



Complete Direct Bundle

Cash to help cover expenses while you are recovering from illness or injury

DID YOU KNOW?

Critical illness costs cause more than

60%

of all bankruptcies.¹

Cash benefits can be used for:

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

When **serious accidents and illness** occur, the cost of care and recovery can quickly **impact your financial stability**. The **Complete Direct Bundle** combines selected benefit levels from our most popular injury, illness and disability plans to help provide **the money you need during your recovery**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

Complete Direct Bundle At A Glance

- Coverage for every member of your family
- Pays up to a:
 - \$10,000 lump-sum cash benefit based on the number of days of hospital confinement
 - \$500 monthly cash benefit for periods of total disability
 - \$5,000 lump-sum cash benefit upon a first diagnosis of a critical illness
 - \$250 daily cash benefit for hospital confinement
- 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 \$32³⁴ per month²




Cash benefits paid directly to you. Apply today!

¹ Clinical Research Study. Harvard University, 16 March 2011. www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf | ² 30 year old female, white collar, non-tobacco. CH COM DIR BUN NV 1013

Complete Direct Bundle



Make sure you are protected with other popular SureBridge products:

-  Simplified Issue Term Life
-  Dental
-  Vision

DESCRIPTION	BENEFIT		
<p>Accident Direct: An accidental injury only insurance Policy which pays a lump-sum cash benefit based on number of days of hospital confinement resulting from injuries caused by an accident. Confinement must begin within 45 days of the injury. Injury must first occur after the Policy is in force. Benefits renew annually.</p> <p>14+ days: 100% of benefit 7 – 13 days: 60% of benefit 3 – 6 days: 30% of benefit 1 – 2 days: 15% of benefit, surgery required Common Accident benefit when two or more covered persons are injured in same accident.</p> <p style="text-align: right;">CH-26118-IP (01/10) NV</p>	<p>\$10,000 lump-sum</p>		
<p>Income Protection Direct: A disability income insurance Policy which pays a monthly cash benefit during times of total disability due to an illness or injury. Medical advice, consultation or treatment must commence within 30 days of the illness or Injury which caused your total disability. Benefit cannot exceed 60% of gross monthly earnings.</p> <p>Maximum Period Payable: 24 months Elimination Period: 30 days</p> <p style="text-align: right;">CH-26115-IP (01/10) NV</p>	<p>\$500 monthly</p>		
<p>Critical Illness Direct: A specified disease/condition and major organ transplant Policy which pays a lump-sum cash benefit upon a first occurrence of the qualified event or diagnosis listed below. Subject to a 30-day waiting period. Benefits reduce 50% at age 70.</p> <p>Diagnosis paid at 100%: Advanced Alzheimer's, ALS, life-threatening cancer, coma (illness induced), heart attack, major organ transplant, stroke, end-stage renal failure.</p> <p>Diagnosis paid at 25%: Benign brain tumor, cancer in situ, coronary bypass.</p> <p style="text-align: right;">CH-26113-IP (01/10) NV</p>	<p>\$5,000 lump-sum</p>		
<p>Hospital Confinement Direct: A hospital confinement indemnity insurance Policy which provides a daily cash benefit on confinement to hospital due to illness or injury. Subject to a 30-day waiting period for illness and a 365 day lifetime maximum.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day </td> <td style="width: 50%;"> <p>ICU/CCU Confinement Benefit (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day </td> </tr> </table> <p style="text-align: right;">CH-26116-IP (01/10) NV</p>	<p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day 	<p>ICU/CCU Confinement Benefit (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day 	<p>\$250 daily</p>
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MONTHLY PREMIUMS	Male	Female
40 Year Old Non-Tobacco	\$41 ⁴⁴	\$43 ⁵⁴
30 Year Old Non-Tobacco	\$28 ⁹⁹	\$32 ³⁴
Dependent 10 Year Old Child ³	\$6 ⁸³	\$6 ⁹⁷

Apply today for the Complete Direct Bundle and get cash when illness or injuries occur

³ Children are not eligible to receive the disability benefit. The information contained herein is accurate at the time of print. This brochure provides only summary information. The charts above are only an illustration of benefit and premium options per covered person. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such.

CH COM DIR BUN NV 1013

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

ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM: CH-26118-IP (01/10) NV

- 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. ACCIDENTAL INJURY ONLY INSURANCE POLICY** - Accidental Injury Only coverage is designed to provide You or Your Covered Dependents with coverage for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**
- 3. SCHEDULE OF BENEFITS –**

<u>BENEFIT</u>	<u>AMOUNT OF BENEFIT</u>
MAXIMUM ACCIDENTAL INJURY BENEFIT AMOUNT (Per Insured Person, per Year):	\$10,000
ACCIDENTAL INJURY BENEFIT PAYABLE FOR:	
14 days or more of Hospital Confinement with or without Surgery:	100% of the Accidental Injury Benefit Amount
7 to 13 days of Hospital Confinement with or without Surgery:	60% of the Accidental Injury Benefit Amount; or
3 to 6 days of Hospital Confinement with or without Surgery:	30% of the Accidental Injury Benefit Amount; or
1 to 2 days of Hospital Confinement with Surgery:	15% of the Accidental Injury Benefit Amount; or
1 to 2 days of Hospital Confinement without Surgery:	<i>No benefit payable</i>

