TRUSTMARK INSURANCE COMPANY
"We, Us, and Our"
400 Field Drive
Lake Forest, IL 60045-2581
(866) 813-7192

GROUP TERM LIFE INSURANCE POLICY WITH ACCELERATED BENEFITS

This Policy is a legal contract between the Policyholder and Trustmark Insurance Company.

We issue this Policy and Certificate in agreement of the Participating Employer's and Insured's applications and enrollment forms. We will pay benefits according to the terms and provisions outlined in this Policy and Certificate for eligible employees and dependents of Participating Employers for whom premium has been paid.

This Policy is delivered in and is governed by the laws of the governing jurisdiction.

TRUSTMARK INSURANCE COMPANY

John Anderson
President

Kathleen Sweitzer
General Counsel and Corporate Secretary

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POLICY SCHEDULE

Policyholder:	Voluntary Benefits Multiple Employer/Union Group Insurance (AR) Trust
Participating Employer:	PRAIRIE CITY MONROE CSD Non-Contributory
Group Number:	3091 Trustmark Life + Care-9549
Group Effective Date:	July 01, 2025

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DEFINITIONS

Active Employee
An Insured who meets all of the following requirements:

- Is a member of an eligible class;
- Is employed by the Participating Employer;
- Is working the minimum hours established by the Participating Employer which must be at least 20 hours per week;
- Is receiving standard pay as set by the employment practices of the Participating Employer or similar organizations; and
- Is a resident of the United States.

An employee will be considered an Active Employee on a paid vacation day, paid sick day or regular non-working day if he or she was an Active Employee on his or her last regular working day. An employee is not considered an Active Employee if he or she is not performing his or her regular occupation due to seasonal scheduling, he or she is on a company approved leave of absence, or he or she is in an active duty status in any military service of the United States or any other country.

Certificate
The document issued to the Active Employee describing an Insured's benefits and rights under this Policy, including applications, if any, completed for the insurance, Endorsements, or amendments to this Policy and the certificate.

Effective Date
The date coverage under the Participating Employer becomes effective.

Endorsement
Any document that changes this Policy's terms and conditions, benefit amounts or premium due amounts.

Insured
The person named as the Insured on a Certificate as having coverage under this Policy.

Participating Employer
An employer or union that has agreed to participate under the Policy if the Policyholder and Trustmark Insurance Company so agree. We will keep a list of Participating Employers accepted by Us and the coverage Effective Dates for each.

The Policyholder may act for or on behalf of all Participating Employers in all matters of this Policy. The following will be binding on all Participating Employers:

- All agreements between the Participating Employer and Us;
- All notices from Us to the Participating Employer; and
- All notices from the Participating Employer to Us.

An Active Employee of a Participating Employer will be deemed to be an Active Employee of the Policyholder for insurance purposes.

Participation Agreement
The contract between the Participating Employer and Us.

Policy
The group contract issued to the Policyholder. The Certificate is issued under this Policy and is made part of the Policy. Provisions of this Policy govern the Certificate.

Policyholder
The legal entity to which the Policy is issued.

Spouse
The person of the same or opposite sex who is legally married to the Insured under the laws of the state or jurisdiction in which the marriage took place. Wherever the term Spouse appears in this Certificate, it includes registered domestic partners and civil union partners, where permitted by state law.

We, Us, or Our

Trustmark Insurance Company.

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ELIGIBILITY AND TERMINATION

Eligibility for Coverage

An Active Employee is eligible for coverage if his or her application is approved by Us and he or she is an Active Employee or the Spouse of an Active Employee on their Certificate effective date of coverage.

Termination of the Policy

This Policy can be terminated:

- by the Policyholder; or
- by Us.

The Policyholder may cancel this Policy by written notice delivered to Us at least 31 days prior to the cancellation date. This Policy can be cancelled on an earlier date if We and the Policyholder both agree.

Termination of Participation under the Policy

The Participating Employer may cancel their Participation Agreement by written notice delivered to Us at least 31 days prior to the cancellation date. Participation can be cancelled on an earlier date if We and the Participating Employer both agree.

We may cancel or not renew the Participation Agreement if:

- Our participation requirements are not met, as applicable;
- The Participating Employer does not promptly provide Us with information that is reasonably required;
- The Participating Employer fails to perform any of its obligations that relate to this Policy and/or the Participation Agreement;
- The Participating Employer does not promptly report to Us the required information about any named Insureds who are no longer Active Employees;
- We determine that there is a significant change in the Participating Employer or named Insureds as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization that impacts the size, occupation or age of any Active Employees;
- The premium is not paid in accordance with the provisions of the Participation Agreement;
- This Policy has been in effect for 12 months or longer; or
- A change in Federal or state law or regulation, which affects the benefits or provisions of the Participation Agreement.

If We cancel the Participation Agreement for reasons other than the failure to remit premium, a written notice will be delivered to the Participating Employer by mail at least 30 days prior to the cancellation date.

If the Participation Agreement is cancelled, the cancellation will not affect a claim for which We are liable under the terms of this Policy.

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PREMIUM

Payment of Premium

All premium must be paid to Us at Our home office. All premium is payable in advance.

Premium Due Date

The initial premium is due on the Insured's effective date of coverage. If the initial premium is not paid, there will be no coverage provided under this Policy. Subsequent premium is payable monthly or according to the premium payable frequency established by the Participating Employer. Failure to pay premium when due shall result in termination of coverage as of such due date, subject to the grace period.

Returned or Dishonored Premium

If a payment of any premium is dishonored for insufficient funds, a reasonable service charge shall be charged. A dishonored payment shall be considered a failure to pay premium.

Grace Period

If written notice of termination has not been received, a grace period of 31 days will be allowed for premium payments due after the initial premium. Coverage shall remain in force during the grace period. If any premium is unpaid at the end of the grace period, coverage shall automatically terminate retroactively to the last day for which premium has been paid.

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GENERAL PROVISIONS

Assignability

The coverage and benefits provided under this Policy are not assignable.

Entire Contract

Insurance for eligible persons is provided under a contract of group insurance with the Policyholder. The Policy, the Participation Agreement, the Certificates, applications, any riders or Endorsements and any attached papers shall constitute the entire contract. No change to the Policy shall be valid until approved by an executive officer of the Company. No agent or Participating Employer has authority to change the Policy or waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Conformity with State Law

If any provision of this Policy is in conflict with the laws which govern this Policy, the provision will be deemed to be amended to conform with such laws.

Agency

For purposes of this Policy, the Participating Employer acts on it and its Active Employees' behalf. Under no circumstances will the Participating Employer be deemed our agent.

Certificates

A Certificate will be issued for delivery to each Insured. The Certificate will describe the benefits, terms, limitations and other essential features of this Policy.

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