

Sickness and Injury Coverage
Fixed Indemnity Direct

Cash benefits for covered healthcare services ... with no deductible.



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

The Fixed Indemnity Direct offers six, budget-friendly benefit levels that provide **cash benefits without having to worry about meeting a deductible**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.



Fixed Indemnity Direct at a Glance



- No Annual Deductible
- Affordable plan that supplements other health insurance you may have
- Pays a benefit for a covered sickness or injury even if benefits are also paid under Workers' Compensation¹
- Flexible benefit options with six plans to choose from



Benefits are paid directly to you, not your doctor or hospital. Cash benefits can be used for:

- Copays or coinsurance
- Rent/Mortgage
- Car payment
- Child care
- Everyday living expenses



Affordable premiums with coverage **starting at \$18.81 per month.**²

THIS POLICY PROVIDES LIMITED BENEFITS. This type of plan is a supplement to health insurance and is not considered "minimum essential coverage" under the Affordable Care Act and therefore a Fixed Indemnity Insurance Policy does not satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Plan availability may be limited by age of applicant | ¹Benefits are not coordinated with Workers' Compensation. Exclusions & Limitations and Policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | ²Sample rate is based on a 30-year-old non-tobacco male for Plan 1. Premiums may vary by current date.

| DAILY BENEFITS ¹ | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 |
|---|----------------------------------|--------|---------|------------------|---------|---------|
| Availability | Ages 1-83 | | | Ages 1-64 | | |
| Hospital Confinement (Maximum 365 days per confinement.) | | | | | | |
| Without Surgery | \$100 | \$250 | \$500 | \$1,000 | \$2,000 | \$3,000 |
| With Surgery | \$200 | \$500 | \$750 | \$1,500 | \$2,500 | \$3,500 |
| ICU/CCU Confinement (Paid in lieu of hospital confinement benefit. Maximum 30 days per confinement.) | | | | | | |
| | \$200 | \$500 | \$1,000 | \$2,000 | \$4,000 | \$6,000 |
| Outpatient Surgery (Maximum three days per calendar year.) | | | | | | |
| | \$350 | \$500 | \$750 | \$1,500 | \$2,500 | \$3,500 |
| Continuous Care (Paid in lieu of hospital confinement or ICU/CCU confinement benefit. Care must begin within seven days of a hospital confinement. Maximum 30 days per calendar year.) | | | | | | |
| | \$50 | \$125 | \$250 | \$250 | \$250 | \$250 |
| Emergency Room (Maximum two days per calendar year.) | | | | | | |
| | \$50 | \$50 | \$50 | \$75 | \$100 | \$150 |
| Outpatient X-Ray and Laboratory Procedures (Maximum five days per calendar year.) | | | | | | |
| | \$50 | \$50 | \$50 | \$100 | \$100 | \$100 |
| Outpatient Diagnostic Imaging Procedures (Maximum two days per calendar year.) | | | | | | |
| | \$100 | \$250 | \$250 | \$500 | \$500 | \$500 |
| Ambulance (Ground, water or air. Paid up to a maximum \$2,400 per lifetime.) | | | | | | |
| | \$100 | \$200 | \$200 | \$200 | \$200 | \$200 |
| Physician Office Visit (Maximum four days per calendar year.) | | | | | | |
| | Not Available in Plans 1, 2 or 3 | | | \$75 | \$75 | \$75 |

¹ Subject to a 30-day waiting period for sickness.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. Plan availability may be limited by age of applicant. 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 Fixed Indemnity Insurance Policy, Form CH-26126-IP (10/13) OR.

