

## Step 1:

### [Click Here to Apply](#)

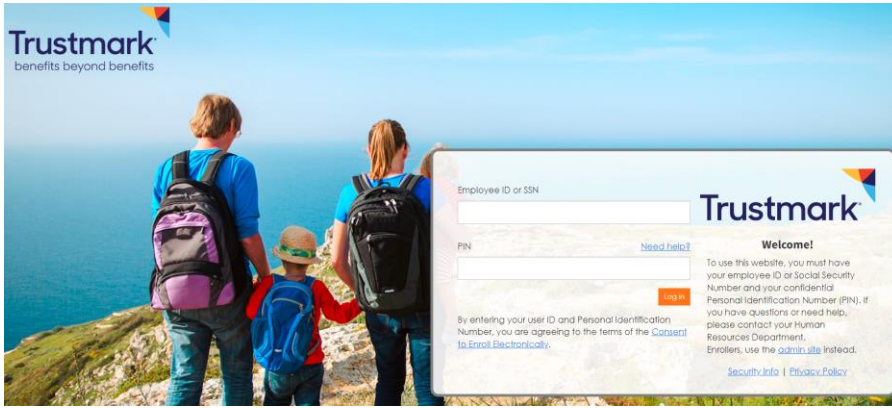
Enter SSN and PIN

PIN = Last 4 of your SSN + last 2 of your birth year

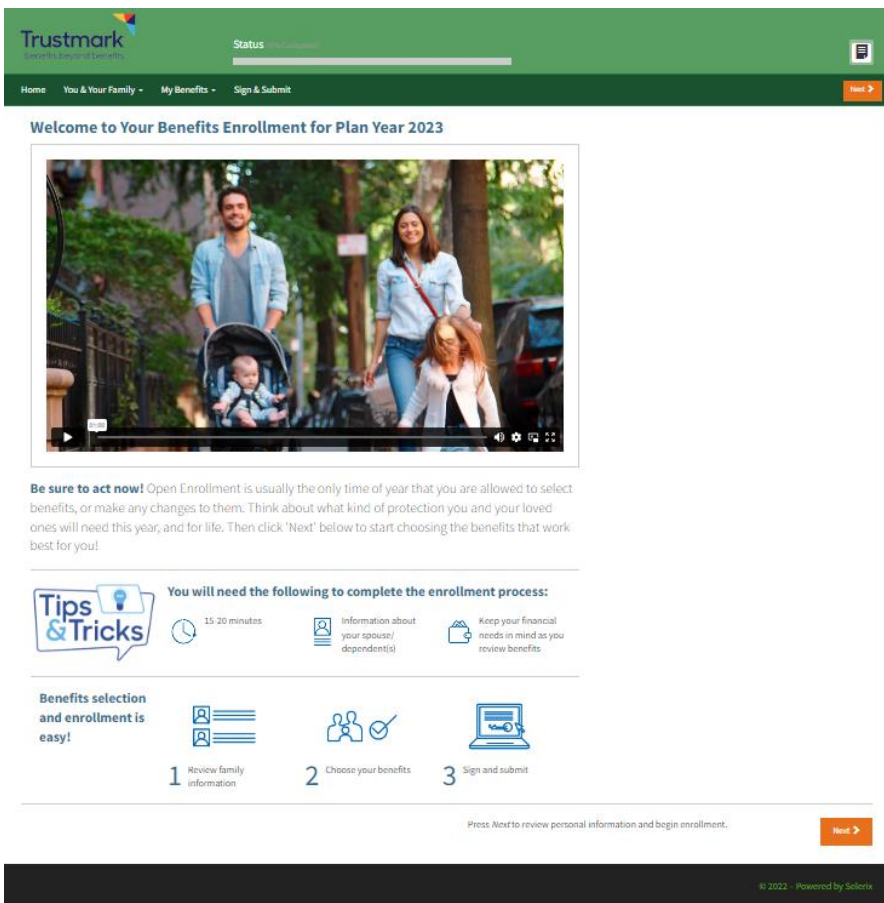
Example: SSN 123-45-6789

Birth Year: 1958


PIN = 678958




## Step 2: Click 'Next'



**Step 3:** Add a dependent if your spouse/domestic partner/child/grandchild are also applying for coverage, then click ‘Next’. You can complete your application and re-enter to add Dependents at any time during the enrollment period.



