

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

GROUP HOSPITAL INDEMNITY INSURANCE CERTIFICATE

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

This is Your certificate of insurance (Certificate) while You are insured. It explains the rights and benefits that are determined by the Policy. The Policy has been issued to the Policyholder.

We will pay the benefits set forth in this Certificate while the Covered Person is insured under the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect a claim starting before the amendment takes effect. A copy of the Policy is on file with the Policyholder and You may inspect it during regular business hours.

This Certificate was issued on the basis that the information in Your application was correct and complete. If any information in the application was not correct, write to Us within 10 days of receipt of this Certificate. An error or omission may result in loss of coverage as of the Effective Date. The Effective Date of Your Certificate may differ from the Effective Date of the Policy.

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

FURTHER INFORMATION REGARDING YOUR COVERAGE IS GIVEN ON THE PAGES THAT FOLLOW. THIS CERTIFICATE IS EVIDENCE OF YOUR COVERAGE. IT IS NOT THE INSURANCE POLICY.

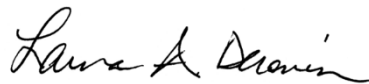
YOUR COVERAGE IS INSURED AND UNDERWRITTEN BY TRUSTMARK INSURANCE COMPANY. ALL BENEFIT CLAIMS SHOULD BE SUBMITTED TO TRUSTMARK AND ALL QUESTIONS REGARDING YOUR COVERAGE SHOULD BE DIRECTED TO TRUSTMARK.

PLEASE READ YOUR CERTIFICATE CAREFULLY.
THIS CERTIFICATE CONTAINS LIMITED BENEFITS.

TRUSTMARK INSURANCE COMPANY



John Anderson
President



Laura A. Derouin
Corporate Secretary

IMPORTANT NOTICE TO PERSONS ON MEDICARE

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits from this Certificate.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the certificate conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

This certificate must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
 - ✓ For more information about Medicare and Medicare supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Trustmark Insurance Company

To get information or file a complaint with your insurance company:

Call: Customer Care Department

Toll-free: 1-800-918-8877

Online: trustmarkbenefits.com

Email: customercare@trustmarkbenefits.com

Mail: 400 Field Drive, Lake Forest, IL 60045-2581

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Trustmark Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Customer Care Department

Teléfono gratuito: 1-800-918-8877

En línea: trustmarkbenefits.com

Correo electrónico: customercare@trustmarkbenefits.com

Dirección postal: 400 Field Drive, Lake Forest, IL 60045-2581

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

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SCHEDULE

Policyholder: Westwood ISD
Policy Number: 198
Certificate Number: 100507
Covered Person(s):
Insured: BRYAN C NEAL
Certificate Effective Date: September 01, 2021
Initial Premium: \$42.10
Premium Payable: Monthly, 1st

BENEFITS: All benefit maximums reset each Calendar year, unless otherwise specified.

First Day Confinement Benefit	\$3,000 per Confinement per Covered Person, maximum 1 day(s)
Hospital Confinement Benefit	\$150 per day per Covered Person, maximum 30 days
Hospital Intensive Care Unit Confinement Benefit	\$150 per day per Covered Person, maximum 30 days

DEFINITIONS

Active Employee

An Insured who meets all of the following requirements:

- Is a member of an eligible class;
- Is employed by the Policyholder;
- Is working the minimum hours established by the Policyholder which must be at least 20 hours per week;
- Is receiving standard pay as set by the employment practices of the Policyholder or similar organizations; and
- Is a resident of the United States.

You will be considered 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 not considered an Active Employee if You are not performing Your regular occupation due to seasonal scheduling, You are on a company approved leave of absence, or You are in an active duty status in any military service of the United States or any other country.

Appropriate Care

Treatment for a Covered Accident or Covered Sickness that meets generally accepted medical standards of care and is based on the best available scientific evidence.

