



DEANNA WATSON
4227 SE 37TH AVE
PORTLAND, OR 97202

8/14/2020

Dear Deanna Watson:

Congratulations and welcome to the PetFirst family! You, like so many other pet owners, enjoy the companionship of having a pet. By activating this policy you have made Me-Mow's health and well-being a top priority.

Did you know- every six seconds a pet owner is faced with a vet bill of more than \$1,000? Or, that dog and cat owners are expected to spend more than \$15 billion every year on veterinary care alone? Because you purchased a pet insurance policy from PetFirst, you don't have to worry about the financial aspects of taking care of your pet.

PetFirst is dedicated to providing great pet insurance coverage for dogs and cats of all ages and breeds, each and every day. Please take a few minutes to look over the details of your policy. Let us know if you have any questions.

Our primary focus at PetFirst is you and your pet. If we can assist you in any way, please contact us at **1-866-937-PETS (7387)**.

Thank you for choosing PetFirst to protect your pet.

Sincerely,

A handwritten signature in black ink that reads "Katy Shulsky".

Chief Executive Officer

	DECLARATIONS PAGE Pet Accident And Illness Coverage This is not a bill This policy is non-participating	Contact Information: PetFirst Pet Insurance 400 Missouri Avenue Jeffersonville, IN 47130
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Policyholder: Deanna Watson
4227 SE 37th Ave
Portland, OR 97202

Policy Number: PFH1086711-01

Payment Method: CreditCard
Payment Cycle: Monthly
Payment Amount: \$16.95

Please read your policy carefully for a complete review of benefits, limitations and exclusions. The policy, declarations and any endorsements constitute the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of The Company.

Pet Name:		Species:		Gender:	Breed:	Age:
Me-Mow		Cat		Male	Mixed	1
Plan Name	Accident & Illness \$2000					
Effective Date, at 12:01 am in the time zone of the insured	8/14/2020 - 8/13/2021					
Reimbursement Percentage	Deductible	Annual Maximum Benefit	Covered Incident Limit	Waiting Period	Wellness Plan	
80.00 %	\$250.00	\$2,000.00	\$2,000.00	0 days	None	

Diminishing Deductible Applied: \$0.00

Effective Deductible: \$250.00

Base Premium: \$135.24
Enrollment Fee: \$12.00
Installment Fee: \$36.00
Discount: \$21.75
Total Cost of Policy: \$161.49

All claims must be submitted in writing within ninety (90) days of the treatment or receipt date.

1 Member Info

Policy Number: PFH1086711
 Pet Name: Me-Mow
 Pet Parent Name: Deanna Watson
 Address: 4227 Se 37th Ave
 City: Portland State: OR
 Zip: 97202 Phone: 740-538-2362



My Vet Info

2 Vet Visit Info

Please attach medical records (i.e. SOAP notes, vet notes, chart notes) from your veterinarian for the claimed incident.

Important Note: Medical records often differ from discharge instructions and invoices, so it is important to ask your vet specifically for chart/SOAP/vet notes.

*Please note: if this is your first claim, please provide 12 months of medical records. If you have recently adopted your pet and don't have 12 months of medical records, all you will need to submit is your adoption contract and adoption medical records.

Attach invoices and/or itemized receipts along with this completed claim form.

3 Diagnosis and Invoice Info

/ /		\$
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
/ /		\$
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
/ /		\$
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges

4 Sign and Date

Incomplete forms will delay claims processing.

Signature: _____ Date: _____

Policyholder declaration: I declare my veterinarian recommended the treatment for which I am claiming. The particulars given are correct to the best of my knowledge and belief. I authorize my veterinarian to release medical records and give consent to PetFirst Pet Insurance to communicate with my veterinarian or veterinarian's staff.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

All claims must be submitted in writing to PetFirst within ninety (90) days of the treatment or receipt date.

Please allow at least 10 business days for processing.

Submit Your Claim:



EMAIL TO:
submitclaim@petfirst.com







FAX TO:
877-281-3348







UPLOAD TO:
MyPets Online Account



Before you leave the vet:

-  **Gather all medical records from your vet** including actual medical diagnosis and any notes associated with the diagnosis. These notes have several different names (soap, vet or chart) but they are NOT the same as your discharge instructions.
-  **Make note of your vet contact information.** You will need this on your claim form.
-  **Get a copy of your invoice or itemized receipt** at the end of your vet visit.
-  **If this is your first claim with PetFirst, please read the following scenarios as you may require additional paperwork.**
 - If your pet is less than 12 months of age, please include all vet visit medical records.
 - If your pet is older than 12 months (not adopted) please include the past 12 months of medical records (or as far back as you and your vet have access to).
 - If you've recently adopted your pet, please include your adoption records.

Consolidate and gather your paperwork:

-  **Complete the Claim Form** (download from petfirst.com or sign into your MyPets online account and select your pet for the pre-populated form).
-  **Attach all medical records** you received before you left the vet (medical diagnosis and any soap/vet/chart notes).
-  **Attach your invoice or itemized receipt** from your vet visit.
-  **Save a copy** of all your paperwork for yourself.

Submit your claim by any of the following ways:



Online: MyPets Online Account



Email: submitclaim@petfirst.com



Fax: 877-281-3348



Mail: PetFirst- Claims Department, 400 Missouri Avenue Suite 105, Jeffersonville, IN 47130



All claims must be submitted in writing to PetFirst within ninety (90) days of the treatment or receipt date. Please allow at least 10 business days for processing.