COMMON ACCIDENTAL INJURY BENEFIT PAYABLE WHEN 2 OR MORE INSURED PERSONS ARE INJURED IN THE SAME ACCIDENTAL INJURY AND AT LEAST 2 OF WHOM MEET ANY OF THE CRITERIA BELOW:

Criteria One: Hospital Confined for 3 or more days:	50% of the Accidental Injury Benefit Amount (Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)
or	
Criteria Two: Hospital Confined for 2 or more days with Surgery:	50% of the Accidental Injury Benefit Amount (Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

4. **BENEFITS:** Benefits are payable under the Policy for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury and while an Insured Person's coverage is in force under the Policy. Unless otherwise stated in the Policy, all benefits are subject to the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.
- **Accidental Injury Benefit** - When an Insured Person is Hospital Confined within 45 days due to the First Occurrence of an Accidental Injury, We will pay the Accidental Injury Benefit Amount in accordance with the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE. Once the Maximum Accidental Injury Benefit Amount is exhausted for each Insured Person, no further benefits will be available for that Insured Person for the remainder of that Year (except as shown under the Common Accident Provision below). The AMOUNT OF BENEFIT payable per Hospital Confinement will be based on the date of the Accidental Injury that resulted in such Confinement.
 - **Common Accidental Injury Benefit** - If two or more Insured Persons covered under the Policy are injured in the same Accidental Injury ("Common Accident"), and would qualify for a Common Accidental Injury Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, We will pay such amount in addition to any available Accidental Injury Benefit Amounts for such Insured Persons involved in the Common Accident. In the event any or all Insured Persons involved in the Common Accident have exhausted their available Accidental Injury Benefit Amounts, only the Common Accidental Injury Benefit Amount will be paid for such Insured Persons. **Only one Common Accidental Injury Benefit Amount will be payable under the Policy per Year**, regardless of how many Common Accidents occur, or which Insured Persons are/are not involved in a Common Accident within that Year.
5. **EXCLUSIONS AND LIMITATIONS:** We will not provide any benefits for loss caused by, resulting from or in connection with:
1. Sickness;
 2. Pregnancy and childbirth, including routine or normal newborn child care;
 3. Any Sickness, disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force;
 4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
 5. Accidental Injuries that do not result in Hospital Confinement;
 6. Any act of war, declared or undeclared;
 7. Active military duty in the service of any country;
 8. Participation in a riot, civil commotion or insurrection;
 9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 10. Mental or Nervous Disorders;
 11. Cosmetic surgery;
 12. Operating any motorized passenger vehicle for wage, compensation or profit;
 13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
 14. Committing or trying to commit a felony;
 15. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding;
 16. 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 Administration (FAA), on a regularly scheduled passenger trip; and
 17. Treatment, services or supplies received outside the U.S. or Canada. However, treatment, services or supplies received as a result of an acute Accidental Injury sustained during the first 30 days of travel outside of the U.S. or Canada will be considered a Covered Expense. In no event will treatment, services or supplies received beyond the first 30 days of travel outside of the U.S. or Canada be considered a Covered Expense.
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.
7. **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, with approval by the Division of Insurance; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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: 1-800-733-1110

DISABILITY INCOME INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26115-IP (01/10) NV

- 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. DISABILITY INCOME INSURANCE POLICY –** The Disability Income Insurance Policy is designed to provide You with coverage for disabilities resulting from a covered Sickness or Injury, or combination thereof while You are insured under the Policy and are Actively at Work.
- 3. SCHEDULE OF BENEFITS -**

MONTHLY TOTAL DISABILITY BENEFITS

Elimination Period	30 days
Monthly Indemnity Benefit	\$500
Maximum Period Payable	24 months

- 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 Sickness or 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 Sickness or 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 Sickness or Injury, or both, We will pay benefits as if the Total Disability was caused by only one Sickness or Injury.

5. EXCLUSIONS AND LIMITATIONS. We will not provide any benefits for loss caused by, resulting from or in connection with:

1. Injuries that do not first occur while the Policy is in force for the Insured Person;
2. Any act of war, declared or undeclared;
3. Active military duty in the service of any country;
4. Participation in a riot, civil commotion or insurrection;
5. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
6. Mental or Nervous Disorders;
7. Having cosmetic surgery;
8. Experimental or investigational medicine;
9. Operating any motorized passenger vehicle for wage, compensation or profit;
10. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
11. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
12. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
13. Committing or trying to commit a felony;
14. Pregnancy and Childbirth;
15. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
16. 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 Administration (FAA), on a regularly scheduled passenger trip.

Pre-Existing Condition - We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined in the Policy, unless the loss is incurred at least one year after the Effective Date of Coverage.

COORDINATION WITH OTHER COMPENSATION. The Monthly Indemnity Benefit will be reduced by: (1) disability benefits paid under any employee benefit plan or arrangement; (2) income received from any employer paid sick pay plan, retirement plan or pension plan; and (3) benefits to which You are entitled from Workers' Compensation or any other retirement program, including retirement benefits under the Federal Social Security program.

