



Critical Accident Direct

Cash benefits to help
cover expenses that
result from **serious accident**

DID YOU KNOW?

7 in 10
workers say they could
not cover normal living
expenses for more than
6 months without a
paycheck.¹

Cash benefits can be used for:

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

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 multiple **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 injury²
- 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 \$3⁷⁵ per month**³

Cash benefits paid directly to you. Apply today!

¹ Social Security Administration, Fact Sheet February 2013 | ² Available on the highest option | ³ For female at \$25,000 benefit level.

CH CR ACC DIR WA 813



Underwritten by *The Chesapeake Life Insurance Company*[®]

Critical Accident Direct



Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

DESCRIPTION

Pays a one-time cash lump sum benefit¹ for the qualifying injuries listed below. All qualifying injuries must be caused by an accident, independent of any other causes, and occur within 365 days of the accident. In no event will we pay more than one benefit amount for each insured person during that insured person's lifetime.

- 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

	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000
Male	\$6 ²⁵	\$7 ⁵⁰	\$10 ⁰⁰	\$12 ⁵⁰	\$15 ⁰⁰
Female	\$3 ⁷⁵	\$4 ⁵⁰	\$6 ⁰⁰	\$7 ⁵⁰	\$9 ⁰⁰
Dependent Child	\$5 ⁰⁰	\$6 ⁰⁰	\$8 ⁰⁰	\$10 ⁰⁰	\$12 ⁰⁰

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

Apply today for Critical Accident Direct to help cover costs related to accidental injuries

¹ In no event will the Policy pay more than one benefit amount for each insured person during that insured person's lifetime. | ² For a continuous period of at least 30 days | This brochure provides only summary information and the benefits and rates may vary by state. The information contained herein is accurate at the time of print. 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 Only Policy, Form CH-26123-IP (04/11) WA.

CH CR ACC DIR WA 813



Underwritten by *The Chesapeake Life Insurance Company*[®]

CRITICAL ACCIDENT DIRECT PLAN: 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 occur after the insured person's coverage has become effective and while the coverage is in force under this Policy.
- **Qualifying Injury** means one of the conditions listed which occurs while this Policy is in force, is a direct result of an accidental injury, occurs within 365 days of such accidental injury, and for which a positive diagnosis is made by a legally qualified physician.
-

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. This is a Critical Accidental Injury Only Policy. CH-26123-IP (04/11) WA.

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

CRITICAL ACCIDENTAL INJURY POLICY DISCLOSURE FOR FORM CH-26123-IP (04/11) WA

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

Save this statement! It may be important to You in the future. The Washington State Insurance Commissioner requires that We give You the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most Hospital or other medical services.

This disclosure document provides a very brief description of the important features of the coverage You are considering. It is not an insurance contract and only the actual Policy provisions will control. The Policy itself will include in detail the rights and obligations of both You and The Chesapeake Life Insurance Company.

This coverage is designed to pay You a fixed dollar amount, regardless of the amount that Your Provider charges. Payments are not based on a percentage of Your Provider's charge and are paid in addition to any other health plan coverage You may have.

CAUTION: If You are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), before You purchase this coverage You should check with Your tax advisor to be sure that You will continue to be eligible to contribute to the HSA if You purchase this coverage.

- 1. 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 the Insured Person and Us. Therefore, it is important that You **READ YOUR POLICY CAREFULLY**.
- 2. CRITICAL ACCIDENTAL INJURY POLICY –** Critical Accidental Injury coverage is designed to provide You and Your Covered Dependents coverage for Qualifying Injuries that occur as a direct result of an Accidental Injury within 365 days of such Accidental Injury, subject to any limitations contained in the Policy. **The Policy does NOT provide benefits for loss from Sickness, and coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
- 3. SCHEDULE OF BENEFITS –**

ONE TIME BENEFIT AMOUNT FOR A QUALIFYING INJURY:

Primary Insured: \$25,000 \$30,000 \$40,000 \$50,000 \$60,000

Dependent spouse: \$25,000 \$30,000 \$40,000 \$50,000 \$60,000

Dependent child(ren): \$25,000 \$30,000 \$40,000 \$50,000 \$60,000

QUALIFYING INJURY

Coma

Hemiplegia

Loss of Sight in Both Eyes

Paraplegia

Quadriplegia

Second-Degree Burn to at least 20% of Body

Third-Degree Burn to at least 10% of Body

Loss of Hearing in Both Ears

4. **BENEFITS** – Upon receipt of proof of the occurrence of a Qualifying Injury, We will pay the one time Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, provided the Qualifying Injury occurred within 365 days of an Accidental Injury. The Accidental Injury must occur after the Insured Person's coverage has become effective and while the coverage is in force under the Policy.

In no event will We pay more than one Benefit Amount for each Insured Person during that Insured Person's lifetime.

5. **EXCLUSIONS & LIMITATIONS:** The Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS is not payable more than once per Insured Person during an Insured Person's lifetime for any or all Qualifying Injuries, as defined in the Policy during an Insured Person's lifetime.

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

1. A Sickness;
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, unless such act is the direct result of an underlying medical condition;
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 Injury;
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, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
14. Committing or trying to commit a felony; or
15. Sunburn.

Benefits will not be payable for:

1. A Qualifying Injury that occurred prior to an Insured Person's Effective Date of Coverage;
2. Any condition that is not a Qualifying Injury, as defined herein;
3. Loss resulting from any other condition or incapacity, other than loss resulting from a Qualifying Injury, as defined herein. This includes any other condition or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Injury or as a result of treatment of a Qualifying Injury; or
4. Any amounts in excess of the Benefit Amount.

6. **RENEWABILITY** – The Policy is not guaranteed renewable; however, it is renewable 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. **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 - You**

Your coverage will terminate and no benefits will be payable under the Policy:

1. At the end of the month for which premium has been paid;
2. On the date the Qualifying Injury occurs and a benefit has been paid;
3. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date of fraud or material misrepresentation by You;
5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state;
7. On the date an Insured Person is no longer a permanent resident of the United States; or
8. On the date You reach age 75.

Premium will only be refunded for any full months paid beyond the termination date.

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. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date the Qualifying Injury occurs and a benefit has been paid , with respect to an Insured Person; or
5. 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.

Premium will only be refunded for any full months paid beyond the termination date.

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. Unable to engage in substantial gainful employment to the degree that the Covered Dependent child can achieve economic independence, due to a medically determinable physical or mental impairment, which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; 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 proof of the incapacity and dependency be furnished by You within 30 days of the Effective Date of Coverage or the date upon which the dependent would otherwise reach the Limiting Age, and thereafter We may require such proof not more frequently than annually after the two-year period following attainment of the Limiting Age by the disabled dependent person. In the absence of such proof, We may terminate the coverage of such person after the attainment of the Limiting Age.

9. **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 at least 45 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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



Hospital Confinement Direct



Critical Accident Direct



ProtectFit Plus



Accident Companion



Final Expense



Simplified Issue Term Life

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental insurance products are underwritten and administered by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. All insurance products referenced in this document are underwritten by The Chesapeake Life Insurance Company. Insurance product availability may vary by state. Products are marketed through independent agents/producers in sales offices across the country.

For more information on SureBridge's
supplemental insurance products, please visit

www.SureBridgeInsurance.com



SureBridgeInsurance.com

800-815-8535

Weekdays, 8am to 5pm in all time zones

©2013 The Chesapeake Life Insurance Company