

# Everyday Marketplace

## Post-Enrollment Information

### After You Enroll in Everyday Benefits

Once you complete a benefit enrollment on Everyday, you will receive additional information and instructions on any next steps from the carrier directly.

This document outlines how enrollment through Everyday works and provides additional information about what to expect from each carrier upon your enrollment.

To learn more and enroll in your Everyday Benefits, visit:

[everyday.aon.com/corewellhealth](http://everyday.aon.com/corewellhealth)

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## Auto Insurance

You can find and compare coverage and quotes for Auto Insurance on Everyday - but in order to bind your policy, you must call the carrier directly with your saved quote information to complete your transaction.

Upon confirming your coverage on Everyday, your coverage details will be sent to your e-mail address so that you can call and work with an agent directly to bind your policy. Any discounts provided through Everyday will be factored into your policy, so you can be sure you're getting the best deal.

### How It Works:

1. **Start your Auto Insurance quote on Everyday.** You will need to provide information about your vehicle, any drivers you would like to be included on your policy and your driving history in order for Everyday to generate coverage and quotes that are best suited for you.
2. **Review and compare quick quotes.** Everyday will return the top quotes from our carriers based on the information provided. You can then compare these coverage options and quotes before selecting an option that is best for you.
3. **Select coverage and work with an agent to purchase your policy.** After completing your quick quote through Everyday, follow the emailed instructions with your quote to call the carrier to review and bind coverage. Upon acceptance of a policy quote and binding of coverage, you and the carrier determine your policy effective date. Your policy information and ID cards will be issued to you via e-mail and instructions sent from the carrier directly.
4. **File a claim or make changes to your policy.** If you have any questions about your policy, need to make changes or a file a claim, please contact your carrier directly. Carrier contact information can be found on the Everyday [Help](#) page.

### After You Enroll

Upon acceptance of a policy quote and binding of coverage, policy information, ID cards, etc. will be issued from **MetLife/Farmers** directly via e-mail. See example communication [here](#).

## Homeowners & Renters Insurance

You can find and compare coverage and quotes for Homeowners & Renters Insurance on Everyday - but in order to bind your policy, you must call the carrier directly with your saved quote information to complete your transaction.

Upon confirming your coverage on Everyday, your coverage details will be sent to your e-mail address so that you can call and work with an agent directly to bind your policy. Any discounts provided through Everyday will be factored into your policy, so you can be sure you're getting the best deal.

### How It Works:

**1. Start your Homeowners & Renters Insurance quote on Everyday.**

You will need to provide information about your home in order for Everyday to generate coverage and quotes that are best suited for you.

**2. Review and compare quick quotes.** Everyday will return the top quotes from our carriers based on the information provided. You can then compare these coverage options and quotes before selecting an option that is best for you.

**3. Select coverage and work with an agent to purchase your policy.**

After selecting your coverage, your coverage details will be sent to your e-mail address. You must contact the carrier directly with this information in order to bind your policy. Upon acceptance of a policy quote and binding of coverage, policy information, ID cards, etc. will be issued to you via e-mail from the carrier directly.

**4. File a claim or make changes to your policy.** If you have any questions about your policy, need to make changes or a file a claim, please contact your carrier directly. Carrier contact information can be found on the Everyday [Help](#) page.

### After You Enroll

Upon acceptance of a policy quote and binding of coverage, policy information, ID cards, etc. will be issued from **MetLife/Farmers** directly via e-mail. See example communication [here](#).

## Pet Insurance

Your pets deserve the best care at a great price. From minor infections to major surgeries, make sure your pet is protected from the unexpected with discounted, customized coverage.

### How It Works:

- 1. Compare coverage options and enroll your pet(s) on Everyday.** You will need to provide information for each pet you enroll, such as their breed, age, health history and veterinarian details.
- 2. Confirm and complete your enrollment.** Upon completing your enrollment, you will receive a confirmation onscreen within Everyday immediately after enrollment (not via e-mail) and a series of e-mails from the carrier directly upon completing your enrollment. Your policy details will be sent to you directly from the carrier via mail within 10-14 business days.
- 3. Go to your preferred vet** and pay your bill upfront. Any applicable veterinary bills will go towards your annual pet insurance deductible.
- 4. File a claim** with your carrier directly and receive your reimbursement based on your coverage. Carrier contact information can be found on the Everyday [Help](#) page.
- 5. If you have questions or need to make changes to your pet's policy,** please contact your carrier directly.

### After You Enroll

Upon submitting your application, you will receive an Application Received e-mail, Underwriting Review e-mail, and a Coverage Begins e-mail from the carrier directly once your application has been processed and approved. A Welcome e-mail will also be sent to you directly from **Nationwide**. A Welcome Packet including policy details is mailed within 10-14 business days. See e-mail communication examples [here](#) and Welcome Packet communication example [here](#).

Welcome to Farmers



# Policy Purchase Confirmation

Dear THELMA,

Thank you for trusting Farmers for your insurance needs.

## What you need to know

Here is some helpful information about your new policy:

Policy Number: A7199243191

Effective Date: 06/09/2022

Allow 24 hours for processing, then create your online account. You will need an online account to access important policy documents and other self-service features including the ability to:

- View and print ID cards and other policy documents
- Update policy information and coverages
- View billing information and make payments
- Manage your communication preferences
- Message a service representative

## What you need to do

If you haven't set up an online account yet, creating one is easy and takes just a few minutes, to get started follow the prompts below:

- Visit [farmers.com/css/login](https://farmers.com/css/login) and **provide the information requested**.
- **If you have a bundled policy** (e.g.- an auto and home), you only need to register one.
- **If you are already registered**, enter your username/email and password to access your online account.

**Note:** To avoid important email updates going to your spam/junk folder, add [noreply@gs.farmers.com](mailto:noreply@gs.farmers.com) to your email address book.

If you have any questions, please contact:  
AQFSEUL T YBBHFJU  
614-259-1665

Thank you,  
Farmers



MPC-9315-000EM-0622

**This is an automatically generated email. Please do not reply to this address.**

The information contained in this message may be CONFIDENTIAL and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is prohibited. If you are not the intended addressee, please delete this message.



## Application Received e-mail



Dear Tony,

Thank you for choosing Nationwide pet insurance. Below is a summary of your application:

**Pet Name:** Casper

**Policy #:** C-1905360

**Plan Name:** My Pet Protection With Wellness Plan

**Per Paycheck Payment:** \$59.70

**Deductible:** \$250/yr.

**Pet Name:** Billy

**Policy #:** F-371293

**Plan Name:** My Pet Protection Plan

**Per Paycheck Payment:** \$21.43

**Deductible:** \$250/yr.

**Wait! Your pet insurance coverage hasn't begun**

All applications are subject to underwriting review. If additional information is required to process your application, we will notify you via email within three business days. Once your application is approved, you'll receive a policy packet in the mail containing your plan's effective date (the date on which your coverage begins) along with a confirmation email. **Any veterinary visits prior to your policy effective date will not be eligible for coverage.**

**Payment information**

You've enrolled through The Summit Group's payroll option. The regular per-paycheck payment amount is \$81.13. This amount is based on 12 pay periods per year. Your actual deduction amount may vary depending on your employer's payroll schedule.

**Pet news you can use**

Browse helpful articles and member perks at [petinsurance.com/newsletter](http://petinsurance.com/newsletter).

**We're here to help**

Phone: [800-540-2016](tel:800-540-2016)

Email: [customercare@petinsurance.com](mailto:customercare@petinsurance.com)

FAQs: <http://petinsurance.custhelp.com/>



Refer a friend.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Insurance plans are offered and administered by Nationwide through its subsidiaries and affiliates. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A+ rated company (2016); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2016). Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2017 Nationwide.



## Underwriting Review e-mail

To view this email as a web page [go here](#).

[Forward to a friend](#)



Dear Ashley,

Great news! Awol's application has been processed and approved. **Your coverage will start soon.** Be sure to check your mail for a packet containing your complete policy information.

Below is a summary of your pet insurance policy:

**Pet name:** Awol

**Policy #:** C-2097666

**Plan type:** My Pet Protection With Wellness Plan

**Deductible:** \$250

### **Wait! Your pet insurance coverage hasn't begun**

Applications for enrollment that are received between the 1st and 15th of the month will be effective on the 1st day of the next month. Applications for enrollment that are received between the 16th and the last day of the month will be effective on the 1st day of the following month. Policy effective dates can vary if your employer has determined a future start date due to open enrollment. Contact your plan administrator for details.

### **Your Quick Start Guide to Awol's plan**

Have questions about your new policy? [Our Quick Start Guide](#) is a great way to learn all about Awol's plan and what to expect once coverage begins.

**We're here to help**

Phone: 800-540-2016

Email: [customercare@petinsurance.com](mailto:customercare@petinsurance.com) FAQs:

<http://petinsurance.custhelp.com/>



Refer a friend.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply.  
Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2017); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2017). Agency of Record: DVM Insurance Agency.

## Coverage Begins e-mail

To view this email as a web page [go here](#).

[Forward to a friend](#)



Dear Cristofer,

It's official, Penny is now protected by the nation's largest provider of pet health insurance! With Nationwide®, you're free to visit any licensed veterinarian, anywhere in the world—even specialists and emergency providers.

### Shout it from the rooftops

We're so happy you've chosen us as partners in Penny's care and we hope you'll tell everyone why your best friend is a #NationwidePet.



### Visit the PUG

Learn all about your new Nationwide pet insurance plan by visiting the [Policyholder User Guide](#). These short videos cover questions like, "How does my pet's plan work?" and "How do I file a claim?"

**We're here to help** Phone: 800-540-2016

Email: [customercare@petinsurance.com](mailto:customercare@petinsurance.com) FAQs: <http://petinsurance.custhelp.com/>



Refer a friend.

Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A+ rated company (2016); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2016). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2017 Nationwide. 16RET4450\_CC

This email was sent to: **cristofer.strickland@gmail.com** This email was sent

by: Nationwide  
P.O. Box 2477 Brea, CA 92822 United States

We respect your right to privacy - [view our policy](#)

Welcome e-mail

To view this email as a web page [go here](#).

[Forward to a friend](#)



#### Your coverage selection for Princess

##### **My Pet Protection With Wellness®**

Straightforward 90% back on vet bills after your annual deductible.\* **You have the best plan!**

#### Filing a claim is easy

You can submit a claim straight from your smartphone by downloading the VitusVet app for free from the App Store or Google Play. For information on submitting claims via fax, mail or email, please visit [www.petinsurance.com/submit-claim](http://www.petinsurance.com/submit-claim).

Download from  
the App Store



Download from  
Google Play



You can also request and share medical records using the VitusVet app. To expedite claims processing, we encourage you to submit Princess's medical records from the past 12 months when you file your first claim.

#### Tools and resources

##### **We're here to help.**

Check out [The Companion](#) to learn about:

- Managing your online account
- Member sweepstakes
- Exclusive member offers
- And much more!

#### Questions?

Phone: 800-540-2016

FAQs: <http://petinsurance.custhelp.com/>



Refer a friend.

\*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Plans may not be available in all states. Policy eligibility may vary.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A+ rated company (2016); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2016). Agency of Record: DVM Insurance Agency, Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2017 Nationwide. 16RET4460\_CC

This email was sent to: [jellocls@yahoo.com](mailto:jellocls@yahoo.com)

This email was sent by: Nationwide  
P.O. Box 2477 Brea, CA 92822 United States

We respect your right to privacy - [view our policy](#)

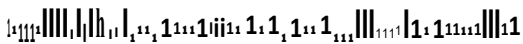


**Nationwide®**  
is on your side

PO Box 2344 • Brea, CA 92822-2344  
800-540-2016  
[my.petinsurance.com](http://my.petinsurance.com)  
Direct inquiries to DVM Insurance Agency  
Underwritten by: Veterinary Pet Insurance Company (CA)  
National Casualty Company (all other states)

July 9, 2016

**Welcome to the Nation  
Your My Pet Protection Plan  
Will become effective on 09/01/2016**



00068 01/08 2137 C-01 1-4

SAMPLE

Dear

You now belong to a different kind of company, where members come first. In the Nation, we protect what matters most—your pets—and we appreciate the trust you've placed in us.

The documents included in this packet are also available online through the Nationwide® Pet Account Access page. Go to [my.petinsurance.com](http://my.petinsurance.com) to set up your personal account.

If you have any questions or need help with your policy, we're always happy to help. You can reach a Customer Care representative at **800-540-2016** Monday through Friday from 5 a.m. to 7 p.m. and Saturday from 7 a.m. to 3:30 p.m. (Pacific).

Sincerely,

Scott Liles  
Chief Pet Insurance Officer

P.S. Share a picture of Ginger on our Facebook page at [www.facebook.com/NationwidePet](http://www.facebook.com/NationwidePet).

# Important information for new members

## To file a claim:

Go to [petinsurance.com/submit-claim.aspx](http://petinsurance.com/submit-claim.aspx) or send your claim form and paid invoices to [submitmyclaim@petinsurance.com](mailto:submitmyclaim@petinsurance.com).

Be sure all invoices and receipts are itemized and legible, and that your pet's name and policy number are clearly identified on each page.

## To create an online account:

Go to [my.petinsurance.com](http://my.petinsurance.com) and register for Nationwide® Pet Account Access. All documents in this packet are also available there.

## To talk to a veterinarian for free:

Call Vet Helpline at **855-331-2833** for help with general pet health questions and identifying urgent care needs. This service is available to all members at no cost (\$170 value). Consultations are not a substitute for a veterinary visit.

## To get the latest pet news and exclusive member discounts:

Read *The Companion*, our quarterly member newsletter, at [petinsurance.com/newsletter](http://petinsurance.com/newsletter).

## To get social with us:

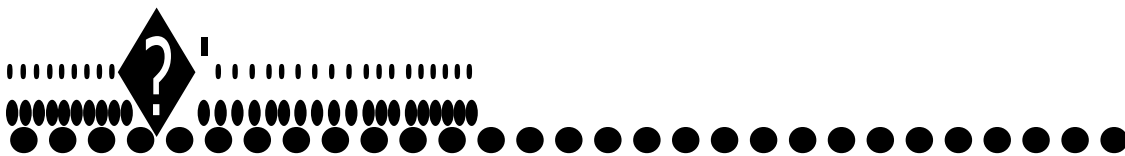
Join us online and share pictures of your pet! You can find us at:

[facebook.com/NationwidePet](https://facebook.com/NationwidePet)

[twitter.com/NationwidePet](https://twitter.com/NationwidePet)

