

# 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 can't be completed without all the necessary supporting documentation.** Please allow 30 days for us to complete the review. You'll be notified of the outcome of your request in writing.

## Note:

- As at the submission date of this form, your Pet must've 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 can't be cured aren't eligible for a 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

Policy number:

Title:  First name:  Surname:

Address:

Suburb/City:  State:  Postcode:

Phone:  Email:

## 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'd 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.

Date	Treatment	Symptoms noted
DD / MM / YYYY		
DD / MM / YYYY		
DD / MM / YYYY		

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.

Policy owner's surname:  Policy owner's first name:

Pet's name:  Date of examination:

Condition(s) being reviewed:

The date this Pet was first registered/treated at your practice:

If this Pet was referred to your practice, please provide details of the referring practice.

Referring practice name:

Referring Vet:

Address:

Phone number:  Email:

The earliest date that this Condition was first noted or diagnosed (as stated by the client or noted in your records):

The date on which this Condition (or any Related Condition/body part or organ) was last treated:

The date you last saw this Pet and for what reason?

In your opinion, what's 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 my/our Pet'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 policy 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 doesn't acknowledge liability or guarantee a removal of a Pre-existing Conditions exclusion.**

SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	Name of attending Vet and practice: (please print or stamp)
	Signature of policy owner	Date	
SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	
	Signature of Vet	Date	
	<input type="text"/>	<input type="text"/>	
	Your Vet 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 Monday - Friday, between 8am and 8pm (AEST).**

**Please note the completion of this form doesn't mean an automatic waiver of the Pre-existing Conditions Exclusion.**

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