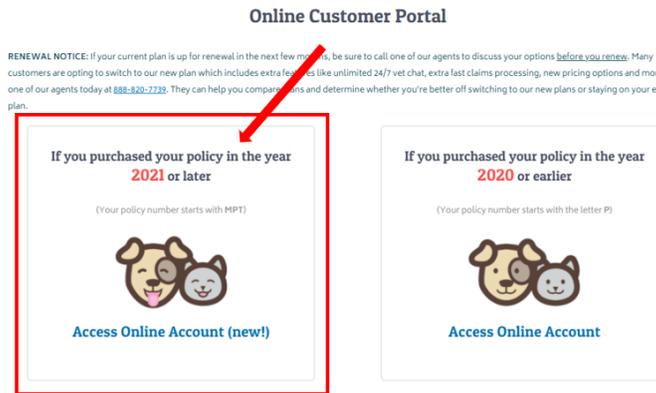
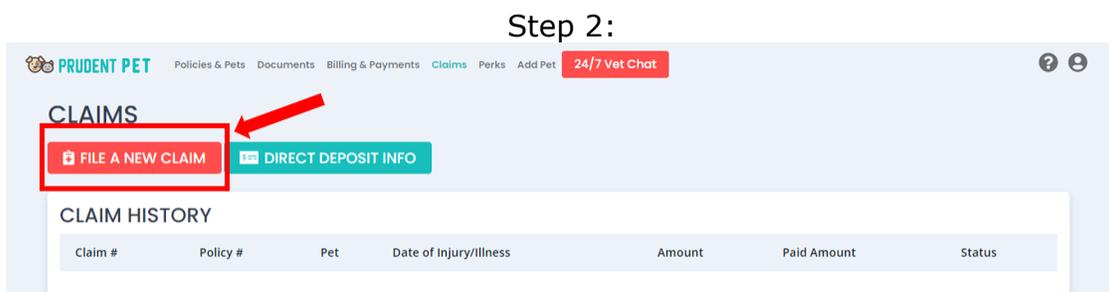
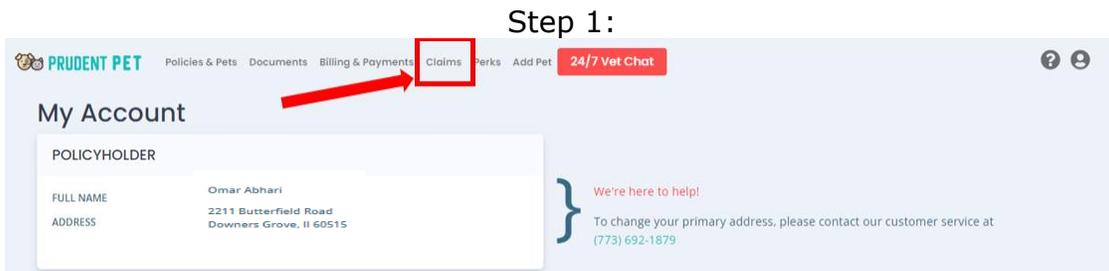


How To file a NEW claim through your Pet Portal:

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:



*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	Pet Information
Name: Omar Abhari	Account Number: MPI/714895
Address: 2211 Butterfield Road	Name: Wind
City, State, Zip: Downers Grove, IL 60515	Breed: Mixed Breed
Phone: (708) 220-2208	Age: 2 years
Email: omarg@digitalinitiativesslc.com	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

I have read the Fraud Warning

SUBMIT CLAIM Click SUBMIT when completed

Fill in the details regarding the reason for your claim, including when symptoms first started

Add the contact info for the veterinarian

Policy holder electronic signature and date are required

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

Click SUBMIT when completed

Don't forget the Fraud Agreement!