

Living Benefit Claim Requirements (Pre-need Plans)



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 Financial Plans, Inc. (SLFPI) 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.
- Disability / disablement / dismemberment/ injury that occurs within one (1) year from date of plan issue or last reinstatement is subject to investigation and will affect processing time.

This claim checklist is for (please check appropriate box):

- | | |
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| <input type="checkbox"/> Credit Group Disability (CGD) | <input type="checkbox"/> Personal Accident Protection (PAP) – Disablement |
| <input type="checkbox"/> Accidental Dismemberment / Disablement (ADD/ADDD) | <input type="checkbox"/> Scholar Accident Protection (SAP) – Disablement |
| <input type="checkbox"/> Medical Reimbursement (MR) | <input type="checkbox"/> Family Accident Protection (FAP) – Dismemberment |

A Basic Claim Requirements	
<input type="checkbox"/> Claimant's Statement [form provided by SLFPI]	<input type="checkbox"/> Attending Physician's Statement [form provided by SLFPI]

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

B.1 Based on Benefit Type	
If claim is for Credit Group Disability (CGD) <ul style="list-style-type: none"> <input type="checkbox"/> Employer's Statement [form provided by SLFPI] <input type="checkbox"/> Statement of Account if loan has not been paid in full as of date of disability <input type="checkbox"/> Proof of Settlement of Loan if loan has been paid in full as of date of disability 	If claim is for Accidental Dismemberment / Disablement (ADD/ADDD) / Personal Accident Protection (PAP) – Disablement / Scholar Accident Protection (SAP) – Disablement / Family Accident Protection (FAP) - Dismemberment <ul style="list-style-type: none"> <input type="checkbox"/> Record of Operation
If claim is for Medical Reimbursement (MR) <ul style="list-style-type: none"> <input type="checkbox"/> Official Receipts (original) 	<ul style="list-style-type: none"> <input type="checkbox"/> Statement of Account from hospital, if life insured was hospital confined

B.2 Based on Circumstances of Disability / Dismemberment / Disablement / Injury	
If disability / dismemberment / disablement / injury occurred within one (1) year from date of policy issue or last reinstatement <ul style="list-style-type: none"> <input type="checkbox"/> Authorization to Investigate [form provided by SLFPI] <input type="checkbox"/> Hospital Records of the life insured (Admitting History and Discharge Summary or their equivalent) 	If cause of disability / dismemberment / disablement / injury is due to an accident or violent incident <ul style="list-style-type: none"> <input type="checkbox"/> Police Report <input type="checkbox"/> Hospital Records of the life insured (Admitting History and Discharge Summary or their equivalent) if hospital confined <input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle <input type="checkbox"/> Authorization to Investigate [form provided by SLFPI]

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

