or Partial Benefit Amount will be paid for any condition caused by or resulting from a Pre-existing Condition which begins in the first twelve (12) months after the Covered Person's coverage Effective Date. A Covered Person will receive credit for the time covered under previous coverage, if that coverage was similar to or exceeded the coverage provided under this Policy. The previous coverage must have been continuous to a date not more than 62 days before the Covered Person's Effective Date of coverage, exclusive of any waiting period.

Newly adopted children and children placed in your court-ordered custody are exempt from the Pre-existing Condition limitation.

PREMIUM

Payment of Premium

All Premium, charges, or fees (hereinafter "Premium") must be paid to Us at Our home office. All Premium is payable in advance.

Due Date

The initial Premium is due on the Effective Date of coverage. Subsequent Premium is due on the Premium payment date shown on the Schedule. Failure to pay Premium when due shall result in termination of coverage on such due date subject to the grace period.

Grace Period

If written notice of termination has not been received from You, a grace period of 31 days will be allowed for each Premium payment after the initial Premium. 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.

Reinstatement

If coverage ends for failure to pay Premium, You may apply for reinstatement. Such application must be in writing and submitted within 90 days from the date coverage ended.

You will be given a conditional receipt for the premium tendered.

Reinstatement will be approved or disapproved within 45 days after our receipt of the application. If the application is approved by Us, reinstated coverage will become effective on the date We assign. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously written You of Our disapproval.

Benefits are payable only for a First Diagnosis made more than 10 days after the effective date of reinstatement. Credit will be given for any Waiting Period and any Pre-existing Condition period satisfied prior to the date coverage ended.

Premium Adjustment

We have the right to adjust the Premium as determined necessary by Us and as approved by the appropriate governing authority in Your state. A Premium adjustment will take effect on the next Premium due date following the adjustment. 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.

BENEFIT OR PREMIUM ADJUSTMENT

Premium Increase: If Premium is paid through payroll deduction, You must complete a new deduction authorization each time Premium is increased. Such authorization must be in writing and submitted to Your employer at least thirty 30 days prior to the date the Premium increase takes effect.

If an updated deduction authorization is not submitted on time, benefits will be reduced. The reduced benefit will be the amount of coverage the currently authorized deduction could purchase after the Premium increase.

Premium Decrease: If Premium is paid through payroll deduction, benefits will be increased in lieu of any Premium decrease. The increased benefit will be the amount of coverage the authorized deduction could purchase after the Premium adjustment.

CLAIMS PAYMENT

Notice of Claim

We must receive written notice of claim within 30 days after a covered loss starts or as soon thereafter as reasonably possible. Notice should include Your name and Policy number.

Claim Forms

When We receive the notice of claim, We will send You forms for filing a proof of loss. If these forms are not sent to You within 15 days, You will meet the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss

Written proof of loss must be completed and returned to Us within 90 days 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 First Diagnosis.

Payment of Claims

Benefits will be paid to You, unless assigned to a provider. Any benefit paid in error may be recovered from the person receiving the incorrect payment or from You. In the case of a Dependent child in the legal custody of a person other than You, payment may be made directly to the custodian, at Our discretion, or as required by law. Any unpaid Premium that is due may be deducted from a claim. Payment of benefits will discharge Us from all liability.

Time of Payment of Claims

After We receive written proof of loss, We will pay any benefits due.

Fraudulent Claim Submission

If any Covered Person knowingly submits or participates in the submission of a claim for benefits which contains false or misleading information that would have the effect of paying a benefit not otherwise payable, We shall have the right to non-renew or cancel that Covered Person's coverage. Written notice of cancellation or non-renewal will be mailed to Your last address as shown by Our records at least 45 days in advance. If we fail to provide 45 days notice, coverage will remain in effect until 45 days after notice is given or until the effective date of replacement coverage is obtained, whichever occurs first.

