

Claim Form for Death Benefit



Important notes

We will pay for the price you paid for your pet up to the maximum benefit amount.

Note: Please include RECEIPTS and applicable documentation. Retain copies for your records.

Please see your Policy Terms, Conditions, and Benefits of Insurance documents for full details.

Mail completed Claim Form to:

Western Financial Insurance Company
Attn: Claims Dept.
200 - 1200 Portage Avenue
Winnipeg, MB R3G 0T5

1 About you and your pet (affix a label if you have one)

Policy number: _____

Name: _____

Address: _____ Please check if
new address

Home phone: (____) _____ Work phone: (____) _____

Fax: (____) _____ E-mail: _____

Pet's name: _____

Date of birth (mm/dd/yy): _____

Gender: male female

Type of pet: dog cat

Breed: _____



Questions? Contact us at:

1.800.581.0580 or info@westernfic.com

2 Claim for death benefit (to be completed by the policyholder)

Please provide **Purchase Receipt**. Did you purchase your pet? yes no

If yes, please state:

Purchase price: \$ _____ Purchase date:

mm	dd	yyyy
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Place purchased: _____

3 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand that I am financially responsible for the entire amount, and confirm that amount has been paid in full. I declare that I have fulfilled the conditions of the Document of Insurance and the Policy Terms, Conditions, and Benefits of Insurance documents.

Signature of policyholder:

_____	mm	dd	yyyy
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Checklist

Have you:

- Completed sections 1, 2 & 3
- Signed this form
- Attached detailed receipts

Has your veterinarian:

- Completed sections 4 & 5
- Signed this form

4 About the illness or injury (to be completed by your veterinarian)

Name of illness or accident causing death: _____

Date of accident/first clinical signs:

mm	dd	yyyy
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 Date of death:

mm	dd	yyyy
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5 Declaration of the veterinary practice (to be completed by your veterinarian)

I have checked the information on this claim, and it is correct to the best of my knowledge. The deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy.

Name of attending veterinarian (please print): _____

Signature of attending veterinarian:

_____	mm	dd	yyyy
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Practice stamp or print practice name

Internal use only

Client number:

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Plan:

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Checklist number:

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Date received:

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