

SERFF Tracking Number: MGCC-127174356 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48997
 Company Tracking Number: CH-26123-IP (04/11) AR
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: 2011 CRIT ACC SPEC
 Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: 2011 CRIT ACC SPEC

SERFF Tr Num: MGCC-127174356 State: Arkansas

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed-Approved-
Closed State Tr Num: 48997

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: CH-26123-IP (04/11) State Status: Approved-Closed
AR

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Lavonda English, Julie
Addy, Kim Perkins

Disposition Date: 06/20/2011

Date Submitted: 06/07/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 Spring Ancillaries

Status of Filing in Domicile:

Project Number: CH-26123-IP (04/11)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/20/2011

State Status Changed: 06/20/2011

Deemer Date:

Created By: Julie Addy

Submitted By: Lavonda English

Corresponding Filing Tracking Number:

Filing Description:

The above referenced application form is hereby submitted for your review and approval. This form is new and not intended to replace any forms previously approved by your Department.

Policy Form CH-26123-IP (04/11) AR provides lump sum accidental injury only insurance coverage for a Qualifying Event, as defined in the Policy, payable at the Benefit Amount shown in the Policy Schedule. All benefits are subject to the One Time Benefit Amount for a Qualifying Injury shown in the Policy Schedule, the Exclusions and Limitations, and all other provisions of the Policy.

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Please note the bracketed items are intended as variable information to allow flexibility within the benefit option selections. At no time will this bracketed information be arranged in such a way to violate the laws of your state.

We intend to use application form CH-26109-APP (04/11), which was submitted to your department under separate cover on June 7, 2011, to solicit this product.

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 transmittal forms and certifications are enclosed herewith. Also enclosed is an Actuarial Memorandum and rates, for this submission.

Should you need anything further in order to expedite this filing, please do not hesitate to contact me at any of the options referenced below.

Your assistance in this matter is greatly appreciated.

Respectfully submitted,

Lavonda English
Compliance Analyst
Lavonda.english@healthmarkets.com

Company and Contact

Filing Contact Information

LaVonda English, Senior Compliance Analyst LaVonda.English@healthmarkets.com
9151 Boulevard 26 817-255-3155 [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

Filing Fees

SERFF Tracking Number: MGCC-127174356 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$50.00	06/07/2011	48413856

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/20/2011	06/20/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/17/2011	06/17/2011	Lavonda English	06/17/2011	06/17/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter	Lavonda English	06/07/2011	06/07/2011

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Disposition

Disposition Date: 06/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Chesapeake Life Insurance Company	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule 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 (revised)	Cover Letter	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form (revised)	Critical Accidental Injury Policy	Approved-Closed	Yes
Form	Critical Accidental Injury Policy	Approved-Closed	Yes
Rate	RATES	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/17/2011
Submitted Date 06/17/2011
Respond By Date

Dear LaVonda English,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Accidental Injury Policy , CH-26123-IP (04/11) AR (Form)

Comment:

With respect to the definition of accidental injury within the policy, the word "traumatic" should not be used. Under Rule and Regulation 18, Section 5D, "Accident", "Accidental Injury", "Accidental Means", may be defined to employ "result" language and shall not include works which establish an accidental means test or use words such as "external, violent, visible would" or similar words of description or characterization".

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/17/2011
 Submitted Date 06/17/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: The Accidental Injury definition has been revised by deleting the word "traumatic" to comply with Rule and Regulation 18, Section 5D.

Related Objection 1

Applies To:

- Critical Accidental Injury Policy , CH-26123-IP (04/11) AR (Form)

Comment:

With respect to the definition of accidental injury within the policy, the word "traumatic" should not be used. Under Rule and Regulation 18, Section 5D, "Accident", "Accidental Injury", "Accidental Means", may be defined to employ "result" language and shall not include works which establish an accidental means test or use words such as "external, violent, visible would" or similar words of description or characterization".

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Critical Accidental Injury Policy	CH-26123-IP (04/11) AR		Policy/Contract/Fraternal Certificate	Initial		42.200	CH-26123-IP_0411_AR.pdf

SERFF Tracking Number: MGCC-127174356 State: Arkansas
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Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)

Previous Version

Critical Accidental Injury Policy	CH- 26123-IP (04/11) AR	Policy/Contract/Fraternal Certificate	Initial 42.200	CH- 26123-IP _0411_ AR.pdf
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No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing. Your time and attention is greatly appreciated.

Sincerely,

Julie Addy, Kim Perkins, Lavonda English

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Amendment Letter

Submitted Date: 06/07/2011

Comments:

A typo in the cover letter has been revised.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:

LTR CH-26123-IP _0411_ [Indiv].pdf

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Form Schedule

Lead Form Number: CH-26123-IP (04/11) AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/20/2011	CH-26123-IP (04/11) AR	Policy/Cont ract/Fraternal Certificate	Critical Accidental Injury Policy	Initial		42.200	CH-26123-IP_0411_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][1-800-815-8535]

CRITICAL ACCIDENTAL INJURY POLICY

This Policy is effective from 12:01 A.M. standard time on the Policy Effective Date at Your place of residence. It shall continue in effect until terminated in the manner provided within this 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. **IF THE STATEMENTS OR REPRESENTATIONS ARE INCORRECT OR UNTRUE, WE HAVE THE RIGHT TO DENY BENEFITS, OR TO REFORM OR VOID THIS POLICY.** The best time to clear up any misunderstanding is now, before a claim arises!

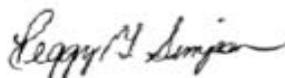
10 DAY RIGHT TO EXAMINE THE POLICY

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 75], 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.

NOTICE TO BUYER: THIS POLICY PROVIDES LIMITED BENEFITS. This Policy is designed to provide, to Insured Persons, restricted coverage paying benefits **ONLY** when certain losses are a direct result of a Qualifying Injury as defined herein, and while coverage is in force under this Policy. This coverage provides limited benefits which are supplemental and should not be considered a substitute for basic hospital, basic medical-surgical, or major medical expense insurance coverage.



SECRETARY



PRESIDENT

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

THIS IS A LUMP SUM INDEMNITY POLICY THAT PAYS A BENEFIT FOR A QUALIFYING INJURY AS IDENTIFIED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY.

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POLICY SCHEDULE

PRIMARY INSURED: [John Doe, Sr.]

