



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 and conditions.

1. Your details

Bupa Pet Insurance policy number

Mobile

Policy owner's details

First name

Email

Surname

Address

Initial Title Other

Suburb

Home phone (including area code)

State

Postcode

Work phone (including area code)

2. Pet details

Name

Dog

Cat

Date of birth

Breed

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 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.

Vet to complete sections overleaf

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.

Owner's name

[Text input field for Owner's name]

Pet's name

[Text input field for Pet's name]

Examination date

[Date input field: D D M M Y Y]

Condition(s) being reviewed

[Text input field for Condition(s) being reviewed]

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

[Text input field for referring practice details]

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.

Date [D D M M Y Y]

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

[Text input field for last time seen and reason]

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

[Text input field for probability of treatment]

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

[Text input field for additional notes]

3. 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 policyholder

[Text input field for Signature of policyholder]

Date

[Date input field: D D M M Y Y]

Signature of veterinarian

[Text input field for Signature of veterinarian]

Date

[Date input field: D D M M Y Y]

Name of attending veterinarian and practice

[Text input field for Name of attending veterinarian and practice]

Please mail completed claim form to:

Bupa Pet Insurance - Claims Department, Locked Bag 9021, Castle Hill, NSW 1765 or fax both sides of this form with all accompanying to 1300 367 229.

Please mail this completed form to Bupa Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765 or Fax BOTH SIDES OF THIS FORM with all accompanying documentation to 1300 367 229. Please note the completion of this form does not mean an automatic waiver of the cruciate waiting period.

Bupa Pet insurance is issued by the insurer The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473; AFSL 241436) (Hollard); is promoted and distributed by Bupa HI Pty Limited (ABN 81 000 057 590; AR no. 354269) (Bupa); and administered by PetSure (Australia) Pty Ltd (ABN 95 075 949 923; AFSL 420183) (PetSure). Bupa is an Authorised Representative of PetSure. Any advice provided is general only. Please consider the Product Disclosure Statement (PDS) at bupa.com.au/pet-insurance to decide if the product is right for you.