

TRAVEL INSURANCE

PREMIUM CALCULATION

PLANS WITH MEDICAL QUESTIONNAIRE

Effective July 2018



For Broker/Sales Agent Use Only			10 01 CAL ECA 0618 000
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

Applicant 1				
First Name	Last Name	Date of Birth (D/M/Y)		
/	/			
Applicant 2				
First Name	Last Name	Date of Birth (D/M/Y)		
/	/			

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 broker or sales agent.

	Applicant 1	Applicant 2
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.	\$ 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	\$ B
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	\$ C
D. MEDICAL PLAN Subtotal BOX A + BOX C	\$ SUBTOTAL D	\$ SUBTOTAL D
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.	\$ E	\$ E
F. Deductible Options		
Applicant 1 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 US (0%) <input type="checkbox"/> \$500 US (-5%) <input type="checkbox"/> \$1,000 US (-10%) <input type="checkbox"/> \$5,000 US (-30%) <input type="checkbox"/> \$10,000 US (-45%)		
Applicant 2 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 US (0%) <input type="checkbox"/> \$500 US (-5%) <input type="checkbox"/> \$1,000 US (-10%) <input type="checkbox"/> \$5,000 US (-30%) <input type="checkbox"/> \$10,000 US (-45%)		
Calculate and add or subtract the appropriate % to BOX E based on your selected deductible.	\$ 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.	\$ G	\$ G
H. NON-MEDICAL SINGLE TRIP Trip Value Indicate the amount of Trip Cancellation and Interruption coverage required, rounded up to the nearest \$100.	\$ H	\$ H
I. Enter your NON-MEDICAL SINGLE TRIP Rate Refer to the Rate Sheet for the appropriate rate.	\$ I	\$ I
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 broker or sales agent.	\$ J	\$ J
K. NON-MEDICAL PLAN Premium Due BOX G + BOX J. Add the appropriate sales tax of your province or territory of residence.	\$ NON-MEDICAL SUBTOTAL K	\$ NON-MEDICAL SUBTOTAL K
L. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums BOX F + BOX K	\$ SUBTOTAL L	\$ SUBTOTAL L

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

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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Please attach this page to your Application Form.

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 CAL ECA 0618 000
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

Applicant 1			
	First Name	Last Name	Date of Birth (D/M/Y)
			/ /
Applicant 2			
	First Name	Last Name	Date of 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	Applicant 2
A. Enter your MEDICAL MULTI-TRIP ANNUAL Premium	\$ <input type="text"/> A	\$ <input type="text"/> 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.	\$ <input type="text"/> B	\$ <input type="text"/> B
C. MEDICAL SINGLE TRIP or TOP UP Premium Multiply the number of days required by the MEDICAL SINGLE TRIP or TOP UP Rate. <input style="width: 50px;" type="text"/> DAYS REQUIRED x BOX B	\$ <input type="text"/> C	\$ <input type="text"/> C
D. MEDICAL PLAN Premium Due BOX A + BOX C	\$ MEDICAL SUBTOTAL D	\$ MEDICAL SUBTOTAL D

Non-Medical Travel Insurance	Applicant 1	Applicant 2
E. Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premium The 30-day Multi-Trip Annual Plan option is only available to age 79 or under.	\$ <input type="text"/> E	\$ <input type="text"/> E
F. NON-MEDICAL SINGLE TRIP Trip Value Indicate the amount of Trip Cancellation and Interruption coverage required, rounded up to the nearest \$100.	\$ <input type="text"/> F	\$ <input type="text"/> F
G. Enter your NON-MEDICAL SINGLE TRIP Rate Refer to the Rate Sheet for the appropriate rate.	\$ <input type="text"/> G	\$ <input type="text"/> G
H. NON-MEDICAL SINGLE TRIP or TOP UP Premium BOX F ÷ 100 x BOX G. For rates to top up a Non-Medical Multi-Trip Annual Plan, contact your broker or sales agent.	\$ <input type="text"/> H	\$ <input type="text"/> H
I. NON-MEDICAL PLAN Premium Due BOX E + BOX H. Add the appropriate sales tax of your province or territory of residence.	\$ NON-MEDICAL SUBTOTAL I	\$ NON-MEDICAL SUBTOTAL I

J. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums BOX D + BOX I	\$ SUBTOTAL J	\$ SUBTOTAL J
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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, enter 0.	\$ <input type="text"/> K	\$ <input type="text"/> K

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