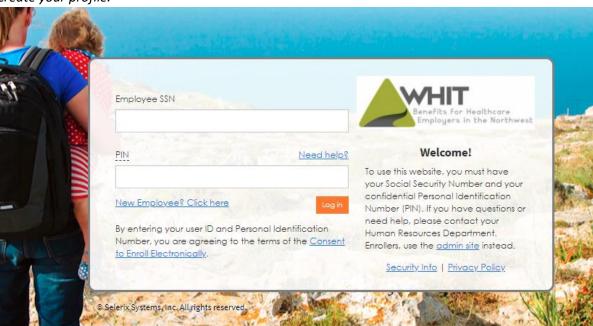
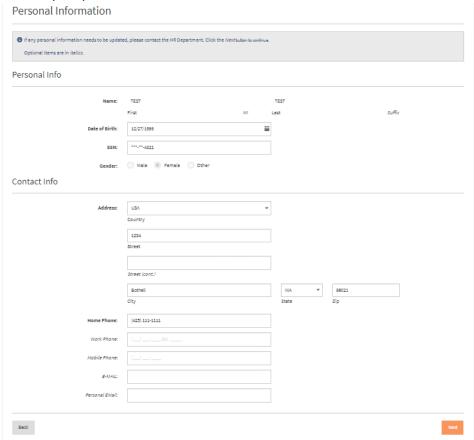
- 1. Visit the website
 - https://trustmark.benselect.com/Enroll/Login.aspx?Path=WesternHealthcareInsuranceTrust
- 2. You'll want to enter in your SSN and your Personal Identification Number (PIN). Your PIN is the last four digits of your SSN, followed by the last two digits of your birth year.
 - If you are unable to log in with your SSN, please select "New Employee? Click Here" and create your profile.



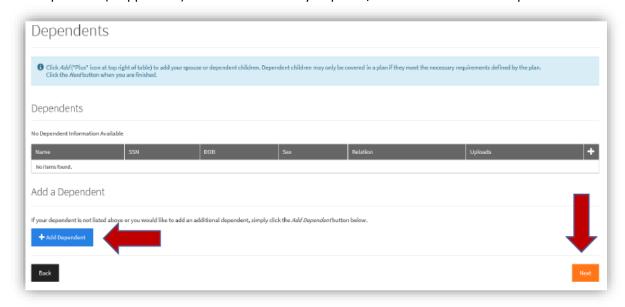
3. Review the WA State Long-Term Care Payroll Tax information click "Next"



4. Confirm your personal information is correct and click "Next"



5. Add Dependent (if applicable) or click "Next". Only a spouse/DP can be added as a dependent.



6. You will be brought to the Welcome Screen.

Trustmark Universal Life



A Trustmark Universal LifeEvents® with Long-Term Care Benefits





Why choose Trustmark Universal LifeEvents with LTC instead of the state benefits?

	Washington State LTC Benefits	Trustmark Universal LifeEvents (minimum benefit amount to qualify for a tax exemption)	
Monthly LTC Benefit	Average of \$3,040 a month ¹	\$3,120 a month ²	
Max LTC Benefit Period	Up to 12 months (365 days)	Up to 25 months	
Benefit Eligibility	After paying anywhere from 3-10 years	Eligible immediately	
Portability	If you move out of state, coverage would depend on whether you met minimum payment requirements	You own your coverage — take it with you wherever you go.	
Max LTC Benefits	\$36,500	\$78,000	
Max Death Benefit	\$0	\$78,000	
Total Max Benefit	\$36,500	\$156,000	



And what if you needed expensive long-term care services?

- The average cost of a room in an assisted living facility is \$3,628/month.*
- Benefits can also help pay for qualifying home health care and adult day care.

 $^{\circ}$ National averages in 2016, U.S. Department of Health and Human Services, longtermcare.acl.gov.

