



Accident Disability Direct

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

DID YOU KNOW?

95%

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

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.

Cash benefits can be used for:

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

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 an 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 \$5⁵⁹ per month²**

Cash benefits paid directly to you. Apply today!

¹ Council for Disability Awareness, Long-Term Disability Claims Review, 2014 | ² White collar female at \$1,000 monthly benefit level with a benefit period of 12 months and an elimination period of 30 days.

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Accident Disability Direct



DESCRIPTION

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

Available benefit options: \$500¹, \$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	\$500 ¹		\$1,000		\$1,500		\$2,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 Year Old (white collar)	\$1 ⁷⁸	\$1 ⁷⁸	\$5 ⁵⁹	\$5 ⁵⁹	\$8 ⁵³	\$8 ⁵³	\$11 ⁶¹	\$11 ⁶¹	\$14 ⁷⁰	\$14 ⁷⁰
30 Year Old (blue collar)	\$4 ⁴⁵	\$4 ⁴⁵	\$13 ⁹⁶	\$13 ⁹⁶	\$21 ³¹	\$21 ³¹	\$29 ⁰³	\$29 ⁰³	\$36 ⁷⁵	\$36 ⁷⁵

The chart above is only an illustration of benefit and premium options per individual for plans with a 30 day elimination period and 12 month benefit period. As defined by the American Academy of Actuaries, "blue collar" refers to union and hourly workers. All other workers are classified as "white collar." | ¹ This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements; rates shown are for 90 day elimination period and 12 month benefit period.

Consumer Preferred Status: Based on 33% of applicants selecting the \$2,500 benefit level (4/2013).

Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

Apply today for Accident Disability Direct to help cover costs related to accidental injuries

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. An Accident Only Disability Income Insurance Policy, Form CH-26114-IP (01/10) MT.

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ACCIDENT DISABILITY DIRECT: 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.

Right of Inspection: We 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.

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; if coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination | 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 you reach age 65 | Termination shall be without prejudice to any claim originating while the Policy is in force. Premium will only be refunded for any full months paid beyond the termination date.

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

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

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	<input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
Monthly Indemnity Benefit	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
Maximum Period Payable	<input type="checkbox"/> 12 months <input type="checkbox"/> 24months

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 first 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 or any country;
5. Participation in a riot, civil commotion or insurrection;
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, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
11. A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
12. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
13. Committing or trying to commit a felony;
14. 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; and
15. 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.

COORDINATION WITH OTHER COMPENSATION. The Monthly Indemnity Benefit will be reduced by: (1) disability benefits paid under any employee benefit plan or arrangement; (2) income received from any employer paid sick pay plan, retirement plan or pension plan; and (3) benefits to which You are entitled from Workers' Compensation or any other retirement program, including retirement benefits under the Federal Social Security program.

6. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 65, 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 a Class Basis. The premium for the Policy may change in amount by reason of a change in occupation. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.
7. **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 at least 45 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. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

Premiums - based on the mode of payment, checked below, the initial premiums are as follows:

Monthly (Bank Draft) Quarterly Annually

Policy CH-26114-IP (01/10) MT - described above:	\$ _____
RIDERS (if any)	\$ _____
	\$ _____
TOTAL	\$ _____

The state of Montana has required Us to advise You that there have been no premium increases or decreases for comparable policies issued by the insurer during the preceding 5 years.

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Accident Disability Direct



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Metal Gap

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

www.SureBridgeInsurance.com



SureBridgeInsurance.com

800-815-8535

Weekdays, 8am to 5pm in all time zones

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