

HeadStart Sub-Plan Premium Rates GB £

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	24	66	129	235	28	77	151	275	65	182	358	650
10-18**	27	74	146	265	30	84	165	300	75	210	413	750
19-24	34	94	184	335	39	109	214	389	85	238	468	850
25-29	40	111	217	395	45	126	248	450	100	280	550	1000
30-34	44	123	242	440	55	154	303	550	115	322	633	1150
35-39	50	140	275	500	58	161	316	575	130	364	715	1300
40-44	57	158	311	565	67	186	366	665	155	434	853	1550
45-49	68	189	371	675	78	217	426	775	180	504	990	1800
50-54	98	273	536	975	101	283	556	1010	236	659	1295	2355
55-59	135	378	743	1350	155	434	853	1550	320	896	1760	3200
60-64	180	504	990	1800	215	602	1183	2150	450	1260	2475	4500
65-69	290	812	1595	2900	339	950	1866	3392	575	1610	3163	5750
70-74	425	1190	2338	4250	430	1204	2365	4300	945	2646	5198	9450

HeadStart Sub-Plan Premium Rates US \$

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	45	125	245	445	52	146	287	522	124	346	679	1235
10-18**	50	140	275	500	57	160	314	570	138	385	756	1375
19-24	64	178	349	635	74	207	407	740	160	448	880	1600
25-29	75	210	413	750	82	230	451	820	190	532	1045	1900
30-34	83	232	457	830	100	280	550	1000	219	612	1202	2185
35-39	94	263	517	940	109	305	600	1090	248	693	1361	2475
40-44	106	297	583	1060	126	353	693	1260	280	784	1540	2800
45-49	128	358	704	1280	150	420	825	1500	338	946	1859	3380
50-54	185	518	1018	1850	195	546	1073	1950	435	1218	2393	4350
55-59	250	700	1375	2500	290	812	1595	2900	608	1702	3344	6080
60-64	335	938	1843	3350	409	1144	2247	4085	855	2394	4703	8550
65-69	550	1540	3025	5500	645	1805	3545	6445	1093	3059	6009	10925
70-74	808	2261	4441	8075	800	2240	4400	8000	1795	5026	9873	17950

HeadStart Sub-Plan Premium Rates EU €

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	35	99	194	353	41	116	227	413	98	273	536	975
10-18**	40	111	219	398	45	126	248	450	113	315	619	1125
19-24	50	141	277	503	58	164	321	584	128	357	701	1275
25-29	59	166	326	593	68	189	371	675	150	420	825	1500
30-34	66	185	363	660	83	231	454	825	173	483	949	1725
35-39	75	210	413	750	86	242	475	863	195	546	1073	1950
40-44	85	237	466	848	100	279	549	998	233	651	1279	2325
45-49	101	284	557	1013	116	326	640	1163	270	756	1485	2700
50-54	146	410	805	1463	152	424	833	1515	353	989	1943	3533
55-59	203	567	1114	2025	233	651	1279	2325	480	1344	2640	4800
60-64	270	756	1485	2700	323	903	1774	3225	675	1890	3713	6750
65-69	435	1218	2393	4350	509	1425	2798	5088	863	2415	4744	8625
70-74	638	1785	3506	6375	645	1806	3548	6450	1418	3969	7796	14175

*The first child (age 14 days-9 years) is free when insured with a parent or guardian under a GlobalSelect sub-plan. **Dependent child rates only available when at least one parent or guardian is insured under a GlobalSelect sub-plan. Children applying with no parent or guardian must use the 19-24 rates. New business rates effective from 1st September 2008. All rates are per person based on age.

Insurance Premium Tax: Insurance premium tax and other governmental levies are not included within these premium rates since these differ according to country of residence. Where premium tax and/or levies apply, they must be added to the premium rates shown.

Currency Fluctuation: We reserve the right to amend these premium rates without notice in the event of currency fluctuations.