EFFECTIVE DATE OF COVERAGE: [02/15/11]

COVERED DEPENDENTS:

[Johnette Doe]
[John Doe, Jr.]
[Johnita Doe]

EFFECTIVE DATE OF COVERAGE:

[02/15/11]
[02/15/11]
[03/31/12]

POLICY NUMBER: [ABC1234567]

POLICY DATE: [02/15/11]

INITIAL PREMIUM: \$[0.00]

MODE OF PAYMENT: [Monthly]

SCHEDULE OF BENEFITS

ONE TIME BENEFIT AMOUNT FOR A QUALIFYING INJURY*:

Primary Insured:	[\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]
Dependent spouse:	[No Benefit][\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]
Dependent child(ren):	[No Benefit][\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]

QUALIFYING INJURY

Coma

Hemiplegia

Loss of Sight in Both Eyes

Paraplegia

Quadriplegia

Second-Degree Burn to at least 20% of Body

Third-Degree Burn to at least 10% of Body

Loss of Hearing in Both Ears

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

DEFINITIONS

Accidental Injury means sudden, Non-Recurrent, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to directly or indirectly by a Sickness. The Accidental Injury must occur after the Insured Person's coverage has become effective and while the coverage is in force under this Policy.

Benefit Amount means the total amount We will pay for a Qualifying Injury for each Insured Person while coverage under this Policy remains in effect. Only one Benefit Amount will be paid under this Policy for each Insured Person.

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.

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

Diagnosis means the definitive establishment of the Qualifying Injury through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is also a board certified specialist where required under this Policy.

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 natural and adopted children and step-children who are under [26] years of age (the Limiting Age).

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.

Legally Qualified Physician means a person, other than the Insured Person, a member of the Insured Person's Immediate Family, or a business associate of the Insured Person, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required under this Policy.

Non-Recurrent means an Accidental Injury that occurs for the first time, while insured under this Policy.

Policy means this written description of coverage provided to You by Us.

Qualifying Injury means one of the conditions listed below which occurs while this Policy is in force, is a direct result of an Accidental Injury, occurs within 60 days of such Accidental Injury, and for which a positive Diagnosis is made by a Legally Qualified Physician based on diagnostic criteria generally accepted by a medical profession:

Coma means a continuous state of profound unconsciousness, as a direct result of an Accidental Injury, 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.

Coma does not include: 1) deliberately induce Comas for medical reasons; or 2) Comas resulting from a Sickness.

Hemiplegia means spinal cord injuries or traumatic brain injuries received as a result of an Accidental Injury that results in complete and total loss of use of upper and lower limbs on one side of the body for a period of not less than [30] continuous days. Your Hemiplegia must be confirmed by a Legally Qualified Physician.

Loss of Sight in Both Eyes means either the complete lack of form and visual light perception as a result of an Accidental Injury that is clinically recorded by a Legally Qualified Physician as NLP (No Light Perception) in both the left and right eyes or severe visual impairment with residual vision having only light perception, have no more sight than the ability to tell light from dark and the general direction of a light source.

Loss of Hearing in Both Ears means hearing loss as a result of an Accidental Injury, so severe that a sound must be above 71 decibels of hearing loss (or dBHL) before being detected by an individual.

Paraplegia means spinal cord injuries or traumatic brain injuries received as a result of an Accidental Injury that results in complete and total loss of use of the lower limbs of the body for a period of not less than [30] continuous days. Your Paraplegia must be confirmed by a Legally Qualified Physician.

Quadriplegia means spinal cord injuries or traumatic brain injuries received as a result of an Accidental Injury that results in a complete and total loss of use of both the upper and lower limbs of the body for a period of not less than [30] continuous days. Your Quadriplegia must be confirmed by a Legally Qualified Physician.

Second-Degree Burn means a burn to the skin as a result of an Accidental Injury that has affected both the outer and underlying layers of skin.

Third-Degree Burn means a burn to the skin as a result of an Accidental Injury that has extended into deeper tissues causing permanent tissue damage.

Sickness means an illness or disease.

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.

Additional Dependents

You may add Eligible Dependents by providing evidence of eligibility and 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 there from.

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.

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.

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

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

Covered Dependents

Your Covered Dependent's coverage will terminate under 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;
4. On the date the Qualifying Injury occurs and a benefit has been paid , with respect to an Insured Person; or
5. On the date the Covered Dependent:
 - a. performs an act or practice that constitutes fraud; or
 - b. has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

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

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental 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.

Family Security Benefit

Beginning with the next premium due date following Our receipt of due proof of Your death, We will waive premiums for a period of 12 months for Your Covered Dependents. During this premium waiver period no increase in benefits or addition of Eligible Dependents, except newborns, will be considered. Provisions for termination of coverage for Covered Dependents will apply.

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 a new Policy, subject to the rate then in effect for such Insured Person's age. In any case, the reinstated coverage provides benefits only for a Qualifying Injury occurring after the effective date of reinstatement.

BENEFITS

Upon receipt of proof of the occurrence of a Qualifying Injury, We will pay the one time Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, provided the Qualifying Injury occurred within 60 days of an Accidental Injury.

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

EXCLUSIONS AND LIMITATIONS

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

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

1. A Sickness;
2. Any care or benefits which are not specifically provided for in this Policy;
3. Any act of war, declared or undeclared;
4. Active military duty in the service of any country;
5. Participation in a riot, civil commotion or insurrection;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;
8. Experimental or investigational medicine;
9. Intentionally medically induced Qualifying Injury;
10. Cosmetic surgery;
11. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
12. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
14. Committing or trying to commit a felony; or
15. Sunburn.

Benefits will not be payable for:

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

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 and signed by Us. Changes made in the Policy that are mandated by state for 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, or as soon as 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 of a Qualifying Injury 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

We will pay all benefits due under the Policy promptly upon receipt of proof of loss.

The Benefit Amount is payable to the Insured Person. Any accrued indemnities unpaid at the Insured Person's death may, at Our option, be paid to any beneficiary or to the estate of the Insured Person.

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 will any action be brought after expiration of three years after the time written proof of loss is required to be furnished.

Age Misstatement

If the age of any Insured Person has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if the Insured Person continues 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.

Incontestability

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

Other Insurance With Us

You may have only one Policy or certificate with Us providing lump sum indemnity benefits for Accidental Injuries. If through error, We issue more than one like Policy or certificate to You, only one Policy or certificate chosen by You will stay in force. We will return the money You paid for the other Policy(ies) or certificate(s).

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-127174356 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48997
 Company Tracking Number: CH-26123-IP (04/11) AR
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: 2011 CRIT ACC SPEC
 Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Chesapeake Life Insurance Company	%	%				%	%

SERFF Tracking Number: MGCC-127174356 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48997
 Company Tracking Number: CH-26123-IP (04/11) AR
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: 2011 CRIT ACC SPEC
 Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 06/20/2011	RATES	CH-26123-IP (04/11) AR	New		CH-26123-IP (0411) AR Rates 20110505.pdf

The Chesapeake Life Insurance Company

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

Critical Accidental Injury Insurance Policy

CH-26123-IP (04/11) AR

Monthly Premium Rate Per \$10,000 Lifetime Benefit Amount *

	<u>Male</u>	<u>Female</u>
Adult	\$2.50	\$1.50
Child	\$2.00	\$2.00

* Above rates are for a \$10,000 Lifetime Maximum Benefit Amount. Monthly rates for other amounts are determined by dividing the benefit amount by \$10,000 and multiplying by the above rates

Multiply the monthly rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates
A billing fee of up to \$5 may be charged on direct bill modes
A one-time application fee of up to \$20 may be applicable

SERFF Tracking Number: MGCC-127174356 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48997
 Company Tracking Number: CH-26123-IP (04/11) AR
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: 2011 CRIT ACC SPEC
 Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments: AR -26123 READ.pdf Arkansas Rule and Regulation 19 26123.pdf ARGA 0104.pdf</p>	Approved-Closed	06/20/2011
<p>Satisfied - Item: Application</p> <p>Comments:</p> <p>Attachment: CH-26109-APP _0411_.pdf</p>	Approved-Closed	06/20/2011
<p>Satisfied - Item: Health - Actuarial Justification</p> <p>Comments:</p> <p>Attachment: CH-26123-IP (0411) AR Act Memo 20110505.pdf</p>	Approved-Closed	06/20/2011
<p>Satisfied - Item: Outline of Coverage</p> <p>Comments:</p> <p>Attachment: CH-26123-IP OC _0411_ AR.pdf</p>	Approved-Closed	06/20/2011
	Item Status:	Status Date:

SERFF Tracking Number: MGCC-127174356 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48997
Company Tracking Number: CH-26123-IP (04/11) AR
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: 2011 CRIT ACC SPEC
Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)
Satisfied - Item: Cover Letter Approved-Closed 06/20/2011
Comments:
Attachment:
LTR CH-26123-IP _0411_ [Indiv].pdf

FLESCH READABILITY CERTIFICATE

Policy or Rider
Form Number

Flesch Score

CH-26123-IP (04/11) AR

42.2

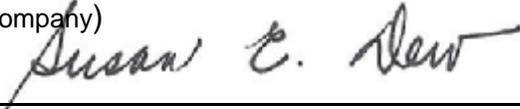
CH-26123-IP (04/11) OC AR

42.2

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility and format requirements of any applicable laws and regulations in the state of Arkansas.

The Chesapeake Life Insurance Company

(Company)



(Signature)

Susan E. Dew

(Printed Name)

SVP, Associate General Counsel & Chief Compliance Officer

(Title / Department)

June 7, 2011

(Date)

Arkansas Rule and Regulation 19

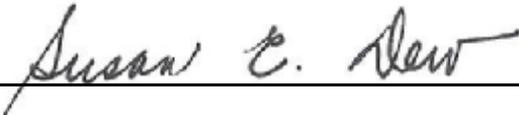
Insurer: The Chesapeake Life Insurance Company

Form Number(s):
CH-26123-IP (01/11) AR
CH-26109-APP (04/11)

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

The Chesapeake Life Insurance Company

(Company)



(Signature)

Susan E. Dew

(Printed Name)

SVP, Associate General Counsel & Chief Compliance Officer

(Title / Department)

June 7, 2011

(Date)

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.]



APPLICATION FOR POLICIES UNDERWRITTEN BY
THE CHESAPEAKE LIFE INSURANCE COMPANY

[SECTION 1 -] DEMOGRAPHICS AND INSURANCE COVERAGE SELECTIONS

New Applicant Re-apply

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

Applicant's Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Daytime Phone: (____) _____ Home Phone: (____) _____

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

Best Time to Call: AM PM Home Work Cell

Email Address: _____

Marital Status: Single Married Common Law

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: ____ / ____ / ____

SCHEDULE OF APPLICANTS								
Please Print (Full Name)	Sex	Relationship	DOB	Please check below for any Dependent Applicant age [26] or over (other than spouse) who is incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent on the primary Applicant for support and maintenance	Ht.	Wt.	Tobacco or Nicotine substitute use in last 12 months?	Social Security #
(1)		Primary		N/A			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2)		Spouse		N/A			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)				<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)				<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)				<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(6)				<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(7)				<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
(8)				<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	



APPLICATION FOR POLICIES UNDERWRITTEN BY
THE CHESAPEAKE LIFE INSURANCE COMPANY

[SECTION 1 -] DEMOGRAPHICS AND INSURANCE COVERAGE SELECTIONS

[Vision Plan VSC1 (Vision Insurance Policy Form CH-26023-IP (5/07), or its state variation): Applicant(s): 1 2 3 4 5 6 7 8]

[Premiere Vision Plan VSP1 (Vision Insurance Policy Form CH-26120-IP (04/11), or its state variation):
Applicant(s): 1 2 3 4 5 6 7 8]

[Dental Plan (Dental Insurance Policy Form CH-26099-IP (1/08), or its state variation): Applicant(s): 1 2 3 4 5 6 7 8
 Gold DCG1 Silver DCS1 Bronze DCB1]

[PPO Dental Plan (Dental Insurance Policy Form CH-26121-IP (04/11), or its state variation):
 Basic DPB1 Premiere DPP1 Applicant(s): 1 2 3 4 5 6 7 8]

[Accident Direct Bundle ADBC Applicant(s): 1 2 3 4 5 6 7 8
[Hospital Confinement Direct] (Hospital Confinement Indemnity Policy Form CH-26116-IP (01/10), or its state variation):
 \$[250] Daily Benefit Amount
[Accident Direct] (Accidental Injury Only Insurance Policy Form CH-26118-IP (01/10), or its state variation):
 \$[10,000] Maximum Accidental Injury Benefit Amount
[Accident Disability Direct] Applicant(s): 1 2
(Accident-only Disability Income Insurance Policy Form CH-26114-IP (01/10), or its state variation):
 \$[500] Monthly Indemnity Benefit [30 Day] Elimination Period [12 Month] Duration]

