Administrator:
PetPartners, Inc.
8051 Arco Corporate Drive
Suite 350
Raleigh, NC 27617

AKCPI Phone: 1-866-725-2747

Fax: 919-859-8193
AKCPI Email: help@akcpetinsurance.com

Waiting Period Waiver Form

Completion of this form is optional: *In accordance with your policy, there are waiting periods that apply before coverage begins. Any applicable waiting periods can be waived. If you want to waive any of the waiting periods, you will need to take this form to your veterinarian.*

The veterinarian needs to conduct a full examination of your pet ***within 7 days of the Pet's Original Start Date****.* ***This form must be completed by the examining veterinarian and returned to us on the day you obtain the examination from your veterinarian.*** *If the examination is completed prior to the pet's effective date, the exam must be completed no more than 1 day prior to the effective date of coverage.*

Failure to submit this waiver by the time set forth herein may result in a denial of the waiver or you may be required to obtain an additional examination from your veterinarian to confirm your pet's health has not changed since the date of the original examination.

Completion of this form does not guarantee coverage for any excluded or pre-existing conditions.

Pet Information			
Pet Name:		Gender:	
Species:		Age:	
Breed:			
Policy Details			
Policy Number:		Effective:	
Policyholder Name:			
Address:			
Phone Number:			

Instructions:

1. **Veterinarian Instructions:** Please examine the pet and note if clinical signs or conditions related to any **Illness(es)** or **Orthopedic Conditions** are present**.**

2. **Policyholder Instructions:** You must disclose any past medical history to your veterinarian and otherwise attest to the accuracy of the information contained herein pertaining to your pet's current and past medical history.

   A. **Disqualifying Conditions:** If your pet is exhibiting, or has exhibited, signs or symptoms of any of the below listed conditions your pet will not qualify for the waiver of the waiting period.

   Please indicate whether, to the best of your knowledge, the pet has previously exhibited, or is currently exhibiting, any signs or symptoms of any of the below listed conditions:

	Condition	Yes	No	Additional Comments
1	Addison's Disease (Hypoadrenocorticism)	☐	☐	
2	Allergies	☐	☐	
3	Arthritis/Degenerative Joint Disease (DJD)	☐	☐	

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4	Brachycephalic Airway Syndrome; Brachycephalic Obstructive Airway Syndrome (BOAS)	☐	☐	
5	Cancer	☐	☐	
6	Chronic Renal Failure/Kidney Disease	☐	☐	
7	Chronic Pancreatitis	☐	☐	
8	Chronic Valvular Diseases and Structural Heart Diseases	☐	☐	
9	Cushing's Disease (Hyperadrenocorticism)	☐	☐	
10	Degenerative Myelopathy	☐	☐	
11	Dental conditions including but not limited to: Periodontal Disease, Stomatitis, Tooth Resorption	☐	☐	
12	Diabetes Mellitus (DM)	☐	☐	
13	Hyperthyroidism/ Hypothyroidism	☐	☐	
14	Hypertrophic Cardiomyopathy (HCM)	☐	☐	
15	Inflammatory Bowel Disease (IBD)	☐	☐	
16	Immune Mediated Thrombocytopenia	☐	☐	
17	Intervertebral Disc Disease (IVDD)	☐	☐	
18	Ligament and Knee Conditions	☐	☐	
19	Megaesophagus	☐	☐	
20	Wobbler's Syndrome	☐	☐	

B. **Additional Pet Medical History and Current Medical Condition:**

In addition to the above listed Conditions, please identify below: 1) Whether the pet has been diagnosed or shown, or is currently exhibiting, signs or symptoms of any other Illness; 2) The Illness and/or signs and symptoms; 3) The estimated date of first clinical signs or diagnosis; and 4) Any relevant description pertaining to the condition.

Please note that while any conditions listed below will not disqualify your pet from obtaining the waiver of the waiting period, any conditions, or signs and symptoms noted below will be considered Pre-Existing Conditions under your policy and will be ineligible for coverage.

Condition	Yes	No	First Date of Clinical Sign or Diagnosis	Description
Illness(es)	☒	☐		

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Condition	Yes	No	First Date of Clinical Sign or Diagnosis	Description
Orthopedic Condition(s)	☐	☒		

Veterinarian Attestation:
By my signature below, I confirm that I examined the pet for Illness and Orthopedic Illness on ____/____/_____.

Veterinarian Name (print) _____ Veterinarian Signature _____ Date _____

Veterinary Clinic Name and Address _____

The examination must take place, and this form must be submitted, by the dates referenced above. The Waiting Period Waiver Form may be submitted to the fax number or email address above. Please include the applicable medical records for the examination date of service, and for the date(s) of service in which an identified **Illness** or **Orthopedic Condition** first showed clinical signs or was diagnosed, if any.

If you need assistance with this form, please call 1-866-774-1113.

Within 30 days of our receipt of this completed Waiting Period Waiver Form, we will advise you of our decision to waive any applicable waiting periods for the pet, or not to waive any of the pet's applicable waiting periods.

Disclosures:

1. Any costs or fees incurred in relation to the examination required by this form are not eligible expenses under your pet's insurance coverage.

2. If an examination is not performed, or if you choose not to submit this Waiting Period Waiver Form, the applicable waiting periods outlined in your policy will apply.

3. In the event any clinical signs or conditions related to an **Illness** or an **Orthopedic Condition** are discovered during the veterinary examination, the condition(s) described by the veterinarian on this form will be considered pre-existing condition(s) under the terms and conditions of your policy.

4. Regardless of whether you submit this form and obtain a waiver of any waiting periods contained in your policy, any conditions for which a veterinarian provided medical advice, your pet received treatment for, or your pet had clinical signs or symptoms of, prior to the policy effective date are considered pre-existing conditions under the policy.

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5. In the event you submit this form and We determine that you are not eligible to receive a waiver of the applicable waiting periods, the waiting periods set forth in the policy will remain in force.

Policyholder Attestation:

By my signature below, I confirm that I have reviewed and understand the above disclosures. I do hereby further attest that all of the information contained herein is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may result in the denial of my claims and potentially subject me to administrative, civil, or criminal liability.

Policyholder Name (print)	Policyholder Signature	Date