Calendar Year

For the first year of coverage, Calendar Year is the period beginning on the Effective Date and ending December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate

This booklet, including any attached applications for insurance, Endorsements, or amendments describing Your insurance benefits.

Confined or Confinement

Physician advised assignment or confinement of a Covered Person to a bed as an Inpatient in a Hospital or in Observation Status within a Hospital for a period of at least 20 continuous hours.

Covered Accident

A sudden and unexpected event which occurs without the Covered Person's intent which:

- Results in an Injury to the Covered Person which is independent of disease or infirmity;
- Has a specific time and place of its occurrence;
- Occurs after the Certificate Effective Date;
- Occurs while this Certificate is in force; and
- Is not excluded by name or description in this Certificate.

Covered Person

Person(s) listed on the Schedule or Endorsement as having coverage under this Certificate.

Covered Sickness

An illness, infection, Normal Childbirth or disease, not caused by an accident which:

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

Dependent

Your Eligible Dependent whose coverage is in force. No person may be considered a Dependent of more than one Active Employee.

Effective Date

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

Eligible Dependent

Your Spouse or a person under the Limiting Age who is any of the following:

- Your biological or legally adopted child;

- Your stepchild ; or
- Your grandchild who is chiefly dependent on You for Federal Income Tax purposes at the time the application for coverage of the grandchild is made; or
- A child for whom a court has issued a medical support order which decrees that You must provide medical coverage.

Eligible Dependent will not include any of the following persons:

- A foster child; or
- A child or Spouse who has Hospital Indemnity coverage with Trustmark Insurance Company on the Effective Date of this Certificate.

No person who is in an active duty status in any military service of the United States or any other country is eligible for coverage under this Certificate.

Emergency Care

Bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Room

A specified area that is part of a Hospital designed for the Emergency Care of a Covered Accident or Covered Sickness. It must:

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

The term Emergency Room does not include an Outpatient Surgery Facility, Urgent Care Facility or Walk-In Clinic.

Endorsement

Any document that changes this Certificate's terms and conditions, benefit amounts, or premium due amounts.

Hospital

An institution licensed, accredited or certified by the state which:

- Is operated pursuant to law and is duly licensed by the agency responsible for licensing such institutions;
- Provides 24 hour nursing service by registered nurses;
- Provides diagnostic and therapeutic care under the supervision of a full-time staff of Physicians on an Inpatient basis; and
- Provides Emergency Room services.

The term Hospital does not include:

- Rest or nursing homes, convalescent homes, or homes for the aged;
- Facilities primarily affording custodial or educational care;
- Rehabilitation Unit; or
- Mental Health Treatment Facility.

Hospital Intensive Care Unit

A place which:

- Is a specially designated area of the Hospital called an intensive care unit or neonatal 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 Physician 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, Hospital Step-Down Unit or any facility not meeting the definition of a Hospital Intensive Care Unit as defined above.

Hospital Step-Down Unit

A place which is:

- A specially designated area of the Hospital separate and apart from the Hospital Intensive Care Unit and general medical and surgical floors;
- For the purpose of transitional care between the general medical and surgical floors and the Hospital Intensive Care Unit;
- Properly equipped with specialized and frequent monitoring of vital signs and/or nursing interventions, but usually do not require invasive monitoring; and
- Properly staffed with the appropriate nurse-patient ratio.

A Hospital Step-Down Unit can also be referred to as a sub-acute intensive care unit, telemetry unit, progressive care unit, or an intermediate care unit, but is not a Hospital Intensive Care Unit.

Immediate Family

Any person who is:

- Your Spouse; or
- Any of Your or Your Spouse's: children, parents, grandparents, grandchildren, brothers, sisters, and their respective Spouses.

Injury

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

Inpatient

A Covered Person who is a resident patient using the room and board facilities of an institution, defined herein.

Insured

The person named as the insured on the Schedule or Endorsement as having coverage under this Certificate.

