

Pre-existing Condition exclusion review form

You can submit this form to request a review of a Pre-existing Condition excluded from your policy. Please arrange for your vet/s to complete all applicable sections. Both you and your vet/s are required to certify and provide veterinary records to verify that your pet has been free of the clinical signs, symptoms or recurrence of the Pre-existing Condition (or any Condition(s) arising directly from this Condition) for 18 months up to the completion date of this form.

Your request for a review cannot be completed without all the necessary supporting documentation.

Please allow 30 days for us to complete the review. You will be notified of the outcome of your request in writing.

Note:

- A review can only be requested after the named pet has been insured with us continuously for at least **18 (eighteen) months**. As at the submission date of this form, your pet must have been symptom-free of the Condition deemed Pre-existing, and **any** Related Condition(s) for a minimum continuous period of 18 months.
- Conditions that cannot be cured (otherwise known as Chronic or Recurring Conditions) are not eligible for a Pre-existing Condition exclusion review.
- This review will be done in accordance with the current policy terms and conditions.

1. Your details

Petinsurance.com.au policy number

Mobile

Policy owner's details

First name

Email

Surname

Address

Initial

Title

Other

Suburb

Home phone (including area code)

Work phone (including area code)

State

Postcode

2. Pet details

Name

Dog

☐

Date of birth

Male

☐

Female

☐

Breed

Cat

☐

3. Pre-existing Condition exclusion(s) that you would like reviewed and waived

Provide details of the condition (or organ/body part) to which this exclusion request relates:

4. Policy owner declaration

Has your pet shown any symptoms, clinical signs or received any treatment relating to the Condition and/or organ/body part identified in section 3 above over the past 18 months?

☐

Yes

☐

No

If you answered Yes to the question above, please indicate the date/s and describe the treatment and/or symptoms noted:

The Vet (the scary person with the thermometer) to complete sections overleaf



Person who looks after me when I'm sick to fill in

5. To be completed by vet

Vet's Instructions: Please examine the pet and provide supporting documentation such as test results, clinical notes and/or veterinary history records (where applicable) to support this review.

Policy owner's name

Pet's name _____

Examination date

Provide details of the condition (or organ/body part) to which this exclusion request relates:

Date

Date

Date

6. Declaration

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect this review has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the review and/or cancellation of the policy. I/We understand that the Administrators will assess information provided in accordance with the policy terms and conditions. I/We authorise any Veterinary Surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee a removal of a pre-existing exclusion.

Please mail completed claim form to:

Petinsurance.com.au - Claims Department, Locked Bag 9021, Castle Hill NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229.