



## Income Protection Direct

**Cash** benefits to help  
**cover expenses** during  
times of total **disability**

### DID YOU KNOW?

**7 in 10**  
workers say they could  
not cover normal living  
expenses for more than  
six months without a  
paycheck.<sup>1</sup>

Most people insure their material possessions but few think to insure their most valuable asset - their ability to earn income.

The **Income Protection Direct** plan provides **the important extra layer of financial protection you need**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

**Applying is simple and can be completed in minutes.**

### Cash benefits can be used for:

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

### Income Protection Direct At A Glance

- Pays up to a **\$2,500 monthly cash benefit** for a physician-verified period of total disability caused by an illness or 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 \$19<sup>57</sup> per month<sup>2</sup>**

**Cash benefits paid directly to you. Apply today!**

<sup>1</sup> Social Security Administration, Fact Sheet February 2013 | <sup>2</sup> 25 year old white collar male at \$1,000 monthly benefit level with a benefit period of 12 months and an elimination period of 30 days.

CH INC PROT DIR WA 316

# Income Protection Direct



## DESCRIPTION

Pays a monthly cash benefit during times of total disability due to an illness or injury.

Benefit options: \$500<sup>1</sup>, \$1,000, \$1,500, \$2,000 and \$2,500. Benefit cannot exceed 60% of gross monthly earnings.

Medical advice, consultation or treatment must commence within 30 days of the illness or 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	\$500 <sup>1</sup>		\$1,000		\$1,500		\$2,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 Year Old (white collar)	\$12 <sup>22</sup>	\$16 <sup>95</sup>	\$20 <sup>96</sup>	\$29 <sup>07</sup>	\$32 <sup>33</sup>	\$44 <sup>84</sup>	\$44 <sup>06</sup>	\$61 <sup>09</sup>	\$56 <sup>14</sup>	\$77 <sup>85</sup>
30 Year Old (blue collar)	\$30 <sup>42</sup>	\$42 <sup>18</sup>	\$52 <sup>18</sup>	\$72 <sup>35</sup>	\$80 <sup>47</sup>	\$111 <sup>59</sup>	\$109 <sup>66</sup>	\$152 <sup>06</sup>	\$139 <sup>72</sup>	\$193 <sup>75</sup>
45 Year Old (white collar)	\$18 <sup>42</sup>	\$22 <sup>82</sup>	\$31 <sup>58</sup>	\$39 <sup>13</sup>	\$48 <sup>72</sup>	\$60 <sup>36</sup>	\$66 <sup>38</sup>	\$82 <sup>24</sup>	\$84 <sup>58</sup>	\$104 <sup>79</sup>
45 Year Old (blue collar)	\$45 <sup>83</sup>	\$56 <sup>79</sup>	\$78 <sup>61</sup>	\$97 <sup>39</sup>	\$121 <sup>25</sup>	\$150 <sup>22</sup>	\$165 <sup>22</sup>	\$204 <sup>69</sup>	\$210 <sup>52</sup>	\$260 <sup>82</sup>

The chart above is only an illustration of benefit and premium options per covered person 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." | <sup>1</sup> This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements and pre-existing condition limitations.

Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

## Apply today for the Income Protection Direct and get cash during times of disability

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. A Disability Income Insurance Policy. Form CH-26115-IP (01/10) WA.

CH INC PROT DIR WA 316

## INCOME PROTECTION DIRECT: 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 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. The injury must first occur after your coverage has become effective and while the coverage is in force.
- **Sickness** means an illness or disease.
- **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.
- **Pre-Existing Condition** means a sickness 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 **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.

### 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 | 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.

# 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 DISCLOSURE FOR POLICY FORM CH-26115-IP (01/10) WA

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 Policy 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 disclosure 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. BENEFIT AMOUNTS -**

#### **MONTHLY TOTAL DISABILITY BENEFITS**

Elimination Period

14 days  30 days  60 days  90 days

Monthly Indemnity Benefit

\$500  \$1,000  \$1,500  \$2,000  \$2,500

Maximum Period Payable

12 months  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, unless such act is the direct result of an underlying medical condition;
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, 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;
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; and
15. 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 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. 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; 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. The premium for the Policy may change in amount by reason of a change in occupation.

This page intentionally left blank.

# 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 Whole Life



Simplified Issue Term Life



Fixed Indemnity Direct



Metal Gap

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. 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](http://www.SureBridgeInsurance.com)



**SureBridgeInsurance.com**

**800-815-8535**

Weekdays, 8am to 5pm in all time zones

©2016 The Chesapeake Life Insurance Company