

## While You're Off Work

You will need to provide us with continued proof of your condition, based on the terms of your policy. We might also ask you to be examined by a different physician, or that you help us get access to your medical records, employment verification and income information. To do this, you will need to complete a periodic Continuance Claim Form, a copy of which will be delivered with your Explanations of Benefits or claim checks. This consists of your Claimant Statement and Disclosure Authorization, as well as a statement from your medical provider. You should return the form to us as close to the end of each period as possible; your Claim Representative will tell you how often you need to complete it.

### Returning to Work

Once your doctor gives you the go-ahead to go back to work, contact your Claim Representative and let him or her know the date of your return. You will receive your final payment within a few days.

## Making a New Claim

Your benefit period is tied to each claim. In other words, if you experience a **different** covered event, you can make a new claim, which will have a new elimination period and a new benefit period. There is no lifetime maximum.

If you need to take leave again within six months **for the same condition**, you can contact your Claim Representative to continue your previous claim, as long as there is time remaining in your

## What is "waiver of premium"?

If your claim is accepted and lasts longer than 90 days, we won't require you to make premium payments from that day on, until you finish your claim and return to work. If you send us a premium payment during this time, we'll refund you.

You will also need to continue paying your premium each month in order to keep your policy in force; it is deducted automatically from your benefit payment, but during your elimination period you may need to pay it directly to us. (Your Claim Representative can assist you with this.) Premiums must also be paid once benefits end if you're still not back to work; otherwise, the policy may lapse.



## If Your Claim Is Denied

You may appeal our decision in writing to **Trustmark Insurance, Attn: Appeal Request Department, 100 North Parkway, Suite 200, Worcester, MA 01605**. You can also send your appeal by fax to **508.471.3208**, or email to **claims@trustmarkins.com**

Your case will then be referred for review to our Appeals Committee, who will respond to you **within 45 days**.

You care.  
We listen.



Products underwritten by Trustmark Insurance Company and Trustmark Life Insurance Company of New York. Rated A- (Excellent) for financial strength by A.M. Best.

400 Field Drive • Lake Forest, IL 60045  
trustmarksolutions.com



## Your Trustmark Paycheck Protect<sup>SM</sup> Claim



### Voluntary Benefits



## What's an Eligible Claim?

Trustmark Paycheck Protect<sup>SM</sup> insurance provides you with a safeguard against the loss of your income in the event of a covered "disability" – depending on the specifics of your individual plan, this could be something like an illness, an injury, pregnancy or maternity leave, treatment by a mental or behavioral health professional, or a stay in a substance abuse rehabilitation facility. In any case, you'll need to be out of work for a certain period of time, called an *elimination period*, before you receive your first check. (Your elimination period begins the day of whatever event leaves you unable to work, the day you seek treatment, or the day you stop working – whichever is latest.) The specific conditions your plan covers and the length of your elimination period are listed in your policy.

### What if I have JumpStart?

If the Paycheck Protect plan your employer offers includes our JumpStart feature, you will be sent a one-time up-front payment of \$500 as soon as your claim is approved, in order to help with your bills before your main benefits begin.

## Filing Your Claim

You should file your claim as soon as you're out of work. In order to file a claim, download the Initial Claim Form from [trustmarksolutions.com](http://trustmarksolutions.com). This form has several parts:



**You** must complete the Claimant Statement, the Occupational Description and the Disclosure Authorization. You can email us a scanned copy or fax the form to us; our contact information is on the form.



**The provider most responsible for treating your condition** must complete the Attending Physician Statement. They should send this to us directly; our contact information is on the form.

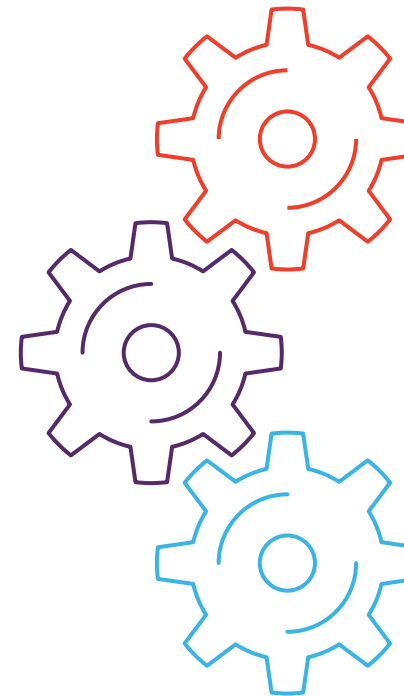


**Your employer** must complete the Employer Statement. They should send this to us directly; our contact information is on the form. If you have become self-employed, you should complete it yourself, with as much detail as possible. If you're unable to obtain an Employer Statement, **you** can send us your most recent pay stub instead.

## The Claims Process

Once we receive all the parts of your claim application, we will open a claim and assign a Claim Representative to your case. Your Claim Representative will contact you within **5 days** to explain your benefits, request more information from you if we need it, and answer any questions.

If we issued your policy or increased your benefit less than two years before the first day you couldn't work, we may need to obtain medical records, employment verification or other information about the statements you made on your application for coverage. This might delay the start of your benefits.



## What You Can Expect from Us

It can be frustrating and annoying being off work for an extended period of time. We understand, and we pledge to offer you compassion, empathy and timely service.

We strive to:



Return phone calls **within 24 hours**.



Process correspondence **within 5 days** of receipt.



Notify you at least **every 30 days** if there is anything we still need to process your claim.

## Receiving Your Benefits

Once your claim is approved and your elimination period finishes, you will begin receiving benefit payments. We send payments weekly, unless you choose to have them match your normal pay cycle. You will continue to receive benefits until you return to work, or until your benefit period finishes. The length of your benefit period is specified in your policy.

