



Underwritten by *The Chesapeake Life Insurance Company*

Critical Illness Direct



**Cash benefits paid directly to you ...
to help with expenses while you recover.**

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.



SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life 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.



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

Cash benefits can be used for:

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

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.

Critical Illness Direct At A Glance

- Pays up to a **\$100,000 lump-sum cash benefit** on a first diagnosis of a covered critical illness or qualifying event
- Benefits 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 \$3¹⁴ per month²**

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

Critical Illness Direct

Pays a lump-sum benefit upon a first diagnosis of the qualifying event or diagnosis listed below, subject to a 30-day waiting period. If the first diagnosis of a qualifying event occurs within 30 days from the effective date of coverage, we will pay no more than \$250 of the Lifetime Maximum Benefit Amount selected.

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	\$6 ⁶¹	\$13 ²³	\$19 ⁸⁴	\$26 ⁴⁶	\$39 ⁶⁸	\$52 ⁹¹	\$66 ¹⁴
35 Year Old Female	\$6 ⁶¹	\$13 ²³	\$19 ⁸⁴	\$26 ⁴⁶	\$39 ⁶⁸	\$52 ⁹¹	\$66 ¹⁴
40 Year Old Male	\$9 ⁶⁴	\$19 ²⁸	\$28 ⁹²	\$38 ⁵⁶	\$57 ⁸⁴	\$77 ¹²	\$96 ⁴¹
40 Year Old Female	\$9 ⁶⁴	\$19 ²⁸	\$28 ⁹²	\$38 ⁵⁶	\$57 ⁸⁴	\$77 ¹²	\$96 ⁴¹

This is only an illustration of benefit and premium options per non-tobacco covered person. Benefits reduce by half at age 70 | ¹This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements and pre-existing condition limitations.

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 (03/14) MT.

CRITICAL ILLNESS DIRECT: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **First Diagnosis or First Diagnosed** means a diagnosis, as defined within the Policy, which initially occurs for the first time in the insured person's lifetime after the waiting period and while the insured person's coverage is in effect under the Policy.
- **Pre-Existing Condition** means a condition, disease, infection, or disorder not excluded by name or specific description for which medical advice, diagnosis, care or treatment was recommended by or received from a legally qualified physician within the **three year** period before the effective date of coverage.
- **Qualifying Event** means one of the diseases, conditions or procedures listed within the Policy for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.

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 (03/14) MT**

NOTICE TO BUYER: THE POLICY PROVIDES LIMITED BENEFITS. The Policy is designed to provide, to Insured Persons, restricted coverage paying benefits **ONLY** for the **First Diagnosis** of a **Qualifying Event** while coverage is in force under the Policy, subject to the **Waiting Period** and **Pre-Existing Condition Limitation** stated in the Policy. This coverage is supplemental and should not be considered a substitute for major medical expense insurance coverage.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES
SOME MEDICARE BENEFITS**

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE. This insurance pays a lump sum benefit amount, regardless of Your expenses, if You meet the Policy conditions, for one of the specific diseases or health conditions named in the Policy. It does not pay Your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance. If You are eligible for Medicare and Medicare Supplement insurance, review the **Guide to Health Insurance for People with Medicare** available from the Company.

- 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 You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- 2. SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY –** Specified disease coverage is designed to provide restricted coverage paying benefits **ONLY** when certain losses **First 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.**
- 3. SCHEDULE OF BENEFITS –**

WAITING PERIOD: If the **First Diagnosis** of a **Qualifying Event** occurs within 30 days from the **Effective Date** of Coverage, We will pay no more than \$250 of the **Lifetime Maximum Benefit Amount** selected.

LIFETIME MAXIMUM BENEFIT AMOUNT

- | | |
|--|---|
| Primary Insured: | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000
<input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 |
| Dependent spouse
/domestic partner: | <input type="checkbox"/> No Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000
<input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 |
| Dependent child(ren): | <input type="checkbox"/> No Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000
<input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 |

<u>QUALIFYING EVENT</u>	<u>FIRST DIAGNOSIS 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

***THE FIRST DIAGNOSIS BENEFIT PERCENTAGE WILL BE REDUCED BY ONE-HALF ON THE DATE AN INSURED PERSON REACHES AGE 70.**

4. **BENEFITS** - Upon receipt of proof of the First Diagnosis of a Qualifying Event, We will pay the First Diagnosis Benefit Percentage of the Lifetime Maximum Benefit Amount, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, subject to the Pre-Existing Condition Limitation. If the First Diagnosis of the Qualifying Event occurs within 30 days following the Effective Date of Coverage, We will pay no more than \$250 of the Lifetime Maximum Benefit Amount selected.

The First Diagnosis Benefit Percentage shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, will be reduced by one-half on the date an Insured Person reaches age 70.

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

5. **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. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane;

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. Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated; or
15. Committing or trying to commit a felony.

Benefits will not be payable for:

1. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
2. Any condition that is not Diagnosed as a Qualifying Event, as defined in the Policy;
3. 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 directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event; or
4. Any amounts in excess of the Lifetime Maximum Benefit Amount.

Pre-Existing Condition Limitation - Benefits will not be payable for a Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Qualifying Event occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.

6. **RENEWAL CONDITIONS.** 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 the 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 period for which premium has been paid (subject to the Grace Period);
 - 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;
2. On the date the Lifetime Maximum Benefit Amount has been reached;
3. If Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
4. If Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;
5. On the date of fraud or material misrepresentation by You;
6. On the date We elect to discontinue this plan or type of coverage; or
7. 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.

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. If Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
4. If Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;
5. On the date the Lifetime Maximum Benefit Amount has been reached with respect to an Insured Person; or
6. 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.

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 retardation 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.

Special Continuation Provision for Dependents

Your Covered Dependents may continue their same coverage under a new Policy without evidence of insurability if their coverage under the Policy would otherwise terminate because they cease to be an Eligible Dependent for any of the following reasons:

1. Divorce / legal separation, annulment;
2. Your death; or
3. A dependent child reaches the Limiting Age.

To continue coverage, You or Your Covered Dependent must request continuation of coverage by application or written notification within 31 days of the date coverage would otherwise terminate and pay any required premium.

In the event of Your death, Your spouse who is also a Covered Dependent under the Policy at the time of Your death will become the new primary Insured Person, and coverage under the Policy will continue for them and any other Covered Dependents, unless otherwise requested in writing by You or Your Covered Dependent spouse.

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 a 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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About SureBridge

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 are available through HealthMarkets Insurance Agency, 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.

For more information on SureBridge's supplemental insurance products, please visit [SureBridgeInsurance.com](https://www.SureBridgeInsurance.com)



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Navigate life's twists and turns

with the SureBridge portfolio
of supplemental and life
insurance products

Dental

Accident Direct

Accident Disability Direct

Critical Illness Direct

Critical Accident Direct

Accident Companion

Simplified Issue Term Life

Metal Gap

Vision

Income Protection Direct

CancerWise®

Hospital Confinement Direct

ProtectFit Plus

Final Expense Whole Life

Fixed Indemnity Direct

SureBridgeInsurance.com

800-815-8535

Weekdays, 8am to 5pm in all time zones



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