



Critical Illness Direct

Cash benefits
paid directly to you
not your doctor or hospital

DID YOU KNOW?

62%

of bankruptcies in 2007
were due to illness ...

78%

of those filers had
health insurance.¹

Cash benefits can be used for:

- Co-pays or co-insurance
- Rent/mortgage
- Car payments
- Child care
- Everyday living expenses

A **critical illness** can strike suddenly and **disrupt your life** physically and financially. **Critical Illness Direct** offers seven affordable benefit level options that pay **lump-sum cash benefits** directly to you. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

Critical Illness Direct At A Glance

- Pays up to a **\$60,000 lump-sum cash benefit** upon a first diagnosis of a covered critical illness or qualifying event
- Benefits are paid directly to you - not your doctor or hospital
- Coverage is available for the whole family - you, your spouse and your kids
- Affordable premiums that do not increase as you get older with coverage **starting at \$2⁹¹ per month²**

Cash benefits paid directly to you. Apply today!

¹ The American Journal of Medicine, August 2009 | ² For 25 year old female, non-tobacco at \$10,000 benefit level.

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Critical Illness Direct



Pays a lump-sum benefit upon a first diagnosis of the qualifying event or diagnosis listed below, subject to a 30-day waiting period.¹

Make sure you are protected with other popular SureBridge products:



Simplified Issue Term Life



Dental



Vision

BENEFIT OPTIONS

Qualifying Event paid at 100%

Advanced Alzheimer's, ALS, life threatening cancer, coma, (illness induced), heart attack, major organ transplant, stroke, end-stage renal failure.

\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000

Qualifying Event paid at 25%

Benign brain tumor, cancer in situ, coronary bypass.

\$2,500	\$3,750	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
\$2,500	\$3,750	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000

MONTHLY PREMIUMS

	\$7 ⁸⁵	\$11 ⁷⁷	\$15 ⁶⁹	\$23 ⁵⁴	\$31 ³⁹	\$39 ²⁴	\$47 ⁰⁸
35 Year Old Male	\$7 ⁸⁵	\$11 ⁷⁷	\$15 ⁶⁹	\$23 ⁵⁴	\$31 ³⁹	\$39 ²⁴	\$47 ⁰⁸
35 Year Old Female	\$5 ²⁷	\$7 ⁹⁰	\$10 ⁵⁴	\$15 ⁸¹	\$21 ⁰⁷	\$26 ³⁴	\$31 ⁶¹
40 Year Old Male	\$11 ²¹	\$16 ⁸²	\$22 ⁴²	\$33 ⁶³	\$44 ⁸⁴	\$56 ⁰⁵	\$67 ²⁶
40 Year Old female	\$7 ⁸⁵	\$11 ⁷⁷	\$15 ⁶⁹	\$23 ⁵⁴	\$31 ³⁹	\$39 ²⁴	\$47 ⁰⁸

This is only an illustration of benefit and premium options per non-tobacco covered person. Premiums may vary by state. Benefits reduce by half at age 70 except in CT | ¹For MD, all references to Waiting Period are removed.

Apply today for Critical Illness Direct and get cash to help cover your expenses while you recover

This brochure provides only summary information and the benefits and rates may vary by state. The information contained herein is accurate at the time of publication. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such. 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. A specified disease/condition and major organ transplant Policy, Form CH-26113-IP (03/14), or its state variation.

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CRITICAL ILLNESS DIRECT: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **First Diagnosis or First Diagnosed** means a diagnosis, as defined, which initially occurs for the first time in the insured person's lifetime after the waiting period and while the insured person's coverage is in effect under the Policy.
- **Qualifying Event** means one of the diseases, conditions or procedures listed for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.
- **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 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.¹

EXCLUSIONS AND LIMITATIONS

We will not provide benefits for loss caused by, resulting from, or in connection with:²

An injury or accident | Any care or benefits which are not specifically provided for in the Policy | Any act of war, declared or undeclared³ | Active military duty in the service of any country | Participation in a riot, civil commotion or insurrection⁴ | Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane⁵ | Payment for care for military service connected disabilities for which the insured person is legally entitled to services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility⁶ | Experimental or investigational medicine⁷ | Intentionally medically induced qualifying event, except in the case of a major organ transplant | Cosmetic surgery⁸ | Any diagnosis, as defined, which is made by you or a member of your immediate family or household⁹ | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens directly or indirectly¹⁰ | An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs directly or indirectly¹¹ | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated¹² | Committing or trying to commit a felony.¹³

Benefits will not be payable for: The first diagnosis of a qualifying event, which occurs within the waiting period as specified in the Policy schedule¹⁴ | Any qualifying event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex¹⁵ | Any condition that is not diagnosed as a qualifying event as defined in the Policy | Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a qualifying event, as defined in the Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a qualifying event or as a result of treatment of a qualifying event, or | Any amounts in excess of the lifetime benefit amount. | Benefits will not be payable for a qualifying event resulting from a pre-existing condition unless the first diagnosis of such qualifying event occurs more than 12 months after the insured person's effective date of coverage, including the waiting period.

