



CLAIMS PROCESS ENDORSEMENT - ILLINOIS

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PET HEALTH INSURANCE POLICY

Under Section II, EXCLUSIONS AND LIMITATIONS, 5) LIMITATIONS is deleted and replaced by the following:

5) LIMITATIONS

- a. A **pet** less than six (6) years of age on the date of enrollment must have undergone a complete **clinical examination**. The exam must have taken place either in the twelve (12) months prior to the **pet policy effective date**, or within fifteen (15) days following the **pet policy effective date**.
- b. A **pet** six (6) years of age or greater on the date of enrollment must have undergone a complete **clinical examination** within thirty (30) days prior to the **pet policy effective date**, or within fifteen (15) days following the **pet policy effective date**.
- c. If **You** fail to submit **your pet** to a complete **clinical examination**, we will not pay for any **medically necessary veterinary treatment** provided to **your pet** until such time as **your pet** has undergone such examination. Subsequent to undergoing such examination, any costs for **medically necessary veterinary treatment** will be paid subject to all the terms and conditions of this **policy**.
- d. When **you** submit a claim, we may ask **you** to provide the written record of the **enrollment examination** that **you**, when you applied for this insurance, represented as having taken place within the applicable periods outlined in paragraphs a. and b. above.
- e. If **you** provide such record, we will process **your** claim, subject to the terms and conditions of this **policy** provided there are no **pre-existing conditions** related to that claim. If there are **pre-existing conditions** related to the claim, **your** claim will not be processed because this **policy** does not cover **pre-existing conditions**.
- f. If **you** do not provide such record, the last day of the **waiting period** will be the later of:
 1. the last day of the longest applicable **waiting period** outlined in **II. EXCLUSIONS & LIMITATIONS 1) b., 1) c., and 1) d.**; or
 2. the date when the **clinical examination** was conducted for the **conditions** covered by this **policy** that resulted in your claim; and,

your claim will not be processed because this **policy** does not cover **illness** or **injury** that occurs during the **waiting periods** outlined in **II. EXCLUSIONS & LIMITATIONS 1) b., 1) c., and 1) d.**

- g. For **pets** six (6) years of age or greater on the date of enrollment, no **coverage** shall apply for **illness** related to hip dysplasia.
- h. For **working pets**, no **coverage** shall apply for any **condition** resulting from activities related to racing, breeding, law enforcement, guarding or for any commercial use.
- i. If **you** are entitled to payment of claims under any other insurance, we will only pay for our pro-rata share of such loss with such other insurance.

Under Section V, DEFENITIONS, 2) Clinical Examination is deleted and replaced with the following:

V. DEFINITIONS

- 2) **Clinical Examination.** A thorough examination performed by a licensed and registered **veterinarian** encompassing all body systems of the **pet** that is documented in a written **veterinarian** record. Examination can also be referred to as “full physical, physical consultation, full examination or veterinary examination.”
- 3) **Enrollment Exam.** A **clinical examination** having taken place within the applicable periods outlined in **II. EXCLUSIONS & LIMITATIONS 5) a. and 5) b.**

All Other Terms And Conditions Remain Unchanged.

Authorized Representative

SAMPLE