Limiting Age

The age at which a Dependent is no longer eligible for coverage under this Certificate, subject to the "Continuation for Incapacitated Children" provision. The Limiting Age shall be 26.

Medical Professional

A Physician, physician assistant, nurse practitioner, nurse, hospice worker, or emergency medical technician, other than You or Your Immediate Family.

Medically Necessary

Treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of a Covered Accident or Covered Sickness based upon generally accepted medical practices in the United States.

Mental Health Disorder

A condition classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), including Substance Use Disorders, as described below. We will use the DSM most current as of the date of the loss. If the DSM is discontinued or replaced, We will use published data that, in Our opinion, provides the most comparable information.

The term Mental Health Disorder does not include dementia, or other causes of cognitive impairment if due to:

- Stroke;
- Trauma;
- Viral infection;

- Alzheimer's disease or other dementing illness; or
- Other similar conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs, or other similar treatment.

Substance Use Disorders include recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment. Based on evidence of impaired control, social impairment, risky use, or pharmacological criteria, impairments can include health problems, disability, or failure to meet major responsibilities at work, school, or home.

Mental Health Treatment Facility

An institution licensed, accredited or certified by the state which provides Appropriate Care for Mental Health Disorders.

Normal Childbirth

Birth by vaginal delivery as the result of normal labor not precipitated by Injury or a different Covered Sickness.

Observation Status

Is a type of status at a Hospital where Appropriate Care:

- May be provided in a designated observation unit or similar area;
- Is provided by a designated Physician, registered nurse or other appropriate clinical team members; and
- Is provided seven days per week, 24 hours per day.

Observation Status ends when a patient is discharged or admitted to a Hospital or alternative care facility as directed by a Physician.

Outpatient Surgery Facility

A facility mainly engaged in performing outpatient Surgery. It must:

- Be accredited as an ambulatory surgery center by either the Joint Commission or the Accreditation Association for Ambulatory Care and be approved as an ambulatory surgery center by Medicare; or
- Meet all of the following criteria:
 - Maintain all appropriate licensing for a facility that provides ambulatory Surgery;
 - Be staffed by Physicians, and registered nurses under the supervision of a Physician;
 - Have permanent operating and recovery rooms;
 - Be staffed and equipped to provide Emergency Care; and
 - Have written back-up arrangements with a local Hospital for Emergency Care.

The term Outpatient Surgery Facility can include a specially designated area within a Hospital, but does not include an Emergency Room, Walk-In Clinic or Urgent Care Facility.

Physician

An individual who is licensed to practice medicine or perform Surgery for the treatment of the condition in the state in which treatment is received, who is not You or Your Immediate Family.

Policy

The group contract issued to the Policyholder. This Certificate is issued under the Policy and is made part of the Policy. Provisions of the Policy govern this Certificate.

Policyholder

The legal entity to which the Policy is issued.

Pre-existing Condition

A disease or physical condition for which medical advice or treatment was received from a Physician within the 12-month period prior to the Effective Date.

Rehabilitation

Appropriate Care by means of therapeutic services intended to restore You to Your highest possible physical or mental functional ability. The Appropriate Care must be prescribed by a Physician.

Rehabilitation Unit

An appropriately licensed facility that provides Rehabilitation care services on an Inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, Rehabilitation and vocational services to enable

patients disabled by a Covered Accident or Covered Sickness to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians. The Rehabilitation Unit may be part of a Hospital or a freestanding facility.

A Rehabilitation Unit is not:

- A nursing home (unless Confined to a rehabilitative wing of such an establishment);
- A rest home or home for the aged;
- A hospice care facility;
- A place for treatment of alcoholic and drug addiction; or
- An assisted living facility (unless Confined to a rehabilitative wing of such an establishment).

Spouse

The person recognized as Your spouse under the laws of the state the marriage was entered into.

