



## 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.<sup>1</sup>

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 \$5<sup>16</sup> per month<sup>2</sup>**

**Cash benefits paid directly to you. Apply today!**

<sup>1</sup> Council for Disability Awareness, Long-Term Disability Claims Review, 2012 | <sup>2</sup> 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:** \$500<sup>1</sup>, \$1,000, \$1,500, \$2,000 and \$2,500. Benefit cannot exceed 60% of gross monthly earnings.

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 <sup>1</sup>		\$1,000		\$1,500		\$2,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 Year Old (white collar)	\$3 <sup>56</sup>	\$3 <sup>05</sup>	\$6 <sup>02</sup>	\$5 <sup>16</sup>	\$9 <sup>18</sup>	\$7 <sup>87</sup>	\$12 <sup>50</sup>	\$10 <sup>72</sup>	\$15 <sup>83</sup>	\$13 <sup>57</sup>
30 Year Old (blue collar)	\$8 <sup>90</sup>	\$7 <sup>63</sup>	\$15 <sup>04</sup>	\$12 <sup>89</sup>	\$22 <sup>95</sup>	\$19 <sup>67</sup>	\$31 <sup>26</sup>	\$26 <sup>80</sup>	\$39 <sup>57</sup>	\$33 <sup>92</sup>

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" | <sup>1</sup> This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements | 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:



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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) NH.

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## ACCIDENT DISABILITY DIRECT: OTHER IMPORTANT INFORMATION

### Definitions (See Policy for Other Important Information):

- **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.

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 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.

# 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  
www.Chesapeakeins.com

## ACCIDENT ONLY DISABILITY INCOME INSURANCE POLICY

### THIS POLICY PROVIDES LIMITED BENEFITS

### BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

#### OUTLINE OF COVERAGE FOR POLICY FORM CH-26114-IP (01/10) NH

- 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 is designed to provide You coverage for disabilities resulting from a covered accident **ONLY**, subject to any limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

#### 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 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 unless taken as prescribed by a Physician, or hallucinogens, directly or indirectly;
11. Sickness or Injury arising from an overdose of drugs, under the influence of hallucinogens, narcotics or other drugs unless taken as prescribed by a Physician, directly or indirectly;
12. 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. Aviation, except as a fare-paying passenger.

**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.

**7. TERMINATION OF COVERAGE.**

**You**

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

1. At the end of the month for which premium has been paid, except as provided in the Waiver of Premium provision;
2. On the date You reach age 65;
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, subject to the Incontestability provision in the General Provision section;
5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state; or
7. On the date an Insured Person is no longer a permanent resident of the United States.

We will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 30 days. The earned premium shall be computed on a pro-rata basis.

**8. 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 31 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.

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Metal Gap

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

[www.SureBridgeInsurance.com](http://www.SureBridgeInsurance.com)



**SureBridgeInsurance.com**

**800-815-8535**

Weekdays, 8am to 5pm in all time zones

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