



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

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.

Cash benefits can be used for:

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

Critical Illness Direct At A Glance

- Pays up to a **\$100,000 lump-sum cash benefit** upon a first diagnosis of a covered critical illness or qualifying event
- Benefits are 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 \$3¹³ per month²**

Cash benefits paid directly to you. Apply today!

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

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Critical Illness Direct

Pays a lump-sum benefit upon a first occurrence of the qualifying event or diagnosis listed below. If a qualifying event first occurs within 30 days from the effective date of coverage, we will pay no more than \$500 of the lifetime maximum benefit amount selected.

Make sure you are protected with other popular SureBridge products:



Simplified Issue Term Life



Dental



Vision

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	\$8 ⁴⁴	\$16 ⁸⁷	\$25 ³¹	\$33 ⁷⁴	\$50 ⁶¹	\$67 ⁴⁸	\$84 ³⁵
35 Year Old Female	\$5 ⁶⁶	\$11 ³³	\$16 ⁹⁹	\$22 ⁶⁵	\$33 ⁹⁸	\$45 ³¹	\$56 ⁶⁴
40 Year Old Male	\$12 ⁰⁵	\$24 ¹⁰	\$36 ¹⁵	\$48 ²⁰	\$72 ³⁰	\$96 ⁴⁰	\$120 ⁵⁰
40 Year Old Female	\$8 ⁴⁴	\$16 ⁸⁷	\$25 ³¹	\$33 ⁷⁴	\$50 ⁶¹	\$67 ⁴⁸	\$84 ³⁵

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.

Apply today for Critical Illness Direct and get cash to help cover your expenses while you recover

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 (01/10) NH.

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CRITICAL ILLNESS DIRECT: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **First Occur, First Occurred or First Occurrence** means any diagnosis, treatment, surgery or advice by a legally qualified physician having initially occurred for the first time in the insured person's lifetime and while the Policy is in force for the insured person.
- **Qualified Event** means one of the diseases, conditions or procedures listed which first occurs while the Policy is in force and for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.
- **Pre-Existing Condition** means a condition for which medical advice, diagnosis, care or treatment was recommended or received from a legally qualified physician within the 6 month period before the effective date of coverage.

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.Chesapeakeplus.com

SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN FAILURE POLICY

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

OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-IP (03/14) NH

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. The 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 Medicaid 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. **SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN FAILURE 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.**
4. **SCHEDULE OF BENEFITS –**

WAITING PERIOD: 30 days from the Effective Date of Coverage.

LIFETIME MAXIMUM BENEFIT AMOUNT

- Primary Insured:** \$10,000 \$20,000 \$30,000
 \$40,000 \$60,000
 \$80,000 \$100,000
- Dependent spouse
/domestic partner:** No Benefit \$10,000
 \$20,000 \$30,000 \$40,000
 \$60,000 \$80,000 \$100,000
- Dependent child(ren):** No Benefit \$10,000
 \$20,000 \$30,000 \$40,000
 \$60,000 \$80,000 \$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	100%* 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
Major Organ Failure	100%* of Lifetime Maximum Benefit Amount
Severe Stroke	100%* of Lifetime Maximum Benefit Amount
	<u>AMOUNT OF BENEFIT</u>
Skin Cancer <i>(Limited to one benefit payable per Insured Person, per lifetime)</i>	\$250

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

5. **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 provided that the First Diagnosis of the Qualifying Event occurs after the Waiting Period set forth in the POLICY SCHEDULE – SCHEDULE OF BENEFITS and subject to the Pre-Existing Condition Limitation.

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.

6. **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 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 Event;
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, unless taken as prescribed by a Legally Qualified Physician, or hallucinogens, directly or indirectly;
13. Illness or injury arising from an overdose of drugs, under the influence of hallucinogens, narcotics or other drugs, unless taken as prescribed by a Legally Qualified Physician, directly or indirectly;
14. Committing or trying to commit a felony; or
15. Premalignant lesions, tumors or polyps; or benign tumors or polyps.

Benefits will not be payable for:

1. The First Diagnosis of a Qualifying Event, which occurs within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
2. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
3. Any condition that is not Diagnosed as a Qualifying Event, as defined in the Policy;
4. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the Policy; or
5. 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 6 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.

7. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 75, 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. The premium for the Policy may change in amount by reason of a change in occupation.
8. **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.

9. 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);
2. On the date You reach age 75;
3. On the date the Lifetime Maximum Benefit Amount has been reached;
4. 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;
5. 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;
6. On the date of fraud or material misrepresentation by You, subject to the Incontestability provision in the General Provision section;
7. On the date We elect to discontinue this plan or type of coverage;
8. On the date We elect to discontinue all coverage in Your state; or
9. 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.

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 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.

- 10. 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 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.

Premium Due (at time of application) \$ _____

Navigate life's twists and turns with the SureBridge portfolio of supplemental and life insurance products



Dental



Vision



Accident Direct



Income Protection Direct



Accident Disability Direct



CancerWise®



Critical Illness Direct



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SureBridgeInsurance.com

800-815-8535

Weekdays, 8am to 5pm in all time zones

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