



State of Massachusetts

Voluntary Short Term Disability Insurance DI-902

- ✓ Employee can elect from \$300 to \$6,000 in \$100 increments, not to exceed 60% of basic weekly earnings
- ✓ **Portable** - Employees can continue coverage if they leave or retire
- ✓ Benefits are payable up to a **maximum of 3 months**
- ✓ Benefits begin on the 14th day of a disability due to a non-occupational accident
- ✓ Benefits begin on the 14th day of a disability due to a non-occupational sickness
- ✓ Guaranteed Renewable - Coverage remains in force to age 72, as long as premiums are paid
- ✓ **Maternity** - Covered the same as any other sickness when it begins 10 months after the plan's effective date
- ✓ **Rates don't increase as you age**
- ✓ Waiver of Premium - Waives premium if you remain disabled for 90 consecutive days during the benefit period
- ✓ 12 month/12 month Pre-Existing condition - if an insured becomes disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months after the plan's effective date

Ages	Monthly Benefit	Weekly Cost	Monthly Benefit	Weekly Cost	Monthly Benefit	Weekly Cost
18 to 49	\$2,500	\$10.75	\$2,000	\$8.60	\$1,500	\$6.45
Ages	Monthly Benefit	Weekly Cost	Monthly Benefit	Weekly Cost	Monthly Benefit	Weekly Cost
50 to 59	\$2,500	\$12.75	\$2,000	\$10.20	\$1,500	\$7.65
Ages	Monthly Benefit	Weekly Cost	Monthly Benefit	Weekly Cost	Monthly Benefit	Weekly Cost
60 to 67	\$2,500	\$16.75	\$2,000	\$13.40	\$1,500	\$10.05

Universal Life Insurance IUL.205

- ✓ Permanent coverage will last for your **lifetime**
- ✓ **Portable** - Employees can continue coverage if they leave or retire
- ✓ Family coverage - Apply for our spouse, children and grandchildren even if you choose not to participate
- ✓ Access to **4% of death benefit each month for up to 25 months to help pay for home healthcare, assisted living, adult day care or nursing home services when conditions for payment are met**
- ✓ Death Benefit Restoration - **Fully restores the death benefit** reduced by long term care services
- ✓ Waiver of premium - Waives policy payments if your doctor determines you are totally disabled
- ✓ Accidental Death Benefit - **Doubles the death benefit** if death occurs by accident prior to age 75
- ✓ 2 Flavors to choose from:
 - ✓ Traditional Universal Life - Level benefit
 - ✓ Universal Life Events - Pays a higher death benefit during working years when expenses are high. At the latter of age 70 or the 15th policy anniversary, when financial needs are typically lower, the death benefit reduces to one-third.

Trustmark Universal LifeEvents®

Non-Smoker Rates - Defined Benefit					
Issue Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium
35	4.93	9.01	13.09	17.16	25.32
45	7.82	14.75	21.68	28.61	42.46
55	13.22	25.50	37.78	50.06	74.62

Trustmark Universal Life

Non-Smoker Rates - Defined Benefit					
Issue Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium
35	6.85	12.85	18.85	24.85	36.85
45	11.16	21.43	31.70	41.97	62.50
55	19.23	37.51	55.79	74.07	110.63



State of Massachusetts

Accident Insurance A-607

- ✓ **Guaranteed Issue** - No medical questions. Spouse must answer a disability question
- ✓ **Portable** - Employees can continue coverage if they leave or retire
- ✓ **Family coverage** - Spouses ages 18 to 80, children under age 26, who are unmarried and living at home
- ✓ **Health Screening Benefit** - \$100 for a screening test, every calendar year for each insured.
- ✓ **Guaranteed renewable** - Coverage remains in force for life, as long as premiums are paid
- ✓ **Level premiums** - Rates do not increase with age
- ✓ **No limitations for pre-existing conditions**

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Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	\$2,000
Confinement Benefit (per day up to 365 days)	\$400
ICU Benefit (per day up to 15 days)	\$600
Emergency Room Treatment	\$200
Ambulance	
Ground	\$200
Air	\$1,000
Initial Doctor's Office Visit	\$100
Lodging (per night up to 30 days per accident)	\$200
Surgery Benefit	
Open, abdominal, thoracic	\$2,000
Exploratory	\$200
Blood, Plasma and Platelets	\$600
Emergency Dental Benefit	
Extraction	\$100
Crown	\$300
Follow-Up Care	
Accident Follow-Up Treatment	\$100
Physical Therapy	
Up to six visits per person per accident	\$50
Appliance	\$200
Transportation	
100+ miles, up to three trips	\$475
Prosthetic Device or Artificial Limb	
More than one	\$2,000
One	\$1,000
Skin Grafts	25% of applicable burn benefit
Catastrophic Accident	
Employee	\$100,000
Spouse ³	\$50,000
Child	\$50,000

Benefit	Amount
Injuries	
Fractures	
Open reduction	Up to \$10,000
Closed reduction	Up to \$5,000
Chips	25% of applicable closed reduction
Dislocations	
Open reduction	Up to \$8,000
Closed reduction	Up to \$4,000
Laceration	Up to \$800
Burns	
Flat amount for:	
Third-degree 35 or more sq. in.	\$15,000
Third-degree 9-34 sq. in.	\$2,250
Second-degree for 36% or more of body	\$1,125
Concussion	\$200
Eye Injury	
Requires surgery or removal of foreign body	\$400
Herniated Disc	\$800
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or one toe	\$750
Tendon/Ligament/Rotator Cuff Injury	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory surgery without repair	\$200
Torn Knee Cartilage	\$1000
Exploratory surgery	\$200
Health Screening Benefit	
One Per Person Per Year	\$100
Routine health screening tests	