

## RATE SCHEDULE

MONTHS	Individual Coverage	Student with 1 dependent	Student with 2 or 3 dependents	Student with 4 or more dependents
<b>12</b>	<b>\$578</b>	<b>\$1,271</b>	<b>\$2,465</b>	<b>\$3,451</b>
<b>11</b>	<b>\$573</b>	<b>\$1,259</b>	<b>\$2,438</b>	<b>\$3,417</b>
<b>10</b>	<b>\$525</b>	<b>\$1,153</b>	<b>\$2,233</b>	<b>\$3,129</b>
<b>9</b>	<b>\$477</b>	<b>\$1,047</b>	<b>\$2,028</b>	<b>\$2,841</b>
<b>8</b>	<b>\$429</b>	<b>\$941</b>	<b>\$1,823</b>	<b>\$2,553</b>
<b>7</b>	<b>\$381</b>	<b>\$835</b>	<b>\$1,618</b>	<b>\$2,265</b>
<b>6</b>	<b>\$333</b>	<b>\$729</b>	<b>\$1,413</b>	<b>\$1,977</b>
<b>5</b>	<b>\$280</b>	<b>\$613</b>	<b>\$1,189</b>	<b>\$1,663</b>
<b>4</b>	<b>\$227</b>	<b>\$497</b>	<b>\$965</b>	<b>\$1,349</b>
<b>3</b>	<b>\$174</b>	<b>\$381</b>	<b>\$741</b>	<b>\$1,035</b>
<b>2</b>	<b>\$116</b>	<b>\$254</b>	<b>\$494</b>	<b>\$690</b>
<b>1</b>	<b>\$58</b>	<b>\$127</b>	<b>\$247</b>	<b>\$345</b>

The rates and products described are subject to change without notice at any time.

For information, please call:

Ontario: 1-866-566-8532 or (416) 413-7678

Rest of Canada: 1-800-891-0370 or (819) 566-1596

Send your application and your cheque payable to:

Ontario  
**ETFS**  
 10 SAINT MARY STREET  
 SUITE 505  
 TORONTO, ONTARIO  
 M4Y 1P9

Rest of Canada  
**ETFS**  
 2085 ROY STREET  
 SHERBROOKE, QUEBEC  
 J1K 1B8

Fax: (416) 413-7679

Fax: (819) 566-1084

**Apply by fax:** When applying by fax, please make your premium payment by credit card. Certified cheques and money orders will be accepted by mail provided the payment is received within 10 business days of the application. No coverage will be in effect unless premium payment has been received.

### DEFINITIONS

**"Child(ren)"** means an unmarried child of the principal insured or his/her spouse, who is dependent on the principal insured for support, provided that such child is 22 years old or less on the date the policy was purchased, or is 25 years old or less provided it can be proven that the child is a full-time student, or is over 22 years of age and has a permanent physical impairment or a permanent mental deficiency on the purchase date and who is dependent on the principal insured for support.

**"Spouse"** means the person, aged 65 or less, to whom the principal insured is legally married or with whom the principal insured has been residing for at least the last 12 months.

### FOR OFFICE USE ONLY

Effective Date (D/M/Y):    /    /

Policy Number:

Expiry Date (D/M/Y):    /    /

Premium Paid:

30 Day Penalty