



How to Submit a Pet Insurance Claim



In the event that one of your furry family members suffers an illness or accident, MetLife Pet Insurance 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.

Pet Insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen's policies are available. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions.





Claim Form

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 MetLife Pet Insurance, to communicate with my veterinarian or veterinarian's staff.

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

All claims must be submitted in writing to MetLife Pet Insurance 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 Pet Insurance -
Claims Department,
400 Missouri Avenue, Suite 105,
Jeffersonville, IN 47130



EMAIL TO:

Pet_Submit_Claim@metlife.com



FAX TO:

877-281-3348



UPLOAD TO:

Our Mobile App or
MyPets Online Account



Claim Form

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 MetLife Pet Insurance, to communicate with my veterinarian or veterinarian's staff.

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

All claims must be submitted in writing to MetLife Pet Insurance 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 Pet Insurance -
Claims Department,
400 Missouri Avenue, Suite 105,
Jeffersonville, IN 47130



EMAIL TO:

Pet_Submit_Claim@metlife.com



FAX TO:

877-281-3348



UPLOAD TO:

Our Mobile App or
MyPets Online Account