FRAUD WARNING NOTICE

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THE INFORMATION PROVIDED TO OBTAIN THIS COVERAGE IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE, THIS INCLUDES ANY APPLICATIONS, LOCATIONS SCHEDULES, VALUATION STATEMENTS, LOSS HISTORY INFORMATION AND ENGINEERING REPORTS.

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Arkansas Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Fraud Warning For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Warning: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephone communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota Fraud Warning: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey Fraud Warning: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee Fraud Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

Washington Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Vermont Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

INDEPENDENCE AMERICAN INSURANCE COMPANY

a Delaware Insurance Company

Administrative Office: 485 Madison Avenue, New York, NY 10022

Pet Insurance Policy Accident and Illness Annual Coverage

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INSURING AGREEMENT

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

The Declarations Page shows the policy period, **Coverages**, limits of liability and premiums. This policy is not complete without the Declarations Page. This policy supersedes all prior negotiations, representations, or agreements either written or oral.

PART I – DEFINITIONS

In this policy, "you" and "your" refer to the Named Insured shown in the Declarations and the spouse or domestic partner, if a resident of the residence premises. "We", "us", and "our" refer to the Company providing this insurance. In addition, certain words and phrases are defined as follows:

1. **Accident(s)** means an unexpected or unintended event, which is specific as to place and time, causing **Injury** to your **Pet**.
2. **Allowable Charge(s)** means the costs of the actual **Treatment(s)** provided by a **Veterinary Provider**, subject to policy limitations and exclusions, and the **Annual Maximum Benefit** amount, except as excluded by the policy.
3. **Aggression** means an abnormal hostile response to an otherwise normal situation.
4. **Alternative and Complementary Therapies** include, but are not limited to, acupuncture, chiropractic **Treatment**, hydrotherapy, and physiotherapy performed or prescribed by a **Veterinarian** or a veterinary staff member under direct supervision of a **Veterinarian**.
5. **Ambulance** means a specialized vehicle used for the sole purpose of transporting sick or injured **Pets**.
6. **Annual Maximum Benefit** is the maximum amount we will reimburse you per **Pet** in a period of insurance. The **Annual Maximum Benefit** does not include the **Deductible** and **Co-payment** amounts you pay.
7. **Bilateral Condition** is a condition or disease that affects both sides of the body.
8. **Chronic Condition** is a detectable condition that, once developed, is deemed incurable or likely to continue for the remainder of your **Pet's** life.
9. **Claim** means your request for payment of an amount under the terms of your policy for **Treatment** by a **Veterinary Provider** of your **Pet**.
10. **Clinical Signs** means changes in the normal healthy state, bodily function, or behavior of your **Pet** observed by you, a **Veterinarian**, or other observer.
11. **Co-payment** is the percentage of the covered **Allowable Charges** for which you are responsible per **Pet** and which is not reimbursable under this policy.
12. **Coverage** is the insurance described in this policy.
13. **Covered Incident** is an occurrence where you had to make payment for an **Allowable Charge** under this policy.
14. **Covered Incident Limit** is the maximum amount we will reimburse you per **Pet** per **Covered Incident**. The **Covered Incident Limit** does not include the **Deductible** and **Co-payment** amounts you pay.
15. **Deductible** is the annual amount you pay per **Pet** for **Treatments** covered by this policy before we will begin to reimburse you.
16. **Dental Illness** is an **Illness** affecting the teeth and/or gums.
17. **Dermatological Condition** means an **Illness** related to your **Pet's** skin and includes ear infections and skin lumps from skin irritation or infection, such as interdigital cysts from pododermatitis, but not conjunctivitis or parasitic infestations.
18. **Genetic Condition** means an **Illness** whose presence is determined by hereditary factors.
19. **Illness(es)** means sickness, disease, or any change in a **Pet's** normal, healthy state, which is not caused by **Injury** to the **Pet**.
20. **Injury(ies)** means physical harm or damage to your **Pet**, caused by an **Accident**.
21. **Life Threatening Injury** means an **Injury** involving a substantial risk of death as noted by a **Veterinarian** in your **Pet's**

medical files.