Surgery

A medical procedure intended to be curative, palliative or exploratory, performed by a Physician requiring an incision or manipulation (typically with instruments) performed on a Covered Person's body to repair damage or arrest disease.

Urgent Care Facility

A place which:

- Is separate from a Hospital or is a separate unit within a Hospital;
- Maintains all appropriate licensing for a facility that provides urgent or immediate care;
- Is attended by a Physician, a registered nurse and a registered X-Ray technician is in attendance at all times that the facility is open; and
- Is engaged primarily in providing immediate medical care.

The term Urgent Care Facility does not include an Outpatient Surgery Facility, Emergency Room or Walk-In Clinic.

Walk-in Clinic

A medical facility staffed by Medical Professionals, that offers general health care services for common, non-life threatening conditions, on a walk-in basis without an appointment.

The term Walk-in Clinic does not include an Outpatient Surgery Facility, Emergency Room, Hospital, or Urgent Care Facility.

We, Us, Our, or the Company

Trustmark Insurance Company.

X-Ray

A form of electromagnetic radiation that passes through structures within the body and results in images of the structures.

You and Your

The Insured named on the Schedule.

ELIGIBILITY, EFFECTIVE DATE 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 of coverage.

Eligible 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 Eligible Dependent.

An Eligible Dependent is deemed to be acquired as follows:

- **Spouse:** On the date the legal relationship is established.
- **Biological Child:** On the date of birth.
- **Adopted Child:** On the date You become party to a suit in which You seek to adopt the child.
- **Stepchild:** On the date the legal relationship is established.
- **Grandchild:** On the date the child becomes chiefly dependent on You for Federal Income Tax purposes.
- **Child For Whom Coverage Must Be Provided Pursuant To A Medical Support Order:** On the date the court order or notification of the court order is received by Us.

Effective Date

Insured

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

Eligible Dependent

Newborn: Coverage for a newborn is effective from the moment of birth. For coverage to continue, both of the following requirements must be met:

- 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 a new application for coverage is approved by Us.

Adopted Child: Coverage for an adopted child is effective from the date You become party to a suit in which You seek to adopt the child. For coverage to continue, both of the following requirements must be met:

- You must notify Us within 45 days of the date You become party to a suit in which You seek to adopt the child; and
- You must pay any additional premium within 31 days of receiving a notice of the amount due.

If notification of an adopted child is received more than 45 days after the date You become party to a suit in which You seek to adopt the child, coverage ends on the 46th day and insurance for the adopted child will become effective only if a new application for coverage is approved by Us.

Child For Whom Coverage Must Be Provided Pursuant To A Medical Support Order: Coverage for a child for whom You must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in Texas, is effective automatically for the first 31 days after We are notified of the Qualified Medical Child Support Order (QMCSO). You must pay any additional premium within 31 days of receiving a notice of the amount due.

Other than a Newborn or Adopted Child: Coverage is not automatic. You must complete and sign an application for the Eligible Dependents You wish to cover. If approved by Us, Dependent coverage will be effective as follows:

- For Eligible Dependents applying for coverage at the same time as You, the Effective Date will be the Effective Date specified on the Schedule.
- For Eligible Dependents applying for coverage after Your Effective Date, the Effective Date will be specified on an Endorsement.

If the Eligible Dependent is Confined in a Hospital on the Effective Date, coverage will begin at 12:01 a.m. standard time at Your home on the day the Eligible Dependent is no longer Confined in a Hospital.

Termination of Coverage

Insured

Subject to the Continuation of Coverage provision, 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 cease being an Active Employee;
- The date Your primary residence is outside of the United States;
- The date the Policy is terminated; or
- The date of Your death.

Dependent

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

- The premium due date following the date We receive Your written request to terminate coverage for one or more of Your Dependents;
- The premium due date following the date a Dependent ceases to be a Dependent as defined (If coverage is terminated due to divorce, in the event that a premium refund is required, premium refund will be calculated as of the date We receive written notice of the divorce);
- The date Your Dependent's primary residence is outside of the United States;
- The date coverage under the Certificate is otherwise terminated; or
- The date of Your Dependent's death.