Note: Choosing the semi-annual payment option results in approximate total payments of 110% of the annual premium, choosing the quarterly payment option results in approximate total payments of 112% of the annual premium, and choosing the monthly payment option results in approximate total payments of 120% of the annual premium.

See overleaf for Excesses and Options

GlobalSelect: HeadStart Sub-Plan Excesses and Options

Excesses HeadStart Sub-Plan		
GB £	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	100	N/A
Max. Annual Per Person (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	20x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options (Rate change/Factor does not apply to Optional Cover Premium)	250	-20% (multiply by .80)
	500	-25% (multiply by .75)
	1000	-30% (multiply by .70)
	2500	-35% (multiply by .65)
(Note: Choose carefully as you cannot select a lower excess at renewal)	5000	-40% (multiply by .60)
	10000	-45% (multiply by .55)

US \$		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	180	N/A
Max. Annual Per Person (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	20x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options (Rate change/Factor does not apply to Optional Cover Premium)	450	-20% (multiply by .80)
	900	-25% (multiply by .75)
	1800	-30% (multiply by .70)
	4500	-35% (multiply by .65)
(Note: Choose carefully as you cannot select a lower excess at renewal)	9000	-40% (multiply by .60)
	18000	-45% (multiply by .55)

EU €		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	150	N/A
Max. Annual Per Person (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	20x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options (Rate change/Factor does not apply to Optional Cover Premium)	375	-20% (multiply by .80)
	750	-25% (multiply by .75)
	1500	-30% (multiply by .70)
	3750	-35% (multiply by .65)
(Note: Choose carefully as you cannot select a lower excess at renewal)	7500	-40% (multiply by .60)
	15000	-45% (multiply by .55)

Optional Covers				
GB £	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	13	37	73	133
Second supplemental unit of cover (ages 19-64)	10	28	55	100
Child cover (ages 31 days-18 years)	6	16	31	56
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	6	16	31	56

US \$				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	24	67	132	240
Second supplemental unit of cover (ages 19-64)	18	50	99	180
Child cover (ages 31 days-18 years)	10	28	55	100
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	10	28	55	100

EU €				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	20	56	110	200
Second supplemental unit of cover (ages 19-64)	15	42	83	150
Child cover (ages 31 days-18 years)	8	23	46	83
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	8	23	46	83

The payment frequency for the Optional Covers must be the same as the payment frequency for your HeadStart sub-plan.

We will calculate your premium if you are paying by credit card or debit card. If you are paying by cheque, we have included this section if you would like to work the premium out for yourself, or please call us or your agent for further assistance.

- Currency**
 £ GB Pounds
 € Euros
 \$ US Dollars

- Area of Cover**
 1 Europe
 2 Worldwide excluding USA & Canada
 3 Worldwide

- Payment Frequency**
 Monthly Semi-Annually
 Quarterly Annually

To arrive at your payment, please complete the rate calculation below:

Enter the premium for each Family Member (from rate tables on front page)	
	Amount
Applicant	_____.
Spouse	_____.
1st Child	_____.
2nd Child	_____.
3rd Child	_____.
Subtotal A	_____.

Optional Covers (from rate tables above)	Amount
Global Personal Accident Plan	
First unit of cover	_____ X _____ = B _____
	Rate # of adults applying
Second supplemental unit of cover	_____ X _____ = C _____
	Rate # of adults applying
Child cover	_____ X _____ = D _____
	Rate # of children applying
Global Daily Indemnity	_____ X _____ = E _____
	Rate # of family members applying
Subtotal (B+C+D+E)	= F _____

Subtotal A X Excess Rate factor (from Excess box above) = _____ + Subtotal F above = _____ Insurance Premium Taxes/Levies (if applicable) + _____ = Premium

Total Premium Due

Basic Sub-Plan Premium Rates GB £

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	30	84	165	300	38	105	206	375	95	265	520	945
10-18**	33	91	179	325	43	119	234	425	110	308	605	1100
19-24	44	123	242	440	55	154	303	550	125	350	688	1250
25-29	50	140	275	500	60	167	327	595	135	378	743	1350
30-34	57	158	311	565	74	206	404	735	155	434	853	1550
35-39	65	182	358	650	78	217	426	775	168	469	921	1675
40-44	83	231	454	825	91	253	498	905	200	559	1097	1995
45-49	103	287	564	1025	113	315	619	1125	230	644	1265	2300
50-54	125	350	688	1250	145	406	798	1450	275	770	1513	2750
55-59	195	546	1073	1950	220	616	1210	2200	425	1190	2338	4250
60-64	245	686	1348	2450	313	875	1719	3125	530	1484	2915	5300
65-69	320	896	1760	3200	400	1120	2200	4000	689	1929	3790	6890
70-74	560	1568	3080	5600	650	1820	3575	6500	1200	3360	6600	12000

Basic Sub-Plan Premium Rates US \$

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	60	168	330	600	73	203	399	725	180	503	987	1795
10-18**	65	182	358	650	83	231	454	825	200	560	1100	2000
19-24	88	246	484	880	105	294	578	1050	238	665	1306	2375
25-29	100	280	550	1000	113	316	622	1130	257	718	1411	2565
30-34	113	316	622	1130	140	391	767	1395	290	812	1595	2900
35-39	130	364	715	1300	150	420	825	1500	310	868	1705	3100
40-44	165	462	908	1650	180	504	990	1800	379	1061	2085	3790
45-49	205	574	1128	2050	220	616	1210	2200	430	1204	2365	4300
50-54	250	700	1375	2500	285	798	1568	2850	525	1470	2888	5250
55-59	371	1037	2038	3705	418	1170	2299	4180	808	2261	4441	8075
60-64	466	1303	2560	4655	594	1663	3267	5940	1007	2820	5539	10070
65-69	608	1702	3344	6080	760	2128	4180	7600	1300	3640	7150	13000
70-74	1064	2979	5852	10640	1235	3458	6793	12350	2200	6160	12100	22000

Basic Sub-Plan Premium Rates EU €

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	45	126	248	450	56	158	310	563	142	397	780	1418
10-18**	49	137	268	488	64	179	351	638	165	462	908	1650
19-24	66	185	363	660	83	231	454	825	188	525	1031	1875
25-29	75	210	413	750	89	250	491	893	203	567	1114	2025
30-34	85	237	466	848	110	309	607	1103	233	651	1279	2325
35-39	98	273	536	975	116	326	640	1163	251	704	1382	2513
40-44	124	347	681	1238	136	380	747	1358	299	838	1646	2993
45-49	154	431	846	1538	169	473	928	1688	345	966	1898	3450
50-54	188	525	1031	1875	218	609	1196	2175	413	1155	2269	4125
55-59	293	819	1609	2925	330	924	1815	3300	638	1785	3506	6375
60-64	368	1029	2021	3675	469	1313	2578	4688	795	2226	4373	7950
65-69	480	1344	2640	4800	600	1680	3300	6000	1034	2894	5684	10335
70-74	840	2352	4620	8400	975	2730	5363	9750	1800	5040	9900	18000

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See overleaf for Excesses and Options

GlobalSelect: Basic Sub-Plan Excesses and Options

Excesses Basic Sub-Plan		
GB £	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	100	N/A
Max. Annual Per Person (whichever is the greater)	5x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options (Rate change/Factor does not apply to Optional Cover Premium)	250	-20% (multiply by .80)
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US \$		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	180	N/A
Max. Annual Per Person (whichever is the greater)	5x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options (Rate change/Factor does not apply to Optional Cover Premium)	450	-20% (multiply by .80)
	900	-25% (multiply by .75)
	1800	-30% (multiply by .70)
	4500	-35% (multiply by .65)
(Note: Choose carefully as you cannot select a lower excess at renewal)	9000	-40% (multiply by .60)
	18000	-45% (multiply by .55)

EU €		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	150	N/A
Max. Annual Per Person (whichever is the greater)	5x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options (Rate change/Factor does not apply to Optional Cover Premium)	375	-20% (multiply by .80)
	750	-25% (multiply by .75)
	1500	-30% (multiply by .70)
	3750	-35% (multiply by .65)
(Note: Choose carefully as you cannot select a lower excess at renewal)	7500	-40% (multiply by .60)
	15000	-45% (multiply by .55)

Optional Covers				
GB £	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	13	37	73	133
Second supplemental unit of cover (ages 19-64)	10	28	55	100
Child cover (ages 31 days-18 years)	6	16	31	56
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	6	16	31	56

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	Monthly	Quarterly	Semi-Annually	Annually
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First unit of cover	24	67	132	240
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Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	10	28	55	100

EU €				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	20	56	110	200
Second supplemental unit of cover (ages 19-64)	15	42	83	150
Child cover (ages 31 days-18 years)	8	23	46	83
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	8	23	46	83

The payment frequency for the Optional Covers must be the same as the payment frequency for your Basic sub-plan.

We will calculate your premium if you are paying by credit card or debit card. If you are paying by cheque, we have included this section if you would like to work the premium out for yourself, or please call us or your agent for further assistance.

- | | | |
|--|---|---|
| Currency | Area of Cover | Payment Frequency |
| <input type="checkbox"/> £ GB Pounds | <input type="checkbox"/> 1 Europe | <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> € Euros | <input type="checkbox"/> 2 Worldwide excluding USA & Canada | <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |
| <input type="checkbox"/> \$ US Dollars | <input type="checkbox"/> 3 Worldwide | |

To arrive at your payment, please complete the rate calculation below:

Enter the premium for each Family Member (from rate tables on front page)	
	Amount
Applicant	_____
Spouse	_____
1st Child	_____
2nd Child	_____
3rd Child	_____
Subtotal A	_____

Optional Covers (from rate tables above)		Amount
Global Personal Accident Plan		
First unit of cover	Rate _____ X _____ # of adults applying	= B _____
Second supplemental unit of cover	Rate _____ X _____ # of adults applying	= C _____
Child cover	Rate _____ X _____ # of children applying	= D _____
Global Daily Indemnity	Rate _____ X _____ # of family members applying	= E _____
Subtotal (B+C+D+E)		= F _____

Subtotal A _____ X Excess Rate factor _____ = _____ + Subtotal F above _____ = Premium _____
 (from Excess box above) Insurance Premium Taxes/Levies (if applicable) + _____

Total Premium Due

Standard Sub-Plan Premium Rates GB £

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	43	119	234	425	50	139	272	495	113	315	619	1125
10-18**	47	130	256	465	54	150	294	535	119	332	652	1185
19-24	65	182	358	650	70	195	382	695	145	406	798	1450
25-29	75	209	410	745	83	231	454	825	173	483	949	1725
30-34	79	220	432	785	90	251	492	895	188	525	1031	1875
35-39	90	251	492	895	94	262	514	935	203	567	1114	2025
40-44	100	279	547	995	113	315	619	1125	240	672	1320	2400
45-49	123	343	674	1225	135	378	743	1350	278	777	1526	2775
50-54	150	419	822	1495	168	469	921	1675	368	1029	2021	3675
55-59	220	616	1210	2200	238	665	1306	2375	520	1456	2860	5200
60-64	320	896	1760	3200	330	924	1815	3300	660	1848	3630	6600
65-69	375	1050	2063	3750	415	1162	2283	4150	870	2435	4782	8695
70-74	650	1820	3575	6500	720	2016	3960	7200	1400	3920	7700	14000

Standard Sub-Plan Premium Rates US \$

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	80	224	440	800	94	263	517	940	210	588	1155	2100
10-18**	85	238	468	850	100	280	550	1000	220	616	1210	2200
19-24	120	336	660	1200	129	360	707	1285	265	742	1458	2650
25-29	130	364	715	1300	143	399	784	1425	310	868	1705	3100
30-34	149	417	820	1490	165	462	908	1650	340	952	1870	3400
35-39	168	469	921	1675	183	511	1004	1825	375	1050	2063	3750
40-44	189	529	1040	1890	210	588	1155	2100	450	1260	2475	4500
45-49	225	630	1238	2250	248	693	1361	2475	527	1476	2899	5270
50-54	280	784	1540	2800	322	902	1771	3220	685	1918	3768	6850
55-59	418	1170	2299	4180	451	1263	2481	4510	875	2450	4813	8750
60-64	608	1702	3344	6080	627	1756	3449	6270	1254	3511	6897	12540
65-69	713	1995	3919	7125	780	2184	4290	7800	1650	4620	9075	16500
70-74	1235	3458	6793	12350	1368	3830	7524	13680	2600	7280	14300	26000

Standard Sub-Plan Premium Rates EU €

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	64	179	351	638	74	208	409	743	169	473	928	1688
10-18**	70	195	384	698	80	225	442	803	178	498	978	1778
19-24	98	273	536	975	104	292	574	1043	218	609	1196	2175
25-29	112	313	615	1118	124	347	681	1238	259	725	1423	2588
30-34	118	330	648	1178	134	376	739	1343	281	788	1547	2813
35-39	134	376	739	1343	140	393	772	1403	304	851	1671	3038
40-44	149	418	821	1493	169	473	928	1688	360	1008	1980	3600
45-49	184	515	1011	1838	203	567	1114	2025	416	1166	2290	4163
50-54	224	628	1234	2243	251	704	1382	2513	551	1544	3032	5513
55-59	330	924	1815	3300	356	998	1960	3563	780	2184	4290	7800
60-64	480	1344	2640	4800	495	1386	2723	4950	990	2772	5445	9900
65-69	563	1575	3094	5625	623	1743	3424	6225	1304	3652	7174	13043
70-74	975	2730	5363	9750	1080	3024	5940	10800	2100	5880	11550	21000

*The first child (age 14 days-9 years) is free when insured with a parent or guardian under a GlobalSelect sub-plan. **Dependent child rates only available when at least one parent or guardian is insured under a GlobalSelect sub-plan. Children applying with no parent or guardian must use the 19-24 rates. New business rates effective from 1st September 2008. All rates are per person based on age.

Insurance Premium Tax: Insurance premium tax and other governmental levies are not included within these premium rates since these differ according to country of residence. Where premium tax and/or levies apply, they must be added to the premium rates shown.

Currency Fluctuation: We reserve the right to amend these premium rates without notice in the event of currency fluctuations.

Note: Choosing the semi-annual payment option results in approximate total payments of 110% of the annual premium, choosing the quarterly payment option results in approximate total payments of 112% of the annual premium, and choosing the monthly payment option results in approximate total payments of 120% of the annual premium.

See overleaf for Excesses and Options

GlobalSelect: Standard Sub-Plan Excesses and Options

Excesses Standard Sub-Plan		
GB £	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	50	N/A
Max. Annual Per Person (whichever is the greater)	5x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options <small>(Rate change/Factor does not apply to Optional Cover Premium)</small>	NIL	+10% (multiply by 1.10)
	100	-10% (multiply by .90)
	250	-20% (multiply by .80)
	500	-25% (multiply by .75)
	1000	-30% (multiply by .70)
	2500	-35% (multiply by .65)
<small>(Note: Choose carefully as you cannot select a lower excess at renewal)</small>	5000	-40% (multiply by .60)
	10000	-45% (multiply by .55)

US \$		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	90	N/A
Max. Annual Per Person (whichever is the greater)	5x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options <small>(Rate change/Factor does not apply to Optional Cover Premium)</small>	NIL	+10% (multiply by 1.10)
	180	-10% (multiply by .90)
	450	-20% (multiply by .80)
	900	-25% (multiply by .75)
	1800	-30% (multiply by .70)
	4500	-35% (multiply by .65)
<small>(Note: Choose carefully as you cannot select a lower excess at renewal)</small>	9000	-40% (multiply by .60)
	18000	-45% (multiply by .55)

