

SERFF Tracking Number: MGCC-126242277 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
Company Tracking Number: CH-26110-IP (06/09) AR
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: CLICO Ancillary
Project Name/Number: /

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CLICO Ancillary SERFF Tr Num: MGCC-126242277 State: ArkansasLH
TOI: H02I Individual Health - Accident Only SERFF Status: Closed State Tr Num: 43049
Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: CH-26110-IP (06/09) State Status: Approved-Closed
AR
Filing Type: Form/Rate Co Status: Reviewer(s): Rosalind Minor
Authors: Courtney Sharp, Kathleen Allen, Jaime Butler Disposition Date: 07/29/2009
Date Submitted: 07/24/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/29/2009

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 07/29/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Please refer to cover letter.

Company and Contact

Filing Contact Information

SERFF Tracking Number: MGCC-126242277 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
Company Tracking Number: CH-26110-IP (06/09) AR
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: CLICO Ancillary
Project Name/Number: /

Kathleen Allen, Senior Compliance Analyst kathleen.allen@healthmarkets.com
9151 Boulevard 26 (817) 255-3590 [Phone]
North Richland Hills, TX 76180 (817) 255-8153[FAX]

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
9151 Boulevard 26 Group Code: 264 Company Type: Health
North Richland Hills, TX 76180 Group Name: State ID Number:
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

SERFF Tracking Number: MGCC-126242277 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
Company Tracking Number: CH-26110-IP (06/09) AR
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: CLICO Ancillary
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50.00 policy fee + \$50.00 rate fee=\$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$100.00	07/24/2009	29429258

SERFF Tracking Number: MGCC-126242277 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
 Company Tracking Number: CH-26110-IP (06/09) AR
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: CLICO Ancillary
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2009	07/29/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Accidental Injury Only Insurance Policy	Form	Kathleen Allen	07/24/2009	07/27/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
corrected typo of form number	Note To Reviewer	Kathleen Allen	07/24/2009	07/24/2009

SERFF Tracking Number: *MGCC-126242277* *State:* *Arkansas*
Filing Company: *The Chesapeake Life Insurance Company* *State Tracking Number:* *43049*
Company Tracking Number: *CH-26110-IP (06/09) AR*
TOI: *H02I Individual Health - Accident Only* *Sub-TOI:* *H02I.000 Health - Accident Only*
Product Name: *CLICO Ancillary*
Project Name/Number: */*

Disposition

Disposition Date: 07/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCC-126242277 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
 Company Tracking Number: CH-26110-IP (06/09) AR
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: CLICO Ancillary
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Form (revised)	Accidental Injury Only Insurance Policy	Approved-Closed	Yes
Form	Accidental Injury Only Insurance Policy	Replaced	Yes
Rate	Rates	Approved-Closed	Yes

SERFF Tracking Number: MGCC-126242277 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
 Company Tracking Number: CH-26110-IP (06/09) AR
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: CLICO Ancillary
 Project Name/Number: /

Amendment Letter

Amendment Date:
 Submitted Date: 07/27/2009

Comments:
 Just making sure the attachment is included for this submission.

Changed Items:
Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CH-26110-IP (06/09) AR	Policy/Contr act/Fraternal Certificate	Accidental Injury Only Insurance Policy	Initial					CH-26110-IP _0609_AR.pdf

SERFF Tracking Number: MGCC-126242277 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
Company Tracking Number: CH-26110-IP (06/09) AR
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: CLICO Ancillary
Project Name/Number: /

Note To Reviewer

Created By:

Kathleen Allen on 07/24/2009 03:38 PM

Last Edited By:

Rosalind Minor

Submitted On:

07/29/2009 02:44 PM

Subject:

corrected typo of form number

Comments:

under the form schedule tab...

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

ACCIDENTAL INJURY ONLY INSURANCE POLICY

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

The attached application is a part of this Policy. Please read it and check it carefully. This Policy is issued on the basis that Your answers are correct and complete. If it is not complete or has an error, please let Us know within 10 days. An incorrect application may cause Your coverage to be voided, or a claim to be reduced or denied.

10 DAY RIGHT TO EXAMINE THE POLICY

It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our administrative office in North Richland Hills, Texas, within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, refund all premiums paid and treat the Policy as if it were never issued.

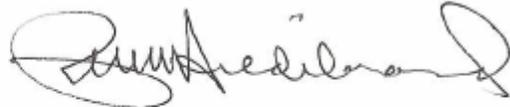
RENEWABILITY

This 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 this 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 an increase in the age of an Insured Person.]

NOTICE TO BUYER: This is an Accidental Injury only insurance Policy. This Policy provides benefits for Accidental Injuries as defined in this Policy and should not be considered a substitute for comprehensive health insurance coverage.



SECRETARY



PRESIDENT

This Policy is a legal contract between You and Us. **PLEASE READ YOUR POLICY CAREFULLY!**

THIS IS AN ACCIDENTAL INJURY ONLY POLICY THAT PAYS BENEFITS FOR ACCIDENTAL INJURIES AS DEFINED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY.

TABLE OF CONTENTS

	PAGE
POLICY SCHEDULE	3
DEFINITIONS	9
EFFECTIVE DATE OF COVERAGE	12
PREMIUMS	12
TERMINATION OF COVERAGE	13
BENEFITS	15
EXCLUSIONS AND LIMITATIONS	18
GENERAL PROVISIONS	19

POLICY SCHEDULE

PRIMARY INSURED: [John Doe, Sr.] EFFECTIVE DATE OF COVERAGE: [01/02/07]

COVERED DEPENDENTS:	EFFECTIVE DATE OF COVERAGE:
[Johnette Doe]	[01/02/07]
[John Doe, Jr.]	[02/15/07]
[Johnita Doe]	[06/22/08]

POLICY NUMBER: [ABC1234567] POLICY DATE: [01/02/07]

INITIAL PREMIUM: [\$0.00] MODE OF PAYMENT: [Monthly]

SCHEDULE OF BENEFITS

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

(Hospital Confinement must begin within [10-45] days of Accidental Injury)

One-time Lump-sum Hospital Confinement Benefit: <i>(limited to [one] benefit, per Policy Year)</i>	[\$500 - \$5,000] per Insured Person
--	--------------------------------------

Daily Hospital Confinement Benefit <i>(not to exceed [30-365] days per Accidental Injury):</i>	[\$75 - \$500] per Insured Person, per day
--	--

One-time Lump sum Intensive Care Hospital Confinement Benefit: <i>(limited to [one] benefit, per Policy Year)</i>	[\$1,000 - \$10,000] per Insured Person
---	---

Daily Intensive Care Hospital Confinement Benefit <i>(not to exceed [10-365] days per Accidental Injury):</i>	[\$150 - \$1000] per Insured Person, per day
---	--

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within [72 hours] of Accidental Injury):

You and/or Your Covered Dependent Spouse:	[\$25 - \$500] per Insured Person, per Accidental Injury
Your Covered Dependent Child(ren):	[\$25 - \$500] per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit: <i>(limited to [one] diagnostic exam per Insured Person, per Policy Year)</i>	[\$50 - \$500] per Insured Person
--	-----------------------------------

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit:

Dislocation Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [2 dislocation] benefits per Insured Person, per Accidental Injury):*

Hip	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Knee or Shoulder	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Collar Bone	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Lower Jaw	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Wrist or Elbow	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Toe or Finger	[\$25 - \$2,000] per Insured Person, per Accidental Injury

Burn Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] burn benefit per Insured person, per Accidental Injury):*

	<u>Second Degree</u>	<u>Third Degree</u>
Less than 10% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 10% and 29% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 30% and 39% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 40% and 59% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 60% and 79% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 80% and 89% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
90% and over of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury

Skin Grafts Benefit *(Skin graft(s) must be performed within [12 months] of the Accidental Injury burn:*

[50%] of Lump Sum Accidental Injury Benefit Burn benefit paid per Insured Person, when one or more skin grafts are performed for a covered Accidental Injury burn

Eye Injury Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):*

Surgical repair	[\$25 - \$500] per Insured Person, per Accidental Injury
Removal of a foreign body	[\$25 - \$500] per Insured Person, per Accidental Injury

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Laceration Benefit

(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):

Lacerations not requiring sutures by a Physician	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations requiring sutures by a Physician:	
Single lacerations less than 7.5 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations between 7.6 cm. and 12.5 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations in excess of 12.6 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury

Fracture Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per fracture type, per Insured Person, per Accidental Injury):*

Hip	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Leg	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Hand (excluding fingers)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Foot (excluding toes/heel)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Wrist, elbow, ankle or kneecap	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Shoulder blade or forearm	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Lower jaw	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Vertebrae (body of), pelvis, or sternum	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Upper jaw, upper arm, or face (excluding nose)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Rib	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Nose, heel, or finger	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Coccyx	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Toe	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Vertebral processes	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Skull	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Depressed	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Simple	[\$50 - \$2,500] per Insured Person, per Accidental Injury

Brain Concussion Benefit *(Treatment must be Received within [72 hours] of Accidental Injury):*

[\$25 - \$150] per Insured Person, per Accidental Injury

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Emergency Dental Repairs Benefit

(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):

Broken teeth repaired with crowns: [\$25 - \$500] per Insured Person, per Accidental Injury

Broken teeth resulting in extractions: [\$25 - \$500] per Insured Person, per Accidental Injury

Coma Benefit *(for duration of 7 or more days from date of Accidental Injury):*

[\$1,000 - \$15,000] per Insured Person, per Accidental Injury

Paralysis Benefit *(subject to [30 day] Elimination Period):*

Quadriplegia (four limbs) [\$1,000 - \$15,000] per Insured Person

Paraplegia (lower limbs) [\$1,000 - \$15,000] per Insured Person

Miscellaneous Surgery Procedures Benefit

(Must be performed within [12 months] of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per [day]:

Repair of tendons / ligaments [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of torn rotator cuffs [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of ruptured discs [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of torn knee cartilages [\$100 - \$2,500] per Insured Person, per Accidental Injury

Arthroscopy without Surgery repair [\$100 - \$2,500] per Insured Person, per Accidental Injury

Open abdominal (including exploratory Laparotomy), cranial, hernia or thoracic Surgery: [\$100 - \$2,500] per Insured Person, per Accidental Injury

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within [10-45 days] of initial onset of Accidental Injury):

[\$15 - \$100] per visit, per Insured Person, not to exceed [2 - 12 visits] per Policy year

Accidental Injury Follow-up Physical Therapy Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within [10-45 days] of initial onset of Accidental Injury):

[\$15 - \$100] per visit, per Insured Person, not to exceed [2 - 12 visits] per Policy year

Hospital Rehabilitation Unit Benefit

(not to exceed [10-45 days] per Accidental Injury and [10-100] days per Policy Year):

[\$50 - \$250] per Insured Person, per day

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

FOLLOW-UP / RESTORATIVE (Continued):

Appliances Benefit (Limited to [one] benefit per Insured Person, per Accidental Injury):

BENEFIT AMOUNT

[\$50 - \$250] per Insured Person, per Accidental Injury

Prosthesis Benefit (Limited to [one] benefit per Insured Person, per Accidental Injury):

[\$250 - \$1,500] per Insured Person, per Accidental Injury

Blood Plasma/Platelets Benefit (Limited to [one] Benefit per Insured Person, per Accidental Injury):

[\$50-\$500] per Insured Person, per Accidental Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

Death Benefit (Death must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
[\$10,000 - \$100,000]	[\$10,000 - \$100,000]	[\$10,000 - \$100,000]

Common Carrier Death Benefit
(Death must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
[\$75,000 - \$250,000]	[\$75,000 - \$250,000]	[\$12,500 - \$25,000]

Dismemberment Benefit (Loss must occur within [30-120 days] of Accidental Injury):

	<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
Both arms and legs	[\$25,000 - \$50,000]	[\$25,000 - \$50,000]	[\$7,500 - \$15,000]
2 eyes, feet, hands, arms or legs	[\$25,000 - \$50,000]	[\$25,000 - \$50,000]	[\$7,500 - \$15,000]
One eye, foot, hand, arm or leg	[\$ 6,250 - \$12,500]	[\$ 6,250 - \$12,500]	[\$ 1,750 - \$ 3,500]
One or more fingers and/or toes	[\$ 1,500 - \$3,000]	[\$ 1,500 - \$3,000]	[\$ 500 - \$ 1,000]

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit
(Limited to [one] trip per Accidental Injury):

[\$100 - \$500] per Insured Person

Emergency Air Ambulance Benefit
(Limited to [one] trip per Accidental Injury):

[\$1,000 - \$5,000] per Insured Person

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

SUPPLEMENTAL DISABILITY INCOME PROTECTION

BENEFIT *(Total Disability must occur within [12-60 days] of Accidental Injury. Subject to [14-90 day] Elimination Period from date of diagnosis of Total Disability before Benefits are payable):*

BENEFIT AMOUNT

<u>You and/or Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
---	--

[\$250 - \$2,500] per month for up to 12 continuous months	No benefit payable
---	--------------------

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 First Occur after the Insured Person's coverage has become effective and while the coverage is in force under this Policy.

Accidental Death and Dismemberment means death or Dismemberment caused by an Accidental Injury that occurs on or after the Effective Date of Coverage and while coverage is in force, independent of disease, bodily infirmity, or any other cause.

Actively at Work means You are:

1. working on a permanent basis at least 25 hours per week; and
2. performing the material and substantial duties of Your regular job or any other job for which You are qualified by reason of education, training or experience.