| MONTHLY PREMIUMS ¹ | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 |
|------------------------------------|----------|----------|----------|----------------------|----------|----------|
| 30 Year Old Male | | | | | | |
| Non-Tobacco | \$18.81 | \$27.46 | \$38.43 | \$91.09 | \$128.17 | \$165.81 |
| Tobacco | \$26.33 | \$38.44 | \$53.80 | \$127.53 | \$179.44 | \$232.13 |
| 30 Year Old Female | | | | | | |
| Non-Tobacco | \$34.48 | \$50.34 | \$70.45 | \$167.01 | \$234.98 | \$303.99 |
| Tobacco | \$46.54 | \$67.96 | \$95.11 | \$225.46 | \$317.23 | \$410.38 |
| 45 Year Old Male | | | | | | |
| Non-Tobacco | \$31.62 | \$46.17 | \$64.62 | \$153.18 | \$215.52 | \$278.81 |
| Tobacco | \$44.27 | \$64.64 | \$90.47 | \$214.45 | \$301.73 | \$390.34 |
| 45 Year Old Female | | | | | | |
| Non-Tobacco | \$38.88 | \$56.77 | \$79.46 | \$188.35 | \$265.02 | \$342.84 |
| Tobacco | \$52.49 | \$76.65 | \$107.27 | \$254.28 | \$357.77 | \$462.83 |
| 65 Year Old Male | | | | Not Available | | |
| Non-Tobacco | \$74.29 | \$108.47 | \$151.81 | | | |
| Tobacco | \$104.00 | \$151.86 | \$212.54 | | | |
| 65 Year Old Female | | | | | | |
| Non-Tobacco | \$75.07 | \$109.61 | \$153.40 | | | |
| Tobacco | \$101.34 | \$147.97 | \$207.09 | | | |
| Dependent Child² | \$14.37 | \$25.82 | \$41.69 | \$107.81 | \$165.57 | \$224.26 |

The chart above is only an illustration of benefit and premium options per covered person for plans. Sample rates are based on zip code 97303. Premiums may vary by current date. |¹ An application fee of up to \$20 may be applied at the time of application |² Dependent child is a male or female, 1 - 17 years of age.

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 benefits for covered expenses.
- 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.





IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS.

This is not Medicare Supplement Insurance.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- Any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expense.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Physician services
- Other approved items and services
- Hospice

Before You Buy This Insurance

- ✓ Check the coverage in ALL health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Confined/Confinement** means an insured person's admission to and subsequent continued stay in a hospital, a hospital intensive care/cardiac care unit, skilled nursing facility, rehabilitation facility, rehabilitation unit, or hospice unit, for which a daily charge for room and board is made for each day of confinement. Confinement for the same sickness or injury separated by less than 60 days are considered a continuation of the same confinement.
- **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 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. The term includes a hospital owned or operated by the State of Oregon or any state-approved program.
- **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.
- **Pre-Existing Condition** means a medical condition, sickness or injury not excluded by name or specific description for which: (1) Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the one 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 one year period before the effective date of coverage.
- **Sickness** means an illness or disease.
- **Waiting Period** means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Policy before benefits are payable.

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

**FIXED INDEMNITY INSURANCE POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26126-IP (10/13) OR**

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

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that You have health insurance coverage. If You do not have other health insurance coverage, You may be subject to a tax penalty. Please consult Your tax advisor.

This is NOT a Medicare supplement Policy and should not be considered a substitute for comprehensive health insurance coverage.

- 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. FIXED INDEMNITY INSURANCE POLICY** – The Fixed Indemnity plan pays a daily benefit for a covered Sickness and/or Injury. This coverage is NOT intended to cover all medical expenses.
- 3. SCHEDULE OF BENEFITS** – The Policy is intended to pay a daily benefit for the following benefits. All benefits are subject to the Waiting Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.

WAITING PERIOD

For Sickness

30 Days

For Injury

0 Days

Plan 1 Plan 2 Plan 3 Plan 4 Plan 5 Plan 6

HOSPITAL CONFINEMENT BENEFIT

(After satisfaction of the Waiting Period, if any, benefits are payable for each day an Insured Person is Hospital Confined due to Sickness or Injury, in accordance with the Schedule of Benefits shown below)

| | | | | | | |
|---|-------|-------|---------|---------|---------|---------|
| <i>Without Surgery</i> | \$100 | \$250 | \$500 | \$1,000 | \$2,000 | \$3,000 |
| <i>With Surgery</i> | \$200 | \$500 | \$750 | \$1,500 | \$2,500 | \$3,500 |
| <i>Maximum Number of Days per Confinement</i> | 365 | 365 | 365 | 365 | 365 | 365 |
| Intensive Care/Cardiac Care Unit (ICU/CCU) Confinement Benefit: <i>(paid in lieu of Hospital Confinement Benefit)</i> | | | | | | |
| <i>Daily Benefit</i> | \$200 | \$500 | \$1,000 | \$2,000 | \$4,000 | \$6,000 |
| <i>Maximum Number of Days per Confinement</i> | 30 | 30 | 30 | 30 | 30 | 30 |
| Continuous Care Benefit: <i>(payable when Continuous Care begins within 7 days of a Hospital Confinement)</i> | | | | | | |
| <i>Daily Benefit</i> | \$50 | \$125 | \$250 | \$250 | \$250 | \$250 |
| <i>Maximum Number of Days per Calendar Year</i> | 30 | 30 | 30 | 30 | 30 | 30 |

