

## Pre-existing Condition Exclusion Waiver Form

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.

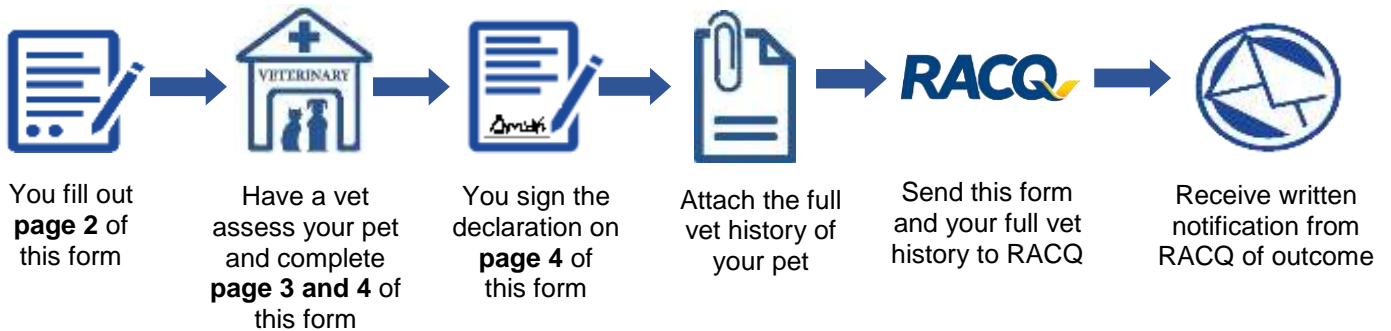
### What you need to know

#### Pre-existing conditions

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 RACQ, and
- We agree in writing to cover the pre-existing condition.

### What to do



### More Information

#### Full Vet History

- This is a full treatment history from each vet you have attended with your pet.

#### How to send in your waiver request and full vet history

- EMAIL [petinsurance@racq.com.au](mailto:petinsurance@racq.com.au)
- FAX 07 3890 8806
- Mail PO BOX 4, SPRINGWOOD, QLD 4127

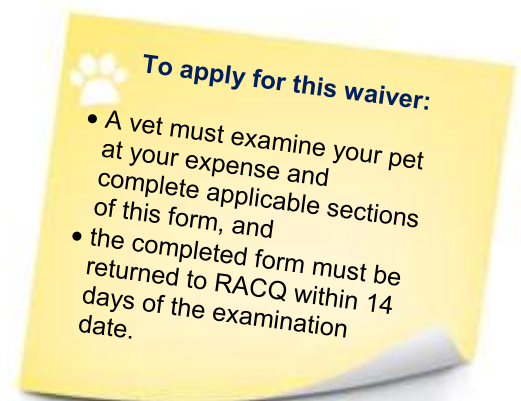
You can also drop it into an RACQ store.

#### Your written notification will confirm either:

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

### Need more information?

We're here to help you. So, if you have any questions or need more information, please contact us.



## 1. Your details [Policyholder to complete]

Policy number:

Policyholder's name:

Contact number:

Pet's name:

Pet breed:

## 2. Your request [Policyholder to complete]

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

**Pre-existing Condition 1.**

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

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

Yes

No

If you have answered "Yes", your pet is not eligible to have this pre-existing condition waived.

**Pre-existing Condition 2.**

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

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

Yes

No

If you have answered "Yes", your pet is not eligible to have this pre-existing condition waived.

**Pre-existing Condition 3.**

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

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

Yes

No

If you have answered "Yes", your pet is not eligible to have this pre-existing condition waived.

### 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?

#### 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?

#### 4. Examining Veterinarian Declaration [Vet to complete]

Date of examination:

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

#### 5. Use of your personal information [For your 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 organisations 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 RACQ 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 7202, visit [racq.com/insurance](http://racq.com/insurance) or email [privacy@racq.com.au](mailto:privacy@racq.com.au).

#### 6. Policyholder's Declaration [Policyholder to complete]

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



**Remember to attach a full vet history and return this form to RACQ. A full vet history should include the full treatment history for your pet from the attending vet and any previous vets.**