

SERFF Tracking Number: CMPL-127207444 State: Arkansas
 Filing Company: Trustmark Insurance Company State Tracking Number: 49068
 Company Tracking Number: TIC CRITICAL ILLNESS RIDERS 2011
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: TIC Critical Illness Riders 2011
 Project Name/Number: TIC Critical Illness Riders 2011/TIC Critical Illness Riders 2011

Filing at a Glance

Company: Trustmark Insurance Company

Product Name: TIC Critical Illness Riders 2011 SERFF Tr Num: CMPL-127207444 State: Arkansas

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 49068
 Limited Benefit Closed

Sub-TOI: H07G.001 Critical Illness Co Tr Num: TIC CRITICAL State Status: Approved-Closed
 ILLNESS RIDERS 2011

Filing Type: Form

Reviewer(s): Rosalind Minor
 Author: Nancy French Disposition Date: 06/28/2011
 Date Submitted: 06/16/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: TIC Critical Illness Riders 2011
 Project Number: TIC Critical Illness Riders 2011
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Trust
 Filing Status Changed: 06/28/2011
 State Status Changed: 06/28/2011
 Created By: Nancy French
 Corresponding Filing Tracking Number:
 Filing Description:
 Dear Commissioner:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Overall Rate Impact:
 Deemer Date:
 Submitted By: Nancy French

Compliance Research Services is pleased to submit the enclosed forms on behalf of Trustmark Insurance Company (Trustmark). A letter of filing authorization is enclosed.

The enclosed forms are group benefit riders. They will be available as optional riders in connection with critical illness forms previously approved by your Department. Coverage is provided under a multiple employer trust situated in Illinois.

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Project Name/Number: TIC Critical Illness Riders 2011/TIC Critical Illness Riders 2011

Sincerely,

J. David Simon
President

Trustmark Insurance Company
NAIC #61425 FEIN #36-0792925
Group Critical Illness Benefit Riders

Form Description

SC511 Subsequent Condition Rider
SCR511 Subsequent Condition with Recurring Condition Benefit Rider
SCRC511 Subsequent Condition with Recurring Condition Including Invasive Cancer Benefit Rider

The forms are intended for use with certificate form CACIM-82001C approved by your Department on November 1, 2002.

Company and Contact

Filing Contact Information

Nancy French, Product Manager nrfrench@crssolutionsgroup.com
10921 Reed Hartman Highway 513-984-6050 [Phone]
Suite 334 513-984-7212 [FAX]
Cincinnati, OH 45242

Filing Company Information

(This filing was made by a third party - complianceresearchservicesllc)

Trustmark Insurance Company	CoCode: 61425	State of Domicile: Illinois
c/o CRS	Group Code:	Company Type:
10921 Reed Hartman Highway	Group Name:	State ID Number:
Suite 334	FEIN Number: 36-0792925	

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Cincinnati, OH 45242
 (513) 984-6050 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: fee is \$50.00 per form. 3 forms = 150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trustmark Insurance Company	\$150.00	06/16/2011	48795455

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/28/2011	06/28/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form	SUBSEQUENT CONDITION RIDER	Approved-Closed	Yes
Form	SUBSEQUENT CONDITION WITH RECURRING CONDITION BENEFIT RIDER	Approved-Closed	Yes
Form	SUBSEQUENT CONDITION WITH RECURRING CONDITION INCLUDING INVASIVE CANCER BENEFIT RIDER	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SC511

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/28/2011	SC 511	Certificate	SUBSEQUENT AMENDMENT, Insert Page, Endorsement or Rider	Initial		51.000	SC 511 Generic Group Final.pdf
Approved-Closed 06/28/2011	SCR 511	Certificate	SUBSEQUENT AMENDMENT, Insert Page, Endorsement or Rider	Initial		48.000	SCR 511 Group Generic Final.pdf
Approved-Closed 06/28/2011	SCRC 511	Certificate	SUBSEQUENT AMENDMENT, Insert Page, Endorsement or Rider	Initial		47.000	SCRC 511 Group Generic Final.pdf

TRUSTMARK INSURANCE COMPANY

"We, Us, and Our"

400 Field Drive

Lake Forest, Illinois 60045-2581

(800) 918-8877

SUBSEQUENT CONDITION RIDER

THIS IS A LIMITED BENEFIT RIDER. PLEASE READ CAREFULLY

This rider is part of the Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium for this rider. The premium is shown on the Schedule.

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

While this rider is in force, the following language in the section entitled "Termination of Coverage" under the ELIGIBILITY, EFFECTIVE DATE, RENEWAL AND TERMINATION provision in Your Certificate does not apply:

- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for You.
- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for that Dependent.

This rider deletes the BENEFIT PROVISION in its entirety and replaces it with the following:

BENEFIT PROVISION

Full Benefit Payment:

The Benefit Amount as shown on the Schedule will be paid for a First Diagnosis of each of the conditions listed under the definition of [Cancer and] Critical Illness, except as provided under the "Partial Benefit Payment" provision.

