



Premium Calculation

Plans **with** Medical Questionnaire

Effective May 2019

Travel Insurance

For Representative Use Only

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) ____/____/____

Male Female

Applicant 2

First Name

Last Name

Date of Birth (D/M/Y) ____/____/____

Male Female

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 one of our representatives.

Emergency Medical Travel Insurance

A. Enter your MEDICAL MULTI-TRIP ANNUAL Premium

The 30-day Multi-Trip Annual Plan option is only available to ages 60 to 79.

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.

C. MEDICAL SINGLE TRIP DAILY or TOP UP Premium

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

D. MEDICAL PLAN SUBTOTAL

BOX A + BOX C

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.

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 your selected deductible.

Applicant 1

Applicant 2

\$

\$

\$

\$ SUBTOTAL

\$

\$ MEDICAL SUBTOTAL

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 ages 60 to 79.

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.

I. Enter your NON-MEDICAL SINGLE TRIP Rate

Refer to the Rate Sheet for the appropriate rate.

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 one of our representatives.

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

L. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums

BOX F + BOX K

\$ SUBTOTAL

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.

\$

N. TOTAL Premium Due

BOX L - BOX M. There is a minimum premium of \$25 per applicant.

\$ TOTAL



Premium Calculation

Plans **without** Medical Questionnaire

Canada, 60 to 79 Vacation, Non-Medical Multi-Trip Annual
or Non-Medical Single Trip Plans

Effective May 2019

Travel Insurance

For Representative Use Only

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) ____/____/____

Male Female

Applicant 2

First Name

Last Name

Date of Birth (D/M/Y) ____/____/____

Male Female

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 one of our representatives.

Emergency Medical Travel Insurance

A. Enter your CANADA PLAN or 60 to 79 VACATION PLAN Rate

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

B. CANADA PLAN or 60 to 79 VACATION PLAN Premium Due

Multiply the number of days required by the applicable rate.

BOX A x DAYS REQUIRED

Non-Medical Travel Insurance

C. Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premium

The 30-day Multi-Trip Annual Plan option is only available to ages 60 to 79.

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

D. 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.

E. Enter your NON-MEDICAL SINGLE TRIP Rate

Refer to the Rate Sheet for the appropriate rate.

F. NON-MEDICAL SINGLE TRIP or TOP UP Premium

BOX D + 100 x BOX E. For rates to top up a Non-Medical Multi-Trip Annual Plan, contact one of our representatives.

G. NON-MEDICAL PLAN Premium Due

BOX C + BOX F. Add the appropriate sales tax of your province or territory of residence.

H. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums

BOX B + BOX G

\$ SUBTOTAL H	\$ SUBTOTAL H
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Savings

I. Travel Companion Savings

If you are purchasing this Policy with a travel companion, a 5% savings applies (BOX H x 0.05). Otherwise, 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.

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30%