

**Desjardins  
Pet Insurance Program**

# **Policy Wording Directory**

**Please click on your plan >**

**Bronze Paw Plan**

**Bronze Paw Plan  
with Dental**

**Silver Paw Plan**

**Silver Paw Plan  
with Additional Coverage**

**Gold Paw Plan**

6. Your Pet must be examined at least once a year by Your Veterinarian and be up-to-date with vaccinations and other preventive Treatments as recommended. You are obligated to follow any Treatment Your Veterinarian advises for Your Pet to prevent Accidents or Illness.
7. Your Pet must be cared for in accordance with Federal, Provincial and Municipal laws relating to Pets (for example: compliance with leash laws).
8. If You have any legal rights against another person in relation to Your claim, We may take legal action against them at Our cost except where they are members of Your household. You must provide all applicable documents that We request.
9. Your Policy is subject to all applicable Canadian insurance laws.

## VII. POLICY ADMINISTRATION

**Co-insurance & Deductible:** You are required to participate in the cost of Your claims by paying any applicable Co-insurance and Deductible. Co-insurance is applied first, and then a Deductible is applied to the remainder of the claim. The Deductible is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Age-Based Deductible Adjustments:** A Deductible adjustment will apply to Your Policy as Your Pet ages to reflect the substantial increases in health care costs associated with aging Pets. Your premiums will not increase due to Your Pet's age. Your Deductible will be automatically increased on the Policy anniversary following Your Pet's birthday, as shown in the following Deductible table.

Annual Deductible Table

Pet's Age	Annual Deductible	
	Dog	Cat
0 to 5 years	\$100	\$100
5 - 10 years	\$250	\$150
10 + years	\$350	\$200

**Applications for Older Pets:** If You apply for new Coverage for a Pet dog that has reached its 8th birthday or a Pet cat that has reached its 10th birthday, You must provide the following:

- Results of a physical examination performed by a Veterinarian within the 2 months prior to Your application.
- A complete veterinary medical history from any Veterinarian who has seen Your Pet. You are responsible for any costs incurred to provide this information.

**Insurance Contract:** The entire contract includes Your application for insurance, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon and communicated to You in writing after the Policy is issued. No person has authority to change the contract or waive any of its provisions other than, in the case of the Insurer, a waiver clearly expressed in writing by the Insurer.

**Policy Cancellation:** You must make Your request for Policy cancellation in writing by mail, fax or e-mail. Your request for Policy cancellation must include Your name(s) and all other Policy information to identify the Policy. Cancellation takes effect upon receipt of the notice and You shall be entitled to a refund of the excess of the premium actually paid over the short-term rate for the expired time. The short-term rate is equivalent to no more than one month's premium.

We reserve the right to cancel this Policy for reasons including, but not limited to, the event of non-payment of premiums or if You have made a false or exaggerated claim. You shall be entitled to a refund in excess of the premium actually paid over the pro-rated premium for the expired time. Cancellation will take place 15 days after You have received written notice by Us.

**Policy Changes:** We reserve the right to make changes to Your Policy by advising You 30 days in advance. Such changes can involve but are not limited to premiums, Exclusions, Coverage, Co-insurance, Deductible and limits under this Policy. You will be advised of any adjustments and Your premiums will be settled accordingly.

**Plan Changes:** You can apply for a change in Your Coverage Plan at any time. The change will take effect at the end of Your current monthly invoice period or on Your Policy's annual anniversary date.

- This date becomes the start of Your next Annual Policy Period with new applicable annual Deductible and Coverage amounts;
- Any Exclusions will carry over to Your new Coverage Plan;
- When increasing Coverage, We may apply Coverage Exclusions or restrictions on Conditions that started and were eligible for Coverage under the previous Plan. Restrictions are limited to the Maximum Payable amount of the lower Coverage Plan for that Condition;
- All changes in Plan are subject to Our prior approval.

**Continuous Coverage:** This Policy is continuous until cancelled as long as premiums are paid to the end of the current invoice period.

**Waiting Periods:** Some Coverage is subject to a waiting period. The waiting period starts at midnight of the date of Policy inception, and has the following durations:

- 48 hours for Accidents or Treatment claimed as a result of an Accident;
- 14 days for Illnesses or Treatment claimed as a result of an Illness.

**Conditions that occur during the waiting period may be excluded from Your Policy as Pre-existing or Foreseeable.**

## VIII. CLAIMS

You are financially responsible to pay Your veterinary practice for all Veterinary Services and Treatments. We will reimburse You for eligible expenses You have paid to Your Veterinarian as outlined in this document. A claim form for Veterinary Services will be provided to You. Claim forms are available through Your online Customer Portal, Your Veterinarian's office, Our website ([www.PetsDesjardins.com](http://www.PetsDesjardins.com)), or through Our Customer Care Centre.

To make a claim, You and Your Veterinarian simply fill in the claim form. Forward the form to Us together with the itemized receipts for the expenses incurred. You can submit the form and receipts by mail to Petline Insurance Company, 300-600 Empress Street, Winnipeg, MB, R3G 0R5; by fax to 1-866-501-5580; or by email to [claims@petlineinsurance.com](mailto:claims@petlineinsurance.com). When emailing attachments, please send PDF or JPG formats.

Before You submit a claim, please note the following:

1. In order for Us to process Your claim as quickly as possible, the following information must be included with Your claim form:
    - Your name, address and signature;
    - Your Veterinarian's signature;
    - The name or description of the injury due to Accident or Illness for which You are claiming. This information must be completed by Your Veterinarian.
    - All applicable receipts including an itemized breakdown of the fees incurred. Failure to provide complete information may delay the processing of Your claim. We may return the unprocessed claim to You so that You can add the missing information.
- Failure to provide complete information may delay the processing of Your claim. We may return the unprocessed claim to You so that You may add the missing information.
- Note: Please keep a copy of each claim submission for Your records.
2. We cannot guarantee Coverage of a claim over the telephone. To ask about Treatment not yet performed, please contact Us for a pre-authorization request. If the Treatment has been performed, please send Us a completed claim form with applicable documentation. We will then contact You with the results of Our decision.
  3. We will only pay claims:
    - Received by Us no later than 6 months from the date of Treatment;
    - Received by Us no later than 60 days after the date of termination of Your Policy;
    - For up to a 6 month supply of medication in any consecutive 6 month claiming period as prescribed by Your Veterinarian and with Our prior approval. If Your Policy has been cancelled, We will only pay for medication that would have been used during the active Policy.
    - For expenses incurred while the Policy is in force.
  4. We do not reimburse Your Veterinarian for completing any form, nor do We reimburse You for any fees Your Veterinarian may charge to complete a form.
  5. Claim processing and payment may be significantly delayed in the event Your premium payments are not current at the time You submit a claim.
  6. If You make a false or exaggerated claim, this Policy will end and We will not make any further payments. Cancellation will take place 15 days after You have received written notice from Us.
  7. Any action or proceeding against Us for the recovery of amounts with respect to a claim under this Policy must commence no later than two years (three years in Quebec) after the date the insurance money became payable or would have become payable for a valid claim.

Occasionally, extenuating circumstances such as emergency situations or high-expense veterinary care may necessitate special claim payment arrangements. If You require special arrangements please call to notify Us, We can advise You if other claim payment options are available.

Call us toll free at 1-855-343-9393 or visit [www.PetsDesjardins.com](http://www.PetsDesjardins.com)

Underwritten by Petline Insurance Company  
300-600 Empress Street, Winnipeg, MB, R3G 0R5.

## Desjardins Pet Insurance Program

# Bronze Paw Plan

## Policy Wordings

*Written in Plain English!*

PW\_B\_DGI2016

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Underwritten by

**petline**  
INSURANCE™

## I. DEFINITIONS

Here is a list of definitions for some terms used in the Policy. Throughout this document, defined terms are capitalized where they appear.

**Accident** - A known event involving an external force, or otherwise unexpected or unforeseen incident, causing injury independent of all other Conditions.

**Annual Policy Period** - Period of one year, or part of a year, starting with the date this Policy was first issued, or starting with the effective date of a change in Coverage Plan.

**Associated Condition** - Any medical problem that is directly related to and/or caused by a primary medical Condition. This definition includes any medical Condition resulting from any Treatment, alternative therapy, medication, therapeutic diet, or diagnostic test for the primary or resultant secondary Associated Condition.

**Bilateral Condition** - Any Condition affecting body parts of which Your Pet has two, one on each side of the body (for example: cruciate ligaments, ears, or eyes).

**Clinical Signs** - Changes in a Pet's normal healthy state, bodily function, or behaviour.

**Co-insurance** - The percentage of Your eligible expenses that You must pay before any applicable Deductible applies.

**Condition** - All manifestations of Clinical Signs resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected (for example: all cancer is considered one Condition).

**Coverage** - The insurance protection described in this Policy.

**Coverage Plan or Plan** - The insurance product chosen by the insured, as specified and defined in this Policy.

**Deductible** - A fixed amount of Your eligible expenses which is deducted from Your claim after Co-insurance has been applied. This fixed amount is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Exclusion** - An injury due to Accident, Illness, or other Condition that will not be covered under an individual Pet's Policy.

**Illness** - Sickness, disease, and any changes to a Pet's normal healthy state.

**Insurer** - Petline Insurance Company.

**Maximum Payable** - The most We will pay, as set out and explained in the Summary of Insurance and the Schedule of Maximum Amounts.

**Plan or Coverage Plan** - The insurance product chosen by You as specified and defined in this Policy.

**Policy** - Our legal agreement with You, comprised of Your application, the Summary of Insurance, Schedule of Maximum Amounts, the Policy Wordings document, plus any riders, endorsements, or other written notification from Us of changes to Your Coverage. Please keep all Policy documents together in a safe place.

**Pre-existing or Foreseeable Condition** - A Condition which first occurred or showed Clinical Signs before Your Pet's Coverage started or within the Policy waiting period, with or without a confirmed diagnosis. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other resources, including the Pet owner.

**Schedule of Maximum Amounts** - The defined Coverages and limits applicable under the Policy which are printed on the reverse side of the Summary of Insurance document.

**Summary of Insurance** - The Policy page which identifies the Policy number, Your name and information, Your Pet's name and information, the Coverage Plan, and the Policy effective date.

**Treatment** - Veterinary care, hospitalization, dentistry, surgery, diagnostics, medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by Your Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Treatments are covered under Your chosen Plan.

**Veterinarian** - An individual who is licensed to practice veterinary medicine in the province or territory in which he or she practices.

