

Accident Coverage

# Critical Accident Direct

Cash benefits paid directly to you to cover expenses that result from a serious accident.





## Cash benefits paid directly to you, not your doctor or hospital.

With advances in emergency medical treatment and trauma care, the likelihood of surviving a critical accident continues to improve. However, there are likely to be many unexpected expenses related to an extended recovery period with an injury that is life altering.

The **Critical Accident Direct** plan offers **budget-friendly benefit level options** that pay a **one-time lump-sum cash benefit** 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 Accident Direct at a Glance



Pays up to a **\$60,000 lump-sum cash benefit** for a qualifying injury<sup>1</sup> even if benefits are also paid under Workers' Compensation<sup>2</sup>



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 \$2.00 per month**<sup>3</sup>

<sup>1</sup> Available on the highest option | <sup>2</sup> Benefits are not coordinated with Worker's Compensation. Exclusions & Limitations and policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | <sup>3</sup> For female at \$10,000 benefit level.

## Cash benefits can be used for:



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses

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## Did You Know?

**7** in **10**

workers say they could not cover normal living expenses for more than 6 months without a paycheck.<sup>1</sup>

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<sup>1</sup> Social Security Administration, Fact Sheet February 2013



## How Does the Coverage Work?

Pays a one-time lump sum cash benefit<sup>1</sup> for the conditions listed below. All qualifying injuries must be caused by an accident, independent of any other causes, and occur within 60 days of the accident.

- Quadriplegia: total paralysis of both upper and lower limbs<sup>2</sup>
- Paraplegia: total paralysis of lower limbs<sup>2</sup>
- Hemiplegia: total paralysis of upper and lower limbs on one side of body<sup>2</sup>
- Third degree burn to 10% of body
- Second degree burn to 20% of the body
- Coma
- Loss of sight in both eyes
- Loss of hearing in both ears

**Family Security Benefit:** Beginning with the next premium due date following the receipt of due proof of the death of the policy holder, we will waive premiums for a period of 12 months for covered dependents. During this premium waiver period, no increase in benefits or addition of eligible dependents, except newborns, will be considered. Provisions for termination of coverage for covered dependents will apply.

### Monthly Premiums

|                 | \$10,000 | \$15,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 |
|-----------------|----------|----------|----------|----------|----------|----------|----------|
| Male            | \$2.00   | \$3.00   | \$4.00   | \$6.00   | \$8.00   | \$10.00  | \$12.00  |
| Female          | \$2.00   | \$3.00   | \$4.00   | \$6.00   | \$8.00   | \$10.00  | \$12.00  |
| Dependent Child | \$2.00   | \$3.00   | \$4.00   | \$6.00   | \$8.00   | \$10.00  | \$12.00  |

The chart above is only an illustration of benefit and premium options per covered person.

## 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 occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Qualifying Injury** means one of the conditions listed in the Policy schedule which occurs while the Policy is in force, is a direct result of an accidental injury, occurs within 60 days of such accidental injury, and for which a positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by a medical profession.

<sup>1</sup>In no event will the Policy pay more than one benefit amount for each insured person during that insured person's lifetime | <sup>2</sup>For a continuous period of at least 30 days | 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, definitions, 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 Critical Accidental Injury Policy, Form CH-26123-IP (04/11) 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.



# 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

## CRITICAL ACCIDENTAL INJURY POLICY OUTLINE OF COVERAGE FOR FORM CH-26123-IP (04/11) MT

### THE POLICY PROVIDES LIMITED BENEFITS BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

- 1. 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 the Insured Person and Us. Therefore, it is important that You **READ YOUR POLICY CAREFULLY**.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS.** This is not Medicare Supplement Insurance. This insurance provides limited benefit if You meet the conditions listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

- 2. CRITICAL ACCIDENTAL INJURY POLICY –** Critical Accidental Injury coverage is designed to provide You and Your Covered Dependents coverage for Qualifying Injuries that occur as a direct result of an Accidental Injury within 60 days of such Accidental Injury, subject to any limitations contained in the Policy. **The Policy does NOT provide benefits for loss from Sickness, and coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**

- 3. SCHEDULE OF BENEFITS –**

#### ONE TIME BENEFIT AMOUNT FOR A QUALIFYING INJURY:

|                       |                                                                                                                                                                                                                                                                                                                        |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Insured:      | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000<br><input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000                                     |
| Dependent spouse:     | <input type="checkbox"/> No Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000<br><input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 |
| Dependent child(ren): | <input type="checkbox"/> No Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000<br><input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 |

#### QUALIFYING INJURY

Coma

Hemiplegia

Loss of Sight in Both Eyes

Paraplegia

Quadriplegia

Second-Degree Burn to at least 20% of Body

### **Third-Degree Burn to at least 10% of Body**

### **Loss of Hearing in Both Ears**

4. **BENEFITS** – Upon receipt of proof of the occurrence of a Qualifying Injury, We will pay the one time Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, provided the Qualifying Injury occurred within 60 days of an Accidental Injury. The Accidental Injury must occur after the Insured Person's coverage has become effective and while the coverage is in force under the Policy.

**In no event will We pay more than one Benefit Amount for each Insured Person during that Insured Person's lifetime.**

5. **EXCLUSIONS & LIMITATIONS:** The Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS is not payable more than once per Insured Person during an Insured Person's lifetime for any or all Qualifying Injuries, as defined in the Policy during an Insured Person's lifetime.

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

1. A Sickness;
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. Suicide, 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 Injury;
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;
14. Committing or trying to commit a felony; or
15. Sunburn.

Benefits will not be payable for:

1. A Qualifying Injury that occurred prior to an Insured Person's Effective Date of Coverage;
2. Any condition that is not a Qualifying Injury, as defined in the Policy;
3. Loss resulting from any other condition or incapacity, other than loss resulting from a Qualifying Injury, as defined in the Policy. This includes any other condition or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Injury or as a result of treatment of a Qualifying Injury; or
4. Any amounts in excess of the Benefit Amount.

6. **RENEWABILITY** – The Policy is guaranteed renewable, 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. 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. **BEGINNING OF COVERAGE** - Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.



## 8. TERMINATION OF COVERAGE -

### You

Your coverage will terminate and no benefits will be payable under the Policy:

1. At the end of the month for which premium has been paid;
  - 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;
  - If coverage is terminated due to reasons other than non-payment of premium, We will give You at least 90 days after the date of Our mailing the written notice accompanied by the reason for the termination;
2. On the date the Qualifying Injury occurs and a benefit has been paid;
3. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date of fraud or material misrepresentation by You;
5. On the date We elect to discontinue this plan or type of coverage; or
6. On the date We elect to discontinue all coverage in Your state.

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.

### Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy on:

1. The date Your coverage terminates;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date the Qualifying Injury occurs and a benefit has been paid , with respect to an Insured Person; or
5. On the date the Covered Dependent:
  - a. performs an act or practice that constitutes fraud; or
  - b. has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

Premium will only be refunded for any full months paid beyond the termination date.

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental or physical handicap; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide written proof that the dependent is in fact a disabled and dependent person within 31 days after his or her attainment of the Limiting Age. Thereafter, We may require such written proof not more frequently than annually after the two-year period following the child's attainment of the Limiting Age. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

9. **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.

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.

Premium Due (at time of application) \$ \_\_\_\_\_

***The state of Montana has required Us to advise You that there is no comparable Policy to provide trend information regarding premium increases or decreases at this time.***

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