



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

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.

Cash benefits can be used for:

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

Critical Illness Direct At A Glance

- Pays up to a **\$100,000 lump-sum cash benefit** upon a 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 \$2⁶⁷ per month²**

Cash benefits paid directly to you. Apply today!

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

This brochure provides only summary information. 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 (01/10) MA.




CH CR ILL DIR MA 717

Underwritten by *The Chesapeake Life Insurance Company*[®]

Critical Illness Direct

Pays a lump-sum benefit for a qualifying event or diagnosis listed below, subject to a 30-day waiting period.

Make sure you are protected with other popular products:

-  Simplified Issue Term Life
-  Dental
-  Vision

BENEFIT OPTIONS	\$10,000 ¹	\$20,000	\$30,000	\$40,000	\$60,000	\$80,000	\$100,000
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	\$20,000	\$30,000	\$40,000	\$60,000	\$80,000	\$100,000
Qualifying Event paid at 25% Benign brain tumor, cancer in situ, coronary bypass.	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000

MONTHLY PREMIUMS							
35 Year Old Male	\$7 ²⁰	\$14 ³⁹	\$21 ⁵⁹	\$28 ⁷⁸	\$43 ¹⁸	\$57 ⁵⁷	\$71 ⁹⁶
35 Year Old Female	\$4 ⁸³	\$9 ⁶⁶	\$14 ⁴⁹	\$19 ³³	\$28 ⁹⁹	\$38 ⁶⁵	\$48 ⁴³
40 Year Old Male	\$10 ²⁸	\$20 ⁵⁶	\$30 ⁸⁴	\$41 ¹²	\$61 ⁶⁸	\$82 ²⁴	\$102 ⁸⁰
40 Year Old Female	\$7 ²⁰	\$14 ³⁹	\$21 ⁵⁹	\$28 ⁷⁸	\$43 ¹⁸	\$57 ⁵⁷	\$71 ⁹⁶

This is only an illustration of benefit and premium options per non-tobacco covered person | ¹This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements and pre-existing condition limitations.

Definitions (See Policy for Other Important Definitions):

- **Pre-Existing Condition** means a condition for which medical advice was given or treatment was recommended by, or received from, a legally qualified physician within the six-month period prior to the insured person's effective date of coverage.
- **Qualifying Event** means one of the diseases, conditions or procedures listed which occurs while the Policy is in force and for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.

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 beginning of the period for which premium has not been paid subject to the grace period | On the date the lifetime maximum benefit amount has been reached | 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 we elect 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 75 | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. Premium will only be refunded for any full months paid beyond the termination date.

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Underwritten by *The Chesapeake Life Insurance Company*[®]

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

SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-IP (01/10) MA

1. The Policy is an individual Policy of insurance. The coverage is designed only as a supplement to a comprehensive health insurance Policy and should not be purchased unless You have this underlying coverage. **THIS IS A LIMITED POLICY.**
2. **Caution** - The issuance of the specified disease Policy is based upon Your responses to the questions on Your application. A copy of Your application will be provided with Your Policy, if issued. If Your answers were incorrect or untrue as of the date You signed the application, please let Us know within 10 days. We have the right to deny benefits or rescind Your Policy subject to the Time Limit on Certain Defense section of the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the following address:

THE CHESAPEAKE LIFE INSURANCE COMPANY,
P.O. Box 982010,
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-815-8535.
3. **THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.
4. **10 DAY RIGHT TO EXAMINE THE POLICY** - It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that the coverage will meet Your insurance needs, You may return the Policy to Us at Our administrative office in North Richland Hills, Texas, within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, refund all premiums paid and treat the Policy as if it were never issued.
5. **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.**
6. **SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY** – Specified disease coverage is designed to provide restricted coverage paying benefits ONLY when certain losses occur as a result of a Qualifying Event. **Coverage is NOT provided for basic hospital, basic medical-surgical, or major medical expenses or loss from Injury or accident.**

7. SCHEDULE OF BENEFITS –

LIFETIME MAXIMUM BENEFIT AMOUNT

- Primary Insured:** \$10,000 \$20,000
 \$30,000 \$40,000 \$60,000
 \$80,000 \$100,000
- Dependent spouse:** \$10,000 \$20,000
 \$30,000 \$40,000 \$60,000
 \$80,000 \$100,000
- Dependent child(ren):** \$10,000 \$20,000
 \$30,000 \$40,000 \$60,000
 \$80,000 \$100,000

WAITING PERIOD: 30 days from the Effective Date of Coverage.