Suspension of Coverage During Military Service

If a Covered Person enters into active duty status for any military service of the United States, or any other country, coverage for that Covered Person is suspended as of the first date of active duty status. You must notify Us within 30 days of the first date of active duty status. When the Company receives notification of the Covered Person's 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 meet all of the following requirements:

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

Coverage will begin again on the date following termination of active duty status. Credit will be given for the Pre-existing Condition Limitation period, as described below, satisfied prior to the date of suspension. If We do not receive the request to reactivate the coverage within 60 days following the date of termination of active duty, the Covered Person will not be allowed to reactivate or reinstate their coverage, and will need to reapply.

CONTINUATION OF COVERAGE**Continuation of Coverage**

If Your coverage ends under the Policy, You may have the option to continue coverage. The benefits, terms and conditions will be the same as those provided under the Policy on the date Your coverage ended. Continuation of Coverage is subject to the terms and conditions of the Policy and this Certificate. In the event that Continuation of Coverage extends beyond the date the Policy is terminated, the Premium Adjustment provision of the Policy will still apply to the rates on this Certificate.

Such coverage may be available if You are less than age 70 and:

- You cease to be an Active Employee, including retirement.

Continuation of Coverage will not be provided if Your coverage terminated due to failure to make required premium payments.

To elect Continuation of Coverage, We must receive the following within 31 days after coverage under the Policy ends:

- Notice from You electing Continuation of Coverage, including the date of coverage termination under the Policy; and
- Any premium due. When the first premium payment is received, coverage will be effective on the date that coverage under the Policy would have ended.

Your Continuation of Coverage will be available until the earliest occurring termination event described below. Coverage will terminate at 12:01 a.m. standard time at Your home on the earliest of any of the following:

- The end of the period for which premium is paid subject to the Certificate grace period;
- The premium due date following the date We receive Your written request to have Your insurance terminated;
- The date You attain age 70;
- The date the Policy is terminated;
- The date Your primary residence is outside of the United States; or
- The date of Your death.

Continuation for Incapacitated Children

Dependent children that reach the Limiting Age and are incapable of self-sustaining employment due to intellectual disability or physical handicap may continue to be covered regardless of age. The Dependent child 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 frequently than annually, after the 2-year period following the child's attainment of the Limiting Age.

Coverage for a handicapped child will end on the earliest of the following dates:

- The date the Dependent marries;
- The date the Dependent obtains self-sustaining employment;
- The date the Dependent ceases to be disabled or handicapped;
- The date the Dependent ceases to be chiefly dependent upon You for support and maintenance;
- 60 days after a written request for proof of disability or handicap if proof is not provided within such 60 days;
- The premium due date following the date We receive Your written request to terminate coverage for that Dependent;
- The date coverage under the Certificate is otherwise terminated; or
- The date the Policy is terminated.

BENEFIT PROVISIONS

First Day Confinement Benefit

The First Day Confinement Benefit is payable as shown on the Schedule for each Covered Person Confined in a Hospital due to a Covered Accident or Covered Sickness. Subsequent Confinements for the same Covered Accident or Covered Sickness are not eligible for this benefit unless the first day of Confinement occurs more than 90 days after the initial Confinement. The first day of Confinement must occur on or after the Effective Date of this Certificate.

The Covered Person must provide proof that a Hospital room and board charge is incurred.

This benefit will not be paid for:

- Emergency Room treatment;
- Rehabilitation Unit treatment;
- Outpatient treatment; or
- Confinement of less than 20 hours in Observation Status.

Hospital Confinement Benefit

The Hospital Confinement Benefit is payable as shown on the Schedule for each Covered Person Confined in a Hospital as the result of a Covered Accident or Covered Sickness. This benefit is payable only for Confinement in a Hospital. We will pay benefits for only one Confinement at a time even if it is caused by more than one Covered Accident or Covered Sickness.