Medical Records and Examinations

With written authorization, We may obtain a Covered Person's medical records. We have the right, at Our expense, to have a Covered Person examined as often as reasonably necessary while a claim on that Covered Person is pending. We have the right to have an autopsy performed, at Our expense, unless prohibited by applicable state law.

Facility of Payment

If the Covered Person does not survive, benefits will be paid to the first of the following beneficiary classes in which there is a surviving person:

- The Covered Person's legally married spouse;
- The Covered Person's children;
- The Covered Person's parents;
- The Covered Person's brothers and sisters;
- The Covered Person's executors or administrators.

The Company may require affidavits or statements it deems necessary in making payment under this provision. The Company's decision from such information will be final. The Company may, at its option, first pay up to $1,000.00 of any benefits to any person the Company deems to be entitled thereto by reason of having incurred funeral or other expenses related to the last illness or death of the person insured.

GENERAL PROVISIONS

Entire Contract

This Policy, including Your application for coverage, any endorsements, 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 this Policy or to waive any of its provisions.

Statements in the Application

All statements made in Your application, in the absence of fraud, are considered to be representations and not warranties. No statement made by You shall be used to contest coverage or reduce benefits unless:

- The statement is contained in an application; and
- A copy of the statement is furnished to You.

Time Limit on Certain Defenses

After coverage has been in force during a person's lifetime for 2 years from the Effective Date of coverage, only fraudulent misstatements in the application for this Policy may be used to void it or to deny any claim that is first diagnosed after the 2 year period. This does not affect Our ability to void the Policy or deny any claim during the first 2 years due to misstatement.

No claim for Cancer that is diagnosed after 12 months from the Effective Date of this Policy will be reduced or denied on the ground that a Cancer not excluded on the date of loss by name or specific description, had existed before the Effective Date of this Policy.

Any increase in coverage, addition to coverage, or reinstatement of coverage, as requested by application from You, shall begin a new two-year contestable period for the amount of the increase, for the additional coverage, or for the reinstated coverage from the effective date of such increase, addition, or reinstatement of coverage.

When We contest the validity of the coverage of this Policy, or any portion thereof, based on information given in the application for such coverage, We shall do so by a letter to You. This contest is effective on the date We mail the letter including the refund of any applicable Premium to You.

Misstatement of Age

If the age of a Covered Person is misstated in the application, benefits will be those the Premium paid would have purchased at the correct age.

Legal Actions

No legal action may be brought against Us within 60 days after written proof of loss has been sent to Us. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

Unpaid Premium

On payment of a claim under this Policy, any Premium then due and unpaid or covered by any note or written order may be deducted therefrom.

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.

Annual Meeting

You are a member of the Trustmark Mutual Holding Company which holds its annual meeting for the election of director and the transaction of other business for Trustmark Mutual Holding Company each year at its home office, 400 Field Drive, Lake Forest, IL 60045-2581.

This meeting is at 2:30 p.m. on the first Thursday in March.

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

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AMENDMENT

This Amendment makes the following change to the Policy:

The **Time Limit on Certain Defenses** provision under the **General Provisions** section is deleted in its entirety and replaced with the following:

Time Limit on Certain Defenses

After coverage has been in force during a person's lifetime for 2 years from the Effective Date of coverage, only fraudulent misstatements in the application for this Policy may be used to void it or to deny any claim that is first diagnosed after the 2 year period. This does not affect Our ability to void the Policy or deny any claim during the first 2 years due to misstatement.

Any increase in coverage, addition to coverage, or reinstatement of coverage as requested by application from You, shall begin a new two-year contestable period for the amount of the increase, for the additional coverage, or for the reinstated coverage from the effective date of such increase, addition or reinstatement of coverage.

When We contest the validity of the coverage of this Policy, or any portion thereof, based on information given in the application for such coverage, We shall do so by a letter to You. This contest is effective on the date We mail the letter including the refund of any applicable Premium to You.