<u>QUALIFYING EVENT</u>	<u>BENEFIT PERCENTAGE</u>
Advanced Alzheimer’s Disease	100% of Lifetime Maximum Benefit Amount
Amyotrophic Lateral Sclerosis	100% of Lifetime Maximum Benefit Amount
Benign Brain Tumor	25% of Lifetime Maximum Benefit Amount
Cancer In Situ	25% of Lifetime Maximum Benefit Amount
Coronary By-Pass	25% of Lifetime Maximum Benefit Amount
End Stage Renal Failure	100% of Lifetime Maximum Benefit Amount
Heart Attack	100% of Lifetime Maximum Benefit Amount
Illness Induced Coma	100% of Lifetime Maximum Benefit Amount
Life-Threatening Cancer	100% of Lifetime Maximum Benefit Amount
Major Organ Transplant	100% of Lifetime Maximum Benefit Amount
Stroke	100% of Lifetime Maximum Benefit Amount

8. BENEFITS - Upon receipt of proof of a Qualifying Event, We will pay the Benefit Percentage of the Lifetime Maximum Benefit Amount, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS provided that the Qualifying Event occurred after the Waiting Period set forth in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

In no event will We pay more than the Lifetime Maximum Benefit Amount during an Insured Person’s lifetime.

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

1. An Injury or accident;
2. Any care or benefits which are not specifically provided for in the Policy;
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;
6. Attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. 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;
8. Experimental or investigational medicine;
9. Intentionally medically induced Qualifying Event, except in the case of Major Organ Transplant;
10. Cosmetic surgery;
11. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
12. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated; or
14. Committing or trying to commit a felony.

Benefits will not be payable for:

1. Any condition that is not Diagnosed as a Qualifying Event, as defined in the Policy;
2. 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 indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event; or
3. Any amounts in excess of the Lifetime Maximum Benefit Amount.

Pre-Existing Condition Limitation for a Qualifying Event occurring during the Waiting Period

If a Qualifying Event occurs during the Waiting Period You must elect whether the Policy is to be voided and a full premium refund issued or if Policy is to remain in force. If the Policy remains in force the diagnosed Qualifying Event will be subject to a six month Pre-Existing Condition limitation beginning from the Insured Person's Effective Date of Coverage.

Pre-Existing Condition means a condition for which medical advice was given or treatment was recommended by, or received from, a Legally Qualified Physician within the six-month period prior to the Insured Person's Effective Date of Coverage.

10. RENEWAL CONDITIONS - The Policy is guaranteed renewable to age 75, 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 on the Class Basis.

11. PREMIUMS - We reserve 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, We have given You written notice of a least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

Premium Due (at time of application) \$ _____

12. COMPLAINTS: If You have a complaint, call Us at 1-800-815-8535 or your agent. If You are not satisfied, You may write or call the Massachusetts Division of Insurance.

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A Stock Company

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North Richland Hills, Texas 76182-8010

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**SPECIFIED DISEASE COVERAGE ONLY
REQUIRED DISCLOSURE STATEMENT**

The Policy is an Individual Policy of insurance. The Policy provides Specified Disease coverage **ONLY**. The Policy does **NOT** provide basic hospital, basic medical or major medical insurance. It is a supplement to your health benefit plan and cannot replace your health benefit plan.

The Policy itself sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you **READ YOUR POLICY** carefully.

The expected benefit ratio for this Policy is 60%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with this Policy

SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY – Specified disease coverage is designed to provide restricted coverage paying benefits **ONLY** when certain losses occur as a result of a Qualifying Event. **Coverage is NOT provided for basic hospital, basic medical-surgical, or major medical expenses or loss from injury or accident.**

SCHEDULE OF BENEFITS –

LIFETIME MAXIMUM BENEFIT AMOUNT

Primary Insured: ▪ \$10,000 ▪ \$20,000 ▪ \$30,000
▪ \$40,000 ▪ \$60,000 ▪ \$80,000 ▪ \$100,000

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Dependent child(ren): ▪ \$10,000 ▪ \$20,000 ▪ \$30,000
▪ \$40,000 ▪ \$60,000 ▪ \$80,000 ▪ \$100,000

WAITING PERIOD: 30 days from the Effective Date of Coverage.

QUALIFYING EVENT

BENEFIT PERCENTAGE

Advanced Alzheimer’s Disease 100% of Lifetime Maximum Benefit Amount

Amyotrophic Lateral Sclerosis 100% of Lifetime Maximum Benefit Amount

Benign Brain Tumor 25% of Lifetime Maximum Benefit Amount

Cancer In Situ 25% of Lifetime Maximum Benefit Amount

Coronary By-Pass 25% of Lifetime Maximum Benefit Amount

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End Stage Renal Failure	100% of Lifetime Maximum Benefit Amount
Heart Attack	100% of Lifetime Maximum Benefit Amount
Illness Induced Coma	100% of Lifetime Maximum Benefit Amount
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1. An Injury or accident;
2. Any care or benefits which are not specifically provided for in the Policy;
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;
6. Attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. 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;
8. Experimental or investigational medicine;
9. Intentionally medically induced Qualifying Event, except in the case of Major Organ Transplant;
10. Cosmetic surgery;
11. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
12. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated; or
14. Committing or trying to commit a felony.

Benefits will not be payable for:

1. Any condition that is not Diagnosed as a Qualifying Event, as defined herein;
2. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined herein. This includes any other disease or incapacity which may have been complicated or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event; or
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PREMIUMS - We reserve 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, We have given You written notice of a least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

CH-26113-IP (01/10) MA SPD DISC

800-815-8535

Weekdays, 8am to 5pm in all time zones

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