

For Broker / Sales Agent Use Only			10 01 CAL ECA 1015 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) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant 2	First Name	Last Name	

Refer to the Rate Sheet for premiums. For rates to top up the All-Inclusive Multi-Trip Annual Plan, contact your broker or sales agent.

If you require a Medical or an All-Inclusive Plan

A. Enter your MULTI-TRIP ANNUAL RATE

If you are purchasing an ALL-INCLUSIVE Multi-Trip Annual Plan, add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).

B. Enter your SINGLE TRIP DAILY RATE

Applicable if you are purchasing Single Trip Daily coverage or topping-up an Annual Plan. Use the total trip duration to determine your daily rate. If you are purchasing an ALL-INCLUSIVE Top Up Plan, add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec). For All-Inclusive Top Up Plan rates, contact your broker or sales agent.

C. SINGLE TRIP DAILY Premium

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

D. PLAN SUBTOTAL

BOX A + BOX C

E. Smoker Surcharge

If you answered Yes to Question 15, add 20% to BOX D. If you answered No to Question 15, 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 the selected deductible.

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

If you require a Non-Medical Plan

G. SINGLE TRIP NON-MEDICAL coverage required

Indicate the amount of coverage required, rounded up to the nearest \$100.

H. Enter your SINGLE TRIP NON-MEDICAL PLAN RATE

Refer to the Rate Sheet for the appropriate rate.

I. SINGLE TRIP NON-MEDICAL PLAN Premium Due

BOX G ÷ 100 x BOX H. Add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).

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

J. SUBTOTAL of MEDICAL and NON-MEDICAL Premium

BOX F + BOX I

\$	SUBTOTAL J	SUBTOTAL J
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Savings

K. Travel Companion Savings

If you are purchasing this Policy as a companion, a 5% savings applies (BOX J x 0.05). If not, enter 0.

\$	K	K
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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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Premium Calculation



Plans **without** Medical Questionnaire

Age 54 or under, Canada, 55-79 Vacation,
40-Day PSHCP or Single Trip Non-Medical Plans

Effective October 2015

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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 Rate Sheet for premiums. For rates to top up the All-Inclusive Multi-Trip Annual Plan, contact your broker or sales agent.

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C. SINGLE TRIP DAILY Premium

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

D. MEDICAL PLAN Premium Due

BOX A + BOX C

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

If you require a Non-Medical Plan

E. SINGLE TRIP NON-MEDICAL coverage required

Indicate the amount of coverage required, rounded up to the nearest \$100.

F. Enter your SINGLE TRIP NON-MEDICAL PLAN RATE

Refer to the Rate Sheet for the appropriate rate.

G. SINGLE TRIP NON-MEDICAL PLAN Premium Due

BOX E + 100 x BOX F. Add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).

\$	E	E
\$	F	F
\$	NON-MEDICAL SUBTOTAL G	NON-MEDICAL SUBTOTAL G

H. SUBTOTAL of MEDICAL and NON-MEDICAL Premium

BOX D + BOX G

\$	SUBTOTAL H	SUBTOTAL H
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Savings

I. Travel Companion Savings

If you are purchasing this Policy as a companion, a 5% savings applies (BOX H x 0.05). If not, enter 0.

\$	I	I
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J. TOTAL Premium Due

BOX H - BOX I. There is a minimum premium of \$25 per applicant.

\$	TOTAL J	TOTAL J
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Please attach this page to your Application Form and complete the "Total Premium for all Applicants" and "Method of Payment" sections at the bottom of Page 2.