[Complete Direct Bundle KDBC Applicant(s): 1 2 3 4 5 6 7 8
[Hospital Confinement Direct] (Hospital Confinement Indemnity Policy Form CH-26116-IP (01/10), or its state variation):
 \$[250] Daily Benefit Amount
[Accident Direct] (Accidental Injury Only Insurance Policy Form CH-26118-IP (01/10), or its state variation):
 \$[10,000] Maximum Accidental Injury Benefit Amount
[Critical Illness Direct] (Specified Disease/Condition and Major Organ Transplant Policy Form CH-26113-IP (01/10), or its state variation):
 \$[5,000] Lifetime Maximum Benefit Amount
[Income Protection Direct] Applicant(s): 1 2
(Disability Income Insurance Policy Form CH-26115-IP (01/10), or its state variation):
 \$[500] Monthly Indemnity Benefit [30 Day] Elimination Period [24 Month] Duration]

[Hospital Direct Bundle SDBC Applicant(s): 1 2 3 4 5 6 7 8
[Hospital Confinement Direct] (Hospital Confinement Indemnity Policy Form CH-26116-IP (01/10), or its state variation):
 \$[250] Daily Benefit Amount
[Accident Direct] (Accidental Injury Only Insurance Policy Form CH-26118-IP (01/10), or its state variation):
 \$[10,000] Maximum Accidental Injury Benefit Amount
[Critical Illness Direct] (Specified Disease/Condition and Major Organ Transplant Policy Form CH-26113-IP (01/10), or its state variation):
 \$[5,000] Lifetime Maximum Benefit Amount]

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APPLICATION FOR POLICIES UNDERWRITTEN BY
THE CHESAPEAKE LIFE INSURANCE COMPANY

[SECTION 1 -] DEMOGRAPHICS AND INSURANCE COVERAGE SELECTIONS

[ProtectFit Plus Plan (Accidental Injury Only Insurance Policy Form CH-26110-IP (06/09), or its state variation):

High Option FPRH] Low Option FPRL]

Applicant(s): 1 2 3 4 5 6 7 8]

[HospitalFit Plus Plan (Hospital and Surgical Indemnity Policy Form CH-26111-IP (06/09), or its state variation):

High Option FPIH] Low Option FPIL]

Applicant(s): 1 2 3 4 5 6 7 8]

[PersonalFit Plus Plan (Sickness-only Scheduled Indemnity Policy Form CH-26112-IP (06/09), or its state variation):

High Option FPEH] Low Option FPFL]

Applicant(s): 1 2 3 4 5 6 7 8]

[[CancerWise ECA1 (Cancer Benefit Policy Form CH-26055-IP (5/07), or its state variation):

Applicant(s): 1 2 3 4 5 6 7 8

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

[Critical Illness Direct CIIC (Specified Disease/Condition and Major Organ Transplant Policy Form CH-26113-IP (01/10), or its state variation):

Lifetime Maximum Benefit Amount:

\$5,000] \$10,000] \$15,000] \$20,000] \$25,000] \$30,000] \$40,000]
 \$50,000] \$60,000] \$70,000] \$80,000] \$90,000] \$100,000]

Applicant 1

Lifetime Maximum Benefit Amount:

\$5,000] \$10,000] \$15,000] \$20,000] \$25,000] \$30,000] \$40,000]
 \$50,000] \$60,000] \$70,000] \$80,000] \$90,000] \$100,000]

Applicant 2

Lifetime Maximum Benefit Amount:

\$5,000] \$10,000] \$15,000] \$20,000] \$25,000] \$30,000] \$40,000]
 \$50,000] \$60,000] \$70,000] \$80,000] \$90,000] \$100,000]

Applicant(s): 3 4 5 6 7 8

[Critical Accident Direct CAIC (Critical Accidental Injury Policy Form CH-26123-IP (04/11), or its state variation):

Lifetime Maximum Benefit Amount:

\$10,000] \$15,000] \$20,000] \$25,000] \$30,000] \$40,000]
 \$50,000] \$60,000]

Applicant 1

Lifetime Maximum Benefit Amount:

\$10,000] \$15,000] \$20,000] \$25,000] \$30,000] \$40,000]
 \$50,000] \$60,000]

Applicant 2

Lifetime Maximum Benefit Amount:

\$10,000] \$15,000] \$20,000] \$25,000] \$30,000] \$40,000]
 \$50,000] \$60,000]

Applicant(s): 3 4 5 6 7 8



APPLICATION FOR POLICIES UNDERWRITTEN BY
THE CHESAPEAKE LIFE INSURANCE COMPANY

[SECTION 1 -] DEMOGRAPHICS AND INSURANCE COVERAGE SELECTIONS

[Accident Disability Direct DSIC (Accident-only Disability Income Insurance Policy Form CH-26114-IP (01/10), or its state variation):

Monthly Indemnity Benefit: \$500 \$1,000 \$1,500 \$2,000 \$2,500 Applicant 1
Elimination Period: 14 Days 30 Days
Duration: 6 Months 12 Months 18 Months 24 Months

Monthly Indemnity Benefit: \$500 \$1,000 \$1,500 \$2,000 \$2,500 Applicant 2
Elimination Period: 14 Days 30 Days
Duration: 6 Months 12 Months 18 Months 24 Months]

[Income Protection Direct DIIC (Disability Income Insurance Policy Form CH-26115-IP (01/10), or its state variation):

Monthly Indemnity Benefit: \$500 \$1,000 \$1,500 \$2,000 \$2,500 Applicant 1
Elimination Period: 14 Days 30 Days
Duration: 6 Months 12 Months 18 Months 24 Months

Monthly Indemnity Benefit: \$500 \$1,000 \$1,500 \$2,000 \$2,500 Applicant 2
Elimination Period: 14 Days 30 Days
Duration: 6 Months 12 Months 18 Months 24 Months]

[Hospital Confinement Direct DBIC (Hospital Confinement Indemnity Policy Form CH-26116-IP (01/10), or its state variation):

Daily Benefit Amount: \$250 \$500 \$750 \$1,000 Applicant(s): 1 2 3 4 5 6 7 8]

[Accident Direct ACLC (Accidental Injury Only Insurance Policy Form CH-26118-IP (01/10), or its state variation):

Maximum Accidental Injury Benefit Amount: Applicant(s): 1 2 3 4 5 6 7 8
 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000]

[Accident Companion AGLC (Accidental Injury Only Insurance Policy Form CH-26122-IP (01/11), or its state variation):

Level \$2,500 Level \$5,000 Level \$7,500 Level \$10,000 Applicant(s): 1 2 3 4 5 6 7 8]



If applying for [VISION PLAN] and/or [DENTAL PLAN] ONLY, please proceed to [SECTION 9].

