

CLAIM FORM

BOARDING FEES (Kennels and Catteries) – Griffe Santé Pet Insurance



PET OWNER (YOU MAY APPLY A LABEL)

Family Name: _____ Policy No.: _____
First Name: _____
Address: _____
City: _____
Postal Code: _____
Telephone (home): (____) ____ - _____ E-mail (home): _____@_____
Telephone (work): (____) ____ - _____ E-mail (work): _____@_____
Cell: (____) ____ - _____

PET

Name of your pet: _____ Cat Dog
Race: _____ Male Female
Colour: _____ Date of birth: ____/____/____
Tattoo ID number: _____

TO BE COMPLETED BY YOUR DOCTOR, SURGEON OR BY THE HOSPITAL

Name of patient: _____
Name of hospital: _____ City: _____
Name of doctor: _____
Reason for hospitalization: _____
Date of admission to hospital: _____ Date of discharge from hospital: _____
Date of accident or onset of illness: _____

Declaration of health professional:

I attest, to the best of my knowledge, that the facts indicated above are true in every respect.

Signature health professional Date

TO BE COMPLETED BY THE OWNER OF THE KENNEL OR CATTERY

Boarding Period: From _____ to _____
Daily boarding fee: \$ _____ Total: \$ _____

I attest, to the best of my knowledge, that the facts indicated above are true in every respect.

Name of kennel or cattery: _____ Telephone: _____

Policy Owner's Signature Date

DECLARATION OF THE POLICY OWNER

I understand and accept that the requested fees may not be covered or may exceed the coverage of my insurance policy. I understand that I am responsible for full payment to the kennel or the cattery of all boarding fees and I confirm that this cost has been paid in full. I authorize the kennel or cattery to discuss with Optimum Insurance Company Inc. anything to do with the claim made for boarding fees. I declare that this claim is made in good faith. All fraudulent claims will result in cancellation of the claim and of the policy.

Policy Owner's Signature Date

Please attach original invoices

HOW TO MAKE A CLAIM

STEP 1 – Be sure to use the appropriate claim form for the type of claim that you are making. You may complete the document on-line and then print it, or you may print it and complete it by hand. **IF THIS IS THE CASE, PLEASE WRITE CLEARLY.**

STEP 2 – You must pay the complete amount for boarding costs incurred. Ask the kennel or the cattery to complete and sign the form in the appropriate sections.

STEP 3 – Please have your doctor complete and sign the appropriate section of this form.

STEP 4 – Complete and sign the form where indicated.

STEP 5 – Attach the original invoices to the completed and signed form. **KEEP COPIES FOR YOUR FILES.**

STEP 6 – Mail the form and invoices to the following address:


OPTIMUM[®] **Griffe Santé Claims Department**
Optimum Insurance Company Inc.
425 De Maisonneuve Blvd. West – Suite 1500
Montreal, Quebec H3A 3G5
Toll-free telephone 1-800-361-7653
Optimum Société d'Assurance inc.

** There are time limitations on submitting claims. Claims must be submitted within six (6) months following the date of treatment. For cancelled policies, claims must be submitted within sixty (60) days of cancellation of the contract.