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. 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, with approval by the Division of Insurance; provided, We have given You written notice of at least 60 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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Customer Service: 1-800-815-8535

SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-IP (01/10) NV

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.
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 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.**
4. **SCHEDULE OF BENEFITS –**

LIFETIME MAXIMUM BENEFIT AMOUNT

Primary Insured:	\$5,000
Dependent spouse:	\$5,000
Dependent child(ren):	\$5,000

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

QUALIFYING EVENT

FIRST OCCURRENCE BENEFIT PERCENTAGE

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

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

QUALIFYING EVENT

**FIRST OCCURRENCE
BENEFIT PERCENTAGE**

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 OCCURRENCE 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 Occurrence of a Qualifying Event, We will pay the First Occurrence Benefit Percentage of the Lifetime Maximum Benefit Amount, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS provided that the Qualifying Event First Occurred after the Waiting Period set forth in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

The First Occurrence 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, except in the case of Major Organ Transplant;
 10. Cosmetic surgery;
 11. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
 12. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
 13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated; or
 14. Committing or trying to commit a felony.

Benefits will not be payable for:

1. A Qualifying Event, which First Occurs prior to an Insured Person's Effective Date of Coverage or 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. 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
 5. Any amounts in excess of the Lifetime Maximum Benefit Amount.
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.
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, with approval by the Division of Insurance; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

HOSPITAL CONFINEMENT INDEMNITY POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-IP (01/10) NV

- 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. HOSPITAL CONFINEMENT INDEMNITY POLICY** – The Hospital Confinement Indemnity plan pays a daily benefit for hospital confinement resulting from a Sickness or Injury. This coverage is NOT intended to cover all medical expenses.
- 3. BENEFITS** - Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury. All benefits are subject to the Lifetime Maximum shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Waiting Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Daily Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.

LIFETIME MAXIMUM 365 Days

WAITING PERIOD

For Sickness 30 Days
For Injury 0 Days

DAILY BENEFIT AMOUNT \$250

HOSPITAL CONFINEMENT BENEFIT

Day 1 - 5 100% of the Daily Benefit Amount
Day 6 – 10 50% of the Daily Benefit Amount
Day 11 and over \$100 per day

INTENSIVE CARE/CARDIAC CARE UNIT CONFINEMENT BENEFIT

(Paid in lieu of Hospital Confinement Benefit)

Day 1 - 2 200% of the Daily Benefit Amount
Day 3 - 10 100% of the Daily Benefit Amount
Day 11 - 30 50% of the Daily Benefit Amount
Day 31 and over \$100 per day

- 4. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for any loss caused by, resulting from or in connection with:
 1. Any care or benefits which are not specifically provided for in the Policy;
 2. Any act of war, declared or undeclared;
 3. Active military duty in the service of any country;
 4. Participation in a riot, civil commotion or insurrection;
 5. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;

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6. Mental or Nervous Disorders;
7. Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;
8. Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;
9. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
10. Modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, such as sex-change surgery;
11. 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;
12. Experimental or investigational medicine;
13. Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy;
14. Cosmetic surgery;
15. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
16. Operating any motorized passenger vehicle for wage, compensation or profit;
17. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
18. Committing or trying to commit a felony;
19. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;
20. Hospital Confinement for routine or normal newborn child care;
21. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
22. 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 Administration (FAA), on a regularly scheduled passenger trip.

Pre-Existing Condition - We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.

5. **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.
6. **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, with approval by the Division of Insurance; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

COMPLETE DIRECT BUNDLE: OTHER IMPORTANT INFORMATION

Definitions:

- **Accidental Injury** means sudden, non-recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The accidental injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Actively at Work** means working on a permanent basis at least 25 hours per weeks 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 you are considered totally disabled before the monthly benefit is payable.
- **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.
- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay. The institution must: 1) Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; 2) Maintain a staff of one or more duly licensed legally qualified physicians; 3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and 4) Is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **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 (for Hospital Confinement Direct and Income Protection Direct)** means a medical condition, sickness or injury not excluded for which: 1) medical advice, consultation, or treatment was recommended by or received from a medical practitioner, within the two-year period before the effective date of coverage or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the two-year period before the effective date of coverage.
- **Total Disability or Totally Disabled** means that due to a sickness or 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.

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.
- **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, for Hospital Confinement Direct only) | On the date the lifetime maximum benefit amount has been reached (for Critical Illness Direct only) | At the end of the month following the date of our receipt of your request of termination | On the date of fraud or material misrepresentation by you | On the date We elect to discontinue this plan or type of coverage or all coverage in your state | On the date an insured person is no longer a permanent resident of the United States | On the date you reach age 65 (75, for Critical Illness Direct only). Premium will only be refunded for any full months paid beyond the termination date.

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. Forms CH-26113-IP (1/10) NV, CH-26115-IP (01/10) NV, CH-26116-IP (1/10) NV and CH-26118-IP (1/10) NV.



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