### **TRAVEL INSURANCE**

## **PREMIUM CALCULATION**

# PLANS **WITH** MEDICAL QUESTIONNAIRE

Effective July 2018



	For Broker/Sale	s Agent Use Only		10 01 CAI	LECAUGIC	
Applicant 1 Policy Number:	1 Policy Number: Applicant 2 Policy Number:		Date Issued (D/M/Y):			
Applicant 1		·		1	1	
First Nar	me	Last Name	l	Date of Birth (	D/M/Y)	
Applicant 2				1	1	
First Nar	me	Last Name		Date of Birth (D/M/Y)		
For rates to top up the Non-Medical Mu		for your applicable premium. estions on the applicable sales tax,	contact your broker o	r sales agent.		
Emergency Medical Travel Insuran	ce		Applicant 1	Applica	ant 2	
A. Enter your MEDICAL MULTI-TRIP ANNUAL Premiu The 30-day Multi-Trip Annual Plan option is only availa			\$ A	\$	A	
B.Enter your MEDICAL SINGLE TRIP or TOP UP Rate  Applicable if you are purchasing Medical Single Trip coverage or topping-up a Medical Multi-Trip Annual Plan. Use the total trip duration to determine your daily rate.		\$ B	\$	В		
C.MEDICAL SINGLE TRIP or TOP UP Premium  Multiply the number of days required by the MEDICAL	. SINGLE TRIP or TOP UP Rate.	DAYS REQUIRED x BOX B	\$ C	\$	С	
D.MEDICAL PLAN Subtotal BOX A + BOX C		\$ SUBTOTAL D	\$ SUBTO	TAL D		
E. Tobacco User Surcharge If you answered Yes to Question 6 in Section F of the. If you answered No to Question 6, carry BOX D forwa		20% to BOX D.	\$ E	\$	Е	
F. Deductible Options	IU.					
A !! 4		110 ( 400()				
Applicant 1	\$500 US (-5%) \$1,000	US (-10%) \$5,000 US (-30%) US (-10%) \$5,000 US (-30%) US (-tible.	\$10,000 US (-45%) \$10,000 US (-45%) \$ MEDICAL SUBTOTAL F	\$ MEDIC		
Applicant 2 \$0 (+10%) \$250 US (0%)  Calculate and add or subtract the appropriate % to BC	\$500 US (-5%) \$1,000	US (-10%) \$5,000 US (-30%)	\$10,000 US (-45%)  MEDICAL F	I I &		
Applicant 2 \$0 (+10%) \$250 US (0%)	S500 US (-5%) \$1,000  OX E based on your selected ded	US (-10%) \$5,000 US (-30%)	\$10,000 US (-45%)  MEDICAL F	I I &	TAL F	
Applicant 2 \$0 (+10%) \$250 US (0%)  Calculate and add or subtract the appropriate % to BC  Non-Medical Travel Insurance  G.Enter your NON-MEDICAL MULTI-TRIP ANNUAL Properties of the solid properties	S500 US (-5%) \$1,000  OX E based on your selected ded  remium  able to age 79 or under.	US (-10%)	\$10,000 US (-45%)  \$ MEDICAL F	\$ SUBTO		
Applicant 2 \$0 (+10%) \$250 US (0%)  Calculate and add or subtract the appropriate % to BC  Non-Medical Travel Insurance  G.Enter your NON-MEDICAL MULTI-TRIP ANNUAL P.  The 30-day Multi-Trip Annual Plan option is only availate.	S500 US (-5%) \$1,000  OX E based on your selected ded  remium  able to age 79 or under.	US (-10%)	\$ 10,000 US (-45%)  \$ MEDICAL F  \$ G	\$ SUBTO	G	
Applicant 2 \$0 (+10%) \$250 US (0%)  Calculate and add or subtract the appropriate % to BC  Non-Medical Travel Insurance  G.Enter your NON-MEDICAL MULTI-TRIP ANNUAL P. The 30-day Multi-Trip Annual Plan option is only availa  H.NON-MEDICAL SINGLE TRIP Trip Value Indicate the amount of Trip Cancellation and Interrupti  I. Enter your NON-MEDICAL SINGLE TRIP Rate	\$500 US (-5%) \$1,000  OX E based on your selected ded  remium  able to age 79 or under.	US (-10%) \$5,000 US (-30%) uctible.	\$ 10,000 US (-45%)  \$ MEDICAL F  \$ SUBTOTAL F	\$ SUBTO	G	
Applicant 2 \$0 (+10%) \$250 US (0%)  Calculate and add or subtract the appropriate % to BC  Non-Medical Travel Insurance  G.Enter your NON-MEDICAL MULTI-TRIP ANNUAL P. The 30-day Multi-Trip Annual Plan option is only availate.  H.NON-MEDICAL SINGLE TRIP Trip Value Indicate the amount of Trip Cancellation and Interrupti.  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	\$500 US (-5%) \$1,000  OX E based on your selected ded  remium able to age 79 or under.  Ion coverage required, rounded under to the second of	US (-10%) \$5,000 US (-30%) uctible.  up to the nearest \$100.	\$ MEDICAL F  \$ G  \$ H	\$ SUBTO	G H J	
Applicant 2 \$0 (+10%) \$250 US (0%)  Calculate and add or subtract the appropriate % to BC  NON-MEDICAL Travel Insurance  G.Enter your NON-MEDICAL MULTI-TRIP ANNUAL P. The 30-day Multi-Trip Annual Plan option is only availate.  H.NON-MEDICAL SINGLE TRIP Trip Value Indicate the amount of Trip Cancellation and Interruptiant.  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 Royal Single Trip Cancellation and Interruption and	\$500 US (-5%) \$1,000  OX E based on your selected ded  remium able to age 79 or under.  Ion coverage required, rounded usical Multi-Trip Annual Plan, contains province or territory of residence.	US (-10%) \$5,000 US (-30%) uctible.  up to the nearest \$100.	\$ MEDICAL F  \$ G  \$ H  \$ J  \$ NON-MEDICAL K	\$ SUBTO	G H J J DICAL K	
Applicant 2 \$\(\(\pi\) (\pi\)10%) \$\(\pi\)\$250 US (0%)  Calculate and add or subtract the appropriate % to BC  NON-MEDICAL Travel Insurance  G.Enter your NON-MEDICAL MULTI-TRIP ANNUAL PITHE 30-day Multi-Trip Annual Plan option is only available. Indicate the amount of Trip Cancellation and Interruptible. Indicate the amount of Trip Cancellation and Interruptible. 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 \(\phi\) 100 x BOX I. For rates to top up a Non-Medick. NON-MEDICAL PLAN Premium Due BOX G + BOX J. Add the appropriate sales tax of your L. SUBTOTAL of MEDICAL and NON-MEDICAL Premium.	\$500 US (-5%) \$1,000  OX E based on your selected ded  remium able to age 79 or under.  Ion coverage required, rounded usical Multi-Trip Annual Plan, contains province or territory of residence.	US (-10%) \$5,000 US (-30%) uctible.  up to the nearest \$100.	\$ MEDICAL F  \$ G  \$ H  \$ J  \$ NON-MEDICAL K	\$ SUBTO	G H I J	
Applicant 2 \$\( \) \( \)	S500 US (-5%) \$1,000  OX E based on your selected ded  remium able to age 79 or under.  on coverage required, rounded unical Multi-Trip Annual Plan, contains reprovince or territory of residence iums	US (-10%) \$5,000 US (-30%) uctible.  up to the nearest \$100.  ct your broker or sales agent.	\$ MEDICAL F  \$ G  \$ H  \$ J  \$ NON-MEDICAL K	\$ SUBTO	G H J J DICAL K	

