

Accident Disability Coverage

Accident Disability Direct

Cash benefits paid directly to you ... during times of accident-related disability.





What is Accident Disability?

Accidents happen and the **Accident Disability Direct** plan can help you financially when they do. It pays **monthly cash benefits** directly to you during times when an accidental injury results in total disability leaving you unable to work. The money can be used to pay unexpected medical costs or everyday living expenses.

Applying is simple and can be completed in minutes.

Accident Disability Direct At a Glance



Pays up to a \$2,500 monthly cash benefit for a physician-verified period of total disability caused by injury



Waiver of Premium benefit included



Benefits are paid directly to you - not your doctor or hospital



Affordable premiums that do not increase as you get older with coverage starting at \$1.70 per month¹

¹ White collar female at \$1,000 monthly benefit level with a benefit period of 12 months and an elimination period of 30 days.

Cash Benefits Can be Used For



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses



Did You Know?

95%

of disabling injuries occur off the job
which means Worker's Compensation
does not cover them.¹

¹Council for Disability Awareness, Long-Term Disability Claims Review, updated 2020

How Does the Coverage Work?

Pays a monthly cash benefit for a physician-verified period of total disability due to an injury.

Available benefit options: \$500, \$1,000, \$1,500, \$2,000 and \$2,500. Benefit cannot exceed 60% of your prior monthly income.

Medical advice, consultation or treatment must commence within 30 days of the injury which caused your total disability.

Waiver of Premium Benefit: After a period of 90 consecutive days of total disability, this additional benefit waives the monthly premium, up to the maximum period payable, with no interruption in coverage. Premium payments must resume within 31 days of the expiration of the waiver of premium benefit to continue coverage.

Maximum Period Payable Options: 12 or 24 months

Elimination Period Options: 14, 30, 60 or 90 days

Monthly Premiums (white collar worker)

Consumer Preferred

	\$500		\$1,000		\$1,500		\$2,000		\$2,500	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
30 Year Old	\$1.17	\$1.01	\$1.98	\$1.70	\$3.03	\$2.60	\$4.14	\$3.54	\$5.22	\$4.47

Monthly Premiums (blue collar worker)

Consumer Preferred

	\$500		\$1,000		\$1,500		\$2,000		\$2,500	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
30 Year Old	\$2.94	\$2.52	\$4.96	\$4.25	\$7.57	\$6.49	\$10.31	\$8.84	\$13.05	\$11.19

The charts above are only illustrations of benefit and premium options per individual for plans with a 30 day elimination period and 12 month benefit period. Sample rates are based on zip code 80011. As defined by the American Academy of Actuaries, "blue collar" refers to union and hourly workers. All other workers are classified as "white collar."

Consumer Preferred Status: Based on 32% of customers with the \$2,500 monthly benefit level (8/2016).

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. Rates may vary by current date. The information contained herein is accurate at the time of publication. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. An Accident Only Disability Income Insurance Policy, Form CH-26114-IP (01/10) CO.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional benefits for covered expenses.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.



Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Actively at Work** means working on a permanent basis at least 25 hours per week for wage or salary; and performing the material and substantial duties of a regular job or any other job for which the insured is qualified by reason of education, training or experience.
- **Elimination Period** means the consecutive period of time beginning from the date in which you are considered totally disabled before the monthly indemnity benefit is payable. The elimination period is shown in the Policy schedule of benefits.
- **Injury** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness. The injury must first occur after your coverage has become effective and while the coverage is in force.
- **Total Disability or Totally Disabled** means that, due to an injury, you are: 1) under a legally qualified physician's care; and 2) not in fact actively at work, as certified by a legally qualified physician upon our request.

EXCLUSIONS AND LIMITATIONS

We will not provide any benefits for loss caused by, resulting from, or in connection with:

Sickness, including but not limited to pregnancy and childbirth | Injuries that do not first occur while the Policy is in force for the insured person | Any act of war, declared or undeclared | Active military duty in the service of any country | Participation in a riot, civil commotion or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane | Mental or nervous disorders | Having cosmetic surgery | Operating any motorized passenger vehicle for wage, compensation or profit | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly | An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated | Committing or trying to commit a felony | Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding | Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

Right of Inspection: Chesapeake may require information regarding pre-tax personal income, allowable business expenses, and other plans, including income tax returns, for periods before and after the start of a period of total disability. Failure to provide such information may result in disqualification for benefit payment under the Policy. Benefits are subject to coordination with other compensation.

Other Important Information (continued)

Coverage Information:

- **COVERAGE BEGINS:** Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.
- **RENEWABILITY:** Your Policy is guaranteed renewable to age 65, subject to Chesapeake's right to discontinue or terminate the coverage as provided in the Termination of Coverage section of the Policy.
- **PREMIUM CHANGES:** Chesapeake reserves the right to change the table of premiums, on a class basis, becoming due under the Policy at any time and from time to time; provided, Chesapeake has given you written notice of at least 31 days prior to the effective date of the new rates.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy: At the end of the month for which premium has been paid, except as provided in the Waiver of Premium provision | At the end of the month following the date of our receipt of your request of termination | On the date of fraud or material misrepresentation by you | On the date Chesapeake elects to discontinue this plan or type of coverage or all coverage in your state | On the date an insured person is no longer a permanent resident of the United States | On the date you reach age 65 | Premium will only be refunded for any full months paid beyond the termination date.

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