[SECTION 2 -] APPLICABLE TO THE FOLLOWING PLANS ONLY:

[♦ ACCIDENT COMPANION]
[♦ ACCIDENT DIRECT]
[♦ ACCIDENT DIRECT BUNDLE]
[♦ ACCIDENT DISABILITY DIRECT]
[♦ COMPLETE DIRECT BUNDLE]
[♦ CRITICAL ACCIDENT DIRECT]

[♦ HOSPITAL CONFINEMENT DIRECT]
[♦ HOSPITAL DIRECT BUNDLE]
[♦ HOSPITALFIT PLUS]
[♦ INCOME PROTECTION DIRECT]
[♦ PROTECTFIT PLUS]

1. Does any Applicant currently or in the future plan to participate in any volunteer police or firefighting activities; plan to participate in mountaineering using ropes and/or any other equipment; parachuting/skydiving; base jumping; heli-snowboarding; heli-skiing; hang gliding; plan to participate in any hazardous sport or activity; or plan to race any type of vehicle in an organized event? Yes No

If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8

[SECTION 3 -] APPLICABLE TO THE FOLLOWING PLANS ONLY:

[♦ ACCIDENT COMPANION]
[♦ ACCIDENT DIRECT]
[♦ ACCIDENT DIRECT BUNDLE]
[♦ ACCIDENT DISABILITY DIRECT]
[♦ CANCERWISE]
[♦ COMPLETE DIRECT BUNDLE]
[♦ CRITICAL ACCIDENT DIRECT]

[♦ CRITICAL ILLNESS DIRECT]
[♦ HOSPITAL CONFINEMENT DIRECT]
[♦ HOSPITAL DIRECT BUNDLE]
[♦ HOSPITALFIT PLUS]
[♦ INCOME PROTECTION DIRECT]
[♦ PERSONALFIT PLUS]
[♦ PROTECTFIT PLUS]

2. Is any Applicant eligible for or covered under Medicare or Medicaid? Yes No
If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8
3. (a) Occupation/duties of Primary Applicant: _____ Blue Collar White Collar
(Complete if applying for Spouse)
(b) Occupation/duties of Spouse Applicant: _____ Blue Collar White Collar
4. Has any Applicant been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex, or tested positive for Human Immunodeficiency Virus (HIV) or an AIDS-related test? Yes No
If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8
5. Within the past 60 days has any Applicant had or been advised by a Physician to have any testing or any treatment which has not yet occurred, for which results are still pending, and/or that requires follow-up that has not been completed? Yes No
If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8



If applying for [ACCIDENT COMPANION,] [ACCIDENT DIRECT BUNDLE,] [COMPLETE DIRECT BUNDLE,] [HOSPITAL DIRECT BUNDLE,] [PROTECTFIT PLUS PLAN] ONLY, please proceed to [SECTION 9].

[SECTION 4 -] APPLICABLE TO THE FOLLOWING PLANS ONLY:

[♦ ACCIDENT DIRECT]

[♦ ACCIDENT DISABILITY DIRECT]

[♦ CRITICAL ACCIDENT DIRECT]

6. Has any Applicant had symptoms that resulted in a diagnosis or treatment (including medication) for **any** of the following: Stroke, Multiple Sclerosis, Huntington's disease, Muscular Dystrophy, Guillain-Barre syndrome, Epilepsy, seizures, paralysis, Parkinson's, Cerebral Palsy, or Alzheimer's, in the last 12 months?
If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8 Yes No



If applying for [ACCIDENT DIRECT PLAN,] [CRITICAL ACCIDENT DIRECT] ONLY, please proceed to [SECTION 9].

[SECTION 5 -] APPLICABLE TO THE FOLLOWING PLAN ONLY:

[♦ CANCERWISE]

[♦ CRITICAL ILLNESS DIRECT]

Family History:

7. Does any Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have had any form of cancer (other than skin cancer) prior to age 65? Yes No
If any "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8
8. Does any Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have had Heart Disease, Stroke, Diabetes (type I), Kidney Disease, Liver Disease, Alzheimer's or Senile Dementia prior to age 65? Yes No
If any "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8

[SECTION 6 -] APPLICABLE TO THE FOLLOWING PLANS ONLY:

[♦ **CANCERWISE**]
[♦ **CRITICAL ILLNESS DIRECT**]
[♦ **HOSPITAL CONFINEMENT DIRECT**]

[♦ **HOSPITALFIT PLUS**]
[♦ **INCOME PROTECTION DIRECT**]
[♦ **PERSONALFIT PLUS**]

9. Has any Applicant had symptoms, been diagnosed, received medical advice to be tested, hospitalized, treated, or been treated for any of the following:
- (a) 2 or more occurrences of Skin Cancer other than melanoma, within last 12 months? Yes No
 - (b) recurrent breast tumors, polycystic disease, non-malignant growths/tumors, or neoplasms, within the last 3 years? Yes No
 - (c) melanoma, breast cancer, prostate cancer, colon cancer, Hodgkin's Disease, non-Hodgkin's Lymphoma, leukemia, or other malignant growths or tumors (*excluding conditions listed in 9 (a) or 9 (b)*), within the last 10 years? Yes No
- If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8
10. Within the last two years, has any Applicant been advised of any abnormal diagnostic test results for pelvic exam/pap smear, mammogram, prostate/PSA exam or colorectal cancer screening that were not later confirmed as normal (i.e., a false positive test), or been advised to have any diagnostic testing which has not yet been completed? Yes No
- If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8
11. Has any Applicant had symptoms, been diagnosed, received medical advice to be tested, hospitalized or treated, or been treated for: emphysema, hemochromatosis, ulcerative colitis or Crohn's, cirrhosis, hepatitis (excluding type A), COPD (chronic obstructive pulmonary disorder), within the last 10 years? Yes No
- If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8



If applying for [CANCERWISE] ONLY, please proceed to [SECTION 9].