Status 75% Completed



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## Dependents

On this screen, please add and/or review information about your dependents.

- This is important to do now so that you can enroll them in any eligible coverage. It will also let you designate them as beneficiaries, if applicable.
- Click the “plus” button at the top right of the table, or the blue “Add Dependent” button below the table, to add a new dependent. You can also click a name in the table to review and edit information.

When all your dependent information is correct, click the “Next” button to the bottom right.

## Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	
No items found.						

## Add a Dependent


If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

[Add Dependent](#)


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**Step 4:** Click ‘Review’ to see rates and plan designs



Status 0% Completed



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## My Benefits

Below is a list of your current benefit elections. Click “Review” for benefit information and to elect or decline coverage.


☐ Trustmark Universal Life

[Review](#)

You have to complete enrollment in this plan.

My Benefits

☐ Trustmark Universal Life \$0.00

 **Total Cost** \$0.00

Total Per Pay Period

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## Step 5: Confirm Tobacco Status



# Trustmark Universal LifeEvents®



Permanent, affordable life protection that fits your changing needs.



Affordable permanent life insurance with a higher death benefit during working years.



Cash benefits to help pay bills, funeral costs, tuition, mortgage or anything else.



Policy builds cash value over time that you can access.

Enroll in Trustmark's Universal LifeEvents® insurance and protect your loved ones' future today.



### Tips & Tricks

Think of the people who count on you. How much would they need to get by if you weren't around?



Rent/mortgage payments



Loans



Medical & credit card bills

Remember! there will never be a better time than now to get permanent life insurance. As you get older, life insurance gets more expensive. Enroll today and lock in your rate at your current age.

Products underwritten by Trustmark Insurance Company and Trustmark Life Insurance Company of New York. Benefits may not be available in all states; benefits, availability, exclusions and restrictions may vary by state and may be marked differently. Your policy/contract will contain complete information.

Insurance for


Have anyone proposed for coverage inside cigarettes or during the past 12 months has anyone proposed for coverage around cigarettes?

No


**Step 6:** Review Plan and Rates. The Long Term Care Rider (LTR) and Benefit Restoration Rider (BRR) are built in to the plan offering and cannot be changed. The EZ Value (EZV) is an optional rider that you can choose to remove from your policy. Confirm Benefit Amount/Cost per Pay Period by selecting one of the pre-set options, or type either your desired Cost or Benefit Amount into the fields below the table and click the calculator icon to set your policy amounts.

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$20.18	25,000
<input type="radio"/> \$38.32	50,000
<input type="radio"/> \$56.47	75,000
<input type="radio"/> \$74.61	100,000
<input type="radio"/> \$110.90	150,000
<input type="radio"/> \$147.19	200,000
<input type="radio"/> \$183.48	250,000
<input type="radio"/> \$219.77	300,000

Cost per Pay Period:



Benefit Amount:



Application riders

☒ Long Term Care (LTR)

\$3.37

Monthly Living Benefit  
(year 0) to \$1,000

☒ Combination of Benefit Restoration rider  
and Extension of Benefits rider (BRR)

\$3.28

☒ EZ Value (EZV)

Total Premium: \$20.18

☒ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

**Step 7:** Select ‘I wish to apply for this coverage’ and click ‘Next’

☒ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

**Step 8:** Choose Beneficiaries, then click ‘Next’. You can complete your application and re-enter to add or change Beneficiaries at any time during the enrollment period.

The screenshot shows the 'Choose Beneficiaries' step of the Trustmark Universal Life application. The header includes the Trustmark logo, a progress bar at 0% completion, and navigation links. The main content area explains that a beneficiary is a person, trust, or organization to whom benefits will be paid. It lists instructions: place a checkmark next to each desired primary and contingent beneficiary, click 'Add' if a desired person is not in the list, change percentages as long as they add up to 100%, and clicking 'All living children' will clear any children already selected. Below this is a table with columns for Beneficiary, Relationship, Primary, Contingent, and a plus sign icon. Two rows are visible: 'All Living Children' and 'Estate'. Each row has checkboxes for Primary and Contingent, both currently at 0%, and a green checkmark icon. At the bottom are 'Back' and 'Next' buttons.

Beneficiary	Relationship	Primary	Contingent	
All Living Children		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	<input checked="" type="checkbox"/>
Estate		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	<input checked="" type="checkbox"/>

**Step 9:** Enter Mobile Phone/Email and that ‘I wish to apply for this coverage’ and click ‘Next’

The screenshot shows the 'Contact Info' step. It features a 'Mobile Phone' input field. Below it are two radio button options: 'I wish to apply for this coverage' (selected) and 'I wish to DECLINE this coverage'. At the bottom are 'Back' and 'Next' buttons.

**Step 10:** Select Employment Status and answer Replacement Questions

The screenshot shows the 'Employment' step. It includes an 'Employment' dropdown menu currently set to 'Full-Time'. Below this is a question: 'Will this insurance replace, in whole or in part, any life, accident and sickness, long-term care insurance or annuity? (This includes a health care service contract or HMO.)'. There are two radio button options: 'YES' and 'NO'. At the bottom are 'Back' and 'Next' buttons.

**Step 11:** Answer the 2 Modified Guarantee Issue (MGI) underwriting questions, then click ‘Next’. All applicants must answer the MGI questions even if you are applying for a Guarantee Issue (GI) policy. If the GI participation requirement is met, Trustmark will disregard your answers to these questions. If you answer “Yes” to either of these MGI questions, you will be prompted to complete Simplified Issue (SI) questions as well.

Trustmark

Answers to Key Underwriting Questions

Status 0% Complete

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Trustmark Universal Life

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 6 months for illness or disease (other than flu and colds)?

☐ YES ☐ NO

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?

☐ YES ☐ NO

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Next

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**Step 12:** Elect or Not if you would like a designated contact, then click ‘Next’

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Back Next

Trustmark Universal Life

You have the option to designate an additional contact to receive notification that coverage applied for herein is in jeopardy of lapse or termination because of nonpayment of premium. We will notify You of your right to change the designation every two years.

☐ I elect the option  
☐ I elect NOT to designate any person

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Next

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**Step 13:** Review the documents underneath ‘Signatures Required’ and once reviewed click ‘Next’

Home You & Your Family My Benefits Sign & Submit

Next

Sign and Submit

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
Trustmark Universal Life	Trustmark Universal Life Events Insurance; EO	\$0.00	\$20.18
Total		\$0.00	\$20.18

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (JenTest Sample)	Unsigned	
Notice of Information Practices	Not Reviewed	N/A
ABR DISCLOSURE VA UL Disclosure Statement for Accelerated Benefits	Unsigned	
L-205 VA Application for Life Insurance	Unsigned	
Benefit Summary	Unsigned	

Next

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Step 14: Place a check mark next to the forms to sign, then click ‘Sign Form’

HomeYou & Your FamilyMy BenefitsSign & Submit

Next

Review / Sign Forms

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 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

☐ 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (JanTest Sample)

☐ ABR DISCLOSURE VA UL Disclosure Statement for Accelerated Benefits

☐ L-205 VA Application for Life Insurance

☒ Notice of Information Practices

Employee: By clicking the Sign Form button, I am electronically signing the form listed above.

Sign Form

Next

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Step 15: Click ‘Sign Form’

HomeYou & Your FamilyMy BenefitsSign & Submit

Next

Review / Sign Forms

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.

Benefit Verification / Deduction Confirmation

Name	SSN	Employee ID	Date of Hire	Reason for Completing Form
Jen Test Sample	***-**-2345	6789	01/01/2018	Open Enrollment
Location	Department	Job Class	Pay Mode	Address
All Locations	NA	FT	26	123 Test Ave
Work Phone	Home Phone	E-mail		Redmond, WA 98063

Benefit Deduction Summary

Plan	Product	Cvg	Benefit Amount	Ded. Cycle	Employer Cost	Employee Cost Pre-tax	Employee Cost Post-tax
Trustmark Universal Life	Trustmark Universal Life Ever	EO	25,000	26	0.00	0.00	20.18
Total:					0.00	0.00	20.18

Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, pre-tax elections are irrevocable during the plan year. No changes to pre-tax elections are allowed during the plan year unless you experience a qualified change in status as defined. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.

- Upon acceptance by the Insurer, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unpaid balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during the plan year for which the election amount was deducted.

Your total deductions per pay period...

Total Deductions\$ 20.18

Employee Signature

Date

download form

Employee: By clicking the Sign Form button, I am electronically signing the form listed above.

Sign Form

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