

Claims must be submitted in writing to Manchester Unity together with the original itemised invoice and receipts for payment within 60 days of incurred veterinary expenses, unless otherwise stated in the policy document. Faxed claims will not be accepted. Please use a black pen and print in CAPITALS. If you have any questions about your claim please call HCF Pet Insurance on 1800 630 681 between 8:00am-8:00pm (AET) Monday-Friday.

## 1. Your details:

HCF / Manchester Unity Membership Number or Policy Number:

Pet's Name:

Dog:

Cat:

Male:

Female:

Desexed:

Yes  No

Pet's Age

Pet's Date of Birth:

 /  / 

Colour:

Breed:

Policy Holder's Title:

Policy Holder's Given Names:

Policy Holder's Surname:

Residential Address:

State:

Postcode:

Home Phone:

 - 

Day Phone:

 - 

Mobile:

Email:

Please tick (✓) if there has been a change of address

## 2. Record of veterinary services: Please ask your vet to complete in order to ensure efficient processing of your claim

Type and cause of injury or Condition/Diagnosis	Date of Treatment	Dates of First Clinical Signs (include dates of previous related or similar conditions)	Total Charge
	/ /		
	/ /		
	/ /		

**Veterinarian's notes:** (case summary) (Please attach radiology and/or pathology reports where applicable)

**Note:** If this is your first claim or your pet has been insured with us for less than 6 month please attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

How long has this pet been a client of your clinic? Less than 6 months  More than 6 months

Date of Last Vaccination/Booster:

 /  / 

Type of Vaccination:

### Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect the claim has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. I/We confirm that the account(s) submitted with this claim have been paid in full and I/We understand that the policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise my/our veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of Pet Owner

Date

 /  / 

Name of attending veterinarian and practice: (Please print)

Signature of Veterinarian

Date

 /  /

## Make a claim in 4 easy steps

### STEP ONE:

Obtain a claim form by visiting [hcf.com.au/petinsurance](http://hcf.com.au/petinsurance) or by calling Member Services on **1800 630 681** between 8:00am-8:00pm (AET) Monday-Friday.

### STEP TWO:

Fill in your and your pet's personal information and sign the claim form.

### STEP THREE:

Take the form to your veterinarian, and have your veterinarian complete the applicable sections. Ensure your veterinarian includes his/her practice details on the attached original invoice.

### STEP FOUR:

Attach detailed itemised invoices and payment receipts to the completed Manchester Unity claim form and mail to Manchester Unity at the address below:

Manchester Unity Pet Health Insurance  
Claims Department  
Locked Bag 9021  
Castle Hill  
NSW 1765

## How your claim will be paid:

If you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account, or if you have elected to pay your premiums by credit card you will receive a cheque in payment of your benefits. Following the payment of your claim you will also receive a letter/remittance statement.

## Claim checklist

Prior to sending in your claim ensure:

- You have completed the Claim Form
- You have attached the original itemised invoice and receipts
- You and your veterinarian have signed this form

Please Note: All claims should be submitted and received within 60 days of treatment.

## Claim queries

Our customer service team is available between 8:00am and 8:00pm (AET) Monday-Friday

Telephone: **1800 630 681**

Email: [petinsurance@hcf.com.au](mailto:petinsurance@hcf.com.au)

**Disclaimer:** It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution.