

Pet Insurance –Waiver Request

This form can be used to:

- Request a waiver for a **pre-existing condition**
- Request a waiver for the **6 month cruciate ligament condition waiting period**

What you need to know

Pre-existing conditions

RAC Pet Insurance does not cover any pre-existing condition or any related conditions. However, you may ask us to waive the exclusion for a specific pre-existing condition for your pet as long as your pet has been free of that condition for the last 18 months.

NOTE: Conditions that cannot be cured are not able to be considered for review.

Waiting periods

RAC Pet Insurance has a 30 day waiting period for illness. There is also a 6 month waiting period for a cruciate ligament condition or any illness or injury that results from it.

However, you may ask us to waive the cruciate ligament waiting period by submitting this form.

What to do



You fill out this form and sign



Have your vet assess your pet and complete this form



Return this form to RAC



Receive written notification from RAC of outcome

Need more information?

We're here to help you. So if you have any questions or to return the form, please contact us on 13 17 03 or email us at petinsurance@rac.com.au -

Pet Insurance – Pre-existing Condition Waiver Form

To apply for this waiver:

- Your vet must examine your pet and complete the applicable sections of this form (at your expense)
- The completed form must be returned to RAC Insurance within 14 days of the examination date.

Pre-existing condition waiver

6 month Cruciate Ligament waiting period waiver

1. Your details

Policy number:

Policyholder's name/s:

Address:

Home phone: Mobile phone:

Email:

Preferred contact method

Email: Mail: Mobile phone: Home phone:

2. Pet's details

Pet's name:

Pet's breed:

Dog or Cat: Pet's date of birth: Pet's gender:

3. Veterinarian instructions [Vet to complete]

Attending veterinarian:

Veterinary practice:

Veterinary registration: State registered:

Date of examination: / / Microchip number: Desexed?

4. Pre-existing condition details [Pet owner to complete]

Provide details of the condition/s or organ/body part to which the exclusion request relates.
For example: treatment for a skin condition-left ear

1.

2.

3.

4. Pre-existing condition details [continued]

Has your pet shown any symptoms, clinical signs or received treatment relating to the conditions and/or organ/body part/s as described in the section above during the past 18 months?

Yes No

If you have answered "Yes" to the question above, please indicate the date/s and describe the treatment and/or symptoms noted.

5. 6 month cruciate ligament waiting period waiver

Has your pet displayed any symptoms, clinical signs or received treatment relating to cruciate ligament condition?

Yes No

If you have answered "Yes" to the question above, please indicate the date/s and describe the treatment and/or symptoms noted. *For example: anti-inflammatory medication-left rear leg*

6. Pre-existing condition examination results [Vet to complete]

Provide details of the pet being treated by you.

Was this pet referred to your practice? Yes No

Referring veterinarian:

Referring veterinary practice:

Please indicate the earliest date that the condition was first noted or diagnosed.

[As stated by the owner or shown in your records]

Date on which this condition, or any related condition, organ/body part was last treated?

When was the last time you saw this pet?

For what reason?

In your opinion, what is the probability of this condition, or any related condition, requiring treatment in the next 12 months?

Please provide any additional notes or comments to support this application.

Notes:

7. Use of your personal information

We use the personal information we collect to provide services and benefits to you. In order to do this we may need to disclose some of your personal information to other insurers, insurance investigators, claims or insurance reference services, loss adjusters and reinsurers. This may also include, but is not limited to contractors, agents or organizations that we have an alliance or arrangement with. We may also use personal information for other purposes where you would reasonably expect us to and the purpose is related to the purpose of collection, or where otherwise permitted by law.

We may also from time to time, use your information to market services or products of RAC and other companies we believe may be of interest to you. If you do not wish to receive such material, you can contact us at any time and we will generally process your request within 14 days of receipt. For more details on our Privacy Statement call 13 17 03, visit: rac.com/insurance

8. Examining veterinarian and policyholder's 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 the assessment of this waiver request has been withheld.

I/We understand that deliberate misrepresentation of the veterinary services or the omission of any material facts may result in the denial of the waiver request and/or cancellation of the policy.

I/We understand that RACQ Insurance will assess information provided in accordance with the policy terms and conditions.

Veterinarian's signature

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In addition to the above declaration I/we authorise any veterinary services provider who is listed above to provide to RACQ Insurance any details they may require to assess the waiver request.

Policyholder's signature

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Please note that issuance or completion of this form does not acknowledge liability or guarantee waiver of a pre-existing condition, nor does it guarantee payment of any claim.