

Accident Disability Coverage

Accident Disability Direct

Cash benefits paid directly to you ... during times of accident-related disability.





What is Accident Disability?

Accidents happen and the **Accident Disability Direct** plan can help you financially when they do. It pays **monthly cash benefits** directly to you during times when an accidental injury results in total disability leaving you unable to work. The money can be used to pay unexpected medical costs or everyday living expenses.

Applying is simple and can be completed in minutes.

Accident Disability Direct At a Glance



Pays up to a \$2,500 monthly cash benefit for a physician-verified period of total disability caused by injury



Waiver of Premium benefit included



Benefits are paid directly to you - not your doctor or hospital



Affordable premiums that do not increase as you get older with coverage starting at \$5.16 per month¹

¹ White collar female at \$1,000 monthly benefit level with a benefit period of 12 months and an elimination period of 30 days.

Cash Benefits Can be Used For



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses



Did You Know?

95%

of disabling injuries occur off the job
which means Worker's Compensation
does not cover them.¹

¹Council for Disability Awareness, Long-Term Disability Claims Review, 2014

How Does the Coverage Work?

Pays a monthly cash benefit for a physician-verified period of total disability due to an injury.

Available benefit options: \$500, \$1,000, \$1,500, \$2,000 and \$2,500. Benefit cannot exceed 60% of your prior monthly income.

Medical advice, consultation or treatment must commence within 30 days of the injury which caused your total disability.

Waiver of Premium Benefit: After a period of 90 consecutive days of total disability, this additional benefit waives the monthly premium, up to the maximum period payable, with no interruption in coverage. Premium payments must resume within 31 days of the expiration of the waiver of premium benefit to continue coverage.

Maximum Period Payable Options: 12 or 24 months

Elimination Period Options: 14, 30, 60 or 90 days

Monthly Premiums (white collar worker)

Consumer Preferred

	\$500 ¹		\$1,000		\$1,500		\$2,000		\$2,500	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
30 Year Old	\$2.04	\$1.53	\$6.02	\$5.16	\$9.18	\$7.87	\$12.50	\$10.72	\$15.83	\$13.57

Monthly Premiums (blue collar worker)

Consumer Preferred

	\$500 ¹		\$1,000		\$1,500		\$2,000		\$2,500	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
30 Year Old	\$5.09	\$3.82	\$15.04	\$12.89	\$22.95	\$19.67	\$31.26	\$26.80	\$39.57	\$33.92

The charts above are only illustrations of benefit and premium options per individual for plans with a 30 day elimination period and 12 month benefit period. As defined by the American Academy of Actuaries, "blue collar" refers to union and hourly workers. All other workers are classified as "white collar." ¹This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements; rates shown are for 90 day elimination period and 12 month benefit period.

Consumer Preferred Status: Based on 32% of customers with the \$2,500 monthly benefit level (8/2016).

This brochure provides only summary information. The information contained herein is accurate at the time of publication. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. An Accident Only Disability Income Insurance Policy, Form CH-26114-IP (01/10) VA.

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.



Other Important Information

DEFINITIONS (See Policy for Other Important Definitions):

- **Actively at Work** means working on a permanent basis at least 25 hours per week for wage or salary; and performing the material and substantial duties of a regular job or any other job for which the insured is qualified by reason of education, training or experience.
- **Elimination Period** means the consecutive period of time beginning from the date in which you are considered totally disabled before the monthly indemnity benefit is payable. The elimination period is shown in the Policy schedule of benefits.
- **Injury** means accidental bodily injury sustained by the insured person which are the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force.
- **Total Disability** or **Totally Disabled** means that, due to an injury, you are: 1) under a legally qualified physician's care; and 2) unable to engage in any employment or occupation for which you are qualified by reason of education, training or experience are not in fact actively at work, as certified by a legally qualified physician upon our request.

EXCLUSIONS AND LIMITATIONS

We will not provide any benefits for loss caused by, resulting from, or in connection with:

Sickness, including but not limited to pregnancy and childbirth | Injuries that do not occur while the Policy is in force for the insured person | Any act of war, declared or undeclared ("war" does not include terrorism) | Participation in a riot, civil commotion or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane | Mental or emotional disorders | Alcoholism and drug addiction | Having cosmetic surgery | Directly or indirectly engaging in an illegal occupation or illegal activity | Committing or trying to commit a felony | Aviation, 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.

Other Important Information (continued)

Coverage Information:

- **COVERAGE BEGINS:** In consideration of your premiums paid as shown in the Policy schedule, and once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.
- **RENEWABILITY:** Your Policy is guaranteed renewable at the sole option of the insured, or to age 65, subject to Chesapeake's right to discontinue or terminate the coverage as provided in the Termination of Coverage section of the Policy.
- **PREMIUM CHANGES:** Chesapeake reserves 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, Chesapeake has given you written notice of at least 31 days prior to the effective date of the new rates.
- **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 not been paid, (subject to the grace period) | Effective upon our receipt of your request of termination or on such later date as may be specified in the notice | On the date of fraudulent misstatements in the application 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 | The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata.

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