

Pet Insurance Pre-existing Condition Exclusion Waiver Form



WHAT YOU NEED TO KNOW

RACQ Pet Insurance does not cover any pre-existing condition or any related conditions unless:

- Your pet has been free of the condition for the last 18 months, and
- You send the completed waiver request form and full vet history to RAC, and
- We agree in writing to cover the pre-existing condition.

This form can be used to request a waiver for a pre-existing condition that your pet had before you applied for cover or during any applicable waiting period.

To apply for this waiver a vet must examine your pet at your expense and complete applicable sections of this form, and the completed form must be returned to RAC within 14 days of the examination date.

WHAT TO DO



Step 1:

You complete Part 1 and sign the declaration on Part 2 of this form.
Have a vet assess your pet, complete Part 3 and sign the declaration on Part 4 of this form.



Step 2:

Seek the full vet history from each vet you have attended with your pet and attach it to this form.



Step 3:

Email a copy of all documents to RAC: petinsurance@rac.com.au



Step 4:

RAC will provide written notification will confirm either:

- the pre-existing condition exclusion has been waived, or
- the pre-existing condition remains excluded from your cover.

Part 1: Policyholder Information

Policyholder to complete

Policyholder's name/s

Policy number

Contact number

Pet's name

Pet's breed

! **IMPORTANT:** You can only apply to have a pre-existing waived provided your pet has not shown any symptoms, clinical signs or received treatment relating to the condition/s and/or organ/body part/s in the last 18 months.

Pre-existing Condition 1

Organ/body part to which the condition relates
e.g. skin or left ear

Part 1: Policyholder Information (continued)

Policyholder to complete

Pre-existing Condition 2	
Organ/body part to which the condition relates e.g. skin or left ear	
Pre-existing Condition 3	
Organ/body part to which the condition relates e.g. skin or left ear	

Please list, one condition per section. If you only have one pre-existing condition, ignore 2 and 3. If there are more than 3 pre-existing conditions you would like waived, please complete subsequent forms.

Part 2: Policyholder Declaration

Policyholder to complete

Use of your personal information

To obtain a copy of the RACQ Group Privacy Statement visit our website at racq.com/insurance or racq.com/privacy. You can also call us on 13 19 05 or email us on privacy@racq.com.au to request a copy.

If you would like to review or correct the personal information the RAC Group has about you, or if you wish to make a complaint, please call 13 17 03. For further information, see the RAC Group privacy policy at racq.com.au

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, denial of a subsequent claim and/or cancellation of the policy.

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

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

Date

 / /

! **IMPORTANT:** You need to attach a full vet history to this form. It should include the full treatment history for your pet from the attending vet and any previous vets.

Part 3: Veterinarian Examination

Vet to complete

Pre-existing Condition 1

Please indicate the earliest date that the condition was first noted or diagnosed, as stated by the owner or shown in your records.

 / /

If you have treated the pet for this condition, please indicate the date on which this condition, or any related condition, organ/body part was last treated?

 / /

Has the pet shown any symptoms, clinical signs or received treatment relating to the condition/s and/or organ/body part/s during the past 18 months?

 Yes No Unsure

Please provide any additional notes or comments to support your answer above:

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

Part 3: Veterinarian Examination (continued)

Vet to complete

Pre-existing Condition 2

Please indicate the earliest date that the condition was first noted or diagnosed, as stated by the owner or shown in your records.

 / /

If you have treated the pet for this condition, please indicate the date on which this condition, or any related condition, organ/body part was last treated?

 / /

Has the pet shown any symptoms, clinical signs or received treatment relating to the condition/s and/or organ/body part/s during the past 18 months?

 Yes No Unsure

Please provide any additional notes or comments to support your answer above:

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

Pre-existing Condition 3

Please indicate the earliest date that the condition was first noted or diagnosed, as stated by the owner or shown in your records.

 / /

If you have treated the pet for this condition, please indicate the date on which this condition, or any related condition, organ/body part was last treated?

 / /

Has the pet shown any symptoms, clinical signs or received treatment relating to the condition/s and/or organ/body part/s during the past 18 months?

 Yes No Unsure

Please provide any additional notes or comments to support your answer above:

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

Part 4: Veterinarian Declaration

Vet to complete

Attending veterinarian

Veterinary practice

Veterinary registration

State registered

I 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.

Veterinarian's signature

Date of examination

 / /