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 noticeable signs, symptoms or 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 thecondition 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 and conditions.
- Any costs associated with the completion and submission of this form are not covered by your policy.

1. Your details

Petinsurance.com.au policy number

Policyholder's details

First name

Surname

Address

Phone (including area code)

Suburb

Email

State

Postcode

2. Pet details

Name

Dog (X)

Date of birth (DD MM YY)

Male (X)

Female (X)

Breed

Cat (X)

3. Pre-existing condition exclusion(s) that you would like reviewed

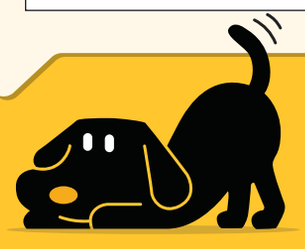
Provide details of the condition (or organ/body part) to which this exclusion request relates:

4. Policyholder 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 (X) No (X)

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



Vet to complete sections overleaf

Petinsurance.com.au Locked Bag 9021, Castle Hill NSW 1765

5. 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.

Policyholder's name

Pet's names

Examination date D D M M Y Y

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

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

Date D D M M Y Y

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 D D M M Y Y

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?

Date D D M M Y Y

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 information provided will be assessed 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.

I/We consent to Pet Insurance Pty Ltd ABN 38 607 160 930 (PIPL), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), and/or The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard) collecting, storing, using and disclosing personal information (including sensitive information)as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to PIPL, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to PIPL, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of veterinarian

Date D D M M Y Y

Signature of policyholder

Date D D M M Y Y

Name of attending veterinarian and practice

You can scan and email both sides of this form to petinsurance@petsure.com.au.

Alternatively you can mail the completed 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.