

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 \$3.31 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 Workers' Compensation
does not cover them.¹

¹Council for Disability Awareness, Long-Term Disability Claims Review, 2014

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	\$3.31	\$3.31	\$5.59	\$5.59	\$8.53	\$8.53	\$11.61	\$11.61	\$14.70	\$14.70

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	\$8.27	\$8.27	\$13.96	\$13.96	\$21.31	\$21.31	\$29.03	\$29.03	\$36.75	\$36.75

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. 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 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.

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 protection.
- 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.

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.

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.
- **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, Chesapeake 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

14 days 30 days 60 days 90 days

Monthly Indemnity Benefit

\$500 \$1,000 \$1,500 \$2,000 \$2,500

Maximum Period Payable

12 months 24months

4. **BENEFITS:** Unless otherwise stated in the Policy, 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 of 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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Underwritten by
The Chesapeake Life Insurance Company[®]

About Us

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 46 states and the District of Columbia and is available through HealthMarkets Insurance Agency Inc., as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses, and end-of-life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization, or cancer.

SureBridge[®] is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental insurance products are underwritten by The Chesapeake Life Insurance Company[®]. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.