The Covered Person must provide proof that a Hospital room and board charge is incurred.

This benefit will not be paid for:

- Any day for which the First Day Confinement Benefit is payable;
- Emergency Room treatment;
- Rehabilitation Unit treatment;
- Outpatient treatment; or
- Confinement of less than 20 hours in Observation Status.

Hospital Intensive Care Unit Confinement Benefit

The Hospital Intensive Care Unit Confinement Benefit is payable as shown on the Schedule for each Covered Person Confined in a Hospital Intensive Care Unit as the result of a Covered Accident or Covered Sickness. We will pay benefits for only one Confinement at a time even if it is caused by more than one Covered Accident or Covered Sickness.

The Covered Person must provide proof that a Hospital Intensive Care Unit room and board charge is incurred.

This benefit will not be paid for:

- Any day for which the First Day Confinement benefit is payable;
- Emergency Room treatment;
- Rehabilitation Unit treatment;
- Outpatient treatment; or
- Confinement of less than 20 hours in Observation Status.

This benefit will be paid in addition to the Hospital Confinement Benefit.

EXCLUSIONS AND LIMITATIONS

Exclusions

No benefits will be paid for losses that are caused by or occur as the result of any of the following:

- A Pre-existing Condition as described and limited in this Certificate;
- Involvement in a war or act of war, declared or undeclared;
- Commission of or attempt to engage in criminal activity, whether convicted or not, or an illegal occupation;
- Participation in a riot;
- Riding in or driving any vehicle in a race, stunt show, or speed test;
- Engaging in recreational activities involving a high degree of risk, which involve speed, height, a high level of physical exertion, or highly specialized gear;
- Professional or semi-professional sports;
- Recreationally operating, learning to operate, or serving as a crew member of a recreational aircraft, or jumping or falling from any aircraft, including those that are not motor driven;
- Having cosmetic Surgery, cosmetic dental treatment, or other elective procedures that are not Medically Necessary (not including organ donation);
- Tubal ligation, vasectomy or infertility treatment;
- Treatment in a government hospital;
- Any treatment or Surgery considered Investigational or Experimental by the American Medical Association, the Health Care Finance Administration, or the Federal Drug Administration;
- Care or treatment received outside of the covered geographical area, except as provided under Geographical Limitation;
- A newborn child's routine nursery or well-baby care during the initial Confinement in a Hospital following birth.

Pre-existing Condition Limitation

No benefit will be paid for any loss incurred during the first 12 months after the Covered Person's Effective Date which is caused by, related to, or resulting from a Pre-existing Condition.

Waiver of Pre-existing Condition Limitation

We will waive the Pre-existing Condition Limitation for a claim made by a Covered Person for all newly eligible Active Employees who had prior coverage. In the event You have declined previously offered coverage, a Pre-existing Condition Limitation will apply.

Geographical Limitation

If a Covered Person requires Appropriate Care due to a Covered Accident or Covered Sickness that begins while outside the covered geographical area, benefit eligibility will be limited to 14 days. After the 14-day period, the Covered Person will not be eligible for additional benefits until the Covered Person returns to the covered geographical areas. Covered geographical areas are the United States and its territories.

PREMIUM

Payment of Premium

All premium must be paid to Us at Our home office. All premium is payable in advance.

Premium Due Date

The initial premium is due on the Effective Date of coverage. If the initial premium is not paid, there will be no coverage provided under this Certificate. Subsequent premium is due according to the premium payable frequency established by the Policyholder. Failure to pay premium when due shall result in termination of coverage as of such due date, subject to the grace period.

Returned or Dishonored Premium

If a payment of any premium is dishonored for insufficient funds, a reasonable service charge shall be charged to You. A dishonored payment shall be considered a failure to pay premium.

Grace Period

If written notice of termination has not been received from You, a grace period of 31 days will be allowed for premium payments due 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.

CLAIMS PAYMENT

Notice of Claim

We must receive notice of claim from You within 90 days after a covered loss starts or as soon thereafter as reasonably possible. Notice given by You or on behalf of You or Your beneficiary to Us using our online claim submission form or sent to 100 N. Parkway, Suite 200 Worcester, MA 01605, with information sufficient to identify the Covered Person, shall be deemed notice to Us.

Claim Forms

If requested by You, We will send You forms for filing 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

When this Certificate provides payment for continuing loss, written proof of loss must be completed and returned to Us within 90 days after the end of each period for which We owe You benefits. For any other loss, written proof must be given within 90 days after such loss or as soon thereafter as reasonably possible. We will not reduce or deny the claim for this reason, if the proof is submitted as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after 1 year from the time specified. Proof of loss refers to all documentation necessary to support a claim.

Payment of Claims

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

Time of Payment of Claims

Once We have received the required proof of loss and approved Your claim, any benefits due under this Certificate will be paid within 30 days after We receive written proof of loss.

Fraudulent Claim Submission

If You knowingly submit or participate 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 rescind Your coverage back to the date the intentional or material misrepresentation was made. Such rescission is without prejudice to any other right or remedy available to Us at law or in equity.

Medical Records and Examinations

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

GENERAL PROVISIONS

Entire Contract

Insurance for Covered Persons is provided under a contract of group insurance with the Policyholder. The Policy, the Policyholder's application, the Certificates, any riders or Endorsements, and any attached papers shall constitute the entire contract. No change to the Policy or this Certificate shall be valid until approved by an executive officer of the Company. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

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 both of the following occur:

- The statement is contained in an application signed by You; and
- A copy of the statement is furnished to You or Your beneficiary or personal representative if You have died or become incapacitated.

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 Certificate may be used to void it or to deny a claim for any loss after the 2-year period (hereinafter "Contestable Period"). This does not affect Our ability to void the Certificate or deny any claim during the first 2 years due to misstatement.

Any increase or addition to coverage, as requested by application from You, shall begin a new 2-year Contestable Period for the amount of the increase or the additional coverage from the Effective Date of such increase or addition of coverage.

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

Misstatement of Age

If Your age is misstated in the application, any benefits payable will be those the premium You 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 more than 3 years from the time written proof of loss is required to be given.

Unpaid Premium

On payment of a claim under this Certificate, any premium then due and unpaid may be deducted therefrom.

Right to Recover Overpayments

We have the right to recover any overpayments made on Your claim due to fraud or an error the Company makes in processing Your claim.

We will notify You, in writing, of any overpayments made under this coverage. You must reimburse Us for any overpayments in full. We will determine the method by which the repayment is to be made, including the application of future benefits payable under this Certificate to the overpayment balance. We will not recover more money than the amount We paid to You.

Conformity with State Laws

If any provision in this Certificate is in conflict with the laws which govern this Certificate, the provision will be deemed to be amended to conform with such laws.

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

NOTICE OF PRIVACY PRACTICES

Effective date of this notice: September 2019

Our Commitment to Protecting Your Privacy

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

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

Our Responsibilities and Privacy Commitment

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

We are required by law to:

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

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

Information We Collect

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

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

Our Privacy and Security Procedures

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

- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to provide products or services to our insureds.
- Third parties are given access to information only for the purpose provided under our service agreements with them or as required or permitted by law.

Information We Disclose

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

- Underwriting (but not personal information that consists of the genetic information of an individual);
- Premium rating;
- Submitting claims;
- Reinsuring risk;
- Assessing quality;
- Business management and planning; and
- Sales, transfer, merger or consolidation of the business.

