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: ____________________________

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:

- 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**

- 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:
  - The person you are paying a reward to can not be an immediate family member, or a person you employ or live with
  - 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!