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 |
|--|---------|---------|---------|---------|---------|---------|
| Physician Office Visit Benefit: | | | | | | |
| <i>Daily Benefit</i> | N/A | N/A | N/A | \$75 | \$75 | \$75 |
| <i>Maximum Number of Days per Calendar Year</i> | 0 | 0 | 0 | 4 | 4 | 4 |
| Outpatient Surgery Benefit: | | | | | | |
| <i>Daily Benefit</i> | \$350 | \$500 | \$750 | \$1,500 | \$2,500 | \$3,500 |
| <i>Maximum Number of Days per Calendar Year</i> | 3 | 3 | 3 | 3 | 3 | 3 |
| Emergency Room Benefit: | | | | | | |
| <i>Daily Benefit</i> | \$50 | \$50 | \$50 | \$75 | \$100 | \$150 |
| <i>Maximum Number of Days per Calendar Year</i> | 2 | 2 | 2 | 2 | 2 | 2 |
| Outpatient X-Ray and Laboratory Procedures Benefit: | | | | | | |
| <i>Daily Benefit</i> | \$50 | \$50 | \$50 | \$100 | \$100 | \$100 |
| <i>Maximum Number of Days per Calendar Year</i> | 5 | 5 | 5 | 5 | 5 | 5 |
| Outpatient Diagnostic Imaging Procedures Benefit: | | | | | | |
| <i>Daily Benefit</i> | \$100 | \$250 | \$250 | \$500 | \$500 | \$500 |
| <i>Maximum Number of Days per Calendar Year</i> | 2 | 2 | 2 | 2 | 2 | 2 |
| Ambulance Benefit: | | | | | | |
| <i>Daily Benefit</i> | \$100 | \$200 | \$200 | \$200 | \$200 | \$200 |
| <i>Maximum Amount per Lifetime</i> | \$2,400 | \$2,400 | \$2,400 | \$2,400 | \$2,400 | \$2,400 |

4. BENEFITS – Benefits under the Policy include the following:

- A. HOSPITAL CONFINEMENT BENEFIT:** Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, and are limited to 365 days per Insured Person, per Confinement. Readmission to the Hospital for the same Sickness or Injury for which an Insured Person was previously Confined will be treated as a continuation of the same Confinement unless Confinement is separated by 60 days or more. The Hospital Confinement Benefit is not payable if an Insured Person is receiving the Intensive Care/Cardiac Care Unit (ICU/CCU) Confinement Benefit, the Continuous Care Benefit, or treatment in any facility other than a Hospital.
- B. INTENSIVE CARE/CARDIAC CARE UNIT (ICU/CCU) CONFINEMENT BENEFIT:** Benefits are payable under the Policy for each day an Insured Person is Confined in an Intensive Care/Cardiac Care unit of a Hospital due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. Benefits for ICU/CCU are paid in lieu of the Hospital Confinement Benefit and are limited to 30 days per Insured Person, per Confinement. Readmission to an Intensive Care/Cardiac Care Unit for the same Sickness or Injury for which an Insured Person was previously Confined will be treated as a continuation of the same Confinement unless Confinement is separated by 60 days or more.
- C. CONTINUOUS CARE BENEFIT:** Continuous Care benefits are payable under the Policy for each day an Insured Person is Confined to a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or receiving Home Health Care or Hospice due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, provided the following conditions are met: 1) Continuous Care must begin within 7 days following Hospital Confinement; 2) The Continuous Care must be for the same Sickness or Injury for which the Insured Person was Hospital Confined; 3) The Continuous Care must be prescribed by a Physician and must be for the care and treatment of the Insured Person's condition; 4) Home Health Care services must be performed by a Home Health Care Agency. Home Health Care services cannot be performed by a person who lives with the Insured Person or the Insured Person's Immediate Family member; 5) Hospice care services require a written statement from the attending Physician that the Insured Person has a life expectancy of 6 months or less, and a written statement from the Hospice certifying the days that services were provided. Continuous Care benefits are limited to 30 days per Insured Person, per Calendar Year and the daily benefit amount is payable once per day regardless of how many Continuous Care services are

provided on that day. The Continuous Care Benefit is not payable if an Insured Person is receiving the Hospital Confinement or the Intensive Care/Cardiac Care Unit (ICU/CCU) Confinement Benefit.

