

### 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 at the time of the examination and returned to us as soon as possible, but no later than **30 days after the date of your pet's veterinary exam**. 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.

This waiver does not alter the pre-existing conditions exclusion. Please refer to your policy for information about waiting periods and pre-existing conditions.

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

**Instructions:**

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

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)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
3	Arthritis/Degenerative Joint Disease (DJD)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Brachycephalic Airway Syndrome; Brachycephalic Obstructive Airway Syndrome (BOAS)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
6	Chronic Renal Failure/Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
7	Chronic Pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>	
8	Chronic Valvular Diseases and Structural Heart Diseases	<input type="checkbox"/>	<input type="checkbox"/>	
9	Cushing's Disease (Hyperadrenocorticism)	<input type="checkbox"/>	<input type="checkbox"/>	
10	Degenerative Myelopathy	<input type="checkbox"/>	<input type="checkbox"/>	

11	Dental conditions including but not limited to: Periodontal Disease, Stomatitis, Tooth Resorption	<input type="checkbox"/>	<input type="checkbox"/>	
12	Diabetes Mellitus (DM)	<input type="checkbox"/>	<input type="checkbox"/>	
13	Hyperthyroidism/ Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	
14	Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	
15	Inflammatory Bowel Disease (IBD)	<input type="checkbox"/>	<input type="checkbox"/>	
16	Immune Mediated Thrombocytopenia	<input type="checkbox"/>	<input type="checkbox"/>	
17	Intervertebral Disc Disease (IVDD)	<input type="checkbox"/>	<input type="checkbox"/>	
18	Ligament and Knee Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
19	Megaesophagus	<input type="checkbox"/>	<input type="checkbox"/>	
20	Wobbler's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	

**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.

Condition	Yes	No	First Date of Clinical Sign or Diagnosis	Description
Illness(es)	<input type="checkbox"/>	<input type="checkbox"/>		

Condition	Yes	No	First Date of Clinical Sign or Diagnosis	Description
Orthopedic Condition(s)	<input type="checkbox"/>	<input type="checkbox"/>		

**Veterinarian Attestation:**

By my signature below, I confirm that I examined the pet for Illness and Orthopedic Conditions on \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
 Veterinarian Name (print)

\_\_\_\_\_  
 Veterinarian Signature

\_\_\_\_\_  
 Date

Figo Pet Insurance, LLC  
540 N. Dearborn #10873  
Chicago, IL 60610

Phone: 1-844-738-3446  
Fax: 1-773-966-0769  
Email: support@figopetinsurance.com

**Veterinary Clinic Name and Address**

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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 1-844-738-3446.

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 or during any applicable waiting period are considered pre-existing conditions under the policy.
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.*

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Policyholder Name (print)

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Policyholder Signature

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Date