

# Living Benefit Claim Requirements (Sun Senior Care)



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

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

**B.1 Heart-Related Critical Illness**

If diagnosis is Acute Heart Attack (*must be confirmed by a Cardiologist or Cardiovascular Surgeon*)

<input type="checkbox"/> <b>New electrocardiographic changes</b> ( <i>i.e. ECG report and tracings</i> )
<input type="checkbox"/> <b>Blood Test</b> ( <i>i.e. Troponin or CK-MB</i> )

**B.2 Cancer-Related Critical Illness**

If diagnosis is Invasive Cancer

<input type="checkbox"/> <b>Surgical Pathology / Histopath Report</b> ( <i>submit only one</i> )
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**B.3 Kidney-Related Critical Illness**

If diagnosis is End-Stage Renal Disease (*must be confirmed by a Nephrologist*)

<input type="checkbox"/> <b>Creatinine Clearance</b>
<input type="checkbox"/> <b>Glomerular Filtration Rate (GFR)</b>
<input type="checkbox"/> <b>Renal Ultrasound Report</b>

**B.4 Lung-Related Critical Illness**

If diagnosis is End-Stage Lung Disease (*must be confirmed by a Pulmonologist*)

<input type="checkbox"/> <b>FEV1 Test Result</b>
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**B.5 Neurological-Related Critical Illnesses**

If diagnosis is Stroke ( <i>must be confirmed by a Neurologist</i> ) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>CT Scan / MRI Report</b> (<i>submit only one</i>)</td> </tr> </table>	<input type="checkbox"/> <b>CT Scan / MRI Report</b> ( <i>submit only one</i> )	If diagnosis is Motor Neuron Disease ( <i>must be confirmed by a Neurologist</i> ) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>Electromyography Report</b></td> </tr> </table>	<input type="checkbox"/> <b>Electromyography Report</b>
<input type="checkbox"/> <b>CT Scan / MRI Report</b> ( <i>submit only one</i> )			
<input type="checkbox"/> <b>Electromyography Report</b>			



**B Conditional Requirements (continuation)****B.5 Neurological-Related Critical Illnesses (continuation)**

<p>If diagnosis is Multiple Sclerosis <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> <b>Nerve Biopsy / Neural Biopsy / Electrophysiology Report</b> <i>(submit only one)</i></p> <p><input type="checkbox"/> <b>Medical Records</b> indicating the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Two (2) episodes of well-defined neurological abnormalities</li> <li><input type="checkbox"/> Evidence of demyelinating lesions at more than one (1) site within the central nervous system</li> </ul>	<p>If diagnosis is Paralysis <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> <b>Medical Records</b> indicating complete and permanent loss of use of both arms and legs</p>
<p>If diagnosis is Loss of Speech <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> <b>Medical Records / Laboratory Results</b> indicating total and irrecoverable loss of the ability to speak for a continuous period of twelve (12) months due to physical damage to the vocal chords <i>(submit only one)</i></p>	<p>If diagnosis is Parkinson's Disease <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> <b>Medical Records / Laboratory Tests / Procedures</b> <i>(submit only one)</i></p>
<p>If diagnosis is Major Head Trauma <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> <b>Medical Records</b> for at least three (3) months</p> <p><input type="checkbox"/> <b>CT Scan / X-ray Report</b> <i>(submit only one)</i></p>	<p>If diagnosis is Alzheimer's Disease</p> <p><input type="checkbox"/> <b>Accepted Standardized Questionnaires / Tests</b> <i>(submit only one)</i></p>

**B.6 Other Critical Illnesses**

<p>If diagnosis is Deafness <i>(must be clinically confirmed by an Otorhinolaryngologist / ENT Specialist)</i></p> <p><input type="checkbox"/> <b>Medical Records</b> from a hearing diagnostic center</p> <p><input type="checkbox"/> <b>Audiometry Report</b></p>	<p>If diagnosis is Total Blindness <i>(must be confirmed by an Ophthalmologist)</i></p> <p><input type="checkbox"/> <b>Medical Records</b> indicating total, permanent and irrecoverable loss of all vision in both eyes</p>
<p>If diagnosis is Severe Rheumatoid Arthritis</p> <p><input type="checkbox"/> <b>Rheumatoid Factor Test</b></p>	<p>If diagnosis is Severe Osteoporosis</p> <p><input type="checkbox"/> <b>Bone Density Studies</b></p> <p><input type="checkbox"/> <b>Skeletal X-Rays / MRI Report</b> <i>(submit only one)</i></p>

**B.7 Based on Surgical Operation Performed**

<p>If life insured underwent Major Organ Transplant, Cochlear Implant Surgery, Glaucoma Surgery or Knee Replacement Surgery for one (1) or both knee(s)</p> <p><input type="checkbox"/> <b>Record of Operation</b></p>	<p>If life insured underwent Bilateral Amputation due to Diabetic Complication</p> <p><input type="checkbox"/> <b>Record of Operation</b></p> <p><input type="checkbox"/> <b>Blood Test</b></p>
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**B.8 Based on Circumstances of Critical Illness**

<p>If critical illness is caused by an accident or violent incident</p> <p><input type="checkbox"/> <b>Police Report</b></p> <p><input type="checkbox"/> <b>Medico-Legal Report</b> <i>(if available)</i></p>
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For inquiries and concerns, please contact us at any of the following:

Email: [sunlink@sunlife.com](mailto: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