22. **Lost** means your **Pet** has strayed or otherwise disappeared from your physical custody and supervision, the location of which is not known to you at the time of the **Life Threatening Injury** from which the need for **Veterinarian** services arises or at the time of the transportation of your **Pet** to the **Veterinarian** facility following such **Life Threatening Injury**.
23. **Medical Director** means a **Veterinarian** who may be assigned by us to monitor and review the appropriateness of the services provided to your **Pet**, the reasonableness of the fees, and the relationship between conditions.
24. **Medically Necessary** means medical services, supplies or care directly and materially related to a covered **Illness** or **Injury**, in our reasonable judgment.
25. **Medication(s)** means any veterinary recommended **Medications** prescribed by a **Veterinarian** and approved by the Food and Drug Administration (FDA) of the United States or accepted for inclusion in the Homeopathic Pharmacopoeia of the United States for veterinary use. FDA-approved or Homeopathic Pharmacopoeia-included drugs available over the counter must be dispensed directly by your **Veterinarian** or compounded by a pharmacist under the guidance of your **Veterinarian**. Items purchased from an outside store or other pharmacy are not covered. **Medication** includes medical **Supplies** required to administer those **Medications**.
26. **Neutering** means Orchidectomy, or surgical removal of the testicles.
27. **Orthopedic Condition** means a condition effecting or manifesting from the musculoskeletal system, which is made up of the body's bones (the skeleton), muscles, cartilage, tendons, ligaments, and joints, including intervertebral spaces and osteosarcoma.
28. **Original Start Date** means the effective date when the **Pet** was first continuously covered by a policy administered by the Company, or its authorized administrator, unless otherwise stated on the Declarations Page.
29. **Pet** is a cat or dog named and described in the Declarations Page and both owned by you and residing with you for companionship or as a service dog, not owned for commercial reasons.
30. **Pet Ambulance** means a **Pet** medical transportation service vehicle equipped with stretchers, hydraulic tables, oxygen, and a driver and/or veterinary technician.
30. **Preventative Care** means any **Treatment**, service or procedure, including but not limited to, physical examinations, **Medications**, **Surgery**, inoculations, or laboratory procedures, for the purpose of prevention of **Injury** or **Illness** or for the promotion of general health, where there has been no **Injury** or **Illness**.
31. **Professional Services** are diagnosing, treating, operating, or prescribing for any cat or dog **Illness** or **Injury**.
32. **Pre-existing Condition(s)** means:
 - a. a **Chronic Condition** observed by you or your **Veterinary Provider** prior to the **Original Start Date** or end of the **Waiting Period** for your **Pet** and any related conditions;
 - b. an **Illness** or **Injury** that first occurred or showed **Clinical Signs** prior to the **Original Start Date** or end of the **Waiting Period** for your **Pet** and any related conditions; or
 - c. **Undiagnosed** conditions with the same **Clinical Signs** as those in (a) or (b) above are also considered pre-existing.
33. **Reimbursement Percentage** is the percentage of the covered **Allowable Charge** for which we are responsible per **Pet**.
34. **Spaying** means Ovariohysterectomy, or resection of the ovaries and uterus.
35. **Supplies** means any item that is **Medically Necessary**, as determined by the **Veterinarian**, that is safe and effective for its intended use, and that omission would adversely affect the insured **Pet**.
36. **Surgery(ies)** means procedure(s) that treat diseases or injuries by operative, manual, and instrumental **Treatment**.
37. **Treatment(s)** means any examination, consultation, hospitalization, anesthesia, **Surgery**, X-rays, MRI or CT scans, **Alternative and Complementary Therapies**, laboratory tests, nursing, or other care provided and administered by a **Veterinary Provider**.
38. **Undiagnosed** means not having been identified.
39. **Vaccination(s)** means the administration of an industry-recognized commercial vaccine by a registered licensed **Veterinarian**. The vaccine must be in accordance with the manufacturer's recommendations, following a complete clinical examination, for prevention of disease.
40. **Veterinarian** means a currently licensed Doctor of Veterinary Medicine. **Veterinarian** cannot be you or a member of your immediate family.

41. **Veterinary Provider** means a **Veterinarian**, veterinary technician, or veterinary nurse currently licensed in the state in which **Treatment** is performed.
42. **Waiting Period** means the time period where policy **Coverage** is restricted. For this policy, the time period is one (1) day for **Injuries** and fourteen (14) days for **Illnesses**, except for orthopedic conditions for dogs, where the **Waiting Period** is six (6) months. The **Waiting Period** starts from the **Original Start Date**. Conditions that occur during the **Waiting Period** will be excluded from your policy's **Coverage** as **Pre-existing Conditions**. The **Waiting Period** applies to **Coverage** increases but is waived for Policy and Optional **Coverage** renewals. A twelve (12) month policy that becomes effective at the expiration of a thirty (30) day or sixty (60) day policy is considered a renewal and a **Waiting Period** does not apply, except for orthopedic conditions, which expires six (6) months after the **Original Start Date**.

PART II – CONDITIONS

1. Upon submission of your first **Claim**, you must include twelve (12) months of medical or adoption records unless the **Claim** is for routine care only.
2. All **Treatment** must be performed by a **Veterinary Provider** that you may freely choose.
3. You must arrange for a **Veterinarian** to examine and treat your **Pet** as soon as possible after it shows **Clinical Signs of Injury**.
4. You are financially responsible to your **Veterinary Provider** for payment of all **Treatment**.
5. Your **Pet** must reside with you and be under your regular care and supervision at the physical address listed on the Declarations Page.
6. By purchasing this policy, you give us permission to gather all medical information for your **Pet** from all your **Veterinary Providers**, as we deem necessary.
7. The standard orthopedic Condition **Waiting Period** for dogs is six (6) months from the **Original Start Date** shown on the Declarations Page for that dog.

PART III – COVERAGE

IF SHOWN IN THE DECLARATIONS PAGE, THE FOLLOWING **COVERAGES** APPLY SEPARATELY TO EACH **PET**.

1. Coverage

We will reimburse you for **Allowable Charges** in excess of the annual **Deductible** amount, subject to **Reimbursement** requirements, for **Treatment(s)** performed for conditions that started after the **Waiting Period** and during the policy period, which result from:

- a. **Accidents**, including but not limited to, an automobile **Accident**, ingestion of a foreign body, poisoning, animal bites, gastric torsion, and cruciate ligament rupture, as well as **Accidents** resulting in dental trauma, burns, and fractures; (if shown as applicable on the Declarations Page). Orthopedic accidents are subject to the **Orthopedic Waiting Period**;
- b. **Illnesses**, including but not limited to, **Genetic Conditions**, cancer, and **Chronic Conditions** (if shown as applicable on the Declarations Page(s));
- c. We will reimburse you for the cost of **Treatment** your **Pet** receives in the current period of insurance for an **Illness** or **Injury** that first showed **Clinical Signs** after the end of the **Waiting Period**; and
- d. **Treatment** required due to **Dental Illness** and **Injury**, subject to policy limitations and exclusions. To receive **Dental Illness** coverage, you must follow your **Veterinarian's** advice regarding dental care.