#### TRAVEL INSURANCE

### **PREMIUM CALCULATION**

### PLANS WITHOUT MEDICAL QUESTIONNAIRE



Effective July 2018

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

For Broker/Sales Agent Use Only 10 01 CALECA 0618 00									
Applicant 1 Policy Number:	Applicant 2 Policy Number:		Date Issued (D/M/Y):						
Applicant 1				1	1				
		Last Name	Date		te of Birth (D/M/Y)				
Applicant 2				1	1				
First Name	Last Name		Date of Birth		Birth (D/M/Y)				
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 broker or sales agent.									
Emergency Medical Travel Insurance			Applicant 1	Ар	plicant 2				
A.Enter your MEDICAL MULTI-TRIP ANNUAL Premium			\$ A	\$	Α				
B.Enter your MEDICAL SINGLE TRIP or TOP UP Rate Applicable if you are purchasing Medical Single Trip coverage duration to determine your daily rate.	ge or topping-up a Medical Multi-Trip Annual Plar	n. Use the total trip	\$ B	\$	В				
C.MEDICAL SINGLE TRIP or TOP UP Premium  Multiply the number of days required by the MEDICAL SING	SLE TRIP or TOP UP Rate. DAYS REQUIRE	ED x BOX B	\$ C	\$	С				
D.MEDICAL PLAN Premium Due BOX A + BOX C			\$ MEDICAL D		MEDICAL UBTOTAL D				
Non-Medical Travel Insurance									
E.Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premiu The 30-day Multi-Trip Annual Plan option is only available to			\$ E	\$	Е				
NON-MEDICAL SINGLE TRIP Trip Value Indicate the amount of Trip Cancellation and Interruption coverage required, rounded up to the nearest \$100.			\$ F	\$	F				
G.Enter your NON-MEDICAL SINGLE TRIP Rate Refer to the Rate Sheet for the appropriate rate.			\$ G	\$	G				
H.NON-MEDICAL SINGLE TRIP or TOP UP Premium BOX F ÷ 100 x BOX G. For rates to top up a Non-Medical N	fulti-Trip Annual Plan, contact your broker or sale	s agent.	\$ H	\$	Н				
NON-MEDICAL PLAN Premium Due     BOX E + BOX H. Add the appropriate sales tax of your prov	ince or territory of residence.		\$ NON-MEDICAL SUBTOTAL		N-MEDICAL I				
J. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums BOX D + BOX I			\$ SUBTOTAL J	\$ s	UBTOTAL J				
Savings									
K. Travel Companion Savings If you are purchasing this Policy with a travel companion, a	5% savings applies (BOX J x 0.05). Otherwise, e	enter 0.	\$	\$	K				
L. TOTAL Premium Due BOX J - BOX K. There is a minimum premium of \$25 per ap	plicant.		\$ TOTAL L	\$	TOTAL L				
Please attach this page to your Application Form.									