

Free Pet Health Cover claim

Please ensure one claim form is submitted per individual pet. After completing this form, please sign and return to: **Southern Cross Pet Insurance** Private Bag 3240, Hamilton 3240, Freepost Authority 240536 Pet name If you have any questions call us toll free on 0800 800 836. Calls to and from this number may be recorded. PET OWNER DETAILS First name Surname Postal address Street number Street Suburb Town/city Postcode Home phone Work phone Fxtn Mobile phone Email REFUND DETAILS We will refund to the bank account listed below. ACCOUNT NUMBER PRIVACY ACT/DECLARATION This claim form collects personal information about pet owners named on this form for the purpose of evaluating your claim. In accordance with our Privacy Statement (www.southerncrosspet.co.nz/Privacystatement) we may also share your personal information with other Southern Cross branded businesses for the purposes set out in that Privacy Statement, including to provide you with information about products and services, or to administer any products you have with other Southern Cross branded businesses. The information is being collected and held by Southern Cross Medical Care Society (as administrator and promoter), Private Bag 3240, Hamilton 3240. You as the pet owner have the right to access and request correction of this information in accordance with the Privacy Act 1993. This declaration must be signed in order for your claim to be paid. If you fail to provide the information requested your claim may be delayed or declined. I declare that: • All of the information supplied on this claim form is complete, true and accurate. • This claim is made in accordance with the terms and conditions of the Free Pet Health Cover. · I authorise Southern Cross Medical Care Society to obtain from any person or organisation any further information required to evaluate this claim, and I authorise that person or organisation to disclose such information to Southern Cross Medical Care Society. • I authorise any refund to the bank account listed on this claim form. Pet owner signature_ Date___ FOR OFFICE USE ONLY

Claim received:

Start date:_

CHECKLIST		
So that we can assess your claim quickly and accurately, please ensure you have:		
Attached the original itemised tax account(s) and evidence that payment has been made (EFTPOS and credit card receipts without original itemised account(s) are not acceptable).		
Checked that the original itemised account(s) includes: the date of treatment the name of your pet name of vet clinic		
Attached pet's vet history records . These are vet notes for the vet visit being claimed for, and include details of diagnosis and treatment. Checked that the pet owner has signed the Declaration on the front of the form.		
 REMINDER The following are some of the routine healthcare items that are not covered by the Free Pet Health Cover: shampoo, nail clipping, teeth descaling, food, worm and flea treatments. A \$100 excess for each separate illness or injury applies. Claims must be submitted within 30 days of the expiry of your Free Pet Health Cover. Claims must be for treatment or tests for illness or injury carried out during the Free Pet Health Cover Period. 		
Date of treatment	Conditions / symptoms treated	Amount charged
15 03 2013	Ear infection (example only)	\$80
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Total amount charged		
If this claim is for treatment arising from an accident or injury, please describe how this happened:		