- D. PHYSICIAN OFFICE VISIT BENEFIT:** Benefits are payable under the Policy when an Insured Person visits a Physician's office, clinic or urgent care facility, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, and are limited to 4 days per Insured Person, per Calendar Year.
 - E. OUTPATIENT SURGERY BENEFIT:** Benefits are payable under the Policy for each day an Insured Person receives Surgery at an Outpatient Surgery Facility, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE and are limited to 3 days per Insured Person, per Calendar Year.
 - F. EMERGENCY ROOM BENEFIT:** Benefits are payable under the Policy when an Insured Person receives Emergency Treatment in an emergency room of a Hospital in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, and are limited to 2 days per Insured Person, per Calendar Year.
 - G. OUTPATIENT X-RAY AND LABORATORY PROCEDURES BENEFIT:** Benefits are payable under the Policy for each day an Insured Person receives outpatient x-ray or laboratory procedures for the diagnosis or treatment of a Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. The Outpatient X-Ray and Laboratory Procedures Benefit is limited to 5 days per Insured Person, per Calendar Year and the daily benefit amount is payable once per day regardless of how many services are provided on that day.
 - H. OUTPATIENT DIAGNOSTIC IMAGING PROCEDURES BENEFIT:** Benefits are payable under the Policy for each day an Insured Person receives outpatient diagnostic imaging procedures for the diagnosis or treatment of a Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. The Outpatient Diagnostic Imaging Procedures Benefit is limited to 2 days per Insured Person, per Calendar Year and the daily benefit amount is payable once per day regardless of how many services are provided on that day.
 - I. AMBULANCE BENEFIT:** Benefits are payable under the Policy when an Insured Person is transported by Ambulance to a Hospital due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, and are limited to a \$2,400 maximum per Insured Person, per lifetime.
- 5. 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. Voluntary 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. 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;
 - 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. Routine or normal newborn child care while Hospital Confined;
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;
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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and
23. Care received outside of the United States.

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 for an Insured Person.

6. **RENEWAL CONDITIONS** – The Policy is guaranteed renewable to age 85, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Subject to prior approval by the Oregon Insurance Division, 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 an increase in the age of an Insured Person.
7. **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.
8. **TERMINATION OF COVERAGE** –

This policy is guaranteed renewable, subject to the following termination provisions:

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 85;
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 of fraud or material misrepresentation by You;
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; or
8. On the date an Insured Person is no longer a permanent resident of the United States.

The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata.

Covered Dependents

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

1. The date Your coverage terminates;
2. On the date Your Covered Dependent spouse/domestic partner reaches age 85;
3. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
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; 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 unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata.

Termination of insurance will be without prejudice to any claim arising prior to the date of termination. If We accept any premium for coverage extending beyond the date for termination, coverage will continue during the period for which a premium has been accepted, except as provided in the age misstatement provision.

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 retardation 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.

- 9. PREMIUMS** – Subject to the prior approval by the Oregon Insurance Division, We reserve the right to change the table of premiums becoming due under the Policy as often as permitted by applicable law. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person. We will provide the Policyholder with written notice at least 31 days prior to the effective date of the new rates. Any change in rates will be effective on the next following Premium Due Date.

Premium Due (at time of application) \$ _____



About Us

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 is available through HealthMarkets Insurance Agency Inc., 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.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental 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 & Turns

with the SureBridge portfolio of supplemental insurance products

**Accident | Dental | Disability | Fixed Indemnity
Illness | Metal Gap | Vision**



SureBridge®

Underwritten by
The Chesapeake Life Insurance Company®

SureBridgeInsurance.com
(800) 815-8535

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones