



# How to Submit a Pet Insurance<sup>1</sup> Claim



In the event that one of your furry family members suffers an illness or accident, MetLife is here to help. Our claims process is simple and straightforward so you can stress less and focus on what matters most: the health of your pet. For the quickest resolution of your claim, follow the steps below:



## At the Vet's Office

- Make note of your vet's contact info. You'll need it later when you file your claim.
- Gather all medical records from your vet, including your pet's medical diagnosis and any notes associated with it. If it's your first claim with us, please provide medical records from the past 12 months (including adoption records if applicable).
- Ask for a copy of your invoice and an itemized receipt.



## After Your Pet Is Home

- Download your claim form by logging into your My Pets online account.
- Attach all medical records and vet notes, along with your invoice and itemized receipt.
- Submit your claim via mobile app, our online portal, email, fax or mail.
- Make a copy of your paperwork to keep on file.
- That's it! Remember to submit your claim within 90 days of your pet's vet visit, and you'll receive reimbursement by check or direct deposit — most claims are processed within 10 days.



Need help along the way? Our team is available online or over the phone to assist with any questions you may have.

1. Independence American Insurance Company ("IAIC") is the insurance carrier for this product. IAIC, a Delaware insurance company, is headquartered at 485 Madison Avenue, NY, NY 10022. PetFirst Healthcare, LLC, a MetLife company, is the policy administrator authorized to offer and administer pet insurance policies. This entity is undergoing a name change. The name of the entity will be MetLife Pet Insurance Solutions, LLC. The entity may operate under an assumed name and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC or MetLife Pet Insurance Services (New York), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other assumed names or fictitious names approved by certain jurisdictions. Like most insurance policies, insurance policies issued by IAIC contain certain exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact PetFirst Healthcare, LLC.





# Claim Form

Underwritten and Issued by Independence American Insurance Company.  
All claims must be submitted in writing within ninety (90) days of the treatment or receipt date.



## My Vet Info

### Clinic/Vet Office

Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 1 Member Info

Policy Number: \_\_\_\_\_

Pet Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ - \_\_\_\_\_

## 2 Vet Visit Info

**Please attach medical records (i.e. SOAP notes, vet notes, chart notes) from your veterinarian for the claimed incident.**

Important Note: Medical records often differ from discharge instructions and invoices, so it is important to ask your vet specifically for chart/SOAP/vet notes.

\*Please note: if this is your first claim, please provide 12 months of medical records. If you have recently adopted your pet and don't have 12 months of medical records, all you will need to submit is your adoption contract.

**Attach invoices and/or itemized receipts along with this completed claim form.**

## 3 Diagnosis and Invoice Info

____ / ____ / ____	_____	\$ _____
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
____ / ____ / ____	_____	\$ _____
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
____ / ____ / ____	_____	\$ _____
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges

## 4 Sign and Date

**Policyholder declaration:** I declare my veterinarian recommended the treatment for which I am claiming. The particulars given are correct to the best of my knowledge and belief. I authorize my veterinarian to release medical records and give consent to PetFirst Healthcare, LLC, a MetLife Company, to communicate with my veterinarian or veterinarian's staff.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

**All claims must be submitted in writing to MetLife within ninety (90) days of the treatment or receipt date.**

**Please allow at least 10 business days for processing.**

*Incomplete forms will delay claims processing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submit Your Claim



### MAIL TO:

MetLife - Claims Department  
400 Missouri Avenue Suite 105  
Jeffersonville, IN 47130



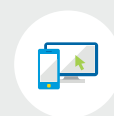
### EMAIL TO:

Pet\_Submit\_Claim@metlife.com



### FAX TO:

877-281-3348



### UPLOAD TO:

MyPets Online Account



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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 1 Member Info

Policy Number: \_\_\_\_\_

Pet Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ - \_\_\_\_\_

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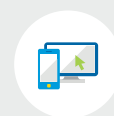
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Pet\_Submit\_Claim@metlife.com



### FAX TO:

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### UPLOAD TO:

MyPets Online Account  
or our Mobile App