**Veterinary Services** – Veterinary care professional fees, hospitalization, dentistry, surgery, diagnostics, prescribing of medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by a Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Treatments are covered under Your chosen Plan.

**We, Us, Our** - Petline Insurance Company.

**You, Your** - The person(s) named in the Summary of Insurance.

**Your Pet** - The dog or cat named in the Summary of Insurance.

## II. INSURING AGREEMENT

When You pay Your premium, We will provide insurance Coverage for Your Pet dog or cat. Your individual Coverage Plan is shown on Your Summary of Insurance and Schedule of Maximum Amounts. There may be significant delays in processing or payment of Your claim if Your premiums are not current. We will only process or pay Your claim if Your premium payments are up-to-date. You must satisfy any applicable Co-insurance and Deductible for all Coverage, unless stated otherwise below.

## III. WHAT WE COVER

Co-insurance and Deductible may apply to eligible claims.

### i) Veterinary Services:

We will reimburse You for the costs of Veterinary Services Your Pet has received for any injury due to Accident or Illness eligible for Coverage.

<i>Accident Coverage</i>	<i>\$2000 per Accident.</i>
<i>Illness Coverage</i>	<i>\$2000 per Condition per Annual Policy Period.</i>

### Where More Than One Policy Applies

You or other persons may have a right to claim from more than one pet health insurance policy. If You have other pet health insurance in force that would cover Your Pet for the Treatments and Veterinary Services described above, We will pay claims in proportion to Our share of Your total Coverage. In the case where You have other applicable property-related insurance, this Policy shall be considered the primary Policy.

## IV. WHAT WE DO NOT COVER

### General Exclusions:

#### We do not pay for:

- Any Treatment You choose to have carried out that is not directly related to an injury due to Accident or Illness. This Exclusion includes, but is not limited to, general health improvers or preventive Treatments such as nail trims and routine anal gland expression.
- Any costs for cremation or burial expenses.
- Any expenses for dental Conditions except for those directly related, and not secondary to an Accident.
- Alternative therapy including acupuncture, chiropractic services, homeopathy, hydrotherapy, massage therapy and physiotherapy.
- Any costs associated with the purchase or maintenance of medical devices.
- Any costs associated with behavioural problems or training.
- Flea control. We will cover Treatment for the Condition of flea allergy dermatitis.
- Any food including prescription or therapeutic diets.
- Treatment for umbilical hernias.
- Expenses incurred by You for treating an injury due to Accident or Illness intentionally caused by You.
- House calls that You choose to have Your Veterinarian make in lieu of an in-practice call. In this case, We will pay only the cost of the regular examination fee.
- Euthanizing Your Pet unless recommended by Your Veterinarian as a direct result of an eligible injury due to Accident or Illness.
- Expenses resulting from an injury due to Accident, Illness, or Condition specified as excluded in Your Summary of Insurance or generally not covered under Your Pet's Policy.
- Any injury due to Accident or Illness resulting directly from Your Pet's usage for professional, occupational or business purposes unless We pre-approve Coverage.
- Any expenses for Illness Coverage for cats diagnosed with or showing Clinical Signs of FIP, FIV or FELV before Your Pet's Coverage started or within any applicable waiting period.
- Expenses resulting from pregnancy, whelping, or queening for:
  - Routine procedures such as aftercare of litter;
  - Pets with hereditary defects or where a Veterinarian has advised against breeding.
- Medications that have neither a Drug Identification Number (D.I.N.) nor a Natural Health Product Number (N.H.P.).
- Injury due to Accident or Illness caused by war activities including but not limited to, terrorist activities, bombardment, invasion, civil war, insurrection, rebellion, revolution, coup, or actions of armed forces while engaged in a war whether declared or not.
- Injury due to Accident or Illness caused by any nuclear incident as defined in the Nuclear Liability Act, nuclear explosion or contamination by radioactive material.

## V. POLICY SPECIFIC EXCLUSIONS

Pre-existing or Foreseeable Conditions are excluded from Coverage. These Exclusions include any Condition that starts or shows Clinical Signs, with or without a confirmed diagnosis, before Your Pet's Coverage started or within any applicable waiting period. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other persons, including the Pet owner. When referring to Exclusions or Policy limits, Bilateral Conditions are considered as one Condition (for example: cruciate ligaments, ear or eye problems).

If Your Policy contains an Exclusion, You may request that We review the Exclusion with the possibility of removal from the Policy. To request an Exclusion review, please contact Our office via telephone, e-mail, mail or fax. Note the following:

- At the time of the review, Your Pet must be free of Clinical Signs and must not require Treatment (including therapeutic diets or supplements) for the initial Condition;
- Depending upon the nature of the initial Condition, the Pet must be free of Clinical Signs and must not have required Treatment for a minimum of 6 months to a year before an Exclusion review may be requested;
- To complete the review, You may be asked to provide all applicable medical history and the results of any follow-up diagnostic testing to confirm the excluded Condition has resolved and been assessed as such by Your Veterinarian(s). You are responsible for any expenses incurred to complete the Exclusion review.
- Within 5 to 10 business days of receiving all necessary documentation as requested from You and Your Veterinarian(s), written confirmation of Our decision will be sent to You.

## VI. GENERAL CONDITIONS (applicable to ALL types of Coverage):

- You acknowledge that You are a Canadian resident.
- You acknowledge that You are at least 18 years old or an emancipated minor and are legally able to enter into this insurance contract.
- You understand and agree that Your personal information will be used in the administration and management of this Policy. You agree that We have Your permission to exchange information concerning Your Pet and Your Plan Coverage with Your Veterinarian(s) or other service providers as required to determine Coverage eligibility and process claims. Please refer to Our complete privacy statement at [www.petlineinsurance.com/pdf/Privacy\\_Statement.pdf](http://www.petlineinsurance.com/pdf/Privacy_Statement.pdf).
- You agree that We have Your permission to request any information concerning Your Pet from any Veterinarian, breeder, shelter, or previous Pet owner that has knowledge of Your Pet's medical history. You will be responsible for any expenses incurred for supplying the required documentation.
- Your Pet's Coverage is valid only in Canada or while travelling on vacation in the continental United States of America. Because Policy premiums are calculated based on Canadian veterinary fees, all claims received in U.S. funds will be processed in Canadian funds with no exchange (for example: \$500.00 US=\$500.00 CDN).

**VII. POLICY ADMINISTRATION**

**Co-insurance & Deductible:** You are required to participate in the cost of Your claims by paying any applicable Co-insurance and Deductible. Co-insurance is applied first, and then a Deductible is applied to the remainder of the claim. The Deductible is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Age-Based Deductible Adjustments:** A Deductible adjustment will apply to Your Policy as Your Pet ages to reflect the substantial increases in health care costs associated with aging Pets. Your premiums will not increase due to Your Pet's age. Your Deductible will automatically increase on the Policy anniversary following Your Pet's birthday, as shown in the following Deductible table.

**Annual Deductible Table**

Pet's Age	Annual Deductible	
	Dog	Cat
0 to 5 years	\$100	\$100
5 - 10 years	\$250	\$150
10 + years	\$350	\$200

**Applications for Older Pets:** If You apply for new Coverage for a Pet dog that has reached its 8th birthday or a Pet cat that has reached its 10th birthday, You must provide the following:

- Results of a physical examination performed by a Veterinarian within the 2 months prior to Your application.
- A complete veterinary medical history from any Veterinarian who has seen Your Pet. You are responsible for any costs incurred to provide this information.

**Insurance Contract:** The entire contract includes Your application for insurance, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon and communicated to You in writing after the Policy is issued. No person has authority to change the contract or waive any of its provisions other than, in the case of the Insurer, a waiver clearly expressed in writing by the Insurer.

**Policy Cancellation:** You must make Your request for Policy cancellation in writing by mail, fax or e-mail. Your request for Policy cancellation must include Your name(s) and all other Policy information to identify the Policy. Cancellation takes effect upon receipt of the notice. You shall be entitled to a refund of the excess of the premium actually paid over the short-term rate for the expired time. The short-term rate is equivalent to no more than one month's premium.

We reserve the right to cancel this Policy for reasons including, but not limited to, the event of non-payment of premiums or if You have made a false or exaggerated claim. You shall be entitled to a refund in excess of the premium actually paid over the pro-rated premium for the expired time. Cancellation will take place 15 days after You have received written notice by Us.

**Policy Changes:** We reserve the right to make changes to Your Policy by advising You 30 days in advance. Such changes can involve but are not limited to premiums, Exclusions, Coverage, Co-insurance, Deductible, and limits under this Policy. You will be advised of any adjustments and Your premiums will be settled accordingly.

**Plan Changes:** You can apply for a change in Your Coverage Plan at any time. The change will take effect at the end of Your current monthly invoice period or on Your Policy's annual anniversary date.

- This date becomes the start of Your next Annual Policy Period with new applicable annual Deductible and Coverage amounts;
- Any Exclusions will carry over to Your new Coverage Plan;
- When increasing Coverage, We may apply Coverage Exclusions or restrictions on Conditions that started and were eligible for Coverage under the previous Plan. Restrictions are limited to the Maximum Payable amount of the lower Coverage Plan for that Condition;
- All changes in Plan are subject to Our prior approval.

**Continuous Coverage:** This Policy is continuous until cancelled as long as premiums are paid to the end of the current invoice period.

**Waiting Periods:** Some Coverage is subject to a waiting period. The waiting period starts at midnight of the date of Policy inception, and has the following durations:

- 48 hours for Accidents or Treatment claimed as a result of an Accident;
- 14 days for Illnesses or Treatment claimed as a result of an Illness;
- 6 months for dental Coverage. Treatment for eligible deciduous teeth conditions may be subject to a 14 day waiting period with Our prior approval.

**VIII. CLAIMS**

You are financially responsible to pay Your veterinary practice for all Veterinary Services and Treatments. We will reimburse You for eligible expenses You have paid to Your Veterinarian as outlined in this document. A claim form for Veterinary Services will be provided to You. Claim forms are available through Your online Customer Portal, Your Veterinarian's office, Our website ([www.PetsDesjardins.com](http://www.PetsDesjardins.com)), or through Our Customer Care Centre.

To make a claim, You and Your Veterinarian simply fill in the claim form. Forward the form to Us together with the itemized receipts for the expenses incurred. You can submit the form and receipts by mail to Petline Insurance Company, 300-600 Empress Street, Winnipeg, MB, R3G 0R5; by fax to 1-866-501-5580; or by email to [claims@petlineinsurance.com](mailto:claims@petlineinsurance.com). When emailing attachments, please send PDF or JPG formats.

