

Living Benefit Claim Requirements (Critical Condition)



Purpose of this checklist:

This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS

Please take note of the following:

- Refer to the “Additional Benefit” section in your policy contract to determine the covered critical condition.
 - ☑ For **Critical Condition**, use this requirements checklist.
 - ☑ For **Critical Illness Benefit**, use the Living Benefit Claim Requirements (Critical Illness Benefit) checklist.
- Submit certified true copies only.
 - ☑ Photocopies, except for IDs, are not acceptable.
 - ☑ Photocopies of IDs may be submitted provided the original copies are presented for verification.
- Documents submitted to Sun Life of Canada (Philippines), Inc. (SLOCPI) will not be returned.
- Always attach a photocopy of the Claimant’s valid ID (any government-issued ID with photo and signature) with the basic claim requirements.
- We may ask for additional documents after reviewing the requirements you submitted.
- Critical conditions that occur within two (2) years from date of policy issue or last reinstatement are subject to investigation and will affect processing time.

A Basic Claim Requirements	
<input type="checkbox"/> Claimant’s Statement [form provided by SLOCPI]	<input type="checkbox"/> Attending Physician’s Statement [form provided by SLOCPI]
<input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI]	<input type="checkbox"/> Hospital Records of the life insured (<i>Admitting History and Discharge Summary or their equivalent</i>)

B Conditional Requirements (*Submit appropriate requirements as indicated below.*)

B.1 Based on Diagnosis

If diagnosis is Cancer <input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>)	If diagnosis is Heart Attack (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> New electrocardiographic changes (<i>e.g. ECG report and tracings</i>) <input type="checkbox"/> Blood Test (<i>e.g. Troponin or CK-MB</i>)
If diagnosis is Dissecting Aortic Aneurysm (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> CT Scan / MRI / MRA / Angiogram Report (<i>submit only one</i>)	If diagnosis is Stroke (<i>must be confirmed by a Neurologist</i>) <input type="checkbox"/> CT Scan / MRI Report (<i>submit only one</i>)
If diagnosis is Progressive Muscular Atrophy (<i>must be confirmed by a Neurologist</i>) <input type="checkbox"/> Electromyography Report	If diagnosis is End-Stage Lung Disease (<i>must be confirmed by a Pulmonologist</i>) <input type="checkbox"/> FEV1 Test Result
If diagnosis is Kidney Failure (<i>must be confirmed by a Nephrologist</i>) <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Glomerular Filtration Rate (GFR) <input type="checkbox"/> Renal Ultrasound Report	

B.2 Others

If insured underwent Major Organ Transplant <input type="checkbox"/> Record of Operation	If critical condition is caused by an accident or violent incident <input type="checkbox"/> Police Report <input type="checkbox"/> Medico-Legal Report (<i>if available</i>)
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For inquiries and concerns, please contact us at any of the following:

Email: sunlink@sunlife.com

SUNLINK Client Care: (+632) 8849-9888*

Toll-free (using PLDT line): 1-800-10-SUNLIFE (7865433) outside Metro Manila

8:00 AM - 7:00 PM | Mondays - Fridays

*Calls outside the Philippines may incur international call charges