Your information may also be shared:

- For purposes of treatment, payment, and operations, including assessment of eligibility, case management

- activities, coordination of care, collection of premium, payment of benefits, and other claims administration.
- With a regulatory, law enforcement, or other government authority as required by law. This may include finding or preventing criminal activity, fraud, material misrepresentation or material nondisclosures in connection with an insurance issue.
- In response to an administrative or judicial order, including a search warrant or subpoena.
- To health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of Trustmark business practices.
- With a medical care institution or professional, to verify coverage, conduct an audit of their activities, discuss a medical problem of which the insured may not be aware, discuss drug and disease management approaches, and other purposes permitted or required by law.
- To conduct actuarial or research studies. In this case, individuals are not identified in the research report. Material identifying an individual is destroyed as soon as it is no longer needed.
- To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the national Security Act and implementing authority.
- To workers' compensation or other similar programs, established by law, that provides benefits for work-related injuries or illness without regard to fault as authorized by and to the extent necessary to comply with these programs.
- With third parties for use in auditing services or operations, auditing marketing services, performing various functions on our behalf, or to provide certain services.
- With a group policyholder for reporting claims experience, or for conducting an audit of our operations or services.
- To consult with outside health care providers, consultants and attorneys, and other health related services.
- With an authorized representative of your group health plan or employer, for purposes of benefit administration.
- As otherwise permitted or required by law.

We require those with whom we share information to implement appropriate safeguards regarding your personal information, as required by law. We use and disclose information as minimally necessary to perform our business functions and activities. Information may be requested from other companies to assist us with our determination of coverage, eligibility, benefits or for the purpose of determining the rating of premiums. Companies used for this purpose retain this information and it may be made available to other companies for their determinations. We are prohibited from using or disclosing personal information that is genetic information of an individual for underwriting purposes.

Your written authorization is required for uses and disclosures of personal information for purposes other than those described above. We will not sell your personal information without obtaining your written authorization to do so. If you provide us authorization to use or disclose your personal information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information for the specific purpose contained in the authorization. We are required to retain any records we may have containing your personal information for the periods specified in document retention laws. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of your benefits.

Your Rights

To be notified following a breach of unsecured protected health information.

Upon written request, you have the right to:

- Inspect and copy certain protected health information. We may charge a reasonable fee for the costs of copying or mailing.
 - Request confidential communication of protected health information.
 - Receive an electronic copy of your protected health information when it is maintained electronically.
 - Request restrictions on certain uses and disclosures of your protected health information, although we are not required to agree to a requested restriction.
 - Request an amendment to your protected health information, although we are not required to agree to an amendment.
 - Receive an accounting of impermissible protected health information disclosures or disclosures made in compliance with federal law for which an accounting is required.
- Request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

We will respond to your request in a timely manner. The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

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

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

You may not be retaliated against for filing a complaint.

How to Contact Us

You may contact our representative at the following address:

Privacy Officer
Privacy Request
Trustmark Companies
PO Box 7961
Lake Forest, IL 60045-7961
1-847-615-1500 option 8

Email – privacysecurityoffice@trustmarkbenefits.com

We can change the terms of this notice, and the changes will apply to all personal information we have about you.

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

- U.S. Postal Service
- Internet E-mail.

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



Notice of Insurance Information Practices

To issue an insurance certificate, we may need to obtain information about you and any other persons proposed for insurance. Some of that information will come from you and some will come from other sources. As part of our normal procedure for processing your application, we may need to collect and verify information using other sources such as medical professionals, health facilities such as hospitals or clinics, pharmacies, employers, consumer reporting agencies, and insurance support organizations, which may provide us with an investigative consumer report about you. We will ask you to sign an authorization giving us the right to proceed before asking for this information. You have a right of access and correction with respect to information collected about you. Address your request to receive additional information or a description of your rights to our Underwriting Department.

Information regarding your insurability will be treated as confidential. Trustmark Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file.

Information for consumers about MIB, Inc. may be found at www.mib.com

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8743, telephone number (866) 692-6901.

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

This Notification Must Be Delivered To Proposed Insured.
