

Frequently Asked Questions (FAQ)

Trustmark Life+LTC

1. What is Life+LTC Insurance?

You could need Long-Term Care (LTC) because of an accident, illness, cognitive impairment or simply due to aging.

This plan is designed to help you and your family plan for the high cost of Long-Term care and combines the benefit of life insurance. You WILL receive a benefit, either for LTC, Life Insurance, or both.

2. How does the plan benefit work?

Choose a life insurance benefit and you will receive a monthly LTC Benefit of 4% of the life insurance benefit in the event you are approved for an LTC claim.

3. Does the plan's benefit decrease?

The death benefit will decrease to 1/3 of the original face value at age 70 or after 15 years, whichever is greater. Your LTC benefit does not reduce.

4. What happens if I use all the benefits for LTC, do I receive a death benefit?

Yes, Trustmark restores the death benefit to the current death benefit value (at age 70 or after 15 years this would be the reduced death benefit). LTC Benefit is not reduced.

5. What happens if I never need LTC and don't use the LTC benefit?

Your beneficiary will receive the death benefit upon your death.

6. Does my premium increase as I get older?

Premiums are based on the age at which you apply for coverage. They do not increase each year as you get older. Insurance companies do reserve the right to increase rates.

7. When does the plan benefit end?

Your policy Ends at age 100. Trustmark pays the surrender value which is less any benefits paid or loans taken.

8. What if I stop paying the premiums?

If you have some cash build up in your policy, then you can use that to continue to pay your premiums. Once that is exhausted your policy lapses and you have no plan benefit. If you don't have cash build up and stop paying premiums, then your plan benefit lapses, and you have no plan benefit.

9. How do I trigger the plan LTC benefit?

When you need assistance and are certified by a physician as needing assistance with 2 out of 6 Activities of Daily Living (ADL's) or you are diagnosed with cognitive impairment after the first 90 days. The ADL's are bathing, eating, transferring, toileting, continence and dressing.

10. Can my spouse/domestic partner apply for coverage?

Yes – eligible spouses/domestic partners can apply for coverage

The employee must apply for the spouse/domestic partner to be eligible

Spouse/domestic partner coverage cannot exceed employee coverage

11. Does my spouse/domestic partner have to submit their own application?

Yes, first the employee must list the spouse/domestic partner as a dependent on their application on the enrollment website. Once the spouse/domestic partner is added as a dependent, coverage can be selected, and an application completed

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12. How do I know my application was submitted?

You must download and print the 'Enrollment Verification' after signing

13. Can I maintain this policy if I am no longer employed by my current employer?

Yes, the Trustmark policy is portable by paying your premiums directly to Trustmark. As long as you continue to pay your premiums, your coverage will remain in force. The rate does not change when you leave employment.

14. How long has Trustmark been in business?

Trustmark has been in business since 1889

Learn more about Trustmark by visiting [Home | Trustmark \(trustmarkbenefits.com\)](http://Home | Trustmark (trustmarkbenefits.com))

15. Can I use Health Savings Account (HSA) money to pay my premium?

No

16. Can I use my Flexible Spending Account (FSA) to pay my premium?

No

17. Are the LTC premiums pre-tax or post-tax?

Post-tax

18. How do I receive my policy?

Trustmark will mail your policy documents.

19. When will I receive my policy?

You will receive your policy documents within 4-6 weeks from end of enrollment.

20. I am having technical difficulties.

Password reset – click on 'Forgot Password'

Enter your email address and complete the 'Verification Code'

Your password reset will be emailed to you

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Trustmark Underwriting Questions

Modified Guarantee Issue

1. Is any person to be insured now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, within the last six months for illness or disease (other than flu, colds)?
2. Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive on an AIDS or HIV test?

Simplified Issue

1. Is any person to be insured now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, within the last six months for illness or disease (other than flu, colds)?
2. Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive on an AIDS or HIV test?
3. Details of any major health impairments (within the last five years)
4. Any history of drug or alcohol treatment
5. Specify the reason for seeing a medical practitioner in the past 12 months (other than for a routine physical)

Disclaimer: The underwriting questions within this proposal are for illustrative purposes only. The number of underwriting questions and the questions themselves can vary depending upon the state-specific application.