

# Premium Quote



**High package**  
Reference number: FRS01009\_11

Start date: 01/02/11

Underwriting terms: Full medical underwriting

Payment frequency: Yearly

Payment currency: EUR

Rates include EUR 200 out-patient deductible per Insurance Year

This quote may be subject to locally imposed premium taxes which can only be applied at invoicing stage. This is not an invoice.

## Region 1: Worldwide

## Region 2: Worldwide excluding USA

## Base Individual Rates

Region	Age	Club Core Plan	Club Maternity Plan	Silver Out-patient Plan	Dental Plan 2	Reparation Plan	Total premium
1	70	11,290	0	7,590	1,008	57	19,935
1	69	10,649	0	7,151	1,008	57	18,865
1	68	10,047	0	6,745	1,008	57	17,867
1	67	9,479	0	6,363	1,008	57	16,907
1	66	8,942	0	6,005	1,008	57	16,012
1	65	8,435	0	5,665	1,008	57	15,165
1	64	7,958	0	5,345	1,008	57	14,368
1	63	7,509	0	5,041	1,008	57	13,615
1	62	7,083	0	4,756	1,008	57	12,904
1	61	6,683	0	4,488	1,008	57	12,236
1	60	6,305	0	4,233	1,008	57	11,603
1	59	5,946	0	3,992	1,008	57	11,003
1	58	5,663	0	3,802	1,008	57	10,530
1	57	5,394	0	3,622	1,008	57	10,061
1	56	5,139	0	3,449	1,008	57	9,653
1	55	4,893	0	3,286	1,008	57	9,244
1	54	4,659	0	3,129	1,008	57	8,853
1	53	4,438	0	2,980	1,008	57	8,483
1	52	4,228	0	2,839	1,008	57	8,132
1	51	4,026	0	2,703	1,008	57	7,794
1	50	3,834	0	2,574	1,008	57	7,473
1	49	3,652	0	2,453	1,008	57	7,170
1	48	3,551	0	2,427	1,008	57	7,043
1	47	3,454	0	2,405	1,008	57	6,924
1	46	3,369	92	2,305	1,008	57	6,761
1	45	3,115	137	2,224	1,008	57	6,541
1	44	3,052	187	2,183	1,008	57	6,487
1	43	2,982	311	2,123	1,008	57	6,481
1	42	2,919	436	2,102	1,008	57	6,522
1	41	2,826	618	2,079	1,008	57	6,588
1	40	2,826	618	2,058	1,008	57	6,567
1	39	2,826	618	2,038	1,008	57	6,547
1	38	2,826	618	2,017	1,008	57	6,526
1	37	2,812	616	2,007	1,008	57	6,500
1	36	2,767	608	1,998	1,008	57	6,438
1	35	2,701	593	1,988	1,008	57	6,347
1	34	2,673	587	1,980	1,008	57	6,305
1	33	2,628	577	1,971	1,008	57	6,241
1	32	2,594	571	1,952	1,008	57	6,182
1	31	2,563	561	1,938	1,008	57	6,057
1	30	2,434	535	1,795	1,008	57	5,829
1	29	2,424	533	1,765	1,008	57	5,787
1	28	2,367	519	1,713	1,008	57	5,664
1	27	2,317	507	1,697	1,008	57	5,596
1	26	2,291	503	1,510	1,008	57	5,369
1	25	2,268	294	1,258	1,008	57	4,885
1	24	2,244	236	1,258	1,008	57	4,805
1	23	2,236	210	1,201	1,008	57	4,712
1	22	2,204	185	1,190	1,008	57	4,644
1	21	2,190	131	1,190	1,008	57	4,576
1	20	2,188	107	1,190	1,000	57	4,542
1	19	2,109	82	1,120	870	57	4,238
1	18	1,543	0	916	307	57	2,839
1	17	1,523	0	916	307	57	2,803
1	16	1,513	0	916	307	57	2,793
1	15	1,503	0	916	307	57	2,783
1	14	1,493	0	916	307	57	2,773
1	13	1,484	0	916	307	57	2,764
1	12	1,474	0	916	307	57	2,754
1	11	1,464	0	916	307	57	2,744
1	10	1,454	0	916	307	57	2,734
1	09	1,444	0	916	307	57	2,724
1	08	1,436	0	916	307	57	2,716
1	07	1,424	0	916	307	57	2,704
1	06	1,414	0	916	307	57	2,694
1	05	1,404	0	916	307	57	2,684
1	04	1,394	0	916	307	57	2,674
1	03	1,385	0	916	307	57	2,665
1	02	1,375	0	916	307	57	2,655
1	01	1,551	0	935	307	57	2,850
1	00	1,676	0	1,010	307	57	3,050

### Notes

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You should be aware of your legal duty of disclosure. This means that you must ensure that all information which may influence a prudent insurer to judge the risk and offer terms must be given and must be accurate and complete, even if that information is not favourable to the risk. Failure to do this may result in the contract being voided from inception and claims not being paid or recovered.

