

# Benefits and Premium

Effective 1 March 2009



## Take Your Vet Fees in your Stride

**Modern Veterinary Treatment is very expensive. Even non-urgent treatment can cost hundreds of Rands. That is why you need PetSure Equine Veterinary Fee cover.**

- ▶ comprehensive accidental injury and illness cover
- ▶ annual routine care benefits
- ▶ utilise **any veterinarian** countrywide
- ▶ **easy** monthly payment options
- ▶ **14 day money back guarantee**
- ▶ **peace of mind** for you and your Horse
- ▶ underwritten and backed by The Hollard Insurance Company Ltd, one of South Africa's largest insurance underwriters

**The applicable Monthly Premium is R 317.00 (Incl. VAT) per horse, per month**

**Provides cover for veterinary fees resulting from unexpected and unforeseen illness, accidental injury and routine cover.**

Benefit	Limit (incl. VAT)
Overall Annual Maxima	<b>R36 750 per annum</b>
Routine Care Cover	R 760 per annum towards vaccinations, deworming and dental corrections
Consultation / Examination / Visit Fee	R 1 014 for illness consultations and R 1 014 for accident consultations per annum (Limit only applicable to consultation fee. Once exhausted all other eligible benefits still apply)
Travelling Fees	R 88 per visit, subject to a maximum of 10 visits per annum
Gastro Intestinal Problems	R10 566 - for all services per annum
Orthopaedic Surgery	R 6 221 - for all services per annum
Surgical Procedures under General Anaesthetic	Limited to 2 separate procedures per annum
Medicines	R 1 058 per annum - benefits will be based on the prevailing retail price of medicines and drugs
Injectable drugs	R 1 514 per annum - excess of R 48 per script
Physiotherapy or Acupuncture (authorised by a registered veterinarian)	7 treatments per annum limited to a maximum of R 165 per treatment

Benefit	Limit (incl.VAT)
Pathology	R 752 per annum
Radiology	R 927 per annum
Intra-Articular Injections	R 867 per annum
Excess/Deductible per condition claimed	R 77 or 15% of the applicable benefit (whichever is the highest ) for each and every claim. Thereafter benefits are paid at 100% of PetSure Equine's Tariff Rate.
<b>Waiting Periods:</b>	
Accidental Injury	One Month from inception date for accidental injury
Illness	Two Months from inception date for illness
Routine Care	Members may claim from inception date for routine care. All valid routine care claims are processed and refunded to the member on anniversary of commencement date.  Note: This Waiting Period is only applicable in the first year of membership.

Benefits for covered conditions are reimbursed according to PetSure Equine's Tariff Rate which is based on the South African Veterinary Council Guideline of fees for equine practitioners.

### Important notices:

We recommend the products we distribute. In doing so, we do not consider whether the product is appropriate for your own personal objectives, financial situation or needs. This Insurance is subject to limitations, conditions and exclusions. For full details of the protection provided by the policy, please read the Policy Document, this Benefits and Premium document and Certificate of Insurance carefully.

A comprehensive policy pack containing the above will be forwarded to you on our acceptance of your proposal or on request. This proposal is subject to underwriting guidelines. Acceptance of this insurance for any horse is at the discretion of the underwriters. We reserve the right to decline acceptance of a pet, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums printed on this brochure at any time.

**Underwriter's Agent and Administrator**  
**PetSure (Pty) Ltd**  
 ("PetSure")  
 Reg. No. 1991/007261/07  
**Authorised financial services provider**  
**licence number 9846**

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Underwritten by The Hollard  
 Insurance Company Ltd  
  
 (Reg.No 1952/003004/06)

# Veterinary fee application form

Post to The Hollard Insurance Company Ltd, PetSure  
PO Box 62229, Marshalltown, 2107 or fax to 086 661 0992

## Owner details

Title: \_\_\_\_\_ Full Initials: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
I.D. No: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Code: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Code: \_\_\_\_\_  
Tel (h): ( \_\_\_\_ ) \_\_\_\_\_ Tel (w): ( \_\_\_\_ ) \_\_\_\_\_  
Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

## Details of horse to be insured

Horse's Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Sex:  G  S  M  
Colour: \_\_\_\_\_  
DOB:              Breed: \_\_\_\_\_  
Brand / Tattoo / Microchip No: \_\_\_\_\_  
Address where horse is kept (stable or yard): \_\_\_\_\_  
Is your horse registered?  Y  N  
If yes, state the name of the organisation and membership no. \_\_\_\_\_  
Name of person responsible for horse: \_\_\_\_\_  
Tel no: ( \_\_\_\_ ) \_\_\_\_\_

## Please answer the following questions:

If you answer YES to any question, please provide further details on a separate sheet.

- Has the proposed animal described suffered any accident, sickness, disease, lameness, colic, sprained tendons, been fired or denerved, operated on for wind or respiratory defects or been on any course of medication or received any veterinary attention?  Y  N
- Has any Insurer ever declined a proposal, refused renewal, required special premiums or imposed special exclusions or terms? If YES, please give details and state which insurer.  Y  N
- Have you made any claim or had a claim made against you which gave or could have given rise to a claim under this or similar insurance?  Y  N

## Veterinary practice details

Name of Veterinary Practice: \_\_\_\_\_  
Vet's Name: \_\_\_\_\_  
Tel: ( \_\_\_\_ ) \_\_\_\_\_

NOTE: THIS INSURANCE IS SUBJECT TO RECEIPT OF A RECENTLY COMPLETED CERTIFICATE OF HEALTH AND IDENTITY PROVIDED BY A REGISTERED VETERINARIAN FOR INSURANCE APPLICATION

## Where did you hear about PetSure Equine?

	Broker	Name Br. No	
	Other	Details	

## Payment methods - All premiums are inclusive of VAT

**Cheque** (annual payments only)

Please note cheques are accepted for annual payment only and must be sent with your application. Cheques should be made payable to PetSure (Pty) Ltd.

**Credit Card**

Please debit my:  VISA  MASTERCARD

Cardholders name: \_\_\_\_\_

Card number:

Expiry date:     CVV:

If paying by credit card, please supply banking details below for claims refunds.

## Debit order details

Payment must be made on or before the 10th of each month. If two or more debit orders are returned, PetSure will not be held liable should the policy be automatically terminated or if claims incurred during this period are not paid.

## Tick appropriate bank account:

Nedbank  FNB  Standard  ABSA

Other Bank used (if not mentioned above)/Other means of payment: \_\_\_\_\_

Account number: \_\_\_\_\_

Account holder: \_\_\_\_\_ Name of Branch: \_\_\_\_\_

Acc Type (Chq/Trsm/Savings): \_\_\_\_\_ Bank Branch Code: \_\_\_\_\_

Month of 1st Debit Order: \_\_\_\_\_

Debit order date preferred:

26<sup>th</sup> (for the next month)  1<sup>st</sup>  4<sup>th</sup>

I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen, including VAT at the ruling rate. I may cancel this Debit Authorisation by giving one calendar month's written notice.

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the insurers provide insurance cover in terms of this policy. I hereby declare that the above answers are true and correct, that I have withheld no information that might influence the decision of the insurer's regarding the Proposal and I undertake to exercise all ordinary and reasonable precautions for the safety of the insured animal.

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_