



See what's changed with the Signature Process

The Chesapeake Life Insurance Company Application and required forms will now be viewed as a PDF link instead of an i-frame scroll. Applicants will need to click on the **View Documents** button to review the documents.



Review Products Selected and/or Documents

Your documents are ready for review. Before proceeding, you must click on the "View Documents" button below to review and confirm that all information is correct. Once you have reviewed all documents and confirmed your selected products, return to this tab to complete any required acknowledgments and electronically sign below.



By checking the box and entering my name below, I am indicating I have reviewed the applications and brochures and it is my intent to electronically sign the application and the administrative forms provided (in states where applicable) and represent that all of the information I have provided is true, complete and accurate.

Acknowledgments

PRODUCT SELECTION ACKNOWLEDGMENT

I agree that I have chosen to submit an application for the voluntary supplemental and/or life insurance policies underwritten by The Chesapeake Life Insurance Company®.

I understand that the voluntary supplemental insurance policies I have selected:

- are OPTIONAL for an additional premium;
- are NOT comprehensive health insurance plans (or Minimum Essential Coverage);

The documents will open in a separate tab. Once they have reviewed all documents and confirmed their selection of products, they should return to the original **Signature Page** tab to complete the Acknowledgments and their electronic Signature.

SB - Signature Page x N/A

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The Chesapeake Life Insurance Company®

Product Selection Acknowledgment Form

VOLUNTARY Supplemental and/or Life Insurance Coverage Selections:

	Estimated Monthly Premium		Estimated Monthly Premium
<input type="checkbox"/> Vision Insurance	\$ 0.00	<input type="checkbox"/> Dental Insurance	\$ 0.00
<input type="checkbox"/> HospitalWise™ Hospital Indemnity Insurance	\$ 0.00	<input type="checkbox"/> CancerWise Plus™ Specified Disease Cancer Insurance	\$ 0.00
<input checked="" type="checkbox"/> AccidentWise™ Accidental Injury Only Insurance	\$ 88.40	<input type="checkbox"/> HeartWise™ Specified Disease Heart Attack & Stroke Insurance	\$ 0.00
<input type="checkbox"/> DentalWise™ Plus / Prime DVH Dental, Vision and Hearing Insurance	\$ 0.00	<input type="checkbox"/> SecureWise™ Term Life Insurance	\$ 0.00
<input type="checkbox"/> Income Protection Direct Disability Income Insurance	\$ 0.00	<input type="checkbox"/> Accident Disability Direct Accident-only Disability Income Insurance	\$ 0.00
<input type="checkbox"/> Accident Companion Accidental Injury-only Insurance	\$ 0.00	<input type="checkbox"/> Accident Direct Accidental Injury-only Insurance	\$ 0.00
<input type="checkbox"/> ProtectFit Plus Accidental Injury-only Insurance	\$ 0.00	<input type="checkbox"/> Critical Accident Direct Critical Accidental Injury Insurance	\$ 0.00

Estimated Total Monthly Premium: \$ 88.40 (billing will be based on the mode you selected).
First Month Premium may include a one-time application fee and may be pro-rated based on your Effective Date.
Premium will be processed from your account immediately upon issue of your coverage, based on premium mode selected.

Applicant Acknowledgment