Coverage is up to the **Annual Maximum Benefit** as shown on the Declarations Page, subject to the annual **Deductible** and **Reimbursement** requirements, subject to policy limits and exclusions.

2. Benefits

We will reimburse you for **Medically Necessary Treatment**, including tax, for:

- a. All examinations performed by a **Veterinarian** in the course of treating an otherwise eligible condition. This includes, but is not limited to, any exam, check-up, consultation, physical, physical consultation, health inspection, office visit, office call, after-hour fee, referral, or recheck;
- b. **Surgery**;
- c. X-rays, ultrasounds, CT scans, and other diagnostic tests;
- d. **Professional Services** rendered by your **Veterinary Provider**, including costs or fees for telephone consultations;
- e. Medical **Supplies** required to perform covered procedures performed in the **Veterinarian's** office and other medical **Supplies**, where deemed **Medically Necessary** by the **Veterinarian**, such as an Elizabethan collar;
- f. Laboratory tests required by your **Veterinary Provider**;
- g. Hospitalization required in order for your **Veterinary Provider** to deliver **Professional Services** to your **Pet** and post procedure in-hospital care as is medically standard by our best estimation;
- h. **Medications** your **Veterinarian** prescribes as part of your **Pet's Accident or Illness Treatment** that started after the **Waiting Period** and during the policy period;
- i. Endodontic **Treatment** for dental Injuries, such as root canals and crowns, where deemed **Medically Necessary** by our **Medical Director**;
- j. Emergency ground **Pet Ambulance** transportation up to the maximum benefit for this **Coverage** as specified on the Declarations Page;
- k. Euthanasia where necessary for humane reasons, and associated cremation expenses;
- l. Medical waste disposal;
- m. Orthodontic **Treatment** that is **Medically Necessary** due to a covered **Illness** or **Accident**; or
- n. **Alternative and Complementary Therapies** including, but not limited to, acupuncture, chiropractic care, hydrotherapy, and physiotherapy performed by a **Veterinarian** or a veterinary staff member under direct supervision of a **Veterinarian**, or prescribed by a **Veterinary Provider**.

3. Deductible and Reimbursement

Your **Deductible** is an annual amount. We will apply the **Deductible** to your **Allowable Charges** and then pay your **Claim** subject to your **Reimbursement Percentage**. Once your **Deductible** is reached, we will only pay your **Claim** subject to your **Reimbursement Percentage**.

When the **Treatment** dates of an **Illness** or **Injury** fall into two or more policy periods, you will be required to pay a **Deductible** for each policy period.

4. Diminishing Deductible

For each year that you are **Claim** free while continuously covered by our policy, your current **Deductible** will be reduced by \$25.00 upon policy renewal until it results in a \$0.00 **Deductible**. If a **Claim** is made and you receive payment, the **Deductible** will be returned to its original **Deductible** amount for the following renewal term and the process will start over. **Coverage** must be continuous for this rule to apply. This rule applies to the policy, not per **Pet**. This rule does not apply to **Claims** for Wellness.

PART IV – EXCLUSIONS

Please read the following exclusions carefully. If an exclusion applies, we will not provide **Coverage** under this policy and you will not be reimbursed for any cost of **Treatment** you have paid for. We do not cover:

1. **Pre-existing Conditions**. In addition, the following **Illnesses** or **Injuries** shall be considered **Pre-existing Conditions**:
 - a. If a Pet has been diagnosed or treated for Cancer of IVDD (Intervertebral Disk Disease) prior to the end of the **Waiting Period** any subsequent Cancer or IVDD manifestation, diagnosis, or treatment will be considered a **Pre-existing Condition**;

- b. If a **Pet** has been diagnosed or treated for hyperthyroidism prior to the end of the **Waiting Period**, any hyperthyroidism **Treatments** and **Medications** are not covered, as well as **Medications** for any kidney, heart, and high blood pressure conditions that may develop;
- c. If a **Pet** had **Undiagnosed** masses prior to the end of the **Waiting Period**, any mass, or condition where a mass is a **Clinical Sign**, is not covered, including those caused by cancer. If the cause of the mass that occurred prior to the end of the **Waiting Period** can be diagnostically narrowed down via cytology, un-related conditions may be covered;
- d. Orthopedic **Conditions** and **Illnesses** occurring or showing **Clinical Signs** during the Orthopedic **Waiting Period**, even if the **Accident Waiting Period** is complete (for **Accident** coverage); and
- e. If a **Pet** has been diagnosed, treated, or was showing **Clinical Signs** of renal disease prior to the end of the **Waiting Period**, any renal **Treatments** and **Medications** are not covered, as well as any related conditions that may develop. This includes, but is not limited to: vomiting, diarrhea, dehydration, constipation, blood pressure or pH issues, and cardiac complications.

However, for the purposes of this exclusion, temporary conditions that started prior to the end of the **Waiting Period** that have not shown any **Clinical Signs** for a period of six (6) consecutive months shall not be considered **Pre-existing Conditions**.

