Ellenco PET INSURANCE

Pet insurance claim

Policy number

After completing this form, please sign and return to: Private Bag 3240, Hamilton 3240
If you have any questions call us toll free on 0800 800 836.

POLICYHOLDER DETAILS

Title__________ First name__________ Surname__________

Postal address__________
Street Number Street Suburb Town/city Post code

Home phone__________ Work phone__________ Mobile phone__________

Email address__________

REFUND OPTIONS Confirm your preferred claim payment method

☐ Option A: DIRECT CREDIT

BANK/BRANCH NUMBER ACCOUNT NUMBER SUFFIX

☐ Option B: CHEQUE (note: cheques will be posted to the address listed above).

Please confirm the name of the account the cheque is to be written out to:

____

PRIVACY ACT/DECLARATION

This claim form collects personal information about policyholders named on this form for the purpose of evaluating your claim and for contacting you from time to time (using any of the above contact details) with information about Ellenco and/or Southern Cross products and services. The intended recipients of this information are Southern Cross Medical Care Society and Southern Cross Benefits Limited.
The information is being collected and held by Southern Cross Medical Care Society (as administrator and promoter), Private Bag 3240, Hamilton 3240.

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 my policy.
- 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.

Policyholder signature__________ **Date signed** ____/____/____

FOR OFFICE USE ONLY

Pet	Plan	Excesses	Exclusions	Funeral	Inherited	New Policy
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

Claim received:__________ Cheque posted:__________ DC:__________

Ellenco Pet Insurance is underwritten by Southern Cross Benefits Limited (Registered Financial Service Provider No. FSP164764) and is administered and promoted by Southern Cross Medical Care Society (Registered Financial Service Provider No. FSP43787).

SCPET25/1012

Ellenco Pet Insurance, Level 1, Westpac House, 430 Victoria Street, Hamilton

CLAIMS SECTION

To enable accurate and efficient assessment of this claim please ensure that you have ✓ each box

☐ Checked that the original itemised receipt(s) includes:
- the date of treatment
- the name of your pet
- clinic name and address
- clinic GST number.

☐ Attached the **original itemised tax receipt(s)** and evidence that payment has been made (EFTPOS and credit card receipts without original itemised account(s) are not acceptable).

☐ Attached **pet's vet history records**. These are vet notes for the vet visit being claimed which include details of diagnosis and treatment.

☐ Checked that the policyholder has signed the Declaration on the front of the form.

☐ Filled in the **policy number** on the front of the form.

☐ Grouped all expenses for the same pet and listed the expense in date order before proceeding to next pet.

☐ Listed each treatment receipt separately.

REMINDER - the following are some of the items that are not covered by your policy:
Routine healthcare eg. shampoo, nail clipping, teeth descaling, worm and flea treatments and food.

Date of treatment	Pet name	Injury or illness	Amount charged
15 / 03 / 2012	Kelly	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: