



PetInsuranceAustralia

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 noticeable signs, symptoms or an abnormality 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:

- As at the submission date of this form, your Pet must have been free of noticeable signs, symptoms or an abnormality of the Condition deemed Pre-existing, and any related Condition(s) for a minimum continuous period of **18 months**.
- Conditions that cannot be cured are not eligible for Pre-existing Condition exclusion review. These Conditions include Chronic Conditions, Cruciate Ligament Conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation and endocrine diseases.
- This review will be completed in accordance with the current policy terms & conditions.

1. Your details:

Pet Insurance Australia Policy Number: _____

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb/City: _____ State: _____ Postcode: _____

2. Pet's details: (One form to be completed per insured pet)

Name: _____ Dog/Cat: _____

Breed: _____ Pet's age/Date of birth: _____

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;

1. _____
2. _____
3. _____

4. Policy owner declaration:

Has your pet shown any noticeable signs, symptoms, abnormalities 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.

Your vet to complete sections overleaf.

Please mail this completed form to Pet Insurance Australia, Locked Bag 9021, Castle Hill, NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229. For assistance with the completion of this form, please call 1800 043 552 between 8am-8pm (EST) Monday-Friday.

Please note the completion of this form does not mean an automatic waiver of any Pre-Existing Condition Exclusion. Insurance issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436. Any advice provided is general only and may not be right for you. Please read the Product Disclosure Statement to ensure the product is right for you.

Give your pets the protection they deserve... Because You Care!

Free call: 1800 043 552 (8am – 8pm EST, Mon – Fri) **Fax:** 1300 367 229 **Email:** pia@petsure.com.au
Web: www.petinsuranceaustralia.com.au **Mail:** Pet Insurance Australia, Locked Bag 9021, Castle Hill, NSW 1765

4. To be completed by veterinarian:

Veterinarian'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.

Owner's surname: _____

Pet's name: _____ Date of examination: _____ / _____ / _____

Condition(s) being reviewed: _____

• When was this pet first registered/treated at your practice? _____ / _____ / _____

• If this pet was referred to your practice, please provide details of the referring practice:

• Please indicate the earliest date that this Condition was first noted or diagnosed (as stated by the client or noted in your records)?

_____ / _____ / _____

• Date on which this Condition, or any related Condition/body part or organ, was last treated: _____ / _____ / _____

• When was that last time you saw this pet, and for what reason? _____ / _____ / _____

• In your opinion what is the probability of this Condition, or any related Condition, requiring treatment within the next 12 months?

Please provide any additional notes or comments to support this application:

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.

Signature of pet owner: **X** _____ **Date:** **X** _____

Signature of veterinarian: **X** _____ **Date:** **X** _____

Name of attending veterinarian and practice: (Please print)

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