Before You submit a claim, please note the following:

1. In order for Us to process Your claim as quickly as possible, the following information must be included with Your claim form:
  - Your name, address and signature;
  - Your Veterinarian's signature;
  - The name or description of the injury due to Accident or Illness for which You are claiming. This information must be completed by Your Veterinarian.
  - All applicable receipts including an itemized breakdown of the fees incurred.

Failure to provide complete information may delay the processing of Your claim. We may return the unprocessed claim to You so that You can add the missing information.

Note: Please keep a copy of each claim submission for Your records.

2. We cannot guarantee Coverage of a claim over the telephone. To ask about Treatment not yet performed, please contact Us for a pre-authorization request. If the Treatment has been performed, please send Us a completed claim form with applicable documentation. We will then contact You with the results of Our decision.
3. We will only pay claims:
  - Received by Us no later than 6 months from the date of Treatment;
  - Received by Us no later than 60 days after the date of termination of Your Policy;
  - For up to a 6 month supply of medication in any consecutive 6 month claiming period as prescribed by Your Veterinarian and with Our prior approval. If Your Policy has been cancelled, We will only pay for medication that would have been used during the active Policy.
  - For expenses incurred while the Policy is in force.

4. We do not reimburse Your Veterinarian for completing any form, nor do We reimburse You for any fees Your Veterinarian may charge to complete a form.
5. Claim processing and payment may be significantly delayed in the event Your premium payments are not current at the time You submit a claim.
6. If You make a false or exaggerated claim, this Policy will end and We will not make any further payments. Cancellation will take place 15 days after You have received written notice by Us.
7. Any action or proceeding against Us for the recovery of amounts with respect to a claim under this Policy must commence no later than two years (three years in Quebec) after the date the insurance money became payable or would have become payable for a valid claim.

Occasionally, extenuating circumstances such as emergency situations or high-expense veterinary care may necessitate special claim payment arrangements. If You require special arrangements please call to notify Us. We can advise You if other claim payment options are available.

Call us toll free at 1-855-343-9393 or visit [www.PetsDesjardins.com](http://www.PetsDesjardins.com)

Underwritten by Petline Insurance Company  
300-600 Empress Street, Winnipeg, MB, R3G 0R5.

**Desjardins  
Pet Insurance Program**

**Bronze Paw Plan  
with Dental**

**Policy Wordings**

*Written in Plain English!*

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Underwritten by





## I. DEFINITIONS

Here is a list of definitions for some terms used in the Policy. Throughout this document, defined terms are capitalized where they appear.

**Accident** - A known event involving an external force, or otherwise unexpected or unforeseen incident, causing injury independent of all other Conditions.

**Annual Policy Period** - Period of one year, or part of a year, starting with the date this Policy was first issued, or starting with the effective date of a change in Coverage Plan.

**Associated Condition** - Any medical problem that is directly related to and/or caused by a primary medical Condition. This definition includes any medical Condition resulting from any Treatment, alternative therapy, medication, therapeutic diet, or diagnostic test for the primary or resultant secondary Associated Condition.

**Bilateral Condition** - Any Condition affecting body parts of which Your Pet has two, one on each side of the body (for example: cruciate ligaments, ears, or eyes).

**Clinical Signs** - Changes in a Pet's normal healthy state, bodily function, or behaviour.

**Co-insurance** - The percentage of eligible expenses that You must pay before any applicable Deductible applies.

**Condition** - All manifestations of Clinical Signs resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected (for example: all cancer is considered one Condition).

**Coverage** - The insurance protection described in this Policy.

**Deductible** - A fixed amount of Your eligible expenses which is deducted from Your claim after Co-insurance has been applied. This fixed amount is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Exclusion** - An injury due to Accident, Illness, or other Condition that will not be covered under an individual Pet's Policy.

**Illness** - Sickness, disease, and any changes to a Pet's normal healthy state.

**Insurer** - Petline Insurance Company.

**Maximum Payable** - The most We will pay, as set out and explained in the Summary of Insurance and the Schedule of Maximum Amounts.

**Plan or Coverage Plan** - The insurance product chosen by You as specified and defined in this policy.

**Policy** - Our legal agreement with You, comprised of Your application, the Summary of Insurance, Schedule of Maximum Amounts, the Policy Wordings document, plus any riders, endorsements, or other written notification from Us of changes to Your Coverage. Please keep all Policy documents together in a safe place.

**Pre-existing or Foreseeable Condition** - A Condition which first occurred or showed Clinical Signs before Your Pet's Coverage started or within the Policy waiting period, with or without a confirmed diagnosis. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other resources, including the Pet owner.

**Schedule of Maximum Amounts** - The defined Coverages and limits applicable under the Policy which are printed on the reverse side of the Summary of Insurance document.

**Summary of Insurance** - The Policy page which identifies the Policy number, Your name and information, Your Pet's name and information, the Coverage Plan, and the Policy effective date.

**Treatment** - Veterinary care, hospitalization, dentistry, surgery, diagnostics, medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by Your Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Treatments are covered under Your chosen Plan.

**Veterinarian** - An individual who is licensed to practice veterinary medicine in the province or territory in which he or she practices.

**Veterinary Services** – Veterinary care professional fees, hospitalization, dentistry, surgery, diagnostics, prescribing of medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by a Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Veterinary Services are covered under Your chosen Plan.

**We, Us, Our** - Petline Insurance Company.

**You, Your** - The person(s) named in the Summary of Insurance.

**Your Pet** - The dog or cat named in the Summary of Insurance.

## II. INSURING AGREEMENT

When You pay Your premium, We will provide insurance Coverage for Your Pet dog or cat. Your Coverage Plan is shown on Your Summary of Insurance and Schedule of Maximum Amounts. You must satisfy any applicable Co-insurance and Deductible for all Coverage, unless stated otherwise below.

## III. WHAT WE COVER

Co-insurance and Deductible may apply to eligible claims.

### i) Veterinary Services:

We will reimburse You for the costs of Veterinary Services Your Pet has received for any Accident or Illness eligible for Coverage.

<i>Accident Coverage</i>	<i>\$2000 per Accident.</i>
<i>Illness Coverage</i>	<i>\$2000 per Condition per Annual Policy Period.</i>

### ii) Dental Coverage:

We will cover the cost of any Treatment for the teeth and gums for preventive care or as a result of an eligible dental Illness. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$500 per Annual Policy Period.*

### Where More Than One Policy Applies

You or other persons may have a right to claim from more than one pet health insurance policy. If You have other pet health insurance in force that would cover Your Pet for the Treatments and Veterinary Services described above, We will pay claims in proportion to Our share of Your total Coverage. In the case where You have other applicable property-related insurance, this Policy shall be considered the primary Policy.

## IV. WHAT WE DO NOT COVER

### General Exclusions:

#### We do not pay for:

1. Any Treatment You choose to have carried out that is not directly related to an Accident or Illness. This Exclusion includes, but is not limited to, general health improvers or preventive Treatments such as nail trims and routine anal gland expression.

2. Any costs for cremation or burial expenses.
3. Alternative therapy including acupuncture, chiropractic services, homeopathy, hydrotherapy, massage therapy and physiotherapy.
4. Any costs associated with the purchase or maintenance of medical devices.
5. Any costs associated with behavioural problems or training.
6. Flea control. We will cover Treatment for the Condition of flea allergy dermatitis.
7. Any food including prescription or therapeutic diets.
8. Treatment for umbilical hernias.
9. Expenses incurred by You for treating an Accident or Illness intentionally caused by You.
10. House calls that You choose to have Your Veterinarian make in lieu of an in-practice call. In this case, We will pay only the cost of the regular examination fee.
11. Euthanizing Your Pet unless recommended by Your Veterinarian as a direct result of an eligible injury due to Accident or Illness.
12. Expenses resulting from an injury due to Accident, Illness or Condition specified as excluded in Your Summary of Insurance or generally not covered under Your Pet's Policy.
13. Any injury due to Accident or Illness resulting directly from Your Pet's usage for professional, occupational, or business purposes unless We pre-approve Coverage.
14. Any expenses for Illness Coverage for cats diagnosed with or showing Clinical Signs of FIP, FIV or FELV before Your Pet's Coverage started or within any applicable waiting period.
15. Expenses resulting from pregnancy, whelping, or queening for:
  - Routine procedures such as aftercare of litter;
  - Pets with hereditary defects or where a Veterinarian has advised against breeding.
16. Medications that have neither a Drug Identification Number (D.I.N.) nor a Natural Health Product Number (N.H.P.).
17. Injury due to Accident or Illness caused by war activities including but not limited to, terrorist activities, bombardment, invasion, civil war, insurrection, rebellion, revolution, coup or actions of armed forces while engaged in a war whether declared or not.
18. Injury due to Accident or Illness caused by any nuclear incident as defined in the Nuclear Liability Act, nuclear explosion, or contamination by radioactive material.

## V. POLICY SPECIFIC EXCLUSIONS

Pre-existing or Foreseeable Conditions are excluded from Coverage.

These Exclusions include any Condition that starts or shows Clinical Signs, with or without a confirmed diagnosis, before Your Pet's Coverage started or within any applicable waiting period. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other persons, including the Pet owner. When referring to Exclusions or Policy limits, Bilateral Conditions are considered as one Condition (for example: cruciate ligaments, ear or eye problems).

If Your Policy contains an Exclusion, You may request that We review the Exclusion with the possibility of removal from the Policy. To request an Exclusion review, please contact Our office via telephone, e-mail, mail or fax.

Note the following:

- At the time of the review, Your Pet must be free of Clinical Signs and must not require Treatment (including therapeutic diets or supplements) for the initial Condition;
- Depending upon the nature of the initial Condition, the Pet must be free of Clinical Signs and must not have required Treatment for a minimum of 6 months to a year before an Exclusion review may be requested;
- To complete the review, You may be asked to provide all applicable medical history and the results of any follow-up diagnostic testing to confirm the excluded Condition has resolved and been assessed as such by Your Veterinarian(s). You are responsible for any expenses incurred to complete the Exclusion review.
- Within 5 to 10 business days of receiving all necessary documentation as requested from You and Your Veterinarian(s), written confirmation of Our decision will be sent to You.

