

Living Benefit Claim Requirements SUN Fit and Well (Cancer-Related)



Purpose of this checklist:

This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS

Please take note of the following:

- 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 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 (<i>Submit appropriate requirements as indicated below.</i>)	
B.1 Minor Critical Illnesses	
If diagnosis is Early Ovarian Cancer / Early Prostate Cancer / Early Thyroid Cancer / Early Bladder Cancer <input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>)	If diagnosis is Early Chronic Lymphocytic Leukemia (<i>must be confirmed by a Hematologist or Hema-Oncologist</i>) <input type="checkbox"/> Medical Records showing the CLL RAI Stage <input type="checkbox"/> Bone Marrow Test Report or any objective laboratory and diagnostic procedures
If diagnosis is Carcinoma-in-situ of the breast, uterus, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, stomach, or nasopharynx <input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>) <input type="checkbox"/> Core Biopsy or Colposcopy with Cervical Biopsy if diagnosis is carcinoma-in-situ of cervix uteri <input type="checkbox"/> Endoscopy if diagnosis is carcinoma-in-situ of colon, rectum, or stomach	
B.2 Major Critical Illnesses	
If diagnosis is Invasive Cancer <input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>)	If diagnosis is Cerebral Metastasis (<i>must be confirmed by an Oncologist</i>) <input type="checkbox"/> Surgical Pathology / Histopath / Progressive Neurological Deterioration Report (<i>submit only one</i>)
B.3 Others	
If critical illness is due to an accident or violent incident <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	If plan is SUN Fit and Well Advantage <input type="checkbox"/> Statement of Account from hospital, if life insured was hospital confined

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

