

# Income Protection Direct



## Monthly income while you are disabled

An illness or injury that leaves you unable to work can make it difficult to maintain your financial security during a period of disability. And, while your medical insurance will help cover your care, it doesn't offset your loss of income.

In fact, a study by Harvard University revealed that medical disability led to nearly half of the bankruptcy filings in 2001. And it may be surprising to learn that nearly 3,000 Americans become disabled every hour.<sup>1</sup>

Our Income Protection Direct supplemental insurance plan is simple. It pays a **monthly cash benefit** directly to you during times of total disability due to illness or injury which leave you unable to work. This money can be used for anything you choose, including expenses health insurance doesn't pay for, such as deductibles, family travel expenses, or to help with your everyday living expenses. It's your money; how you spend it is your decision.

### Supplemental insurance plans:

- Provide customizable protection for you and your family to fit any budget
- Cover illness or injuries that occur on or off the job
- Complement your existing health insurance plan
- Pay the cash benefit directly to you—not your doctor or hospital

### Income Protection Direct

Description	Pays a monthly cash benefit when an accidental injury or illness results in a period of total disability.
Monthly Benefit	\$1,000, \$1,500, \$2,000 or \$2,500 (Subject to income limitations)
Maximum Period Payable	12 months or 24 months
Elimination Period	14 days or 30 days

## Speak with your health insurance broker

to learn more about how you can customize or combine multiple plans to fit your specific budget and needs.

<sup>1</sup> National Safety Council. (2009). Injury Facts®, 2009 Edition. Itasca, IL: Author Centers for Disease Control and Prevention.

UnitedHealthOne is a brand name that represents a portfolio of insurance options for individuals.

The individual supplemental insurance product described above is underwritten, and administered, by The Chesapeake Life Insurance Company. The administrative offices of The Chesapeake Life Insurance Company are located in North Richland Hills, Texas. Insurance product availability may vary by state. For premium costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the Policy may be continued in force, please contact your licensed insurance broker.

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BR/000006 Exp. 6/12  
CH-26115-IP (01/10)



Underwritten by *The Chesapeake Life Insurance Company*®

# 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

## DISABILITY INCOME INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26115-IP (01/10) IL

- 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. 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. SCHEDULE OF BENEFITS -

#### MONTHLY TOTAL DISABILITY BENEFITS

Elimination Period	<input type="checkbox"/> 14 days	<input type="checkbox"/> 30 days		
Monthly Indemnity Benefit	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500
Maximum Period Payable	<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months		

- 4. BENEFITS.** Unless otherwise stated in the Policy, 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. Total Disability 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 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;
6. Mental or Nervous Disorders;
7. Having cosmetic surgery;
8. Experimental or investigational medicine;
9. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a Legally Qualified Physician;
10. Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a Legally Qualified Physician;
11. Directly engaging in an illegal occupation or Your being incarcerated;
12. Committing or trying to commit a felony;
13. Pregnancy and Childbirth; and
14. 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 guaranteed renewable to age 65, 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 31 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.

**The Chesapeake Life Insurance Company®**  
**Administrative Office:**  
**P.O. Box 982010**  
**North Richland Hills, TX 76182-8010**  
**Toll Free: 1-800-815-8535**

This attachment page form CH-26115-IP (01/10) SS IL 5/11, must be used with the Disability Income Outline of Coverage when marketing. For details about covered expenses, exclusions and limitations of the Income Protection Direct plan (form CH-26115-IP (01/10) IL), refer to the Outline of Coverage to which this is attached.

### **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.

### **Claim Submission**

You must notify the company in order for your claim to be considered. Refer to your policy materials for the claim form and additional instructions.

### **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 ■ On the date you reach age 65 ■ 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 ■ On the date we elect to discontinue all coverage in your state ■ On the date an insured person is no longer a permanent resident of the United States. Premium will only be refunded for any full months paid beyond the termination date.