Benefits are as per the accompanying Table of Benefits. Standard terms and conditions apply, which are contained in the accompanying Benefit Guide.

Evacuation cover can be upgraded to full Reparation cover for E51/ E63/ USS85/ CHF98 per insured life.

The premiums provided in this quotation are on an individual life basis. Please ensure that any dependants to be included in the quotation are stated in the above list.

Commission included in this quote is 10%.

This quotation is on an execution basis only, where no advice has been provided by Allianz Worldwide Care on product selection.

Surcharges for payment frequency are: 3% (half-yearly), 4% (quarterly), or 5% (monthly). There is no surcharge for annual payment.

Please note that premium rates will take account of the policyholders' country of residence, to reflect the cost of medical care in that particular country, the age of each member on the policy and the chosen payment frequency, where relevant. Please also note that premiums will be reviewed at renewal should changes in residency take place mid-year.

This quote is based on the country of residence declared for each member, so please note that if residency changes, this quote will no longer be valid. However, we will be happy to provide you with a new quote upon request.

The total premium quote has been derived from the information you have submitted to us. Should there be a change in the number of lives to be insured with us, then Allianz Worldwide Care reserves the right to amend the premium accordingly to reflect the change in the risk.

# Premium Quote


**Medium package**

Reference number: FRS01009\_11

Start date: 01/02/11

Underwriting terms: Full medical underwriting

Payment frequency: Yearly

Payment currency: EUR

Rates include EUR 200 out-patient deductible per Insurance Year

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**Region 1: Worldwide**
**Base Individual Rates**
**Region 1: Worldwide excluding USA**

Region	Age	Classic Core Plan	Bronze Out-patient Plan	Reparation Plan	Total premium
1	70	10,104	5,692	57	15,753
1	69	9,532	5,277	57	14,866
1	68	8,992	4,977	57	14,026
1	67	8,485	4,694	57	13,236
1	66	8,006	4,429	57	12,492
1	65	7,552	4,179	57	11,788
1	64	7,123	3,943	57	11,123
1	63	6,721	3,718	57	10,496
1	62	6,338	3,507	57	9,902
1	61	5,982	3,311	57	9,350
1	60	5,645	3,123	57	8,823
1	59	5,323	2,947	57	8,327
1	58	5,016	2,786	57	7,859
1	57	4,728	2,637	57	7,422
1	56	4,460	2,500	57	7,017
1	55	4,218	2,374	57	6,649
1	54	4,170	2,308	57	6,535
1	53	3,972	2,198	57	6,227
1	52	3,782	2,095	57	5,934
1	51	3,604	1,995	57	5,656
1	50	3,432	1,898	57	5,387
1	49	3,269	1,809	57	5,135
1	48	3,178	1,792	57	5,027
1	47	3,089	1,773	57	4,919
1	46	2,990	1,702	57	4,749
1	45	2,780	1,640	57	4,477
1	44	2,780	1,611	57	4,448
1	43	2,705	1,567	57	4,329
1	42	2,652	1,550	57	4,259
1	41	2,586	1,534	57	4,187
1	40	2,505	1,500	57	4,062
1	39	2,491	1,502	57	4,050
1	38	2,438	1,488	57	3,983
1	37	2,400	1,482	57	3,938
1	36	2,361	1,475	57	3,893
1	35	2,303	1,467	57	3,827
1	34	2,281	1,461	57	3,799
1	33	2,242	1,455	57	3,754
1	32	2,214	1,459	57	3,710
1	31	2,186	1,377	57	3,620
1	30	2,157	1,326	57	3,540
1	29	2,129	1,303	57	3,489
1	28	2,101	1,265	57	3,423
1	27	2,078	1,252	57	3,379
1	26	2,038	1,114	57	3,209
1	25	1,983	929	57	2,949
1	24	1,963	829	57	2,849
1	23	1,941	886	57	2,884
1	22	1,909	878	57	2,844
1	21	1,864	878	57	2,799
1	20	1,856	878	57	2,791
1	19	1,773	832	57	2,662
1	18	1,563	705	57	2,125
1	17	1,347	705	57	2,109
1	16	1,339	705	57	2,101
1	15	1,333	705	57	2,095
1	14	1,325	705	57	2,087
1	13	1,319	705	57	2,081
1	12	1,311	705	57	2,073
1	11	1,303	705	57	2,065
1	10	1,295	705	57	2,057
1	09	1,289	705	57	2,051
1	08	1,292	705	57	2,044
1	07	1,276	705	57	2,038
1	06	1,270	705	57	2,032
1	05	1,260	705	57	2,022
1	04	1,254	705	57	2,016
1	03	1,246	705	57	2,008
1	02	1,240	705	57	2,002
1	01	1,402	721	57	2,180
1	00	1,513	780	57	2,350

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Benefits are as per the accompanying Table of Benefits. Standard terms and conditions apply, which are contained in the accompanying Benefit Guide.