## VI. GENERAL CONDITIONS (applicable to ALL types of Coverage):

1. You acknowledge that You are a Canadian resident.
2. You acknowledge that You are at least 18 years old or an emancipated minor and are legally able to enter into this insurance contract.
3. You understand and agree that Your personal information will be used in the administration and management of this Policy. You agree that We have Your permission to exchange information concerning Your Pet and Your Plan Coverage with Your Veterinarian(s) or other service providers as required to determine Coverage eligibility and process claims. Please refer to Our complete privacy statement at [www.petlineinsurance.com/pdf/Privacy\\_Statement.pdf](http://www.petlineinsurance.com/pdf/Privacy_Statement.pdf).
4. You agree that We have Your permission to request any information concerning Your Pet from any Veterinarian, breeder, shelter, or previous Pet owner that has knowledge of Your Pet's medical history. You will be responsible for any expenses incurred for supplying the required documentation.
5. Your Pet's Coverage is valid only in Canada or while travelling on vacation in the continental United States of America. Because Policy premiums are calculated based on Canadian veterinary fees, all claims received in U.S. funds will be processed in Canadian funds with no exchange (for example: \$500.00 US=\$500.00 CDN).
6. Your Pet must be examined at least once a year by Your Veterinarian and be up-to-date with vaccinations and other preventive Treatments as recommended. You are obligated to follow any Treatment Your Veterinarian advises for Your Pet to prevent Accidents or Illness.
7. Your Pet must be cared for in accordance with Federal, Provincial and Municipal laws relating to Pets (for example: compliance with leash laws).
8. If You have any legal rights against another person in relation to Your claim, We may take legal action against them at Our cost except where they are members of Your household. You must provide all applicable documents that We request.
9. Your Policy is subject to all applicable Canadian insurance laws.

8. If You have any legal rights against another person in relation to Your claim, We may take legal action against them at Our cost except where they are members of Your household. You must provide all applicable documents that We request.
9. Your Policy is subject to all applicable Canadian insurance laws.

## VII. POLICY ADMINISTRATION

**Co-insurance & Deductible:** You are required to participate in the cost of Your claims by paying any applicable Co-insurance and Deductible. Co-insurance is applied first, and then a Deductible is applied to the remainder of the claim. The Deductible is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Age-Based Deductible Adjustments:** A Deductible adjustment will apply to Your Policy as Your Pet ages to reflect the substantial increases in health care costs associated with aging Pets. Your premiums will not increase due to Your Pet's age. Your Deductible will automatically increase on the Policy anniversary following Your Pet's birthday, as shown in the following Deductible table.

### Annual Deductible Table

Pet's Age	Annual Deductible	
	Dog	Cat
0 to 5 years	\$100	\$100
5 - 10 years	\$250	\$150
10 + years	\$350	\$200

**Applications for Older Pets:** If You apply for new Coverage for a Pet dog that has reached its 8th birthday or a Pet cat that has reached its 10th birthday, You must provide the following:

- Results of a physical examination performed by a Veterinarian within the 2 months prior to Your application.
- A complete veterinary medical history from any Veterinarian who has seen Your Pet. You are responsible for any costs incurred to provide this information.

**Insurance Contract:** The entire contract includes Your application for insurance, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon and communicated to You in writing after the Policy is issued. No person has authority to change the contract or waive any of its provisions other than, in the case of the Insurer, a waiver clearly expressed in writing by the Insurer.

**Policy Cancellation:** You must make Your request for Policy cancellation in writing by mail, fax or e-mail. Your request for Policy cancellation must include Your name(s) and all other Policy information to identify the Policy. Cancellation takes effect upon receipt of the notice. You shall be entitled to a refund of the excess of the premium actually paid over the short-term rate for the expired time. The short-term rate is equivalent to no more than one month's premium.

We reserve the right to cancel this Policy for reasons including, but not limited to, the event of non-payment of premiums or if You have made

a false or exaggerated claim. You shall be entitled to a refund in excess of the premium actually paid over the pro-rated premium for the expired time. Cancellation will take place 15 days after You have received written notice by Us.

**Policy Changes:** We reserve the right to make changes to Your Policy by advising You 30 days in advance. Such changes can involve but are not limited to premiums, Exclusions, Coverage, Co-insurance, Deductible, and limits under this Policy. You will be advised of any adjustments and Your premiums will be settled accordingly.

**Plan Changes:** You can apply for a change in Your Coverage Plan at any time. The change will take effect at the end of Your current monthly invoice period or on Your Policy's annual anniversary date.

- This date becomes the start of Your next Annual Policy Period with new applicable annual Deductible and Coverage amounts;
- Any Exclusions will carry over to Your new Coverage Plan;
- When increasing Coverage, We may apply Coverage Exclusions or restrictions on Conditions that started and were eligible for Coverage under the previous Plan. Restrictions are limited to the Maximum Payable amount of the lower Coverage Plan for that Condition;
- All changes in Plan are subject to Our prior approval.

**Continuous Coverage:** This Policy is continuous until cancelled as long as premiums are paid to the end of the current invoice period.

**Waiting Periods:** Some Coverage is subject to a waiting period. The waiting period starts at midnight of the date of Policy inception, and has the following durations:

- 48 hours for Accidents or Treatment claimed as a result of an Accident;
- 14 days for Illnesses or Treatment claimed as a result of an Illness;
- 6 months for dental Coverage. Treatment for eligible deciduous teeth conditions may be subject to a 14 day waiting period with Our prior approval.

## VIII. CLAIMS

You are financially responsible to pay Your veterinary practice for all Veterinary Services and Treatments. We will reimburse You for eligible expenses You have paid to Your Veterinarian as outlined in this document. A claim form for Veterinary Services will be provided to You. Claim forms are available through Your online Customer Portal, Your Veterinarian's office, Our website ([www.PetsDesjardins.com](http://www.PetsDesjardins.com)), or through Our Customer Care Centre.

To make a claim, You and Your Veterinarian simply fill in the claim form. Forward the form to Us together with the itemized receipts for the expenses incurred. You can submit the form and receipts by mail to Petline Insurance Company, 300-600 Empress Street, Winnipeg, MB, R3G 0R5; by fax to 1-866-501-5580; or by email to [claims@petlineinsurance.com](mailto:claims@petlineinsurance.com). When emailing attachments, please send PDF or JPG formats.

Before You submit a claim, please note the following:

1. In order for Us to process Your claim as quickly as possible, the following information must be included with Your claim form:
  - Your name, address and signature;
  - Your Veterinarian's signature;
  - The name or description of the injury due to Accident or Illness for which You are claiming. This information must be completed by Your Veterinarian.

- All applicable receipts including an itemized breakdown of the fees incurred.

Failure to provide complete information may delay the processing of Your claim. We may return the unprocessed claim to You so that You can add the missing information.

Note: Please keep a copy of each claim submission for Your records.

2. We cannot guarantee Coverage of a claim over the telephone. To ask about Treatment not yet performed, please contact Us for a pre-authorization request. If the Treatment has been performed, please send Us a completed claim form with applicable documentation. We will then contact You with the results of Our decision.
3. We will only pay claims:
  - Received by Us no later than 6 months from the date of Treatment;
  - Received by Us no later than 60 days after the date of termination of Your Policy;
  - For up to a 6 month supply of medication in any consecutive 6 month claiming period as prescribed by Your Veterinarian and with Our prior approval. If Your Policy has been cancelled, We will only pay for medication that would have been used during the active Policy.
  - For expenses incurred while the Policy is in force.

4. We do not reimburse Your Veterinarian for completing any form, nor do We reimburse You for any fees Your Veterinarian may charge to complete a form.
5. Claim processing and payment may be significantly delayed in the event Your premium payments are not current at the time You submit a claim.
6. If You make a false or exaggerated claim, this Policy will end and We will not make any further payments. Cancellation will take place 15 days after You have received written notice by Us.
7. Any action or proceeding against Us for the recovery of amounts with respect to a claim under this Policy must commence no later than two years (three years in Quebec) after the date the insurance money became payable or would have become payable for a valid claim.

Occasionally, extenuating circumstances such as emergency situations or high-expense veterinary care may necessitate special claim payment arrangements. If You require special arrangements, please call to notify Us. We can advise You if other claim payment options are available.

Call us toll free at 1-855-343-9393 or visit [www.PetsDesjardins.com](http://www.PetsDesjardins.com)

Underwritten by Petline Insurance Company  
300-600 Empress Street, Winnipeg, MB, R3G 0R5.

## Desjardins Pet Insurance Program

# Silver Paw Plan

## Policy Wordings

*Written in Plain English!*

PW\_S\_DGI2016

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INSURANCE™

## I. DEFINITIONS

Here is a list of definitions for some terms used in the Policy. Throughout this document, defined terms are capitalized where they appear.

**Accident** - A known event involving an external force, or otherwise unexpected or unforeseen incident, causing injury independent of all other Conditions.

**Annual Policy Period** - Period of one year, or part of a year, starting with the date this Policy was first issued, or starting with the effective date of a change in Coverage Plan.

**Associated Condition** - Any medical problem that is directly related to and/or caused by a primary medical Condition. This definition includes any medical Condition resulting from any Treatment, alternative therapy, medication, therapeutic diet, or diagnostic test for the primary or resultant secondary Associated Condition.

**Bilateral Condition** - Any Condition affecting body parts of which Your Pet has two, one on each side of the body (for example: cruciate ligaments, ears, or eyes).

**Clinical Signs** - Changes in a Pet's normal healthy state, bodily function, or behaviour.

**Co-insurance** - The percentage of Your eligible expenses that You must pay before any applicable Deductible applies.

**Condition** - All manifestations of Clinical Signs resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected (example: all cancer is considered one Condition).

**Coverage** - The insurance protection described in this Policy.

**Coverage Plan or Plan** - The insurance product chosen by the insured, as specified and defined in this Policy.

**Deductible** - A fixed amount of Your eligible expenses which is deducted from Your claim after Co-insurance has been applied. This fixed amount is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Exclusion** - An injury due to Accident, Illness, or other Condition that will not be covered under an individual Pet's Policy.

**Illness** - Sickness, disease, and any changes to a Pet's normal healthy state.

**Insurer** - Petline Insurance Company.

**Maximum Payable** - The most We will pay, as set out and explained in the Summary of Insurance and the Schedule of Maximum Amounts.

**Plan or Coverage Plan** - The insurance product chosen by You as specified and defined in this Policy.

**Policy** - Our legal agreement with You, comprised of Your application, the Summary of Insurance, Schedule of Maximum Amounts, the Policy Wordings document, plus any riders, endorsements, or other written notification from Us of changes to Your Coverage. Please keep all Policy documents together in a safe place.

**Pre-existing or Foreseeable Condition** - A Condition which first occurred or showed Clinical Signs before Your Pet's Coverage started or within the Policy waiting period, with or without a confirmed diagnosis. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other resources, including the Pet owner.

**Schedule of Maximum Amounts** - The defined Coverages and limits applicable under the Policy which are printed on the reverse side of the Summary of Insurance document.

**Summary of Insurance** - The Policy page which identifies the Policy number, Your name and information, Your Pet's name and information, the Coverage Plan, and the Policy effective date.

**Treatment** - Veterinary care, hospitalization, dentistry, surgery, diagnostics, medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by Your Veterinarian. See "What We Cover" and "What We Do Not Cover" for information regarding which Treatments are covered under Your chosen Plan.

**Veterinarian** - An individual who is licensed to practice veterinary medicine in the province or territory in which he or she practices.

**Veterinary Services** – Veterinary care professional fees, hospitalization, dentistry, surgery, diagnostics, prescribing of medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by a Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Veterinary Services are covered under Your chosen Plan.

**We, Us, Our** - Petline Insurance Company.

**You, Your** - The person(s) named in the Summary of Insurance.

**Your Pet** - The dog or cat named in the Summary of Insurance.

## II. INSURING AGREEMENT

When You pay Your premium, We will provide insurance Coverage for Your Pet dog or cat. Your Coverage Plan is shown on Your Summary of Insurance and Schedule of Maximum Amounts. There may be significant delays in processing or payment of Your claim if Your premiums are not current. You must satisfy any applicable Co-insurance and Deductible for all Coverage, unless stated otherwise below.

## III. WHAT WE COVER

Co-insurance and Deductible may apply to eligible claims.

### i) Veterinary Services:

We will reimburse You for the costs of Veterinary Services Your Pet has received for any Accident or Illness eligible for Coverage.

*Accident Coverage \$4000 per Accident.*

*Illness Coverage \$4000 per Condition per Annual Policy Period.*

### ii) Dental Coverage:

We will cover the cost of any Treatment for the teeth and gums for preventive care or as a result of an eligible dental Illness. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$700 per Annual Policy Period.*

### Where More Than One Policy Applies

You or other persons may have a right to claim from more than one pet health insurance policy. If You have other pet health insurance in force that would cover Your Pet for the Treatments and Veterinary Services described above, We will pay claims in proportion to Our share of Your total Coverage. In the case where You have other applicable property-related insurance, this Policy shall be considered the primary Policy.

## IV. WHAT WE DO NOT COVER

### General Exclusions:

#### We do not pay for:

1. Any Treatment You choose to have carried out that is not directly related to an Accident or Illness. This Exclusion includes, but is not limited to, general health improvers or preventive Treatments such as nail trims and routine anal gland expression.
2. Any costs for cremation or burial expenses.
3. Alternative therapy including acupuncture, chiropractic services, homeopathy, hydrotherapy, massage therapy and physiotherapy.
4. Any costs associated with the purchase or maintenance of medical devices.
5. Any costs associated with behavioural problems or training.
6. Flea control. We will cover Treatment for the Condition of flea allergy dermatitis.
7. Any food including prescription or therapeutic diets.
8. Treatment for umbilical hernias.
9. Expenses incurred by You for treating an Accident or Illness intentionally caused by You.
10. House calls that You choose to have Your Veterinarian make in lieu of an in-practice call. In this case, We will pay only the cost of the regular examination fee.
11. Euthanizing Your Pet unless recommended by Your Veterinarian as a direct result of an eligible injury due to Accident or Illness.
12. Expenses resulting from an injury due to Accident, Illness, or Condition specified as excluded in Your Summary of Insurance or generally not covered under Your Pet's Policy.
13. Any injury due to Accident or Illness resulting directly from Your Pet's usage for professional, occupational, or business purposes unless We pre-approve Coverage.
14. Any expenses for Illness Coverage for cats diagnosed with or showing Clinical Signs of FIP, FIV or FELV before Your Pet's Coverage started or within any applicable waiting period.
15. Expenses resulting from pregnancy, whelping, or queening for:
  - Routine procedures such as aftercare of litter;
  - Pets with hereditary defects or where a Veterinarian has advised against breeding.
16. Medications that have neither a Drug Identification Number (D.I.N.) nor a Natural Health Product Number (N.H.P.).
17. Injury due to Accident or Illness caused by war activities including but not limited to, terrorist activities, bombardment, invasion, civil war, insurrection, rebellion, revolution, coup or actions of armed forces while engaged in a war whether declared or not.
18. Injury due to Accident or Illness caused by any nuclear incident as defined in the Nuclear Liability Act, nuclear explosion, or contamination by radioactive material.

## V. POLICY SPECIFIC EXCLUSIONS

Pre-existing or Foreseeable Conditions are excluded from Coverage.

These Exclusions include any Condition that starts or shows Clinical Signs, with or without a confirmed diagnosis, before Your Pet's Coverage started or within any applicable waiting period. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with

Treatments provided through a shelter, breeder, or other persons, including the Pet owner. When referring to Exclusions or Policy limits, Bilateral Conditions are considered as one Condition (for example: cruciate ligaments, ear or eye problems).

If Your Policy contains an Exclusion, You may request that We review the Exclusion with the possibility of removal from the Policy. To request an Exclusion review, please contact Our office via telephone, e-mail, mail or fax. Note the following:

- At the time of the review, Your Pet must be free of Clinical Signs and must not require Treatment (including therapeutic diets or supplements) for the initial Condition;
- Depending upon the nature of the initial Condition, the Pet must be free of Clinical Signs and must not have required Treatment for a minimum of 6 months to a year before an Exclusion review may be requested;
- To complete the review, You may be asked to provide all applicable medical history and the results of any follow-up diagnostic testing to confirm the excluded Condition has resolved and been assessed as such by Your Veterinarian(s). You are responsible for any expenses incurred to complete the Exclusion review.
- Within 5 to 10 business days of receiving all necessary documentation as requested from You and Your Veterinarian(s), written confirmation of Our decision will be sent to You.

## VI. GENERAL CONDITIONS (applicable to ALL types of Coverage):

1. You acknowledge that You are a Canadian resident.
2. You acknowledge that You are at least 18 years old or an emancipated minor and are legally able to enter into this insurance contract.
3. You understand and agree that Your personal information will be used in the administration and management of this Policy. You agree that We have Your permission to exchange information concerning Your Pet and Your Plan Coverage with Your Veterinarian(s) or other service providers as required to determine Coverage eligibility and process claims. Please refer to Our complete privacy statement at [www.petlineinsurance.com/pdf/Privacy\\_Statement.pdf](http://www.petlineinsurance.com/pdf/Privacy_Statement.pdf).
4. You agree that We have Your permission to request any information concerning Your Pet from any Veterinarian, breeder, shelter, or previous Pet owner that has knowledge of Your Pet's medical history. You will be responsible for any expenses incurred for supplying the required documentation.
5. Your Pet's Coverage is valid only in Canada or while travelling on vacation in the continental United States of America. Because Policy premiums are calculated based on Canadian veterinary fees, all claims received in U.S. funds will be processed in Canadian funds with no exchange (for example: \$500.00 US = \$500.00 CDN).
6. Your Pet must be examined at least once a year by Your Veterinarian and be up-to-date with vaccinations and other preventive Treatments as recommended. You are obligated to follow any Treatment Your Veterinarian advises for Your Pet to prevent Accidents or Illness.
7. Your Pet must be cared for in accordance with Federal, Provincial and Municipal laws relating to Pets (for example: compliance with leash laws).



7. Your Pet must be cared for in accordance with Federal, Provincial and Municipal laws relating to Pets (for example: compliance with leash laws).
8. If You have any legal rights against another person in relation to Your claim, We may take legal action against them at Our cost except where they are members of Your household. You must provide all applicable documents that We request.
9. If You have any legal rights against another person in relation to Your claim, We may take legal action against them at Our cost except where they are members of Your household. You must provide all applicable documents that We request.

## VII. POLICY ADMINISTRATION

**Co-insurance & Deductible:** You are required to participate in the cost of Your claims by paying any applicable Co-insurance and Deductible. Co-insurance is applied first, and then a Deductible is applied to the remainder of the claim. The Deductible is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Age-Based Deductible Adjustments:** A Deductible adjustment will apply to Your Policy as Your Pet ages to reflect the substantial increases in health care costs associated with aging Pets. Your premiums will not increase due to Your Pet's age. Your Deductible will automatically increase on the Policy anniversary following Your Pet's birthday, as shown in the following Deductible table.

### Annual Deductible Table

Pet's Age	Annual Deductible	
	Dog	Cat
0 to 5 years	\$100	\$100
5 - 10 years	\$250	\$150
10 + years	\$350	\$200

**Applications for Older Pets:** If You apply for new Coverage for a Pet dog that has reached its 8th birthday or a Pet cat that has reached its 10th birthday, You must provide the following:

- Results of a physical examination performed by a Veterinarian within the 2 months prior to Your application.
- A complete veterinary medical history from any Veterinarian who has seen Your Pet. You are responsible for any costs incurred to provide this information.

**Insurance Contract:** The entire contract includes Your application for insurance, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon and communicated to You in writing after the Policy is issued. No person has authority to change the contract or waive any of its provisions other than, in the case of the Insurer, a waiver clearly expressed in writing by the Insurer.

**Policy Cancellation:** You must make Your request for Policy cancellation in writing by mail, fax or e-mail. Your request for Policy cancellation must include Your name(s) and all other Policy information to identify the Policy. Cancellation takes effect upon receipt of the notice. You shall be entitled to a refund of the excess of the premium actually paid over the short-term rate for

the expired time. The short-term rate is equivalent to no more than one month's premium.

We reserve the right to cancel this Policy for reasons including, but not limited to, the event of non-payment of premiums or if You have made a false or exaggerated claim. You shall be entitled to a refund in excess of the premium actually paid over the pro-rated premium for the expired time. Cancellation will take place 15 days after You have received written notice by Us.

**Policy Changes:** We reserve the right to make changes to Your Policy by advising You 30 days in advance. Such changes can involve but are not limited to premiums, Exclusions, Coverage, Co-insurance, Deductible, and limits under this Policy. You will be advised of any adjustments and Your premiums will be settled accordingly.

**Plan Changes:** You can apply for a change in Your Coverage Plan at any time. The change will take effect at the end of Your current monthly invoice period or on Your Policy's annual anniversary date.

- This date becomes the start of Your next Annual Policy Period with new applicable annual Deductible and Coverage amounts;
- Any Exclusions will carry over to Your new Coverage Plan;
- When increasing Coverage, We may apply Coverage Exclusions or restrictions on Conditions that started and were eligible for Coverage under the previous Plan. Restrictions are limited to the Maximum Payable amount of the lower Coverage Plan for that Condition;
- All changes in Plan are subject to Our prior approval.

**Continuous Coverage:** This Policy is continuous until cancelled as long as premiums are paid to the end of the current invoice period.

