CancerWise®

An Insurance Coverage Overview

- The cost of cancer in 2008 was $201.5 billion and 31% of the cost was for expenses related to medical costs.†
- The survival rate for all cancers is 68%.††

FOCUS ON YOUR RECOVERY

In the U.S., one in two men and one in three women will develop or be diagnosed with cancer in their lifetime.††† Thanks to advances in treatment, many people recover, but while they do, lives and jobs are often put on hold, adding financial strain to an already stressful time.

The CancerWise Plan, underwritten by The Chesapeake Life Insurance Company®, and brought to you by MetLife, is an insurance policy specifically designed to pay you cash in the event of a first diagnosis of cancer. This supplemental coverage can help cover the cost of everyday living expenses, alternative treatment options, out-of-pocket medical expenses, or whatever you desire. It's your money – you decide how to spend it.

THE CANCERWISE PLAN AT A GLANCE:

- Coverage starts from less than $1 per day.††††
- Pays you or your loved-ones a one-time lump-sum cash benefit of up to $50,000, pays $500 if first diagnosed during the 30-day waiting period.
- Coverage available for the whole family – you, your spouse and your kids.
- You choose how your benefit is used – to assist with medical costs, reduce debts such as your mortgage or even to take a recuperative vacation.
- Applying is simple – your application can be completed within minutes online or over the phone. **1-855-GO2JOIN (1-855-462-5646)** Application subject to approval by the insurer.

Insurance policies underwritten and administered by The Chesapeake Life Insurance Company®

THIS IS A CANCER ONLY INSURANCE POLICY.

MetLife

ML/000003

The Chesapeake Life Insurance Company®

P-9/14

LEARN MORE ABOUT THE CANCERWISE® INSURANCE PLAN

Provides a one-time lump-sum benefit upon a first diagnosis of cancer per insured person, per lifetime. Subject to a 30-day waiting period.

MONTHLY PREMIUMS*

	AGE 30		AGE 35		AGE 40		AGE 45	
One Time Lump-Sum Benefit Amount Chosen	Male	Female	Male	Female	Male	Female	Male	Female
$20,000	$8.26	$7.46	$10.75	$8.76	$14.14	$11.28	$16.32	$13.25
$30,000	$12.38	$11.20	$16.13	$13.14	$21.20	$16.92	$24.48	$19.87
$50,000	$20.64	$18.66	$26.88	$21.90	$35.34	$28.20	$40.80	$33.12

*This is only an illustration of the benefit options and premiums and is based on non-tobacco rates.

Other Important Information

STARTING YOUR COVERAGE

Evidence of insurability is required before coverage is provided. Once your application is approved, and you have paid your initial premium, coverage will begin on the Policy date shown in the Policy schedule.

KEEPING YOUR COVERAGE

Your Policy is guaranteed renewable[1] except that once any insured person receives a benefit under the Policy, coverage for that insured person will cease immediately and premiums will be adjusted accordingly.

Your Policy will remain in effect as long as you pay premiums, except:

- When your request to terminate the Policy is received.
- In the case of any act of insurance fraud or material misrepresentation by anyone applying for coverage or claiming benefits.[2]
- In the event this plan should ever be discontinued for everyone in your state, you will be given written notice before the date of discontinuation.[3]
- If you are no longer a resident of the United States.[4]
- If you reach age 65, or become eligible for Medicare, whichever occurs first.[5]

PREMIUM CHANGES

We have the right to change premiums due for the Policy. You will be notified in writing at least 31 days prior to the effective date of the new rates.[6]

State Variations:
[1] FL, IA, KY: replaces 'guaranteed renewable' with 'conditionally renewable';
[2] NC: deleted;
[3] CT, ND: deleted;
[4] MT: deleted;
[5] ME, CT, GA, MT: removes age 65 or Medicare eligible;
[6] AK, FL, LA, MT, NC, UT, WA: changes '31 days' to '45 days'; GA, MS, MT, NM, WI: changes '31 days' to '60 days';

continued >

WHAT WILL NOT BE COVERED

- Any services, supplies, care or treatment of cancer, or any other disease, sickness or incapacity
- Any disease, sickness, or incapacity which is not included within the definition of cancer as defined under the Policy
- Any cancer that is not first diagnosed while coverage is in effect under the Policy[7]
- All skin cancer which is not diagnosed, by definition, specifically as malignant melanoma
- Any diagnosis, as defined, which is
  - Made prior to the effective date of coverage
  - Determined to be caused by war or an act of war[8]
  - Made by you or a member of your immediate family or household
  - Made outside the U.S.[9]
  - Made after the date on which coverage under the Policy has been terminated.
- The policy does not provide benefits for any loss resulting from a pre-existing condition, as defined, unless cancer related to the pre-existing condition is first diagnosed more than 12 months after the effective date of coverage for an insured person, including the waiting period.[10]

IMPORTANT DEFINITIONS:

