



Bupa Pet Insurance

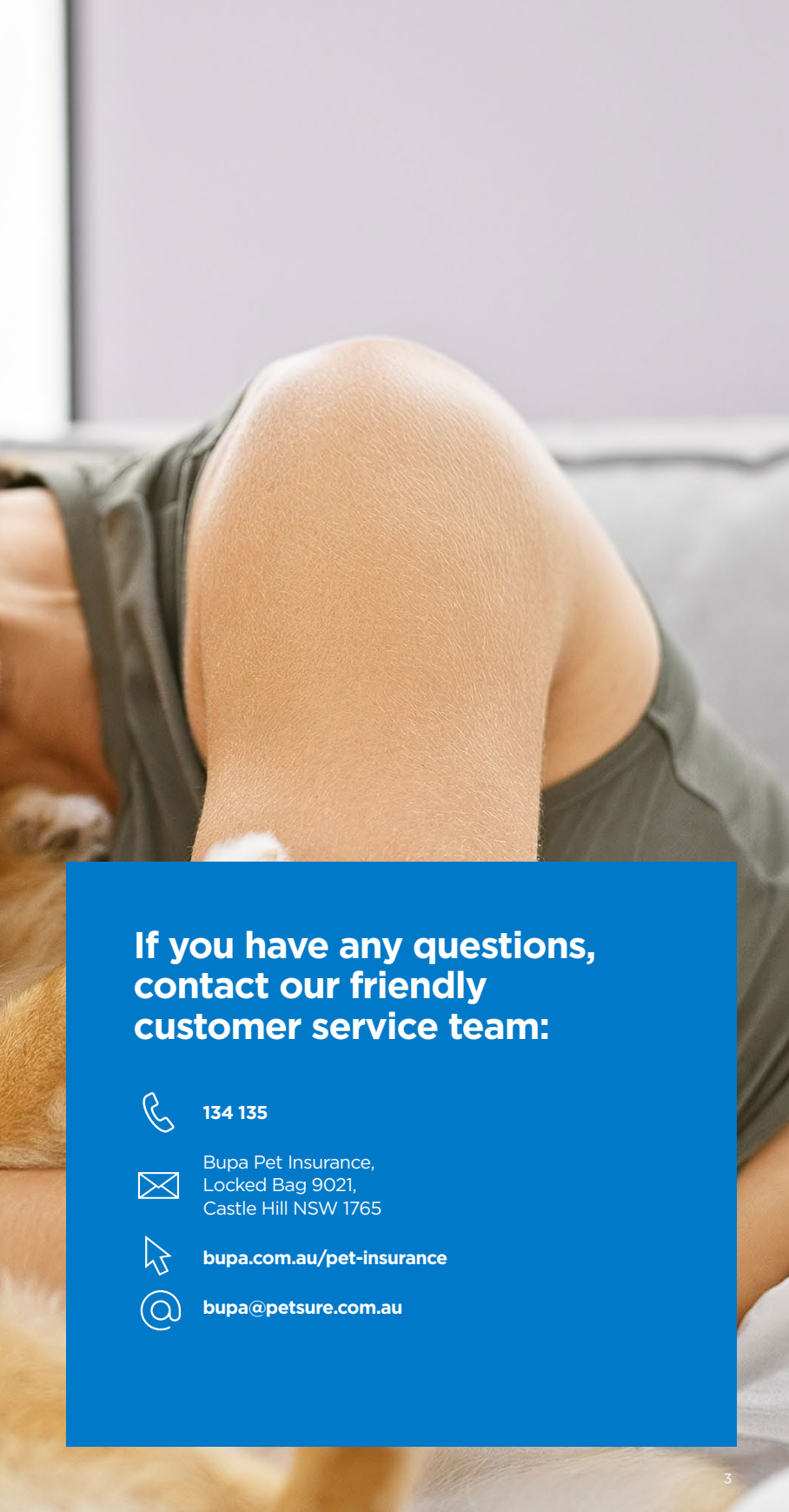
Looking after the health of your pet

Combined Financial Services Guide and
Product Disclosure Statement

Preparation date: 18 April 2024





A close-up photograph of a person's leg, bent at the knee, wearing dark shorts. In the background, the head of a light-colored dog is visible. The image is used as a background for a contact information overlay.

**If you have any questions,
contact our friendly
customer service team:**



134 135



Bupa Pet Insurance,
Locked Bag 9021,
Castle Hill NSW 1765



bupa.com.au/pet-insurance



bupa@petsure.com.au

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Introduction

This policy booklet contains three parts, your:

- Product Disclosure Statement;
- Policy Terms and Conditions; and
- Financial Services Guide.

Product Disclosure Statement (PDS)

The PDS is designed to help you understand what you need to know about Bupa Pet Insurance so that you can decide whether to proceed with this cover. The PDS describes the main features and benefits of Bupa Pet Insurance. Any information contained in the PDS is general information only and does not take into account your individual objectives, financial situation or needs. Before acting on this general information, you should consider the appropriateness of the general information having regard to your individual objectives, financial situation and needs.

Policy Terms & Conditions

The Policy Terms and Conditions of Bupa Pet Insurance have been written in plain language to help you understand the insurance cover offered, as well as an insured's rights and obligations under a Bupa Pet Insurance policy. You should carefully read the PDS and the Policy Terms and Conditions in this booklet before making any decision about whether to purchase Bupa Pet Insurance. Note that you have a cooling off period and certain cancellation rights.

Financial Services Guide (FSG)

The FSG contains important information about the services provided by Bupa and other persons or organisations listed in the FSG in relation to Bupa Pet Insurance, how they are remunerated in relation to the services offered, and their internal and external dispute resolution procedures. It is designed to assist you in deciding whether to use any of their services. Bupa and other persons or organisations providing the services are responsible for information relevant to them in the FSG.

Where words or expressions used in the PDS and Policy Terms and Conditions have a special meaning, we have used the same terms in both sections. Refer to 'Section 1 – Definitions' on page 25 for a full explanation.

In addition, references to:

- **we, our, us**, means:
 - for renewals of policies first issued before 18 April 2024, includes PetSure, Hollard or Bupa; and
 - for all other policies, includes Bupa or PetSure.
- **you** and **your** mean the applicant for a Bupa Pet Insurance policy and, if a policy is issued, the insured.



Frequently Asked Questions (FAQs)

Information about insurance coverage in this section is a summary only. You should read the Combined Financial Services Guide and Product Disclosure Statement for full details of Terms and Conditions, Waiting Periods and exclusions.

What Cover types are offered under Bupa Pet Insurance?

- **Basic Accident plan (available for renewals of Basic Accident policies first purchased before 23 October 2023 only):** Covers Specified Accidental Injuries including (but not limited to) bone fractures, burns, motor vehicle incidents and snake bites.
- **Standard plan:** A broad plan that covers eligible Vet Expenses for your Pet suffering a Specified Accidental Injury or any Illness, as long as it isn't a general exclusion. Routine Care is an optional non-insurance benefit which is available with this plan and provides a contribution towards a range of preventative health treatments up to the Routine Care limits.
- **Ultimate plan:** Our most comprehensive plan that covers eligible Vet Expenses for your Pet suffering a Specified Accidental Injury or any Illness, as long as it isn't a general exclusion. Optional benefits include Major Dental, Routine Care (a non-insurance benefit which is available with this plan and provides a contribution towards a range of preventative health treatments up to the Routine Care limits) and Alternative Treatment (see 'Section 5 - Optional Benefits' on page 38).

Please refer to your Certificate of Insurance for further details on your Cover.

Are all Accidents covered under Specified Accidental Injury Cover?

A range of Specified Accidental Injuries are covered as listed in 'Section 2 - Specified Accidental Injury Cover' on page 33. Injuries not specified, may be covered under the Illness Cover section, subject to the Policy Terms and Conditions applying to your level of Cover.

What percentage of my Vet Expenses am I covered for?

We will reimburse you the Benefit Percentage that is shown on your current Certificate of Insurance. For example, for an 80% Benefit Percentage we will reimburse you up to 80% of the eligible Vet Expenses.

Excess and limits may also apply. The applicable Excess will be deducted from your benefit amount.

What Waiting Periods apply?

The Waiting Periods that apply are:

- **30 days** – for Conditions covered under the Illness section and the Alternative Treatment benefit section (if this benefit is shown on your Certificate of Insurance).
- **6 months** – for Cruciate Ligament Conditions (may be waived on application, refer to the 'Waiting Period' definition on page 32) and for the Major Dental benefit (if this benefit is shown on your Certificate of Insurance).
- **0 days** – for Specified Accidental Injury.

What is a Pre-existing Condition?

If any Condition existed or occurred prior to the Commencement Date of the First Policy Period or within any applicable Waiting Period, and you were aware of the Condition, or a reasonable person in your circumstances would have been aware of the Condition, then it will be considered to be a Pre-existing Condition and excluded from Cover. This is the case, irrespective of whether the underlying or causative Condition was diagnosed at the time.

Pre-existing Conditions are treated differently if they are Temporary Conditions.

After the end of any applicable Waiting Period, if your Pet has a Temporary Condition that is considered to be a Pre-existing Condition (because it occurred or existed prior to the Commencement Date of the First Policy Period, or during any applicable Waiting Period, but that Condition has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date), it will no longer be excluded from Cover as a Pre-existing Condition.

Chronic Conditions and several other specified Conditions cannot fall within this category. Hereditary Conditions and congenital Conditions will also not be considered a Pre-existing Condition if they have not shown noticeable signs, symptoms or an abnormality at any time before the Commencement Date of the First Policy Period or during any applicable Waiting Period.

Pre-existing Condition claim examples

Pre-existing Temporary Conditions that are covered:

1. Prior to the Commencement Date of the First Policy Period, your Pet has a case of gastroenteritis due to some dietary indiscretion. The Condition is treated and your Pet recovers. You then purchase a pet insurance policy. Two years later, your Pet has another unrelated case of gastroenteritis. Your claim would be eligible for benefits because:
 - The first gastroenteritis episode was a Temporary Condition, given that it normally resolves with Treatment and is not on the list of excluded Conditions in that definition.
 - There was more than an 18-month gap between the Conditions.
 - The second episode of gastroenteritis was not a Related Condition.
 - The Condition was not specifically excluded in the PDS.
2. Your Pet had a case of demodectic mange 18 months prior to the Commencement Date of the First Policy Period. The Condition is resolved after your Pet receives Treatment. Two years into the policy, your Pet contracts another unrelated case of demodectic mange. This claim would be eligible for benefits because:
 - The first Condition was a Temporary Condition that is normally resolved with Treatment and is not on the list of excluded Conditions in that definition.
 - Your Pet did not have demodectic mange, or show any noticeable signs, symptoms or abnormality in relation to that Condition for more than an 18-month period.
 - The Condition was not specifically excluded in the PDS.

Pre-existing Chronic Conditions that are not covered

1. Your Pet is limping and is diagnosed with a grade two luxating patella (dislocating kneecap) within the applicable Waiting Period of the policy. Your Vet prescribes anti-inflammatory medication. This claim is not covered, because you became aware of the Condition within the 30-day Waiting Period for this Condition.

