

Premium Calculation

Plans with Medical Questionnaire

Effective May 2019



For Sales Agent Use Only

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Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):
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Applicant 1	First Name _____	Last Name _____	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Applicant 2	First Name _____	Last Name _____	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Refer to the Rates Sheet for your applicable premium.
For rates to top up the Non-Medical Multi-Trip Annual Plan, or for questions on the applicable sales tax, contact your sales agent.

Emergency Medical Travel Insurance

A. Enter your MEDICAL MULTI-TRIP ANNUAL Premium

The 30-day Multi-Trip Annual Plan option is only available to age 79 or under.

B. Enter your MEDICAL SINGLE TRIP DAILY or TOP UP Rate

Applicable if you are purchasing Single Trip Daily coverage or topping-up a Multi-Trip Annual Plan. Use the total trip duration to determine your daily rate.

C. MEDICAL SINGLE TRIP DAILY or TOP UP Premium

Multiply the number of days required by the SINGLE TRIP DAILY RATE. DAYS REQUIRED x BOX B

D. MEDICAL PLAN SUBTOTAL

BOX A + BOX C

E. Tobacco User Surcharge

If you answered Yes to Question 6 in Section F of the Application, Age 60 or over, add 20% to BOX D.
If you answered No to Question 6, carry BOX D forward.

F. Deductible Options

- Applicant 1 \$0 (+10%) \$250 US (0%) \$500 US (-5%) \$1,000 US (-10%) \$5,000 US (-30%) \$10,000 US (-45%)
- Applicant 2 \$0 (+10%) \$250 US (0%) \$500 US (-5%) \$1,000 US (-10%) \$5,000 US (-30%) \$10,000 US (-45%)

Calculate and add or subtract the appropriate % to BOX E based on your selected deductible.

	Applicant 1	Applicant 2
\$	A	\$ A
\$	B	\$ B
\$	C	\$ C
\$	SUBTOTAL D	\$ SUBTOTAL D
\$	E	\$ E
\$	MEDICAL SUBTOTAL F	\$ MEDICAL SUBTOTAL F

Non-Medical Travel Insurance

G. Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premium

The 30-day Multi-Trip Annual Plan option is only available to age 79 or under.

H. NON-MEDICAL SINGLE TRIP Trip Value

Indicate the amount of Trip Cancellation and Interruption coverage required (to a maximum of \$25,000), rounded up to the nearest \$100.

I. Enter your NON-MEDICAL SINGLE TRIP Rate

Refer to the Rate Sheet for the appropriate rate.

J. NON-MEDICAL SINGLE TRIP or TOP UP Premium

BOX H ÷ 100 x BOX I. For rates to top up a Non-Medical Multi-Trip Annual Plan, contact your sales agent.

K. NON-MEDICAL PLAN Premium Due

BOX G + BOX J. Add the appropriate sales tax of your province or territory of residence.

\$	G	\$ G
\$	H	\$ H
\$	I	\$ I
\$	J	\$ J
\$	NON-MEDICAL SUBTOTAL K	\$ NON-MEDICAL SUBTOTAL K

L. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums

BOX F + BOX K

\$	SUBTOTAL L	\$ SUBTOTAL L
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Savings

M. Travel Companion Savings

If you are purchasing this Policy with a travel companion, a 5% savings applies (BOX L x 0.05). Otherwise, enter 0.

\$	M	\$ M
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N. TOTAL Premium Due

BOX L - BOX M. There is a minimum premium of \$25 per applicant.

\$	TOTAL N	\$ TOTAL N
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Premium Calculation

Plans **without** Medical Questionnaire

Age 59 or under, Canada, 60 to 79 Vacation, 40-Day Supplemental Multi-Trip Annual for PSHCP Members, Non-Medical Multi-Trip or Non-Medical Single Trip Plans

Effective May 2019

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Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):

Applicant 1		Date of Birth (D/M/Y) ____/____/____
First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant 2		Date of Birth (D/M/Y) ____/____/____
First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female

Refer to the Rates Sheet for your applicable single or family premium.
For rates to top up the Non-Medical Multi-Trip Annual Plan, or for questions on the applicable sales tax, contact your sales agent.

Emergency Medical Travel Insurance	Applicant 1	Applicant 2
A. Enter your MEDICAL MULTI-TRIP ANNUAL Premium	\$ <input type="text"/> A	\$ <input type="text"/> A
B. Enter your MEDICAL SINGLE TRIP DAILY or TOP UP Rate <small>Applicable if you are purchasing Single Trip Daily coverage or topping-up a Multi-Trip Annual Plan. Use the total trip duration to determine your daily rate.</small>	\$ <input type="text"/> B	\$ <input type="text"/> B
C. MEDICAL SINGLE TRIP DAILY or TOP UP Premium <small>Multiply the number of days required by the SINGLE TRIP DAILY RATE. <input style="width: 50px;" type="text"/> DAYS REQUIRED x BOX B</small>	\$ <input type="text"/> C	\$ <input type="text"/> C
D. MEDICAL PLAN Premium Due <small>BOX A + BOX C</small>	\$ MEDICAL SUBTOTAL D	\$ MEDICAL SUBTOTAL D

Non-Medical Travel Insurance	Applicant 1	Applicant 2
E. Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premium	\$ <input type="text"/> E	\$ <input type="text"/> E
F. NON-MEDICAL SINGLE TRIP Trip Value <small>Indicate the amount of Trip Cancellation and Interruption coverage required (to a maximum of \$25,000), rounded up to the nearest \$100.</small>	\$ <input type="text"/> F	\$ <input type="text"/> F
G. Enter your NON-MEDICAL SINGLE TRIP Rate <small>Refer to the Rate Sheet for the appropriate rate.</small>	\$ <input type="text"/> G	\$ <input type="text"/> G
H. NON-MEDICAL SINGLE TRIP or TOP UP Premium <small>BOX F ÷ 100 x BOX G. For rates to top up a Non-Medical Multi-Trip Annual Plan, contact your sales agent.</small>	\$ <input type="text"/> H	\$ <input type="text"/> H
I. NON-MEDICAL PLAN Premium Due <small>BOX E + BOX H. Add the appropriate sales tax of your province or territory of residence.</small>	\$ NON-MEDICAL SUBTOTAL I	\$ NON-MEDICAL SUBTOTAL I

J. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums <small>BOX D + BOX I</small>	\$ SUBTOTAL J	\$ SUBTOTAL J
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Savings	Applicant 1	Applicant 2
K. Travel Companion Savings <small>If you are purchasing this Policy with a travel companion, a 5% savings applies (BOX J x 0.05). Otherwise, enter 0.</small>	\$ <input type="text"/> K	\$ <input type="text"/> K

L. TOTAL Premium Due <small>BOX J - BOX K. There is a minimum premium of \$25 per applicant.</small>	\$ TOTAL L	\$ TOTAL L
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Please attach this page to your Application Form.