Specific situations include, but are not limited to:

- a. If your **Pet** showed **Clinical Signs** of any **Dermatological Condition** prior to the end of the **Waiting Period**, your **Pet** must be free of any **Dermatological Conditions** for six (6) consecutive months before any **Dermatological Conditions** may be covered again; or
 - b. If your **Pet** has been treated for **Undiagnosed** vomiting and/or diarrhea prior to the end of your **Pet's Waiting Period**, your **Pet** must be free of conditions with the same **Clinical Signs** for six (6) consecutive months before any conditions with the same **Clinical Signs** may be covered again.
- 2. **Preventative Care** including, but not limited to: wellness exams or tests, preventative **Treatment**, tests or diagnostic procedures, **Vaccinations**, flea and other parasite prevention, **Spaying** or **Neutering** (including preventative sterilization **Surgery**, such as for **Treatment** for cryptorchidism, chimerism, or chromosomal abnormalities); grooming, and de-matting;
 - 3. More than one (1) anesthetic removal of an ingested foreign body in one (1) period of insurance;
 - 4. Air **Ambulance** and non-emergency ground **Pet Ambulance** transportation;
 - 5. The cost of disposing of your **Pet's** remains other than cremation;
 - 6. The cost of boarding your **Pet**;
 - 7. Costs of **Treatments** arising from your decision to pursue a course of **Treatment** other than that which was recommended to you by your **Veterinarian**, unless specifically authorized by us prior to **Treatment**. Examples include, but are not limited to:
 - a. Cost of **Treatments** continued after a **Veterinarian** has recommended a **Pet** be euthanized for humane reasons;
 - b. Ignoring a **Veterinarian's** recommendation to amputate a leg, resulting in extra costs associated with **Treatment** of gangrene; and
 - c. Ignoring a **Veterinarian's** recommendation to remove an eye, resulting in extra costs associated with chronic eye issues;
 - 8. **Treatment** for any **Injury** or **Illness** deliberately caused by you, your family members, anyone living with you, or any other persons who have care, custody, or control of your **Pet**;
 - 9. **Treatment** for **Injury** or **Illness** caused by deliberate endangerment of your **Pet**, such as organized fighting;
 - 10. **Treatment** for **Injury** or **Illness** caused by persistent neglect of your **Pet**;
 - 11. **Treatment** for any **Injury** or **Illness** resulting from commercial use activities related to racing, personal protection, law enforcement or guarding, unless specifically authorized by us prior to the **Original Start Date** as shown on the Declarations Page.
 - 12. Veterinary **Treatment** for **Dental Illness** as specified below:

- a. If your **Pet** has any signs or evidence of periodontal disease, periodontitis, gingivitis, resorptive lesion(s), tartar or stomatitis prior to the **Original Start Date** or during any applicable waiting periods;
 - b. Toothbrushes, toothpastes, dental foods, chews, rinses or preventive dental care, including prophylaxis, at any time or for any reason;
 - c. Open or closed deep cleaning at any time or for any reason; and
 - d. Removal of deciduous teeth.
13. Cosmetic, aesthetic, or elective **Surgery** including tail docking, ear cropping, de-clawing, or any other surgical procedure not related to **Injury** or **Illness**;
14. Natural supplements, vitamins, and all foods, whether prescribed or not, including, but not limited to, Denamarin, Glucosamine, probiotics, shampoo, conditioner, or ear cleaner;
15. **Treatments** for any **Illness** for which a vaccine is available for your **Pet** to prevent such **Illness** and for which **Vaccination** is both recommended by your **Veterinary Provider** and rejected by you. For the purposes of this exclusion, such **Illness** shall include, but not be limited to, “core **Vaccinations**” as stated by the American Animal Hospital Association Canine Vaccine Guidelines for your dog or “highly recommended **Vaccinations**” as stated by the American Association of Feline Practitioners for your cat;
16. Any administration fees charged by a **Veterinary Provider** or others, including chart set-up fee or for providing information which may be required by us;
17. Professional fees and services performed by a **Veterinary Provider** for his/her own **Pet**;
18. Osteosarcoma diagnosed or showing clinical signs within the orthopedic waiting period.
19. Costs for any **Treatment** for:
 - a. Genetic/chromosome testing;
 - b. Procedures to determine the suitability or categorization of your **Pet** for breeding or genealogical purposes, including Penn HIP and OFA evaluations;
 - c. Costs resulting from breeding, pregnancy, whelping or queening;
 - d. Costs arising from any **Treatment** for reproduction purposes; or
 - e. Costs arising from cell-replacement therapies, except where deemed **Medically Necessary** by our **Medical Director**;
20. Costs for any **Treatment** arising from:
 - a. Avian or swine flu or any mutant variation;
 - b. Intentional slaughter by, or under, the order of any government or public or local authority; or
 - c. Epidemics or pandemics as declared by the U.S. Department of Agriculture;
21. Costs for any **Treatment** arising from a nuclear reaction, radiation, radioactive contamination, or the discharge of a nuclear device, whether controlled or uncontrolled, accidentally or otherwise;
22. Costs for any **Treatment** arising from a chemical, biological, bio-chemical, or electromagnetic weapon, device, agent or material whether controlled or uncontrolled, accidentally or otherwise;
23. Costs for any **Treatment** arising from war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped, strikes, riots, or civil commotion;
24. Costs or fees for time and travel expenses to a **Veterinarian's** premises or hospital;
25. **Claims** for veterinary charges, fees, or other related expenses exceeding eligible benefits or because such expenses are in excess of the fees usually charged by the provider being used; and
26. Experimental **Treatments**, therapies and **Medications** including any **Treatment** for a cloned animal or utilizing a cloned animal.

PART V – LIMITS OF INSURANCE

Regardless of the number of **Claims** made or covered **Injuries** or **Illnesses** that occur during the period of insurance, our total liability for each period of insurance for all covered benefits shall not exceed the amounts shown on the Declarations Page(s) under the **Annual Maximum Benefit** limit.