Two years later, your Pet requires surgery for the patella luxation. This Condition is excluded from Cover because:

- You first became aware of the Condition in the applicable Waiting Period.
 - The Condition (patella luxation) is not a Temporary Condition, as it is specifically excluded from that definition.
 - As a result, it remains a Pre-existing Condition two years later.
2. Your Pet has had recurring seasonal allergies every spring and summer since it was two-months old. This recurs for a period greater than three months. You purchase a pet insurance policy and two years later make a claim for another round of allergy Treatment. Your claim would not be eligible for benefits because:
 - The Condition is a Pre-existing Condition, given that you were aware of it prior to the Commencement Date of the First Policy Period.
 - Your Pet's seasonal allergy condition is not a Temporary Condition, as it is specifically excluded as a Chronic Condition. This is because it was long lasting, recurring and affected your Pet for a period greater than three months.
 - As a result, it remains a Pre-existing Condition two years later.

What is a Chronic Condition?

A Chronic Condition is long-lasting or recurring in its effects and affects (or is present in) a Pet over a period greater than three months in total. Chronic Conditions may also be intermittent or managed with medication and/or prescription diets with intervals of remission. If your Pet has a Chronic Condition that occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, it will always be excluded from your policy as a Pre-existing Condition.

For example: Your Pet first showed signs of diabetes and has been receiving ongoing Treatment for four months immediately prior to the Commencement Date of the First Policy Period. Diabetes is considered:

- a Pre-existing Condition because it occurred before the Commencement Date of your First Policy Period; and
- a Chronic Condition as it lasted in total for more than three months.

Therefore, all expenses incurred for diabetes will not be covered.

Conditions under this example are subject to the policy and level of cover selected. Please refer to Sections 2 and 3 to see what Conditions are covered.

What is a Temporary Condition?

A Temporary Condition is a Condition which normally resolves with Treatment and which is not on the list of conditions that can never be considered a Temporary Condition. After the end of any applicable Waiting Period, if your Pet has a Temporary Condition that is considered to be a Pre-existing Condition (because it occurred or existed prior to the Commencement Date of the First Policy Period, or during any applicable Waiting Period, but that Condition has not existed, occurred

or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date), it will no longer be excluded from Cover as a Pre-existing Condition.

What is a Bilateral Condition?

A Bilateral Condition is a Condition affecting body parts of which the Pet has at least two, one on each side of the body (for example, ears, eyes, knees and elbows). Bilateral Conditions will generally be covered if you have the appropriate level of Cover, and the Condition is not a Pre-existing Condition or subject to a general exclusion.

However, when applying a Benefit Limit, Sub-limit, Excess or exclusion, a Bilateral Condition will be considered a single Condition. For example, if your Pet displays signs or symptoms of an ear Condition in the left ear prior to the Commencement Date of the First Policy Period or during the applicable Waiting Period, a subsequent ear infection in the right ear will still be considered to be a Pre-existing Condition (refer to the 'Bilateral Condition' definition on page 26).

Is my Pet eligible for Pet Insurance?

You can apply for Cover as long as your Pet meets the eligibility criteria for the level of Cover you apply for. For the Standard and Ultimate plans your Pet must be over 8 weeks old and under 9 years when the Cover commences.

What exclusions apply?

As with most insurance products, there are certain situations in which you will not be covered. There are some general exclusions such as Pre-existing Conditions, dental procedures, fractured teeth, routine or preventative treatments (unless Routine Care is purchased, which provides a non-insurance contribution up to the Routine Care limits), some Elective Treatments and procedures and breeding or obstetrics. There may also be specific exclusions which may apply to specific levels of Cover.

It is important that you read all of your policy documentation for full details (including 'Section 2 – Specified Accidental Injury Cover', 'Section 3 – Illness Cover', 'Section 4 – Additional Benefits', 'Section 5 – Optional Benefits', your Certificate of Insurance and 'Section 6 – General Exclusions').

What kind of Vet Consultations can I claim under my policy?

You can claim for Consultations in relation to Conditions covered by your policy.

Under the Basic Accident plan, you can claim for Consultation fees in relation to any eligible Specified Accidental Injury. Under the Standard and Ultimate plans, you can claim for Consultation fees in relation to any eligible Specified Accidental Injury or Illness Condition.

Please note: Routine health checks and vaccination visits are not coverable under your policy, unless you have the Standard or Ultimate plan with Routine Care, which is a non-insurance benefit available as part of this cover, as shown on your Certificate of Insurance.

A Sub-limit applies to the Consultation fees that your Vet charges. This Sub-limit is stated on your Certificate of Insurance. When claiming for an eligible Condition, this limit only relates to the Consultation fee, and not to any of the Treatments or medications your Pet may receive during the visit.

Can I seek pre-approval of my Pet's upcoming Treatment?

Yes. If your Pet requires Treatment and you wish to seek pre-approval of those costs, you can provide us with the itemised estimate of costs from your Vet, along with the Treatment required and relevant clinical records and/or veterinary history, and we will respond to you in writing with the outcome.

Note: Pre-approvals are not mandatory and not required in order to make a claim under your policy.

For more information, see 'Section 9.1 – Claim Pre-approval' on page 47.

Are x-rays, blood tests and other diagnostic tests covered?

Yes. Similar to Consultation fees, you can claim for diagnostic expenses in relation to eligible Conditions covered by your policy. This means that elective or routine tests are not covered, nor are any tests related to a Pre-existing Condition.

What are the claim requirements for adopted Pets?

If you can provide us with proof of adoption or transfer of ownership papers, we will only request veterinary history from the date you took ownership onwards.

What if my claim reaches my annual Benefit Limit or Sub-limit?

Your annual Benefit Limit and Sub-limits are the maximum benefits that can be paid to you in any one Policy Period. If you do make a large claim and reach your policy limits, your policy limits will reset on your renewal date.

See the 'Benefit Limit(s) and Sub-limit(s)' definition on page 26 for more information.



Product Disclosure Statement (PDS)

This PDS was prepared by both insurers, Hollard and PetSure who are jointly responsible for the entire PDS. Each insurer is also wholly responsible for their own product in respect of the described benefits, features, options, limitations, fees and costs of such products which they issue. Bupa has given its consent to all statements by or about them in the form and context in which they are included and has not withdrawn that consent as at the date of the PDS. These statements appear throughout the PDS.

Your insurer will be different, depending on the date when you first purchased your policy.

Renewals of policies first issued before 18 April 2024

Hollard is the issuer and the insurer of each Bupa Pet Insurance policy. PetSure has been given a binding authority by Hollard which authorises it to enter into, vary and cancel policies on behalf of Hollard as if it were Hollard, as well as manage, administer and settle claims, subject to the limits of authority agreed with Hollard. Neither Hollard nor PetSure act for you. Bupa is authorised to arrange, distribute and promote Bupa Pet Insurance policies, but is not involved in the assessment or payment of claims. Bupa does not act for you.

All other policies

PetSure is the issuer and the insurer of each Bupa Pet Insurance policy. PetSure does not act for you. Bupa is authorised to arrange, distribute and promote Bupa Pet Insurance policies, but is not involved in the assessment or payment of claims. Bupa does not act for you.

This PDS contains important information about:

- significant features and benefits of Bupa Pet Insurance;
- your duty to take reasonable care not to make a misrepresentation;
- our internal and external dispute resolution procedures; and
- your cooling off rights when purchasing Bupa Pet Insurance.

Please note that, while this PDS provides a summary of the significant features and benefits of Bupa Pet Insurance, you must also read the Policy Terms and Conditions in this booklet to understand the insurance provided (including what terms, conditions, exclusions and limitations may apply to your Cover).

Sometimes we need to change the wording of the policy before it is issued to you because your insurance varies depending on a number of factors. We do this by adding what is called an endorsement. You will find any endorsements that apply to your policy printed on your Certificate of Insurance. We may need to update this PDS from time to time. We'll do this if certain changes occur, and we are required and permitted by law to do so. We will issue you with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited circumstances. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, we may issue you with notice of this information in other forms or keep an internal record of such changes. You can get a paper copy, or an electronic copy will be made available, of any changes free of charge by contacting us using the contact details on the back of this PDS.

Protection for your Pets

Subject to the terms, conditions, exclusions and limitations that apply to your Cover (as set out in this document), Bupa Pet Insurance provides:

- financial assistance for Vet Expenses in respect of the insured Pet occurring or showing signs or symptoms of a Condition after the Commencement Date of the First Policy Period and after any applicable Waiting Period subject to any excluded Pre-existing Conditions or general exclusions; and
- Cover for eligible Vet Expenses (as well as allowing You to use the services of any Vet in Australia and, in some cases, in New Zealand).

'Vet Expenses' are defined in 'Section 1 – Definitions' on page 25 and may be subject to stated limits, Excesses and applicable Waiting Periods.

If a Condition exists or occurs before the Commencement Date of the First Policy Period or within an applicable Waiting Period, and you were aware of the Condition, or a reasonable person in your circumstances would have been aware of the Condition, it may be excluded from Cover as a Pre-existing Condition. Whether that is the case will depend on the nature and experience of the Condition (please refer to the definition of 'Pre-existing Condition').

After the end of any applicable Waiting Period, if your Pet has a Temporary Condition that is considered to be a Pre-existing Condition because it occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, but that Condition has not existed, shown signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date, it will no longer be excluded from Cover as a Pre-existing Condition. Chronic Conditions and several other specified Conditions that occur prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period cannot fall within this category and will always be excluded from Cover.

Understanding the limits of the insurance

Bupa Pet Insurance transfers some of the financial risks Pet owners face for Vet Expenses from the insured to the insurer. However, Bupa Pet Insurance does not cover every circumstance or expense and we have certain terms, conditions, exclusions and limitations like other forms of general insurance. These include, but are not limited to, Conditions such as pregnancy, Elective Treatments and procedures, pet foods/diets and grooming. Medical Conditions that are present or that you were aware of (or that a reasonable person in your circumstances should have been aware of) prior to the Commencement Date of the First Policy Period or that arise during the applicable Waiting Period are considered Pre-existing Conditions and may be excluded from Cover. Pre-existing Conditions are assessed differently depending on whether they are Chronic Conditions or Temporary Conditions for your Pet. See the Pre-existing Condition definition on page 30 for more information.

Maximum monetary limits also apply to the benefits payable in any one Policy Period. These are called the Benefit Limit and can vary depending on the relevant Cover. Sub-limits for particular Conditions may also apply.

Full details are specified in the Policy Terms and Conditions (pages 23 to 53).

Your duty to take reasonable care not to make a misrepresentation

Before you enter into this contract of insurance with us, you have a duty to take reasonable care not to make a misrepresentation under the Insurance Contracts Act 1984 (Cth).

This means you need to take reasonable care to provide honest, accurate and complete answers to any questions that we ask. It is very important that you do so, as we base our decision whether to provide Cover and the terms on which we do so on your answers.

If you're not sure of the answers to any of our questions, you should take the time to find them. It's also important to understand that, in answering the questions, you're answering for yourself and anyone else to whom the questions apply.

If any of our questions aren't clear and you need help, please contact us.

When this duty applies

The duty to take reasonable care not to make a misrepresentation also applies before you renew, vary, extend or reinstate an existing contract of insurance. This means that you must inform us of any changes to the information set out in your Certificate of Insurance, where the information is no longer honest, accurate and complete. If you don't contact us to update this information, we'll take it that you agree that the information remains honest, accurate and complete. Please contact us if you have any doubts.

If you don't comply with your duty

If you don't take reasonable care in answering our questions or inform us of changes to the information set out in your policy documents, you may breach your duty. If that happens, your policy may be cancelled, or treated as if it never existed, and any claim may be denied or not paid in full.

Calculating your premium

Your premium is calculated when your Bupa Pet Insurance policy begins, and at each policy anniversary (and if you vary or extend Cover) and is printed on the relevant Certificate of Insurance.

The premium for new policies is calculated based on a number of factors. Some are pre-set and don't vary for each insured (e.g. amounts we take into account for certain internal costs and expenses).

Others can affect the premium amount up or down depending upon whether we believe it increases or decreases the risk to us, such as the Cover you have chosen, including whether you have chosen Routine Care, the Benefit Percentage applicable to the Cover you have chosen, the species, breed and age of your Pet and other factors related to our cost of doing business and our commercial arrangements.

These same factors may be used to calculate your premium when you amend your coverage. Further information about renewal premiums can be found under 'Automatic Renewal of your policy'. The amount you pay includes allowances for government fees, taxes and charges (including stamp duty and GST). You can ask us for further information. Our contact details are on page 3.

Minimum premiums and discounts/entitlements may apply, subject to certain criteria. Discounts/entitlements/premiums may be rounded up or down and only apply to the extent any minimum premium is not reached. They are also applied in a predetermined order (excluding amounts for government taxes and charges) as reduced by any prior applied discounts/entitlements. They are applied to the base premium calculated prior to any taxes being added.

Cooling off period

You have a full 21 days from the policy Commencement Date (or any renewal date) to make sure you are happy with every aspect of your Bupa Pet Insurance policy. This is known as the “cooling off period”. During this time, you may cancel the policy simply by contacting us. If we receive your request to cancel your policy within the 21 day period after the policy Commencement Date (or any renewal date), we will give you a refund of any monies received since commencement or renewal, less any transaction costs incurred by us, which we are unable to recover and any taxes or duties that we are unable to refund.

If you have made a claim during the cooling off period and wish to cancel during the cooling off period, then any refund will be in accordance with provisions set out in ‘Section 8 – Cancellations’.

After the cooling off period ends you continue to be able to cancel your policy and you have rights upon cancellation in certain circumstances under the policy. These rights are set out in ‘Section 8 – Cancellations’.

Your privacy

Renewals of Bupa Pet Insurance policies first issued before 18 April 2024

Hollard, Bupa and PetSure (each a ‘Recipient’ and referred to as ‘we’, ‘us’ or ‘our’ in this Privacy section) are subject to the Australian Privacy Principles under the Privacy Act 1988 (Cth).

All other Bupa Pet Insurance policies

Bupa and PetSure (each a ‘Recipient’ and referred to as ‘we’, ‘us’ or ‘our’ in this Privacy section) are subject to the Australian Privacy Principles under the Privacy Act 1988 (Cth).

In connection with each Recipient:

- personal information is collected in various ways, including via telephone, our website, hard copy forms or email. Whenever you deal with us we will collect this information directly from you unless it is unreasonable or impracticable for us to do so. In some instances, we may collect your information from someone else. This may include our authorised representatives, our distributors or referrers, agents or related entities, veterinary service providers, another party involved in a claim, family members, anyone you have authorised to deal with us on your behalf, and/or our legal or other advisers;
- personal information is collected that is reasonably necessary in order for us to provide and offer you our products and services, or otherwise as permitted by law. Such purposes include responding to your enquiries, providing you with assistance you request of us, maintaining and administering our products and services (for example processing requests for quotes, applications for insurance, underwriting and pricing policies, issuing you with a policy, managing claims, processing payments, providing you with access to our GapOnly® claims system); processing your survey or questionnaire responses; market research and the collection of general statistical information using common internet technologies such as cookies; providing you with marketing communications which relate to our other products and services as well as those of third parties such as our related entities and other entities with whom we have relationships (unless you opt-out of receiving such communications); quality assurance and training purposes; performing administrative operations (including accounting and risk management) and any other purpose identified at the time of collecting your information;

- if you do not consent to us collecting and using, and/or disclosing all or some of the personal information we request, we may not be able to provide you with our products or services, such as processing your application for insurance, your claim or any payment due to you. It may also prevent us from maintaining or administering your policy or the provision of information regarding our products or services or those of any third party;
- we may collect your personal information so that we or our related entities or other third parties with whom we have a relationship can develop or offer you products and services which we believe may be of interest to you, but will not do so if you tell us not to by contacting us (our contact details are provided in this section);
- where appropriate, we will disclose your information to our related entities and third parties who provide services to us or on our behalf, including our authorised representatives, distributors or referrers, mailing houses and marketing companies, insurance reference bureaus, reinsurers, credit providers, external IT service providers, other insurance providers and advisers. In the case of claims (or likely claims) it may be disclosed to persons involved in the claim, veterinary service providers, external claims data collectors and verifiers. Your personal information may also be disclosed to the Australian Financial Complaints Authority (AFCA) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law;
- your personal information may also be disclosed to some of our service providers who are located overseas, including but not limited to the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. Details of who they are may change from time to time. You can contact us for details. In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

You consent to the use and disclosure of your personal information as set out in this section. Your consent applies whether you become or remain the insured unless you tell us otherwise by contacting us. You can read more about how we collect, use and disclose your personal information or how to make a complaint about a breach of the Australian Privacy Principles in our Privacy Policy which is available on our website or you can request a copy. If you wish to gain access to your personal information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please contact the Privacy Officer at:

Hollard (only applies to renewals of policies first issued before 18 April 2024)

Phone: **(02) 9253 6600**

Email: **privacy@hollard.com.au**

Mail: Hollard Privacy Officer
The Hollard Insurance Company Pty Ltd
Locked Bag 2010, St Leonards, NSW 1590

Website: **hollard.com.au**

Bupa

Phone: **1800 802 386**

Email: **customer.relations@bupa.com.au**

Mail: Bupa Privacy Officer
Bupa Pet Insurance
GPO Box 9809
Brisbane QLD 4001

Website: **bupa.com.au**

PetSure

Phone: **(02) 9842 4800**

Email: **privacy@petsure.com.au**

Mail: PetSure Privacy Officer
PetSure (Australia) Pty Ltd
Locked Bag 9021, Castle Hill, NSW 1765

Website: **petsure.com.au**

Code of practice (Code)

Hollard and PetSure are members of the Insurance Council of Australia and also signatories of the General Insurance Code of Practice.

The objectives of the Code are:

- to commit insurers to high standards of service;
- to promote better, more informed relations between insurers and their customers;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- to promote continuous improvement of the general insurance industry through education and training.

The Code Governance Committee is an independent body that monitors and enforces compliance with the Code.

The Code Governance Committee is also responsible for imposing sanctions for breaches of the Code as well as improvement of the Code and assisting the general insurance industry understand and comply with the Code.

You can obtain a copy of the Code from the Code of Practice website:

codeofpractice.com.au

Goods and Services Tax (GST)

All monetary limits in your policy are inclusive of GST. In the event of a claim, if you are not registered for GST, we will reimburse you the GST component in addition to the amount we pay you. If you are registered for GST, we will not pay you the GST component, you will need to claim the GST component from the Australian Taxation Office. You must advise us of your correct input tax credit percentage where you are registered as a business and have an Australian Business Number. You are liable to us for any GST liability we incur arising from your incorrect advice or inaction.

If you have any questions

For more information about Bupa Pet Insurance, to confirm policy transactions, or if you have any questions about the information contained in the PDS or Policy Terms and Conditions, please call us on **134 135**.

Alternatively, you can write to:

Bupa Pet Insurance
Locked Bag 9021,
Castle Hill NSW 1765.

If you have a complaint

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps. Please let us know if you require additional assistance to lodge a complaint.

1. Immediate Response

If you have a complaint, we'll take steps to resolve it as soon as possible. We'll acknowledge your complaint within one business day of receiving it.

Please contact us using one of the following means:

Phone: **134 135**

Weekdays between 8:00am and 8:00pm AEST (except public holidays)

Mail: Customer Service Complaints
Bupa Pet Insurance
Locked Bag 9021,
Castle Hill, NSW 1765

Email: **bupa@petsure.com.au**

Please supply your policy number if you have one to enable the complaint or enquiry to be dealt with promptly and by someone with appropriate authority.

2. Internal Dispute Resolution

If we haven't resolved your matter to your satisfaction, at your request we'll escalate your complaint for review by our Internal Disputes Resolution team.

Please use the same contact information in step 1 to make this request.

All escalated matters are acknowledged within one business day of receipt. The Internal Dispute Resolution team will review your complaint and any supporting evidence. After full consideration of the matter, a written final response will be provided to you, outlining the decision reached and the reasons for the decision.

3. External Dispute Resolution

If your complaint is still not resolved to your satisfaction, or a final response has not been provided to you within 30 days, you can refer the matter to the Australian Financial Complaints Authority (AFCA), providing your matter is within the scope of the AFCA Rules. AFCA is an independent dispute resolution service provided free of charge.

You can contact AFCA at:

Australian Financial Complaints Authority

Mail: GPO Box, 3 Melbourne VIC 3001

Phone: **1800 931 678**

Web: **www.afca.org.au**

Email: **info@afca.org.au**

Financial Claims Scheme

Should Hollard or PetSure be unable to meet its obligations to you under the policy, you may be entitled to a payment under the Financial Claims Scheme (the Scheme). Access to the Scheme is subject to eligibility criteria. Further information about the Scheme can be obtained at **fcs.gov.au**.



Policy Terms and Conditions

The Bupa Pet Insurance policy

Upon acceptance of application for your Cover, you will be issued a Certificate of Insurance. We will issue a new Certificate of Insurance:

- on renewal of your policy each year; or
- if you or we change your Cover.

Your policy will continue for a period of 12 months from the policy Commencement Date unless cancelled by you under the cooling off period as explained or cancellation provisions of the policy as explained in 'Section 8 – Cancellations'. We also have certain cancellation rights at law. For your convenience and to ensure continuity of cover for your Pet, we will automatically renew your policy each year (unless you have opted out of automatic renewals or contact us to advise that you do not want to renew on the terms of the renewal notice) for as long as we continue to provide this product - refer to the 'Automatic renewal of your policy' section below. Your policy comprises of the Certificate of Insurance, PDS, Policy Terms and Conditions, FSG and any endorsements issued by us from time to time.

The basis on which we insure you

Subject to the Terms and Conditions of the policy, we will reimburse the Vet Expenses incurred by you as a result of a Treatment to the insured Pet for covered Specified Accidental Injuries or Illness Conditions and any other additional benefits you are covered for, up to the specified Benefit Percentage, but subject to any applicable Benefit Limit, Sub-limit or any other applicable limit, less any Excess which may apply, provided that:

- you have paid or agreed to pay the premium to us for the Cover provided;
- the Specified Accidental Injury, Illness Condition, Dental Illness (if covered) or Alternative Treatment (if covered) occurred after the Commencement Date of the First Policy Period and after any applicable Waiting Period; and
- the Treatment occurred during the Policy Period.

Where we agree to provide Cover under the policy we rely on the representations made by you during your application for insurance. Your Cover will be shown on your Certificate of Insurance, along with other key information like the Benefit Percentage, Benefit Limit, Sub-limits and more. Your Certificate of Insurance will also state your selected plan, including any additional benefits you're eligible for, depending on the Cover you've chosen.

Automatic renewal of your policy

We will offer renewal of your policy every year for so long as we continue to provide this product. At least 14 days prior to your current policy expiring we will send you a renewal notice confirming when your insurance will expire and the premium and terms on which your insurance will automatically renew for a further Policy Period. It will also remind you that you can opt out of the automatic renewal process and to check the limits of cover provided under the policy to see if your level of insurance cover remains appropriate for you.

Your Cover will be automatically renewed on the terms contained in the renewal notice (unless you have opted out of automatic renewals or contact us to tell us that you do not want to renew on the terms of the renewal notice) and we will deduct/charge the renewal premium from your nominated account/credit card. If the account/credit card is not yours, you confirm you have the authority of the relevant person to use it and they have agreed to these terms.

Every year, we review the cost of everyone's insurance with regards to a combination of factors as well as claims inflation across all our insured pets. These factors include your Pet's age, breed, location, claims history, as well as data relating to the health of pets that are a similar age and breed. Your premium takes into account the average cost of care for pets like yours.

Because of all of these factors and the changes to your Pet's risk profile, your premium will likely increase from year to year.

When calculating your premium on renewal, we also consider how much your premium was previously, including any discounts that may have been applied. This means that we may limit movements up or down.

Should you renew your policy, you must tell us if the information you have previously supplied, as printed on your Certificate of Insurance, is incorrect or incomplete in order to comply with your duty to take reasonable care not to make a misrepresentation. If you do not, we may reduce or refuse to pay a claim or cancel the policy.

We may also change the terms and conditions of the policy upon renewal based on the risk associated with insuring pets like yours.

Delivery of your policy documents

Unless you tell us otherwise or we tell you it is no longer suitable we will send your policy documents and policy related communications electronically. This includes email and/or other methods of electronic communication. You will need to provide us with your current email address and your mobile phone number. Each electronic communication will be deemed to be received by you on the transmission date recorded in our systems. Where we deliver your policy documents and policy related communications by mail in printed form all such communications will be deemed to have been successfully delivered once mailed by us to your last notified postal address.

Some important things you should know

Benefits do not accumulate across Policy Periods. The policy benefits will expire at the end of each Policy Period.

Your rights and duties under the policy cannot be transferred without our prior written consent.

It is a condition of Cover that your Pet must regularly reside with you and be under your regular care and supervision at the physical address you provided to us.

Definitions

When interpreting these Policy Terms & Conditions:

- references to the singular include the plural and vice versa, and to the masculine include the feminine and vice versa;
- monetary references are in Australian dollars; and
- a reference to any legislation contained in the policy includes any amendment, replacement, re-enactment or successor legislation.

Words that are capitalised have the special meaning explained below:

Accident means

- a single event which is unexpected and unintended by you; and
- is independent of any Illness, any Dental Illness, or any Pre-existing Condition.

Alternative Treatment means the cost of any procedures and tests for the following Treatments (excluding Consultations) where they treat an Illness or Specified Accidental Injury and have been recommended by a Vet:

1. **Acupuncture** means the use of metal needles to stimulate anatomical points, often with the addition of manual manipulation, heat or electrical stimulation which is carried out by a Vet for Treatment of a Condition.
2. **Chiropractic Manipulation** means mechanical manipulation of the musculoskeletal system and other supporting soft tissue structures for treatment of musculoskeletal and nervous system Condition which is carried out by a qualified animal chiropractor or Vet for Treatment of a Condition.
3. **Hydrotherapy** means the Treatment of a Condition, with, or in, water, including swimming in a pool and the use of a water treadmill, which is carried out by a qualified animal hydrotherapist, physiotherapist or Vet, providing the Hydrotherapy is carried out in a pool/water or treadmill owned by the veterinary practice.
4. **Physiotherapy** means the use of physical manipulation, exercise therapy, and electrotherapy (not including Hydrotherapy) in order to improve mobility and musculoskeletal or nervous system function, carried out by a qualified animal physiotherapist or Vet for Treatment of a Condition.

For further details of this benefit, see 'Section 5.2 - Alternative Treatment' on page 39. The Alternative Treatment Limit and Sub-limit applicable to these items are shown on your Certificate of Insurance.

Alternative Treatment Limit means the alternative treatment limit amount specified on your Certificate of Insurance, for the Alternative Treatment benefit, which is additional to your policy's Benefit Limit.

If you have the Alternative Treatment benefit, also note:

- we'll never pay more than the Alternative Treatment Limit specified on your Certificate of Insurance.
- the Alternative Treatment Limit resets if you renew your policy. This means that policy benefits for the Alternative Treatment benefit don't accumulate across Policy Periods. They expire at the end of each Policy Period.
- the Alternative Treatment Limit is also subject to the Excess (if any) applicable to your Cover.

Benefit Limit(s) and **Sub-limit(s)** mean the applicable maximum amount(s) payable in any one Policy Period, in relation to your Cover (but excluding the Major Dental benefit and the Alternative Treatment benefit, if you have these optional benefits) and is determined as follows:

- if a Sub-limit for a particular Cover, item, Condition or Treatment on an individual or per claim basis is specified to apply on your Certificate of Insurance, we will not pay more than that amount (subject also to the overall annual Benefit Limit or other relevant Sub-limit (such as the Alternative Treatment Limit, if applicable) not having been exceeded); and
- we will never pay more than the overall annual Benefit Limit specified on your Certificate of Insurance.

Note: Benefit Limits and Sub-limits reset on renewal. The Benefit Limit and Sub-limit is also subject to any applicable Excess.

Benefit Percentage means the stated percentage of each claim for eligible Vet Expenses for which we will reimburse you, subject to any applicable Benefit Limits, Sub-limits, the Dental Illness Limit (if applicable) and/or the Alternative Treatment Limit (if applicable) and Excesses.

Note: The applicable Benefit Percentage will be shown on your Certificate of Insurance.

For example, for an 80% Benefit Percentage we will reimburse you for up to 80% of the eligible Vet Expenses, subject to Benefit Limits, Sub-limits and Excesses payable. Refer to page 49 for an example of how claim payments are calculated.

Bilateral Condition means any Condition affecting body parts of which the Pet has at least two, one each side of the body (e.g. ears, eyes, knees, and elbows).

For example:

1. If your Pet has had elbow dysplasia in the left elbow prior to the Commencement Date of the First Policy Period or during the applicable Waiting Period, which falls within the definition of Pre-existing Condition, subsequent elbow dysplasia in the right elbow will still be considered a Pre-existing Condition.
2. If your Pet suffers from a patella luxation in its left hind leg and arthritis in its right hind leg, this is not a Bilateral Condition, as patella luxation and arthritis are not the same Condition.

Note: When applying a Benefit Limit or exclusion, a Bilateral Condition will be considered a single Condition.

Certificate of Insurance means the relevant certificate we provide outlining the key details of the contract of insurance between you and us, and identifying the policy number, Cover, Excess, Commencement Date, End Date, insured Pet, schedule of benefits including Benefit Limits and Sub-limits, the Dental Illness Limit (if applicable) and/or the Alternative Treatment Limit (if applicable).

Chronic Condition means a Condition that is long-lasting or recurring in its effects and affects (or is present in) your Pet over a period that is greater than three months in total (the three-month period need not be consecutive). Chronic Conditions may also be intermittent or managed with medication and/or prescription diets with intervals of remission.

Examples include but are not limited to chronic or seasonal allergies, inflammatory bowel disease, diabetes, osteoarthritis, cancer and some autoimmune diseases.

This definition is relevant to determining whether a Condition is a Pre-existing Condition (please refer to the definitions of 'Pre-existing Condition' and 'Temporary Condition'). If a Chronic Condition is a Pre-existing Condition, it will be excluded from Cover.

For example:

1. Prior to the Commencement Date of the First Policy Period your Pet experienced symptoms of seasonal allergies for more than three months in total. The Condition would be a Chronic Condition, given that it is recurring in its effects. If the Condition otherwise falls within the definition of 'Pre-existing Condition' it will be excluded from coverage.
2. Your Pet showed signs of diabetes for at least three months prior to the Commencement Date of the First Policy Period. This would also be a Chronic Condition, given its long-lasting and recurring effects. If the Condition otherwise falls within the definition of 'Pre-existing Condition', it will be excluded from coverage and all expenses related to diabetes will be excluded.

Commencement Date means 11.59pm on the date when Cover for your Pet first started as shown on your Certificate of Insurance. Unless otherwise specified, this relates to the Commencement Date of your current Policy Period.

Condition means any Specified Accidental Injury, or any manifestation of an Illness (including any Skin Conditions), or a Dental Illness (where applicable).

Consultation (or other derivations of the word) means an examination performed by or under the supervision of a Vet, including a physical consultation, inpatient examination, in-hospital examination, health certificate, consultation or recheck consultation/visit, referral/specialist consultation/visits, emergency and after-hours consultations/visits.

Cover means:

- the Benefit Limits, Sub-limits, Benefit Percentage, Excess and any other options (including their limits) applicable to the policy you have selected; and
- where relevant, the cover applicable under any previous policies you have held with us where the same, a substantially similar or a higher level of cover was provided in the current Policy Period.

Information about the Cover can be found in 'Section 2 to Section 5'.

Note: The Cover applying to your Pet for your current Policy Period is shown on your Certificate of Insurance. The Cover includes the Additional Benefits explained in 'Section 4' on page 36 and if selected, the Optional Benefits explained in 'Section 5' on page 38.

Cruciate Ligament Condition means partial or complete rupture of the cruciate ligament(s). This includes meniscal tears, any looseness of the cruciate ligaments along with any complications following Treatment for this Condition.

Note: A Cruciate Ligament Condition is considered a single Condition irrespective of whether one or both legs are affected. Please refer to the 'Bilateral Condition' and 'Benefit Limit(s) and Sub-limit(s)' definitions on page 26.

Dental Illness means Vet Expenses in relation to a dental illness as specified under 'Section 5.3 - Major Dental' on page 40. If applicable, this benefit is payable up to the Dental Illness Limit shown on your Certificate of Insurance.

Dental Illness Limit means the dental illness limit amount specified on your Certificate of Insurance, for the Major Dental benefit, which is additional to your policy's Benefit Limit.

If you have the Major Dental benefit, also note:

- we'll never pay more than the Dental Illness Limit specified on your Certificate of Insurance.
- the Dental Illness Limit resets if you renew your policy. This means that policy benefits for the Major Dental benefit don't accumulate across Policy Periods. They expire at the end of each Policy Period.
- the Dental Illness Limit is also subject to the Excess (if any) applicable to your Cover.

Elective Treatment means a Treatment or surgery that is beneficial to your Pet but is not essential for your Pet's survival and does not form part of the Treatment for a Condition. Refer to 'Section 6 – General Exclusions' on page 42.

End Date means 11:59pm on the date upon which your policy terminates and benefits cease. Unless otherwise specified, this relates to the End Date of your current Policy Period.

Note: The End Date is shown on your Certificate of Insurance. If the policy is cancelled, then the date of cancellation will be deemed to be the End Date.

Excess means an amount you contribute towards the cost of your claim(s), as shown on your Certificate of Insurance. The Excess is calculated on a 'per Condition, per Policy Period' basis. We do this for each Condition treated during the same Policy Period. Your Excess will be deducted from your calculated claim benefits after we apply any Benefit Limit, Sub-limit, the Alternative Treatment Limit (where applicable) and/or the Dental Illness Limit (where applicable), and the Benefit Percentage to your claimed amount.

