



Accident Direct Bundle

Cash benefits to help cover expenses while you recover from an accident

DID YOU KNOW?

Nearly
\$10,000
was the average cost of a hospital stay in 2010.¹

When an accident happens, the **unexpected costs can be daunting**. The **Accident Direct Bundle** combines selected benefit levels from our most popular accident plans to provide **the money you need during your recovery**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

Cash benefits can be used for:

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

Accident Direct Bundle At A Glance

- Covers accidents that occur on or off the job
- Pays up to a:
 - \$10,000 lump-sum cash benefit based on the number of days of hospital confinement
 - \$500 monthly cash benefit when an accidental injury results in a period of total disability
 - \$250 daily cash benefit for hospital confinement
- 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 \$22⁶² per month²

Cash benefits paid directly to you. Apply today!

¹ The Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). Statistical Brief 146, Costs for Hospital Stays in the United States, 2010, Anne Pfuntner, Lauren M. Wier, M.P.H., and Claudia Steiner, M.D., M.P.H.

² 30 year old female, non-tobacco.

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Accident Direct Bundle



Make sure you are protected with other popular SureBridge products:



Simplified Issue Term Life



Dental



Vision

DESCRIPTION		BENEFIT		
<p>Accident Direct: An accidental injury only insurance Policy which pays a lump-sum cash benefit based on number of days of hospital confinement resulting from injuries caused by an accident. Confinement must begin within 45 days of the injury. Injury must first occur after the Policy is in force. Benefits renew annually.</p> <p>14+ days: 100% of benefit 7 – 13 days: 60% of benefit 3 – 6 days: 30% of benefit 1 – 2 days: 15% of benefit Common Accident benefit when two or more covered persons are injured in same accident.</p> <p>Outpatient Accidental Injury Benefit payable for medically necessary outpatient treatment of accidental injuries: \$500 per insured person, per accidental injury.</p> <p style="text-align: right;">CH-26118-IP (01/10) GA</p>		<p>\$10,000 lump-sum</p>		
<p>Accident Disability Direct: An accident only disability income insurance Policy which pays a monthly cash benefit when an accidental injury results in a period of total disability. Medical advice, consultation or treatment must commence within 30 days of the injury which caused your total disability. (Benefit cannot exceed 60% of gross monthly earnings). Injury must first occur after the Policy is in force.</p> <p>Maximum Period Payable: 12 months Elimination Period: 30 days</p> <p>Waiver of Premium Benefit: This additional benefit will waive premiums for your disability income insurance on a monthly basis during the period where total disability benefits are payable, after you have been totally disabled for a period of 90 consecutive days. Your coverage and its benefits will continue during the benefit period. When you are no longer eligible for the waiver of premium, you must resume your premium payments within 31 days to continue your disability insurance coverage.</p> <p style="text-align: right;">CH-26114-IP (01/10) GA (08/12)</p>		<p>\$500 monthly</p>		
<p>Hospital Confinement Direct: A hospital confinement indemnity insurance Policy which pays a daily cash benefit on confinement to hospital due to illness or injury. Subject to a 30-day waiting period for illness and a 365 day lifetime maximum.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day </td> <td style="width: 50%; vertical-align: top;"> <p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day </td> </tr> </table> <p style="text-align: right;">CH-26116-IP (01/10) GA</p>		<p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day 	<p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day 	<p>\$250 daily</p>
<p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day 	<p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day 			

MONTHLY PREMIUMS	Male	Female
40 Year Old Non-Tobacco	\$32 ⁴⁸	\$26 ¹⁴
30 Year Old Non-Tobacco	\$29 ⁰⁶	\$22 ⁶²
Dependent 10 Year Old Child ³	\$20 ⁰⁸	\$20 ⁰⁸

Apply today for the Accident Direct Bundle and get cash when accidents occur

³ Children are not eligible to receive the disability benefit. The information contained herein is accurate at the time of print. This brochure provides only summary information. The charts above are only an illustration of benefit and premium options per covered person. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such.

