

## PET INSURANCE PRE-EXISTING EXCLUSION REVIEW

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 noticeable signs, symptoms or an abnormality of the Pre-existing Condition (or any Condition(s) arising directly therefrom) up to the completion date of this form.

Complete and mail to:

**HCF Pet Insurance**  
**Locked Bag 9021,**  
**Castle Hill, NSW 1765**

or email:

**petinsurance@hcf.com.au**

### LETTERS

- This review can only be requested after the named pet has been insured with us for an unbroken period of at least 18 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 free of noticeable signs, symptoms or an abnormality of the initial Condition 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. These include chronic conditions, cruciate ligament conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation, and endocrine diseases.
- This review will be done in accordance with the current policy terms and 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 POLICYHOLDER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

First name

Surname

Home address

Suburb

State

Postcode

Phone - home

Phone - work

Mobile

Email

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

Name

Dog/Cat (Please mark 'X')

Dog

Cat

Breed

Pet's date of birth

### 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 DELCARATION (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 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.

Policy owner's surname	Pet's name
<input type="text"/>	<input type="text"/>
Date of examination (DD MM YYYY)	When was the pet first registered/treated at your practice? (DD MM YYYY)
<input type="text"/>	<input type="text"/>
Condition(s) being reviewed	
<input type="text"/>	
If this pet was referred to your practice please provide the details of the practice that referred it:	
<input type="text"/>	
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)	
<input type="text"/>	
Date on which this condition or any related condition/body part or organ was last treated: (DD MM YYYY)	
<input type="text"/>	
When was that last time you saw this pet and for what reason? (DD MM YYYY)	
<input type="text"/>	
In your opinion what is the probability of this condition or any related condition requiring treatment within the next 12 months?	
<input type="text"/>	
Please provide any additional notes or comments to support this application:	
<input type="text"/>	

**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. 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 HCF, PetSure or 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 HCF, PetSure and 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. 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 [www.hcf.com.au/insurance/pet](http://www.hcf.com.au/insurance/pet)

Signature of policy owner	Date (DD MM YYYY)	Veterinary practice stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of veterinarian	Date (DD MM YYYY)	
<input type="text"/>	<input type="text"/>	
Name of attending veterinarian and practice details: (Please print)		
<input type="text"/>		

Please note that the issuance or completion of this form does not acknowledge liability or guarantee a removal of a pre-existing exclusion. 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 8:30am and 5pm (AEST) Monday-Friday.

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