

PREMIUM CALCULATION

PLANS WITH MEDICAL QUESTIONNAIRE

Effective May 2019



For Sales Agent Use Only 10 05 CAL ECA 0519 000

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)	/	/
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 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.	\$ <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 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.	\$ <input type="text"/> E	\$ <input type="text"/> E
F. Deductible Options Applicant 1 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$1,000 CAD (0%) <input type="checkbox"/> \$5,000 CAD (-25%) <input type="checkbox"/> \$10,000 CAD (-35%) <input type="checkbox"/> \$25,000 CAD (-50%) Applicant 2 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$1,000 CAD (0%) <input type="checkbox"/> \$5,000 CAD (-25%) <input type="checkbox"/> \$10,000 CAD (-35%) <input type="checkbox"/> \$25,000 CAD (-50%)		
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.	\$ <input type="text"/> G	\$ <input type="text"/> G
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.	\$ <input type="text"/> H	\$ <input type="text"/> H
I. Enter your NON-MEDICAL SINGLE TRIP Rate Refer to the Rate Sheet for the appropriate rate.	\$ <input type="text"/> I	\$ <input type="text"/> 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 sales agent.	\$ <input type="text"/> J	\$ <input type="text"/> 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
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Savings		
M. Retirees of Bell Savings Retirees of Bell receive a 10% savings (BOX L x 0.90).	\$ <input type="text"/> M	\$ <input type="text"/> M
N. Travel Companion Savings If you are purchasing this Policy with a travel companion, a 5% savings applies (BOX M x 0.95). Otherwise, carry BOX M forward.	\$ <input type="text"/> N	\$ <input type="text"/> N

O. TOTAL Premium Due Carry BOX N forward. There is a minimum premium of \$25 per applicant.	\$ TOTAL O	\$ TOTAL O
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Please attach this page to your Application Form.

TRAVEL INSURANCE

PREMIUM CALCULATION

PLANS WITHOUT MEDICAL QUESTIONNAIRE

Effective May 2019



Age 59 or under, Canada, 60 to 79 Vacation, Non-Medical Multi-Trip or Non-Medical Single Trip Plans

For Sales Agent Use Only			10 05 CAL ECA 0519 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 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 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. Deductible Options (Not applicable if you are purchasing the 60 to 79 Vacation Plan or Canada Plan)		
Applicant 1 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$1,000 CAD (0%) <input type="checkbox"/> \$5,000 CAD (-25%) <input type="checkbox"/> \$10,000 CAD (-35%) <input type="checkbox"/> \$25,000 CAD (-50%)		
Applicant 2 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$1,000 CAD (0%) <input type="checkbox"/> \$5,000 CAD (-25%) <input type="checkbox"/> \$10,000 CAD (-35%) <input type="checkbox"/> \$25,000 CAD (-50%)		
If you are purchasing the 60 to 79 Vacation Plan or Canada Plan, carry BOX D forward. Otherwise, calculate and add or subtract the appropriate % to BOX D based on your selected deductible.	\$ MEDICAL SUBTOTAL E	\$ MEDICAL SUBTOTAL E

Non-Medical Travel Insurance	Applicant 1	Applicant 2
F. Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premium The 30-day Multi-Trip Annual Plan option is only available to age 79 or under.	\$ F	\$ F
G. 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.	\$ G	\$ G
H. Enter your NON-MEDICAL SINGLE TRIP Rate Refer to the Rate Sheet for the appropriate rate.	\$ H	\$ H
I. NON-MEDICAL SINGLE TRIP or TOP UP Premium BOX G + 100 x BOX H. For rates to top up a Non-Medical Multi-Trip Annual Plan, contact your sales agent.	\$ I	\$ I
J. NON-MEDICAL PLAN Premium Due BOX F + BOX I. Add the appropriate sales tax of your province or territory of residence.	\$ NON-MEDICAL SUBTOTAL J	\$ NON-MEDICAL SUBTOTAL J

K. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums BOX E + BOX J	\$ SUBTOTAL K	\$ SUBTOTAL K
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Savings		
L. Retirees of Bell Savings Retirees of Bell receive a 10% savings (BOX K x 0.90).	\$ L	\$ L
M. Travel Companion Savings If you are purchasing this Policy with a travel companion, a 5% savings applies (BOX L x 0.95). Otherwise, carry BOX L forward.	\$ M	\$ M

N. TOTAL Premium Due Carry BOX M forward. 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.