Ambulance means a ground, water or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport Sick or Injured people.

[**Attained Age** means the Insured Person's age on the most recent annual anniversary of this Policy.]

Beneficiary means the person or entity designated to receive the benefits payable at the Insured Person's accidental death.

Class Basis means the classification by which each Insured Person's rates are determined. We will not and cannot change the rates on this Policy unless rates are changed on all Policies issued on the same Class Basis.

Coma means a continuous state of profound unconsciousness, diagnosed or treated after the Effective Date of this Policy, lasting for a period of seven or more consecutive days, characterized by the absence of:

1. Spontaneous eye movement;
2. Response to painful stimuli; and
3. Vocalization.

The condition must require intubation for respiratory assistance.

Common Carrier means regional, U.S, Canadian or international airline carriers as certified by the U.S. Federal Aviation Administration (FAA); U.S. or Canadian train/rail carrier; and U.S. or Canadian bus line carrier. Common carrier does **not** mean taxi cabs, metropolitan rail and cable carriers.

Confined/Confinement means an Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital stay.

Cosmetic Surgery means non-Medically Necessary surgical procedures for the sole purpose of improvement of appearance.

Covered Dependent means an Eligible Dependent whose coverage has become effective under this Policy and has not terminated.

Dislocation means a completely separated joint. It must be diagnosed by a Physician within 72 hours after the date of the Accidental Injury and require correction by a Physician.

Dismemberment means (with or without reattachment);

1. Arm – actual severance above the elbow;
2. Leg – actual severance above the knee;
3. Hand – actual severance above the wrist;

4. Foot – actual severance above the ankle;
5. Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand;
6. Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and
7. Eye – loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

Effective Date of Coverage means the date coverage becomes effective under this Policy with respect to a particular Insured Person.

Eligible Dependent means Your lawful spouse and Your unmarried natural and adopted children and step-children who reside in Your home for more than 6 months in a year, who are under 19 years of age (the Limiting Age). The Limiting Age is extended from the child's 19th birthday to the child's [24th] birthday if the child is enrolled as a full-time student and attends classes regularly at an accredited college or university.

Elimination Period means the consecutive period of time beginning from the date in which and Insured Person is considered paralyzed before the Lump Sum Accidental Injury Paralysis Benefit is payable; or in which the Insured Person is considered Totally Disabled before the Supplemental Disability Income Protection Benefit is payable.

Fracture means a break in a bone that can be seen by x-ray. It must be diagnosed as a Fracture by a Physician within 72 hours after the date of the Accidental Injury. The Fracture must require correction by a Physician.

First Occur, First Occurred or First Occurrence means an Accidental Injury for which diagnosis, treatment, Surgery or advice by a Physician, or manifested symptoms, initially occurred while this Policy is in force for the Insured Person and for the first time in the Insured Person's lifetime.

Hospital means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the Insured Person is legally obligated to pay. The institution must:

1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis;
2. Maintain a staff of one or more duly licensed Physicians;
3. Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and
4. Is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals.

The term "Hospital" does not include:

1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording custodial or educational care; care or treatment for persons suffering from mental disease or disorders; care for the aged; or care for persons addicted to drugs or alcohol; and
2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.

Immediate Family means the spouse, parent, son, daughter, brother or sister of the Insured Person.

Insured Person means You or a Covered Dependent under this Policy.

Intensive Care/Cardiac Care Unit means that part of a Hospital which:

1. Is segregated from the rest of the Hospital facilities;
2. Is exclusively reserved for critically ill patients who require audio-visual observation and/or cardiac monitoring as prescribed by the attending Physician; and
3. Provides room and board, specialized registered graduate professional nurses (R.N.), and special life saving equipment and supplies.

Medically Necessary or Medical Necessity means that a service or supply is necessary and appropriate for the diagnosis or treatment of an Accidental Injury based on generally accepted current medical practice and is not considered experimental or investigative.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism. Mental or Nervous Disorder does not include Alzheimer's disease or similar forms of dementia resulting from degenerative diseases, stroke, head trauma or viral infection.

Paralysis means spinal cord injuries received as a result of an Accidental Injury that results in complete and total loss of use of two or more limbs for a period of not less than 30 days. Your Paralysis must be confirmed by a Physician.

Physician means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his or her license. A member of the Insured Person's Immediate Family will not be considered a Physician.

Policy means the written description of coverage provided to You.

Policy Year means each consecutive 12 month period beginning with Your Effective Date of Coverage.

Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in a rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

Sickness means an illness or disease.

Surgery means:

1. The performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, specialized instrumentation's, endoscopic examinations, and other invasive procedures while an Insured Person is under local or general anesthesia;
2. The correction of Fractures and Dislocations; and
3. Any of the procedures designated by Current Procedural Terminology codes as Surgery.

Total Disability or Totally Disabled means that due to an Accidental Injury, You are:

1. under a 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 and are not in fact Actively at Work, as certified by a Physician upon Our request.

Urgent Care Center means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected Accidental Injury on an urgently needed or prompt basis.

We, Us and Our means The Chesapeake Life Insurance Company.

You, Your, Yours means the primary insured named in the Policy Schedule whose coverage is effective.

EFFECTIVE DATE OF COVERAGE

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.

Newborn Children

You or Your Covered Dependent Spouse's newborn child(ren) will be provided coverage after the Policy Date from the moment of birth on the same basis as coverage for other Covered Dependents under the Policy. Coverage for You or Your Covered Dependent Spouse's newborn child(ren) will not continue unless You send written notice directing Us to add the newborn child(ren) to Your Policy. This notice must be received by Us within 90 days of the newborn child's date of birth or before the next premium due date, whichever is later and must be accompanied by any required additional premium. A claim form or Hospital bill does not constitute written notice. Newborn coverage will be for Accidental Injuries only.

Newly Adopted Children

Any minor child under Your charge, care and control for whom You have filed a petition to adopt, will be provided coverage on the same basis as coverage for other Covered Dependents under the Policy. This coverage will begin on the date of the filing of a petition for adoption, if You apply for coverage within sixty (60) days after the filing of such petition; or from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the date of birth. Adopted child coverage will be for Accidental Injuries only.

This coverage will terminate upon the dismissal or denial of a petition for adoption.

Additional Dependents

You may add Eligible Dependents by providing evidence of insurability satisfactory to Us and upon payment of any additional premium, if required.

The acceptance of a new Eligible Dependent will be shown by endorsement and the date of the endorsement will be the Effective Date of Coverage for the new Eligible Dependent.

PREMIUMS

Premium Due Date

Premiums are payable to Us at Our administrative office in North Richland Hills, Texas or any location as designated and communicated by Us. The premium is payable monthly, quarterly, semi-annually or annually, as indicated in the POLICY SCHEDULE. Payment of any premium will not maintain coverage in force beyond the next premium due date, except as provided by the Grace Period. Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

Grace Period

There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

Continuation of Coverage Credit (Applies only to coverage billed through payroll deduction)

We will waive all monthly premiums due for the Policy for up to [61 days] (which includes the Grace Period) if You meet all of the following conditions:

1. Your Policy has been in force and We have received premiums for at least 6 consecutive months;
2. Your premiums have been paid through payroll deduction and You leave Your employer for any reason;
3. You or Your employer notifies Us in writing before the end of Your Grace Period; and
4. You re-establish premium payments within [30] days from the date Your Grace Period ends, through:
 - a. Your new employer's payroll deduction process; or
 - b. Direct payment to Us.

During this continuation period, the contract will remain in force; however, any claims incurred by Insured Persons will not be payable until all 4 conditions above have been met and completed.

You will again become re-eligible to receive this benefit after:

1. You re-establish Your premium payments through payroll deduction for a period of at least 6 months; and
2. We receive premium payments for at least 6 consecutive months.

Premium Changes

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 an increase in the Attained Age of the Insured Person.]

Unearned Premiums Refund

Upon the death of an Insured Person, the proceeds payable to the Insured Person or his/her estate shall include premiums paid for insurance coverage for the period beyond the end of the month in which the death occurred. Unearned Premiums shall be paid in a lump sum payment no later than thirty (30) days after the proof of the Insured Person's death has been furnished to Us.

TERMINATION OF COVERAGE

You

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

1. At the end of the month for which premium has been paid;
2. On the date You reach age 65;
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; [or]
7. On the date an Insured Person is no longer a permanent resident of the United States; or
8. [On the date any Continuation of Coverage Credit expires (if applicable) and You fail to re-establish premium payment.]

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

Covered Dependents

Your Covered Dependent's coverage will terminate under this 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; or

4. 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. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; 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 that You provide proof that the dependent is in fact a disabled and dependent person. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

Special Continuation Provision For Dependents

Your Covered Dependents may continue their same (or substantially similar) coverage under a new Policy without evidence of insurability if their coverage under this Policy would otherwise terminate because they cease to be an Eligible Dependent for any of the following reasons:

1. Divorce, legal separation, Your death; or
2. A dependent child reaches the Limiting Age.

To continue coverage, You or Your Covered Dependent must request continuation of coverage by application or written notification within 31 days of the date coverage would otherwise terminate and pay any required premium.

Reinstatement

If coverage under this Policy terminates due to non-payment of premium, We require an application for reinstatement. The reinstatement will not become effective unless We approve such application. We will advise You of the effective date of reinstatement by giving You written notice of the date, by issuing You an amended Policy or by issuing You a new Policy. In any case, the reinstated coverage provides benefits only for Injury occurring after the effective date of reinstatement.

BENEFITS

We will pay the the following benefits while coverage is in force under this Policy. Unless otherwise stated herein, all benefits are subject to:

1. The Benefit Amount shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS;
2. Any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
3. Any Elimination Periods shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
4. The EXCLUSIONS AND LIMITATIONS listed below; and
5. All other provisions of the Policy.

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

INPATIENT HOSPITAL CONFINEMENT BENEFIT

When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the applicable Inpatient Hospital Confinement Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

One-time Lump-Sum Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. [Benefit is payable once per Insured Person, per Policy Year.]

Daily Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. Benefit is payable per Insured Person for up to [365 days] per Accidental Injury. Readmission to the Hospital for the same Accidental Injury will be treated as a continuation for the same Accidental Injury. The Daily Hospital Confinement Benefit is paid in lieu of and **not** in addition to the Rehabilitation Unit Benefit, per individual date of service.

One-time Lump-Sum Intensive Care Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within 30 days of the Accidental Injury and be for a period of not less than 24 hours. [Benefit is payable once per Insured Person, per Policy Year.]

Daily Intensive Care Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. [Benefit is payable per Insured Person for up to [10 – 365] days per Accidental Injury.]

OUTPATIENT EMERGENCY / DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

When an Insured Person receives Medically Necessary treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within [72 hours] of the initial onset of such Accidental Injury, We will pay the Accidental Injury Emergency Treatment benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS.

Major Diagnostic Exam Benefit

When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, We will pay the Major Diagnostic Exam Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Policy Year.]

Lump-Sum Accidental Injury Benefit

When an Insured Person receives treatment for any of the following items that are the result of an Accidental Injury, we will pay the applicable Lump Sum Accidental Injury Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

Dislocation Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Treatment must be received within [72 hours] of the Accidental Injury.] [Limited to [2] dislocation benefits per Insured person, per Accidental Injury.]

Burn Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Skin Grafts Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Pays a total of 50% of the Lump-Sum Accidental Injury Burn Benefit paid, when one or more skin grafts are performed as a result of such covered Accidental Injury burn.][Skin graft(s) must be performed within [12 months] of the date of the Accidental Injury burn.]

Eye Injury Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Laceration Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Fracture Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Treatment must be received within [72 hours] of the Accidental Injury.] [Limited to [one] benefit per fracture type, per Insured Person, per Accidental Injury.]

Brain Concussion Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury.

Emergency Dental Repairs Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Coma Benefit for duration of 7 or more days

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Pays when Coma duration lasts 7 or more days from date of Accidental Injury.]

Paralysis Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Subject to a [30 day] Elimination Period before benefits are payable.]

Miscellaneous Surgery Procedures Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Surgery must be performed within [12 months] of the date of the Accidental Injury. [Only one Surgery procedure payable per Insured Person, per day.]

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, We will pay the Accidental Injury Follow-up Treatment benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, provided such treatment is received within [10 - 45 days] of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services.

Accidental Injury Follow-up Physical Therapy Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the Accidental Injury Follow-up Physical Therapy Treatment benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, provided such physical therapy treatment is received within [10 - 45 days] of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service.

Hospital Rehabilitation Unit Benefit

When an Insured Person is Hospital Confined and transferred to a bed in a Rehabilitation Unit of a Hospital for the treatment of an Accidental Injury, We will pay the Hospital Rehabilitation Unit Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. The Hospital Rehabilitation Unit Benefit is paid in lieu of and **not** in addition to the Daily Hospital Confinement benefit, per individual date of service.

Appliances Benefit

When an Insured Person receives crutches, wheelchairs, leg/foot/arm/hand braces, back/neck braces and/or walkers/canes ordered by a Physician as the result of an Accidental Injury, We will pay the Appliances Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Accidental Injury.]

Prosthesis Benefit

When an Insured Person receives prosthetic devices ordered by a Physician for the replacement of a missing body part sustained as a result of an Accidental Injury, We will pay the Prosthesis Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Accidental Injury and does not include hearing aids or cosmetic devices such as wigs or dental aids/dentures.]

Blood Plasma / Platelets Benefit

When an Insured Person receives blood plasma and platelets ordered by a Physician for the treatment of an Accidental Injury, We will pay the Blood Plasma and Platelets Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefits are payable once per Insured Person, per Accidental Injury and do not include Immunoglobulin.]

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the applicable Accidental Death and Dismemberment Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS for death and/or Dismemberment which occurs within [30 - 120 days] of an Accidental Injury.

Death Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Death must occur within [30 - 120 days] of the Accidental Injury in order for a benefit to be paid.

Common Carrier Death Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Death must result from Accidental Injuries sustained by an Insured Person while a passenger on a licensed Common Carrier and within [30 – 120 days] of the Accidental Injury in order for a benefit to be paid.

Dismemberment Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Dismemberment must occur within [30 - 120 days] of the Accidental Injury in order for a benefit to be paid.

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit

When an Insured Person is transported by ground or water Ambulance to a Hospital emergency room or Urgent Care Facility due to an Accidental Injury, We will pay the Emergency Ground/Water Ambulance Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Limited to [one] trip per Insured Person, per Accidental Injury.]

Emergency Air Ambulance Benefit

When an Insured Person is transported by air Ambulance to a Hospital emergency room due to an Accidental Injury, We will pay the Emergency Air Ambulance Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Limited to [one] trip per Insured Person, per Accidental Injury.]

SUPPLEMENTAL DISABILITY INCOME PROTECTION

After completion of the [14 - 90 day] Elimination Period from the date of confirmed medical diagnosis of the Total Disability, We will pay the monthly Supplemental Disability Income Protection benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS for each month an Insured Person continues to be Totally Disabled, provided such Insured Person was Actively at Work and became Totally Disabled within [30 – 120] days of an Accidental Injury. This benefit is payable up to [12 – 60] months per Insured Person, per Accidental Injury. If Total Disability is caused by more than one Accidental Injury, We will pay benefits as if the Total Disability was caused by only one Accidental Injury.

EXCLUSIONS AND LIMITATIONS

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

1. Sickness, including but not limited to pregnancy and childbirth;
2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in this Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while this Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
15. Committing or trying to commit a felony;
16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
17. 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.

GENERAL PROVISIONS

Entire Contract

The Entire Contract consists of:

1. This Policy;
2. Any applications for the proposed insured individuals; and
3. Any endorsements, amendments or riders attached.

All statements made by You will, in the absence of fraud, be deemed representations and not warranties.

Only Our President, a Vice President or Secretary has the power on Our behalf to execute or amend the Policy. No other person will have the authority to bind Us in any manner. No agent may accept risks, alter or amend coverage or waive any provisions of the Policy. Any change in the Policy will be made by amendment signed by Us. Changes made in the Policy that are mandated by state or federal law will not require the consent of any Insured Person.

Notice of Claim

Written notice of claim must be given to Us within 60 days after an Accidental Injury, or as soon as reasonably possible. Written notice of claim given by or on behalf of the Insured Person to Us with information sufficient to identify such person will be considered notice to Us.

Claim Forms

When We receive the notice of claim, We will send the Insured Person forms for filing proof of loss. If these forms are not furnished within 15 days, the Insured Person will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the next provision.

Proof of Loss

Written proof of loss must be furnished to Us at Our administrative office in North Richland Hills, Texas or any location as designated and communicated by Us, within 90 days after the date of the loss for which claim is made. Failure to furnish written proof of loss within that time will neither invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish written proof of loss within that time; provided such proof is furnished as soon as reasonably possible and in no event, in the absence of legal incapacity, later than one year from the time proof is otherwise required.

Time of Payment of Claims

Indemnities payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid upon receipt of proper written proof of loss. Subject to proper written proof of loss, all accrued indemnities for loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid upon receipt of proper written proof.

Payment of Claims

Indemnity for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, the indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at Our option, be paid either to the Beneficiary or to the estate. All other indemnities will be payable to the Insured Person.

Age Misstatement

If Your age has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if You continue to be eligible for coverage at the correct age. However, premium adjustments, including collection of any premium due Us because of past underpayments, will be made so that We receive the premiums due at the correct age payable on the premium due date following Our notification of an age correction.

Physical Examinations and Autopsy

We will, at Our own expense, have the right and opportunity to examine the Insured Person whose Accidental Injury is the basis of a claim when and as often as We may reasonably require during the pendency of a claim and to make an autopsy in case of death, unless prohibited by law.

Legal Action

No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed as required by the Policy; nor may any action be brought after expiration of 3 years after the time written proof of loss is required to be furnished.

Incontestability

After 2 years from the Insured Person's Effective Date of Coverage, no misstatements, except fraudulent misstatements, made in the application will be used to void the coverage, or deny a claim unless the loss was incurred during the first 2 years following such Insured Person's Effective Date of Coverage.

Change of Beneficiary

You have the right to make a change of Beneficiary and the consent of the Beneficiary or Beneficiaries is not required to surrender or assign this Policy or to make any other changes in this Policy.

Conformity

Any provision of this Policy which, on the Effective Date of Coverage, is in conflict with the statutes of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such statutes.

SERFF Tracking Number: MGCC-126242277 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
 Company Tracking Number: CH-26110-IP (06/09) AR
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: CLICO Ancillary
 Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CH-26110-IP (06/09) AR	Policy/Cont	Accidental Injury ract/Fratern Only Insurance al Policy Certificate	Initial			CH-26110-IP _0609_AR.pdf

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

ACCIDENTAL INJURY ONLY INSURANCE POLICY

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

The attached application is a part of this Policy. Please read it and check it carefully. This Policy is issued on the basis that Your answers are correct and complete. If it is not complete or has an error, please let Us know within 10 days. An incorrect application may cause Your coverage to be voided, or a claim to be reduced or denied.

10 DAY RIGHT TO EXAMINE THE POLICY

It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our administrative office in North Richland Hills, Texas, within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, refund all premiums paid and treat the Policy as if it were never issued.

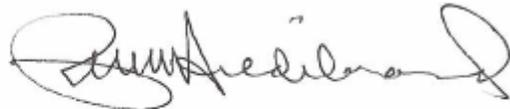
RENEWABILITY

This 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 this 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 an increase in the age of an Insured Person.]

NOTICE TO BUYER: This is an Accidental Injury only insurance Policy. This Policy provides benefits for Accidental Injuries as defined in this Policy and should not be considered a substitute for comprehensive health insurance coverage.



SECRETARY



PRESIDENT

This Policy is a legal contract between You and Us. **PLEASE READ YOUR POLICY CAREFULLY!**

THIS IS AN ACCIDENTAL INJURY ONLY POLICY THAT PAYS BENEFITS FOR ACCIDENTAL INJURIES AS DEFINED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY.

TABLE OF CONTENTS

	PAGE
POLICY SCHEDULE	3
DEFINITIONS	9
EFFECTIVE DATE OF COVERAGE	12
PREMIUMS	12
TERMINATION OF COVERAGE	13
BENEFITS	15
EXCLUSIONS AND LIMITATIONS	18
GENERAL PROVISIONS	19

POLICY SCHEDULE

PRIMARY INSURED: [John Doe, Sr.] EFFECTIVE DATE OF COVERAGE: [01/02/07]

COVERED DEPENDENTS:	EFFECTIVE DATE OF COVERAGE:
[Johnette Doe]	[01/02/07]
[John Doe, Jr.]	[02/15/07]
[Johnita Doe]	[06/22/08]

POLICY NUMBER: [ABC1234567] POLICY DATE: [01/02/07]

INITIAL PREMIUM: [\$0.00] MODE OF PAYMENT: [Monthly]

SCHEDULE OF BENEFITS

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

(Hospital Confinement must begin within [10-45] days of Accidental Injury)

One-time Lump-sum Hospital Confinement Benefit: <i>(limited to [one] benefit, per Policy Year)</i>	[\$500 - \$5,000] per Insured Person
--	--------------------------------------

Daily Hospital Confinement Benefit <i>(not to exceed [30-365] days per Accidental Injury):</i>	[\$75 - \$500] per Insured Person, per day
--	--

One-time Lump sum Intensive Care Hospital Confinement Benefit: <i>(limited to [one] benefit, per Policy Year)</i>	[\$1,000 - \$10,000] per Insured Person
---	---

Daily Intensive Care Hospital Confinement Benefit <i>(not to exceed [10-365] days per Accidental Injury):</i>	[\$150 - \$1000] per Insured Person, per day
---	--

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within [72 hours] of Accidental Injury):

You and/or Your Covered Dependent Spouse:	[\$25 - \$500] per Insured Person, per Accidental Injury
Your Covered Dependent Child(ren):	[\$25 - \$500] per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit: <i>(limited to [one] diagnostic exam per Insured Person, per Policy Year)</i>	[\$50 - \$500] per Insured Person
--	-----------------------------------

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit:

Dislocation Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [2 dislocation] benefits per Insured Person, per Accidental Injury):*

Hip	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Knee or Shoulder	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Collar Bone	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Lower Jaw	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Wrist or Elbow	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Toe or Finger	[\$25 - \$2,000] per Insured Person, per Accidental Injury

Burn Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] burn benefit per Insured person, per Accidental Injury):*

	<u>Second Degree</u>	<u>Third Degree</u>
Less than 10% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 10% and 29% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 30% and 39% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 40% and 59% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 60% and 79% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 80% and 89% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
90% and over of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury

Skin Grafts Benefit *(Skin graft(s) must be performed within [12 months] of the Accidental Injury burn:*

[50%] of Lump Sum Accidental Injury Benefit Burn benefit paid per Insured Person, when one or more skin grafts are performed for a covered Accidental Injury burn

Eye Injury Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):*

Surgical repair	[\$25 - \$500] per Insured Person, per Accidental Injury
Removal of a foreign body	[\$25 - \$500] per Insured Person, per Accidental Injury

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Laceration Benefit

(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):

Lacerations not requiring sutures by a Physician	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations requiring sutures by a Physician:	
Single lacerations less than 7.5 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations between 7.6 cm. and 12.5 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations in excess of 12.6 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury

Fracture Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per fracture type, per Insured Person, per Accidental Injury):*

Hip	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Leg	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Hand (excluding fingers)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Foot (excluding toes/heel)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Wrist, elbow, ankle or kneecap	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Shoulder blade or forearm	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Lower jaw	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Vertebrae (body of), pelvis, or sternum	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Upper jaw, upper arm, or face (excluding nose)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Rib	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Nose, heel, or finger	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Coccyx	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Toe	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Vertebral processes	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Skull	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Depressed	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Simple	[\$50 - \$2,500] per Insured Person, per Accidental Injury

Brain Concussion Benefit *(Treatment must be Received within [72 hours] of Accidental Injury):*

[\$25 - \$150] per Insured Person, per Accidental Injury

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Emergency Dental Repairs Benefit

(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):

Broken teeth repaired with crowns: [\$25 - \$500] per Insured Person, per Accidental Injury

Broken teeth resulting in extractions: [\$25 - \$500] per Insured Person, per Accidental Injury

Coma Benefit *(for duration of 7 or more days from date of Accidental Injury):*

[\$1,000 - \$15,000] per Insured Person, per Accidental Injury

Paralysis Benefit *(subject to [30 day] Elimination Period):*

Quadriplegia (four limbs) [\$1,000 - \$15,000] per Insured Person

Paraplegia (lower limbs) [\$1,000 - \$15,000] per Insured Person

Miscellaneous Surgery Procedures Benefit

(Must be performed within [12 months] of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per [day]:

Repair of tendons / ligaments [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of torn rotator cuffs [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of ruptured discs [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of torn knee cartilages [\$100 - \$2,500] per Insured Person, per Accidental Injury

Arthroscopy without Surgery repair [\$100 - \$2,500] per Insured Person, per Accidental Injury

Open abdominal (including exploratory Laparotomy), cranial, hernia or thoracic Surgery: [\$100 - \$2,500] per Insured Person, per Accidental Injury

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within [10-45 days] of initial onset of Accidental Injury):

[\$15 - \$100] per visit, per Insured Person, not to exceed [2 - 12 visits] per Policy year

Accidental Injury Follow-up Physical Therapy Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within [10-45 days] of initial onset of Accidental Injury):

[\$15 - \$100] per visit, per Insured Person, not to exceed [2 - 12 visits] per Policy year

Hospital Rehabilitation Unit Benefit

(not to exceed [10-45 days] per Accidental Injury and [10-100] days per Policy Year):

[\$50 - \$250] per Insured Person, per day

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

FOLLOW-UP / RESTORATIVE (Continued):

Appliances Benefit (Limited to [one] benefit per Insured Person, per Accidental Injury):

BENEFIT AMOUNT

[\$50 - \$250] per Insured Person, per Accidental Injury

Prosthesis Benefit (Limited to [one] benefit per Insured Person, per Accidental Injury):

[\$250 - \$1,500] per Insured Person, per Accidental Injury

Blood Plasma/Platelets Benefit (Limited to [one] Benefit per Insured Person, per Accidental Injury):

[\$50-\$500] per Insured Person, per Accidental Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

Death Benefit (Death must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
[\$10,000 - \$100,000]	[\$10,000 - \$100,000]	[\$10,000 - \$100,000]

Common Carrier Death Benefit
(Death must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
[\$75,000 - \$250,000]	[\$75,000 - \$250,000]	[\$12,500 - \$25,000]

Dismemberment Benefit (Loss must occur within [30-120 days] of Accidental Injury):

	<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
Both arms and legs	[\$25,000 - \$50,000]	[\$25,000 - \$50,000]	[\$7,500 - \$15,000]
2 eyes, feet, hands, arms or legs	[\$25,000 - \$50,000]	[\$25,000 - \$50,000]	[\$7,500 - \$15,000]
One eye, foot, hand, arm or leg	[\$ 6,250 - \$12,500]	[\$ 6,250 - \$12,500]	[\$ 1,750 - \$ 3,500]
One or more fingers and/or toes	[\$ 1,500 - \$3,000]	[\$ 1,500 - \$3,000]	[\$ 500 - \$ 1,000]

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit
(Limited to [one] trip per Accidental Injury):

[\$100 - \$500] per Insured Person

Emergency Air Ambulance Benefit
(Limited to [one] trip per Accidental Injury):

[\$1,000 - \$5,000] per Insured Person

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

SUPPLEMENTAL DISABILITY INCOME PROTECTION

BENEFIT *(Total Disability must occur within [12-60 days] of Accidental Injury. Subject to [14-90 day] Elimination Period from date of diagnosis of Total Disability before Benefits are payable):*

BENEFIT AMOUNT

<u>You and/or Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
---	--

[\$250 - \$2,500] per month for up to 12 continuous months	No benefit payable
---	--------------------

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 First Occur after the Insured Person's coverage has become effective and while the coverage is in force under this Policy.

Accidental Death and Dismemberment means death or Dismemberment caused by an Accidental Injury that occurs on or after the Effective Date of Coverage and while coverage is in force, independent of disease, bodily infirmity, or any other cause.

Actively at Work means You are:

1. working on a permanent basis at least 25 hours per week; and
2. performing the material and substantial duties of Your regular job or any other job for which You are qualified by reason of education, training or experience.

Ambulance means a ground, water or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport Sick or Injured people.

[**Attained Age** means the Insured Person's age on the most recent annual anniversary of this Policy.]

Beneficiary means the person or entity designated to receive the benefits payable at the Insured Person's accidental death.

Class Basis means the classification by which each Insured Person's rates are determined. We will not and cannot change the rates on this Policy unless rates are changed on all Policies issued on the same Class Basis.

Coma means a continuous state of profound unconsciousness, diagnosed or treated after the Effective Date of this Policy, lasting for a period of seven or more consecutive days, characterized by the absence of:

1. Spontaneous eye movement;
2. Response to painful stimuli; and
3. Vocalization.

The condition must require intubation for respiratory assistance.

Common Carrier means regional, U.S, Canadian or international airline carriers as certified by the U.S. Federal Aviation Administration (FAA); U.S. or Canadian train/rail carrier; and U.S. or Canadian bus line carrier. Common carrier does **not** mean taxi cabs, metropolitan rail and cable carriers.

Confined/Confinement means an Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital stay.

Cosmetic Surgery means non-Medically Necessary surgical procedures for the sole purpose of improvement of appearance.

Covered Dependent means an Eligible Dependent whose coverage has become effective under this Policy and has not terminated.

Dislocation means a completely separated joint. It must be diagnosed by a Physician within 72 hours after the date of the Accidental Injury and require correction by a Physician.

Dismemberment means (with or without reattachment);

1. Arm – actual severance above the elbow;
2. Leg – actual severance above the knee;
3. Hand – actual severance above the wrist;

4. Foot – actual severance above the ankle;
5. Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand;
6. Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and
7. Eye – loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

Effective Date of Coverage means the date coverage becomes effective under this Policy with respect to a particular Insured Person.

Eligible Dependent means Your lawful spouse and Your unmarried natural and adopted children and step-children who reside in Your home for more than 6 months in a year, who are under 19 years of age (the Limiting Age). The Limiting Age is extended from the child's 19th birthday to the child's [24th] birthday if the child is enrolled as a full-time student and attends classes regularly at an accredited college or university.

Elimination Period means the consecutive period of time beginning from the date in which and Insured Person is considered paralyzed before the Lump Sum Accidental Injury Paralysis Benefit is payable; or in which the Insured Person is considered Totally Disabled before the Supplemental Disability Income Protection Benefit is payable.

Fracture means a break in a bone that can be seen by x-ray. It must be diagnosed as a Fracture by a Physician within 72 hours after the date of the Accidental Injury. The Fracture must require correction by a Physician.

First Occur, First Occurred or First Occurrence means an Accidental Injury for which diagnosis, treatment, Surgery or advice by a Physician, or manifested symptoms, initially occurred while this Policy is in force for the Insured Person and for the first time in the Insured Person's lifetime.

Hospital means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the Insured Person is legally obligated to pay. The institution must:

1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis;
2. Maintain a staff of one or more duly licensed Physicians;
3. Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and
4. Is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals.

The term "Hospital" does not include:

1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording custodial or educational care; care or treatment for persons suffering from mental disease or disorders; care for the aged; or care for persons addicted to drugs or alcohol; and
2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.

Immediate Family means the spouse, parent, son, daughter, brother or sister of the Insured Person.

Insured Person means You or a Covered Dependent under this Policy.

Intensive Care/Cardiac Care Unit means that part of a Hospital which:

1. Is segregated from the rest of the Hospital facilities;
2. Is exclusively reserved for critically ill patients who require audio-visual observation and/or cardiac monitoring as prescribed by the attending Physician; and
3. Provides room and board, specialized registered graduate professional nurses (R.N.), and special life saving equipment and supplies.

Medically Necessary or Medical Necessity means that a service or supply is necessary and appropriate for the diagnosis or treatment of an Accidental Injury based on generally accepted current medical practice and is not considered experimental or investigative.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism. Mental or Nervous Disorder does not include Alzheimer's disease or similar forms of dementia resulting from degenerative diseases, stroke, head trauma or viral infection.

Paralysis means spinal cord injuries received as a result of an Accidental Injury that results in complete and total loss of use of two or more limbs for a period of not less than 30 days. Your Paralysis must be confirmed by a Physician.

Physician means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his or her license. A member of the Insured Person's Immediate Family will not be considered a Physician.

Policy means the written description of coverage provided to You.

Policy Year means each consecutive 12 month period beginning with Your Effective Date of Coverage.

Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in a rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

Sickness means an illness or disease.

Surgery means:

1. The performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, specialized instrumentation's, endoscopic examinations, and other invasive procedures while an Insured Person is under local or general anesthesia;
2. The correction of Fractures and Dislocations; and
3. Any of the procedures designated by Current Procedural Terminology codes as Surgery.

Total Disability or Totally Disabled means that due to an Accidental Injury, You are:

1. under a 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 and are not in fact Actively at Work, as certified by a Physician upon Our request.

Urgent Care Center means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected Accidental Injury on an urgently needed or prompt basis.

We, Us and Our means The Chesapeake Life Insurance Company.

You, Your, Yours means the primary insured named in the Policy Schedule whose coverage is effective.

EFFECTIVE DATE OF COVERAGE

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.

Newborn Children

You or Your Covered Dependent Spouse's newborn child(ren) will be provided coverage after the Policy Date from the moment of birth on the same basis as coverage for other Covered Dependents under the Policy. Coverage for You or Your Covered Dependent Spouse's newborn child(ren) will not continue unless You send written notice directing Us to add the newborn child(ren) to Your Policy. This notice must be received by Us within 90 days of the newborn child's date of birth or before the next premium due date, whichever is later and must be accompanied by any required additional premium. A claim form or Hospital bill does not constitute written notice. Newborn coverage will be for Accidental Injuries only.

Newly Adopted Children

Any minor child under Your charge, care and control for whom You have filed a petition to adopt, will be provided coverage on the same basis as coverage for other Covered Dependents under the Policy. This coverage will begin on the date of the filing of a petition for adoption, if You apply for coverage within sixty (60) days after the filing of such petition; or from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the date of birth. Adopted child coverage will be for Accidental Injuries only.

This coverage will terminate upon the dismissal or denial of a petition for adoption.

Additional Dependents

You may add Eligible Dependents by providing evidence of insurability satisfactory to Us and upon payment of any additional premium, if required.

The acceptance of a new Eligible Dependent will be shown by endorsement and the date of the endorsement will be the Effective Date of Coverage for the new Eligible Dependent.

PREMIUMS

Premium Due Date

Premiums are payable to Us at Our administrative office in North Richland Hills, Texas or any location as designated and communicated by Us. The premium is payable monthly, quarterly, semi-annually or annually, as indicated in the POLICY SCHEDULE. Payment of any premium will not maintain coverage in force beyond the next premium due date, except as provided by the Grace Period. Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

Grace Period

There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

Continuation of Coverage Credit (Applies only to coverage billed through payroll deduction)

We will waive all monthly premiums due for the Policy for up to [61 days] (which includes the Grace Period) if You meet all of the following conditions:

1. Your Policy has been in force and We have received premiums for at least 6 consecutive months;
2. Your premiums have been paid through payroll deduction and You leave Your employer for any reason;
3. You or Your employer notifies Us in writing before the end of Your Grace Period; and
4. You re-establish premium payments within [30] days from the date Your Grace Period ends, through:
 - a. Your new employer's payroll deduction process; or
 - b. Direct payment to Us.

During this continuation period, the contract will remain in force; however, any claims incurred by Insured Persons will not be payable until all 4 conditions above have been met and completed.

You will again become re-eligible to receive this benefit after:

1. You re-establish Your premium payments through payroll deduction for a period of at least 6 months; and
2. We receive premium payments for at least 6 consecutive months.

Premium Changes

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 an increase in the Attained Age of the Insured Person.]

Unearned Premiums Refund

Upon the death of an Insured Person, the proceeds payable to the Insured Person or his/her estate shall include premiums paid for insurance coverage for the period beyond the end of the month in which the death occurred. Unearned Premiums shall be paid in a lump sum payment no later than thirty (30) days after the proof of the Insured Person's death has been furnished to Us.

TERMINATION OF COVERAGE

You

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

1. At the end of the month for which premium has been paid;
2. On the date You reach age 65;
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; [or]
7. On the date an Insured Person is no longer a permanent resident of the United States; or
8. [On the date any Continuation of Coverage Credit expires (if applicable) and You fail to re-establish premium payment.]

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

Covered Dependents

Your Covered Dependent's coverage will terminate under this 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; or

4. 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. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; 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 that You provide proof that the dependent is in fact a disabled and dependent person. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

Special Continuation Provision For Dependents

Your Covered Dependents may continue their same (or substantially similar) coverage under a new Policy without evidence of insurability if their coverage under this Policy would otherwise terminate because they cease to be an Eligible Dependent for any of the following reasons:

1. Divorce, legal separation, Your death; or
2. A dependent child reaches the Limiting Age.

To continue coverage, You or Your Covered Dependent must request continuation of coverage by application or written notification within 31 days of the date coverage would otherwise terminate and pay any required premium.

Reinstatement

If coverage under this Policy terminates due to non-payment of premium, We require an application for reinstatement. The reinstatement will not become effective unless We approve such application. We will advise You of the effective date of reinstatement by giving You written notice of the date, by issuing You an amended Policy or by issuing You a new Policy. In any case, the reinstated coverage provides benefits only for Injury occurring after the effective date of reinstatement.

BENEFITS

We will pay the the following benefits while coverage is in force under this Policy. Unless otherwise stated herein, all benefits are subject to:

1. The Benefit Amount shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS;
2. Any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
3. Any Elimination Periods shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
4. The EXCLUSIONS AND LIMITATIONS listed below; and
5. All other provisions of the Policy.

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

INPATIENT HOSPITAL CONFINEMENT BENEFIT

When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the applicable Inpatient Hospital Confinement Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

One-time Lump-Sum Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. [Benefit is payable once per Insured Person, per Policy Year.]

Daily Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. Benefit is payable per Insured Person for up to [365 days] per Accidental Injury. Readmission to the Hospital for the same Accidental Injury will be treated as a continuation for the same Accidental Injury. The Daily Hospital Confinement Benefit is paid in lieu of and **not** in addition to the Rehabilitation Unit Benefit, per individual date of service.

One-time Lump-Sum Intensive Care Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within 30 days of the Accidental Injury and be for a period of not less than 24 hours. [Benefit is payable once per Insured Person, per Policy Year.]

Daily Intensive Care Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. [Benefit is payable per Insured Person for up to [10 – 365] days per Accidental Injury.]

OUTPATIENT EMERGENCY / DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

When an Insured Person receives Medically Necessary treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within [72 hours] of the initial onset of such Accidental Injury, We will pay the Accidental Injury Emergency Treatment benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS.

Major Diagnostic Exam Benefit

When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, We will pay the Major Diagnostic Exam Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Policy Year.]

Lump-Sum Accidental Injury Benefit

When an Insured Person receives treatment for any of the following items that are the result of an Accidental Injury, we will pay the applicable Lump Sum Accidental Injury Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

Dislocation Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Treatment must be received within [72 hours] of the Accidental Injury.] [Limited to [2] dislocation benefits per Insured person, per Accidental Injury.]

Burn Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Skin Grafts Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Pays a total of 50% of the Lump-Sum Accidental Injury Burn Benefit paid, when one or more skin grafts are performed as a result of such covered Accidental Injury burn.][Skin graft(s) must be performed within [12 months] of the date of the Accidental Injury burn.]

Eye Injury Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Laceration Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Fracture Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Treatment must be received within [72 hours] of the Accidental Injury.] [Limited to [one] benefit per fracture type, per Insured Person, per Accidental Injury.]

Brain Concussion Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury.

Emergency Dental Repairs Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Coma Benefit for duration of 7 or more days

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Pays when Coma duration lasts 7 or more days from date of Accidental Injury.]

Paralysis Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Subject to a [30 day] Elimination Period before benefits are payable.]

Miscellaneous Surgery Procedures Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Surgery must be performed within [12 months] of the date of the Accidental Injury. [Only one Surgery procedure payable per Insured Person, per day.]

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, We will pay the Accidental Injury Follow-up Treatment benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, provided such treatment is received within [10 - 45 days] of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services.

Accidental Injury Follow-up Physical Therapy Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the Accidental Injury Follow-up Physical Therapy Treatment benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, provided such physical therapy treatment is received within [10 - 45 days] of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service.

Hospital Rehabilitation Unit Benefit

When an Insured Person is Hospital Confined and transferred to a bed in a Rehabilitation Unit of a Hospital for the treatment of an Accidental Injury, We will pay the Hospital Rehabilitation Unit Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. The Hospital Rehabilitation Unit Benefit is paid in lieu of and **not** in addition to the Daily Hospital Confinement benefit, per individual date of service.

Appliances Benefit

When an Insured Person receives crutches, wheelchairs, leg/foot/arm/hand braces, back/neck braces and/or walkers/canes ordered by a Physician as the result of an Accidental Injury, We will pay the Appliances Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Accidental Injury.]

Prosthesis Benefit

When an Insured Person receives prosthetic devices ordered by a Physician for the replacement of a missing body part sustained as a result of an Accidental Injury, We will pay the Prosthesis Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Accidental Injury and does not include hearing aids or cosmetic devices such as wigs or dental aids/dentures.]

Blood Plasma / Platelets Benefit

When an Insured Person receives blood plasma and platelets ordered by a Physician for the treatment of an Accidental Injury, We will pay the Blood Plasma and Platelets Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefits are payable once per Insured Person, per Accidental Injury and do not include Immunoglobulin.]

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the applicable Accidental Death and Dismemberment Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS for death and/or Dismemberment which occurs within [30 - 120 days] of an Accidental Injury.

Death Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Death must occur within [30 - 120 days] of the Accidental Injury in order for a benefit to be paid.

Common Carrier Death Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Death must result from Accidental Injuries sustained by an Insured Person while a passenger on a licensed Common Carrier and within [30 – 120 days] of the Accidental Injury in order for a benefit to be paid.

Dismemberment Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Dismemberment must occur within [30 - 120 days] of the Accidental Injury in order for a benefit to be paid.

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit

When an Insured Person is transported by ground or water Ambulance to a Hospital emergency room or Urgent Care Facility due to an Accidental Injury, We will pay the Emergency Ground/Water Ambulance Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Limited to [one] trip per Insured Person, per Accidental Injury.]

Emergency Air Ambulance Benefit

When an Insured Person is transported by air Ambulance to a Hospital emergency room due to an Accidental Injury, We will pay the Emergency Air Ambulance Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Limited to [one] trip per Insured Person, per Accidental Injury.]

SUPPLEMENTAL DISABILITY INCOME PROTECTION

After completion of the [14 - 90 day] Elimination Period from the date of confirmed medical diagnosis of the Total Disability, We will pay the monthly Supplemental Disability Income Protection benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS for each month an Insured Person continues to be Totally Disabled, provided such Insured Person was Actively at Work and became Totally Disabled within [30 – 120] days of an Accidental Injury. This benefit is payable up to [12 – 60] months per Insured Person, per Accidental Injury. If Total Disability is caused by more than one Accidental Injury, We will pay benefits as if the Total Disability was caused by only one Accidental Injury.

EXCLUSIONS AND LIMITATIONS

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

1. Sickness, including but not limited to pregnancy and childbirth;
2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in this Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while this Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
15. Committing or trying to commit a felony;
16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
17. 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.

GENERAL PROVISIONS

Entire Contract

The Entire Contract consists of:

1. This Policy;
2. Any applications for the proposed insured individuals; and
3. Any endorsements, amendments or riders attached.

All statements made by You will, in the absence of fraud, be deemed representations and not warranties.

Only Our President, a Vice President or Secretary has the power on Our behalf to execute or amend the Policy. No other person will have the authority to bind Us in any manner. No agent may accept risks, alter or amend coverage or waive any provisions of the Policy. Any change in the Policy will be made by amendment signed by Us. Changes made in the Policy that are mandated by state or federal law will not require the consent of any Insured Person.

Notice of Claim

Written notice of claim must be given to Us within 60 days after an Accidental Injury, or as soon as reasonably possible. Written notice of claim given by or on behalf of the Insured Person to Us with information sufficient to identify such person will be considered notice to Us.

Claim Forms

When We receive the notice of claim, We will send the Insured Person forms for filing proof of loss. If these forms are not furnished within 15 days, the Insured Person will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the next provision.

Proof of Loss

Written proof of loss must be furnished to Us at Our administrative office in North Richland Hills, Texas or any location as designated and communicated by Us, within 90 days after the date of the loss for which claim is made. Failure to furnish written proof of loss within that time will neither invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish written proof of loss within that time; provided such proof is furnished as soon as reasonably possible and in no event, in the absence of legal incapacity, later than one year from the time proof is otherwise required.

Time of Payment of Claims

Indemnities payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid upon receipt of proper written proof of loss. Subject to proper written proof of loss, all accrued indemnities for loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid upon receipt of proper written proof.

Payment of Claims

Indemnity for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, the indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at Our option, be paid either to the Beneficiary or to the estate. All other indemnities will be payable to the Insured Person.

Age Misstatement

If Your age has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if You continue to be eligible for coverage at the correct age. However, premium adjustments, including collection of any premium due Us because of past underpayments, will be made so that We receive the premiums due at the correct age payable on the premium due date following Our notification of an age correction.

Physical Examinations and Autopsy

We will, at Our own expense, have the right and opportunity to examine the Insured Person whose Accidental Injury is the basis of a claim when and as often as We may reasonably require during the pendency of a claim and to make an autopsy in case of death, unless prohibited by law.

Legal Action

No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed as required by the Policy; nor may any action be brought after expiration of 3 years after the time written proof of loss is required to be furnished.

Incontestability

After 2 years from the Insured Person's Effective Date of Coverage, no misstatements, except fraudulent misstatements, made in the application will be used to void the coverage, or deny a claim unless the loss was incurred during the first 2 years following such Insured Person's Effective Date of Coverage.

Change of Beneficiary

You have the right to make a change of Beneficiary and the consent of the Beneficiary or Beneficiaries is not required to surrender or assign this Policy or to make any other changes in this Policy.

Conformity

Any provision of this Policy which, on the Effective Date of Coverage, is in conflict with the statutes of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such statutes.

SERFF Tracking Number: *MGCC-126242277* *State:* *Arkansas*
Filing Company: *The Chesapeake Life Insurance Company* *State Tracking Number:* *43049*
Company Tracking Number: *CH-26110-IP (06/09) AR*
TOI: *H02I Individual Health - Accident Only* *Sub-TOI:* *H02I.000 Health - Accident Only*
Product Name: *CLICO Ancillary*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCC-126242277 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
 Company Tracking Number: CH-26110-IP (06/09) AR
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: CLICO Ancillary
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rates	CH-26110-IP (06/09) AR	New		CH-26110-IP (0609) AR 20090721 Rate Page.pdf

The Chesapeake Life Insurance Company

Administrative Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Accidental Injury Only Insurance Policy

CH-26110-IP (06/09) AR

Monthly Premium Rate

Worksite

	Low Option	High Option	Low Option	High Option	Low Option	High Option	Low Option	High Option
	Single		Couple		Single + Child(ren)		Family	
18 - 29	\$10.00	\$21.00	\$20.00	\$42.00	\$26.00	\$56.00	\$39.00	\$86.00
30 - 39	\$10.00	\$21.00	\$20.00	\$42.00	\$26.00	\$56.00	\$39.00	\$86.00
40 - 49	\$10.00	\$21.00	\$20.00	\$42.00	\$26.00	\$56.00	\$39.00	\$86.00
50 - 59	\$10.00	\$21.00	\$20.00	\$42.00	\$26.00	\$56.00	\$39.00	\$86.00
60 - 64	\$10.00	\$21.00	\$20.00	\$42.00	\$26.00	\$56.00	\$39.00	\$86.00

Individual

	Low Option	High Option	Low Option	High Option	Low Option	High Option	Low Option	High Option
	Single		Couple		Single + Child(ren)		Family	
18 - 29	\$11.00	\$23.00	\$22.00	\$46.00	\$27.00	\$58.00	\$41.00	\$90.00
30 - 39	\$11.00	\$23.00	\$22.00	\$46.00	\$27.00	\$58.00	\$41.00	\$90.00
40 - 49	\$11.00	\$23.00	\$22.00	\$46.00	\$27.00	\$58.00	\$41.00	\$90.00
50 - 59	\$11.00	\$23.00	\$22.00	\$46.00	\$27.00	\$58.00	\$41.00	\$90.00
60 - 64	\$11.00	\$23.00	\$22.00	\$46.00	\$27.00	\$58.00	\$41.00	\$90.00

Multiply the monthly rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates.

SERFF Tracking Number: MGCC-126242277 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
Company Tracking Number: CH-26110-IP (06/09) AR
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: CLICO Ancillary
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Flesch Certification	Review Status: Approved-Closed	07/29/2009
Comments: Please refer to attached.		
Attachments: ARGA 0104.pdf Cert Compl Rule-Reg19 -AR.pdf Cert Compliance AR-Readability.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	07/29/2009
Comments: Please refer to attached.		
Attachment: CH-26109-APP _0609_.pdf		
Satisfied -Name: Outline of Coverage	Review Status: Approved-Closed	07/29/2009
Comments: Please refer to attached.		
Attachment: CH-26110-IP _0609_ OC.pdf		
Satisfied -Name: Cover letter	Review Status: Approved-Closed	07/29/2009
Comments: Please refer to attached.		
Attachment: LTR CH-26110-IP _0609_ [Indiv].pdf		

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract..

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

**The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and they hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies or contracts are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to suture assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits for net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.]

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

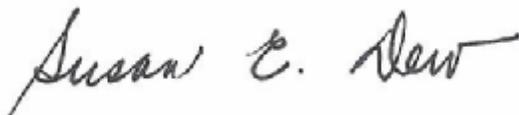
Insurer: The Chesapeake Life Insurance Company

Form Number(s):

CH-26110-IP (06/09) AR

CH-26109-APP (06/09)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Susan Dew

Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

Title

July 24, 2009

Date

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Numbers and Form Names:

CH-26110-IP (06/09) AR – Accidental Injury Only Insurance Policy
CH-26109-APP (06/09) - Application

Flesch Reading Score:

46.4 – Policy
51 - Application



Susan Dew, Senior Vice President, Associate General Counsel and Chief Compliance Officer

July 24, 2009

Date



APPLICATION FOR POLICIES UNDERWRITTEN BY
THE CHESAPEAKE LIFE INSURANCE COMPANY

Primary Applicant Name: _____ Writing Agent Name: _____ Agent ID #: _____
Last First MI

Applicant's Home Address: _____

City _____ State _____ Zip _____ County _____

Daytime Phone (____) _____ - _____ Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____ Fax Number (____) _____ - _____

BTTC: AM Afternoon PM Home Work Cell

Email Address _____

Marital Status: Single Married

Are all Applicants U.S. Citizens? _____ Yes ____ No. If "No," explain: _____

How long in the U.S.? _____ Work Permit ____ Visa ____ Type of Visa _____ Expiration Date / /

Occupation/duties of Primary Applicant _____

Occupation/duties of Spouse Applicant _____

SCHEDULE OF FAMILY MEMBERS									
Please Print (Full Name)	Sex	Relationship	DOB	Age	Ht.	Wt.	Tobacco use in last 12 months?	Social Security #	ID# (HO use only)
(1)		Primary					<input type="checkbox"/> YES <input type="checkbox"/> NO		
(2)							<input type="checkbox"/> YES <input type="checkbox"/> NO		
(3)							<input type="checkbox"/> YES <input type="checkbox"/> NO		
(4)							<input type="checkbox"/> YES <input type="checkbox"/> NO		
(5)							<input type="checkbox"/> YES <input type="checkbox"/> NO		
(6)							<input type="checkbox"/> YES <input type="checkbox"/> NO		
(7)							<input type="checkbox"/> YES <input type="checkbox"/> NO		
(8)							<input type="checkbox"/> YES <input type="checkbox"/> NO		

ProtectFit Plus Plan (CH-26110-IP (06/09)) (Accidental Injury Only Insurance Policy)

High Option Low Option Family Members 1 2 3 4 5 6 7 8

HospitalFit Plus Plan (CH-26111-IP (06/09)) (Hospital and Surgical Indemnity Policy)

High Option Low Option Family Members 1 2 3 4 5 6 7 8

PersonalFit Plus Plan (CH-26112-IP (06/09)) (Sickness only Scheduled Indemnity Policy)

High Option Low Option Family Members 1 2 3 4 5 6 7 8

Vision Plan (CH-26023-IP (5/07)) (Vision Insurance Policy)

Family Members 1 2 3 4 5 6 7 8

Dental Plan (CH-26099-IP (1/08)) (Dental Insurance Policy)

Family Members 1 2 3 4 5 6 7 8

Gold Silver Bronze

CancerWise (CH-26055-IP (5/07)) (Cancer Benefit Policy)

Family Members 1 2 3 4 5 6 7 8

First Diagnosis Cancer Benefit Amount: \$20,000 \$30,000 \$40,000 \$50,000

<input type="checkbox"/> Bill Type <input type="checkbox"/> ACH (Auth Section Required) <input type="checkbox"/> Payroll Deduction (WS only) <input type="checkbox"/> Direct Pay <input type="checkbox"/> Credit Card	
<input type="checkbox"/> Individual Billing / Mode: (If applicable) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Payroll Deduction / Mode: (If applicable) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
<input type="checkbox"/> Single <input type="checkbox"/> Primary and Spouse <input type="checkbox"/> Primary and Child(ren) <input type="checkbox"/> Family	Relationship of Payor to Primary Applicant: <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other If "Other" who, and reason for such: _____
For Office Use Only Premium Amount quoted: _____ Check #: _____ (if collected at sale)	Proposed Effective Date of Coverage: _____ Special Request(s): _____

1. Has any Applicant ever been convicted or prosecuted for any felony activity? Yes No
If "Yes," who? _____ List details: _____

2. Are all proposed dependent Applicants (other than Spouse) between the ages of 19 and 24 full-time students? Yes No
If "Yes," name of school(s) _____
If "No," who? _____ Explain _____
 Is this Applicant(s) incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent on the primary Applicant for support and maintenance? Yes No

Please skip Questions 3 – 15 if applying for VISION and/or DENTAL only.

3. Is any Applicant eligible for or covered under Medicare or Medicaid? Yes No
If "Yes," Name: _____ Reason: Financial Medical

4. Does any Applicant currently have **health** insurance or has any Applicant had health insurance within the past 12 months? Yes No
If "Yes," _____ Group or _____ Individual coverage? If "Yes," list Applicant(s) and names of companies, certificate/policy number and types of coverage: _____
*If "Yes," will existing **health** coverage be replaced or changed if proposed coverage is issued? Yes No*

Please complete question 5 if applying for the PROTECTFIT PLUS and/or HOSPITALFIT PLUS PLAN:

5. Does any Applicant to be insured currently or in the future plan to participate in any volunteer police or firefighting activities, plan to drive any taxi for wage, compensation or profit, plan to participate in mountaineering using ropes and/or other equipment, parachuting, hang gliding or plan to participate in any hazardous sport or activity for wage, compensation or profit (including officiating or coaching such hazardous sport or activity), or plan on racing any type of vehicle in an organized event? Yes No

If any "Yes," indicate Family Member(s): 1 2 3 4 5 6 7 8 Any so designated will **NOT** be eligible for coverage under the PROTECTFIT PLUS PLAN and/or the HOSPITALFIT PLUS PLAN.

Please complete question 6 if applying for the CANCERWISE, HOSPITALFIT PLUS PLAN and/or the PERSONALFIT PLUS PLAN:

6. Has any Applicant been treated or diagnosed in the past ten years by a Physician for Cancer / Tumor or any benign or malignant growths, including, but not limited to: Cancer, cyst, tumor, leukemia, neoplasm, internal cancer or skin cancer? Yes No

If any "Yes," indicate Family Member(s): 1 2 3 4 5 6 7 8 Any person(s) so designated will **NOT** be eligible for coverage under the CANCERWISE, HOSPITALFIT PLUS PLAN and/or the PERSONALFIT PLUS PLAN.

Please complete questions 7 - 15 if applying for the HOSPITALFIT PLUS PLAN and/or the PERSONALFIT PLUS PLAN:

7. Is any Applicant currently confined in a hospital or nursing home or received recommendation from a Physician to be hospitalized or placed in nursing home? Yes No

8. Has any Applicant ever been diagnosed or treated by a Physician for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex, or tested positive for Human Immunodeficiency Virus (HIV) or on an AIDS-related test? Yes No
9. Has any Applicant ever been treated or diagnosed by a Physician for: Alzheimer's disease; senile dementia; uncorrected congenital heart defect (excluding mitral valve prolapse); kidney disease (not including kidney stones); systemic lupus; insulin-dependent or medication dependent diabetes; or end stage renal disease? Yes No
10. Has any Applicant been treated or diagnosed by a Physician within the last 36 months for: Angina (heart-related chest pain); Heart surgery; Congestive heart failure; Heart Attack; Parkinson's disease; Transient ischemic attack (TIA)(mini-stroke); Stroke; Cerebral vascular insufficiency; Peripheral vascular disease (circulatory problems); Crohn's disease; Emphysema; Ulcerative colitis; Chronic obstructive pulmonary disease (COPD); Musculoskeletal Disorders; Alcoholism, alcohol abuse, drug abuse or drug addiction; Liver disease or disorder (excluding Hepatitis A); Sickle cell anemia; or Uncontrolled hypertension? Yes No
11. Is any Applicant or family member (even if not proposed for insurance) now pregnant or an expectant father?
If "Yes," Who? _____ Estimated date of delivery _____ Yes No
12. Is any Applicant or family member (even if not proposed for insurance) being tested for or receiving treatment for fertility/infertility, or in the process of adoption or surrogacy (with anyone, whether or not this person is applying for coverage)? Yes No
13. Is any Applicant currently disabled or received treatment or been diagnosed with any neurological disease or disorder, or any muscular disease or disorder including paralysis or lost use of any limbs? Yes No
14. Has any Applicant received recommendation from a Physician to be hospitalized or have surgery? Yes No
15. During the past two years, has any person to be insured been declined for disability or health insurance or had such insurance rescinded? Yes No

For any "Yes" in Questions 7 – 15 indicate the Family Member(s): 1 2 3 4 5 6 7 8 Any so designated will NOT be eligible for coverage under the HOSPITALFIT PLUS PLAN and/or the PERSONALFIT PLUS PLAN.

DECLARATIONS AND AGREEMENTS

I agree that (a) all statements and answers in this Application are true to the best of my knowledge and belief; (b) this Application will form a part of the contract; (c) the agent does not have the authority on behalf of the Company to accept the risks, or to make, alter or amend the coverage or to extend the time for making any payment due on such coverage and (d) no insurance will take effect unless and until the Application is approved by the Company and the policy is delivered to the Applicant *while the conditions affecting the insurability are and have remained as described herein and the first premium has been paid in full.*

INSURANCE FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and is subject to criminal and/or civil penalties.

I have received and understand the Notification of Consumer Report and Medical Information Bureau Pre-Notice.

Signed _____ / _____ / _____ at _____ Resident City _____ Resident State
| Date

X _____ X _____
Signature of Applicant Signature of Spouse (If to be covered)

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

ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR FORM CH-26110-IP (06/09) AR

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 You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
2. **ACCIDENTAL INJURY ONLY COVERAGE** – This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
3. **BENEFITS.** The Policy provides the lump sum indemnity Benefit Amount shown in the Policy Schedule for the following benefits. All benefits are subject to the Benefit Amount shown in the Policy Schedule, any benefit limitations shown in the Policy Schedule, the Elimination Periods shown in the Policy Schedule, if any, the Exclusions and Limitations shown below, and all other provisions of the Policy.
 - **INPATIENT HOSPITAL CONFINEMENT BENEFIT**
 - **OUTPATIENT EMERGENCY/DIAGNOSTIC**
 - **LUMP-SUM ACCIDENTAL INJURY BENEFIT:**
 - Dislocation Benefit
 - Burn Benefit
 - Skin Grafts Benefit
 - Eye Injury Benefit
 - Laceration Benefit
 - Fractures Benefit
 - Brain Concussion Benefit
 - Emergency Dental Repairs Benefit
 - Coma Benefit
 - Paralysis Benefit
 - Miscellaneous Surgery Procedures Benefit
 - **FOLLOW-UP / RESTORATIVE:**
 - Accidental Injury Follow-up Treatment Benefit
 - Accidental Injury Follow-up Physical Therapy Benefit
 - Hospital Rehabilitation Unit Benefit
 - Appliance Benefit
 - Prosthesis Benefit
 - Blood Plasma/Platelets Benefit
 - **ACCIDENTAL DEATH AND DISMEMBERMENT:**
 - Death Benefit
 - Common Carrier Death Benefit
 - Dismemberment Benefit
 - **TRANSPORTATION:**
 - Emergency Ground/Water Ambulance Benefit
 - Emergency Air Ambulance Benefit
 - **SUPPLEMENTAL DISABILITY INCOME PROTECTION BENEFIT**

- 4. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for loss caused by, resulting from or in connection with:
1. Sickness, including but not limited to pregnancy and childbirth;
 2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in the Policy;
 3. Hospital Confinement for childbirth, including routine or normal newborn child care;
 4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
 5. Any act of war, declared or undeclared;
 6. Active military duty in the service of any country;
 7. Participation in a riot, civil commotion or insurrection;
 8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 9. Mental or nervous disorders;
 10. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
 11. Operating any motorized passenger vehicle for wage, compensation or profit;
 12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
 13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
 14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
 15. Committing or trying to commit a felony;
 16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
 17. 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.
- 5. 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 an increase in the age of an Insured Person.]
- 6. 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 an increase in the Attained Age of the Insured Person.]



**The Chesapeake
Life Insurance Company**
Home Office: Oklahoma City, OK

9151 Boulevard 26
North Richland Hills, TX 76180

July 24, 2009

Arkansas Insurance Department
Life and Health Division
1200 W 3rd Street
Little Rock, AR 72201-1904
Attn.: Life & Health Division, A&H Form Filing Section

RE: SERFF Tracking Number: MGCC-126242277
The Chesapeake Life Insurance Company
NAIC#: 264-61832 / FEIN#: 52-0676509

NEW FORMS

CH-26110-IP (06/09) AR
CH-26110-IP (06/09) OC
CH-26109-APP (06/09)

DESCRIPTION

Accidental Injury Only Insurance Policy
Outline of Coverage
Application

Dear Examiner:

The above referenced forms are submitted for your review and approval. These forms are new and not intended to replace any forms previously approved by your Department.

Policy Form **CH-26110-IP (06/09) AR** provides lump sum accidental injury only insurance coverage for accidental injuries payable at the Benefit Amount shown in the Policy Schedule. All benefits are subject to the Benefit Amount shown in the Policy Schedule, any benefit limitations shown in the Policy Schedule, the Elimination Periods shown in the Policy Schedule, if any, the Exclusions and Limitations, and all other provisions of the Policy.

Please note the bracketed items are intended as variable information, and the information enclosed in brackets is our standard for your state. At no time will this bracketed information be arranged in such a way to violate the laws of your state.

Upon approval, we intend to use enclosed application form CH-26109-APP (06/09) to solicit this product. This application may also be used via electronic means.

To the best of our knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state.

The required certifications are enclosed herewith. An Actuarial Memorandum and rates are included with this submission.

If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-3590. Your assistance in this matter is greatly appreciated.

Respectfully submitted,

Kathleen Allen
Senior Compliance Analyst

SERFF Tracking Number: MGCC-126242277 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 43049
 Company Tracking Number: CH-26110-IP (06/09) AR
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: CLICO Ancillary
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Accidental Injury Only Insurance Policy	07/24/2009	CH-26110-IP _0609_AR.pdf

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

ACCIDENTAL INJURY ONLY INSURANCE POLICY

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

The attached application is a part of this Policy. Please read it and check it carefully. This Policy is issued on the basis that Your answers are correct and complete. If it is not complete or has an error, please let Us know within 10 days. An incorrect application may cause Your coverage to be voided, or a claim to be reduced or denied.

10 DAY RIGHT TO EXAMINE THE POLICY

It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our administrative office in North Richland Hills, Texas, within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, refund all premiums paid and treat the Policy as if it were never issued.

RENEWABILITY

This 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 this 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 an increase in the age of an Insured Person.]

NOTICE TO BUYER: This is an Accidental Injury only insurance Policy. This Policy provides benefits for Accidental Injuries as defined in this Policy and should not be considered a substitute for comprehensive health insurance coverage.



SECRETARY



PRESIDENT

This Policy is a legal contract between You and Us. **PLEASE READ YOUR POLICY CAREFULLY!**

THIS IS AN ACCIDENTAL INJURY ONLY POLICY THAT PAYS BENEFITS FOR ACCIDENTAL INJURIES AS DEFINED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY.

TABLE OF CONTENTS

	PAGE
POLICY SCHEDULE	3
DEFINITIONS	9
EFFECTIVE DATE OF COVERAGE	12
PREMIUMS	12
TERMINATION OF COVERAGE	13
BENEFITS	15
EXCLUSIONS AND LIMITATIONS	18
GENERAL PROVISIONS	19

POLICY SCHEDULE

PRIMARY INSURED: [John Doe, Sr.] EFFECTIVE DATE OF COVERAGE: [01/02/07]

COVERED DEPENDENTS:	EFFECTIVE DATE OF COVERAGE:
[Johnette Doe]	[01/02/07]
[John Doe, Jr.]	[02/15/07]
[Johnita Doe]	[06/22/08]

POLICY NUMBER: [ABC1234567] POLICY DATE: [01/02/07]

INITIAL PREMIUM: [\$0.00] MODE OF PAYMENT: [Monthly]

SCHEDULE OF BENEFITS

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

(Hospital Confinement must begin within [10-45] days of Accidental Injury)

One-time Lump-sum Hospital Confinement Benefit: <i>(limited to [one] benefit, per Policy Year)</i>	[\$500 - \$5,000] per Insured Person
--	--------------------------------------

Daily Hospital Confinement Benefit <i>(not to exceed [30-365] days per Accidental Injury):</i>	[\$75 - \$500] per Insured Person, per day
--	--

One-time Lump sum Intensive Care Hospital Confinement Benefit: <i>(limited to [one] benefit, per Policy Year)</i>	[\$1,000 - \$10,000] per Insured Person
---	---

Daily Intensive Care Hospital Confinement Benefit <i>(not to exceed [10-365] days per Accidental Injury):</i>	[\$150 - \$1000] per Insured Person, per day
---	--

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within [72 hours] of Accidental Injury):

You and/or Your Covered Dependent Spouse:	[\$25 - \$500] per Insured Person, per Accidental Injury
Your Covered Dependent Child(ren):	[\$25 - \$500] per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit: <i>(limited to [one] diagnostic exam per Insured Person, per Policy Year)</i>	[\$50 - \$500] per Insured Person
--	-----------------------------------

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit:

Dislocation Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [2 dislocation] benefits per Insured Person, per Accidental Injury):*

Hip	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Knee or Shoulder	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Collar Bone	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Lower Jaw	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Wrist or Elbow	[\$25 - \$2,000] per Insured Person, per Accidental Injury
Toe or Finger	[\$25 - \$2,000] per Insured Person, per Accidental Injury

Burn Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] burn benefit per Insured person, per Accidental Injury):*

	<u>Second Degree</u>	<u>Third Degree</u>
Less than 10% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 10% and 29% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 30% and 39% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 40% and 59% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 60% and 79% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
Between 80% and 89% of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury
90% and over of the body surface	[\$25 - \$15,000] per Insured Person, per Accidental Injury	[\$25 - \$15,000] per Insured Person, per Accidental Injury

Skin Grafts Benefit *(Skin graft(s) must be performed within [12 months] of the Accidental Injury burn:*

[50%] of Lump Sum Accidental Injury Benefit Burn benefit paid per Insured Person, when one or more skin grafts are performed for a covered Accidental Injury burn

Eye Injury Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):*

Surgical repair	[\$25 - \$500] per Insured Person, per Accidental Injury
Removal of a foreign body	[\$25 - \$500] per Insured Person, per Accidental Injury

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Laceration Benefit

(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):

Lacerations not requiring sutures by a Physician	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations requiring sutures by a Physician:	
Single lacerations less than 7.5 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations between 7.6 cm. and 12.5 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury
Lacerations in excess of 12.6 cm.	[\$25 - \$1,000] per Insured Person, per Accidental Injury

Fracture Benefit *(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per fracture type, per Insured Person, per Accidental Injury):*

Hip	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Leg	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Hand (excluding fingers)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Foot (excluding toes/heel)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Wrist, elbow, ankle or kneecap	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Shoulder blade or forearm	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Lower jaw	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Vertebrae (body of), pelvis, or sternum	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Upper jaw, upper arm, or face (excluding nose)	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Rib	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Nose, heel, or finger	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Coccyx	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Toe	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Vertebral processes	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Skull	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Depressed	[\$50 - \$2,500] per Insured Person, per Accidental Injury
Simple	[\$50 - \$2,500] per Insured Person, per Accidental Injury

Brain Concussion Benefit *(Treatment must be Received within [72 hours] of Accidental Injury):*

[\$25 - \$150] per Insured Person, per Accidental Injury

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Emergency Dental Repairs Benefit

(Treatment must be received within [72 hours] of Accidental Injury. Limited to [one] benefit per Insured Person, per Accidental Injury):

Broken teeth repaired with crowns: [\$25 - \$500] per Insured Person, per Accidental Injury

Broken teeth resulting in extractions: [\$25 - \$500] per Insured Person, per Accidental Injury

Coma Benefit *(for duration of 7 or more days from date of Accidental Injury):*

[\$1,000 - \$15,000] per Insured Person, per Accidental Injury

Paralysis Benefit *(subject to [30 day] Elimination Period):*

Quadriplegia (four limbs) [\$1,000 - \$15,000] per Insured Person

Paraplegia (lower limbs) [\$1,000 - \$15,000] per Insured Person

Miscellaneous Surgery Procedures Benefit

(Must be performed within [12 months] of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per [day]:

Repair of tendons / ligaments [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of torn rotator cuffs [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of ruptured discs [\$100 - \$2,500] per Insured Person, per Accidental Injury

Repair of torn knee cartilages [\$100 - \$2,500] per Insured Person, per Accidental Injury

Arthroscopy without Surgery repair [\$100 - \$2,500] per Insured Person, per Accidental Injury

Open abdominal (including exploratory Laparotomy), cranial, hernia or thoracic Surgery: [\$100 - \$2,500] per Insured Person, per Accidental Injury

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within [10-45 days] of initial onset of Accidental Injury):

[\$15 - \$100] per visit, per Insured Person, not to exceed [2 - 12 visits] per Policy year

Accidental Injury Follow-up Physical Therapy Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within [10-45 days] of initial onset of Accidental Injury):

[\$15 - \$100] per visit, per Insured Person, not to exceed [2 - 12 visits] per Policy year

Hospital Rehabilitation Unit Benefit

(not to exceed [10-45 days] per Accidental Injury and [10-100] days per Policy Year):

[\$50 - \$250] per Insured Person, per day

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

FOLLOW-UP / RESTORATIVE (Continued):

Appliances Benefit (Limited to [one] benefit per Insured Person, per Accidental Injury):

BENEFIT AMOUNT

[\$50 - \$250] per Insured Person, per Accidental Injury

Prosthesis Benefit (Limited to [one] benefit per Insured Person, per Accidental Injury):

[\$250 - \$1,500] per Insured Person, per Accidental Injury

Blood Plasma/Platelets Benefit (Limited to [one] Benefit per Insured Person, per Accidental Injury):

[\$50-\$500] per Insured Person, per Accidental Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

Death Benefit (Death must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
[\$10,000 - \$100,000]	[\$10,000 - \$100,000]	[\$10,000 - \$100,000]

Common Carrier Death Benefit
(Death must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
[\$75,000 - \$250,000]	[\$75,000 - \$250,000]	[\$12,500 - \$25,000]

Dismemberment Benefit (Loss must occur within [30-120 days] of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
Both arms and legs	[\$25,000 - \$50,000]	[\$7,500 - \$15,000]
2 eyes, feet, hands, arms or legs	[\$25,000 - \$50,000]	[\$7,500 - \$15,000]
One eye, foot, hand, arm or leg	[\$ 6,250 - \$12,500]	[\$ 1,750 - \$ 3,500]
One or more fingers and/or toes	[\$ 1,500 - \$3,000]	[\$ 500 - \$ 1,000]

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit
(Limited to [one] trip per Accidental Injury):

[\$100 - \$500] per Insured Person

Emergency Air Ambulance Benefit
(Limited to [one] trip per Accidental Injury):

[\$1,000 - \$5,000] per Insured Person

**POLICY SCHEDULE
SCHEDULE OF BENEFITS (Continued)**

SUPPLEMENTAL DISABILITY INCOME PROTECTION

BENEFIT *(Total Disability must occur within [12-60 days] of Accidental Injury. Subject to [14-90 day] Elimination Period from date of diagnosis of Total Disability before Benefits are payable):*

BENEFIT AMOUNT

<u>You and/or Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
---	--

[\$250 - \$2,500] per month for up to 12 continuous months	No benefit payable
---	--------------------

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 First Occur after the Insured Person's coverage has become effective and while the coverage is in force under this Policy.

Accidental Death and Dismemberment means death or Dismemberment caused by an Accidental Injury that occurs on or after the Effective Date of Coverage and while coverage is in force, independent of disease, bodily infirmity, or any other cause.

Actively at Work means You are:

1. working on a permanent basis at least 25 hours per week; and
2. performing the material and substantial duties of Your regular job or any other job for which You are qualified by reason of education, training or experience.

Ambulance means a ground, water or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport Sick or Injured people.

[**Attained Age** means the Insured Person's age on the most recent annual anniversary of this Policy.]

Beneficiary means the person or entity designated to receive the benefits payable at the Insured Person's accidental death.

Class Basis means the classification by which each Insured Person's rates are determined. We will not and cannot change the rates on this Policy unless rates are changed on all Policies issued on the same Class Basis.

Coma means a continuous state of profound unconsciousness, diagnosed or treated after the Effective Date of this Policy, lasting for a period of seven or more consecutive days, characterized by the absence of:

1. Spontaneous eye movement;
2. Response to painful stimuli; and
3. Vocalization.

The condition must require intubation for respiratory assistance.

Common Carrier means regional, U.S, Canadian or international airline carriers as certified by the U.S. Federal Aviation Administration (FAA); U.S. or Canadian train/rail carrier; and U.S. or Canadian bus line carrier. Common carrier does **not** mean taxi cabs, metropolitan rail and cable carriers.

Confined/Confinement means an Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital stay.

Cosmetic Surgery means non-Medically Necessary surgical procedures for the sole purpose of improvement of appearance.

Covered Dependent means an Eligible Dependent whose coverage has become effective under this Policy and has not terminated.

Dislocation means a completely separated joint. It must be diagnosed by a Physician within 72 hours after the date of the Accidental Injury and require correction by a Physician.

Dismemberment means (with or without reattachment);

1. Arm – actual severance above the elbow;
2. Leg – actual severance above the knee;
3. Hand – actual severance above the wrist;

4. Foot – actual severance above the ankle;
5. Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand;
6. Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and
7. Eye – loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

Effective Date of Coverage means the date coverage becomes effective under this Policy with respect to a particular Insured Person.

Eligible Dependent means Your lawful spouse and Your unmarried natural and adopted children and step-children who reside in Your home for more than 6 months in a year, who are under 19 years of age (the Limiting Age). The Limiting Age is extended from the child's 19th birthday to the child's [24th] birthday if the child is enrolled as a full-time student and attends classes regularly at an accredited college or university.

Elimination Period means the consecutive period of time beginning from the date in which and Insured Person is considered paralyzed before the Lump Sum Accidental Injury Paralysis Benefit is payable; or in which the Insured Person is considered Totally Disabled before the Supplemental Disability Income Protection Benefit is payable.

Fracture means a break in a bone that can be seen by x-ray. It must be diagnosed as a Fracture by a Physician within 72 hours after the date of the Accidental Injury. The Fracture must require correction by a Physician.

First Occur, First Occurred or First Occurrence means an Accidental Injury for which diagnosis, treatment, Surgery or advice by a Physician, or manifested symptoms, initially occurred while this Policy is in force for the Insured Person and for the first time in the Insured Person's lifetime.

Hospital means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the Insured Person is legally obligated to pay. The institution must:

1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis;
2. Maintain a staff of one or more duly licensed Physicians;
3. Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and
4. Is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals.

The term "Hospital" does not include:

1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording custodial or educational care; care or treatment for persons suffering from mental disease or disorders; care for the aged; or care for persons addicted to drugs or alcohol; and
2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.

Immediate Family means the spouse, parent, son, daughter, brother or sister of the Insured Person.

Insured Person means You or a Covered Dependent under this Policy.

Intensive Care/Cardiac Care Unit means that part of a Hospital which:

1. Is segregated from the rest of the Hospital facilities;
2. Is exclusively reserved for critically ill patients who require audio-visual observation and/or cardiac monitoring as prescribed by the attending Physician; and
3. Provides room and board, specialized registered graduate professional nurses (R.N.), and special life saving equipment and supplies.

Medically Necessary or Medical Necessity means that a service or supply is necessary and appropriate for the diagnosis or treatment of an Accidental Injury based on generally accepted current medical practice and is not considered experimental or investigative.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism. Mental or Nervous Disorder does not include Alzheimer's disease or similar forms of dementia resulting from degenerative diseases, stroke, head trauma or viral infection.

Paralysis means spinal cord injuries received as a result of an Accidental Injury that results in complete and total loss of use of two or more limbs for a period of not less than 30 days. Your Paralysis must be confirmed by a Physician.

Physician means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his or her license. A member of the Insured Person's Immediate Family will not be considered a Physician.

Policy means the written description of coverage provided to You.

Policy Year means each consecutive 12 month period beginning with Your Effective Date of Coverage.

Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in a rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

Sickness means an illness or disease.

Surgery means:

1. The performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, specialized instrumentation's, endoscopic examinations, and other invasive procedures while an Insured Person is under local or general anesthesia;
2. The correction of Fractures and Dislocations; and
3. Any of the procedures designated by Current Procedural Terminology codes as Surgery.

Total Disability or Totally Disabled means that due to an Accidental Injury, You are:

1. under a 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 and are not in fact Actively at Work, as certified by a Physician upon Our request.

Urgent Care Center means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected Accidental Injury on an urgently needed or prompt basis.

We, Us and Our means The Chesapeake Life Insurance Company.

You, Your, Yours means the primary insured named in the Policy Schedule whose coverage is effective.

EFFECTIVE DATE OF COVERAGE

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.

Newborn Children

You or Your Covered Dependent Spouse's newborn child(ren) will be provided coverage after the Policy Date from the moment of birth on the same basis as coverage for other Covered Dependents under the Policy. Coverage for You or Your Covered Dependent Spouse's newborn child(ren) will not continue unless You send written notice directing Us to add the newborn child(ren) to Your Policy. This notice must be received by Us within 90 days of the newborn child's date of birth or before the next premium due date, whichever is later and must be accompanied by any required additional premium. A claim form or Hospital bill does not constitute written notice. Newborn coverage will be for Accidental Injuries only.

Newly Adopted Children

Any minor child under Your charge, care and control for whom You have filed a petition to adopt, will be provided coverage on the same basis as coverage for other Covered Dependents under the Policy. This coverage will begin on the date of the filing of a petition for adoption, if You apply for coverage within sixty (60) days after the filing of such petition; or from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the date of birth. Adopted child coverage will be for Accidental Injuries only.

This coverage will terminate upon the dismissal or denial of a petition for adoption.

Additional Dependents

You may add Eligible Dependents by providing evidence of insurability satisfactory to Us and upon payment of any additional premium, if required.

The acceptance of a new Eligible Dependent will be shown by endorsement and the date of the endorsement will be the Effective Date of Coverage for the new Eligible Dependent.

PREMIUMS

Premium Due Date

Premiums are payable to Us at Our administrative office in North Richland Hills, Texas or any location as designated and communicated by Us. The premium is payable monthly, quarterly, semi-annually or annually, as indicated in the POLICY SCHEDULE. Payment of any premium will not maintain coverage in force beyond the next premium due date, except as provided by the Grace Period. Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

Grace Period

There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

Continuation of Coverage Credit (Applies only to coverage billed through payroll deduction)

We will waive all monthly premiums due for the Policy for up to [61 days] (which includes the Grace Period) if You meet all of the following conditions:

1. Your Policy has been in force and We have received premiums for at least 6 consecutive months;
2. Your premiums have been paid through payroll deduction and You leave Your employer for any reason;
3. You or Your employer notifies Us in writing before the end of Your Grace Period; and
4. You re-establish premium payments within [30] days from the date Your Grace Period ends, through:
 - a. Your new employer's payroll deduction process; or
 - b. Direct payment to Us.

During this continuation period, the contract will remain in force; however, any claims incurred by Insured Persons will not be payable until all 4 conditions above have been met and completed.

You will again become re-eligible to receive this benefit after:

1. You re-establish Your premium payments through payroll deduction for a period of at least 6 months; and
2. We receive premium payments for at least 6 consecutive months.

Premium Changes

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 an increase in the Attained Age of the Insured Person.]

Unearned Premiums Refund

Upon the death of an Insured Person, the proceeds payable to the Insured Person or his/her estate shall include premiums paid for insurance coverage for the period beyond the end of the month in which the death occurred. Unearned Premiums shall be paid in a lump sum payment no later than thirty (30) days after the proof of the Insured Person's death has been furnished to Us.

TERMINATION OF COVERAGE

You

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

1. At the end of the month for which premium has been paid;
2. On the date You reach age 65;
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; [or]
7. On the date an Insured Person is no longer a permanent resident of the United States; or
8. [On the date any Continuation of Coverage Credit expires (if applicable) and You fail to re-establish premium payment.]

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

Covered Dependents

Your Covered Dependent's coverage will terminate under this 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; or

4. 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. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; 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 that You provide proof that the dependent is in fact a disabled and dependent person. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

Special Continuation Provision For Dependents

Your Covered Dependents may continue their same (or substantially similar) coverage under a new Policy without evidence of insurability if their coverage under this Policy would otherwise terminate because they cease to be an Eligible Dependent for any of the following reasons:

1. Divorce, legal separation, Your death; or
2. A dependent child reaches the Limiting Age.

To continue coverage, You or Your Covered Dependent must request continuation of coverage by application or written notification within 31 days of the date coverage would otherwise terminate and pay any required premium.

Reinstatement

If coverage under this Policy terminates due to non-payment of premium, We require an application for reinstatement. The reinstatement will not become effective unless We approve such application. We will advise You of the effective date of reinstatement by giving You written notice of the date, by issuing You an amended Policy or by issuing You a new Policy. In any case, the reinstated coverage provides benefits only for Injury occurring after the effective date of reinstatement.

BENEFITS

We will pay the the following benefits while coverage is in force under this Policy. Unless otherwise stated herein, all benefits are subject to:

1. The Benefit Amount shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS;
2. Any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
3. Any Elimination Periods shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
4. The EXCLUSIONS AND LIMITATIONS listed below; and
5. All other provisions of the Policy.

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

INPATIENT HOSPITAL CONFINEMENT BENEFIT

When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the applicable Inpatient Hospital Confinement Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

One-time Lump-Sum Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. [Benefit is payable once per Insured Person, per Policy Year.]

Daily Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. Benefit is payable per Insured Person for up to [365 days] per Accidental Injury. Readmission to the Hospital for the same Accidental Injury will be treated as a continuation for the same Accidental Injury. The Daily Hospital Confinement Benefit is paid in lieu of and **not** in addition to the Rehabilitation Unit Benefit, per individual date of service.

One-time Lump-Sum Intensive Care Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within 30 days of the Accidental Injury and be for a period of not less than 24 hours. [Benefit is payable once per Insured Person, per Policy Year.]

Daily Intensive Care Hospital Confinement Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Confinement must begin within [10 – 45] days of the Accidental Injury. [Benefit is payable per Insured Person for up to [10 – 365] days per Accidental Injury.]

OUTPATIENT EMERGENCY / DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

When an Insured Person receives Medically Necessary treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within [72 hours] of the initial onset of such Accidental Injury, We will pay the Accidental Injury Emergency Treatment benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS.

Major Diagnostic Exam Benefit

When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, We will pay the Major Diagnostic Exam Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Policy Year.]

Lump-Sum Accidental Injury Benefit

When an Insured Person receives treatment for any of the following items that are the result of an Accidental Injury, we will pay the applicable Lump Sum Accidental Injury Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

Dislocation Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Treatment must be received within [72 hours] of the Accidental Injury.] [Limited to [2] dislocation benefits per Insured person, per Accidental Injury.]

Burn Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Skin Grafts Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Pays a total of 50% of the Lump-Sum Accidental Injury Burn Benefit paid, when one or more skin grafts are performed as a result of such covered Accidental Injury burn.][Skin graft(s) must be performed within [12 months] of the date of the Accidental Injury burn.]

Eye Injury Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Laceration Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Fracture Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Treatment must be received within [72 hours] of the Accidental Injury.] [Limited to [one] benefit per fracture type, per Insured Person, per Accidental Injury.]

Brain Concussion Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury.

Emergency Dental Repairs Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Treatment must be received within [72 hours] of the Accidental Injury. [Benefit is payable once per Insured Person, per Accidental Injury.]

Coma Benefit for duration of 7 or more days

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Pays when Coma duration lasts 7 or more days from date of Accidental Injury.]

Paralysis Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Subject to a [30 day] Elimination Period before benefits are payable.]

Miscellaneous Surgery Procedures Benefit

Refer to the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Surgery must be performed within [12 months] of the date of the Accidental Injury. [Only one Surgery procedure payable per Insured Person, per day.]

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, We will pay the Accidental Injury Follow-up Treatment benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, provided such treatment is received within [10 - 45 days] of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services.

Accidental Injury Follow-up Physical Therapy Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the Accidental Injury Follow-up Physical Therapy Treatment benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, provided such physical therapy treatment is received within [10 - 45 days] of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service.

Hospital Rehabilitation Unit Benefit

When an Insured Person is Hospital Confined and transferred to a bed in a Rehabilitation Unit of a Hospital for the treatment of an Accidental Injury, We will pay the Hospital Rehabilitation Unit Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. The Hospital Rehabilitation Unit Benefit is paid in lieu of and **not** in addition to the Daily Hospital Confinement benefit, per individual date of service.

Appliances Benefit

When an Insured Person receives crutches, wheelchairs, leg/foot/arm/hand braces, back/neck braces and/or walkers/canes ordered by a Physician as the result of an Accidental Injury, We will pay the Appliances Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Accidental Injury.]

Prosthesis Benefit

When an Insured Person receives prosthetic devices ordered by a Physician for the replacement of a missing body part sustained as a result of an Accidental Injury, We will pay the Prosthesis Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefit is payable once per Insured Person, per Accidental Injury and does not include hearing aids or cosmetic devices such as wigs or dental aids/dentures.]

Blood Plasma / Platelets Benefit

When an Insured Person receives blood plasma and platelets ordered by a Physician for the treatment of an Accidental Injury, We will pay the Blood Plasma and Platelets Benefit shown in the POLICY SCHEDULE -- SCHEDULE OF BENEFITS. [Benefits are payable once per Insured Person, per Accidental Injury and do not include Immunoglobulin.]

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the applicable Accidental Death and Dismemberment Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS for death and/or Dismemberment which occurs within [30 - 120 days] of an Accidental Injury.

Death Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Death must occur within [30 - 120 days] of the Accidental Injury in order for a benefit to be paid.

Common Carrier Death Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Death must result from Accidental Injuries sustained by an Insured Person while a passenger on a licensed Common Carrier and within [30 – 120 days] of the Accidental Injury in order for a benefit to be paid.

Dismemberment Benefit

Refer to POLICY SCHEDULE – SCHEDULE OF BENEFITS. Dismemberment must occur within [30 - 120 days] of the Accidental Injury in order for a benefit to be paid.

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit

When an Insured Person is transported by ground or water Ambulance to a Hospital emergency room or Urgent Care Facility due to an Accidental Injury, We will pay the Emergency Ground/Water Ambulance Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Limited to [one] trip per Insured Person, per Accidental Injury.]

Emergency Air Ambulance Benefit

When an Insured Person is transported by air Ambulance to a Hospital emergency room due to an Accidental Injury, We will pay the Emergency Air Ambulance Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. [Limited to [one] trip per Insured Person, per Accidental Injury.]

SUPPLEMENTAL DISABILITY INCOME PROTECTION

After completion of the [14 - 90 day] Elimination Period from the date of confirmed medical diagnosis of the Total Disability, We will pay the monthly Supplemental Disability Income Protection benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS for each month an Insured Person continues to be Totally Disabled, provided such Insured Person was Actively at Work and became Totally Disabled within [30 – 120] days of an Accidental Injury. This benefit is payable up to [12 – 60] months per Insured Person, per Accidental Injury. If Total Disability is caused by more than one Accidental Injury, We will pay benefits as if the Total Disability was caused by only one Accidental Injury.

EXCLUSIONS AND LIMITATIONS

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

1. Sickness, including but not limited to pregnancy and childbirth;
2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in this Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while this Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
15. Committing or trying to commit a felony;
16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
17. 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.

GENERAL PROVISIONS

Entire Contract

The Entire Contract consists of:

1. This Policy;
2. Any applications for the proposed insured individuals; and
3. Any endorsements, amendments or riders attached.

All statements made by You will, in the absence of fraud, be deemed representations and not warranties.

Only Our President, a Vice President or Secretary has the power on Our behalf to execute or amend the Policy. No other person will have the authority to bind Us in any manner. No agent may accept risks, alter or amend coverage or waive any provisions of the Policy. Any change in the Policy will be made by amendment signed by Us. Changes made in the Policy that are mandated by state or federal law will not require the consent of any Insured Person.

Notice of Claim

Written notice of claim must be given to Us within 60 days after an Accidental Injury, or as soon as reasonably possible. Written notice of claim given by or on behalf of the Insured Person to Us with information sufficient to identify such person will be considered notice to Us.

Claim Forms

When We receive the notice of claim, We will send the Insured Person forms for filing proof of loss. If these forms are not furnished within 15 days, the Insured Person will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the next provision.

Proof of Loss

Written proof of loss must be furnished to Us at Our administrative office in North Richland Hills, Texas or any location as designated and communicated by Us, within 90 days after the date of the loss for which claim is made. Failure to furnish written proof of loss within that time will neither invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish written proof of loss within that time; provided such proof is furnished as soon as reasonably possible and in no event, in the absence of legal incapacity, later than one year from the time proof is otherwise required.

Time of Payment of Claims

Indemnities payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid upon receipt of proper written proof of loss. Subject to proper written proof of loss, all accrued indemnities for loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid upon receipt of proper written proof.

Payment of Claims

Indemnity for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, the indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at Our option, be paid either to the Beneficiary or to the estate. All other indemnities will be payable to the Insured Person.

Age Misstatement

If Your age has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if You continue to be eligible for coverage at the correct age. However, premium adjustments, including collection of any premium due Us because of past underpayments, will be made so that We receive the premiums due at the correct age payable on the premium due date following Our notification of an age correction.

Physical Examinations and Autopsy

We will, at Our own expense, have the right and opportunity to examine the Insured Person whose Accidental Injury is the basis of a claim when and as often as We may reasonably require during the pendency of a claim and to make an autopsy in case of death, unless prohibited by law.

Legal Action

No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed as required by the Policy; nor may any action be brought after expiration of 3 years after the time written proof of loss is required to be furnished.

Incontestability

After 2 years from the Insured Person's Effective Date of Coverage, no misstatements, except fraudulent misstatements, made in the application will be used to void the coverage, or deny a claim unless the loss was incurred during the first 2 years following such Insured Person's Effective Date of Coverage.

Change of Beneficiary

You have the right to make a change of Beneficiary and the consent of the Beneficiary or Beneficiaries is not required to surrender or assign this Policy or to make any other changes in this Policy.

Conformity

Any provision of this Policy which, on the Effective Date of Coverage, is in conflict with the statutes of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such statutes.