



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 August 2017

For Broker/Sales Agent Use Only

1024 CALECA0817 000

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

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	\$ _____ A	\$ _____ A
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.	\$ _____ B	\$ _____ B
C. MEDICAL SINGLE TRIP DAILY or TOP UP Premium Multiply the number of days required by the SINGLE TRIP DAILY RATE. <input style="width:50px" type="text" value="DAYS REQUIRED"/> x BOX B	\$ _____ C	\$ _____ 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	\$ _____ E	\$ _____ E
F. 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 Multi-Trip Annual Plan, contact your broker or sales agent.	\$ _____ H	\$ _____ 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.	\$ _____ K	\$ _____ 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.