[youtube.com/user/NationwidePet](https://youtube.com/user/NationwidePet)

[instagram.com/NationwidePet](https://instagram.com/NationwidePet)





**Nationwide**<sup>®</sup>  
is on your side

**NATIONAL CASUALTY COMPANY**  
Home Office: Madison, WI 53703-2783  
A Stock Company  
**Administrative Office:**  
8877 N. Gainey Center Drive  
Scottsdale, AZ 85258  
800-423-7675

**DVM Insurance Agency**  
1800 E. Imperial Highway, Suite 145  
Brea, CA 92821  
800-540-2016  
714-989-0555

~~DECLARATIONS PAGE ATTACH TO YOUR POLICY~~

POLICY NO:  
TERM: Annual  
PLAN: MY PET PROTECTION PLAN  
PET NAME: Ginger  
SPECIES: Canine  
BREED: Mixed (Medium 31-50 Lbs.)  
SEX: F  
AGE: 7

POLICY EFFECTIVE DATE: 09/01/2016  
12:01 AM STANDARD TIME  
POLICY EXPIRATION DATE: 09/01/2017  
12:00 AM STANDARD TIME  
DEDUCTIBLE: \$250.00  
CO-INSURANCE: 10%  
BASE PREMIUM: \$382.35  
TOTAL COST OF POLICY: \$382.35  
Includes 15% Group Discount: \$67.47

Phone:

**Additional Excluded Conditions:**

**Your policy excludes coverage for other medical conditions. Please refer to policy section: What We Do Not Cover-Exclusions.**

**Forms included in your packet:**

VS-G-14(12-15), UT-COVPG(12-09), VS-2(12-15)

**The insurance protection you have selected for your pet is defined below.**

**You have selected the following coverage:**

MY PET PROTECTION PLAN (VB-II)

DVM Insurance Agency





## **National Casualty Company**

Home Office: Madison, WI 53703-2783

A Stock Insurance Company

Administrative Office: 8877 N. Gainey Center Drive, Scottsdale, PZ. 85258-2108 • 800-423-7675

The policy will continue for successive policy terms as follows. Subject to the consent of National Casualty Company and subject to the premiums, rules and forms then in effect for National Casualty Company, this policy may be continued in force by payment of the required renewal premium for each successive policy term. Such renewal premium must be paid to National Casualty Company prior to expiration of the then current policy term and if not so paid the policy shall terminate.

## **DECLARATIONS PAGE - ATTACH TO YOUR POLICY**

***DIRECT ALL INQUIRIES AND CLAIMS TO:***

### **DVM Insurance Agency**

1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 800-540-2016 • 714-989-0555

## NATIONAL CASUALTY COMPANY

A Stock Insurance Company

Home Office: Scottsdale, AZ

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258 • 800-423-7675

### DIRECT ALL INQUIRES AND CLAIMS TO:

DVM Insurance Agency: 1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 800-540-2016 • 714-989-0555

## VB-II COVERAGE FORM

### 1. INSURING AGREEMENT

We will provide the insurance described in this policy in return for your premium payment when due and compliance with all policy provisions. We will pay covered veterinary expenses that you incur during the policy term for the diagnosis or treatment of your pet's condition provided to your pet during the policy term. Benefit payments are subject to all exclusions, limitations, and conditions of this insurance policy.

### 2. DEFINITIONS

We define words or phrases in your policy. We identify these terms with bold typeface. Any veterinary medical terms or phrases not defined in this policy will be interpreted as defined in the most recent edition of *Blood D.C., Studdert V.P., Gay C.C., Saunders Comprehensive Veterinary Dictionary*. London, UK: W.B. Saunders.

- A. **Chronic condition** means a condition that can be treated or managed, but not cured.
- B. **Condition** means an illness or injury that your pet contracts or incurs.
- C. **Covered veterinary expenses** means expenses for reasonable and necessary veterinary expenses that you incur for veterinary services that are eligible for payment under this policy.
- D. **Cured** means eliminated and having no effect on your pet so that your pet is fully restored to normal health without any further treatment or management.
- E. **Drug or drugs** means medication or other substance undergoing clinical trials for or approved by the U.S. Food and Drug Administration (FDA) that is used to treat a condition.
- F. **Family member** means a person living in your household or a person who is related by blood, marriage, or adoption whether living in your household or not.
- G. **Illness** means any condition caused by or associated with disease, including pregnancy.
- H. **Injury** means physical damage to your pet's body caused by an unforeseen physical action or force outside your pet's body.
- I. **Nutritional supplement** means dietary supplements, including vitamins and nutraceuticals, prescribed to treat a condition that is covered by your policy.
- J. **Pet** means the animal identified on the Declarations Page or Renewal Certificate of this policy.
- K. **Pet insurance** means an individual or group insurance policy that provides coverage for veterinary expenses.
- L. **Pre-existing condition** means any condition that began or was contracted, manifested, or incurred up to twelve months before the effective date of this policy or during any waiting period, whether or not the condition was discovered, diagnosed, or treated. A chronic condition is a pre-existing condition unless it began after the effective date of this policy.
- M. **Prescribed** means: (1) directly provided by or (2) authorized by written instruction of a veterinarian.
- N. **Prescription pet food** means a manufactured pet diet formulated to be used in a diagnostic or therapeutic setting which has modifications of nutrient concentrations outside the current Association of America Feed Control Officials

(AAFCO) guidelines for healthy pets. Prescription pet food is prescribed solely to treat or manage a condition that is covered by your policy and is available exclusively through your veterinarian, or by prescription from your veterinarian.