First Policy Period means the time during which we first provided Cover to you, so long as there has been no break or lapse in Cover for your Pet. In the event of a break or lapse in Cover for your Pet, after which a new policy is issued, the First Policy Period means the time during which we first provided Cover to you after the lapse or break in coverage.

GST means the Australian Goods and Services Tax at the officially published tax rate.

Illness means a sickness or disease which:

- is not included under Specified Accidental Injury Cover nor included under the Major Dental benefit or Alternative Treatment benefit; and
- is independent of any Pre-existing Condition.

Major Dental means the optional benefit applicable for Vet Expenses incurred in relation to Dental Illness conditions. If applicable, this benefit is payable up to the Dental Illness Limit.

If you have this benefit, 'Major Dental' will be shown on your Certificate of Insurance, together with the Dental Illness Limit.

Pet means a dog or cat covered under the policy and named on your Certificate of Insurance.



Policy Period means the time during which we provide Cover as specified on your Certificate of Insurance.

Pre-existing Condition means a Condition that existed or occurred prior to the Commencement Date of the First Policy Period or within any applicable Waiting Period, of which you were aware or a reasonable person in your circumstances would have been aware, irrespective of whether the underlying or causative Condition has been diagnosed. A Pre-existing Condition also includes a Related Condition or Bilateral Condition of a Pre-existing Condition.

After the end of any applicable Waiting Period, a Condition will no longer be considered a Pre-existing Condition if it is a Temporary Condition that:

- has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date (please refer to the definitions of 'Temporary Condition', 'Chronic Condition' and 'Cruciate Ligament Condition'); or
- we have agreed in writing will not be a Pre-existing Condition, following a Pre-existing Condition Review (please refer to the terms of a Pre-existing Condition Review).

For example: Six weeks prior to the Commencement Date of the First Policy Period, you notice your Pet has a Condition involving limping on its left back leg and you take it to the Vet. Your Vet prescribes anti-inflammatory medication. 12 weeks after purchasing a policy the limping is diagnosed as degenerative joint disease. The Condition would be a Pre-existing Condition and excluded from Cover, notwithstanding that the diagnosis was not provided until after the Commencement Date.

Related Condition means a Condition that results from the same disease process, arises as a consequence of or has the same diagnostic classification as another Condition, regardless of the number of areas of your Pet's body that are affected.

For example:

1. If your Pet suffers from arthritis in its legs, all future occurrences of arthritis (e.g. in the back or neck) will be considered to be Related Conditions.
2. If your Pet suffers from diabetes and then develops a cataract as a consequence of the diabetes, the cataract will then be considered a Related Condition.
3. If your Pet suffers from a skin hotspot, then later suffers from ringworm on its skin, these are not Related Conditions, as the ringworm is not as a consequence of the hotspot, nor do they follow the same disease process or diagnostic classification.

Routine Care means certain preventive healthcare treatments for your Pet listed on your Certificate of Insurance. If you have this non-insurance benefit, the list of allowable treatments and the limits applicable to these, are shown on your Certificate of Insurance.

Skin Condition means any Condition regardless of cause or origin presenting in or affecting the skin in any way whatsoever.

Note: for the purposes of the policy Skin Conditions are deemed to include skin lumps.

Specified Accidental Injury means physical harm or injury arising from an Accident that is a consequence of or results in one of the following:

- a motor vehicle incident;
- a burn or electrocution;
- an allergic reaction to the following insect and arachnid bites:
 - ants;
 - bees;
 - flies;
 - mosquitoes;
 - scorpions;
 - spiders; and
 - wasps.
- a near drowning incident;
- a bone fracture;
- a snake bite toxicity;
- a traumatic ligament or tendon injury;
- a bite wound or fight wound abscesses;
- lacerations or abrasion of tissue, skin or mucous membrane due to external violence; or
- a Cruciate Ligament Condition.

See 'Section 2 – Specified Accidental Injury Cover' on page 33 for more information.

Temporary Condition means a Condition which normally resolves with Treatment, other than:

- Cruciate Ligament Conditions;
- intervertebral disc disease;
- hip dysplasia;
- elbow dysplasia;
- patella luxation;
- endocrine diseases; and
- any other Chronic Condition.

This definition is relevant to determining whether a Condition is a Pre-existing Condition (please refer to the definition of 'Pre-existing Condition' on page 30).

For example, your Pet has dietary related gastroenteritis prior to the Commencement Date of the First Policy Period that is resolved with medication. Your Pet does not suffer any further instances of dietary related gastroenteritis until three years later, when your Pet suffers another gastroenteritis episode. This Condition would be a Temporary Condition which has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to the second gastroenteritis episode, so would not be a Pre-existing Condition and would be coverable subject to your policy terms and conditions.

Treatment means reasonable and customary examinations, Consultations, hospitalisation, surgery, x-rays, medication, diagnostic tests, nursing and other care and procedures provided by a Vet to relieve or cure an Illness, Specified Accidental Injury or Dental Illness (where covered) or Alternative Treatment (where covered) during the Policy Period.

Note: For the purposes of the Alternative Treatment benefit, Treatment is limited to those items described in the Alternative Treatment section.

Vet means any veterinarian, veterinary specialist, animal hospital, animal clinic, or animal surgery, other than yourself, who is licensed in and currently registered in Australia (with the exception of additional benefits provided under 'Section 4 - Additional Benefits').

Vet Expenses means the reasonable and essential expenses incurred and paid in respect of Treatment provided by a Vet during the Policy Period, having regard to the circumstances in which the Treatment was provided.

Waiting Period means the period that your Pet is not covered for certain Conditions or benefits as specified in the Waiting Period sections of this booklet and starts from the Commencement Date of your First Policy Period in which you obtained Cover for the applicable Condition or benefit. See Sections 2 - 5 for Waiting Periods that apply.

Specified Accidental Injury Cover

Basic Accident (applicable for renewals of Basic Accident policies first purchased before 23 October 2023 only):

Specified Accidental Injury Cover is applicable if your Pet was over eight weeks old on the Commencement Date of the First Policy Period.

Standard and Ultimate:

Specified Accidental Injury Cover is applicable if your Pet was over eight weeks old and younger than nine years of age on the Commencement Date of the First Policy Period.

The Cover applying to your Pet is shown on your Certificate of Insurance.

2.1 What you are covered for

We will pay you the Benefit Percentage for the Vet Expenses incurred by you for Treatment during the Policy Period up to the Benefit Limits and Sub-limits, as a result of your Pet suffering a Specified Accidental Injury or Cruciate Ligament Condition in one of the circumstances described below. You will be responsible for any Excess as shown on the applicable Certificate of Insurance.

To qualify for Cover under this section of the policy, the Specified Accidental Injury or Cruciate Ligament Condition must occur after the Commencement Date of the First Policy Period and after any applicable Waiting Period and:

1. be a direct consequence of at least one of the following:

- a. a motor vehicle incident;
- b. a burn or electrocution;
- c. an allergic reaction to the following insect and arachnid bites:
 - i. ants;
 - ii. bees;
 - iii. flies;
 - iv. mosquitoes;
 - v. scorpions;
 - vi. spiders; and
 - vii. wasps.

or

2. result in:

- a. a near drowning incident;
- b. a bone fracture;
- c. a snake bite toxicity;
- d. a traumatic ligament or tendon injury;
- e. a bite wound or fight wound abscesses;
- f. lacerations or abrasion of tissue, skin or mucous membrane due to external violence; or
- g. a Cruciate Ligament Condition.

Waiting Period:

1. There is no Waiting Period after the Commencement Date of your First Policy Period for Specified Accidental Injury items, except Cruciate Ligament Conditions.
2. Cruciate Ligament Conditions and any Conditions arising therefrom irrespective of cause or origin are subject to a six month Waiting Period from the Commencement Date of the First Policy Period, unless:
 - a. we have received a completed and signed 'Cruciate Ligament Exam Form' from your Vet within 14 days of the cruciate examination date certifying that your Pet has been examined, at your expense, on or after the policy Commencement Date of the First Policy Period; and
 - b. you receive written notification from us confirming our agreement to waive this Waiting Period following our assessment of the information provided on the 'Cruciate Ligament Exam Form'. Any waiver is at our discretion and we are not required to provide justification for declining a request under this provision. You can download a copy of the Cruciate Ligament Examination Form here: <https://www.bupa.com.au/-/media/dotcom/files/pdfs/pet-insurance-cruciate-ligament-examination-form.pdf>

2.2 When you are not covered

We will not pay any Vet Expenses attributable to or resulting from:

1. Conditions resulting from external parasites such as ticks, fleas or skin/ear mites, patella luxations (dislocating kneecap), elbow dysplasia, hip dysplasia, toxicity (other than that resulting from a confirmed snake bite), ingestion of a foreign object, intervertebral disc disease (IVDD) and desexing procedure complications under Specified Accidental Injury Cover no matter how the Condition arises. These Conditions will only be covered (where eligible) under Section 3 – Illness Cover on page 35;
2. any dental Treatment, including fractured teeth;
3. any of the excluded matters listed in 'Section 6 – General Exclusions' on page 42.

Illness Cover

Standard and Ultimate:

Illness Cover is applicable if your Pet was over eight weeks old and younger than nine years of age on the Commencement Date of the First Policy Period.

3.1 What you are covered for:

We will pay you the Benefit Percentage for Vet Expenses incurred by you for Treatment provided during the Policy Period up to the Benefit Limits and Sub-limits, as a result of your Pet suffering an Illness. You will be responsible for any Excess as shown on the applicable Certificate of Insurance.

To qualify for Cover under this section of the policy, the Illness must occur after the Commencement Date of the First Policy Period and after any applicable Waiting Period.

Examples of Illnesses covered, subject to any policy exclusions that may apply, include but are not limited to:

- cancer Treatments;
- Skin Conditions;
- eye/ear Conditions;
- ingestion of a foreign object;
- gastrointestinal problems;
- hereditary and congenital Conditions (excluding Pre-existing Conditions);
- intervertebral disc disease (IVDD); or
- a paralysis tick.

Waiting Period

The Waiting Period for Illness Conditions is 30 days from the Commencement Date of the First Policy Period.

3.2 When you are not covered:

We will not pay any Vet Expenses incurred by you as a result of your Pet suffering an Illness which is attributable to or resulting from:

1. any disease that affects dogs or cats that is subject of a biosecurity emergency declaration under the Biosecurity Act 2015 (Cth);
2. any flea / tick / worm preventative treatments or measures (e.g. tick baths, sprays, intestinal worming products etc.);
3. expenses in relation to policy exclusions or related complications / adverse reactions of an exclusion. This includes when the diagnosis is inconclusive, but the treatment protocol is consistent with an excluded Condition. Exceptions to this include:
 - a. vaccination reactions;
 - b. desexing procedure complications; and
 - c. reactions to flea / tick / worm control products.
4. any of the excluded matters listed in 'section 6 - General Exclusions'.

Additional Benefits

The following additional benefits under this section are included in the Benefit Limit and will provide benefits up to the specified Sub-limit as shown on your Certificate of Insurance.