PART VI – OPTIONAL COVERAGES

IF SHOWN AS APPLICABLE IN THE DECLARATIONS PAGE, THE FOLLOWING OPTIONAL **COVERAGES** APPLY SEPARATELY TO EACH **PET**.

Wellness Benefits

We will pay the actual costs incurred for the following Wellness Benefits your **Pet** receives from a licensed **Veterinarian**, or are prescribed by a **Veterinarian**, during the policy period up to the Maximum Limit shown in the Wellness Benefit Schedule. Benefits will not exceed the Maximum Benefits shown below. **Deductible** and **Reimbursement** requirements do not apply to Wellness Benefits.

Benefit Schedule	Routine 125	Routine 250	Routine 400
Wellness Exam	\$ 15.00	\$ 25.00	\$ 35.00
Vaccinations Canines: DHL-P Parvovirus Rabies Bordetella Lyme Disease Corona Virus Felines: FVRCP FeLV FIP Rabies	\$ 25.00	\$ 50.00	\$ 75.00
Preventative Heartworm Test Flea Medications Microchip Identification	\$ 50.00	\$ 60.00	\$ 100.00
Behavior Training	\$35.00	\$50.00	\$75.00
Maintenance Spay/neuter Teeth cleaning Blood panel Urinalysis EKG	N / A	\$ 50.00	\$ 100.00
Health Screens Fecal Test FeLV / FIV	N / A	\$ 15.00	\$ 15.00

Wellness Schedules

	Routine 365	Routine 575
Benefits:		
Wellness Exams	\$50.00	\$75.00
Vaccines:	\$75.00	\$100.00
<div> <div>Flea, Tick and Heartworm</div> <div>Heartworm Preventative</div> <div>DHLP</div> <div>Parvo/Corona</div> <div>Bordetella</div> <div>Lyme</div> <div>Canine Influenza</div> <div>FVRCP</div> <div>Leukemia</div> <div>FIP (Feline Infectious Peritonitis)</div> </div> Other Vaccines as approved for general use by AVMA, or equivalent industry regulating entity		
Spay / Neuter or Teeth Cleaning	\$100.00	\$150.00
Tests:	\$65.00	\$100.00
<div> <div>Blood Panel</div> <div>Heartworm Test</div> <div>Fecal Test</div> <div>Urinalysis Test</div> <div>FelV Test (Leukemia)</div> </div>		
Microchip / Health Certificate /Behavioral Exam and/or Treatment	\$60.00	\$120.00
Deworming	\$15.00	\$30.00
	\$365.00	\$575.00

PART VII – OTHER TERMS AND CONDITIONS

1. Paying Your Premiums

Your policy does not become legally binding until you have paid your premium. The premium is payable when you take out a new policy and when you renew an existing policy. Your policy is an annual contract of insurance with the option to pay annually or monthly. You must pay your premiums in full and on time to remain covered. Premiums may increase at renewal for **Benefit** increases, age, veterinary cost inflation, and other actuarial changes. Premiums may also change during the policy term for changes in your address, your **Pet's** details, or other policy parameters.

2. Cancellation

You may cancel this policy at any time by submitting a written notice of cancellation to us or your producer by mail, fax, or email, surrendering the policy or binder to us or the producer, or verbal notice to us or the producer and stating the future date that you wish the cancellation to be effective.

Upon receiving notice of your request for cancellation we will cancel coverage effective the later of the date the notice is received or the date you request the cancellation to be effective.

To cancel this policy, we will mail a notice of cancellation, stating the reason for cancellation, to the named insured shown on the Declaration at the last known address shown in our records. Notice of cancellation will be mailed at least thirty (30) days before the effective date of cancellation.

If we cancel this policy at any time due to nonpayment of premium, notice of cancellation will be mailed at least ten (10) days before the effective date of the cancellation.

With respect to cancellation, this policy is neither severable nor divisible. Any cancellation will be effective for all **Coverage** for all persons and all **Pets**. If this policy is canceled, **Coverage** will not be provided as of the effective date of the cancellation shown on the notice of cancellation.

3. **Cancellation Refund**

Upon cancellation, you may be entitled to a premium refund. If you provide us written notice of cancellation within thirty (30) days of the **Original Start Date** and you have made no **Claim**, we will refund the premium you paid us and the policy will be canceled.

After the first thirty (30) days of the policy period, we will compute any refund due on a daily pro-rata basis.

4. **Nonrenewal**

If we decide not to renew or continue this policy, we will mail notice of non-renewal to the named insured shown on the Declaration at the last known address appearing in our records. Notice, including the reason for non-renewal, will be mailed at least sixty (60) days prior to the end of the policy period.

5. **Misrepresentation, Concealment, or Fraud**

This policy is void in any case of intentional fraud, concealment, or misrepresentation of a material fact, relied upon by us, by you or any other insured, at any time, concerning:

- a. This policy;
- b. Your **Pet**;
- c. Your interest in your **Pet**; or
- d. A **Claim** under this policy.

6. **Rights**

In the event we reimburse a **Claim** contrary to the policy terms and conditions, this payment will not constitute a waiver of our rights to apply the terms and conditions retrospectively as they stand to any paid **Claims** or to any future **Claims** for that or any related condition. We reserve our right to recover from you any **Claim** settlement paid in error.

7. **Splitting of Charges**

In the event an **Allowable Charge** is for both covered and non-covered conditions, the **Allowable Charge** may be split into a covered and a non-covered **Allowable Charge** to calculate your **Claim** settlement.