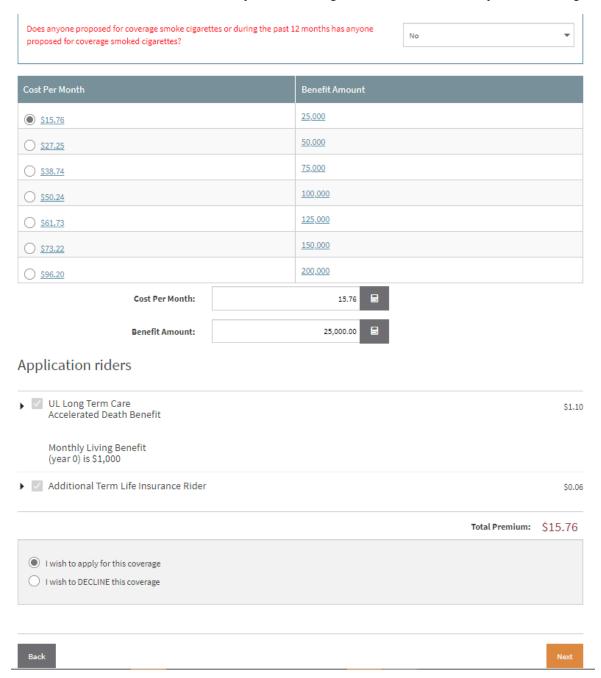
$\textbf{Act fast} \, \hbox{-}\, \mathsf{you} \, \mathsf{need} \, \mathsf{to} \, \mathsf{purchase} \, \mathsf{coverage} \, \mathsf{soon} \, \mathsf{to} \, \mathsf{qualify} \, \mathsf{for} \, \mathsf{an} \, \mathsf{exemption} \, \mathsf{from} \, \mathsf{the} \, \mathsf{tax}.$

WA LTC Trust Act is mandatory for all W-2 employees who reside in the state of Washington. Employees in other states may still apply for Universal LifeEvents.
Universal LifeEvents® death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary; issue age is 10-64. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

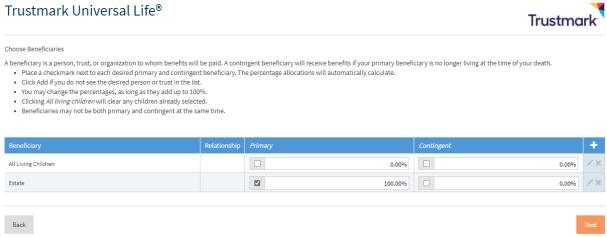
 $^{1}\textit{Based off of initial unadjusted WA State LTC benefit of $100/day for 365 days.} \\ ^{2}\textit{Based off of Universal LifeEvents benefit amount of $78,000.} \\$

This content is based on Trustmark's interpretation of the new legislation and is subject to the State's application of the rule and approval of each application for exemption. The information provided here should not be construed as legal, tax, investment, financial or other advice. Please consult with specialized experts for detailed advice for your situation.

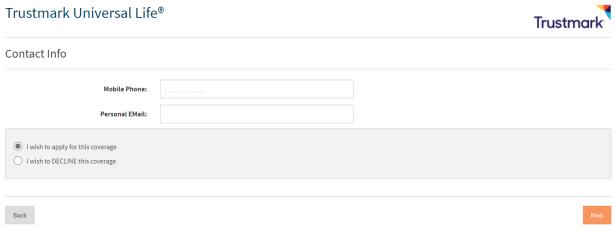
- 7. From the Welcome Page, scroll down to view rates and plan design information.
 - a. Select your Tobacco Status
 - b. You may select a benefit amount option OR you may type in the benefit amount you wish from \$25,000 \$300,000 in \$1,000 increments.
 - c. Select "I wish to APPLY for this coverage" OR "I wish to DECLINE for this coverage"



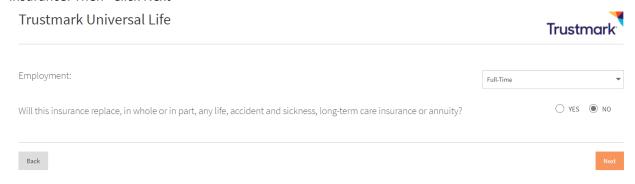
- 8. Choose a beneficiary and "Click Next"
 - a. it will default with Estate and All Living Children, you are able to add with the + Button to add the Beneficiary of your choosing.



