



Please complete and sign this form to authorise your vet practice (Vet) to submit all claims using Pet Easy-Claim directly to Southern Cross Pet Insurance and to authorise Southern Cross Pet Insurance to pay your Vet directly the amounts you're entitled to under your policy, for any treatment the vet provides for this pet.

1. POLICYHOLDER DETAILS

First name _____ Last name _____

Pet name _____ Policy number

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Email _____ Contact number _____

So that we can match your information quickly, please complete these details as they appear on your policy. You can find these details, including your policy number, on your Certificate of Insurance which you will have received with your welcome pack or policy renewal.

2. VET PRACTICE DETAILS

Vet practice name _____

Town / city _____

3. AUTHORISATION

I confirm I am the policyholder (or am an authorised person on the policy) and I authorise my Vet named above to disclose to, and collect personal and policy information from Southern Cross Pet Insurance for the purposes of submitting claims using Pet Easy-Claim directly with you on my behalf for any procedures/treatments provided by my Vet, and any follow up treatment required for the pet named above.

I understand and agree that you may rely and act on this authorisation and pay the amounts I am entitled to under my Southern Cross Pet Insurance policy for the procedures/treatments provided by my Vet for this pet and, that by paying my Vet these amounts, you have fulfilled your payment obligations for any eligible treatments under my Southern Cross Pet Insurance policy in full.

I understand and agree that I must pay my Vet the remaining fees for the procedures/treatments provided.

Note: Providing this authorisation in no way guarantees that any procedures/treatments will be covered under your Southern Cross Pet Insurance policy or that the claims for such procedures/treatments will be reimbursed by you. It also does not guarantee that we will pay your Vet directly for any procedures/treatments. We will however advise you if any treatment is not covered and/ or where you need to pay your Vet directly yourself.

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I authorise my Vet to complete and submit claims using Pet Easy-Claim for any procedures/treatments provided by my Vet for the pet specified above direct with Southern Cross Pet Insurance on my behalf and to disclose and collect the necessary information to enable you to assess the claims and pay my Vet the amounts I am entitled to under my Southern Cross Pet Insurance policy directly. I understand this may include you giving my Vet information about the status of my policy or claim. I understand that any information my Vet provides in the claim is provided on my behalf and any false or incorrect information my Vet provides may result in the claim being declined and my policy being cancelled in accordance with its terms.

Signature _____ Date ____/____/____

Any queries please contact Southern Cross Pet Insurance: 0800 800 836 or peteasyclaim@southerncrosspet.co.nz