

PET HEALTH INSURANCE NOTICE

This endorsement modifies insurance provided under the following:

Pet Health Insurance Policy

ADDRESS

Any written notice to **us** may be delivered to **us** or at Our Administrator Healthy Paws Pet Insurance at P.O. Box 50034 Bellevue, Washington 98015.

We may give written notice to **you** by registered mail or first-class mail addressed to **you** at **your** last known address to **us**, or at **your** last email address known to **us**.

HOW TO MAKE A CLAIM

If **your pet** suffers an **illness** or **injury** that may be covered by this **policy**, **you** must submit a fully completed claim form within ninety (90) days of the treatment date. You must include actual receipts setting out the itemized costs involved and medical records.

A claim form is included with **your policy** documents. If **you** require an additional claim form, **you** can download one from **our** website at www.healthypawspetinsurance.com, or **you** may contact **our** call center at 1-855-898-8991 and **we** will e-mail or fax one to **you**.

SUBMIT YOUR CLAIM FORM AND INVOICE



EMAIL
claims@healthypawspetinsurance.com



FAX
1-888-228-4129



REGULAR MAIL
Healthy Paws Pet Insurance
P.O. Box 50034, Bellevue, WA 98015