

CLAIM FORM

EUTHANASIA, BURIAL AND CREMATION – 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: _____

DECLARATION REGARDING THE CIRCUMSTANCES **(TO BE COMPLETED BY YOUR VETERINARIAN)**

What sickness or what type of accident caused the death of the animal? _____
Date of death: _____
Date of the accident or of the appearance of the first clinical symptoms: _____
Euthanasia fees: \$ _____
Burial or cremation fees: \$ _____

DECLARATION OF THE VETERINARIAN CLINIC **(TO BE COMPLETED BY YOUR VETERINARIAN)**

I declare that I have verified the information on this claim and I declare that it is true to the best of my knowledge.

Name of veterinarian: _____

Signature of the veterinarian: _____

Date: ____/____/____ Telephone: _____

Stamp or name of clinic

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 of my veterinarian's fees for all treatment and I confirm that the cost of treatment has been paid in full. I authorize my veterinarian to send my pet's medical file to Optimum Insurance Company Inc. and/or to discuss any treatment and coverage with their claims department. I declare that this claim is made in good faith. All fraudulent claims will result in cancellation of the claim and of the policy.

Signature of the policy owner

Date

**Please attach original invoices of
treatment**

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 – Bring your pet to your veterinarian to proceed with the euthanasia, burial or cremation. Do not forget to bring the form with you because it must be completed and signed by the veterinarian.

STEP 3 – You must pay the veterinarian the complete amount for all treatment. Ask him to complete and sign the form in the appropriate sections

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:



**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**

** 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.