8. **Allowable Charges Disputes**

In the event that your **Veterinary Provider** charges an amount for **Treatments** in excess of those typically charged in your geographic area for identical **Treatments** or **Professional Services** or **Treatments** that are not **Medically Necessary**, we reserve the right to dispute the amount of the **Allowable Charges** to be reimbursed. Should we fail to resolve such disputes to your satisfaction, such disputes may be resolved by means of the procedures listed in 'Part IX – Appeals and Complaints' of the policy.

9. **Changes to Coverage**

Changes to **Coverage** and adding or removing benefit endorsements are only allowed at policy renewal. In the event

you choose to increase your **Pet's Coverage** after the **Original Start** Date, the **Waiting Period** and the determination of **Pre-existing Conditions** reset as of the date of the **Coverage** change. There is no reset for a decrease in **Coverage**.

10. **Premium Discounts**

The Company may, from time to time at its option, offer Premium discounts to the named insured who meets certain underwriting criteria. These discounts may be altered, changed, modified, revised, discontinued, or terminated on the anniversary of the policy with at least twenty (20) days notice by the Company at its discretion.

11. **Promotional Offers Insurance**

Each named insured may occasionally receive promotional offers, which include, but are not limited to, gift cards, coupons, gift certificates, and items of merchandise. The maximum value of any promotional item will not exceed \$25.00.

12. **Pet Residence Restriction**

It is your responsibility to notify us of any change in address. A change in your primary address may result in a change to **Coverage** availability and rates.

13. **Other Insurance**

You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this policy. If you do, we will pay our share of the **Allowable Charges**. Our share is the proportion that the applicable Limits of Insurance under this policy bears to the Limits of Insurance of all insurance covering on the same basis.

If there is other insurance covering the same **Allowable Charges**, other than that described above, we will pay only for the amount of **Allowable Charges** in excess of the amount due from that other insurance, whether you can collect on it or not. Nevertheless, we will not pay more than the applicable Limits of Insurance.

It is your responsibility to notify us in the event that other insurance is in force.

14. **Dual Coverage With Us**

We will not insure your **Pet** under more than one **Pet** insurance policy during any policy period. If we find an insured has more than one such policy, **Coverage** will be provided under the plan that has been in force for the longer period of time.

15. **Transfer of Rights of Recovery Against Others to Us**

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring legal action or transfer those rights to us and help us enforce them. The insured is entitled to complete reimbursement for any loss before we are entitled to recovery or subrogation proceeds.

16. **Joint and Individual Interests**

If there is more than one named insured on this policy, any named insured may cancel or change this policy. The action of one named insured shall be binding on all persons afforded **Coverage** under this policy.

17. **Transfer**

This policy may not be transferred to another person without our written consent.

18. **Period of Insurance and Territory**

This policy applies only to **Injuries** and/or **Illnesses** occurring during the policy period shown on the Declaration and which occur anywhere in the world.

19. Electronic Delivery

By accepting the terms of this insurance as evidenced by the payment of premiums, you agree that this policy, any endorsements and any notices may be delivered to you by electronic mail via the Internet. You may revoke this acceptance at any time by contacting us. Documents can be delivered to you by other means, including first-class mail, at no charge. A copy of your policy is available on our website.

20. Conformity to State Statutes

When this policy's provisions are in conflict with the statutes of the state in which this policy is issued, the terms and conditions are amended to conform to such statutes.

21. Liberalization

If we adopt any revision that would broaden the **Coverage** under this policy without additional premium within forty-five (45) days prior to or during the policy period, the broadened **Coverage** will immediately apply to this policy.

22. Governing Law

This policy is deemed negotiated and entered into the state in which it was delivered, and any rights, remedies, or obligations provided for in this policy, shall be construed and enforced in accordance with that state.

23. Policy Endorsements & Declarations Changes

You may request change to the terms of this policy, other than changes to coverage and endorsement limits, at any time prior to the expiration date of the policy. If the change is approved a new policy form will be issued. The new policy will be subject to the **Waiting Period** and the determination of **Pre-existing Conditions**. This rule does not apply to a policy change made due to the following conditions:

- a. The death of a **Pet** on a Family Plan policy; or
- b. A change of address resulting in a rate change.

24. Installment Payment

If you elect to pay your premium monthly, we will charge you the non-refundable Installment Fee listed on the Declarations page. This fee is waived if you pay annually.

PART VIII – HOW TO FILE A CLAIM

Contact Information

PetFirst Pet Insurance
Claims Department
400 Missouri Avenue
Jeffersonville, IN 47130
Phone: 866-937-7387
Fax: 877-281-3348
Email: SubmitClaim@petfirst.com

Claim Procedure

Any **Claim** you make will be assessed fairly, reasonably, and promptly against the information you provide and the terms of the policy.

All **Claims** must be submitted and received by us within ninety (90) calendar days, or as soon as reasonably practicable, of the **Treatment** date or date of the receipt furnished to you in connection with such **Professional Services**. You must submit a **Claim** form that has been properly completed. A loss is payable within (thirty) 30 days after we receive all necessary documentation.

- **Coverage** cannot be determined by phone or email communications without a prior complete **Claim** submission.
- All **Claims** must be submitted on the **Claim** form that is enclosed with your policy documents.
- You may download the **Claim** form from our website or request that a **Claim** form be mailed to you.
- You must provide all itemized invoices from your **Veterinary Provider** along with your completed **Claim** form before we will reimburse you. Save the originals should we require them from you.
- By submitting a **Claim** for consideration, you agree to obtain or allow the release of all Veterinary records needed to support the **Claim**.
- You must cooperate with us in the investigation or settlement of the **Claim**.