EU €		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	75	N/A
Max. Annual Per Person (whichever is the greater)	5x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options <small>(Rate change/Factor does not apply to Optional Cover Premium)</small>	NIL	+10% (multiply by 1.10)
	150	-10% (multiply by .90)
	375	-20% (multiply by .80)
	750	-25% (multiply by .75)
	1500	-30% (multiply by .70)
	3750	-35% (multiply by .65)
<small>(Note: Choose carefully as you cannot select a lower excess at renewal)</small>	7500	-40% (multiply by .60)
	15000	-45% (multiply by .55)

Optional Covers				
GB £	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	13	37	73	133
Second supplemental unit of cover (ages 19-64)	10	28	55	100
Child cover (ages 31 days-18 years)	6	16	31	56
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	6	16	31	56

US \$				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	24	67	132	240
Second supplemental unit of cover (ages 19-64)	18	50	99	180
Child cover (ages 31 days-18 years)	10	28	55	100
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	10	28	55	100

EU €				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	20	56	110	200
Second supplemental unit of cover (ages 19-64)	15	42	83	150
Child cover (ages 31 days-18 years)	8	23	46	83
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	8	23	46	83

The payment frequency for the Optional Covers must be the same as the payment frequency for your Standard sub-plan.

We will calculate your premium if you are paying by credit card or debit card. If you are paying by cheque, we have included this section if you would like to work the premium out for yourself, or please call us or your agent for further assistance.

Currency

- £ GB Pounds
- € Euros
- \$ US Dollars

Area of Cover

- 1 Europe
- 2 Worldwide excluding USA & Canada
- 3 Worldwide

Payment Frequency

- Monthly
- Quarterly
- Semi-Annually
- Annually

To arrive at your payment, please complete the rate calculation below:

Enter the premium for each Family Member (from rate tables on front page)	
	Amount
Applicant	_____
Spouse	_____
1st Child	_____
2nd Child	_____
3rd Child	_____
Subtotal A	_____

Optional Covers (from rate tables above)	Amount
Global Personal Accident Plan	
First unit of cover _____ X _____ = B _____	
Rate # of adults applying	
Second supplemental unit of cover _____ X _____ = C _____	
Rate # of adults applying	
Child cover _____ X _____ = D _____	
Rate # of children applying	
Global Daily Indemnity _____ X _____ = E _____	
Rate # of family members applying	
Subtotal (B+C+D+E) = F _____	

Subtotal A _____ X Excess Rate factor _____ = _____ + Subtotal F above _____ = Premium _____
(from Excess box above) Insurance Premium Taxes/Levies (if applicable) + _____

Total Premium Due _____

Executive Sub-Plan Premium Rates GB £

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	55	153	300	545	69	192	377	685	125	350	688	1250
10-18**	60	167	327	595	71	199	391	710	155	433	850	1545
19-24	78	217	426	775	88	245	481	875	185	518	1018	1850
25-29	100	279	547	995	105	293	575	1045	200	560	1100	2000
30-34	113	315	619	1125	115	322	633	1150	223	623	1224	2225
35-39	120	335	657	1195	130	363	712	1295	245	686	1348	2450
40-44	148	413	811	1475	148	413	811	1475	283	791	1554	2825
45-49	165	461	905	1645	175	489	960	1745	365	1021	2005	3645
50-54	201	563	1106	2010	225	630	1238	2250	450	1260	2475	4500
55-59	265	742	1458	2650	297	832	1634	2970	623	1743	3424	6225
60-64	340	952	1870	3400	440	1232	2420	4400	880	2464	4840	8800
65-69	490	1372	2695	4900	620	1736	3410	6200	1240	3472	6820	12400
70-74	795	2226	4373	7950	890	2492	4895	8900	1780	4984	9790	17800

