

Living Benefit Claim Requirements

SUN Fit and Well (Heart-Related)



Purpose of this checklist:

This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS

Please take note of the following:

- Submit confirmed 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 illnesses 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 Minor Critical Illnesses

If the life insured underwent Cardiac Pacemaker Insertion / Cardiac Defibrillator Insertion (<i>must be confirmed by a Cardiologist or an Interventional Cardiologist</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Holter Monitoring Report <input type="checkbox"/> Record of Operation 	If the life insured underwent Angioplasty and Other Invasive Treatment for Coronary Artery Disease (<i>must be confirmed by a Cardiologist or an Interventional Cardiologist</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Coronary Angiography <input type="checkbox"/> Record of Operation
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B.2 Major Critical Illnesses

If diagnosis is Acute Heart Attack (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <ul style="list-style-type: none"> <input type="checkbox"/> New electrocardiographic changes (e.g. ECG report and tracings) <input type="checkbox"/> Blood Test (e.g. Troponin or CK-MB) 	If the life insured underwent Replacement of Heart Valve / Surgery for Disease of the Aorta (Aorta Surgery) (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Chest X-ray Report <input type="checkbox"/> Record of Operation
If diagnosis is Dissecting Aortic Aneurysm (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI / MRA / Angiogram Report (<i>submit only one</i>) <input type="checkbox"/> Record of Operation 	If diagnosis is Cardiomyopathy (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Echocardiography Report
If diagnosis is Eisenmenger’s Syndrome (<i>must be confirmed by an Interventional Cardiologist</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Echocardiography Report <input type="checkbox"/> Cardiac Catheterization Result 	If diagnosis is Idiopathic Pulmonary Arterial Hypertension (<i>must be confirmed by an Interventional Cardiologist</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac Catheterization Result <input type="checkbox"/> All laboratory and diagnostic procedures
If diagnosis is Severe Infective Endocarditis (<i>must be confirmed by a Cardiologist</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Blood Culture Results <input type="checkbox"/> 2D-echo with Doppler Studies 	If the life insured underwent Coronary Artery Bypass Surgery (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Coronary Angiography <input type="checkbox"/> Record of Operation



B Conditional Requirements (*continuation*)

B.3 Others

<p>If critical illness is due to an accident or violent incident</p> <ul style="list-style-type: none"><input type="checkbox"/> Police Report<input type="checkbox"/> Medico-Legal Report (<i>if available</i>)<input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle	<p>If plan is SUN Fit and Well Advantage</p> <ul style="list-style-type: none"><input type="checkbox"/> Statement of Account from hospital, if life insured was hospital confined
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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