[SECTION 7 -] APPLICABLE TO THE FOLLOWING PLANS ONLY:

**[♦ CRITICAL ILLNESS DIRECT]
[♦ HOSPITAL CONFINEMENT DIRECT]
[♦ HOSPITALFIT PLUS]**

**[♦ INCOME PROTECTION DIRECT]
[♦ PERSONALFIT PLUS]**

12. Is any Applicant currently confined in a hospital or nursing home, or has any Applicant received medical advice or treatment for Alzheimer's Disease or Senile Dementia, or does any Applicant require human assistance of any kind to perform activities of daily living (bathing, dressing, continence, eating, or using the toilet)? Yes No

If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8

13. Is any proposed female Applicant now pregnant, or being tested for or receiving treatment for fertility/infertility? Yes No

If "Yes," indicate Applicant(s): 1 2 3 4 5 6 7 8

14. Has any Applicant had symptoms, been diagnosed, received medical advice to be tested, hospitalized or treated, or been treated for **any** of the following:

(a) Cholesterol/Blood Pressure: Uncontrolled hyperlipidemia (an LDL cholesterol reading of 150 or greater or a triglycerides reading of 325 or greater), uncontrolled hypertension (a Systolic reading of 150 or greater or Diastolic reading of 95 or greater), within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(e) Endocrine System: Diabetes (type I or II), within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(f) Connective Tissue Disease or Disorder: Systemic Lupus (SLE) or sarcoidosis, within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Mental Diseases or Disorders: Bipolar disorder, Schizophrenia, major depressive disorder, manic disorder, alcoholism, alcohol abuse, drug abuse or drug addiction, within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(g) Respiratory System: Lung disease or Cystic Fibrosis, within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Heart and Circulatory System: Heart disorder or disease, blood clots, blood vessel blockages, myocardial infarction (heart attack), stroke, mini-stroke (including transient ischemic attack), any form of heart surgery, or aneurysms, within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(h) Nervous System: Multiple Sclerosis, Huntington's disease, Muscular Dystrophy, Guillain-Barre syndrome, Epilepsy, seizures, paralysis, or traumatic brain injury, within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Renal System: Abnormal kidney functions (excludes kidney stones), chronic renal failure, or End Stage Renal Disease, within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(i) Fainting, dizziness, chronic headaches, sudden vision deterioration, loss of depth perception, sudden hearing loss, or loss of balance control, any of which were unexplained and occurred within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes" to any of the above, indicate Applicant(s): 1 2 3 4 5 6 7 8



If applying for [HOSPITALFIT PLUS,] [PERSONALFIT PLUS,] [CRITICAL ILLNESS DIRECT,] [HOSPITAL CONFINEMENT DIRECT] ONLY, please proceed to [SECTION 9].

[SECTION 8 -] APPLICABLE TO THE FOLLOWING PLANS ONLY:

[♦ ACCIDENT DISABILITY DIRECT]

[♦ INCOME PROTECTION DIRECT]

15. Has any Applicant ever been convicted of any felony activity? Yes No
If "Yes," indicate Applicant(s): 1 2
16. (a) Within the last 12 months, has the Primary Applicant been unemployed for more than one month or consistently worked less than 25 hours per week? Yes No
(Complete if applying for Spouse)
(b) Within the last 12 months, has the Spouse Applicant been unemployed for more than one month or consistently worked less than 25 hours per week? Yes No
17. (a) Does the Primary Applicant work less than 25 hours per week in the occupation/duties previously listed? Yes No
(Complete if applying for Spouse)
(b) Does the Spouse Applicant work less than 25 hours per week in the occupation/duties previously listed? Yes No
18. (a) What is the Primary Applicant's annual gross income from the occupation/duties previously listed? \$ _____
(Complete if applying for Spouse)
(b) What is the Spouse Applicant's annual gross income from the occupation/duties previously listed? \$ _____
19. In the last five years has any Applicant been hospitalized or had surgery for spine, neck or back, or surgical joint repair or replacement? Yes No
20. Within the last 6 months has any Applicant received treatment (excluding chiropractic treatments or physical therapy, less than once per month) or has any Applicant taken prescription medication for conditions/disorders related to the spine, neck or back, or joints (shoulders, knees, hips or ankles)? Yes No
21. Has any Applicant currently or within the last 5 years filed a claim or received benefits from any disability insurance or salary continuation plan for disability (other than pregnancy)? Yes No
22. Has any Applicant had symptoms, been diagnosed, received medical advice or been treated for sleep apnea, fibromyalgia, Parkinson's, chronic fatigue syndrome, unresolved carpal tunnel syndrome, rheumatoid arthritis, or Epstein Barr, within the last 12 months? Yes No

If any "Yes" to questions 19 - 22, indicate Applicant(s): 1 2



Please proceed to [SECTION 9].

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][1-800-815-8535]

CRITICAL ACCIDENTAL INJURY POLICY OUTLINE OF COVERAGE FOR FORM CH-26123-IP (04/11) AR

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

- 1. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both the Insured Person and Us. Therefore, it is important that You **READ YOUR POLICY CAREFULLY.**
- 2. CRITICAL ACCIDENTAL INJURY POLICY –** Critical Accidental Injury coverage is designed to provide You and Your Covered Dependents coverage for Qualifying Injuries that occur as a direct result of an Accidental Injury within 60 days of such Accidental Injury, subject to any limitations contained in the Policy. **The Policy does NOT provide benefits for loss from Sickness, and coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
- 3. SCHEDULE OF BENEFITS –**

ONE TIME BENEFIT AMOUNT FOR A QUALIFYING INJURY:

Primary Insured:	[\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]	
Dependent spouse:	[No Benefit][\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]	
Dependent child(ren):	[No Benefit][\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]	

QUALIFYING INJURY

Coma

Hemiplegia

Loss of Sight in Both Eyes

Paraplegia

Quadriplegia

Second-Degree Burn to at least 20% of Body

Third-Degree Burn to at least 10% of Body

Loss of Hearing in Both Ears

4. **BENEFITS** – Upon receipt of proof of the occurrence of a Qualifying Injury, We will pay the one time Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, provided the Qualifying Injury occurred within 60 days of an Accidental Injury. The Accidental Injury must occur after the Insured Person’s coverage has become effective and while the coverage is in force under the Policy.

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

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

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

1. A Sickness;
2. Any care or benefits which are not specifically provided for in the Policy;
3. Any act of war, declared or undeclared;
4. Active military duty in the service of any country;
5. Participation in a riot, civil commotion or insurrection;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;
8. Experimental or investigational medicine;
9. Intentionally medically induced Qualifying Injury;
10. Cosmetic surgery;
11. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
12. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
14. Committing or trying to commit a felony; or
15. Sunburn.

Benefits will not be payable for:

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

6. **RENEWABILITY** – The Policy is guaranteed renewable [to age 75], subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis.

7. **BEGINNING OF COVERAGE** - Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.

8. **TERMINATION OF COVERAGE** -

You

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

1. At the end of the month for which premium has been paid;
2. On the date the Qualifying Injury occurs and a benefit has been paid;
3. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date of fraud or material misrepresentation by You;

5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state; [or]
7. On the date an Insured Person is no longer a permanent resident of the United States[; or]
8. On the date You reach age 75].

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

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy on:

1. The date Your coverage terminates;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date the Qualifying Injury occurs and a benefit has been paid , with respect to an Insured Person; or
5. On the date the Covered Dependent:
 - a. performs an act or practice that constitutes fraud; or
 - b. has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

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

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental 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.

9. **PREMIUMS** – We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given You written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

Premium Due (at time of application) \$ _____



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

9151 Boulevard 26
North Richland Hills, TX 76180

June 7, 2011

Commissioner Jay Bradford
Arkansas Department of Insurance
Life and Health Division
1200 W 3Rd ST
Little Rock, AR 72201-1904

RE: THE CHESAPEAKE LIFE INSURANCE COMPANY
NAIC#: 264-61832 FEIN#: 52-0676509

Form Number

CH-26123-IP (04/11) AR
CH-26123-IP OC (04/11) AR

DESCRIPTION

Critical Accidental Injury Policy
Outline of Coverage

Dear Commissioner Bradford:

The above referenced forms are hereby 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-26123-IP (04/11) AR** provides lump sum accidental injury only insurance coverage for a Qualifying Event, as defined in the Policy, payable at the Benefit Amount shown in the Policy Schedule. All benefits are subject to the One Time Benefit Amount for a Qualifying Injury shown in the Policy Schedule, the Exclusions and Limitations, and all other provisions of the Policy.

Please note the bracketed items are intended as variable information to allow flexibility within the benefit option selections. At no time will this bracketed information be arranged in such a way to violate the laws of your state.

We intend to use application form CH-26109-APP (04/11), which was submitted to your department under separate cover on June 7, 2011, to solicit this product.

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 transmittal forms and certifications are enclosed herewith. Also enclosed is an Actuarial Memorandum and rates, for 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) 255-3155.

Your assistance in this matter is greatly appreciated.

Respectfully submitted,

Lavonda English
Compliance Analyst
Lavonda.english@healthmarkets.com

SERFF Tracking Number: MGCC-127174356 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48997
 Company Tracking Number: CH-26123-IP (04/11) AR
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: 2011 CRIT ACC SPEC
 Project Name/Number: 2011 Spring Ancillaries/CH-26123-IP (04/11)

Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/06/2011	Form	Critical Accidental Injury Policy	06/17/2011	CH-26123-IP _0411_ AR.pdf (Superseded)
06/06/2011	Supporting Document	Cover Letter	06/07/2011	LTR CH-26123-IP _0411_ [Indiv].pdf (Superseded)

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][1-800-815-8535]

CRITICAL ACCIDENTAL INJURY POLICY

This Policy is effective from 12:01 A.M. standard time on the Policy Effective Date at Your place of residence. It shall continue in effect until terminated in the manner provided within this 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. **IF THE STATEMENTS OR REPRESENTATIONS ARE INCORRECT OR UNTRUE, WE HAVE THE RIGHT TO DENY BENEFITS, OR TO REFORM OR VOID THIS POLICY.** The best time to clear up any misunderstanding is now, before a claim arises!

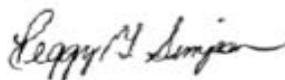
10 DAY RIGHT TO EXAMINE THE POLICY

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 75], 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.

NOTICE TO BUYER: THIS POLICY PROVIDES LIMITED BENEFITS. This Policy is designed to provide, to Insured Persons, restricted coverage paying benefits ONLY when certain losses are a direct result of a Qualifying Injury as defined herein, and while coverage is in force under this Policy. This coverage provides limited benefits which are supplemental and should not be considered a substitute for basic hospital, basic medical-surgical, or major medical expense insurance coverage.



SECRETARY



PRESIDENT

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

THIS IS A LUMP SUM INDEMNITY POLICY THAT PAYS A BENEFIT FOR A QUALIFYING INJURY AS IDENTIFIED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY.

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POLICY SCHEDULE

PRIMARY INSURED: [John Doe, Sr.]

EFFECTIVE DATE OF COVERAGE: [02/15/11]

COVERED DEPENDENTS:

[Johnette Doe]
[John Doe, Jr.]
[Johnita Doe]

EFFECTIVE DATE OF COVERAGE:

[02/15/11]
[02/15/11]
[03/31/12]

POLICY NUMBER: [ABC1234567]

POLICY DATE: [02/15/11]

INITIAL PREMIUM: \$[0.00]

MODE OF PAYMENT: [Monthly]

SCHEDULE OF BENEFITS

ONE TIME BENEFIT AMOUNT FOR A QUALIFYING INJURY*:

Primary Insured:	[\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]
Dependent spouse:	[No Benefit][\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]
Dependent child(ren):	[No Benefit][\$10,000][\$15,000][\$20,000] [\$25,000][\$30,000][\$40,000][\$50,000][\$60,000]

QUALIFYING INJURY

Coma

Hemiplegia

Loss of Sight in Both Eyes

Paraplegia

Quadriplegia

Second-Degree Burn to at least 20% of Body

Third-Degree Burn to at least 10% of Body

Loss of Hearing in Both Ears

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

DEFINITIONS

Accidental Injury means sudden, Non-Recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to directly or indirectly by a Sickness. The Accidental Injury must occur after the Insured Person's coverage has become effective and while the coverage is in force under this Policy.

Benefit Amount means the total amount We will pay for a Qualifying Injury for each Insured Person while coverage under this Policy remains in effect. Only one Benefit Amount will be paid under this Policy for each Insured Person.

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.

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

Diagnosis means the definitive establishment of the Qualifying Injury through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is also a board certified specialist where required under this Policy.

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 natural and adopted children and step-children who are under [26] years of age (the Limiting Age).

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.

Legally Qualified Physician means a person, other than the Insured Person, a member of the Insured Person's Immediate Family, or a business associate of the Insured Person, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required under this Policy.

Non-Recurrent means an Accidental Injury that occurs for the first time, while insured under this Policy.

Policy means this written description of coverage provided to You by Us.

Qualifying Injury means one of the conditions listed below which occurs while this Policy is in force, is a direct result of an Accidental Injury, occurs within 60 days of such Accidental Injury, and for which a positive Diagnosis is made by a Legally Qualified Physician based on diagnostic criteria generally accepted by a medical profession:

Coma means a continuous state of profound unconsciousness, as a direct result of an Accidental Injury, 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.

Coma does not include: 1) deliberately induce Comas for medical reasons; or 2) Comas resulting from a Sickness.

Hemiplegia means spinal cord injuries or traumatic brain injuries received as a result of an Accidental Injury that results in complete and total loss of use of upper and lower limbs on one side of the body for a period of not less than [30] continuous days. Your Hemiplegia must be confirmed by a Legally Qualified Physician.

Loss of Sight in Both Eyes means either the complete lack of form and visual light perception as a result of an Accidental Injury that is clinically recorded by a Legally Qualified Physician as NLP (No Light Perception) in both the left and right eyes or severe visual impairment with residual vision having only light perception, have no more sight than the ability to tell light from dark and the general direction of a light source.

Loss of Hearing in Both Ears means hearing loss as a result of an Accidental Injury, so severe that a sound must be above 71 decibels of hearing loss (or dBHL) before being detected by an individual.

Paraplegia means spinal cord injuries or traumatic brain injuries received as a result of an Accidental Injury that results in complete and total loss of use of the lower limbs of the body for a period of not less than [30] continuous days. Your Paraplegia must be confirmed by a Legally Qualified Physician.

Quadriplegia means spinal cord injuries or traumatic brain injuries received as a result of an Accidental Injury that results in a complete and total loss of use of both the upper and lower limbs of the body for a period of not less than [30] continuous days. Your Quadriplegia must be confirmed by a Legally Qualified Physician.

Second-Degree Burn means a burn to the skin as a result of an Accidental Injury that has affected both the outer and underlying layers of skin.

Third-Degree Burn means a burn to the skin as a result of an Accidental Injury that has extended into deeper tissues causing permanent tissue damage.

Sickness means an illness or disease.

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.

Additional Dependents

You may add Eligible Dependents by providing evidence of eligibility and 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 there from.

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.

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.

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

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

Covered Dependents

Your Covered Dependent's coverage will terminate under 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;
4. On the date the Qualifying Injury occurs and a benefit has been paid , with respect to an Insured Person; or
5. On the date the Covered Dependent:
 - a. performs an act or practice that constitutes fraud; or
 - b. has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

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

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental 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.

Family Security Benefit

Beginning with the next premium due date following Our receipt of due proof of Your death, We will waive premiums for a period of 12 months for Your Covered Dependents. During this premium waiver period no increase in benefits or addition of Eligible Dependents, except newborns, will be considered. Provisions for termination of coverage for Covered Dependents will apply.

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 a new Policy, subject to the rate then in effect for such Insured Person's age. In any case, the reinstated coverage provides benefits only for a Qualifying Injury occurring after the effective date of reinstatement.

BENEFITS

Upon receipt of proof of the occurrence of a Qualifying Injury, We will pay the one time Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, provided the Qualifying Injury occurred within 60 days of an Accidental Injury.

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

EXCLUSIONS AND LIMITATIONS

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

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

1. A Sickness;
2. Any care or benefits which are not specifically provided for in this Policy;
3. Any act of war, declared or undeclared;
4. Active military duty in the service of any country;
5. Participation in a riot, civil commotion or insurrection;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;
8. Experimental or investigational medicine;
9. Intentionally medically induced Qualifying Injury;
10. Cosmetic surgery;
11. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
12. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
14. Committing or trying to commit a felony; or
15. Sunburn.

Benefits will not be payable for:

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

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 and signed by Us. Changes made in the Policy that are mandated by state for 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, or as soon as 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 of a Qualifying Injury 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

We will pay all benefits due under the Policy promptly upon receipt of proof of loss.

The Benefit Amount is payable to the Insured Person. Any accrued indemnities unpaid at the Insured Person's death may, at Our option, be paid to any beneficiary or to the estate of the Insured Person.

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 will any action be brought after expiration of three years after the time written proof of loss is required to be furnished.

Age Misstatement

If the age of any Insured Person has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if the Insured Person continues 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.

Incontestability

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

Other Insurance With Us

You may have only one Policy or certificate with Us providing lump sum indemnity benefits for Accidental Injuries. If through error, We issue more than one like Policy or certificate to You, only one Policy or certificate chosen by You will stay in force. We will return the money You paid for the other Policy(ies) or certificate(s).

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.



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

9151 Boulevard 26
North Richland Hills, TX 76180

June 7, 2011

Commissioner Jay Bradford
Arkansas Department of Insurance
Life and Health Division
1200 W 3Rd ST
Little Rock, AR 72201-1904

RE: THE CHESAPEAKE LIFE INSURANCE COMPANY
NAIC#: 264-61832 FEIN#: 52-0676509

Form Number

CH-26123-IP (04/11) AR
CH-26123-IP OC (04/11) AR

DESCRIPTION

Critical Accidental Injury Policy
Outline of Coverage

Dear Commissioner Bradford:

The above referenced application form is hereby submitted for your review and approval. This form is new and not intended to replace any forms previously approved by your Department.

Policy Form **CH-26123-IP (04/11) AR** provides lump sum accidental injury only insurance coverage for a Qualifying Event, as defined in the Policy, payable at the Benefit Amount shown in the Policy Schedule. All benefits are subject to the One Time Benefit Amount for a Qualifying Injury shown in the Policy Schedule, the Exclusions and Limitations, and all other provisions of the Policy.

Please note the bracketed items are intended as variable information to allow flexibility within the benefit option selections. At no time will this bracketed information be arranged in such a way to violate the laws of your state.

We intend to use application form CH-26109-APP (04/11), which was submitted to your department under separate cover on June 7, 2011, to solicit this product.

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 transmittal forms and certifications are enclosed herewith. Also enclosed is an Actuarial Memorandum and rates, for 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) 255-3155.

Your assistance in this matter is greatly appreciated.

Respectfully submitted,

Lavonda English
Compliance Analyst
Lavonda.english@healthmarkets.com