

You may apply to us using this form to request a review of a Pre-existing Exclusion placed on your policy. This review will be undertaken upon receipt of your completed Pre-Existing Exclusion Review Form subject to your submission including all necessary supporting notes/ records.

Please arrange for your Vet/s to complete the applicable sections of this form. Both you and your vet/s will be required to certify and provide supporting veterinary records to verify that your pet has been free of clinical signs, symptoms or recurrence of the Pre-existing Condition (or any Condition(s) arising directly therefrom) up to the completion date of this form.

LETTERS

- This review can only be requested after the named pet has been insured with us for an unbroken period of at least 18 (eighteen) months (measured from the policy's 1st Commencement Date).
- Any costs associated with the completion and submission of this form are not covered by your policy.
- As at the submission date of this form, your pet must have been symptom free of the initial Condition and any related Condition(s) for a minimum continuous period of 18 months.
- Conditions that cannot be cured are not eligible for exclusion review.
- This review will be done in accordance with the current policy terms & conditions.
- Your request for a review cannot be completed without all the necessary supporting documentation.
- Please allow 30 days to complete the review.
- Pre-Existing Exclusion(s) shall not be deemed to be lifted unless agreed to by us in writing.
- Submission of this form does not imply waiver of the noted Pre-Existing Condition and you agree that we are not required to furnish reasons in the event that your request for waiver is declined.

HCF Pet Insurance policy number



1 Your policy holder details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title First name Middle initial

Surname Sex (Please mark 'X')
M F

Home address:
Unit No. Street No. Street name

Suburb State Postcode

Phone - home Phone - work Mobile

2 Pet details (ONE FORM TO BE COMPLETED PER INSURED PET)

Name Dog/Cat (Please mark 'X')
Dog Cat

Breed: Date of birth (DD MM YYYY)

3 Pre existing exclusion(s) that you would like to be waived (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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

a.

b.

c.

4 Policy owner declaration (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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 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 physically 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)

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 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.

Signature of pet owner

Date (DD MM YYYY)

Vetinary Practice stamp

Signature of veterinarian

Date (DD MM YYYY)

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

Please note the completion of this form does not mean an automatic waiver of any Pre-existing Condition Exclusion. Underwritten by the Hollard Insurance Company Pty Ltd ABN 78 090 584 473. AFSL 241436.

Please mail this completed form, with all accompanying documentation, to HCF Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765. For assistance with the completion of this form, please call 1800 630 681 between 9am and 4pm (EST) Monday-Friday.