- Cancer is a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a malignant melanoma, Leukemia, or Hodgkin's Disease or cancer in situ. Cancer does not include pre-malignant potential or any other skin cancer which is not specifically Malignant Melanoma.[11]
- First Diagnosis or First Diagnosed means a diagnosis, as defined, which initially occurs for the first time in the insured person's lifetime and while his/her coverage is in effect under the Policy.
- Pre-Existing Condition means a condition, disease, infection, or disorder not excluded by name or specific description for which: 1) medical advice, consultation or treatment was recommended by or received from a legally qualified physician within the two year[12] period before the effective date of coverage; or 2) symptoms existed within the one year period before the effective date of coverage, which would cause an ordinarily prudent person to seek diagnosis, examination, care or treatment.[13]

[7] WA: does not cover cancer diagnosed during the waiting period;

[8] OK: (whether declared or undeclared) when serving in the military or an auxiliary unit attached to the military or working in a area of war whether voluntary or as required by an employer';

[9] WY: removes exclusion;

[10] ME, NM: changes '12 months' to '6 months';

[11] CA: 'Cancer' is replaced with 'Invasive Cancer' throughout the Policy. Cancer in Situ is not covered.

[12] MT: changes 'two year' to 'three year';

[13] DC: removes 'ordinarily prudent'; MT, TX: removes 'consultation'; ID: revised to 'a condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period immediately before the effective date of coverage'; ME, NM, NV: changes 'two year' and 'one year' to 6 months. MT, NE, NC: removes item 2; NC, SD: changes 'two year' to one year';

Policies issued and administered by The Chesapeake Life Insurance Company®.

"We", "our" or "us" refers to The Chesapeake Life Insurance Company.

The Chesapeake Life Insurance Company compensates Metropolitan Life Insurance Company for marketing services. The Chesapeake Life Insurance Company and Metropolitan Life Insurance Company are separate companies and are not affiliated with one another.

This brochure provides only summary information of the first diagnosis Cancer Benefit Policy, form CH-26055-IP (05/07) or (03/14) or their state variation. The Policy is a supplemental plan and is not intended as a replacement for health insurance coverage. The Policy is the contract and includes complete information about the benefits, terms, exclusions and limitations of the Policy. A Right to Examine is provided during which the Policy may be returned to Chesapeake for a full refund of premium. Policy not available in all states; benefits, rates and provisions may vary by state.

† American Cancer Society, Cancer Facts & Figures 2008 and 2013. Atlanta: American Cancer Society; 2013.

†† American Cancer Society. Cancer Facts & Figures 2013. Atlanta: American Cancer Society; 2013.

††† American Cancer Society. Cancer Facts & Figures 2012. Atlanta: American Cancer Society; 2012.

†††† Based on a female aged 40, non-tobacco, coverage of $50,000.

The Chesapeake Life Insurance Company®
9151 Boulevard 26
North Richland Hills, TX 76180
1 (800) 815-8535

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CH CAN ID 914

THE CHESAPEAKE LIFE INSURANCE COMPANY
A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home Office: Oklahoma City, Oklahoma
Administrative Office: 9151 Boulevard 26
North Richland Hills, Texas 76180
Customer Service: 1-800-815-8535

LIMITED BENEFIT CANCER POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26055-IP (03/14) ID

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

NOTICE TO BUYER: THE POLICY PROVIDES LIMITED BENEFITS. The Policy is designed to provide, to Insured Persons, restricted coverage paying benefits ONLY for the First Diagnosis of Cancer while coverage is in force under the Policy, subject to the Pre-Existing Condition Limitation stated in the Policy. This coverage is supplemental and should not be considered a substitute for major medical expense insurance coverage.

1. **READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**

2. **CANCER BENEFIT POLICY –** Cancer Benefit coverage is designed to provide You or Your Covered Dependents with coverage paying benefits under the Policy for First Diagnosis of Cancer. Coverage is provided for the benefits described in the BENEFITS section. The benefits described may be limited as outlined in the EXCLUSIONS AND LIMITATIONS section.

3. **SCHEDULE OF BENEFITS –**

Waiting Period (from Effective Date of Coverage): 30 days

BENEFIT	**AMOUNT OF BENEFIT**
FIRST DIAGNOSIS CANCER BENEFIT AMOUNT ***(Limited to one benefit payable per Insured, per Lifetime)***	☐ $20,000 ☐ $30,000 ☐ $40,000 ☐ $50,000
WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT AMOUNT ***(Limited to one benefit payable per Insured Person, per Lifetime)***	$500

4. **BENEFITS -** Benefits are payable under the Policy for the First Diagnosis of Cancer, while an Insured Person's coverage is in force under the Policy. Benefits are limited to one benefit amount payable per Insured Person, per lifetime, as shown in the POLICY SCHEDULE. Unless otherwise stated in the Policy, all benefits are subject to the Schedule of Benefits shown in the POLICY SCHEDULE; The EXCLUSIONS AND LIMITATIONS; and all other provisions of the Policy.

FIRST DIAGNOSIS CANCER BENEFIT

If an Insured Person receives a First Diagnosis of Cancer after their Waiting Period, and while coverage is in force under the Policy, We will pay benefits in accordance with the **First Diagnosis Cancer Benefit Amount** shown in the POLICY SCHEDULE, subject to the Pre-Existing Condition Limitation. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the First Diagnosis Cancer Benefit Amount shown in the POLICY SCHEDULE, and is limited to one benefit amount payable per Insured Person, per lifetime. Once a First Diagnosis Cancer Benefit Amount has been paid for an Insured Person, no further benefits are available and coverage under the Policy will be terminated on the date the benefit is paid for that Insured Person.

If the Insured Person receiving the First Diagnosis Cancer Benefit Amount is also the primary Insured Person, the spouse of the primary Insured Person who is a Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person does not have a spouse who is a Covered Dependent under the Policy, the oldest Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person is the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this.

WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT

If an Insured Person receives a First Diagnosis of Cancer during their Waiting Period, but while coverage is in force under the Policy, We will pay benefits in accordance with the **Waiting Period First Diagnosis Cancer Benefit Amount** shown in the POLICY SCHEDULE, subject to the Pre-Existing Condition Limitation. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the Waiting Period First Diagnosis Cancer Benefit Amount shown in the POLICY SCHEDULE, and is limited to one benefit amount payable per Insured Person, per lifetime. Once a Waiting Period First Diagnosis Cancer Benefit Amount has been paid for an Insured Person, no further benefits are available and coverage under the Policy will be terminated on the date the benefit is paid for that Insured Person.

If the Insured Person receiving the First Diagnosis Cancer Benefit Amount is also the primary Insured Person, the spouse of the primary Insured Person who is a Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person does not have a spouse who is a Covered Dependent under the Policy, the oldest Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person is the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this.

5. EXCLUSIONS AND LIMITATIONS.

Certain expenses that You or Your Covered Dependents may incur do NOT qualify as covered expenses under this Policy.

This Policy does NOT cover:

1. Any services, supplies, care or treatment of Cancer, or any other disease, sickness or incapacity;
2. Any disease, sickness, or incapacity which is not included within the definition of Cancer as defined under the Policy;
3. Any Cancer that is not First Diagnosed while coverage is in effect under the Policy;
4. All skin cancer which is not Diagnosed, by definition, specifically as Malignant Melanoma;
5. Any Diagnosis, as defined, which occurs prior to an Insured Person's Effective Date of Coverage;
6. Any Diagnosis, as defined, which is determined to be caused by war or an act of war;
7. Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household;
8. Any Diagnosis, as defined, which is made outside the U.S.; or
9. Any Diagnosis, as defined, which occurs after the date on which coverage under the Policy has been terminated.

Pre-Existing Condition Limitations - Benefits will not be payable for Cancer resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.

Waiting Period

The Policy contains a Waiting Period of 30 days. Benefits will be reduced if an Insured Person receives a First Diagnosis of Cancer, during their Waiting Period, subject to the Pre-Existing Condition Limitation. Refer to the BENEFITS and POLICY SCHEDULE sections for details regarding how benefits will be paid if a First Diagnosis of Cancer is received during an Insured Person's Waiting Period.

6. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 65, or Medicare eligibility, whichever occurs first, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates for all like Polices.

7. **BEGINNING OF COVERAGE -** Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.

8. **TERMINATION OF COVERAGE -**

You

Your coverage is guaranteed renewable at Your option, except due to any of the following cases for which coverage will terminate and no benefits will be payable under this Policy:

1. After a benefit has been paid to You (the primary Insured Person) for a First Diagnosis of Cancer, Your spouse / domestic partner who is a Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You do not have a spouse / domestic partner who is a Covered Dependent under the Policy, Your oldest Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You are the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this;
2. At the end of the period for which premium has been paid (subject to the Grace Period);
3. If Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
4. If Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;
5. On the date of fraud or misrepresentation by You;
6. On the date We elect to discontinue this plan or type of coverage;
7. On the date We elect to discontinue all coverage in Your state;
8. On the date You are no longer a permanent resident of the United States; or
9. On the date You reach the age of 65, or become eligible for Medicare, whichever comes first.

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy on:

1. At the end of the period for which premium has been paid (subject to the Grace Period);
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. If Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
4. If Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;

5. On the date of fraud or misrepresentation by You or the Covered Dependent;
6. On the date We elect to discontinue this plan or type of coverage;
7. On the date We elect to discontinue all coverage in Your state;
8. On the date the Covered Dependent is no longer a permanent resident of the United States; or
9. On the date the Covered Dependent reaches the age of 65, or becomes eligible for Medicare, whichever comes first.

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of intellectual disability or physical disability; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide written proof that the dependent is in fact a disabled and dependent person within 31 days after his or her attainment of the Limiting Age. Thereafter, We may require such written proof not more frequently than annually after the two-year period following the child's attainment of the Limiting Age. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

9. PREMIUMS. We reserve the right to change the table of premiums, for all like Polices, becoming due under the Policy at any time and from time to time, provided, We have given You written notice of at least 31 days prior to the effective date of the new rates. Such change will be for all like Polices. Premiums for the Policy will be adjusted, as appropriate, for the termination of coverage of an Insured Person who receives a First Diagnosis Cancer Benefit Amount. In the event You are the only individual covered under the Policy, the Policy will terminate in its entirety on the date the benefit is paid for You, and no further benefits or premiums will be due.

Premium Due (at time of application) $_____

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