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ACCIDENT DIRECT BUNDLE: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Accidental Injury** means sudden, non-recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The accidental injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **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 you are considered totally disabled before the monthly benefit is payable.
- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay. The institution must: (1) Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; (2) Maintain a staff of one or more duly licensed legally qualified physicians; (3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and (4) Is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Pre-Existing Condition (for Hospital Confinement Direct)** means a medical condition, sickness or injury not excluded for which: (1) medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the **two-year period** before the effective date of coverage or (2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the **two-year period** before the effective date of coverage.
- **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.

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.
- **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, subject to the grace period | On the next monthly anniversary date following your reaching age 65 | 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, subject to the Time Limit on Certain Defenses provision (for Accident Disability Direct only) | If the insured person performs an act or practice that constitutes fraud or intentional misrepresentation of material fact in applying for or procuring coverage, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of the Policy (for Hospital Confinement Direct and Accident Direct only) | On the date we elect to discontinue this plan or type of coverage or all coverage in your state (for Accident Disability Direct only) | On the date we elect to discontinue this plan or type of coverage we will give you at least 90 days notice before the date coverage will be discontinued. You will be offered an option to purchase any other coverage that we offer without regard to health status (for Hospital Confinement Direct and Accident Direct only) | On the date we elect to discontinue all coverage in your state, we will give you and the Commissioner at least 180 days notice before the date coverage will be discontinued (for Hospital Confinement Direct and Accident Direct only) | On the date an insured person is no longer a permanent resident of the United States | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. Any unearned premium which has been paid by you will be refunded within 31 days on a pro rata basis.

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. Forms CH-26114-IP (1/10) GA (08/12); CH-26116-IP (1/10) GA and CH-26118-IP (1/10) GA.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM: CH-26118-IP (01/10) GA

1. **READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description 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. **ACCIDENTAL INJURY ONLY INSURANCE POLICY** - Accidental Injury Only coverage is designed to provide You or Your Covered Dependents with coverage for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**

3. **SCHEDULE OF BENEFITS –**
BENEFIT

AMOUNT OF BENEFIT

MAXIMUM ACCIDENTAL INJURY BENEFIT
AMOUNT (Per Insured Person, per Year):

\$10,000

ACCIDENTAL INJURY BENEFIT PAYABLE FOR:

14 days or more of Hospital Confinement with or without Surgery:

100% of the Accidental Injury Benefit Amount

7 to 13 days of Hospital Confinement with or without Surgery:

60% of the Accidental Injury Benefit Amount; or

3 to 6 days of Hospital Confinement with or without Surgery:

30% of the Accidental Injury Benefit Amount; or

1 to 2 days of Hospital Confinement with or without Surgery:

15% of the Accidental Injury Benefit Amount; or

OUTPATIENT ACCIDENTAL INJURY BENEFIT
PAYABLE FOR:

Medically Necessary outpatient treatment of Accidental Injuries:

\$500 per Insured Person, per Accidental Injury

COMMON ACCIDENTAL INJURY BENEFIT
PAYABLE WHEN 2 OR MORE INSURED PERSONS
ARE INJURED IN THE SAME ACCIDENTAL INJURY
AND AT LEAST 2 OF WHOM MEET ANY OF THE
CRITERIA BELOW:

Criteria One: Hospital Confined for 3 or more days:

50% of the Accidental Injury Benefit Amount
(Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

or

Criteria Two: Hospital Confined for 2 or more days with Surgery:

50% of the Accidental Injury Benefit Amount
(Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

