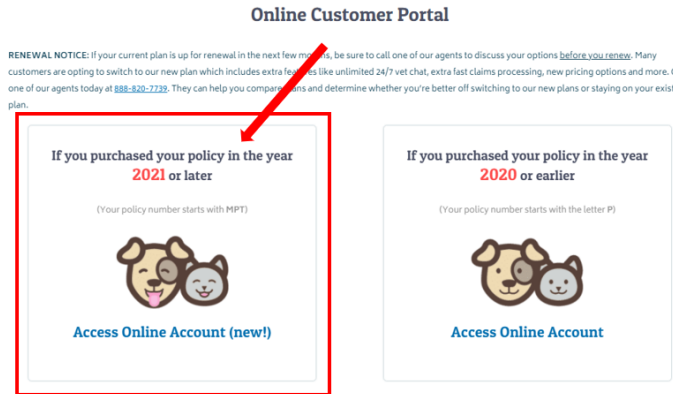


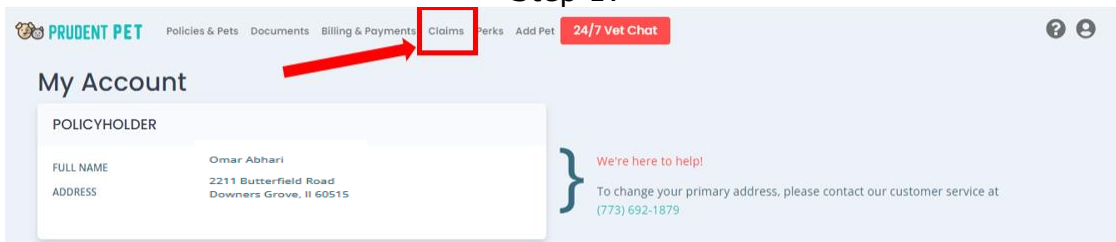
How To file a NEW claim through your Pet Portal:

When visiting our site to login, there are two options to choose from. Pet parents with policies **purchased AFTER 1/18/2021** or **RENEWED** after 1/18/2021 should select the **"Purchased in 2021 or later"** link on the **left** side as shown below.

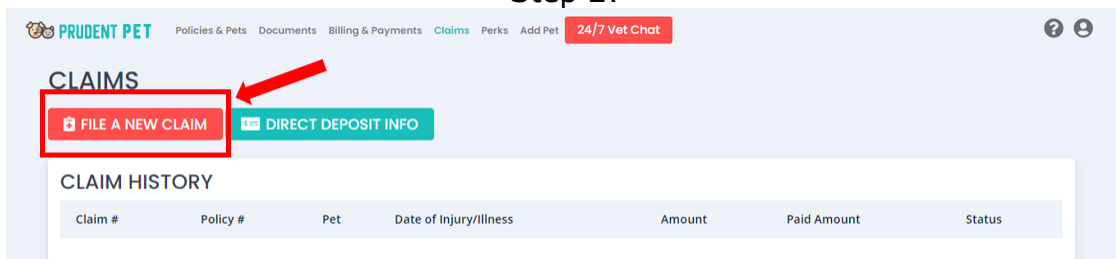


Once logged in, first select the **CLAIMS** tab, then the **RED FILE A NEW CLAIM** icon as shown below:

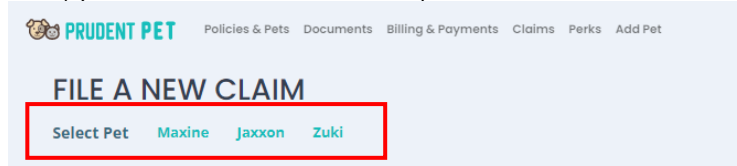
Step 1:



Step 2:



*note: If **multiple pets** are enrolled, you will be able to select which pet the claim is for **AFTER** selecting the **FILE A CLAIM** icon*



Finally, an electronic copy of our standard claim form will generate and allow you to add in some details about the claim as well as attach an image or PDF of your invoice and/or medical records right from your phone!

CLAIM FORM

PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP EXPEDITE PROCESSING.

1

General Information

Please fill out this form completely. Incomplete forms will delay processing.

Your Information

Name: Omar Abhari

Address: 2211 Butterfield Road

City, State, Zip: Downers Grove, IL 60515

Phone: (708) 220-2208

Email: omargadigitalinitiativesslc.com

Pet Information

Account Number: MP1/714895

Name: Wind

Breed: Mixed Breed

Age: 2 years

Gender: Female

2

Diagnosis/Symptom Information

Story of Occurrence/Diagnosis

- Please describe this incident, including dates, details and symptoms leading up to it.

This claim is related to: ☐ Accident ☐ Illness ☐ Wellness

Total amount claimed:

Service Date:

Date Illness/Injury first occurred:

Veterinarian:

Clinic Name:

Phone: Fax:

Did any other veterinarian treat your pet? ☐ Yes ☐ No

Is this a new condition? ☐ Yes ☐ No

3

Pet Owner Declaration

Policy holder electronic signature and date are required

I confirm to the best of my knowledge the above statements are true in every respect. I understand that the fees listed may not be covered or may exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize Markel Insurance Company/Markel American Insurance Company and its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination, history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about me and my pet, as well as information about my claim experience, to my veterinarian.

Signature of Pet Owner:

Date:

4

Submit Your Claim Form

You must submit an itemized invoice with this claim form.

Upload your Invoice

Attach the paid, itemized invoice and any medical records. Claims can be submitted without records however this may cause a processing delay

Upload your Medical Records

Select a file

(Formats: PNG, JPG, PDF)

Select a file

Select a file

Select a file

☐ I have read the Fraud Warning

SUBMIT CLAIM

Click SUBMIT when completed

Don't forget the Fraud Agreement!