

The rates described are subject to change without notice.

Effective August 2010

For more information, call 1-800-360-3234, or visit the Ingle International website at www.ingletravel.com

Please send your completed application and your cheque payable to:

Ingle International & Imagine Financial Ltd.
460 Richmond St. West, Suite 100
Toronto, Ontario M5V 1Y1

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INSTRUCTIONS

To determine which plan type you qualify for, please complete the application for clients age 55 or over.

- Your Single Trip Daily rate is based on your age as of the **purchase date** and the **total trip duration** (including the departure and return dates).
- If you are topping up an existing plan, your Single Trip Daily rate is based on your **total trip duration** and multiplied by the number of top up days.
- Please complete the Application to determine which Plan type you qualify for.
- The minimum premium is \$25 per person, per plan.
- Coverage beyond 182 days (212 days for Ontario residents) is available provided sufficient documentation is received. Call your broker or the sales agent indicated above for more information.

SUPREME

PLAN AND NUMBER OF DAYS		AGE OF THE APPLICANT						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
SINGLE TRIP	1-35	\$2.05	\$2.14	\$2.65	\$3.71	\$6.22	\$10.45	\$12.47
	36-63	\$2.06	\$2.17	\$2.68	\$4.22	\$6.71	\$10.47	\$12.59
	64-84	\$2.08	\$2.29	\$3.04	\$4.25	\$7.07	\$11.04	\$12.99
	85-105	\$2.11	\$2.35	\$3.12	\$4.31	\$7.62	\$11.12	\$13.08
	106-126	\$2.14	\$2.48	\$3.31	\$4.47	\$7.91	\$11.30	\$13.18
	127-154	\$2.15	\$2.68	\$3.56	\$4.84	\$8.20	\$11.92	\$13.64
	155-182	\$2.19	\$2.94	\$3.63	\$5.00	\$8.28	\$12.85	\$15.10
	183+	\$2.24	\$2.98	\$3.74	\$5.05	\$8.37	\$14.07	\$16.18

ELITE

PLAN AND NUMBER OF DAYS		AGE OF THE APPLICANT						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
SINGLE TRIP	1-35	\$2.37	\$2.79	\$3.48	\$4.89	\$7.35	\$15.07	\$15.22
	36-63	\$2.40	\$2.83	\$3.50	\$5.13	\$8.55	\$15.14	\$16.95
	64-84	\$2.52	\$2.94	\$3.85	\$5.21	\$9.11	\$15.89	\$17.49
	85-105	\$2.58	\$3.22	\$4.27	\$5.50	\$9.84	\$16.43	\$17.74
	106-126	\$2.63	\$3.38	\$4.46	\$5.78	\$10.21	\$16.71	\$17.92
	127-154	\$2.78	\$3.51	\$4.58	\$6.26	\$10.58	\$16.98	\$18.14
	155-182	\$3.09	\$3.63	\$4.76	\$6.45	\$10.72	\$17.92	\$19.49
	183+	\$3.38	\$3.98	\$5.25	\$6.53	\$10.90	\$19.31	\$20.91

PREFERRED

PLAN AND NUMBER OF DAYS		AGE OF THE APPLICANT						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
SINGLE TRIP	1-35	\$2.38	\$3.21	\$4.07	\$5.25	\$8.04	\$15.07	\$16.50
	36-63	\$2.40	\$3.26	\$4.49	\$5.70	\$9.27	\$15.89	\$18.38
	64-84	\$2.53	\$3.56	\$4.60	\$6.08	\$9.66	\$16.66	\$19.08
	85-105	\$2.61	\$4.14	\$4.86	\$6.52	\$10.61	\$16.95	\$20.79
	106-126	\$2.67	\$4.38	\$5.02	\$6.77	\$11.16	\$17.17	\$21.92
	127-154	\$2.82	\$4.57	\$5.28	\$7.01	\$11.79	\$17.45	\$23.61
	155-182	\$3.14	\$4.72	\$5.70	\$7.70	\$12.68	\$18.54	\$25.13
	183+	\$3.42	\$5.15	\$6.13	\$8.30	\$13.97	\$19.97	\$26.65

ADVANTAGE

PLAN AND NUMBER OF DAYS		AGE OF THE APPLICANT						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
SINGLE TRIP	1-35	\$2.39	\$4.19	\$5.64	\$7.31	\$12.51	\$19.67	\$25.03
	36-63	\$2.40	\$4.20	\$6.09	\$7.70	\$13.44	\$20.24	\$27.12
	64-84	\$2.54	\$5.05	\$6.80	\$9.96	\$14.54	\$22.37	\$28.26
	85-105	\$2.66	\$5.09	\$6.87	\$9.99	\$14.56	\$23.22	\$29.57
	106-126	\$2.75	\$5.10	\$7.06	\$10.20	\$14.61	\$23.90	\$30.60
	127-154	\$2.88	\$5.12	\$7.51	\$10.79	\$14.71	\$25.04	\$32.36
	155-182	\$3.34	\$5.14	\$8.17	\$11.47	\$15.03	\$25.99	\$33.82
	183+	\$3.46	\$5.62	\$8.78	\$12.61	\$15.51	\$28.24	\$36.47

STANDARD

PLAN AND NUMBER OF DAYS		AGE OF THE APPLICANT						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
SINGLE TRIP	1-35	\$2.85	\$5.13	\$6.82	\$8.94	\$15.73	\$24.22	\$31.44
	36-63	\$2.96	\$5.28	\$7.65	\$9.68	\$16.87	\$25.42	\$34.07
	64-84	\$3.11	\$6.35	\$8.53	\$12.51	\$18.25	\$28.11	\$35.50
	85-105	\$3.27	\$6.37	\$8.64	\$12.55	\$18.30	\$29.17	\$37.16
	106-126	\$3.37	\$6.40	\$8.86	\$12.82	\$18.36	\$30.03	\$38.45
	127-154	\$3.55	\$6.44	\$9.44	\$13.57	\$18.47	\$31.47	\$40.66
	155-182	\$4.11	\$6.47	\$10.27	\$14.42	\$18.90	\$32.65	\$42.48
	183+	\$4.27	\$7.06	\$11.03	\$15.84	\$19.49	\$35.47	\$45.81

DEDUCTIBLE OPTIONS FOR IN-NETWORK PLANS ONLY

Deductible (US\$)	\$0	\$250	\$500	\$1,000	\$5,000	\$10,000
Change in rates	+ 10%	automatic	- 5%	- 10%	- 30%	- 45%

Note: If you have smoked cigarettes during the **5 years** prior to the application date of your insurance, add 20% to your premium.

OUT-OF-NETWORK ADD-ON

Out-of-Network coverage for \$5 per day that you are travelling outside of **Palm Beach, Broward, or Miami-Dade** counties.
(To a maximum of 16 days per trip, and overall maximum of 25% of your total trip duration)

TRAVEL COMPANION DISCOUNT Two is better than one!

5% SAVING!

You and a travel companion will each save **5%** on your travel insurance as long as you are travelling together from your point of departure and share the same accommodation and transportation for the duration of your trip.

Simply subtract 5% from the Companion Discount line in the Premium Calculation.



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