Executive Sub-Plan Premium Rates US \$

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	100	280	550	1000	130	364	715	1300	230	644	1265	2300
10-18**	113	316	622	1130	135	378	743	1350	280	784	1540	2800
19-24	145	405	795	1445	160	448	880	1600	333	931	1829	3325
25-29	183	511	1004	1825	190	532	1045	1900	380	1064	2090	3800
30-34	210	588	1155	2100	213	595	1169	2125	423	1183	2324	4225
35-39	215	602	1183	2150	235	658	1293	2350	465	1302	2558	4650
40-44	250	700	1375	2500	270	756	1485	2700	537	1502	2951	5365
45-49	310	868	1705	3100	320	895	1757	3195	665	1862	3658	6650
50-54	382	1070	2101	3820	420	1176	2310	4200	800	2240	4400	8000
55-59	500	1400	2750	5000	565	1581	3105	5645	1075	3010	5913	10750
60-64	646	1809	3553	6460	800	2240	4400	8000	1672	4682	9196	16720
65-69	931	2607	5121	9310	1100	3080	6050	11000	2275	6370	12513	22750
70-74	1500	4200	8250	15000	1750	4900	9625	17500	3200	8960	17600	32000

Executive Sub-Plan Premium Rates EU €

AGE	AREA 1 Europe				AREA 2 Worldwide excluding USA & Canada				AREA 3 Worldwide			
	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually	Monthly	Quarterly	Semi-Annually	Annually
14 days-9 yrs**	82	229	450	818	103	288	565	1028	188	525	1031	1875
10-18**	89	250	491	893	107	298	586	1065	232	649	1275	2318
19-24	116	326	640	1163	131	368	722	1313	278	777	1526	2775
25-29	149	418	821	1493	157	439	862	1568	300	840	1650	3000
30-34	169	473	928	1688	173	483	949	1725	334	935	1836	3338
35-39	179	502	986	1793	194	544	1069	1943	368	1029	2021	3675
40-44	221	620	1217	2213	221	620	1217	2213	424	1187	2331	4238
45-49	247	691	1357	2468	262	733	1440	2618	547	1531	3007	5468
50-54	302	844	1658	3015	338	945	1856	3375	675	1890	3713	6750
55-59	398	1113	2186	3975	446	1247	2450	4455	934	2615	5136	9338
60-64	510	1428	2805	5100	660	1848	3630	6600	1320	3696	7260	13200
65-69	735	2058	4043	7350	930	2604	5115	9300	1860	5208	10230	18600
70-74	1193	3339	6559	11925	1335	3738	7343	13350	2670	7476	14685	26700

*The first child (age 14 days-9 years) is free when insured with a parent or guardian under a GlobalSelect sub-plan. **Dependent child rates only available when at least one parent or guardian is insured under a GlobalSelect sub-plan. Children applying with no parent or guardian must use the 19-24 rates. New business rates effective from 1st September 2008. All rates are per person based on age.

Insurance Premium Tax: Insurance premium tax and other governmental levies are not included within these premium rates since these differ according to country of residence. Where premium tax and/or levies apply, they must be added to the premium rates shown.

Currency Fluctuation: We reserve the right to amend these premium rates without notice in the event of currency fluctuations.

Note: Choosing the semi-annual payment option results in approximate total payments of 110% of the annual premium, choosing the quarterly payment option results in approximate total payments of 112% of the annual premium, and choosing the monthly payment option results in approximate total payments of 120% of the annual premium.