The Benefit Amount is limited to one Benefit Amount for [Invasive Cancer and one Benefit Amount for] each defined condition listed under the Critical Illness definition.

Subject to the Exclusions and Limitations and the provisions of the section entitled "Partial Benefit Payment", 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; and
- 90 consecutive days have elapsed between dates of First Diagnosis.

Partial Benefit Payment:

The Partial Benefit Amount, as shown on the Schedule, will be paid for a First Diagnosis of [both:

- Carcinoma In Situ; and]
- Coronary Artery Bypass Surgery.

Such diagnosis must be made or surgery performed after the effective date and after the Waiting Period. A Partial Benefit Amount will be paid only once for [Carcinoma In Situ and once for] Coronary Artery Bypass Surgery for each Covered Person during that person's lifetime.

REINSTATEMENT

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

INCONTESTABILITY

We cannot contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for misrepresentation in the application.

Any increase in 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 or reinstated coverage from the effective date of such coverage.

TERMINATION

Coverage for the Covered Person provided by this rider will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date the Certificate is terminated; or
- The date that all Benefit Amounts have been paid as specified under the Benefit Provision; or
- The Premium Due Date following the date We receive Your written request to have this rider terminated.

TRUSTMARK INSURANCE COMPANY

David M. McDonough
Chief Executive Officer



Dennis L. Schoff
Corporate Secretary & General Counsel

TRUSTMARK INSURANCE COMPANY

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400 Field Drive

Lake Forest, Illinois 60045-2581

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SUBSEQUENT CONDITION WITH RECURRING CONDITION BENEFIT RIDER

THIS IS A LIMITED BENEFIT RIDER. PLEASE READ CAREFULLY

This rider is part of the Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium for this rider. The premium is shown on the Schedule.

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

While this rider is in force, the following language in the section entitled "Termination of Coverage" under the ELIGIBILITY, EFFECTIVE DATE, RENEWAL AND TERMINATION provision in Your Certificate does not apply:

- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for You.
- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for that Dependent.

This rider deletes the BENEFIT PROVISION in its entirety and replaces it with the following:

BENEFIT PROVISION

Full Benefit Payment:

The Benefit Amount as shown on the Schedule will be paid for a First Diagnosis of each of the conditions listed under the definition of [Cancer and] Critical Illness, except as provided under the "Partial Benefit Payment" provision.

The Benefit Amount is limited to one Benefit Amount [for Invasive Cancer and one Benefit Amount for] each defined condition listed under the Critical Illness definition.

Subject to the Exclusions and Limitations and the provisions of the section entitled "Partial Benefit Payment", 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; and
- 90 consecutive days have elapsed between dates of First Diagnosis; and

- 90 consecutive days have elapsed since the date of diagnosis for a covered condition for which payment is made under the Recurring Condition Benefit payment.

Partial Benefit Payment:

The Partial Benefit Amount, as shown on the Schedule, will be paid for a First Diagnosis of [both:

- Carcinoma In Situ; and]
- Coronary Artery Bypass Surgery.

Such diagnosis must be made or surgery performed after the effective date and after the Waiting Period. A Partial Benefit Amount will be paid only once for [Carcinoma In Situ and once for] Coronary Artery Bypass Surgery for each Covered Person during that person's lifetime.

Recurring Condition Benefit Payment:

Subject to the Exclusions and Limitations, We will pay the Benefit Amount, as shown on the Schedule if a Covered Person is later diagnosed with the same covered condition for which a Benefit Amount under Your Certificate was previously paid if:

- 12 months have elapsed between dates of diagnosis of the same covered condition; and
- Excluding Partial Benefit Payments for [Carcinoma In Situ and] Coronary Artery Bypass Surgery, 90 consecutive days have elapsed since the date of diagnosis of a different covered condition for which payment is made under this Rider; and
- The date of diagnosis is while the Covered Person is insured under this Rider.

No Recurring Condition Benefit Payment will be paid for [Invasive Cancer, Carcinoma In Situ or] Coronary Artery Bypass Surgery.

REINSTATEMENT

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

INCONTESTABILITY

We cannot contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for misrepresentation in the application.

Any increase in 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 or reinstated coverage from the effective date of such coverage.

TERMINATION

Coverage for the Covered Person provided by this rider will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date the Certificate is terminated; or
- The date that all Benefit Amounts have been paid as specified under the Benefit Provision; or
- The Premium Due Date following the date We receive Your written request to have this rider terminated.

TRUSTMARK INSURANCE COMPANY



David M. McDonough
Chief Executive Officer



Dennis L. Schoff
Corporate Secretary & General Counsel

TRUSTMARK INSURANCE COMPANY

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400 Field Drive

Lake Forest, Illinois 60045-2581

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**SUBSEQUENT CONDITION WITH RECURRING CONDITION INCLUDING INVASIVE
CANCER BENEFIT RIDER**

THIS IS A LIMITED BENEFIT RIDER. PLEASE READ CAREFULLY

This rider is part of the Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium for this rider. The premium is shown on the Schedule.

