

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 Pre-existing Condition exclusion review.
- 👑 This review will be done in accordance with the current policy terms & conditions.

Privacy

PetSure Pty Ltd ("PetSure", "we", "us" or "our") collects personal information about you on behalf of The Hollard Insurance Company Pty Ltd ("HIC"). All information collected throughout the claims process by PetSure or HIC will be shared with both companies.

The information we collect will be used to assess and process your claim. The information may also be used if you apply for insurance from us in the future. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as veterinary practices.

The information we collect may be disclosed to other organisations, including but not limited to veterinary practices, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, an organisation that is duly appointed to manage the administration of such insurance policy or interpreters. We are likely to disclose your personal information to service providers in the Philippines. Otherwise we are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call **1300 881 735** Monday to Friday, 8am – 8pm EST.

1. Your details

Policy number:

Title: First name: Surname:

Address:

Suburb/City: State: Postcode:

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

Pet's name: Species: 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 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.

Veterinarian to complete sections overleaf

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.

Owner's surname:

Pet's name:

Date of examination:

DD / MM / YYYY

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)?

DD / MM / YYYY

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

DD / MM / YYYY

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

DD / MM / YYYY

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.

SIGN HERE	<input type="text"/>	DD / MM / YYYY	Name of attending veterinarian and practice: (please print or stamp)
	Signature of Policy owner	Date	
SIGN HERE	<input type="text"/>	DD / MM / YYYY	
	Signature of Veterinarian	Date	
	<input type="text"/>		
	Your Veterinarian Registration Number	Registration State	

Please mail this completed form to:

Prime Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

or fax both sides of this form with all accompanying documentation to 1300 367 229.

For any questions, please call 1300 881 735 between 8am – 8pm Monday to Friday (EST).

Please note the completion of this form does not mean an automatic waiver of the Pre-existing Conditions Exclusion.

Prime Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436 and is a trading name of and is arranged and promoted by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079 and is administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183.

Greenstone Financial Services Pty Ltd nor any of its related entities, directors or employees guarantees the assessment or payment of claims under any policy issued and underwritten by The Hollard Insurance Company Pty Ltd.