



Underwritten by *The Chesapeake Life Insurance Company*

Accident Disability Direct



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

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.



Accident Disability Direct

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

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.

Accident Disability Direct At A Glance

Cash benefits can be used for:

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

- 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 \$5¹⁶ per month²**

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.

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)	\$3 ⁵⁶	\$3 ⁰⁵	\$6 ⁰²	\$5 ¹⁶	\$9 ¹⁸	\$7 ⁸⁷	\$12 ⁵⁰	\$10 ⁷²	\$15 ⁸³	\$13 ⁵⁷
30 Year Old (blue collar)	\$8 ⁹⁰	\$7 ⁶³	\$15 ⁰⁴	\$12 ⁸⁹	\$22 ⁹⁵	\$19 ⁶⁷	\$31 ²⁶	\$26 ⁸⁰	\$39 ⁵⁷	\$33 ⁹²

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

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 until you have reached the maximum point of recovery; 2) are still considered to be disabled under the terms of the Policy; and 3) not in fact actively at work, as certified by a legally qualified physician upon our request. We reserve the right to periodically have you examined at our own expense according to the terms of the Policy.

EXCLUSIONS AND LIMITATIONS

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

Sickness, including but not limited to pregnancy and childbirth, except for complications of pregnancy | Injuries that do not first occur while the Policy is in force for the insured person | Any act of war, declared or undeclared, except for terrorism | Active military duty in the service of any country | Active participation in a riot, civil commotion or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane | Mental or nervous disorders | Having cosmetic surgery | Operating any motorized passenger vehicle, such as a taxi or for racing, for wage, compensation or profit | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered on the advice of a legally qualified physician | An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs directly or indirectly, unless administered on the advice of a legally qualified physician | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated | Committing or trying to commit a felony | 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, parasailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding | 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 | Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

Right of Inspection: We may require information regarding pre-tax personal income, allowable business expenses, and other plans, including income tax returns, for period before and after the start of a periods 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.

ACCIDENT DISABILITY DIRECT: OTHER IMPORTANT INFORMATION (continued)

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.
- **RENEWABILITY:** Your Policy is guaranteed renewable to age 65, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.
- **PREMIUM CHANGES:** The table of premiums for the Policy are guaranteed to not change for twelve months from the effective date of coverage. After expiration of this twelve month period, Chesapeake reserves 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, Chesapeake has given you written notice of at least 45 days prior to the effective date of the new rates and the new rates are approved by North Carolina Department of Insurance. The approved rates shall be guaranteed for a period of not less than 12 months. Such change will be on a class basis. The premium for the Policy may change in amount by reason of a change in occupation.
- **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 | At the end of the month following the date of our receipt of your request of termination | On the date we elect to discontinue this plan or type of coverage or all coverage in your state. We will provide you with a 180 day notice in the event we terminate the plan | On the date an insured person is no longer a permanent resident of the United States | On the date you reach age 65 | Premium will only be refunded for any full months paid beyond the termination date.

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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