



PROMO: BR1356-411

Location: ___ Administration ___ Casino/Bingo ___ Quil Ceda Village ___ Tribal Gaming Agency ___ Pharmacy

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone : _____

Email: _____

How did you hear about Petcare: _____

Select the policy you are enrolling in:	Quickcare	QC Intro	QC for Indoor Cats
	QC Optimum	QC Complete	QC Plus For Cats
	QC Gold 90%	QC Gold 70%	QC Senior

Pet's Name: _____ Dog _____ Cat _____ Breed: _____

Sex: Male _____ Female _____ Pet's Date of Birth: D ___/M___/Y___

Is Pet Microchipped? Yes No Company _____ ID# _____

has your pet ever required medical treatment for an accident or illness? Is your pet symptomatic? Y N

If yes, Date: _____ Type of Illness or Accident: _____

Date: _____ Type of Illness or Accident: _____

Have you had pet insurance previously for this pet? No Yes Company _____

Do you have any other pets? NO Yes Breed _____ Age _____

THIS POLICY WILL BE PAID FOR VIA PAYROLL DEDUCTION

◇ Effective Date – coverage commences 12:01 Am _____

◇ Accident coverage will commence 12:01 am on the effective date

◇ Illness coverage under QC gold programs will not commence until 30 days following the Effective Date

◇ **NO COVERAGE IS PROVIDED PRIOR TO EFFECTIVE DATE.**

◇ Your pet must have an annual physical exam ◇ Routine and Preventative care are not covered.

◇ There is a deductible \$50 \$75 \$100 \$200

◇ Anything pre-existing or symptomatic is not covered ◇ Your policy renews annually.

QC Gold/Complete:

◇ We will be requesting your pet's medical records. Fax # 1-866-368-7387

◇ There is a 30-day waiting period on illness coverage.

◇ After your pets' 8th birthday (6 for select breed) coverage is 80% instead of 90%

◇ Your Pets Accident coverage begins at 12:01 am on _____

◇ You understand the coverage and limits of your policy.

Customer's Signature _____ Date _____

PLEASE FAX THIS ENROLLMENT FORM TO 425-391-9715
CBSOLUTIONS – A MEMBER OF THE PARKER GROUP
800-941-9714 / 425-391-9714