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

While this rider is in force, the following language in the section entitled "Termination of Coverage" under the ELIGIBILITY, EFFECTIVE DATE, RENEWAL AND TERMINATION provision in Your Certificate does not apply:

- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for You.
- The date of First Diagnosis for which the Benefit Amount shown on the Schedule is payable in full for that Dependent.

This rider deletes the BENEFIT PROVISION in its entirety and replaces it with the following:

BENEFIT PROVISION

Full Benefit Payment:

The Benefit Amount as shown on the Schedule will be paid for a First Diagnosis of each of the conditions listed under the definition of Cancer and Critical Illness, except as provided under the "Partial Benefit Payment" provision.

The Benefit Amount is limited to one Benefit Amount for Invasive Cancer and one Benefit Amount for each defined condition listed under the Critical Illness definition.

Subject to the Exclusions and Limitations and the provisions of the section entitled "Partial Benefit Payment", 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; and

- 90 consecutive days have elapsed between dates of First Diagnosis; and
- 90 consecutive days have elapsed since the date of diagnosis for a covered condition for which payment is made under the Recurring Condition Benefit payment.

Partial Benefit Payment:

The Partial Benefit Amount, as shown on the Schedule, will be paid for a First Diagnosis of both:

- Carcinoma In Situ; and
- Coronary Artery Bypass Surgery.

Such diagnosis must be made or surgery performed after the effective date and after the Waiting Period. A Partial Benefit Amount will be paid only once for Carcinoma In Situ and once for Coronary Artery Bypass Surgery for each Covered Person during that person's lifetime.

Recurring Condition Benefit Payment:

Subject to the Exclusions and Limitations, We will pay the Benefit Amount, as shown on the Schedule if a Covered Person is later diagnosed with the same covered condition for which a Benefit Amount under Your Certificate was previously paid if:

- 12 months have elapsed between dates of diagnosis of the same covered condition; and
- Excluding Partial Benefit Payments for Carcinoma In Situ and Coronary Artery Bypass Surgery, 90 consecutive days have elapsed since the date of diagnosis of a different covered condition for which payment is made under this Rider; and
- For Invasive Cancer, the Covered Person has been treatment free for at least 12 consecutive months; and
- The date of diagnosis is while the Covered Person is insured under this Rider.

For purposes of this benefit, "treatment free" means the covered person is no longer receiving care from a Physician, going for regular office visits, or being prescribed medication for the covered condition for which a Benefit Amount under Your Certificate was previously paid, other than routine or surveillance check ups or maintenance medication.

No Recurring Condition Benefit Payment will be paid for Carcinoma In Situ or Coronary Artery Bypass Surgery.

REINSTATEMENT

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

INCONTESTABILITY

We cannot contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for misrepresentation in the application.

Any increase in 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 or reinstated coverage from the effective date of such coverage.

TERMINATION

Coverage for the Covered Person provided by this rider will terminate at 12:00 a.m. standard time at Your home on the earliest of:

- The date the Certificate is terminated; or

- The date that all Benefit Amounts have been paid as specified under the Benefit Provision; or
- The Premium Due Date following the date We receive Your written request to have this rider terminated.

TRUSTMARK INSURANCE COMPANY



David M. McDonough
Chief Executive Officer



Dennis L. Schoff
Corporate Secretary & General Counsel

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 Limited Benefit
 Product Name: TIC Critical Illness Riders 2011
 Project Name/Number: TIC Critical Illness Riders 2011/TIC Critical Illness Riders 2011

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/28/2011
Comments:		
Attachment: Trustmark READABILITY CERTIFICATION - Group.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/28/2011
Bypass Reason: This is a rider only submission.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter	Approved-Closed	06/28/2011
Comments:		
Attachment: Trustmark Authorization Letter.pdf		

READABILITY CERTIFICATION

Trustmark Insurance Company
NAIC #61425 FEIN #36-0792925

Critical Illness Benefit Riders

This is to certify that form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

Form No	Description	Score
SC 511	Subsequent Condition Rider	51
SCR 511	Subsequent Condition with Recurring Condition Benefit Rider	48
SCRC 511	Subsequent Condition with Recurring Condition Including Invasive Cancer Benefit Rider	47



Signature of Company Officer

Frank L. Lettera

Name

Vice President

Title

6-10-2011

Date

Trustmark

Insurance Companies

Law Department

Phone 847.615.1500

Fax 847.615.3872

May 27, 2011

Re: NAIC #61425 FEIN #36-0792925
Group and Individual Critical Illness Riders

To: All Departments of Insurance

Trustmark Insurance Company hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and any related forms, rates and actuarial documents and to negotiate with insurance departments for their approval.

Sincerely,



Frank L. Lettera
Vice President