

Accident Coverage

Critical Accident Direct

Cash benefits paid directly to you to cover expenses that result from a serious accident.





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

With advances in emergency medical treatment and trauma care, the likelihood of surviving a critical accident continues to improve. However, there are likely to be many unexpected expenses related to an extended recovery period with an injury that is life altering.

The **Critical Accident Direct** plan offers **budget-friendly 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.



Critical Accident Direct at a Glance



Pays up to a **\$60,000 lump-sum cash benefit** for a qualifying injury¹ even if benefits are also paid under Workers' Compensation²



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 \$1.50 per month**³

¹ Available on the highest option | ² Benefits are not coordinated with Worker's Compensation. Exclusions & Limitations and policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | ³ For female at \$10,000 benefit level.

Cash benefits can be used for:



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses

Did You Know?

7 in **10**

workers say they could not cover normal living expenses for more than 6 months without a paycheck.¹



¹ Social Security Administration, Fact Sheet February 2013

How Does the Coverage Work?

Pays a one-time lump sum cash benefit¹ for the conditions listed below. All qualifying injuries must be caused by an accident, independent of any other causes, and occur within 60 days of the accident.

- Quadriplegia: total paralysis of both upper and lower limbs²
- Paraplegia: total paralysis of lower limbs²
- Hemiplegia: total paralysis of upper and lower limbs on one side of body²
- Third degree burn to 10% of body
- Second degree burn to 20% of the body
- Coma
- Loss of sight in both eyes
- Loss of hearing in both ears

Family Security Benefit: Beginning with the next premium due date following the receipt of due proof of the death of the policy holder, we will waive premiums for a period of 12 months for covered dependents. During this premium waiver period, no increase in benefits or addition of eligible dependents, except newborns, will be considered. Provisions for termination of coverage for covered dependents will apply.

Monthly Premiums

	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Male	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00
Female	\$1.50	\$2.25	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00
Dependent Child	\$2.00	\$3.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00

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

Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Accidental Injury** means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occurs while the insurance is in force.
- **Qualifying Injury** means one of the conditions listed in the Policy schedule which occurs while the Policy is in force, is a direct result of an accidental injury, and occurs within 60 days of such accidental injury.

¹In no event will the Policy pay more than one benefit amount for each insured person during that insured person's lifetime | ²For a continuous period of at least 30 days | 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, definitions, 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 Critical Accidental Injury Policy, Form CH-26123-IP (04/11) 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 (continued)

EXCLUSIONS AND LIMITATIONS

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

Sickness | Any care or benefits which are not specifically provided for in the Policy | Any act of war, declared or undeclared ("war" does not include terrorism) | Participation in a riot or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane | 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 | Intentionally medically induced qualifying injury | Cosmetic surgery | Alcoholism and drug addiction | Directly or indirectly engaging in an illegal occupation | Committing or trying to commit a felony.

Benefits will not be payable for: Any condition that is not a qualifying injury, as defined in the Policy | Any amounts in excess of the benefit amount.

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 conditionally renewable to age 75, 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) | On the date the qualifying injury occurs and a benefit has been paid | 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 Chesapeake elects 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 75 | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro-rata.

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About Us

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