Evacuation cover can be upgraded to full Repatriation cover for E51/EE3/US\$85/CHF98 per insured life.

The premiums provided in this quotation are on an individual life basis. Please ensure that any dependants to be included in the quotation are stated in the above list.

Commission included in this quote is 10%.

This quotation is on an execution basis only, where no advice has been provided by Allianz Worldwide Care on product selection.

Surcharges for payment frequency are: 2% (half-yearly), 4% (quarterly), or 5% (monthly). There is no surcharge for annual payment.

Please note that premium rates will take account of the policyholders' country of residence, to reflect the cost of medical care in that particular country, the age of each member on the policy and the chosen payment frequency, where relevant. Please also note that premiums will be reviewed at renewal should changes in residency take place mid-year.

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# Premium Quote



**Basic package**  
Reference number: FRS01009\_11

**Start date:** 01/02/11

Full medical  
underwriting

**Underwriting terms:**

**Payment frequency:** Yearly

**Payment currency:** EUR

Rates include EUR 200 out-patient deductible per Insurance Year

This quote may be subject to locally imposed premium taxes which can only be applied at invoicing stage. This is not an invoice.

Region 1: Worldwide

## Base Individual Rates

Region	Age	Essential Core Plan	Crystal Out-patient Plan	Repatriation Plan	Total premium
1	70	8,792	4,395	57	13,234
1	69	8,297	4,136	57	12,490
1	68	7,825	3,902	57	11,784
1	67	7,384	3,692	57	11,123
1	66	6,966	3,473	57	10,496
1	65	6,570	3,278	57	9,905
1	64	6,198	3,091	57	9,346
1	63	5,849	2,917	57	8,823
1	62	5,517	2,752	57	8,326
1	61	5,204	2,595	57	7,856
1	60	4,911	2,449	57	7,417
1	59	4,632	2,310	57	6,999
1	58	4,412	2,199	57	6,668
1	57	4,202	2,095	57	6,354
1	56	4,022	1,995	57	6,054
1	55	3,812	1,900	57	5,769
1	54	3,630	1,809	57	5,496
1	53	3,456	1,724	57	5,237
1	52	3,291	1,642	57	4,990
1	51	3,135	1,564	57	4,756
1	50	2,986	1,489	57	4,532
1	49	2,844	1,418	57	4,319
1	48	2,844	1,418	57	4,319
1	47	2,759	1,379	57	4,195
1	46	2,673	1,339	57	4,069
1	45	2,618	1,222	57	3,897
1	44	2,418	1,222	57	3,697
1	43	2,418	1,222	57	3,697
1	42	2,373	1,206	57	3,636
1	41	2,325	1,193	57	3,575
1	40	2,180	1,152	57	3,389
1	39	2,180	1,152	57	3,389
1	38	2,180	1,152	57	3,389
1	37	2,147	1,144	57	3,348
1	36	2,113	1,139	57	3,309
1	35	2,008	1,122	57	3,187
1	34	2,008	1,122	57	3,187
1	33	2,008	1,122	57	3,187
1	32	1,984	1,089	57	3,130
1	31	1,957	1,055	57	3,069
1	30	1,881	954	57	2,892
1	29	1,881	954	57	2,892
1	28	1,881	954	57	2,892
1	27	1,881	899	57	2,837
1	26	1,824	842	57	2,723
1	25	1,707	621	57	2,385
1	24	1,707	621	57	2,385
1	23	1,707	621	57	2,385
1	22	1,707	621	57	2,385
1	21	1,658	596	57	2,321
1	20	1,691	587	57	2,335
1	19	1,499	547	57	2,103
1	18	1,228	333	57	1,618
1	17	1,214	325	57	1,596
1	16	1,208	322	57	1,587
1	15	1,202	319	57	1,578
1	14	1,196	313	57	1,568
1	13	1,190	309	57	1,556
1	12	1,181	306	57	1,544
1	11	1,175	303	57	1,535
1	10	1,169	298	57	1,524
1	09	1,163	295	57	1,515
1	08	1,157	292	57	1,506
1	07	1,151	289	57	1,497
1	06	1,149	284	57	1,490
1	05	1,149	279	57	1,485
1	04	1,147	276	57	1,480
1	03	1,147	271	57	1,475
1	02	1,147	268	57	1,472
1	01	1,266	294	57	1,617
1	00	1,369	317	57	1,743

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