**Waiting Periods:** Some Coverage is subject to a waiting period. The waiting period starts at midnight of the date of Policy inception, and has the following durations:

- 48 hours for Accidents or Treatment claimed as a result of an Accident;
- 14 days for Illnesses or Treatment claimed as a result of an Illness;
- 6 months for dental Coverage. Treatment for eligible deciduous teeth conditions may be subject to a 14 day waiting period with Our prior approval.

**Conditions that occur during the waiting period may be excluded from Your Policy as Pre-existing or Foreseeable.**

## VIII. CLAIMS

You are financially responsible to pay Your veterinary practice for all Veterinary Services and Treatments. We will reimburse You for eligible expenses You have paid to Your Veterinarian as outlined in this document. A claim form for Veterinary Services will be provided to You. Claim forms are available through Your online Customer Portal, Your Veterinarian's office, Our website ([www.PetsDesjardins.com](http://www.PetsDesjardins.com)), or through Our Customer Care Centre.

To make a claim, You and Your Veterinarian simply fill in the claim form. Forward the form to Us together with the itemized receipts for the expenses incurred. You can submit the form and receipts by mail to Petline Insurance Company, 300 - 600 Empress Street, Winnipeg, MB, R3G 0R5; by fax to 1-866-501-5580; or by email to [claims@petlineinsurance.com](mailto:claims@petlineinsurance.com). When emailing attachments, please send PDF or JPG formats.

Before You submit a claim, please note the following:

1. In order for Us to process Your claim as quickly as possible, the following information must be included with Your claim form:

- Your name, address and signature;
- Your Veterinarian's signature;
- The name or description of the injury due to Accident or Illness for which You are claiming. This information must be completed by Your Veterinarian.
- All applicable receipts including an itemized breakdown of the fees incurred.

Failure to provide complete information may delay the processing of Your claim. We may return the unprocessed claim to You so that You may add the missing information.

Note: Please keep a copy of each claim submission for Your records.

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3. We will only pay claims:
  - Received by Us no later than 6 months from the date of Treatment;
  - Received by Us no later than 60 days after the date of termination of Your Policy;
  - For up to a 6 month supply of medication in any consecutive 6 month claiming period as prescribed by Your Veterinarian and with Our prior approval. If Your Policy has been cancelled, We will only pay for medication that would have been used during the active Policy.
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5. Claim processing and payment may be significantly delayed in the event Your premium payments are not current at the time You submit a claim.
6. If You make a false or exaggerated claim, this Policy will end and We will not make any further payments. Cancellation will take place 15 days after You have received written notice by Us.
7. Any action or proceeding against Us for the recovery of amounts with respect to a claim under this Policy must commence no later than two years (three years in Quebec) after the date the insurance money became payable or would have become payable for a valid claim.

Occasionally, extenuating circumstances such as emergency situations or high-expense veterinary care may necessitate special claim payment arrangements. If You require special arrangements please call to notify Us. We can advise You if other claim payment options are available.

Call us toll free at 1-855-343-9393 or visit [www.PetsDesjardins.com](http://www.PetsDesjardins.com)

Underwritten by Petline Insurance Company  
300-600 Empress Street, Winnipeg, MB, R3G 0R5.

## Desjardins Pet Insurance Program

# Silver Paw Plan with Additional Coverage

## Policy Wordings

*Written in Plain English!*

PW\_SA\_DGI2016

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Underwritten by

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INSURANCE™



## I. DEFINITIONS

Here is a list of definitions for some terms used in the Policy. Throughout this document, defined terms are capitalized where they appear.

**Accident** - A known event involving an external force, or otherwise unexpected or unforeseen incident, causing injury independent of all other Conditions.

**Annual Policy Period** - Period of one year, or part of a year, starting with the date this Policy was first issued, or starting with the effective date of a change in Coverage Plan.

**Associated Condition** - Any medical problem that is directly related to and/or caused by a primary medical Condition. This definition includes any medical Condition resulting from any Treatment, alternative therapy, medication, therapeutic diet, or diagnostic test for the primary or resultant secondary Associated Condition.

**Bilateral Condition** - Any Condition affecting body parts of which Your Pet has two, one on each side of the body (for example: cruciate ligaments, ears, or eyes).

**Clinical Signs** - Changes in a Pet's normal healthy state, bodily function, or behaviour.

**Co-insurance** - The percentage of Your eligible expenses that You must pay before any applicable Deductible applies.

**Condition** - All manifestations of Clinical Signs resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected (for example: all cancer is considered one Condition).

**Coverage** - The insurance protection described in this Policy.

**Coverage Plan or Plan** - The insurance product chosen by the insured, as specified and defined in this policy.

**Deductible** - A fixed amount of Your eligible expenses which is deducted from Your claim after Co-insurance has been applied. This fixed amount is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Exclusion** - An injury due to Accident, Illness, or other Condition that will not be covered under an individual Pet's Policy.

**Illness** - Sickness, disease, and any changes to a Pet's normal healthy state.

**Insurer** - Petline Insurance Company.

**Maximum Payable** - The most We will pay, as set out and explained in the Summary of Insurance and the Schedule of Maximum Amounts.

**Plan or Coverage Plan** - The insurance product chosen by You as specified and defined in this Policy.

**Policy** - Our legal agreement with You, comprised of Your application, the Summary of Insurance, Schedule of Maximum Amounts, the Policy Wordings document, plus any riders, endorsements, or other written notification from Us of changes to Your Coverage. Please keep all Policy documents together in a safe place.

**Pre-existing or Foreseeable Condition** - A Condition which first occurred or showed Clinical Signs before Your Pet's Coverage started or within the Policy waiting period, with or without a confirmed diagnosis. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other resources, including the Pet owner.

**Schedule of Maximum Amounts** - The defined Coverages and limits applicable under the Policy which are printed on the reverse side of the Summary of Insurance document.

**Summary of Insurance** - The Policy page which identifies the Policy number, Your name and information, Your Pet's name and information, the Coverage Plan, and the Policy effective date.

**Treatment** - Veterinary care, hospitalization, dentistry, surgery, diagnostics, medication, nursing, specialist referral, medical devices, alternative therapy, and behavioural therapy performed or personally authorized by Your Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Treatments are covered under Your chosen Plan.

**Veterinarian** - An individual who is licensed to practice veterinary medicine in the province or territory in which he or she practices.

**Veterinary Services** – Veterinary care professional fees, hospitalization, dentistry, surgery, diagnostics, prescribing of medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by a Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Veterinary Services are covered under Your chosen Plan.

**We, Us, Our** - Petline Insurance Company.

**You, Your** - The person(s) named in the Summary of Insurance.

**Your Pet** - The dog or cat named in the Summary of Insurance.

## II. INSURING AGREEMENT

When You pay Your premium, We will provide insurance Coverage for Your Pet dog or cat. Your Coverage Plan is shown on Your Summary of Insurance and Schedule of Maximum Amounts. You must satisfy any applicable Co-insurance and Deductible for all Coverage, unless stated otherwise below.

## III. WHAT WE COVER

Co-insurance and Deductible may apply to eligible claims.

### i) Veterinary Services:

We will reimburse You for the costs of Veterinary Services Your Pet has received for any Accident or Illness eligible for Coverage.

<i>Accident Coverage</i>	<i>\$4000 per Accident.</i>
<i>Illness Coverage</i>	<i>\$4000 per Condition per Annual Policy Period.</i>

### ii) Dental Coverage:

We will cover the cost of any Treatment for the teeth and gums for preventive care or as a result of an eligible dental Illness. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$700 per Annual Policy Period.*

### iii) Alternative Therapy:

We will pay for alternative therapy Your Pet has received for Treatment of an injury due to Accident or Illness eligible for Coverage. This Coverage includes acupuncture, chiropractic services, homeopathy, hydrotherapy, massage therapy and physiotherapy. Additional alternative therapies may also be eligible for Coverage. Please contact Us for further details. Alternative therapy must be performed or personally authorized by Your Veterinarian. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$350 per Annual Policy Period for all therapies combined.*

### iv) Behavioural Therapy:

We will pay for veterinary consultations to diagnose and subsequently treat abnormal behavioural problems in Your Pet. If referred by Your Veterinarian, We will pay the cost of Treatment by a certified animal behavioural therapist. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$350 per Annual Policy Period for all therapies combined.*

We do not pay for:

1. Obedience or training classes, including puppy classes.
2. Training, correctional devices or preventive products.
3. Treatment of coprophagia or other eating disorders.

### v) Medical Devices:

Coverage for medical devices, is subject to Our prior approval. The Coverage limit renews each new Annual Policy Period.

Coverage is limited to:

*\$350 per Annual Policy Period for all devices combined.*

### Where More Than One Policy Applies

You or other persons may have a right to claim from more than one pet health insurance policy. If You have other pet health insurance in force that would cover Your Pet for the Treatments and Veterinary Services described above, We will pay claims in proportion to Our share of Your total Coverage. In the case where You have other applicable property-related insurance, this Policy shall be considered the primary Policy.

## IV. WHAT WE DO NOT COVER

### General Exclusions:

#### We do not pay for:

1. Any Treatment You choose to have carried out that is not directly related to an injury due to Accident or Illness. This Exclusion includes, but is not limited to, general health improvers or preventive Treatments such as nail trims and routine anal gland expression.
2. Any costs for cremation or burial expenses.
3. Flea control. We will cover treatment for the Condition of flea allergy dermatitis.
4. Any food including prescription or therapeutic diets.
5. Treatment for umbilical hernias.
6. Expenses incurred by You for treating an injury due to Accident or Illness intentionally caused by You.
7. House calls that You choose to have Your Veterinarian make in lieu of an in-practice call. In this case, We will pay only the cost of the regular examination fee.
8. Euthanizing Your Pet unless recommended by Your Veterinarian as a direct result of an eligible injury due to Accident or Illness.
9. Expenses resulting from an injury due to Accident, Illness, or Condition Specified as excluded in Your Summary of Insurance or generally not covered under Your Pet's Policy.
10. Any injury due to Accident or Illness resulting directly from Your Pet's usage for professional, occupational, or business purposes unless We pre-approve Coverage.
11. Any expenses for Illness Coverage for cats diagnosed with or showing Clinical Signs of FIP, FIV or FELV before Your Pet's Coverage started or within any applicable waiting period.
12. Expenses resulting from pregnancy, whelping, or queening for:
  - Routine procedures such as aftercare of litter.
  - Pets with hereditary defects or where a Veterinarian has advised against breeding.
13. Medications that have neither a Drug Identification Number (D.I.N.) nor a Natural Health Product Number (N.H.P.).
14. Injury due to Accident or Illness caused by war activities including, but not limited to, terrorist activities, bombardment, invasion, civil war, insurrection, rebellion, revolution, coup, or actions of armed forces while engaged in a war whether declared or not.
15. Injury due to Accident or Illness caused by any nuclear incident as defined in the Nuclear Liability Act, nuclear explosion, or contamination by radioactive material.