Upon completion of the **Claim** review you will receive an Explanation of Benefits form providing details regarding the determination of the outcome of your **Claim**. If you disagree with the outcome of your **Claim**, you may appeal the decision as described in the following section, 'Part IX – Appeals and Complaints'.

PART IX – APPEALS AND COMPLAINTS

Contact Information

PetFirst Pet Insurance
Claims Department
400 Missouri Avenue
Jeffersonville, IN 47130
Phone: 866-937-7387
Fax: 877-281-3348
Email: SubmitClaim@petfirst.com

The following describes the process for filing an appeal in the event you are not satisfied with the outcome of your **Claim**. All requests for an appeal must be submitted to us within ninety (90) days, or as soon as reasonably practicable, of the date on your Explanation of Benefits, or as soon as reasonably practicable, on other actions giving rise to your complaint. You may contact us using the information above.

Appeal Procedure

1. First Appeal

Upon receipt of your formal appeal or complaint, we will contact you within five (5) business days to acknowledge receipt of your appeal. You will receive a response to your appeal or an appeal status communication within ten (10) business days. We will communicate the status of your appeal in ten (10) day increments until the appeal review has been completed and a determination has been sent to you.

2. Second Appeal

If you disagree with our decision in the first appeal, you may request an external review. This request must be made within thirty (30) days of the date of the First Appeal decision communication. An impartial **Veterinarian** selected by the Company or its authorized administrator, who is independent of the Company or its authorized administrator and the Insured, who is not controlled by us, and who has not been a part of your **Pet's** veterinary team previously, will conduct an external review. The Company or its authorized administrator will provide the decision to the named insured within three (3) business days of receiving the independent **Veterinarian's** report.

3. Complaints

If you disagree with the decision made at any time during the appeal process, you have the right to file a complaint with your State Department of Insurance. Please refer to your individual State Department of Insurance for details and applicable rules and laws.

Engaging in any part of the Appeals and Complaints process will not restrict your right to a jury trial.

CONSENT AND NOTICE REGARDING ELECTRONIC COMMUNICATIONS FOR PET INSURANCE POLICY AND OTHER COMMUNICATIONS FROM PETFIRST HEALTHCARE LLC

1. Electronic Signature Agreement.

By selecting the "**I Accept**" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "**I Accept**" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse, or other device to select an item, button, icon or similar act/action, or to otherwise provide PetFirst Healthcare LLC via an Email notice, in P.E.T.S. online or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and PetFirst Healthcare LLC. You also represent that you are authorized to enter this Agreement for all persons who own or are authorized to access any of your accounts and that such persons will be bound by the terms of this Agreement. You further agree that each use of your E-Signature in obtaining a Pet Insurance service constitutes your agreement to be bound by the terms and conditions of the PetFirst Healthcare LLC disclosures and agreements as they exist on the date of your E-Signature.

2. Consent to Electronic Delivery.

You specifically agree to receive and/or obtain any and all Pet Insurance related "Electronic Communications" (defined below) via Email and/or in P.E.T.S. The term "Electronic Communications" includes, but is not limited to, any and all current and future notices and/or disclosures that various federal and/or state laws or regulations require that we provide to you, as well as such other documents, statements, data, records, and any other communications regarding your Pet Insurance relationship with PetFirst Healthcare LLC. You acknowledge that, for your records, you are able to use Email or P.E.T.S. online to retain Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements and Electronic Communications, documents, or records that you agree to using your E-Signature. You accept Electronic Communications provided via Email or in P.E.T.S. as reasonable and proper notice, for any and all laws, rules, and regulations, and agree that such electronic form fully satisfies any requirement that such communications be provided to you in writing or in a form that you may keep.

3. Paper version of Electronic Communications.

You may request a paper version of an Electronic Communication. You acknowledge that Petfirst Healthcare LLC reserves the right to charge you a reasonable fee for the production and mailing of paper versions of Electronic Communications. To request a paper copy of an Electronic Communication contact us at (866) 937-7387.

4. Revocation of electronic delivery.

You have the right to withdraw your consent to receive/obtain communications via Email at any time. If you wish to withdraw your consent, contact us at (812) 206-6928.

5. Valid and current email address, notification, and updates.

Your current valid email address is required in order for you to obtain Pet Insurance services if you have consented as is noted above. You agree to keep PetFirst Healthcare LLC informed of any changes in your email address. You may modify your email address by submitting a written request to PetFirst Healthcare LLC or by speaking with a Customer Service Representative at (866) 937-7387. PetFirst Healthcare LLC may notify you through email when an Electronic Communication or updated information pertaining to P.E.T.S. is available. It is your responsibility regularly check your email for Electronic Communications and to regularly review your P.E.T.S. account for updates.

6. Hardware, software, and operating system.

You are responsible for installation, maintenance, and operation of your computer, browser, and software. PetFirst Healthcare LLC is not responsible for errors or failures from any malfunction of your computer, browser, or software. PetFirst Healthcare LLC is also not responsible for computer viruses or related problems associated with use of an online system. The following are the minimum hardware, software, and operating system requirements necessary to use P.E.T.S. and receive Electronic Communications:

Processor - IBM compatible Pentium PC running Windows 2000

Memory - 4MB RAM

Disc Space - 50 MB's Free Space

Monitor - 800 x 600 resolution

Browser - Microsoft Internet Explorer 8.0 or higher

Internet access - 28.8 modem or better

To obtain electronic services and communications, indicate your consent to the terms and conditions of this Agreement by clicking on the "I Accept" button.

It is recommended that you print a copy of this Agreement for future reference.