Waiting Period

There is no Waiting Period for the emergency boarding benefit. For essential euthanasia and Travelling in New Zealand benefits, the Waiting Period will depend on the Condition you are claiming for. See 'Section 2 – Specified Accidental Injury Cover' and 'Section 3 – Illness Cover' for more information.

4.1 Emergency Boarding

4.1.1 What you are covered for:

We will pay you the Benefit Percentage up to the Sub-limit shown on your Certificate of Insurance (and subject to your overall annual Benefit Limit) for the cost of boarding your Pet at a licensed kennel or cattery in the following scenarios:

1. if you, (the insured and sole carer of the Pet) are hospitalised (other than in the circumstances specified below) for one or more consecutive days during the Policy Period; or
2. if you, (the insured and sole carer of the Pet) require emergency accommodation due to family violence.

You will be responsible for any Excess as shown on the applicable Certificate of Insurance.

4.1.2 When you are not covered:

We will not pay for any costs under this benefit:

1. if you are hospitalised for:
 - a. cosmetic surgery or other forms of elective surgery; or
 - b. pregnancy (unless you were hospitalised due to an unexpected complication).
2. if someone else living with you can reasonably be expected to look after your Pet whilst you are in hospital.

4.2 Essential Euthanasia

4.2.1 What you are covered for:

We will pay you the Benefit Percentage for eligible Vet Expenses incurred by you up to the Benefit Limit or Sub-limit for the applicable Condition to euthanase your Pet during the Policy Period provided that this was deemed a humane and essential course of action by the Vet, and as a result of a covered Condition under your policy.

You will be responsible for any Excess as shown on the applicable Certificate of Insurance.

4.2.2 When you are not covered:

We will not pay any Vet Expenses incurred by you during the Policy Period for:

1. voluntary euthanasia (i.e. non-essential euthanasia);
2. euthanasia attributable to or resulting from an event or circumstances specified within 'When you are not covered' under 'Section 2.2' and 'Section 3.2' on pages 34 and 35 and in 'Section 6 - General Exclusions' on page 42;
3. an autopsy; or
4. disposal, burial or cremation of a deceased Pet (unless cover for this expense is noted on your Certificate of Insurance).

4.3 Travelling in New Zealand

4.3.1 What you are covered for:

If your Pet suffers a covered Condition after the Commencement Date of the First Policy Period and after any applicable Waiting Period whilst overseas with you in New Zealand, we will pay you the incurred Vet Expenses for Treatment occurring during the Policy Period subject to:

1. the Cover selected, the Benefit Percentage, Waiting Periods, Benefit Limits, Sub-limits, the Alternative Treatment Limit (where applicable) and the Dental Illness Limit (where applicable), as shown on your applicable Certificate of Insurance for the covered Condition; and
2. the payment of the benefits under this section to you in AUD at the exchange rate applicable on the date your claim is received by us.

You will be responsible for any Excess as shown on the applicable Certificate of Insurance.

4.3.2 When you are not covered:

We will not pay Vet Expenses incurred by you during the Policy Period for:

1. any amount if you or your Pet live permanently outside of Australia;
2. any benefit under this section where the Pet has been (or is going to be) out of Australia for a period of more than 60 consecutive days;
3. exchange commission or bank charges incurred for foreign payment made by you for the Treatment of your Pet;
4. claims incurred for any Condition arising when your Pet was not under your direct care;
5. costs covered by any other insurance policy covering the same risk; or
6. any travel or repatriation charges to return your Pet to Australia.



Optional Benefits

This section is about optional benefits you have access to, depending on the Cover you have chosen. Your Certificate of Insurance will list which (if any) of these apply to you. Optional benefits are subject to your policy terms and conditions, including policy exclusions.

Waiting Period:

Vet Expenses related to:

- Routine Care benefits have no Waiting Period;
- Alternative Treatments have a 30 day Waiting Period from the Commencement Date of the First Policy Period in which you obtained cover under the Alternative Treatment benefit option; and
- Dental Illnesses under the Major Dental benefit have a 6 month Waiting Period from the Commencement Date of the First Policy Period in which you obtained cover under the Major Dental benefit option.

See the 'Waiting Period' (page 32) and 'First Policy Period' (page 28) definitions for more information.

5.1 Routine Care (optional non-insurance benefit)

Bupa Pet Insurance encourages responsible Pet ownership by providing a Routine Care benefit option for certain listed preventative healthcare treatments for your Pet. If you have the Routine Care benefit option, the list of allowable treatments and the Routine Care limits applicable to these treatments will be shown on your Certificate of Insurance.

5.1.1 What you are covered for:

If the Routine Care benefit option is shown on your Certificate of Insurance, we will make a payment towards the cost of Routine Care your Pet has received during the Policy Period up to the applicable Routine Care limits and overall annual Benefit Limit as shown on your Certificate of Insurance.

Routine Care benefits allow some reimbursement for some preventative healthcare treatments such as the following:

- desexing
- micro-chipping
- heartworm control/prevention
- flea/tick/worm control
- blood and urine tests
- vaccinations and health checks
- training
- teeth cleaning
- dew claw removal
- prescription diets
- cremation/burial

5.2 Alternative Treatment - available on the Ultimate plan only

5.2.1 What you are covered for:

If you have the Alternative Treatment option and you require Treatment for any of the listed items below which is prescribed by a Vet to treat a Specified Accidental Injury and/or Illness which occurs after the Commencement Date of the First Policy Period and after any applicable Waiting Period, we'll provide Cover for eligible Vet Expenses incurred by you during the Policy Period, subject to:

- the Benefit Percentage, Alternative Treatment Limit and Sub-limit stated on your Certificate of Insurance;
- the Excess amount stated on your Certificate of Insurance; and
- the terms and conditions in this policy, for example Waiting Periods and exclusions.

Cover under this section is restricted to the following items prescribed by a Vet to treat a Specified Accidental Injury and/or Illness:

- acupuncture;
- chiropractic Manipulation;
- physiotherapy; or
- hydrotherapy;

5.2.2 When you are not covered:

We will not pay any Alternative Treatments expenses incurred by you as a result of your Pet suffering a Specified Accidental Injury or Illness which is attributable to or resulting from:

1. the cost of Treatment to prevent a Specified Accidental Injury or Illness;
2. laser therapy, homeopathic remedies and herbal medicines prescribed by the Vet during the visit;
3. any Physiotherapy Treatment unless administered by a qualified animal physiotherapist, referred by a Vet;
4. for any Alternative Treatment or Related Conditions unless your Pet is covered under 'Section 3 – Illness Cover' and 'Section 2 – Specified Accidental Injury' on pages 35 to 33; or
5. any of the excluded matters listed in 'Section 6 – General Exclusions' on page 46.

5.3 Major Dental

If the Major Dental option is shown on your Certificate of Insurance, you will be covered for the listed Dental Illnesses.

5.3.1 What you are covered for:

If you have the Major Dental benefit and any of the listed Dental Illnesses occur after the Commencement Date of the First Policy Period and after any applicable Waiting Period, we'll provide Cover for eligible Vet Expenses incurred by you in relation to that Dental Illness during the Policy Period subject to:

- the Benefit Percentage and Dental Illness Limit stated on your Certificate of Insurance;
- the Excess amount stated on your Certificate of Insurance; and
- the terms and conditions in this policy, for example Waiting Periods and exclusions.

Cover under this section is restricted to Treatment for the following Dental Illnesses only:

1. gingivitis;
2. abscesses;
3. removal of teeth where medically necessary due to:
 - a. dental disease arising from infection;
 - b. retained deciduous teeth;
 - c. cavities; or
 - d. fractured teeth.

5.3.2 When you are not covered:

1. for any Dental Illness Treatment unless your Pet has had Cover for the listed Dental Illnesses under this policy for at least 6 months and in this period your Pet has not shown signs of or been treated for any of the listed Dental Illnesses;
2. for any Dental Illness Treatment unless there is a history of annual routine dental check-ups by a Vet;
3. for orthodontic Treatment, crowns; root canal, cosmetic dental surgery or corrective Treatment; odontoclastic resorptive lesions;
4. for any Dental Illness Treatment or Related Conditions unless your Pet is covered under 'Section 3 – Illness Cover' on page 35; or
5. any of the exclusions explained in 'Section 6 – General Exclusions' on page 42.



General Exclusions (What we do not cover)

Vet Expenses and/or costs related to items listed below are not covered by your policy. The exception to this is if you have Routine Care, Alternative Treatment or Major Dental, some conditions and treatments listed in this section are covered up to a specified limit and if so, this will be shown on your Certificate of Insurance. See 'Section 5 - Optional Benefits' for more information.

- 1. Pre-existing Conditions** – or a Condition arising before the First Policy Period or within the applicable Waiting Period. Refer to 'Section 1 – Definitions' for the definition of 'Pre-existing Conditions', 'Related Condition' and 'Chronic Condition' on page 25. Also refer to the 'Pre-existing Condition review' section on page 43.
- 2. Dental care** – dental procedures, dental diseases, gingivitis, teeth fractures, teeth cleaning/scaling, orthodontics, removal of deciduous and any oral disease (with the exception of oral tumours).
- 3. Preventative/routine items** – preventive and routine items for your Pet, including (but not limited to) food (regular or prescription), vitamins/nutraceuticals/supplements, vaccinations, microchipping, flea/tick/worm control, grooming and bathing of your Pet, and non-medicated grooming products.
- 4. Certain Treatments and Conditions**
 - a. medicated baths and shampoos, unless your Vet deems them medically necessary to treat a Condition covered by your policy;
 - b. accessories including (but not limited to) pill poppers, cage hire, crates, bedding and collars;
 - c. training, socialisation, therapy and alternative therapies including (but not limited to) homeopathic remedies, acupuncture, laser therapy, hydrotherapy, chiropractic Treatments and/or physiotherapy;
 - d. behavioural Conditions including (but not limited to) anxiety disorders, phobias or chemical imbalances;
 - e. cell-replacement therapies including (but not limited to) stem cell therapy and platelet-rich plasma. Blood transfusions are covered when medically necessary;
 - f. medication not approved or listed by the APVMA (Australian Pesticides and Veterinary Medication Authority);
 - g. the provision of medication(s) that covers a period of more than 30 days beyond the policy End Date;
 - h. chemical castration, suprelorin implants or other desexing procedures, unless required to treat your Pet's reproductive organs due to inflammation, infection or cancer; or
 - i. breeding or obstetrics.
- 5. Certain Services and Procedures**
 - a. transport or boarding expenses other than those listed in 'Section 4.1 - Emergency Boarding' on page 36;
 - b. ambulance fees and non-essential hospitalisation;
 - c. additional costs associated with house calls. If your Pet requires a house call due to a particular Condition or their weight, our liability is limited to the cost of the Treatment had it been provided at a Vet practice during normal Consultation hours;
 - d. genetic/chromosome testing;
 - e. pre-anaesthetic blood tests; or

- f. the following items and any associated expenses:
 - i. any trial or experimental procedures and treatments;
 - ii. organ transplant surgery, open heart surgery, artificial limbs, mitral valve and chordae tendineae replacement surgery and pacemakers;
 - iii. external fixtures (such as wheelchairs);
 - iv. prosthetics (including but not limited to hip replacements and elbow replacements); or
 - v. 3D printing.

6. Elective Treatments and procedures

We don't provide Cover or pay benefits for Elective Treatment including but not limited to cosmetic procedures, elbow/hip scoring, nail clipping, declawing, devocalisation (debarking or demeowing), ear cropping or tail docking.

- 7. Your Pet not being protected** due to gross negligence by you or your failure to take all reasonable precautions to protect your Pet from situations that may result in injury or illness, for example participating in organised fighting or hunting activities.
- 8. Any consequential loss** including (but not limited to) economic loss, loss of enjoyment or other such loss not specifically covered in the policy.
- 9. Expenses in relation to policy exclusions** or related complications/ adverse reactions of an exclusion. This includes when the diagnosis is inconclusive, but the treatment protocol is consistent with an excluded condition (e.g. treatment for halitosis (bad breath) where dental disease is suspected but not diagnosed or excluded as a diagnosis – unless Covered under Routine Care and/or Major Dental).

Pre-existing Condition review

If you would like us to review whether a Temporary Condition(s) which has been subject to the Pre-existing Condition exclusion in your policy remains excluded, you may apply to us to review the Condition. To do so, your Vet will need to certify and provide veterinary records verifying that the Condition remains a Temporary Condition and has not existed, occurred or shown noticeable signs, symptoms or an abnormality for a period of 18 months. The Pre-existing Condition exclusion(s) shall not be deemed to have been lifted unless agreed to by us in writing.

You can download a copy of the 'Pre-existing Condition review form' at bupa.com.au/pet-insurance

If your Pet has a Chronic Condition that existed or occurred before the Commencement Date of the First Policy Period or during any applicable Waiting Period, and otherwise falls within the definition of 'Pre-existing Condition', that Condition will always be excluded from your policy. Refer to the definition of a 'Chronic Condition' on page 26.



Premiums

Cover under the policy is provided on the basis that you have paid or agreed to pay us the premium for the Cover provided. The amount you pay is shown on your Certificate of Insurance and includes all premium, administration fees, commissions and any applicable discounts, government taxes, fees and/or charges.

7.1 Paying your premium

1. The premium is payable when you take out a new policy and when you renew your policy.
2. You may choose to pay the premium:
 - a. annually by credit card or direct debit; or
 - b. monthly or fortnightly by instalment by credit card direct debit or debit card direct debit.
3. When premiums are paid in monthly or fortnightly instalments, you will be charged a collection fee per instalment, the amount of which will be displayed on your Certificate of Insurance.

Note: If we accept and pay a claim under the policy, we may deduct the balance of any outstanding premium from the claim payment.

7.2 Paying on the due date

1. Your premium must be paid on or before its due date.
2. Where you have an instalment policy and we have not received an instalment payment, we will send you a notice in writing (either via mail, email or text message) regarding your non-payment at least 14 calendar days before any cancellation by us for non-payment. If after sending the above notice we do not receive the instalment payment, we will send you a second notice in writing (either via mail, email or text message), either:
 - a. prior to cancellation, informing you that your instalment policy is being cancelled for non-payment if the unpaid premium remains in arrears for more than one month; or
 - b. within 14 days after cancellation by us, confirming our cancellation of your instalment policy.
3. If at least one instalment has remained unpaid for a period of at least 14 days, we reserve the right to reduce any claim made on the policy by the amount of any outstanding premium.
4. If we cancel your policy due to non-payment of an instalment premium, you need to be aware that:
 - a. no benefits or entitlements can be paid under the policy;
 - b. you may be refused cover in the future under any policy administered by PetSure; and
 - c. any application for general insurance products in the future may be affected because you had a policy cancelled as a result of unpaid premiums.

Cancellations

8.1 Cancellation by you

You can cancel your policy with us at any time by contacting our customer service team. Our contact details are on page 3 of this booklet.

The cancellation will be effective once we provide you with a written confirmation of your request, either by email or letter.

We'll retain the portion of the premium that relates to the period that you've been insured up to your cancellation date. Where you have paid for a period in advance (e.g. for the full month, fortnight or year), we'll refund that proportion of premium for the time remaining on the policy (less any non-refundable government or statutory charges).

If your Pet passes away

We know there is a lot going on when your Pet passes away, but we're here to help. Please contact us as soon as possible and we'll cancel your policy from the date of your Pet passing. We'll retain and/or refund any premium, as outlined above.

8.2 Cancellation by us

We may cancel your policy where the law allows us to do so. We will give you notice in writing prior to exercising any right to cancel your policy. If we cancel your policy, we will retain a portion of premium that relates to the period for which you have been insured. We will refund the residual for the unexpired period no later than 15 business days, less any non-refundable government or statutory charges.

For more information about cancellations refer to 'Section 7 - Premiums'.



Claims

9.1 Claim Pre-approval

If your Pet requires Treatment and you wish to seek pre-approval of those costs, you can provide us with the itemised estimate of costs from your Vet, along with the Treatment required and relevant clinical records and/or veterinary history, and we will respond to you in writing with the outcome.

A pre-approval shall not be deemed to be valid unless we have agreed to it in writing. The reimbursed amount may vary from the pre-approval if the Treatment provided by your Vet differs from the Treatment request in the pre-approval.

To request a pre-approval:

Call: **1300 243 785**

Email: **bupa@petsure.com.au**

Note: pre-approvals are not mandatory and are not required in order to make a claim under your policy.

9.2 How to make a claim

Should you need to submit a claim, your Vet may be able to do this for you electronically, at the time of your visit. If you elect to have your Vet submit your claim on your behalf, we will still communicate with you regarding the status of your claim. If your Vet has agreed to submit your claim electronically on your behalf, you agree we are authorised to receive each such claim submitted.

Alternatively, you can submit your claims online through the secure Pet Portal:

<https://petportal.bupapetinsurance.com.au>

Simply upload your documentation and click submit (from your computer or your mobile device).

You can also complete a paper claim form and send your original documentation via post. If you choose to claim via post, the attending Vet must complete all sections on the claim form where designated and both you and the attending Vet must sign the claim form.

All claims must be completed carefully and honestly.

Claim forms are available by calling us on **134 135** or visit

bupa.com.au/pet-insurance

9.3 Important claim information

1. Unless we agree otherwise, claims you submit must include itemised tax invoice(s), payment receipt(s) and applicable Consultation notes. If submitting a claim by post all claim documentation must be originals and must be accompanied by a completed claim form.
2. Incomplete claim forms will be returned to you and this may result in a delay in processing your claim. We recommend that you retain copies of all documentation for your records.
3. When submitting a claim, please include all relevant invoices and clinical records from your Vet. Please note:
 - a. In some instances, we may require more information to process your claim, such as previous medical history or pathology / laboratory results. If this is the case, we will contact you for this information.
 - b. There may also be scenarios where we request additional veterinary history from current or previous Vets (such as if there is a large history gap) to ensure we have all relevant clinical information for your Pet.

- c. For adopted Pets, veterinary history is only required from when you took ownership. If you can provide us with proof of adoption or transfer of ownership papers, we will only request veterinary history from the date you took ownership onwards.
4. All accounts must be paid in full prior to submission of your claim (unless you are submitting a claim using our GapOnly® claim system (where available), whereby you agree that you will pay the Vet the remaining portion of the tax invoice (if any) after the claim payment (if any) is made by us to your Vet).
5. You agree that your Vet (current or previous) or any other service provider that provided Treatments to your Pet is authorised to release information and/or records to us about your Pet.
6. Where a Vet submits a claim on your behalf, you agree that the Vet is able to view the outcome and status of that claim and previous claims (where applicable).
7. You agree that we are authorised to discuss with the Vet, details relating to your claim or Treatment provided to your Pet in relation to a claim made under the policy.
8. We will not reimburse you for the provision of any information required in the purchase and administration of the policy nor for the assistance provided to you in the completion of any forms relating to the policy including the provision of any information in relation to a claim made under this policy.

9.4 Processing of your claim

1. We will deal directly with you regarding settlement of the claim. Where available, where our GapOnly® claim system is used by your Vet to submit your claim, we will also provide information to your Vet about the settlement of your claim.
2. Unless we agree otherwise, we will pay you, not the Vet.
3. If the Vet Expenses exceed what is reasonable and essential, having regard to other Vet Expenses in a similar situation, then claim payments may be adjusted and paid based on the reasonable and customary Treatment or fees typically charged for the Treatment of that Condition, for a pet in similar circumstances.
4. We will send you a letter/remittance advice regarding the settlement of your claim. This advice provides details of your claim outcome and how your claim has been processed. For Hollard issued policies, all approved benefits will be paid into your nominated bank account or by cheque. For PetSure issued policies, we'll pay all approved benefits into your nominated bank account.
5. If you submit a fraudulent claim, or solicit your Vet to behave in a fraudulent manner regarding a claim, then the claim may be denied and we may cancel your policy altogether. We may also be entitled to reclaim any payments already made to you in respect of such claims.
6. When we settle your claim, we reserve the right to deduct from the benefit amount any amount due to us.
7. In the event that we pay a benefit contrary to the Policy Terms and Conditions for whatever reason, this will not constitute a waiver retrospectively as they stand to any paid claims or to any future claims for that or any Related Condition. We also reserve our right to recover from you any benefit amount received by you as a result of such error.
8. You agree that we have the right to decline to process a claim where you or your Vet refuse or are unable to provide information reasonably requested by us in order to process your claim.

9.5 Examples of how we settle your claim

The following calculations provide examples of how claims will be settled where Cover is provided (these examples are indicative of the manner of calculation only and include GST):

Example 1

80% Benefit Percentage with a nil Excess	
	Amount (\$)
Total amount of eligible Vet Expenses	\$2,000
Total amount claimable after 80% Benefit Percentage applied	\$1,600
Total claim benefit payment (Amount you are reimbursed)	\$1,600
Your out-of-pocket expense	\$400

Example 2

80% Benefit Percentage with a \$200 Excess option	
	Amount (\$)
Total amount of eligible Vet Expenses	\$2,000
Total amount claimable after 80% Benefit Percentage applied	\$1,600
Less \$200 Excess	(\$200)
Total claim benefit payment (Amount you are reimbursed)	\$1,400
Your out-of-pocket expense	\$600

Example 3

80% Benefit Percentage with the \$500 Skin Condition* Sub-limit

	Amount (\$)
Total amount of eligible Vet Expenses	\$800
Total amount claimable after 80% Benefit Percentage applied	\$640
Sub-limit for a Skin Condition	\$500
Total claim benefit payment (Amount you are reimbursed)^	\$500
Your out-of-pocket expense	\$300

*Please note that if you are on the Basic Accident plan, you are not covered for any Skin Conditions.

^As you have reached the Sub-limit for the Policy Period, no further Vet Expenses for Skin Conditions will be reimbursed until the policy renews.

9.6 Our rights of recovery

If we have the right to recover any amount payable under the policy in relation to a claim from any other person, you must cooperate with us in any action we may take.

9.7 Other insurance arrangements

If we accept your claim and there is any other similar insurance under which you are entitled to claim, you are required to advise us at the time you submit your claim if you hold such other insurance.

Total benefits paid to you across all insurance cannot exceed your actual expenses.

Fraud

It is unfortunate that with all types of insurance, fraud and attempted fraud can occur. We employ sophisticated fraud detection and prevention techniques to ensure we only pay out on genuine claims. By doing this we are protecting the interest of all policyholders. You must not act in a fraudulent manner. If you or anyone acting for you:

- make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect;
- make a statement in support of a claim knowing the statement to be false in any respect;
- solicit your Vet to behave in a fraudulent manner regarding a claim;
- submit a document in support of a claim knowing the document to be forged or false in any respect; or
- make a claim in respect of any loss or damage caused by your wilful act or with your connivance.

Then, subject to the application of relevant law:

1. we may not pay the claim;
2. we may not pay any other claim which has been or will be made under the policy;
3. we may at our option cancel the policy;
4. we may at our option cancel any other pet insurance policies you hold with us;
5. we may be entitled to reclaim any payments already made to you in respect of such claims;
6. we may not make any refund of premium already paid;
7. we may inform the police of the circumstances; and
8. we may pursue legal proceedings.



Direct Debit Request Summary

When you provide us with your bank details, you are instructing us to directly debit the relevant premiums calculated by us from your nominated account.

If your premium cannot be paid (for example there is not enough money in your nominated account) your bank may dishonour that payment, and you may be charged a dishonour fee by your bank. Neither Hollard, Bupa nor PetSure will be responsible for dishonour fees charged by your bank or financial institution.

If your direct debit fails, we'll notify you of this and automatically retry for the outstanding amount within 14 calendar days. Should this second attempt fail, we'll try again after 14 calendar days, and depending on your payment frequency, we'll deduct either the outstanding amount, or the outstanding amount together with your regular instalment. If you'd like to make a real-time payment of your outstanding balance before we reattempt a direct debit, just call us to do this.

For payments by bank account direct debit

For Hollard issued policies, if the direct debit bank account is not yours, you confirm you have the authority of the account holder to use it and that they've agreed to these terms. For PetSure issued policies, you must have the sole authority as the account holder of the direct debit bank account and agree to the Direct Debit Request Service Agreement.

For payments by credit card

If the credit card is not yours, you confirm you have the authority of the credit card account holder to use it and that they've agreed to these terms.

Should you have questions about the operation of the direct debit authority or you need to change any aspects of the authority, please contact us.



Changing your Level of Cover

1. If you opt to transfer your Pet to a level of Cover with different or additional benefits (including but not limited to a different Benefit Percentage or Benefit Limit, Excess or additional coverage) then a new policy number and Certificate of Insurance will be issued to you and your previous policy number will be cancelled. Waiting Periods already served will not reapply, unless there has been a break or lapse in Cover. Please note that Waiting Periods for Conditions or items that were not covered under your previous policy will apply to your new level of Cover.
2. You cannot change your level of Cover in a Policy Period if a claim has been paid. To change your level of Cover after a claim has been paid, you will need to wait until your next renewal.
3. If you pay your premium via fortnightly or monthly instalments, there is no premium refund (including any remaining days of a current instalment period) when you change your level of Cover.



Financial Services Guide (FSG)

Hollard, PetSure and Bupa are responsible for this FSG as it relates to the financial services provided by them. This FSG provides you with information about the financial services that they provide in relation to Bupa Pet Insurance (to help you decide whether or not to use those services) as well as information on how they are remunerated in relation to the services, how they deal with complaints and how they can be contacted.

In this FSG:

- **Hollard** means The Hollard Insurance Company Pty Ltd.
- **Bupa** means Bupa HI Pty Limited.
- **PetSure** means PetSure (Australia) Pty Ltd.
- You, and your means the applicant for a Bupa Pet Insurance policy and, if a policy is issued, the insured.

The Bupa Pet Insurance PDS including the Policy Terms and Conditions are set out in this booklet. The Bupa Pet Insurance PDS contains information on the benefits and significant characteristics of the product and is aimed to assist you in making an informed decision about whether to purchase it or not. Before you acquire the product, you should read the PDS carefully and use it to decide whether to purchase the product.

About Hollard, Bupa, PetSure and other relevant persons/organisations

Renewals of policies first issued before 18 April 2024 - Hollard as the policy issuer

Hollard is an Australian Financial Services Licensee (AFSL 241436) authorised to provide advice and deal, as well as provide claims handling and settling services in relation to all general insurance products. Hollard is the insurer and issuer of Bupa Pet Insurance policies first issued before 18 April 2024. In providing the financial services set out in this FSG, Hollard does not provide personal advice and does not act for you.

PetSure is an Australian Financial Services Licensee (AFSL 420183) authorised to provide general advice and deal, as well as provide claims handling and settling services, in relation to all general insurance products. In providing the financial services set out in this FSG, PetSure does not provide personal advice and does not act for you.

For Hollard issued policies, PetSure has been given a binding authority by Hollard which authorises it to enter into, vary and cancel policies on behalf of Hollard, as well as manage, administer and settle claims as if it were Hollard, subject to the limits of authority agreed with Hollard.

Bupa is an Authorised Representative (Number 354269) of PetSure and is authorised to deal in and provide general advice on behalf of PetSure regarding certain general insurance products issued by Hollard, including Bupa Pet Insurance policies.

Bupa promotes and arranges Bupa Pet Insurance policies and is paid a commission and other benefits for doing so. Bupa Pet Insurance policies are arranged on behalf of Hollard. When you apply for a Bupa Pet Insurance policy, Bupa will tell you about the product and collect certain information from you that will be used by PetSure to determine, on behalf of Hollard, whether a Bupa Pet Insurance policy can be issued to you by Hollard.

Bupa does not act for you and does not provide personal advice about Bupa Pet Insurance policies.

As the insurer and issuer of Bupa Pet Insurance policies, only Hollard can issue, vary and cancel those policies through an arrangement with PetSure, as explained above.

All other policies – PetSure as the policy issuer

PetSure is an Australian Financial Services Licensee (AFSL 420183) authorised to provide general advice and deal, as well as provide claims handling and settling services, in relation to all general insurance products. PetSure is the insurer and issuer of Bupa Pet Insurance policies entered into for the first time from 18 April 2024.

In providing the financial services set out in this FSG, PetSure does not provide personal advice and does not act for you.

Bupa is an Authorised Representative (Number 354269) of PetSure and is authorised to deal in and provide general advice on behalf of PetSure regarding certain general insurance products issued by PetSure, including Bupa Pet Insurance policies.

Bupa promotes and arranges Bupa Pet Insurance policies and is paid a commission and other benefits for doing so. Bupa Pet Insurance policies are arranged on behalf of PetSure. When you apply for a Bupa Pet Insurance policy, Bupa will tell you about the product and collect certain information from you that will be used by PetSure to determine, whether a Bupa Pet Insurance policy can be issued to you by PetSure. Bupa does not act for you and does not provide personal advice about Bupa Pet Insurance policies.

As the insurer and issuer of Bupa Pet Insurance policies, only PetSure can issue, vary and cancel those policies.

Important information you should know

The organisations in this section have not and will not consider whether Bupa Pet Insurance is appropriate for your personal objectives, financial situation or needs as they do not provide such services to you. Any information provided in relation to this product is of a general nature only and is not based on a consideration of your personal needs, objectives or financial situation. Therefore, you need to consider the appropriateness of any information given to you, having regard to your personal circumstances before buying Bupa Pet Insurance. You need to read the PDS including the Policy Terms and Conditions to determine if the product is right for you. The PDS contains information on the relevant risks, benefits and significant characteristics of the product and is aimed to assist you in making an informed decision about whether to buy it or not.

If you require personal advice, you need to obtain the services of a suitably qualified adviser.

How each party is paid for its services

When you purchase a Bupa Pet Insurance policy you pay the premium to the insurer for the product. This amount is provided to you before the product is purchased.

For policies sold before 1 October 2023, Bupa will receive a fixed fee of up to \$165 plus indexation as per the Consumer Price Index (CPI) and a commission of 10.4% of the net premium.

For each policy sold after 1 October 2023 and for all renewing policies renewing after 1 October 2024, Bupa will receive a fixed fee of up to \$190 plus indexation as per the CPI.

Bupa staff receive a salary from Bupa, including any bonuses based on their performance criteria and also based on quality and compliance criteria being met. These payments are not an additional charge to you and not in addition to the cost of your premium.

For Hollard issued policies, PetSure receives from Hollard (the policy issuer) a portion of the underwriting profit, if any, for administering Bupa Pet Insurance policies.

You may request particulars about the above remuneration (including commission) or other benefits from the relevant entity providing the relevant financial service; however, the request must be made within a reasonable time after you have been given this document and before the relevant financial service has been provided to you by them. The contact details for each of Bupa and PetSure are set out on the inside cover.

PetSure may charge you an instalment fee of up to \$2.00 inclusive of GST for each instalment payment. We can tell you the exact fee at the time you contact us. The instalment fee, if applicable, is stated on your Certificate of Insurance/Tax Invoice. This will be shown as a 'collection fee' or 'instalment fee' or words to similar effect on your Certificate of Insurance/Tax Invoice. The instalment fee is not refundable in the event of cancellation unless the insurance policy is cancelled either within the cooling off period or a full term cancellation.

Compensation arrangements

The Corporations Act 2001 (Cth) requires Australian financial services licensees to have arrangements for compensating retail clients for losses they suffer as a result of a breach by the licensee or its representatives of Chapter 7 of that Act, unless an exemption applies. Those arrangements include a requirement that the licensee hold professional indemnity insurance cover.

As insurers, both Hollard and PetSure are exempt from this requirement because they are insurance companies supervised by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements under insurance legislation regulated by APRA.

In accordance with section 912B of the Corporations Act, Bupa has Professional Indemnity Insurance in place which extends to claims in relation to it acting as an authorised representative of PetSure and if its employees or representatives, past or present, are negligent in providing financial services on behalf of PetSure.

Refer to the "Financial Claims Scheme" section on page 21 in the PDS for further information on compensation arrangements.

Your Privacy

Refer to the 'Your Privacy' section on page 17 of the PDS for further information on what we do with your information.

How are complaints resolved?

Refer to the 'If you have a complaint' section on page 20 of the PDS for further information on how complaints are dealt with.





Contact details:

For more information about Bupa Pet Insurance and PetSure:

Phone: **134 135**

Mail: Bupa Pet Insurance,
Locked Bag 9021, Castle Hill,
NSW 1765

Website: **bupa.com.au/pet-insurance**

Please retain this document for your future reference.

This FSG was prepared by Hollard, Bupa and PetSure (as it relates to the financial services provided by each of them) on 18 April 2024. PetSure has authorised distribution of this FSG by Bupa.





**Bupa Pet Insurance policies are arranged,
distributed and promoted by:**

Bupa HI Pty Limited (Bupa)
ABN 81 000 057 590 of
Level 16, 33 Exhibition Street, Melbourne VIC 3000

Bupa is an Authorised Representative of PetSure (Australia)
Pty Ltd (PetSure) (AR No.354269)

**Bupa Pet Insurance policies are arranged and
administered through:**

PetSure (Australia) Pty Ltd (PetSure)
ABN 95 075 949 923, AFSL 420183 of
Level 1, 465 Victoria Avenue, Chatswood NSW 2067



**Renewals of Bupa Pet Insurance first issued
before 18 April 2024 are issued by:**

The Hollard Insurance Company Pty Ltd (Hollard)
ABN 78 090 584 473, AFSL 241436 of
Level 5, 100 Mount Street North Sydney NSW 2060

All other Bupa Pet Insurance policies are issued by:

PetSure (Australia) Pty Ltd (PetSure)
ABN 95 075 949 923, AFSL 420183 of
Level 1, 465 Victoria Avenue, Chatswood NSW 2067

