

# REIMBURSEMENT REQUEST FORM ADVERTISING & REWARD



## IMPORTANT NOTICE:

As we are all adjusting to the current Coronavirus (COVID-19) pandemic, we have had to consider how to deliver the best possible experience for our Community Members, while ensuring the wellbeing of our team.

In order to ensure timely claims processing and the issuance of reimbursements, we strongly recommend that you submit your claim form electronically to [submissions@petsplusus.com](mailto:submissions@petsplusus.com) and sign-up for Direct Deposit Claims reimbursement. This will minimize delays and ensure the fastest possible reimbursement.

Please fill out the section below, or provide a copy of a direct deposit form from your online banking, with your claim submission to set-up Direct Deposit claims reimbursement.

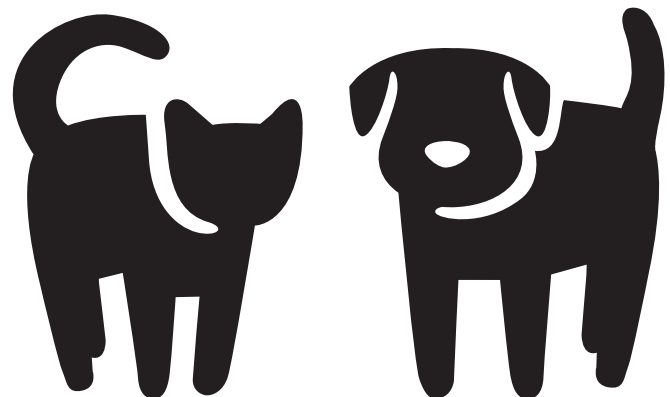
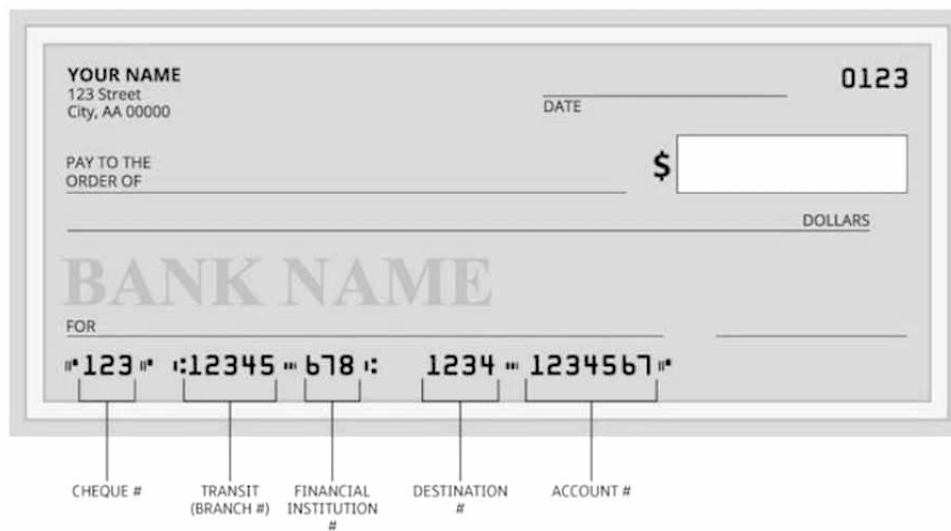
If you wish to receive your claims reimbursements through the mail via cheque, please understand that there may be unforeseeable delays.

YOUR BANK/INSTITUTION NUMBER (3 DIGITS): \_\_\_\_\_

YOUR BRANCH/TRANSIT NUMBER (5 DIGITS): \_\_\_\_\_

YOUR ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT HOLDER NAME: \_\_\_\_\_  
(AS IT APPEARS ON YOUR ACCOUNT)



# REIMBURSEMENT REQUEST FORM ADVERTISING & REWARD



## TO BE COMPLETED BY MEMBERS

YOUR POLICY NUMBER: \_\_\_\_\_

YOUR PET'S NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: (        ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Get your claims reimbursements faster with Direct Deposit, and receive paperless communications via email. Contact us for more information!

**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.

SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_

## CIRCUMSTANCES SURROUNDING YOUR LOST 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 complete the following

DETAILS OF ADVERTISING (Please attach a copy of ad and paid invoice): \_\_\_\_\_

## REWARD DETAILS - If you wish to claim for a reward claimed, please complete the following

NAME OF PERSON WHO FOUND YOUR PET: \_\_\_\_\_

THE AMOUNT OF THE REWARD PAID (Please attach a signed receipt from the person who thankfully found your pet) : \_\_\_\_\_

Email Claim Form to: [submissions@petsplusus.com](mailto:submissions@petsplusus.com)

Take a picture of the Claim Form with your mobile device or scan and send a PDF file.

Questions? Call 1-800-364-8422

Please refer to page 2 of the claim form for submission guidelines, time frames and requirements.

# REIMBURSEMENT REQUEST FORM CHECKLIST

To ensure a rapid processing of your reimbursement request, please be sure of the following:

- Please ensure the form is completed in full and signed by you and the attending veterinarian.
- Please include all relevant receipts and invoices that pertain to this reimbursement request.
- Any forms that are incomplete or missing legible receipts/invoices may delay reimbursement.

## TIPS FOR MEMBERS

- Submit one (1) reimbursement request form for each pet.
- If mailing this form and receipts, please retain a copy for your records.
- Please submit this form in a timely manner, as all reimbursement requests must be sent to us within 6 months from when your pet went missing.
- We reimburse the cost of advertising and reward money if your pet goes missing and you've reported your loss to a local shelter, humane society or animal service agency. Your pet must go missing after the expiry of the applicable waiting period of your policy and while your policy is in effect. Limit is up to \$1000 per incident.
- To be eligible for reimbursement, the person you are rewarding cannot be a member of your immediate family or a person you employ or live with. For any reward amount, we need a signed receipt from the person who thankfully found your pet.
- If you need any help filling out this form, call us at 1-800-364-8422 and we would be pleased to assist you.

## THREE WAYS TO REQUEST REIMBURSEMENT

1. **Fax: 1-855-456-7387** – *No cover sheet required.*
2. **Mail your reimbursement request form and all relevant receipts to:**  
PTZ Insurance Services Ltd.  
710 Dorval Drive, Suite 400  
Oakville, Ontario L6K 3V7
3. **Email: [submissions@petsplusus.com](mailto:submissions@petsplusus.com)**  
Take a picture with your mobile device or send a PDF file.

