

REIMBURSEMENT REQUEST FORM LOST PET ADVERTISING AND REWARD



TO BE COMPLETED BY MEMBERS:

YOUR POLICY NUMBER: _____

YOUR PET'S NAME: _____

YOUR NAME: _____
Please give name as it appears on policy documents

PHONE NUMBER: () _____

EMAIL: _____

Notice: The information collected on this form about you and your pet and otherwise in respect of this claim is required by Pets Plus Us, a division of PTZ Insurance Services Ltd. for insurance purposes, including to evaluate and, if approved, process payment of your claim. By providing your email address, you specifically provide us with consent to communicate with you by email for pet insurance purposes.

Declaration: I declare that all details provided in this reimbursement request are true and accurate. I further authorize my attending veterinarian, upon request, to release my pet's medical records to Pets Plus Us, a division of PTZ Insurance Services Ltd. pet health insurance representatives.

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.

I CONFIRM TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT

SIGNATURE _____ DATE (mm/dd/yyyy) _____

CIRCUMSTANCES SURROUNDING YOUR LOST OR STOLEN PET

DATE OF DISAPPEARANCE: _____

DETAILS OF HOW LOSS OCCURED: _____

DATE LOSS WAS REPORTED TO AUTHORITY: _____

NAME OF AUTHORITY: _____

CONTACT NAME: _____

PHONE NUMBER: () _____

ADVERTISING DETAILS

If you wish to claim for advertising costs, please attach a copy of the advertisements created and the related invoices or receipts.

DETAILS OF ADVERTISING: _____

REWARD DETAILS

If you paid a reward for the return of your pet, please provide the following details:

NAME OF REWARD RECIPIANT: _____

AMOUNT OF REWARD PAID (Please attached a signed receipt from the person named above): _____

Get your claims reimbursements faster with Direct Deposit, and receive paperless communications via email. Contact us for more information! Call 1-800-364-8422




To ensure rapid processing of your reimbursement request, please include the following:

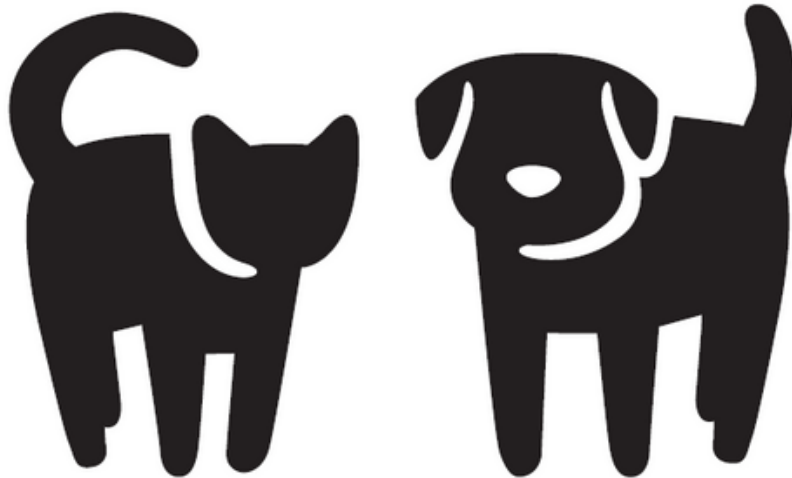
- o All relevant receipts and invoices that pertain to this reimbursement request.
- o **ANY FORMS THAT ARE INCOMPLETE OR MISSING LEGIBLE RECEIPTS/INVOICES MAY DELAY REIMBURSEMENT**

TIPS FOR MEMBERS

- Please submit this form in a timely manner. All reimbursement requests must be sent to us within **6 months** of when your pet went missing
- Submit one (1) reimbursement request form for **each pet**.
- If you are mailing this form and receipts, please keep a copy for your records. Local mailing times will vary.
- We reimburse the cost of advertising and reward money if your pet goes missing for longer than 48 hours and you've reported your loss to a local shelter, humane society or animal services agency. Your pet must go missing after the policy waiting periods have passed, and while your policy is in effect. The limit is up to \$1000 per incident.
- In order for coverage to apply:
 - o The person you are paying a reward to can not be an immediate family member, or a person you employ or live with
 - o A signed receipt including the name and signature of the person who found your pet must be provided

SUBMIT YOUR CLAIM

1. Submit on your online portal at **portal.petsplusus.com** for fast, paperless processing! 
 2. Take a picture with your mobile device or send a PDF file of your form and receipts by email to **submissions@petsplusus.com**
 3. **Mail to:** PTZ Insurance Service LTD
710 Dorval Drive, Suite 400
Oakville, Ontario L6K 3V7
- Send your reimbursement request form and all relevant receipts by one method only. Duplicate requests will delay processing.**



If you need any help filling out this form, call us at 1-800-364-8422 and we would be happy to help!