



Pet-n-Sur Dental360 Cover Terms and Conditions

Purpose

Beneficial Insurance Limited (“**Company**”) will reimburse the **Owner**, subject to the **Policy** Terms and Conditions, the reasonable costs and expenses incurred by the **Owner** up to the **Maximum Cover** set out in the **Policy Schedule**, in providing **Treatment** relating to the teeth or gums for the **Pet** named in the **Policy**, with the provision that the **Treatment** is incurred within the **Period of Cover**. Refer to Definitions at the end of the **Policy Wording** for special meanings of words set out in bold in the **Policy**.

Address for Notices

All written correspondence to the **Company** must be sent to either PO Box 68548, Victoria St West, Auckland 1142 or admin@petnsur.co.nz or fax 0800 329424

Free Look Period

The **Owner** has a 7 day “free look” period during which you can read the terms and conditions of the **Policy** and decide if you wish to continue with it. If you decide not to continue with the **Policy**, you will need to advise us in writing within seven days of receipt.

Period of Cover

1. The **Cover** is for a term of twelve months from midnight on the **Commencement Date**. Where we agree that you may pay your premium on by instalments, you must continue to make instalment payments until the **Annual Premium** is paid except where the **Company** cancels the **Policy**.
2. The **Company** reserves the right to terminate this **Policy** by advising the **Owner** in writing upon 21 days’ notice. If the **Company** terminates the **Policy** it will refund any unused premium for the term of the **Policy**, if any.
3. The **Owner** can only cancel the **Policy** at the end of a **Period of Cover** or any other time providing the **Owner** pays the **Company** the **Annual Premium** due during the **Period of Cover**. Any requests by the **Owner** to cancel the **Policy** must be made in writing to the **Company**.

Renewal of Cover (“Renewal”)

1. The **Policy** will be renewed for a further 12 month period from the **Renewal Date** set out in the **Policy Schedule** at the sole discretion of the **Company**. The Renewal will be subject to there being no **Material** changes to the information disclosed by the **Owner** to the **Company**.
2. A **Renewal Advice** will be sent to the **Owner** at the **Owner’s** last known postal and/or email address prior to the **Renewal Date**.
3. Any adjustments to the **Annual Premium** or **Cover** will be advised to the **Owner** on the **Renewal Advice**.
4. Payment of the **Annual Premium** on the Renewal and outlined on the **Renewal Advice** is payable in accordance with your existing method of payment and frequency as set out in the **Policy** unless contrary advice is received by us in writing and we agree, prior to the **Renewal Date**.
5. Until further notice, the **Owner** grants the **Company** authority to continue any existing **Payment Authority**

given by the **Owner** to the **Company** and **Owner’s** Bank in relation to the payment of the **Annual Premium**.

Conditions

The obligations of the **Company** and payment of any **Benefit** under the **Policy** is conditional upon:

1. The **Owner** having paid to the **Company** the **Annual Premium** on or before the due date. In the event payment is not paid by the due date, the **Policy** will lapse 7 days after the due date. No claims will be paid if a claim is received after a **Policy** has lapsed. In the event the **Policy** lapses the **Owner** can apply to have the **Policy** reinstated subject to the **Company’s** discretion, which could include proof of the **Pet’s** good health, new terms and conditions including exclusions being imposed and no claim being assessed or paid for the period that the **Policy** was lapsed.
2. The **Owner** ensuring that the **Pet** is properly cared for and maintained at all times and undertakes **Treatment** prescribed by a Veterinarian to prevent illness or sickness and the **Pet** is immediately taken to a Veterinarian as soon as it shows **Symptoms** of being unwell to be examined and treated without delay.
3. A maximum **Benefit** payable under this **Policy** as specified in the **Policy Schedule**.
4. The **Owner** paying the **Co-Pay** specified in the **Policy Schedule** on a per **Treatment** and / or per veterinary visit basis for each claim submitted.
5. The **Policy** covers **Treatment** specified in the **Policy Schedule** for **Treatment** received by your **Pet** in NZ.
6. The **Owner** has fully disclosed all known **Treatment** in relation to the **Pet** at application time, at the time of renewal or at any time during the **Policy** if a **Material** event or information relating to the **Pet** arises. If any of this information has been withheld, the **Company** has the right to deem the **Policy** as void and not meet any claims that may be lodged.
7. In the event information provided to the **Company** is fraudulent, misleading or untrue, this **Policy** will be cancelled and the **Owner** forfeits entitlement to all **Benefits** which would have been payable under the **Policy**. The **Company** reserves the right to claim premiums paid to offset the **Company’s** costs.
8. The **Owner** agreeing for the **Pet’s** veterinarian/s to provide the **Company** with the **Pet’s** clinical records containing information regarding all **Treatments** of any nature, whether or not covered by the **Policy**, and the **Owner** agreeing to meet the costs of obtaining this information.
9. The **Pet** always being in the care of the **Owner** or someone that is a permanent resident at the address of the **Owner** or a trusted family member or friend or is in the care of a registered and recognised animal care institution i.e. a registered Cattery or Boarding Kennel.

Exclusions

The obligations of the **Company** and payment of any **Benefit** will not apply if:

1. A claim arises for **Treatment** within the **Stand down Period** including any follow up or on going **Treatments**

relating to any **Condition** or **Symptom** that occurs within the **Stand down Period**.

2. **Treatment** is for a **Pre-Existing Condition**.
3. **Treatment** is as a result of a deliberate act, omission, negligent behaviour or maltreatment by the **Owner** or anyone at the **Owner's** premises.
4. A claim is received for **Treatment** more than 6 months after the **Treatment** was completed or more than 1 month after **Renewal Date**.

General

1. The **Owner** is responsible to ensure all **Policy** details and contact details are correct including details relating to the **Pet** and the **Treatment** history.
2. Premium payments that fall due on a Public Holiday(s) may be debited on the working day preceding the Public Holiday(s) using any existing **Payment Authority** given by the **Owner** to the **Company**.

Claims Process

To make a claim for reimbursement of a **Benefit** under the **Policy**, the **Owner** needs to:

1. Telephone Beneficial Insurance Limited on 0800 738 678 notifying a claim and to request a claim form; or
2. Fax to Beneficial Insurance Limited on 0800 329 424 requesting a claim form to be sent; or
3. E-mail to claims@beneficial.co.nz and request a claim form to be sent; or
4. Download a claim form at www.petnsur.co.nz.

In order for the **Company** to assess the **Pet's** claim, the **Company** will require the **Owner** to complete a claim form, provide copies of all relevant receipts and produce (at their own expense) all relevant information from your veterinarian or other parties as requested by the **Company**. In the event that the claim is accepted, the payment will be less the **Co-Pay** as referred to in the **Policy Schedule**. In the event that the **Pet** is covered with another provider in addition to this **Policy** from which you are eligible for reimbursement for a claim under their **Policy** then the **Company** will not refund more than the total refundable share of the amount claimable under the **Policy**. You must also advise the name of the other **Company** giving us permission to discuss all details of the relevant claim.

Definitions

Annual Premium - the full premium due on a **Policy** for any given year determined by the **Company** excluding premium discounts applied.

Benefit - an amount payable under the **Policy**, less any applicable **Co-Pay** specified in the **Schedule**, as a result of a claim assessment by the **Company** subject to the **Terms and Conditions** of the **Policy**.

Commencement Date - that date referred to in the **Policy Schedule**.

Company - Beneficial Insurance Limited.

Cover - the **Cover** applying to the **Policy** and **Pet** as set out in the **Policy Schedule**.

Co-Pay - the amount the **Owner** pays towards the cost of **Treatment**.

Material - any information that would have influenced the judgment of a prudent provider in fixing the premium or in determining that he/she would have taken or continues the risk upon substantially the same terms.

Maximum Cover - the amount specified in the **Policy Schedule**.

Medical / Medical Treatment - Veterinary care, hospitalisation, diagnostics, medication, nursing, specialist referral, medical devices performed or personally authorised by a Veterinarian (subject to the **Policy** Terms, Conditions and Exclusions).

Owner - the person(s) that is referred to in the **Policy Schedule** as the **Pet Owner(s)**.

Payment Authority - any Direct Debit Authority, Automatic Payment Authority or Credit / Debit Card where the **Owner** authorised the **Company** to debit a nominated bank account and or card for premium payments due under the **Policy**.

Period of Cover - the period referred to in the **Policy Schedule** from the **Commencement Date** to the **Renewal Date** excluding any **Stand down Period** specified in the **Schedule**.

Pet - the animal referred to in the **Policy Schedule**.

Policy - the Dental360 Cover **Policy Schedule** or **Updated Schedule, Terms and Conditions** and any covering / welcome letter.

Policy Schedule - the **Schedule** the **Company** issues to the **Owner** outlining the full details of **Cover** provided under the **Policy**.

Pre-Existing Condition - any **Treatment, Symptom** or **Chronic** condition relating to the **Pet** that occurs prior to the **Commencement Date**, regardless of whether or not it is diagnosed, which you are aware of, or a reasonable person in your circumstances ought to have been aware of, including, but not limited to, any **Treatment, Symptom** or **Chronic** condition that is related to or is a result of any **Pre-Existing Condition**.

Renewal Advice - the **Policy** sent to the **Owner** by the **Company** at the time of **Renewal**.

Renewal Date - that date referred to in the **Policy Schedule**.

Specialist Veterinarian - A board-certified veterinarian who has completed additional training in a specific area of veterinary medicine and has passed an examination that evaluates their knowledge and skills in that speciality area.

Stand down Period - the period specified in the **Policy**.

Surgery / Surgical / Surgical Treatment - procedures performed or personally authorised by a Veterinarian involving an incision with instruments performed to repair damage or arrest disease in a **Pet** (subject to the **Policy** Terms, Conditions and Exclusions).

Symptom(s) - physical or mental evidence which indicates a disease or disorder.

Treatment - any examination, consultation, surgery, medication, tests, scans, x-rays and diagnostic work by a Veterinarian on the **Pet**.

Updated Schedule - the **Policy Schedule** the **Company** issues to the **Owner** at the time the **Policy** is renewed or cover is amended.