4. **BENEFITS:** Benefits are payable under the Policy for Accidental Injuries that First Occur within 45 days of such Accidental Injury and while an Insured Person's coverage is in force under the Policy. 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.
- **Accidental Injury Benefit** - When an Insured Person is Hospital Confined or seeks Medically Necessary outpatient treatment from a Legally Qualified Physician within 45 days due to the First Occurrence of an Accidental Injury, We will pay the Accidental Injury Benefit Amount in accordance with the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE. Once the Maximum Accidental Injury Benefit Amount is exhausted for each Insured Person, no further benefits will be available for that Insured Person for the remainder of that Year (except as shown under the Common Accident Provision below). The AMOUNT OF BENEFIT payable per Hospital Confinement will be based on the date of the Accidental Injury that resulted in such Confinement. The AMOUNT OF BENEFIT payable for Medically Necessary outpatient treatment of Accidental Injuries is shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.
 - **Common Accidental Injury Benefit** - If two or more Insured Persons covered under the Policy are injured in the same Accidental Injury ("Common Accident"), and would qualify for a Common Accidental Injury Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, We will pay such amount in addition to any available Accidental Injury Benefit Amounts for such Insured Persons involved in the Common Accident. In the event any or all Insured Persons involved in the Common Accident have exhausted their available Accidental Injury Benefit Amounts, only the Common Accidental Injury Benefit Amount will be paid for such Insured Persons. **Only one Common Accidental Injury Benefit Amount will be payable under the Policy per Year**, regardless of how many Common Accidents occur, or which Insured Persons are/are not involved in a Common Accident within that Year.
5. **EXCLUSIONS AND LIMITATIONS:** We will not provide any benefits for loss caused by, resulting from or in connection with:
1. Sickness;
 2. Pregnancy and childbirth, including routine or normal newborn child care;
 3. Any Sickness, disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force;
 4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
 5. Any outpatient care that is not Medically Necessary;
 6. Any act of war, declared or undeclared;
 7. Active military duty in the service of any country;
 8. Participation in a riot, civil commotion or insurrection;
 9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 10. Mental or Nervous Disorders;
 11. Cosmetic surgery;
 12. Operating any motorized passenger vehicle for wage, compensation or profit;
 13. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Legally Qualified Physician;
 14. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered upon the advice of a Legally Qualified Physician;
 15. Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony;
 16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, heli-snowboarding or officiating or coaching such hazardous sport or activity; and
 17. 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.
6. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 65, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
7. **PREMIUMS.** We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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Customer Service: 1-800-815-8535

ACCIDENT-ONLY DISABILITY INCOME INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26114-IP (01/10) GA (08/12)

- 1. READ YOUR POLICY CAREFULLY!** This outline of coverage provides a very brief description 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. ACCIDENT-ONLY DISABILITY INCOME INSURANCE POLICY** - The Accident-Only Disability Income Insurance Policy provides a Monthly Total Disability benefit if You become Totally Disabled while You are insured under the Policy and are Actively at Work. **The Policy does NOT provide benefits for loss from Sickness.**

3. SCHEDULE OF BENEFITS -

MONTHLY TOTAL DISABILITY BENEFITS

Elimination Period	30 days
Maximum Monthly Indemnity Benefit or 60% of Your Prior Monthly Income, as defined	\$500
Maximum Period Payable	12 months

- 4. BENEFITS.** Unless otherwise stated herein, all Monthly Total Disability benefits are subject to the Elimination Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Monthly Indemnity Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, the Maximum Period Payable shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.
 - MONTHLY TOTAL DISABILITY BENEFIT** - Monthly Total Disability benefits are payable under the Policy if You become Totally Disabled due to an Injury while You are insured under the Policy and are Actively at Work. Your Monthly Total Disability benefit will begin on the first day following the Elimination Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS and will continue through the end of the Maximum Period Payable shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS as long as You remain Totally Disabled. Medical advice, consultation or treatment must commence within 30 days of the Injury, which caused Your Total Disability. The amount that We will pay for any full month of Total Disability will be the lesser of: (1) the Monthly Indemnity Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS; or (2) 60% of Your Prior Monthly Income. We will pay 1/30 of the Monthly Indemnity Benefit otherwise payable for each day of a Period of Total Disability that is less than a full month.
 - RECURRENT DISABILITY** - If, after the end of a Period of Total Disability for which Total Disability benefits have been paid, You become Totally Disabled again, the later Period of Total Disability will be deemed a Recurrent Disability, which is a continuation of the preceding Period of Total Disability, unless You have been Actively at Work for at least 6 months following the end of the preceding Period of Total Disability. If the later Period of Total Disability is deemed a Recurrent Disability, then it is not necessary for You to satisfy a new Elimination Period. However, Total Disability benefits paid for a Recurrent Disability are considered a continuation of the preceding Period of Total Disability and will be subject to the Maximum Period Payable that started with the preceding Period of Total Disability. If the Maximum Period Payable had ended with respect to the preceding Period of Total Disability, no benefits will be payable for a recurrence of that Total Disability.
 - CONCURRENT DISABILITY** - If Total Disability is caused by more than one Injury, We will pay benefits as if the Total Disability was caused by only one Injury.

5. EXCLUSIONS AND LIMITATIONS. We will not provide any benefits for loss caused by, resulting from or in connection with:

1. Sickness, including but not limited to pregnancy and childbirth;
2. Injuries that do not occur while the Policy is in force for the Insured Person;
3. Any act of war, declared or undeclared;
4. Active military duty in the service of any country;
5. Participation in a riot, civil commotion or insurrection, or directly or indirectly engaging in an illegal occupation or a felony or an attempted felony;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. Mental or Nervous Disorders;
8. Having cosmetic surgery;
9. Operating any motorized passenger vehicle for wage, compensation or profit;
10. Drug abuse or addiction including alcoholism, being intoxicated or under the influence of intoxicants, an overdose of or under the influence of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Physician;
11. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, heli-snowboarding or officiating or coaching such hazardous sport or activity; and
12. 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.

6. RENEWAL CONDITIONS. The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 65, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on a Class Basis. The premium for the Policy may change in amount by reason of a change in occupation.

7. PREMIUMS. We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of at least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of a change in occupation.

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HOSPITAL CONFINEMENT INDEMNITY POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-IP (01/10) GA

- 1. READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description 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. HOSPITAL CONFINEMENT INDEMNITY POLICY** – The Hospital Confinement Indemnity plan pays a daily benefit for hospital confinement resulting from a Sickness or Injury. This coverage is NOT intended to cover all medical expenses.
- 3. BENEFITS** - Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury. All benefits are subject to the Lifetime Maximum shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Waiting Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Daily Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.

LIFETIME MAXIMUM	365 Days
WAITING PERIOD	
For Sickness	30 Days
For Injury	0 Days
DAILY BENEFIT AMOUNT	\$250
HOSPITAL CONFINEMENT BENEFIT	
Day 1 - 5	100% of the Daily Benefit Amount
Day 6 - 10	50% of the Daily Benefit Amount
Day 11 and over	\$100 per day
INTENSIVE CARE/CARDIAC CARE UNIT CONFINEMENT BENEFIT	
(Paid in lieu of Hospital Confinement Benefit)	
Day 1 - 2	200% of the Daily Benefit Amount
Day 3 - 10	100% of the Daily Benefit Amount
Day 11 - 30	50% of the Daily Benefit Amount
Day 31 and over	\$100 per day

- 4. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for any loss caused by, resulting from or in connection with:
 1. Any care or benefits which are not specifically provided for in the Policy;
 2. Any act of war, declared or undeclared;
 3. Active military duty in the service of any country;
 4. Participation in a riot, civil commotion or insurrection;
 5. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 6. Mental or Nervous Disorders;
 7. Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;

8. Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;
9. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
10. Modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, such as sex-change surgery;
11. 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 facility;
12. Experimental or Investigational Medicine, unless otherwise stated in the Policy;
13. Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy;
14. Cosmetic surgery;
15. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
16. Operating any motorized passenger vehicle for wage, compensation or profit;
17. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Physician;
18. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered upon the advice of a Physician;
19. Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony;
20. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;
21. Hospital Confinement for routine or normal newborn child care;
22. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, heli-snowboarding or officiating or coaching such hazardous sport or activity; and
23. 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.

Pre-Existing Condition - We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.

5. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 65, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
6. **PREMIUMS.** We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of at least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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Navigate life's twists and turns with the SureBridge portfolio of supplemental and life insurance products



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Vision



Accident Direct



Income Protection Direct



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Hospital Confinement Direct



Critical Accident Direct



ProtectFit Plus



Accident Companion



Final Expense Whole Life



Simplified Issue Term Life



Fixed Indemnity Direct

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For more information on SureBridge's
supplemental insurance products, please visit

www.SureBridgeInsurance.com



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800-815-8535

Weekdays, 8am to 5pm in all time zones

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