## V. POLICY SPECIFIC EXCLUSIONS

These Exclusions include any Condition that starts or shows Clinical Signs, with or without a confirmed diagnosis, before Your Pet's Coverage started or within any applicable waiting period. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other persons, including the Pet owner. When referring to Exclusions or Policy limits, Bilateral Conditions are considered as one Condition (for example: cruciate ligaments, ear or eye problems).

If Your Policy contains an Exclusion, You may request that We review the Exclusion with the possibility of removal from the Policy. To request an Exclusion review, please contact Our office via telephone, e-mail, mail or fax. Note the following:

- At the time of the review, Your Pet must be free of Clinical Signs and must not require Treatment (including therapeutic diets or supplements) for the initial Condition.
- Depending upon the nature of the initial Condition, the Pet must be free of Clinical Signs and must not have required Treatment for a minimum of 6 months to a year before an Exclusion review may be requested.
- To complete the review, You may be asked to provide all applicable medical history and the results of any follow-up diagnostic testing to confirm the excluded Condition has resolved and been assessed as such by Your Veterinarian(s). You are responsible for any expenses incurred to complete the Exclusion review.
- Within 5 to 10 business days of receiving all necessary documentation as requested from You and Your Veterinarian(s), written confirmation of Our decision will be sent to You.

## VI. GENERAL CONDITIONS (applicable to ALL types of Coverage):

1. You acknowledge that You are a Canadian resident.
2. You acknowledge that You are at least 18 years old or an emancipated minor and are legally able to enter into this insurance contract.
3. You understand and agree that Your personal information will be used in the administration and management of this Policy. You agree that We have Your permission to exchange information concerning Your Pet and Your Plan Coverage with Your Veterinarian(s) or other service providers as required to determine Coverage eligibility and process claims. Please refer to Our complete privacy statement at [www.petlineinsurance.com/pdf/Privacy\\_Statement.pdf](http://www.petlineinsurance.com/pdf/Privacy_Statement.pdf).
4. You agree that We have Your permission to request any information concerning Your Pet from any Veterinarian, breeder, shelter, or previous Pet owner that has knowledge of Your Pet's medical history. You will be responsible for any expenses incurred for supplying the required documentation.
5. Your Pet's Coverage is valid only in Canada or while travelling on vacation in the continental United States of America. Because Policy premiums are calculated based on Canadian veterinary fees, all claims received in U.S. funds will be processed in Canadian funds with no exchange (for example: \$500.00 US = \$500.00 CDN).
6. Your Pet must be examined at least once a year by Your Veterinarian and be up-to-date with vaccinations and other preventive Treatments as recommended. You are obligated to follow any Treatment Your Veterinarian advises for Your Pet to prevent Accidents or Illness.

as recommended. You are obligated to follow any Treatment Your Veterinarian advises for Your Pet to prevent Accidents or Illness.

7. Your Pet must be cared for in accordance with Federal, Provincial and Municipal laws relating to Pets (for example: compliance with leash laws).
8. If You have any legal rights against another person in relation to Your claim, We may take legal action against them at Our cost except where they are members of Your household. You must provide all applicable documents that We request.
9. Your Policy is subject to all applicable Canadian insurance laws.

## VII. POLICY ADMINISTRATION

**Co-insurance & Deductible:** You are required to participate in the cost of Your claims by paying any applicable Co-insurance and Deductible. Co-insurance is applied first, and then a Deductible is applied to the remainder of the claim. The Deductible is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to Us paying claims in any given Annual Policy Period.

**Age-Based Deductible Adjustments:** A Deductible adjustment will apply to Your Policy as Your Pet ages to reflect the substantial increases in health care costs associated with aging Pets. Your premiums will not increase due to Your Pet's age. Your Deductible will automatically increase on the Policy anniversary following Your Pet's birthday, as shown in the following Deductible table.

### Annual Deductible Table

Pet's Age	Annual Deductible	
	Dog	Cat
0 to 5 years	\$100	\$100
5 - 10 years	\$250	\$150
10 + years	\$350	\$200

**Applications for Older Pets:** If You apply for new Coverage for a Pet dog that has reached its 8th birthday or a Pet cat that has reached its 10th birthday, You must provide the following:

- Results of a physical examination performed by a Veterinarian within the 2 months prior to Your application.
- A complete veterinary medical history from any Veterinarian who has seen Your Pet. You are responsible for any costs incurred to provide this information.

**Insurance Contract:** The entire contract includes Your application for insurance, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon and communicated to You in writing after the Policy is issued. No person has authority to change the contract or waive any of its provisions other than, in the case of the Insurer, a waiver clearly expressed in writing by the Insurer.

**Policy Cancellation:** You must make Your request for Policy cancellation in writing by mail, fax or e-mail. Your request for Policy cancellation must include Your name(s) and all other Policy information to identify the Policy. Cancellation takes effect upon receipt of the notice. You shall be entitled to a refund of the excess of the premium actually paid over the short-term rate for the expired time. The short-term rate is equivalent to no more than one month's premium.

We reserve the right to cancel this Policy for reasons including, but not limited to, the event of non-payment of premiums or if You have made a false or exaggerated claim. You shall be entitled to a refund in excess of the premium actually paid over the pro-rated premium for the expired time. Cancellation will take place 15 days after You have received written notice by Us.

**Policy Changes:** We reserve the right to make changes to Your Policy by advising You 30 days in advance. Such changes can involve but are not limited to premiums, Exclusions, Coverage, Co-insurance, Deductible, and limits under this Policy. You will be advised of any adjustments and Your premiums will be settled accordingly.

**Plan Changes:** You can apply for a change in Your Coverage Plan at any time. The change will take effect at the end of Your current monthly invoice period or on Your Policy's annual anniversary date.

- This date becomes the start of Your next Annual Policy Period with new applicable annual Deductible and Coverage amounts.
- Any Exclusions will carry over to Your new Coverage Plan;
- When increasing Coverage, We may apply Coverage Exclusions or restrictions on Conditions that started and were eligible for Coverage under the previous Plan. Restrictions are limited to the Maximum Payable amount of the lower Coverage Plan for that Condition;
- All changes in Plan are subject to Our prior approval.

**Continuous Coverage:** This Policy is continuous until cancelled as long as premiums are paid to the end of the current invoice period.

**Waiting Periods:** Some Coverage is subject to a waiting period. The waiting period starts at midnight of the date of Policy inception, and has the following durations:

- 48 hours for Accidents or Treatment claimed as a result of an Accident;
- 14 days for Illnesses or Treatment claimed as a result of an Illness;
- 6 months for dental Coverage. Treatment for eligible deciduous teeth conditions may be subject to a 14 day waiting period with Our prior approval.

**Conditions that occur during the waiting period may be excluded from Your Policy as Pre-existing or Foreseeable.**

## VIII. CLAIMS

You are financially responsible to pay Your veterinary practice for all Veterinary Services and Treatments. We will reimburse You for eligible expenses You have paid to Your Veterinarian as outlined in this Policy. A claim form for Veterinary Services will be provided to You. Claim forms are available through Your online Customer Portal, Your Veterinarian's office, Our website ([www.PetsDesjardins.com](http://www.PetsDesjardins.com)), or through Our Customer Care Centre.

To make a claim, You and Your Veterinarian simply fill in the claim form. Forward the form to Us together with the itemized receipts for the expenses incurred. You can submit the form and receipts by mail to Petline Insurance Company, 300-600 Empress Street, Winnipeg, MB, R3G 0R5; by fax to 1-866-501-5580; or by email to [claims@petlineinsurance.com](mailto:claims@petlineinsurance.com). When emailing attachments, please send PDF or JPG formats.

Before You submit a claim, please note the following:

1. In order for Us to process Your claim as quickly as possible, the following information must be included with Your claim form:
  - Your name, address and signature;
  - Your Veterinarian's signature;

- The name or description of the injury due to Accident or Illness for which You are claiming. This information must be completed by Your Veterinarian;
- All applicable receipts including an itemized breakdown of the fees incurred.

Failure to provide complete information may delay the processing of Your claim. We may return the unprocessed claim to You so that You can add the missing information.

Note: Please keep a copy of each claim submission for Your records.

2. We cannot guarantee Coverage of a claim over the telephone. To ask about Treatment not yet performed, please contact Us for a pre-authorization request. If the Treatment has been performed, please send Us a completed claim form with applicable documentation. We will then contact You with the results of Our decision.
3. We will only pay claims:
  - Received by Us no later than 6 months from the date of Treatment;
  - For up to a 6 month supply of medication in any consecutive 6 month claiming period as prescribed by Your Veterinarian and with Our prior approval. We will pay up to a 12 month supply of heartworm or flea prevention in any given Annual Policy Period where allowed in the Policy under the Schedule of Maximum Amounts for Preventive Care Coverage. If Your Policy has been cancelled, We will only pay for medication that would have been used during the active Policy;
  - Received by Us no later than 60 days after the date of termination of Your Policy;
  - For expenses incurred while the Policy is in force.
4. We do not reimburse Your Veterinarian for completing any form, nor do We reimburse You for any fees Your Veterinarian may charge to complete a form.
5. Claim processing and payment may be significantly delayed in the event Your premium payments are not current at the time You submit a claim.
6. If You make a false or exaggerated claim, this Policy will end and We will not make any further payments. Cancellation will take place 15 days after You have received written notice from Us.
7. Any action or proceeding against Us for the recovery of amounts with respect to a claim under this Policy must commence no later than two years (three years in Quebec) after the date the insurance money became payable or would have become payable for a valid claim.

Occasionally, extenuating circumstances such as emergency situations or high-expense veterinary care may necessitate special claim payment arrangements. If You require special arrangements, please call to notify Us. We can advise You if other claim payment options are available.

Call us toll free at 1-855-343-9393 or visit [www.PetsDesjardins.com](http://www.PetsDesjardins.com)

Underwritten by Petline Insurance Company  
300-600 Empress Street, Winnipeg, MB, R3G 0R5.

## Desjardins Pet Insurance Program

# Gold Paw Plan

## Policy Wordings

*Written in Plain English!*

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Underwritten by

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INSURANCE™



## I. DEFINITIONS

Here is a list of definitions for some terms used in the Policy. Throughout this document, defined terms are capitalized where they appear.