¹CT: changes 'two year' to 'twelve (12) month' and removes provision 2 MD: revises 'or disorder not excluded by name or specific description' to 'or disorder that was not revealed in the application for the Policy unless the condition is excluded by means of a signed waiver' NC: revised to 'a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve month period before the effective date of coverage' NE: provision 2 removed entirely NM: revised 'two year' and 'one year' to '6 month' WY: revises 'two year' to 'six month' and removes provision 2 | ²NC: adds the following new exclusion: 'Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act' | ³NC: adds 'except for terrorism' | ⁴MD: removed entirely | ⁵CO, MO: removes 'or insane' MD: removes 'sane or' | ⁶TN: removed entirely | ⁷MD: adds 'when the treating physician determines that the treatment is experimental or investigational medicine' | ⁸MD: adds 'when the treating physician determines that the treatment is cosmetic' NC: adds 'except for those associated with cleft lip or cleft palate' | ⁹CT, MD: removed entirely | ¹⁰AL, KY, WY: adds 'unless taken as prescribed by a legally qualified physician' CT: revised to 'no indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified physician for the insured' IN, NC: adds 'unless administered on the advice of a legally qualified physician' MD, MI: removed entirely NE: revised 'drugs, narcotics, or hallucinogens' to 'illegal drugs, or being under the influence of any narcotic unless administered on the advice of a physician' | ¹¹AL, KY, WY: adds 'unless taken as prescribed by a legally qualified physician' (KY also removes 'or other drugs') CT: revised to 'being intoxicated; defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted' MD, MI: removed entirely IN, NC: adds 'unless administered on the advice of a legally qualified physician' LA: adds 'unless administered by a legally qualified physician' NE: revises 'intoxicants, hallucinogens, narcotics or other drugs' to 'any narcotic unless administered on the advice of a physician' TN: adds 'for alcohol intoxication this means over the legal limit of .08' after 'intoxicants' and adds 'unless administered on the advice of a physician' after 'other drugs' | ¹²IA, MO: removes 'or your being incarcerated' CT, MD: removed entirely NE: removes 'directly or indirectly' and 'or illegal activity' | ¹³CT: revised to 'loss caused by the commission of a felony for which you have been convicted under state or federal law' MD: removed entirely | ¹⁴KS: adds 'when the Policy replaces another specified disease policy, we will give credit for the expired portion of any waiting period, elimination period, probationary period or any similar provision. This credit will not exceed that time earned by the insured person under the replaced or previously existing policy. This credit will not be used to place the insured person in a more favorable position than would have been the case had a replacement or additional policy not been issued' MD: removes 'which occurs within the waiting period' MO: removed entirely | ¹⁵AZ, CT, IA, KY, MD, NC, TN: removed entirely

CRITICAL ILLNESS DIRECT: OTHER IMPORTANT INFORMATION (continued)

Coverage Information:

- **COVERAGE BEGINS:** Chesapeake requires evidence of insurability before coverage is provided. 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 75, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.¹
- **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.²

¹CT: removes 'to age 75' and 'discontinue or' IA, KS, KY: revises 'guaranteed' to 'conditionally' NC: adds 'any rate adjustment will be preceded by a 45 day notice and shall be guaranteed for a period of not less than 12 months.' | ²AK: revises '31 days' to '45 days' LA: revises '31 days prior to the effective date of the new rates' to '45 days prior to the effective date of the new rates. Such rates will not be increased during the initial twelve-months of coverage and not more than once in any six-month period following the initial twelve-month period, except for increases due to the addition of a newly covered dependent or a change in age or geographic location of an insured person or an increase in the Policy benefits levels' KY: revises 'becoming due under the Policy at any time and from time to time; provided Chesapeake has given you' to 'however, the premium table will not be increased within 12 months from date of issue or date of renewal. If we change the premiums, we will give the insured person' MD: revises '31 days' to '40 days' MS, NM, WI: revises '31 days' to '60 days' NC: revises '31 days' to '45 days' and adds at the beginning, 'The table of premiums for the Policy are guaranteed to not change for twelve months from the effective date of coverage. After expiration of this twelve month period,' and adds at the end 'and the new rates are approved by the North Carolina Department of Insurance. The approved rates shall be guaranteed for a period of not less than 12 months'

CRITICAL ILLNESS DIRECT: OTHER IMPORTANT INFORMATION (continued)

Coverage Information (continued):

- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy: At the end of the period for which premium has been paid (subject to the grace period) | On the date the lifetime maximum benefit amount has been reached | 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 termination¹ | 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 date² | On the date of fraud or material misrepresentation by you³ | On the date we elect to discontinue this plan or type of coverage or all coverage in your state⁴ | On the date an insured person is no longer a permanent resident of the United States | On the date you reach age 75⁵ | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent.

¹OH: revised to 'on the date we receive your request of termination' | ²OH: removed entirely | ³AL, MD: adds 'subject to the Time Limit on Certain Defenses Provision in the General Provisions section' CT: adds '(subject to the Incontestability provision)' KY: revises 'material misrepresentation' to 'intentional misrepresentation of material fact under the terms of the Policy' NC: removed entirely | ⁴AK: adds 'we will give you at least 45 days notice before the date coverage will be discontinued' CT, TN: removed entirely NC: adds 'We will provide you with a 180 day notice in the event we terminate this plan' | ⁵CT: removed entirely

For use in AK, AL, AR, AZ, CO, CT, DE, IA, IN, KS, KY, LA, MD, MI, MO, MS, NC, NE, NM, OH, RI, TN, WI and WY

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