Trustmark Insurance Company

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ACCLERATED DEATH BENEFIT

Policy # _____

PART I - STATEMENT OF THE INSURED

Name of Insured _____

Address _____

Social Security Number _____ Occupation _____ Date of Birth _____

Current Illness _____ Date of Diagnosis _____

Physician's Name _____

Physician's Address _____

Attending Physician's Statement

Name of Patient _____ Patient I.D. Number _____

Please state diagnosis _____

Describe nature and cause of injury or condition _____

Date symptoms first occurred: _____

Has patient had same or similar condition? ☐ Yes ☐ No. If yes, when? _____

If no, what are the contributing factors? _____

List all dates of treatment: _____

List all prescribed treatment: _____

List present medications: _____

Is patient hospitalized? ☐ Yes ☐ No If yes, give dates: _____

Hospital Name(s) _____

Address(es) _____ Telephone number(s) _____

Name of Referring Physician (if applicable) _____

Address _____

Prognosis _____

After a thorough, extensive medical review, I have concluded that _____ is terminally ill and is anticipated to only survive the next _____ months.

Physician's Signature _____ Date Signed _____

Physician's Address, City, State, Zip _____

Physician's Phone Number _____

*****COMPLETE AND SIGN DISCLOSURE AUTHORIZATION ON THE LAST PAGE*****

State Required Fraud Warnings

New Hampshire Residents: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

Arizona Residents - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Residents - For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purposes of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Kansas and Oregon Residents: Any person who knowingly, and with the intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud, which may be a crime.

Kentucky Residents - A person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Arkansas, Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING FOR WASHINGTON, MAINE, TENNESSEE AND VIRGINIA RESIDENTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

FRAUD WARNING FOR PENNSYLVANIA RESIDENTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES ANY APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

New Jersey Residents - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Fraud Warning for Oklahoma, as well as for the residents of all states not specifically listed WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Fraud Warning for Alaska Residents - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Fraud Warning for District of Columbia Residents - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Fraud Warning for New Mexico Residents - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Fraud Warning for Ohio Residents - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Warning for Texas Residents - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Maryland Residents - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The following disclosure is made pursuant to the Fair Credit Reporting Act:
Please be notified that, as a result of our regular claims investigation procedures, an investigative consumer report may be prepared, whereby information received from third parties is obtained from an independent inspection company. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

Authorization:
I authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, Veterans Administration or government agency to furnish all information and copies of records regarding health care or treatment provided me, including, but not limited to, admitting records, hospital records, test records, finding and diagnostics. Such information and records shall be provided to a representative of the Claim Department of Trustmark. The information obtained by this authorization is for use solely to determine my eligibility for insurance benefits. This authorization includes information about drugs, alcoholism or mental illness.

I authorize my present or past employer(s) to supply information covering the status of my employment, job duties, days absent from work and training provided. This information may be provided to a representative of Trustmark and is to be used solely to determine my eligibility for insurance benefits. Any information obtained will not be released by Trustmark to any person or organization.

I further authorize Trustmark to release all copies of medical records collected during its investigation to a second physician (and third, if required).

I further authorize this statement to be copied and the copy utilized as if it were an original.

I understand that upon request I have a right to obtain a copy of this authorization.

I understand this authorization will remain valid for one year from this date.

I understand that failure to sign this authorization may delay the payment of my claim.

Owner's Signature _____ Date Signed _____

Signatures Required

I have read the statement on this form and concur with them. I am of sound mind and have advised my beneficiaries, the executor of my estate, and my attorney of my action and have instructed that I alone am responsible for seeking this benefit. If the Accelerated Death Benefit is advanced to me, my executor, assignees, beneficiaries and I agree to hold Trustmark harmless and free from all liability for having advanced this death benefit.

Insured/Claimant _____ Date _____

Spouse _____ Date _____
(If a Community Property state. I hereby forever waive all community property right and claims to any funds paid pursuant to the Accelerated Death Benefit and agree that said check should be made payable to the owner).

Owner _____ Date _____
(if other than insured)

Joint Owner _____ Date _____
(if applicable)

Irrevocable Beneficiary _____ Date _____
(if applicable, I hereby forever waive all rights and claims to any funds paid pursuant to the Accelerated Death Benefit and agree that said check should be made payable to the owner.)

Notarized Signature _____ Date _____