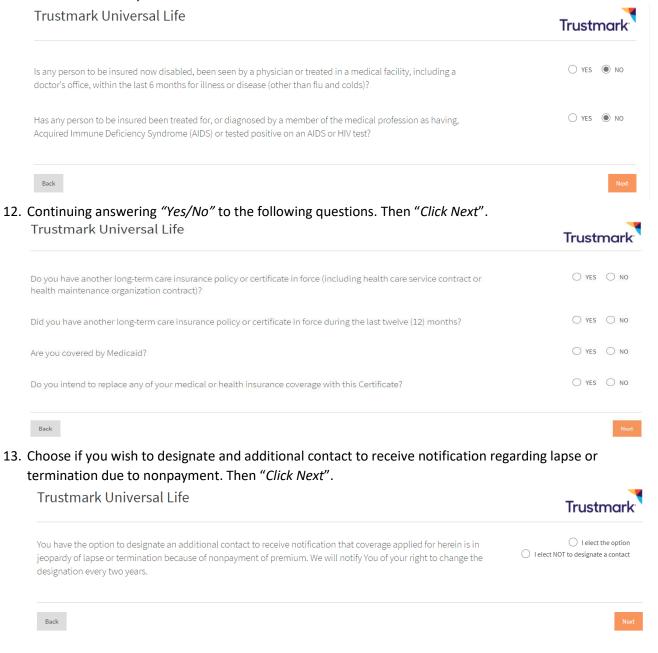
9. Enter in contact information and select "I wish to APPLY for this coverage" OR "I wish to DECLINE this coverage". Then "Click Next"



10. Confirm employment status and check "Yes/No" if replacing any other coverage or LTC insurance. Then "Click Next"

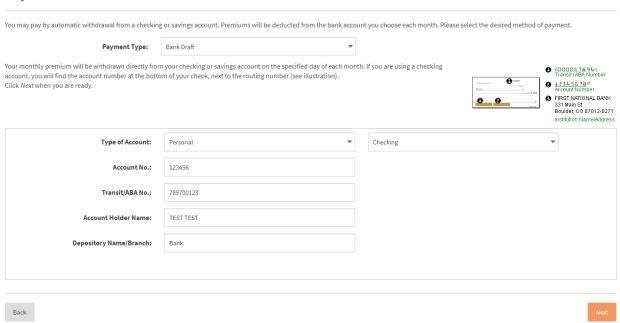


11. For a plan design with Guarantee Issue you will need to answer these questions and they will not be reviewed by Trustmark. Then "Click Next".



14. Enter in your payment information for automatic withdrawals from your checking or savings account for your premiums each month. Then "Click Next".

Payment Information



15. Review Your Benefits section to ensure election. Review all forms in the Signatures required section and select next to begin signing. Then "Click Next".

Sign and Submit

L-205 (I) WA R5-09 Application for Life Insurance

Enrollment Confirmation

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- Are You Satisfied With Your Elections? If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid		
Trustmark Universal Life	Trustmark Universal Life Events Insurance; EO	\$0.00	\$41.29	\$0.00		
Total			\$41.29	\$0.0		
Signatures Required						
To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.						
Form Name			Date Signed/Re	Date Signed/Reviewed		
OC/HH-LTC.205V3(i) WA Outline of Coverage			N/A	N/A		
■ 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (TEST TEST)						
■ Notice of Information Practices			N/A	N/A		
■ LTC RATE DISC WA Long Term Care Rate Disclosure Form			N/A	N/A		
ARR DISCLOSURE/I WA R6-10 UL NS Disclosure Statement for Accelerated Benefits			N/A	N/A		

Unsigned

Next

16. Review all forms in the Signatures required section begin signing by checking the box next to the form. Once complete hit "sign form"

Review / Sign Forms Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically. Please review each document carefully and place a checkmark next to each before signing. Form Name 1572 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (TEST TEST) L-205 (I) WA R5-09 Application for Life insurance OC/HH-ITC.205V3(I) WA Outline of Coverage ITC RATE DISC WA Long Term Care Rate Disclosure Form ABR DISCLOSURE/I WA R6-10 UL NS Disclosure Statement for Accelerated Benefits Employee: By clicking the Sign Form button, I am electronically signing the form listed above.

Next

17. A prompt will appear you have signed and completed your application and you may logout.