**Accident** - A known event involving an external force, or otherwise unexpected or unforeseen incident, causing injury independent of all other Conditions.

**Annual Policy Period** - Period of one year, or part of a year, starting with the date this Policy was first issued, or starting with the effective date of a change in Coverage Plan.

**Associated Condition** - Any medical problem that is directly related to and/or caused by a primary medical Condition. This definition includes any medical Condition resulting from any Treatment, alternative therapy, medication, therapeutic diet, or diagnostic test for the primary or resultant secondary Associated Condition.

**Bilateral Condition** - Any Condition affecting body parts of which Your Pet has two, one on each side of the body (for example: cruciate ligaments, ears, or eyes).

**Clinical Signs** - Changes in a Pet's normal healthy state, bodily function, or behaviour.

**Co-insurance** - The percentage of Your eligible expenses that You must pay before any applicable Deductible applies.

**Condition** - All manifestations of Clinical Signs resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected (for example: all cancer is considered one Condition).

**Coverage** - The insurance protection described in this Policy.

**Deductible** - A fixed amount of your eligible expenses which is deducted from your claim after Co-insurance has been applied. This fixed amount is held back from reimbursement and must be satisfied by one or more claims with eligible expenses prior to us paying claims in any given Annual Policy Period.

**Exclusion** - An injury due to Accident, Illness, or other Condition that will not be covered under an individual Pet's Policy.

**Illness** - Sickness, disease, and any changes to a Pet's normal healthy state.

**Insurer** - Petline Insurance Company.

**Maximum Payable** - The most We will pay, as set out and explained in the Summary of Insurance and the Schedule of Maximum Amounts.

**Plan or Coverage Plan** - The insurance product chosen by You as specified and defined in this Policy.

**Policy** - Our legal agreement with You, comprised of Your application, the Summary of Insurance, Schedule of Maximum Amounts, the Policy Wordings document, plus any riders, endorsements, or other written notification from Us of changes to Your Coverage. Please keep all policy documents together in a safe place.

**Pre-existing or Foreseeable Condition** - A Condition which first occurred or showed Clinical Signs before Your Pet's Coverage started or within the Policy waiting period, with or without a confirmed diagnosis. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other resources, including the Pet owner.

**Schedule of Maximum Amounts** - The defined Coverages and limits applicable under the Policy which are printed on the reverse side of the Summary of Insurance document.

**Summary of Insurance** - The Policy page which identifies the Policy number, Your name and information, Your Pet's name and information, the Coverage Plan, and the Policy effective date.

**Treatment** - Veterinary care, hospitalization, dentistry, surgery, diagnostics, medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by Your Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Treatments are covered under Your chosen Plan.

**Veterinarian** - An individual who is licensed to practice veterinary medicine in the province or territory in which he or she practices.

**Veterinary Services** – Veterinary care professional fees, hospitalization, dentistry, surgery, diagnostics, prescribing of medication, nursing, specialist referral, medical devices, alternative therapy and behavioural therapy performed or personally authorized by a Veterinarian.

See "What We Cover" and "What We Do Not Cover" for information regarding which Veterinary Services are covered under Your chosen Plan.

**We, Us, Our** - Petline Insurance Company.

**You, Your** - The person(s) named in the Summary of Insurance.

**Your Pet** - The dog or cat named in the Summary of Insurance.

## II. INSURING AGREEMENT

When You pay Your premium, We will provide insurance Coverage for Your Pet dog or cat. Your Coverage Plan is shown on Your Summary of Insurance and Schedule of Maximum Amounts. You must satisfy any applicable Co-insurance and Deductible for all Coverage, unless stated otherwise below.

### III. WHAT WE COVER

Co-insurance and Deductible may apply to eligible claims.

#### i) Veterinary Services:

We will reimburse You for the costs of Veterinary Services Your Pet has received for any injury due to Accident or Illness eligible for Coverage. The amount payable is unlimited under Your Policy.

#### ii) Dental Coverage:

We will cover the cost of any Treatment for the teeth and gums for preventive care or as a result of an eligible dental Illness. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$1000 per Annual Policy Period.*

#### iii) Alternative Therapy:

We will pay for alternative therapy Your Pet has received for Treatment of an injury due to Accident or Illness eligible for Coverage. This Coverage includes acupuncture, chiropractic services, homeopathy, hydrotherapy, massage therapy and physiotherapy. Additional alternative therapies may also be eligible for Coverage. Please contact Us for further details. Alternative therapy must be performed or personally authorized by Your Veterinarian. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$350 per Annual Policy Period for all therapies combined.*

#### iv) Behavioural Therapy:

We will pay for veterinary consultations to diagnose and subsequently treat abnormal behavioural problems in Your Pet. If referred by Your Veterinarian, We will pay the cost of Treatment by a certified animal behavioural therapist. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$350 per Annual Policy Period for all therapies combined.*

We do not pay for:

1. Obedience or training classes, including puppy classes.
2. Training, correctional devices, or preventive products.
3. Treatment of coprophagia or other eating disorders.

#### v) Medical Devices:

Coverage for medical devices is subject to Our prior approval. The Coverage limit renews each new Annual Policy Period. Coverage is limited to:

*\$350 per Annual Period for all devices combined.*

#### vi) Preventive Care Coverage:

We will pay for the cost of preventive care services Your Pet has received as shown in the Schedule of Maximum Amounts. The Coverage limit for individual services renews each new Annual Policy Period.

#### Where More Than One Policy Applies

You or other persons may have a right to claim from more than one pet health insurance policy. If You have other pet health insurance in force that would cover Your Pet for the Treatments and Veterinary Services described above, We will pay claims in proportion to Our share of Your total Coverage. In the case where You have other applicable property-related insurance, this Policy shall be considered the primary Policy.

## IV. WHAT WE DO NOT COVER

### General Exclusions:

#### We do not pay for:

1. Any Treatment You choose to have carried out that is not directly related to an injury due to Accident or Illness. This Exclusion includes, but is not limited to, general health improvers or preventive Treatments such as nail trims and routine anal gland expression. This Exclusion applies except where allowed in the Policy under the Schedule of Maximum Amounts for Preventive Care Coverage.
2. Any costs for cremation or burial expenses.
3. Flea control other than Your Maximum Payable Coverage under this Plan. We will cover Treatment for the Condition of flea allergy dermatitis.
4. Any food including prescription or therapeutic diets.
5. Treatment for umbilical hernias.
6. Expenses incurred by You for treating an injury due to Accident or Illness intentionally caused by You.
7. House calls that You choose to have Your Veterinarian make in lieu of an in-practice call. In this case, We will pay only the cost of the regular examination fee.
8. Euthanizing Your Pet unless recommended by Your Veterinarian as a direct result of an eligible injury due to Accident or Illness.
9. Expenses resulting from an injury due to Accident, Illness, or Condition specified as excluded in Your Summary of Insurance or generally not covered under Your Pet's Policy.
10. Any injury due to Accident or Illness resulting directly from Your Pet's usage for professional, occupational, or business purposes unless We pre-approve Coverage.
11. Any expenses for Illness Coverage for cats diagnosed with or showing Clinical Signs of FIP, FIV or FELV before Your Pet's Coverage started or within any applicable waiting period.
12. Expenses resulting from pregnancy, whelping, or queening for:
  - Routine procedures such as aftercare of litter;
  - Pets with hereditary defects or where a Veterinarian has advised against breeding.
13. Medications that have neither a Drug Identification Number (D.I.N.) nor a Natural Health Product Number (N.H.P.).
14. Injury due to Accident or Illness caused by war activities including, but not limited to, terrorist activities, bombardment, invasion, civil war, insurrection, rebellion, revolution, coup, or actions of armed

forces while engaged in a war whether declared or not.

15. Injury due to Accident or Illness caused by any nuclear incident as defined in the Nuclear Liability Act, nuclear explosion, or contamination by radioactive material.

## V. POLICY SPECIFIC EXCLUSIONS

Pre-existing or Foreseeable Conditions are excluded from Coverage.

These Exclusions include any Condition that starts or shows Clinical Signs, with or without a confirmed diagnosis, before Your Pet's Coverage started or within any applicable waiting period. Pre-existing or Foreseeable Conditions can refer to Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other persons, including the Pet owner. When referring to Exclusions or Policy limits, Bilateral Conditions are considered as one Condition (for example: cruciate ligaments, ear or eye problems).

If Your Policy contains an Exclusion, You may request that We review the Exclusion with the possibility of removal from the Policy. To request an Exclusion review, please contact Our office via telephone, e-mail, mail or fax. Note the following:

- At the time of the review, Your Pet must be free of Clinical Signs and must not require Treatment (including therapeutic diets or supplements) for the initial Condition.
- Depending upon the nature of the initial Condition, the Pet must be free of Clinical Signs and must not have required Treatment for a minimum of 6 months to a year before an Exclusion review may be requested.
- To complete the review, You may be asked to provide all applicable medical history and the results of any follow-up diagnostic testing to confirm the excluded Condition has resolved and been assessed as such by Your Veterinarian(s). You are responsible for any expenses incurred to complete the Exclusion review.
- Within 5 to 10 business days of receiving all necessary documentation as requested from You and Your Veterinarian(s), written confirmation of Our decision will be sent to You.

## VI. GENERAL CONDITIONS (applicable to ALL types of Coverage):

1. You acknowledge that You are a resident of Canada.
2. You acknowledge that You are at least 18 years old or an emancipated minor and are legally able to enter into this insurance contract.
3. You understand and agree that Your personal information will be used in the administration and management of this Policy. You agree that We have Your permission to exchange information concerning Your Pet and Your Plan Coverage with Your Veterinarian(s) or other service providers as required to determine Coverage eligibility and process claims. Please refer to Our complete privacy statement at [www.petlineinsurance.com/pdf/Privacy\\_Statement.pdf](http://www.petlineinsurance.com/pdf/Privacy_Statement.pdf).
4. You agree that We have Your permission to request any information concerning Your Pet from any Veterinarian, breeder, shelter, or previous Pet owner that has knowledge of Your Pet's medical history. You will be responsible for any expenses incurred for supplying the required documentation.
5. Your Pet's Coverage is valid only in Canada or while travelling on vacation in the continental United States of America. Because Policy premiums are calculated based on Canadian veterinary fees, all claims received in U.S. funds will be processed in Canadian funds with no exchange (for example: \$500.00 US=\$500.00 CDN).
6. Your Pet must be examined at least once a year by Your Veterinarian and be up-to-date with vaccinations and other preventive Treatments