



Underwritten by *The Chesapeake Life Insurance Company*[®]

CancerWise[®]



Cash benefits paid directly to you to help you focus on treatment and recovery, not expenses.

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.



CancerWise®

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

If **cancer strikes**, your focus should be on treatment and recovery, not on your finances. The **CancerWise plan can help**. It offers four affordable 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.

CancerWise At A Glance

- Pays up to a **\$50,000 one-time lump-sum cash benefit** after the waiting period upon a first diagnosis of a cancer
- 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 \$5¹⁸ per month²**

¹ The American Journal of Medicine, August 2009 | ² For 25 year old female, non-tobacco at \$20,000 benefit level.

BENEFIT OPTIONS	\$20,000	\$30,000	\$40,000	\$50,000
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One-time benefits are payable under the Policy for first diagnosis of malignant internal tumor or malignant melanoma, per insured person. Pays \$500 if cancer is first diagnosed during the 30-day waiting period.

MONTHLY PREMIUMS¹

30 Year Old Male	\$8 ²⁶	\$12 ³⁸	\$16 ⁵¹	\$20 ⁶⁴
30 Year Old Female	\$7 ⁴⁶	\$11 ²⁰	\$14 ⁹³	\$18 ⁶⁶
40 Year Old Male	\$14 ¹⁴	\$21 ²⁰	\$28 ²⁷	\$35 ³⁴
40 Year Old Female	\$11 ²⁸	\$16 ⁹²	\$22 ⁵⁶	\$28 ²⁰
Dependent Male Child	\$2 ⁴²	\$3 ⁶⁴	\$4 ⁸⁵	\$6 ⁰⁶
Dependent Female Child	\$2 ⁷¹	\$4 ⁰⁷	\$5 ⁴²	\$6 ⁷⁸

¹ The chart above is only an illustration of benefit and premium options per non-tobacco covered person.

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 Cancer Benefit Policy, Form CH-26055-IP (5/07) NH (10/11).

CANCERWISE: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Cancer** means a disease manifested by the presence of a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a malignant melanoma, leukemia, Hodgkin's disease, or cancer in situ that is in the natural or normal place, which is confined to the site of origin and has not invaded neighboring tissue. **Cancer does not include** pre-malignant conditions, conditions with malignant potential, or all other skin cancer which is not specifically malignant melanoma.
- **First Diagnosis** or **First Diagnosis of Cancer** means an insured person who has received a diagnosis, as defined within the Policy, for the first time while their coverage is in effect under the Policy.

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: 9151 Grapevine Highway

North Richland Hills, Texas 76180

Customer Service: 1-800-815-8535

www.Chesapeakeins.com

CANCER BENEFIT POLICY

THIS POLICY PROVIDES LIMITED BENEFITS

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

OUTLINE OF COVERAGE for Form: CH-26055-IP (5/07) NH (10/11)

This IS NOT A MEDICARE SUPPLEMENT Policy. If you are eligible for Medicare review the Guide to Health Insurance for People with Medicare available from the company.

1. This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicare should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
2. **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.**
3. Cancer Benefit coverage is designed to provide, to You, restricted coverage paying benefits ONLY when certain losses occur as a result of a First Diagnosis of Cancer. Coverage is not provided for basis hospital, basic medical-surgical, or major medical expenses.
4. **BENEFITS.**

First Diagnosis Benefit Amount. Benefits will be paid in accordance with the **First Diagnosis Benefit Amount**, as defined, while coverage is in force under this Policy. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under this Policy. The maximum benefit available for a Diagnosis is the **First Diagnosis Cancer Benefit Amount** and is limited to one benefit amount payable per Insured Person, per Lifetime.

Waiting Period First Diagnosis Cancer Benefit Amount. If You or Your Covered Dependents receive a First Diagnosis of Cancer during their Waiting Period, benefits will be paid in accordance with the **Waiting Period First Diagnosis Cancer Benefit Amount.**

SCHEDULE OF BENEFITS

BENEFIT

AMOUNT OF BENEFIT

FIRST DIAGNOSIS CANCER BENEFIT AMOUNT

(Limited to one benefit payable per Insured Person, per Lifetime)

\$20,000 \$30,000 \$40,000 \$50,000

WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT AMOUNT

(Limited to one benefit payable per Insured Person, per Lifetime)

\$500

4. LIMITATIONS AND EXCLUSIONS. The Policy does not provide benefits for loss caused by, resulting from or in connection with the following:

1. Any services, supplies, care or treatment for Cancer, or any other disease, sickness or incapacity;
2. Any disease, sickness, or incapacity which is not included within the definition of Cancer as defined under this Policy;
3. All skin cancer which is not Diagnosed, by definition, specifically as Malignant Melanoma;
4. Any Diagnosis, as defined, which is determined to be caused by war or an act of war;
5. Any Diagnosis, as defined, which is made by You or a member of Your immediate family or household;
6. Any Diagnosis, as defined, which is made outside the U.S.; or
7. Any Diagnosis, as defined, which is made after the date on which coverage under this Policy has been terminated.

5. WAITING PERIOD. The Policy contains a Waiting Period of 30 days. Benefits will be reduced if an Insured Person receives a First Diagnosis of Cancer, as defined, during the Waiting Period.

6. RENEWAL CONDITIONS. The Policy is guaranteed renewable to age 65 or Medicare eligibility, whichever occurs first, 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 amount of premium for the Policy is based on the issue age of the Insured Person at the time in which the Policy becomes effective.

7. TERMINATION OF COVERAGE.

You

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

1. After a benefit has been paid to You (the primary Insured Person) for a First Diagnosis of Cancer, as defined. Your spouse who is a Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You do not have a spouse who is a Covered Dependent under the Policy, Your oldest Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You are the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this;
2. At the end of the period for which premium has been paid (subject to the Grace Period);
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. At the end of the month following the date of Our receipt of Your request of termination;
5. On the date of fraud or misrepresentation by You, subject to the Incontestability provision in the General Provision section;
6. On the date We elect to discontinue this plan or type of coverage;
7. On the date We elect to discontinue all coverage in Your state;
8. On the date an Insured Person is no longer a permanent resident of the United States; or
9. On the date You reach the age of 65, or become eligible for Medicare, whichever comes first.

CH-26055-IP OC (5/07) NH (10/11)

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.

Covered Dependents

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

1. The date Your coverage terminates;
2. The date such dependent ceases to be an Eligible Dependent; or
3. The date We receive Your written request to terminate a Covered Dependent's coverage.

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.

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 proof that the dependent is in fact a disabled and dependent person at least 31 days prior to the date upon which the dependent would otherwise reach the Limiting Age, and thereafter We may require such proof not more frequently than annually. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

- 8. PREMIUMS.** Premiums are payable to the Company at its Administrative office. The Company reserves the right to change the table of premiums on a class basis, becoming due under the Policy at any time, provided 60 days advance written notice is given. Premium rates will be guaranteed for twelve (12) months and will not change during this time period for any reason other than a change in benefit levels as requested by You. Premiums will be adjusted as appropriate, for the termination of coverage of an Insured Person who receives a First Diagnosis Cancer Benefit Amount. In the event the Primary Insured Person is the only individual covered under the Policy, the Policy will terminate on the date the benefit is paid and no further benefits or premiums will be due, subject to the Grace Period.

Premium Due (at time of application) \$ _____

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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)



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.



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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