



Pet Benefits Enrollment Form

Please return completed form to your Human Resources department for processing.

HR: Approved forms can be emailed to enroll@petassure.com or faxed to 877-788-7387.

Company Name: _____

Today's Date: _____

Benefit Effective Date: _____

HR Approval (Please Initial): _____

EMPLOYEE INFORMATION:

Employee ID #: _____

First Name: _____

Last Name: _____

Street Address: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____ - _____

Email:* _____

* Pet Assure will never sell or share your email address.

Why don't we ask for your pets' information?

Because Pet Assure and Pet Plus cover any pet: regardless of type, breed, health or age!

- ✓ Please enroll me in **Pet Assure veterinary discount plan** (any type of pet)
 - Pet Assure Unlimited Plan \$7/month
- ✓ Please enroll me in **PET Plus Rx wholesale pricing club** (cats and dogs only)
 - PETPlus Single Plan \$4.50 /month
 - PETPlus Unlimited Plan \$8.50/month

I authorize my employer to deduct the membership fee(s) from my paycheck.

Employee Signature: _____

Welcome to Pet Assure and PETplus!

Look for your welcome package(s) in the mail. If you enrolled in Pet Assure, your package will include your ID card which you can bring straight to the vet. If you enrolled in PETplus, your package will include instructions how to activate your online account.

QUESTIONS? Call Pet Assure at [888-789-PETS \(7387\)](tel:888-789-PETS) or email service@petassure.com.