Desjardins Insurance

Pet Insurance Program

POLICY WORDINGS

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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 any otherwise unexpected or unforeseen incident known to have occurred, which causes injury independent of all other Conditions.

ALTERNATIVE THERAPIES: All non-standard and/or non-traditional treatments, including but not limited to experimental treatments, treatments which are still in research or development phases, and homeopathic treatments. This also includes any treatments which are permitted to be administered without a veterinary license or the direct supervision of a Veterinarian, regardless of whether the treatment is actually performed by a Veterinarian or not. (Examples include but are not limited to: Stem cell therapy, laser therapy, physiotherapy, hydrotherapy, acupuncture.) If You do not know whether a treatment is classified as alternative therapy for Coverage purposes, please contact Our office to request pre-authorization.

ANNUAL POLICY PERIOD: Annual 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.

BEHAVIOURAL PROBLEMS: Any Condition which is primarily manifested through behavioral changes or abnormalities, or psychological impact, rather than through physiological changes or damage. Also any injuries which occur as a result of Your pet's behavior, including but not limited to recurrent Dietary Indiscretions, recurrent Foreign Body Ingestions, recurrent injuries caused by aggressive behaviour, or recurrent poisonings. Classification will be based on veterinary diagnosis and treatment.

BILATERAL CONDITION: Any Condition affecting body parts of which Your Pet has two, one on each side of the body (examples: 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 claim that You must pay before any applicable Deductible applies.

COMPREHENSIVE EXAM: A Veterinarian's examination of all of Your Pet's major body systems. Such exam will at least include your pet's weight, temperature, pulse, respiration rate, details about Your Pet's heart and lung sounds, and an evaluation of Your Pet's eyes, ears, nose, mouth, skin, lymph nodes, joints, and muscles.

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.

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.

DENTAL PROBLEMS: Any Condition for which a veterinarian recommends Treatment of the teeth and/or gums, including but not limited to scaling, polishing, and extractions, whether due to Illness or trauma. Stomatitis will be considered a dental problem until such time as the diagnosis is confirmed by histopathology.

DIETARY INDISCRETION: Ingestion of a food item which causes Illness or injury, or ingestion of a non-food item which does not require Treatment in order for it to pass through or be ejected from the gastrointestinal system. Dietary indiscretion will be considered an Illness rather than an Accident under this Policy.

EXCLUSION: An Illness, injury or other Condition that will not be covered under an individual Pet's Policy.

FOREIGN BODY INGESTION: An incident in which Your Pet has ingested a non-food item which will not pass through or be ejected from the gastrointestinal system without Treatment specifically intended to expel or remove the item. Foreign Body Ingestion will be considered an Accident under this Policy.

ILLNESS: Sickness, disease and any changes to a Pet's normal healthy state. For the purposes of Your Policy, the definition of Illness does not include Behavioral Problems or Dental Problems.

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 Coverage as specified and defined in the Policy.

POLICY: Our legal agreement with You, comprised of Your application, the Summary of Insurance, Schedule of Maximum Amounts, this Policy Wordings document, plus any vouchers, 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.

RECURRENT: Any Accident that happens more than once in the same Annual Policy Period, or happens in two or more consecutive Annual Policy Periods.

SCHEDULE OF MAXIMUM AMOUNTS: The defined Coverages and limits applicable under the Policy, found on the second page 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, the Policy effective date, and Your Schedule of Maximum Amounts.

TREATMENT: Veterinary care, hospitalization, dentistry, surgery, diagnostics, medication, nursing, specialist referral, medical devices, Alternative Therapies and behavioural therapies performed or personally authorized by Your Veterinarian.

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, surgery, diagnostics, prescribing of medication, nursing, specialist referral, medical devices, Alternative Therapies and behavioural therapies performed or personally authorized by Your Veterinarian.

WE, US, OUR: The Insurer Petline Insurance Company, the underwriter of The Desjardins Pet Insurance Program.

YOU, YOUR: The insured 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. The section entitled "III. WHAT WE COVER" is subject to Exclusions, limitations, and conditions of Coverage as outlined in sections IV through VIII of this document.

III. WHAT WE COVER

A) VETERINARY SERVICES

Coverage under this section is applicable to Plans as specified. See Your Summary of Insurance and Schedule of Maximum Amounts for more information. For Conditions eligible for Coverage under Your chosen Plan, insured Veterinary Services include veterinary care consultation fees, hospitalization, surgery, diagnostics, medication, nursing, prescription food, specialist referral, medical devices, Alternative Therapies, behavioural therapies, and taxes as applicable. All Coverage is subject to the terms outlined in this document. Reasonable and customary charges for Veterinary Services shall apply, subject to our discretion. All Coverage is subject to Waiting Periods as outlined in the Policy Administration section of this document.

ACCIDENT COVERAGE – ALL PLANS

We will reimburse You for the costs of insured Veterinary Services Your Pet has received as a direct result of an Accident as defined under this Policy. For the Maximum Payable limit, see the Schedule of Maximum Amounts. The Coverage limit for Accidents is calculated per incident. The limit may be carried over into subsequent Annual Policy Periods but does not renew for that accident. Accident Coverage will not apply to the following:

1. Cruciate ligament injuries, meniscal injuries, intervertebral disc disease, patellar luxation, gastric torsion, and intussusception. These injuries will be considered Illness Conditions under this Policy. (Please refer to the description of Illness Coverage, below.)
2. Any acute injury that occurs due to underlying medical pathology or physiological changes, whether previously known or unknown. These injuries will be considered Illness Conditions under this Policy. (Please refer to the description of Illness Coverage, below.)
3. Any recurrent Accidents. This includes injuries resulting from Your pet's recurring behavior, and injuries arising from Your failure to prevent a reoccurrence of an Accident or injury that has previously occurred. This does not apply to the first occurrence, or to a subsequent incident once the definition of Recurrent is no longer met.
4. Any injury that arises due to Your pet's activities. These injuries will be considered Illness Conditions under this Policy. (Your Pet's activities and any resultant injury are not considered Accidents for the purposes of this Policy. Please refer to the description of Illness Coverage, below.)
5. Alternative Therapies, Behavioural Problems, Medical devices (Separate limits apply. Please see items "B" through "E" in this section)
6. An intentional act, however caused, leading to an Accident which results in an injury to Your Pet.
7. Accidents arising from Your Pet's known Behavioural Problem. (Please refer to item "D" below for more information about Coverage for Behavioural Problems.)
8. Treatment for arthritis and/or degenerative joint problems. These problems will be considered Illness Conditions under this Policy. (Please refer to the description of Illness Coverage, below.)
9. Illnesses developed by drinking contaminated/stagnant water. These injuries will be considered Illness Conditions under this Policy. (Please refer to the description of Illness Coverage, below.)
10. Any consequential damage or secondary Condition that arises as a result of any Accident (for example: future Treatment(s) for liver damage as a result of poisoning). These injuries will be considered Illness Conditions under this Policy. (Please refer to the description of Illness Coverage, below.)
11. Dental Problems.

ILLNESS COVERAGE – ALL PLANS

We will reimburse You for the costs of insured Veterinary Services Your Pet has received for any insured Illness Condition. For the Maximum Payable limit, see the Schedule of Maximum Amounts. The Coverage limit for Ilness renews each new Annual Policy Period. Illness Coverage will not apply to the following:

1. Alternative Therapies, Behavioural Problems, or medical devices (Separate limits apply. Please see items B through E in this section)
2. Dental Problems.

B) DENTAL COVERAGE – SELECT PLANS

We will reimburse you for the cost of any Treatment for the teeth and gums which is provided for preventive care or as a result of an insured Dental Problem. For the Maximum Payable limit, see the Schedule of Maximum Amounts. The Coverage limit renews each new Annual Policy Period. Coverage is subject to the Waiting Periods described in the Policy Administration section of this document.

Dental Coverage is not available under the Bronze Paw Plan unless you have opted for additional dental coverage. Your Summary of Insurance lists the plan you have chosen. For your maximum payable limits, please refer to your

Schedule of Maximum Amounts on the reverse of your Summary of Insurance. These documents are included in your welcome package and reprints can be provided upon request.

C) ALTERNATIVE THERAPIES – SELECT PLANS
We will reimburse You for Alternative Therapies Your Pet has received for Treatment of an insured Accident or Illness. In order to qualify for Coverage, Alternative Therapies must be either performed or personally authorized by Your Veterinarian, and Your Veterinarian must sign the claim form. For the Maximum Payable limit, see the Schedule of Maximum Amounts. The Coverage limit renews each new Annual Policy Period. Coverage is subject to Waiting Periods as described in the Policy Administration section of this document.

Alternative therapies coverage is only available under the Gold Paw Plan, or the Silver Paw Plan when you opt for additional coverage. Your Summary of Insurance lists the plan you have chosen. For your maximum payable limits, please refer to your Schedule of Maximum Amounts on the reverse of your Summary of Insurance. These documents are included in your welcome package and reprints can be provided upon request.

D) BEHAVIOURAL THERAPIES – SELECT PLANS
We will reimburse you for veterinary consultations to diagnose and subsequently treat Behavioural Problems in Your Pet. If referred by Your Veterinarian, We will pay the cost of Treatment by a certified animal behavioural therapist. In order to qualify for Coverage, Behavioural Therapies must be either performed or personally authorized by Your Veterinarian, and Your Veterinarian must sign the claim form. For the Maximum Payable limit, see the Schedule of Maximum Amounts. The Coverage limit renews each new Annual Policy Period. Coverage is subject to Waiting Periods as described in the Policy Administration section of this document.

Under Behavioural Therapies limits, We do not reimburse You for:

1. Obedience or training classes, including puppy classes.
2. Training, correctional devices or preventive products.
3. Treatment of coprophagia or other eating disorders.
4. Treatment of Illness or injury due to Dietary Indiscretion or Foreign Body Ingestion. (Separate limits apply. Please refer to item a) Veterinary Services, above.)

Behavioural therapies coverage is only available under the Gold Paw Plan, or the Silver Paw Plan when you opt for additional coverage. Your Summary of Insurance lists the plan you have chosen. For your maximum payable limits, please refer to your Schedule of Maximum Amounts on the reverse of your Summary of Insurance. These documents are included in your welcome package and reprints can be provided upon request.

E) MEDICAL DEVICES – SELECT PLANS
Coverage is subject to Our prior approval. Please contact us for pre-authorization. In order to qualify for Coverage, Medical Devices must be either provided or personally authorized by Your Veterinarian, and Your Veterinarian must sign the claim form. For the Maximum Payable limit, see the Schedule of Maximum Amounts. The Coverage limit renews each new Annual Policy Period. Coverage is subject to Waiting Periods as described in the Policy Administration section of this document.

Medical devices coverage is only available under the Gold Paw Plan, or the Silver Paw Plan when you opt for additional coverage. Your Summary of Insurance lists the plan you have chosen. For your maximum payable limits, please refer to your Schedule of Maximum Amounts on the reverse of your Summary of Insurance. These documents are included in your welcome package and reprints can be provided upon request.

F) ANNUAL BENEFITS – GOLD PAW
If you purchase the Gold Paw Plan, We will pay for the cost of preventive care services. Your Summary of Insurance lists the plan you have chosen. For your maximum payable limits, please refer to your Schedule of Maximum Amounts on the reverse of your Summary of Insurance. These documents are included in your welcome package and reprints can be provided upon request.

LIMIT 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 described above, We will cover claims in proportion to Our share of all pet health insurance policies You have in force. In the case where You have other applicable property-related insurance but no other pet health insurance, this Policy shall be considered the primary Policy.

We have the right to gather and disclose information as necessary so that We can coordinate benefits with any other pet health insurance provider. You are not permitted to receive more reimbursement than the total amount of Your claim(s).

IV. WHAT WE DO NOT COVER

GENERAL EXCLUSIONS (ALL PLANS):

We do not pay for:

1. Any Treatment You choose to have carried out that is not directly related to an insured Accident or Illness. This Exclusion includes general health improvers or preventive or elective Treatments. This Exclusion includes but is not limited to: non-anesthetic dental procedures, nail trims, and anal gland expression, whether routine, preventive, or otherwise. This Exclusion also applies to any expenses arising from complications resulting from any of these excluded Treatments.
2. Flea control. We will cover Treatment for the Condition of flea allergy dermatitis.
3. Any food, including prescription or therapeutic diets.
4. Spay or neuter, regardless of whether the procedure is preventive, elective, routine, or used to treat any health Condition including but not limited to conditions such as cryptorchidism. This Exclusion also applies to Treatment of complications due to a spay or neuter.
5. Treatment for umbilical hernias, or for congenital conditions which would have been evident during a Comprehensive Exam prior to the inception date of Your Policy or during the waiting period (whether noted or not).
6. Expenses incurred by You for treating an Accident or Illness intentionally caused by You.
7. Transportation of You or Your pet, or 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 insured Accident or Illness.
9. Expenses resulting from an Accident, Illness or Condition specified as excluded in Your Summary of Insurance or generally not covered under Your Pet's Policy.
10. Any Accident or Illness resulting directly from Your Pet's usage for competitive, 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 prior to Policy inception or during the waiting period.
12. Expenses resulting from pregnancy and Associated Conditions.
13. Medications that have neither a Drug Identification Number (D.I.N.) nor a Natural Health Product Number (N.H.P.).
14. Illness or Accident caused by war activities. War activities include 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. Any claims caused by any nuclear incident as defined in the Nuclear Liability Act, nuclear explosion or contamination by radioactive material.
16. Any claims arising due to the occurrence of a natural disaster.

V. POLICY SPECIFIC EXCLUSIONS

PRE-EXISTING OR FORESEEABLE CONDITIONS ARE EXCLUDED FROM COVERAGE.

1. These exclusions include:
    a. Any Condition that starts or shows symptoms, with or without a confirmed diagnosis, prior to the Policy application or within any applicable waiting period.
2. Pre-existing or Foreseeable Conditions will include:
    a. Conditions previously treated by a Veterinarian or associated with Treatments provided through a shelter, breeder, or other persons, including the Pet Owner;
    b. Congenital Conditions which would have been evident during a Comprehensive Exam prior to the inception date of Your Policy or during the waiting periods whether noted or not.
3. When referring to Exclusions or Policy Limits, Bilateral Conditions are considered as one Condition (for example: cruciate ligaments or ear or eye problems).
4. If Your Pet's medical records are incomplete or insufficient, or if Your Pet has not received a Comprehensive Exam from a Veterinarian licensed in Canada or the United States of America within 12 months prior to the start date of Your Policy, any Condition noted upon Your Pet's first Comprehensive Exam during Your Policy may be placed as an Exclusion regardless of whether waiting periods are complete.

5. An Exclusion for a Pre-existing or Foreseeable Condition may be added to Your Policy at any time based upon the above criteria. The Exclusion does not change Your Coverage eligibility, but rather identifies Conditions which will be considered subject to this Exclusion of Pre-existing or Foreseeable Conditions.
6. Notwithstanding that We have accepted Your application and premium for interim Coverage for Your Pet, if, after conducting a review of Your Pet's medical history and determining that Your Pet is not eligible for Coverage, We shall be entitled to cancel such interim coverage.

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 phone, e-mail, mail or fax.
Note the following:

- At the time of the review, Your Pet must be free of Clinical Signs and does not require Treatment (including therapeutic diets or supplements) for the initial Condition.
- Depending on the nature of the excluded Condition, Your Pet must be free of Clinical Signs and has not required Treatment for 6 months to one year before an Exclusion review may be requested.
- To complete the review, You will be asked to provide all applicable medical history and the results of a Comprehensive Exam recent within 90 days which confirms that 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), We will send You written confirmation of Our decision.

VI. GENERAL CONDITIONS (ALL PLANS)

1. In order to qualify for Coverage, You must be a Canadian citizen or Canadian resident and you and Your Pet must live in Canada for a minimum of 6 months each year. You also must be at least 18 years old or an emancipated minor, and legally able to enter into this insurance contract.
2. 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 release Policy information to Your Veterinarian(s), other pet health insurance providers, or other third parties as required for the administration of your Policy or as required or permitted by law. As well, You agree that We may release Your personal or Policy information to legal authorities in order to investigate or prosecute fraudulent activity, or to a debt collection service in the event of non-payment. Please refer to our complete privacy statement at www.petlineinsurance.com/pdf/Privacy_Statement.pdf.
3. 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 require documentation. You further agree that We may collect and disclose Your information among other pet health insurance companies as needed to coordinate benefits, prevent fraud, and administer Your Policy effectively.
4. You agree that any Veterinarian or insurance provider has Your permission to release any information to Us that We ask for concerning Your Pet. If the Veterinarian or insurance provider charges for this, You will be responsible for the cost.
5. This Coverage is valid only in Canada, or while travelling on vacation in the United States of America. All claims that are received in U.S. funds will be adjusted in Canadian funds with no exchange (for example: $500.00 US = $500.00 CDN). This is due to the fact that Policy premiums are calculated based on Canadian veterinary fees and are paid with Canadian dollars.
6. Your Pet must receive a Comprehensive Exam 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. Insured Pets must be cared for in accordance with Federal, Provincial and Municipal laws relating to Pets (for example: leash laws).
8. If You have any legal rights against another person in relation to Your claim, We may take legal action against them in Your name at Our cost, except where they are members of Your household. You must provide all applicable documents that We request. Your Policy is subject to all applicable Canadian insurance laws.

VII. POLICY ADMINISTRATION

A) 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 an amount held back from reimbursement and must be satisfied by one or more claims with insured expenses prior to Us paying claims in any given Annual Policy Period. The minimum Co-insurance amount will be 20%.

B) 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 Deductible will be automatically increased on the Policy anniversary following Your Pet's birthday, as shown in the Deductible Table below.

C) 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

D) APPEALS

If you disagree with the outcome of a claim, you may appeal the decision. Any request for an appeal must be made in writing within 90 days of the decision. Your appeal should include the following information:

I. Why You or Your vet disagree with the decision
II. Any supporting documentation, including relevant veterinary or Policy information

Your appeal will be reviewed by a claims adjuster and a claims manager, and one or more members of Our Veterinary Advisory Board as applicable. We will send you a written summary of Our review. If the original claim decision changes as a result of this review, Your claim will be reassessed and You will receive a new Explanation of Benefits document and any applicable payment. If the original decision is confirmed, We will inform you in writing of the specific reasons for the decision and cite the applicable portion of Your Policy.

E) APPLICATIONS FOR OLDER PETS

If You apply for new Coverage for a dog that has reached Its 8th birthday or a cat that has reached Its 10th birthday, You must provide the following:

1. Results of a Comprehensive Exam, complete urinalysis, and blood tests (listed below) performed by a Veterinarian within the 2 months prior to Your application. (Blood tests must include: Creatinine, B.U.N., ALT, Alkaline Phosphatase, Total Protein, Albumin, Complete Blood Count and T4.)
2. A Complete veterinary medical history from any Veterinarian who has seen Your Pet.

If medical records are incomplete, or if Your pet lacks medical history or has not received a Comprehensive Exam from a Veterinarian within 2 months prior to the start of Your Policy, any condition noted upon your pet's first comprehensive Exam after Your Policy begins may be excluded as a Pre-existing or Foreseeable Condition. You are responsible for any costs incurred to provide the required information.

F) 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 sent 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 by, in the case of the Insurer, a change or waiver clearly expressed in writing by the Insurer.

G) MISREPRESENTATION AND CHANGE IN RISK

If You provide inaccurate, false, or misleading information, or if You omit or fail to disclose material information to Us, We may not pay claims made on Your Policy, or We may cancel the Policy, or We may void Your Policy from the date of inception. If there is a change in Your Pet's living situation, or any other circumstance which may affect the likelihood of a claim, You are obligated to inform us as soon as You are able. This obligation includes but is not limited to informing Us of any new sporting or professional activities Your Pet undertakes, as well as any Accident or other Condition which shows Clinical Signs within the waiting periods. If a claim arises that may have been

caused by such a change when We were not informed of it, We may choose to deny the claim and/or place an Exclusion, and We may choose to cancel Your Policy.

H) 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 necessary to identify the Policy. Cancellation will take place upon receipt of the notice. You will be entitled to a refund of all prepaid premiums in excess of the current monthly invoice period, and Your coverage will end on the last day of the current monthly invoice period. We reserve the right to cancel this Policy for reasons including, but not limited to, non-payment of premiums or if You have made a false or exaggerated claim. You will be entitled to a refund of pre-paid premiums in excess of the current monthly invoice period, and Your coverage will end on the last day of the current monthly invoice period. Cancellation will occur no less than 15 days after You have received written notice by Us. Once Your Policy has been cancelled and Your coverage is no longer in effect You cannot continue to insure Your Pet unless You apply for a new Policy. Your new Policy will be subject to all of the same eligibility and underwriting requirements as if no Policy was previously inforce.

I) 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. Any change to Your premium will be settled on Your account.

J) PLAN CHANGES
You can apply for a change in Your Coverage Plan once per calendar year. The change will take effect on the first day of the monthly invoice period following approval, or on Your Policy's annual anniversary date.

- The effective date of the change becomes the start of Your next Annual Policy Period with new applicable annual Deductible and Coverage amounts.
- Any Exclusions or Co-insurance adjustments will carry over to Your new Coverage Plan.
- When increasing Coverage, We will apply Exclusions or restrictions on Conditions which are Pre-existing for Foreseeable to Your new 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. We reserve the right to underwrite Your new Plan prior to approving any change.

K) TRANSFER OF OWNERSHIP
You must submit a written request in order to transfer ownership of Your Policy. When We receive Your written request, We will inform You what is required in order to complete Your request. All requirements for you and the new owner must be met within 14 days of the effective date of the transfer. If the requirements for the transfer are not met within 14 days, the Policy will be cancelled and the Pet's new owner will be required to apply for a new Policy subject to waiting periods and underwriting requirements. Transfers of ownership of Your Policy are subject to Our prior approval.

L) CONTINUOUS COVERAGE
This Policy is continuous until cancelled as long as premiums are paid to the end of the current invoice period. If Your premium payment declines, a second attempt will occur. If this amount declines You will be required to contact Our office to make the payment prior to the due date of Your next payment. If You fail to complete payment before the next payment is due, We will notify You of the pending cancellation of Your Policy for non-payment, and Your debt of up to 2 months of outstanding premium will be sent to collections.

M) WAITING PERIODS
Some Coverage is subject to a waiting period. The waiting period starts at 12:01 AM of the day after Your Policy application is accepted by Us and has the following durations:

- 48 hours for Accidents or Treatments claimed as a result of an Accident.
- 14 days for Illnesses or Treatments claimed as a result of an Illness, and for claims for Behavioural Therapies
- 6 months for Dental Coverage
- 6 months for cruciate ligament injuries or intervertebral disc disease or Treatments claimed as a result of either Condition

Conditions that occur during the waiting period will be excluded from Your Policy as Pre-existing or Foreseeable (See Section V: POLICY SPECIFIC EXCLUSIONS).

VIII. CLAIMS

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

To make a claim, You and Your Veterinary clinic simply fill in the claim form. Forward the form to Us together with the itemized receipts for the expenses involved. You can submit the form and receipts by mail to Petline Insurance Company, 301-600 Empress Street, Winnipeg, Manitoba R3G 0R5, by fax to 1-866-501-5580 or by email to 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:
    - Your name, address and signature.
    - Your Veterinary clinic staff's signature.
    - The name or description of the Illness or Accident for which You are claiming (this information must be filled out by Your Veterinary clinic).
    - All applicable receipts including an itemized breakdown of the fees incurred.
2. Please keep a copy of each claim submission for Your records. Failure to provide complete information may delay the processing of Your claim or result in the denial of your claim due to insufficient evidence of eligibility.
3. We may return the unprocessed claim to You so that You may add the missing information.
4. We cannot guarantee Coverage of a claim over the phone. 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.
5. We will only pay claims:
    - For up to a 6 month supply of medication as prescribed by Your Veterinarian with Our prior approval. If Your Policy has been cancelled, We will only pay for medication that would have been used during the in-force Policy Period.
    - 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 cancellation of Your Policy.
    - For costs incurred while the Policy is in force.
6. We will not reimburse Your Veterinarian for completing any form, nor will We reimburse You for any fees Your Veterinarian may charge to complete a form.
7. Claim processing and payment may be significantly delayed in the event Your premium payments are not current at the time You submit a claim. If there is an outstanding balance on your account for unpaid premiums, we may deduct this amount from the payment of your claim.
8. 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.
9. Any action or proceeding against Us for the recovery of 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.

Call us toll free at **1-855-343-9393** or visit **www.petsdesjardins.com**.