- O. Spouse means your husband, wife, or domestic partner under the law of your state of residence, who lives with you at the address shown on the Declarations Page or Renewal Certificate of your policy.
- P. Veterinarian means a legally licensed veterinary medical practitioner.
- Q. Veterinary expenses means the costs associated with medical advice, diagnosis, care, or treatment provided by a veterinarian, including, but not limited to, the cost of drugs prescribed by a veterinarian.
- R. Veterinary services means medical advice, diagnosis, care, or treatment provided by a veterinarian who has physically examined your pet, including, but not limited to, drugs, nutritional supplements and prescription pet food.
- S. Void means to declare that this policy is no longer in force or effect.
- T. Waiting or affiliation period means the period of time specified in a pet insurance policy that is required to transpire before some or all of the coverage in the policy can begin.
- U. We, us, or our means the company providing this insurance.
- V. You or your means the pet owner listed on the Declarations Page or Renewal Certificate of this policy.

### **3. POLICY TERM**

Your policy is effective during the dates and times shown on your Declarations Page or Renewal Certificate. Your policy only applies to covered veterinary expenses that you incur during the policy term due to your pet's condition that occurs while your policy is in effect.

### **4. BENEFIT PROVISIONS**

- A. We list your deductible and coinsurance percentage on your Declarations Page or Renewal Certificate. Your deductible applies once in each policy term.
- B. We will pay covered veterinary expenses that you incur during the policy term, subject to your deductible and coinsurance percentage. We will not pay any amount unless your covered veterinary expenses exceed your deductible. If they do, we will: (1) apply your coinsurance percentage to the covered veterinary expenses that exceed your deductible and (2) pay the resulting amount.
- C. We will not pay more than \$7,500 in each policy term.

### **5. ADDITIONAL COVERAGE**

We will pay each of the Additional Coverage benefits listed below only once per policy term, up to the limits of the Additional Coverage amounts listed within sections 5A through 5D. The additional coverage provided in this section does not increase the maximum amount payable in each policy term. Benefit payments will be subject to your deductible and coinsurance percentage as shown on the Declarations Page of your policy.

- A. **Boarding or Kennel Fees:**  
We will pay for costs you incur during the policy term associated with boarding your pet at a licensed kennel to look after your pet while you or a family member is hospitalized as a result of sickness or disease. This coverage is limited to a maximum annual benefit of \$500. You must submit certification of hospitalization from the attending physician and/or hospital that treated you or your family member; and submit the itemized receipt from the licensed kennel including proof of payment.

We will not pay any benefits if you or your family member is admitted to a hospital for less than forty-eight (48) hours.

**B. Advertising and Reward:**

We will pay for costs you incur for advertising or offering a reward if your pet is stolen or strays during the policy term. This coverage is limited to a maximum annual benefit of \$500. You must send us a completed claim form along with all itemized receipts for costs associated with advertising and reward.

We will not pay any benefits for any reward not supported by a signed receipt giving the full name, phone number, and address of the person who found your pet; any reward paid to any resident of your household, a family member, a person employed by you, or known by you; or any reward resulting from your neglect or deliberate concealment of your pet.

**C. Loss Due to Theft or Straying:**

We will pay the price you paid for your pet, up to the maximum benefit of \$500, if your pet is stolen or goes missing during the policy term and is not found. If you did not pay for your pet or have no formal proof of how much you paid in the form of an original receipt, we will pay you \$150. Your policy will be cancelled and we will refund any unearned premium on a prorated basis. You must send us a completed claim form including the original receipt for the price you paid for your pet if your pet has not been found within sixty (60) days.

We will not pay any benefits if you, or the person looking after your pet, freely parts with your pet.

**D. Mortality Benefit:**

We will pay covered veterinary expenses that you incur during the policy term for fees associated with the death of your pet due to injury or illness. We will pay for: 1) a veterinarian to humanely euthanize your pet, 2) cremation and burial expenses, and 3) the price you paid for your pet up to the maximum benefit of \$1,000. If you did not pay for your pet or have no formal proof of how much you paid in the form of an original receipt, we will pay you \$150. Your policy will be cancelled and we will refund any unearned premium on a prorated basis. You must send us a completed claim form including the original receipt for veterinary expenses; and the original receipt for the price you paid for your pet.

We will not pay for the price you paid for your pet if your dog was eight (8) years of age or older or your cat was ten (10) years of age or older at the time of death and died or was euthanized due to an illness; or your veterinarian is not able to verify the death of your pet and sign the claim form.

**6. WHAT WE DO NOT COVER-EXCLUSIONS**

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We will not pay for:

- A. Diagnosis or treatment of any pre-existing condition.
- B. Diagnosis or treatment of any condition Identified as an Additional Excluded Condition on the Declarations Page or Renewal Certificate of your policy.
- C. Diagnosis or treatment of any complication or progression of any condition excluded by this policy.
- D. Diagnosis or treatment of any condition caused intentionally by you or any other resident of your household.
- E. Any behavioral training, therapy or treatment that is: (1) not prescribed by a licensed veterinarian or (2) pet obedience training.
- F. Tooth hygiene or appearance including, but not limited to: teeth cleaning and polishing.
- G. Dietary or nutritional supplements used to preserve or Improve general nutrition or health, even if prescribed by a veterinarian.
- H. Pet foods or commercial pet diets that are used to preserve or improve general nutrition or health and can be purchased without a prescription, including foods such as: life stages (puppy, senior, etc.), low calorie, sensitive stomach, or limited Ingredients, even if recommended by a veterinarian for treatment of your pet's condition.
- I. Boarding (except as described in section 5A), storage, transportation and grooming, including services such as: nail trims, or bathing.

- J. Routine or preventive treatments or procedures, including, but not limited to: vaccines, spay or neuter, or flea control.
- K. Diagnostic tests for conditions or procedures excluded by this policy.
- L. Fees or other expenses for pet services and supplies not prescribed by your veterinarian to diagnose or treat your pet's condition.
- M. Fees or other expenses not directly related to veterinary services including fees or expenses incurred for items such as: (1) waste disposal, (2) record access or copying, (3) any license or certification, (4) compliance with any government rule or regulation, (5) any tax, or (6) any charge assessed by any bank, credit card company, or other financial institution.
- N. Diagnosis or treatment that is experimental, investigational, or otherwise not within the standard of care accepted by the veterinary medical board of your state.
- O. Diagnosis or treatment of any condition caused directly or indirectly by war, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination.

## **7. YOUR DUTIES**

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- A. We ask you to provide us with prompt (i.e. within 90 days of your pet's first treatment for any condition) notice of a claim. Delayed submission of your claim may prevent us from fairly or accurately adjusting your claim and may be grounds for denial.
- B. You must submit complete and legible claim forms to us and include itemized receipts for veterinary expenses that identify your pet by name.
- C. You must provide us with all medical records or requested documentation from the attending veterinarian relating to your pet's health upon our request. You agree to submit your pet to examination by a veterinarian selected by us upon our request.
- D. You must reasonably protect your pet from aggravation of any condition.
- E. Upon payment of benefits, we will be subrogated to your rights of recovery from any other party.
- F. It is agreed that, unless otherwise notified by you, all documents and communications regarding this policy, its endorsements, and any notices may be delivered to you by electronic mail using the email address associated with your account, except documents required to be delivered by another method. It is further agreed that it is your responsibility to keep your contact details, including email, telephone and postal address, current and correct.

## **8. OTHER INSURANCE**

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- A. If your pet is covered by more than one policy issued by us, we will not pay more than the highest amount payable under any one policy.
- B. This insurance is excess over any other insurance covering your pet that is provided by a policy issued by any other insurance company, whether collectable or not.

## **9. TERMINATION OF INSURANCE**

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- A. Your policy will lapse if you do not pay your premium when due.
- B. We may cancel your policy by sending written notice to you at your most recent address in our records. We will send you this notice ten days before we cancel your policy or at the time required by the law of your state of residence. You may cancel your policy at any time by notifying us in writing. If either you or we cancel your policy, we will refund any unearned premium on a prorated basis.

## **10. ASSIGNMENT OR TRANSFER OF POLICY**

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- A. You may not transfer or assign this policy in whole or in part.

B. Your policy will transfer to your legal representative or surviving spouse upon your death.

#### **11. CHANGES AND LIBERALIZATION**

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- A. This policy contains all the agreements between you and us. Its terms cannot be changed except by endorsement or rider Issued by us.
- B. You or your spouse may request changes to your policy. Any change we make due to a request by you or your spouse is binding on all persons who have any interest under your policy.
- C. If we revise this policy and broaden your coverage without charge, you will receive the broader coverage as soon as we make the revision.
- D. We may make changes to your policy. If we do, we will send you written notice thirty days before the end of the current policy term or at the time required by the law of your state of residence. You accept these changes by renewing your policy.

#### **12. REVIEW**

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You may request a review:

- A. If we deny your claim in whole or in part; or
- B. To ask that we remove an Additional Excluded Condition listed on the Declarations Page or Renewal Certificate of your policy.

You must submit your review request in writing indicating the reason for the review. You must provide us with all medical records from your veterinarian relating to any condition that is the basis of your request. If your request for review involves an Additional Excluded Condition, you must provide us with medical records or other documentation from your veterinarian demonstrating the condition was cured at least six months before the date of your request. Chronic conditions are not eligible for removal. All review decisions are final.

#### **13. SUIT AGAINST US**

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You may not bring a legal action against us unless you have complied with all provisions of this policy. You must begin any legal action against us within one year of your pet's first treatment for any condition identified in your legal action.

#### **14. DECLARATIONS**

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By accepting this policy, you agree that all the statements in your application and the declarations are true and that you have provided us with all material information about your pet. You agree that this policy and any endorsements or riders issued to you is the entire and only agreement between you and us.

#### **15. FRAUD AND CONCEALMENT**

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We will void your policy from its inception if we discover that you have misrepresented or omitted any material fact and we relied on your misrepresentation or omission in issuing this policy to you. We may deny your claim and void your policy if you conceal material information or make any material misrepresentation in your claim.

#### **16. INSTALLMENT PAYMENT SERVICE CHARGE**

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If you elect to pay your premium in installments, other than payroll deductions, we will charge you the installment fee listed on the Declarations Page or Renewal Certificate of your policy, per each installment payment.

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# National Casualty Company

Home Office:

Madison, Wisconsin

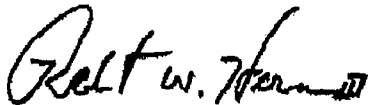
Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

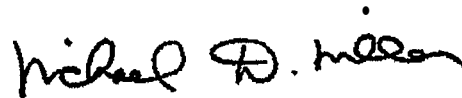
1-800-423-7675

A **STOCK COMPANY**

In Witness Whereof, the Company has caused this policy to be executed and attested.



Secretary



President

The information contained herein replaces any similar information contained elsewhere in the policy.

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**Nationwide<sup>®</sup>**  
is on your side

# NATIONWIDE PET CLAIM FORM

Fill out one claim form per pet. Submit itemized, legible invoices. Incomplete claim submissions may result in delay of processing your claim.

No. of pages: \_\_\_\_\_

## 9 MEMBER INFORMATION

POLICY NUMBER:

PET NAME: Ginger

NAME:

ADDRESS ON FILE:

EMAIL ON FILE:

UPDATE CONTACT INFO Write new information below\*

NEW ADDRESS:

CITY:

STATE:

PHONE:

EMAIL:

ZIP:

\*YOU CAN ALSO UPDATE YOUR CONTACT INFO ON YOUR NATIONWIDE PET ACCOUNT ACCESS PAGE AT MY.PETINSURANCE.COM

## 9 CLAIM DETAILS

REASON FOR VISIT, CHECK ALL THAT APPLY:

WELLNESS SERVICES

INJURY OR ILLNESS-Write the diagnosis in the box below.

TREATMENT DATE(S):

FROM:

TO:

WHAT INJURY OR ILLNESS DID YOUR VETERINARIAN DIAGNOSE?

HOSPITAL/CLINIC NAME:

A diagnosis is the medical condition treated. Please do not list symptoms (for example limping, lameness or infections are symptoms of injuries or illnesses). Your veterinarian can help you with the diagnosis. Include a copy of your pet's treatment records and lab results for this visit if there is more than one diagnosis being treated, your pet stayed at the hospital overnight, or the diagnosis has not been determined. Please do not write "See Attached" or list the services shown on your invoice.

## n INVOICE(S) TOTAL

\$ \_\_\_\_\_

You must submit itemized invoices with your claim form.  
Do not send estimates.

## 9 MEMBER SIGNATURE and DATE

X \_\_\_\_\_

I I

By signing this Claim Form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Nationwide.

## 5 SUBMIT CLAIM FORM and INVOICE(S)

Please submit your claim by one method only.  
Duplicate claim submissions will delay claim processing.

FAX **(714) 989-5600** No cover sheet necessary.

-----OR-----

MAIL **Nationwide Claims Department**  
**PO Box 2344**  
**Brea, CA 92822-2344**

NATIONWIDE CLAIMS DEPT NOTES ONLY

# FAX ONLY THE FRONT PAGE OF THIS CLAIM FORM

DO NOT PAPER CUP OR STAPLE ANYTHING THAT MAY COVER PART OF YOUR CLAIM FORM OR INVOICE

## Do you have everything we may need?

Contact your veterinary hospital for copies of your pet's treatment records and fax them with your claim. If your pet was treated for more than one condition, stayed overnight at the hospital or the diagnosis has not been determined; sending your pet's treatment records and lab results helps us process your claim faster.

## Want to track the status of your claim?

Log on to the Nationwide Pet Account Access page at [my.petinsurance.com](http://my.petinsurance.com) and click "View Claims History." The status of faxed or mailed claims will be available 72 hours after they are received.

## Need More Claim Forms?

Log on to your account at [my.petinsurance.com](http://my.petinsurance.com) and click on the "Pre-Filled Claim Form" link. Have claim forms handy when you need them. Keep extra copies:

- ✓ At home, with other pet-related documents
- ✓ In your glove compartment
- ✓ On file at your veterinarian's office

## Have any questions?

Contact a Customer Care Representative toll free at 800-540-2016, Mon-Fri from 5:00 a.m. to 7:00 p.m. or Sat from 7:00 a.m. to 3:30 p.m. (Pacific Time).

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties (e.g. which may include imprisonment, fines or a denial of insurance benefits).

**Not applicable in Nebraska and Vermont.**

**Attention Arkansas Residents:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Attention California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Maine Residents:** Maine Law requires us to advise you of the following regulation per title 24-A Section 2186 (3): It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Attention Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention Oregon Residents:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.

**Attention Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Attention Utah Residents:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**FACTS | WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION?**

<b>Why?</b>	<i>Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. Federal and state laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.</i>
<b>What?</b>	<i>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</i> <ul style="list-style-type: none"> <li>• <i>Social Security number and income</i></li> <li>• <i>Account balances, transaction history, and credit information</i></li> <li>• <i>Assets and insurance claim history</i></li> </ul>
	<i>business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing.</i>

<b>Reasons we can share your personal information</b>	<b>Does Nationwide share?</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes-</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes-</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes-</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes-</b> information about your creditworthiness	Yes	Yes
<b>For our affiliates to market to you</b>	Yes	Yes
<i>For nonaffiliates to market to you</i>	Yes	Yes

<b>To limit our sharing</b>	<ul style="list-style-type: none"> <li>• <i>Call us toll free at 1-866-280-1809 and our menu will prompt you through your choices.</i></li> <li>• <i>If you have previously opted out, your request remains on file and you do not need to opt out again.</i></li> <li>• <i>Please have your account or policy number handy when you call.</i></li> </ul> <p><b>Please note:</b> <i>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</i></p>
<b>Questions?</b>	<i>Call 1-877-869-8838 or visit <a href="http://www.nationwide.com">www.nationwide.com</a></i>

<b>Who we are</b>	
<b>Who is providing this notice?</b>	<i>Nationwide</i>
<b>What we do</b>	
<b>How does Nationwide protect my personal information?</b>	<i>To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job.</i>

<b>How does Nationwide collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• open an account, apply for insurance, or give us your contact information</li> <li>• make a payment or file a claim</li> <li>• show your drivers' license or conduct business with us</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal and state law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes —information about your creditworthiness</li> <li>• affiliates from using your information to market to you and</li> <li>• sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more information.</p>
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	<p>Your choices will apply to everyone on your account.</p>
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies. These companies include Nationwide Life Insurance Company, Nationwide Bank, and Nationwide Property and Casualty Insurance Company. Visit <a href="http://nationwide.com">nationwide.com</a> for a list of affiliated companies.</p>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p>
<b>Other Important Information</b>	
<p><b>Nevada Residents:</b> You may request to be placed on our internal Do Not Call list. Send an email with your phone number to <a href="mailto:privacy@nationwide.com">privacy@nationwide.com</a>. You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; phone number: 1-702-486-3132; email: <a href="mailto:BCPINFO@ag.state.nv.us">BCPINFO@ag.state.nv.us</a>.</p>	
<p><b>Vermont Residents:</b> For Vermont customers only. We will not share your personal information for marketing purposes with the Nationwide family of companies or third parties without your authorization, except as permitted by law.</p>	
<p><b>For insurance customers in AZ, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA only:</b> When we refer to "Information" in this part we mean information we collect during an insurance transaction (not including medical record information). We will not use your medical information for marketing purposes without your consent. We share your information with nonaffiliates without your prior authorization as permitted or required by law. They may use it to investigate fraud, respond to court orders, and conduct actuarial studies. We may share your information with insurance regulatory authorities, law enforcement, and consumer reporting agencies. They may retain it or disclose it to other companies with which you do business. These other companies use and disclose it to others as permitted by law. We obtain reports prepared by an insurance-support organization. The insurance-support organization keeps copies and discloses them to others.</p>	
<p><b>Accessing your information</b></p> <p>You have a right to access and correct your personal information. To request a copy of your personal information, write to: <b>Nationwide, One Nationwide Plaza, 1-25-101, Columbus, OH, 43215</b>, and have your signature notarized. This is for your protection so we may prove your identity. Please include your name, address, and your policy, contract, or account number. You can change your personal information at <a href="http://Nationwide.com">Nationwide.com</a> or by calling your agent. We can't change information that other companies, like credit agencies, provide to us. You'll need to ask them to change it.</p>	

Nationwide Mutual Insurance Company and Affiliated Companies, One Nationwide Plaza, Columbus, Ohio 43215-2220 [nationwide.com](http://nationwide.com). Nationwide, the Nationwide N and Eagle and Nationwide is *011 Your Side* are service marks of Nationwide Mutual Insurance Company. (c) 2014 Nationwide