PET INSURANCE PRE-EXISTING CONDITION REVIEW

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. We'll let you know the outcome of your request in writing.

Complete and mail to:
HCF Pet Insurance
Locked Bag 9021,
Castle Hill, NSW 1765
or email:
hcf@petsure.com.au

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.
- Any costs associated with the completion and submission of this form are not covered by your policy.

If you need help completing this form, please call **1800 630 681** between 8am and 8pm (AET/AEST) Monday to Friday.

HCF Pet Insurance policy number

1 POLICYHOLDER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

First name

Surname

Home address

Suburb

State

Postcode

Phone

Email

@ . .

2 PET DETAILS (ONE FORM TO BE COMPLETED PER INSURED PET)

Name

Dog/Cat (Please mark 'X')

Dog ☐ Cat ☐

Gender

Female ☐ Male ☐

Breed

Pet's date of birth

3 PRE-EXISTING CONDITION EXCLUSION(S) THAT YOU WOULD LIKE TO BE REVIEWED (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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

4 POLICYHOLDER DECLARATION (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Has your pet shown any noticeable signs, symptoms or an abnormality or received any treatment relating to the condition and/or organ/body part identified in section 3 over the past 18 months? Yes ☐ No ☐

If you answered yes to the question above, please indicate the dates and describe the treatment and/or symptoms noted.

VETERINARIAN TO COMPLETE THE FOLLOWING SECTIONS

5 VETERINARIAN INSTRUCTIONS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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 surname

Pet's name

Date of examination (DD MM YYYY)

When was the pet first registered/treated at your practice? (DD MM YYYY)

Condition(s) being reviewed

If this pet was referred to your practice please provide the details of the practice that referred it:

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 the last time you saw this pet and for what reason? (DD MM YYYY)

Reasons

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. I /We consent to HCF, PetSure and 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 HCF, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 (HCF), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard) and also to give this consent on both my and their behalf.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 (HCF), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard). We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. Information about how PetSure manages personal information is contained in the PetSure Privacy Policy **petsure.com.au/privacy-policy**. Information about how HCF manages personal information is contained in the HCF Privacy Policy **hcf.com.au/about-us/about-HCF/governance-and-structure/policies/privacy-policy**. Information about how Hollard manages personal information is contained in the Hollard Privacy Policy **hollard.com.au/privacy-policy**. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at **hcf.com.au/insurance/pet**

Signature of policyholder

X

Date (DD MM YYYY)

Veterinary practice stamp (if available)

Signature of veterinarian

X

Date (DD MM YYYY)

Name of attending veterinarian and practice details: (Please print)

Please note that the issuance or completion of this form does not acknowledge liability or guarantee a removal of a Pre-existing Condition exclusion.

HCF Pet Insurance policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 and promoted and distributed by The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746, AFSL 241414. Please see your Certificate of Insurance to identify the issuer of your policy.