See overleaf for Excesses and Options

GlobalSelect: Executive Sub-Plan Excesses and Options

Excesses Executive Sub-Plan		
GB £	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	25	N/A
Max. Annual Per Person (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	20x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options <small>(Rate change/Factor does not apply to Optional Cover Premium)</small>	NIL	+10% (multiply by 1.10)
	50	-5% (multiply by .95)
	100	-10% (multiply by .90)
	250	-20% (multiply by .80)
	500	-25% (multiply by .75)
	1000	-30% (multiply by .70)
	2500	-35% (multiply by .65)
<small>(Note: Choose carefully as you cannot select a lower excess at renewal)</small>	5000	-40% (multiply by .60)
	10000	-45% (multiply by .55)

US \$		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	45	N/A
Max. Annual Per Person (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	20x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options <small>(Rate change/Factor does not apply to Optional Cover Premium)</small>	NIL	+10% (multiply by 1.10)
	90	-5% (multiply by .95)
	180	-10% (multiply by .90)
	450	-20% (multiply by .80)
	900	-25% (multiply by .75)
	1800	-30% (multiply by .70)
	4500	-35% (multiply by .65)
<small>(Note: Choose carefully as you cannot select a lower excess at renewal)</small>	9000	-40% (multiply by .60)
	18000	-45% (multiply by .55)

EU €		
	Per Person, Per Condition, Per Period of Insurance	Excess Rate Change/Factor
Standard Excess	38	N/A
Max. Annual Per Person (whichever is the greater)	10x Standard/Voluntary Excess	N/A
Max. Family Annual (whichever is the greater)	20x Standard/Voluntary Excess	N/A
Voluntary Medical Excess Options <small>(Rate change/Factor does not apply to Optional Cover Premium)</small>	NIL	+10% (multiply by 1.10)
	75	-5% (multiply by .95)
	150	-10% (multiply by .90)
	375	-20% (multiply by .80)
	750	-25% (multiply by .75)
	1500	-30% (multiply by .70)
	3750	-35% (multiply by .65)
<small>(Note: Choose carefully as you cannot select a lower excess at renewal)</small>	7500	-40% (multiply by .60)
	15000	-45% (multiply by .55)

Optional Covers				
GB £	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	13	37	73	133
Second supplemental unit of cover (ages 19-64)	10	28	55	100
Child cover (ages 31 days-18 years)	6	16	31	56
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	6	16	31	56

US \$				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	24	67	132	240
Second supplemental unit of cover (ages 19-64)	18	50	99	180
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EU €				
	Monthly	Quarterly	Semi-Annually	Annually
Global Personal Accident Plan				
First unit of cover	20	56	110	200
Second supplemental unit of cover (ages 19-64)	15	42	83	150
Child cover (ages 31 days-18 years)	8	23	46	83
Global Daily Indemnity - Hospital Income Plan Premiums				
Available only between ages 19-69	8	23	46	83

The payment frequency for the Optional Covers must be the same as the payment frequency for your Executive sub-plan.

We will calculate your premium if you are paying by credit card or debit card. If you are paying by cheque, we have included this section if you would like to work the premium out for yourself, or please call us or your agent for further assistance.

- | | | |
|--|---|---|
| Currency | Area of Cover | Payment Frequency |
| <input type="checkbox"/> £ GB Pounds | <input type="checkbox"/> 1 Europe | <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> € Euros | <input type="checkbox"/> 2 Worldwide excluding USA & Canada | <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |
| <input type="checkbox"/> \$ US Dollars | <input type="checkbox"/> 3 Worldwide | |

To arrive at your payment, please complete the rate calculation below:

Enter the premium for each Family Member (from rate tables on front page)	
	Amount
Applicant	_____
Spouse	_____
1st Child	_____
2nd Child	_____
3rd Child	_____
Subtotal A	_____

Optional Covers (from rate tables above)	Amount
Global Personal Accident Plan	
First unit of cover _____ X _____ = B _____	
Rate # of adults applying	
Second supplemental unit of cover _____ X _____ = C _____	
Rate # of adults applying	
Child cover _____ X _____ = D _____	
Rate # of children applying	
Global Daily Indemnity _____ X _____ = E _____	
Rate # of family members applying	
Subtotal (B+C+D+E) = F _____	

_____ X _____ = _____ + _____ = _____
 Subtotal A Excess Rate factor Subtotal F above Premium
 (from Excess box above) Insurance Premium Taxes/Levies (if applicable) + _____

Total Premium Due