

# Premium Calculation

## Plans with Medical Questionnaire



Effective July 2010

For Broker / Sales Agent Use Only			10 01 CAL ECA 0710 000
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

<b>Applicant 1</b>	<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>	Date of Birth (D/M/Y) ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Applicant 2</b>	<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>	Date of Birth (D/M/Y) ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female

Refer to the Rate Sheet for premiums. If necessary, download this document at [www.etsinc.com/premiumcalculation/index.html](http://www.etsinc.com/premiumcalculation/index.html)

	Applicant 1	Applicant 2
<b>If you require a Medical or an All-Inclusive Plan</b> <b>A. Enter your MULTI-TRIP ANNUAL RATE</b> If you are purchasing an ALL-INCLUSIVE Multi-Trip Annual Plan, add the appropriate tax (8% Ontario, 9% Quebec).	\$ <input type="text"/> A	\$ <input type="text"/> A
<b>B. Enter your SINGLE TRIP DAILY RATE</b> 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.	\$ <input type="text"/> B	\$ <input type="text"/> B
<b>C. SINGLE TRIP DAILY Premium</b> Multiply the number of days required by the SINGLE TRIP DAILY RATE. <span style="border: 1px solid black; padding: 2px;">DAYS REQUIRED</span> x BOX B	\$ <input type="text"/> C	\$ <input type="text"/> C
<b>D. PLAN SUBTOTAL</b> BOX A + BOX C	\$ SUBTOTAL D	\$ SUBTOTAL D
<b>E. Smoker Surcharge</b> If you answered Yes to Question 15, add 20% to BOX D. If you answered No to Question 15, carry BOX D forward.	\$ <input type="text"/> E	\$ <input type="text"/> E
<b>F. Deductible Options</b> 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 the selected deductible.	\$ MEDICAL SUBTOTAL F	\$ MEDICAL SUBTOTAL F

<b>If you require a Non-Medical Plan</b> <b>G. SINGLE TRIP NON-MEDICAL coverage required</b> Indicate the amount of coverage required, rounded up to the nearest \$100.	\$ <input type="text"/> G	\$ <input type="text"/> G
<b>H. Enter your SINGLE TRIP NON-MEDICAL PLAN RATE</b> Refer to the Rate Sheet for the appropriate rate.	\$ <input type="text"/> H	\$ <input type="text"/> H
<b>I. SINGLE TRIP NON-MEDICAL PLAN Premium Due</b> BOX G ÷ 100 x BOX H. Add the appropriate tax (8% Ontario, 9% Quebec).	\$ NON-MEDICAL SUBTOTAL I	\$ NON-MEDICAL SUBTOTAL I

<b>J. SUBTOTAL of MEDICAL and NON-MEDICAL Premium</b> BOX F + BOX I	\$ SUBTOTAL J	\$ SUBTOTAL J
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Applicable Discounts and Fees		
<b>K. Companion Discount</b> If you are purchasing this Policy as a companion, a 5% savings applies (BOX J x 0.95). If not, carry BOX J forward.	\$ <input type="text"/> K	\$ <input type="text"/> K
<b>L. Early Bird Discount</b> If you are purchasing this Policy on or before September 30, 2010, a 5% savings applies (BOX K x 0.95). If not, carry BOX K forward.	\$ <input type="text"/> L	\$ <input type="text"/> L
<b>M. Top-Up Fee</b> If you are topping-up another Insurer's Policy, a \$25 fee applies.	\$ <input type="text"/> M	\$ <input type="text"/> M

<b>N. TOTAL Premium Due</b> BOX L + BOX M. There is a minimum premium of \$25 per applicant.	\$ TOTAL N	\$ TOTAL N
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# Premium Calculation

Plans **without** Medical Questionnaire



Age 54 or under, Canada, 55-74 Vacation,  
40-Day PSHCP or Single Trip Non-Medical Plans

Effective July 2010

For Broker / Sales Agent Use Only			10 01 CAL ECA 0710 000
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

<b>Applicant 1</b>	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Applicant 2</b>	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. If necessary, download this document at [www.etfsinc.com/premiumcalculation/index.html](http://www.etfsinc.com/premiumcalculation/index.html)

If you require a Medical or an All-Inclusive Plan	Applicant 1	Applicant 2
<b>A. Enter your MULTI-TRIP ANNUAL RATE</b> If you are purchasing an ALL-INCLUSIVE Multi-Trip Annual Plan, add the appropriate tax (8% Ontario, 9% Quebec).	\$ <input type="text"/> A	\$ <input type="text"/> A
<b>B. Enter your SINGLE TRIP DAILY RATE</b> 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.	\$ <input type="text"/> B	\$ <input type="text"/> B
<b>C. SINGLE TRIP DAILY Premium</b> Multiply the number of days required by the SINGLE TRIP DAILY RATE. <span style="border: 1px solid black; padding: 2px;">DAYS REQUIRED</span> x BOX B	\$ <input type="text"/> C	\$ <input type="text"/> C
<b>D. MEDICAL PLAN Premium Due</b> BOX A + BOX C	\$ MEDICAL SUBTOTAL D	\$ MEDICAL SUBTOTAL D

If you require a Non-Medical Plan	Applicant 1	Applicant 2
<b>E. SINGLE TRIP NON-MEDICAL coverage required</b> Indicate the amount of coverage required, rounded up to the nearest \$100.	\$ <input type="text"/> E	\$ <input type="text"/> E
<b>F. Enter your SINGLE TRIP NON-MEDICAL PLAN RATE</b> Refer to the Rate Sheet for the appropriate rate.	\$ <input type="text"/> F	\$ <input type="text"/> F
<b>G. SINGLE TRIP NON-MEDICAL PLAN Premium Due</b> BOX E ÷ 100 x BOX F. Add the appropriate tax (8% Ontario, 9% Quebec).	\$ NON-MEDICAL SUBTOTAL G	\$ NON-MEDICAL SUBTOTAL G

<b>H. SUBTOTAL of MEDICAL and NON-MEDICAL Premium</b> BOX D + BOX G	\$ SUBTOTAL H	\$ SUBTOTAL H
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Applicable Discounts and Fees		
<b>I. Companion Discount</b> If you are purchasing this Policy as a companion, a 5% savings applies (BOX H x 0.95). If not, carry BOX H forward.	\$ <input type="text"/> I	\$ <input type="text"/> I
<b>J. Early Bird Discount</b> If you are purchasing this Policy on or before September 30 <sup>th</sup> 2010, a 5% savings applies (BOX I x 0.95). If not, carry BOX I forward.	\$ <input type="text"/> J	\$ <input type="text"/> J
<b>K. Top-Up Fee</b> If you are topping-up another Insurer's Policy, a \$25 fee applies.	\$ <input type="text"/> K	\$ <input type="text"/> K

<b>L. TOTAL Premium Due</b> 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 and complete the "Total Premium for all Applicants" and "Method of Payment" sections at the bottom of Page 2.