TRUSTMARK INSURANCE COMPANY

John Anderson
President

Laura A. Derouin
Corporate Secretary

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AMENDMENT

TO PRESENT INQUIRES OR OBTAIN INFORMATION ABOUT YOUR COVERAGE, OR FOR ASSISTANCE IN RESOLVING A COMPLAINT, CALL US AT THE TELEPHONE NUMBER STATED ABOVE.

This Amendment makes the following change to the Policy:

The **Termination of Coverage** provision under the **ELIGIBILITY, EFFECTIVE DATE, RENEWAL, AND TERMINATION** section is deleted in its entirety and replaced with the following:

Termination of Coverage

Insured - Your coverage will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date of First Diagnosis made after the Waiting Period, except when a Partial Benefit Amount is paid, for which the Benefit Amount shown on the Schedule is payable in full for You;
- 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; or
- The date coverage under this Policy would otherwise terminate.

Dependent - Dependent coverage will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date of First Diagnosis made after the Waiting Period, except when a Partial Benefit Amount is paid, for which the Benefit Amount shown on the Schedule is payable in full for that Dependent;
- 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, except when Your termination is due to payment of the Benefit Amount shown on the Schedule; 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; or
- The date coverage under this Policy would otherwise terminate.

In the event of termination of this Policy by Us for reasons other than nonpayment of premium, we will give you at least 45 days advance written notice of such termination.

TRUSTMARK INSURANCE COMPANY

John Anderson
President

Laura A. Derouin
Corporate Secretary

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E Z VALUE/FUTURE PURCHASE OPTION RIDER

This Rider is made 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. Benefits provided by this Rider are 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 Policy Effective Date, unless otherwise specified.

Definitions

Additional Premium: The amount of $1.00 per week which will increase the Benefit Amount payable under the Policy.

Anniversary Date: The date one (1) year after the date the Policy was issued or renewed.

Benefit

We will increase Your Benefit Amount on each Anniversary Date, through the fifth (5^{th}) Anniversary Date. The increased Benefit Amount will be based on the amount an Additional Premium will purchase at Your attained age at time of purchase. The first increase must be on an Anniversary Date which occurs prior to Your sixtieth (60^{th}) birthday.

Renewable at Your Option

We will notify You at least forty-five (45) days before the Anniversary Date on which the increase would be effective, of the new Benefit Amount and Your new total premium as increased by the Additional Premium.

You have the option to accept or decline the new Benefit Amount as follows:

- If You accept the new Benefit Amount, the Additional Premium will be added to Your payroll deduction.
- If You decline the new Benefit Amount, You must send Us written notice. The notice must be received in Our home office prior to the Anniversary Date on which the increase would become effective. When the notice is received by Us, We will not increase Your Benefit Amount nor apply the Additional Premium.

If You decline an increase option, all future scheduled increase options will be forfeited.

Termination

This Rider will terminate upon the earlier of:

- The fifth (5^{th}) annual increase; or
- When the Benefit Amount reaches $100,000; or
- When We receive a notice, from You, declining an increase in Your Benefit Amount.

TRUSTMARK INSURANCE COMPANY

John Anderson
President

Laura A. Derouin
Corporate Secretary

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

HEALTH SCREENING BENEFIT RIDER

RIDER SCHEDULE			
POLICY NUMBER:	FL2015	EFFECTIVE DATE:	March 1, 2014
INSURED:	TED J HINKSON	WAITING PERIOD:	Days
COVERED PERSON(S):		BENEFIT AMOUNT: (Per Covered Person)	$100
INSURED:	TED J HINKSON		

This Rider is made 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. Benefits provided by this Rider are subject to all of the terms, conditions, exclusions, and limitations of the Policy 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)
- 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: 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 Policy, You may apply to reinstate this Rider at that time.

TRUSTMARK INSURANCE COMPANY

John Anderson
President

Laura A. Derouin
Corporate Secretary

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Trustmark
benefits beyond benefits

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?

   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: