

# Checklist - Living Benefit Claim Requirements (Child Delivery, LBR, Waiver of Premium & ADDED)



## Important Reminders:

- Submit only certified true copies
- Documents submitted will not be returned
- Always attach a photocopy of Claimant's two (2) valid Proofs of Identity (*preferably government issued IDs with photo and signature*) with the basic claim requirements

## Basic Claim Requirements

### If Child Delivery claim

1. **Claimant's Statement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
2. **Birth Certificate** of the child

### If Waiver of Premium or Accidental Disablement or Dismemberment claim

A. **Disability of the Insured or Owner:** *Accidental Dismemberment or Disablement (ADDED), Total Disability Benefit (TDB), Advance Payment on Disability Benefit (APDB), Premium Coverage During Total Disability of Initial Owner (WPDD) & Contingent Semestral Education and Premium Coverage (CSEPC)*

1. **Claimant's Statement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
2. **Attending Physician's Statement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
3. **Employer's Statement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]

B. **Death of the Owner:** *Premium Coverage After Death of Initial Owner (WPD), Premium Coverage Upon Death of Initial Owner (WPDD) & Contingent Semestral Education and Premium Coverage (CSEPC)*

1. **Death Certificate** (*original form with blue background or lines is not acceptable*) duly certified by the Local Civil Registrar over his signature with Official Seal and bearing the Local Civil Registry Number and Documentary Stamps

### If Living Benefit Rider claim (only incontestable policies are qualified for LBR claim)

1. **Application by the Policy Owner for Living Benefit Payment** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
2. **Attending Physician's Statement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
3. **Surgical Pathology/Histopath Report** if diagnosis is Cancer

## Additional Claim Requirements (*submit requirements appropriate to your case*)

### If claim is contestable (claim is within two years from date of policy issue or last reinstatement)

- **Attending Physician's Statement** [form to be supplied by Sun Life of Canada (Phils.), Inc.] if claiming for Child Delivery
- **Authorization** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
- **Admitting History** or its equivalent inclusive of other hospital records containing patient's past medical history
- **Discharge Summary** or its equivalent

### If claim is caused by an accident or violence

- **Police Report**
- **Authorization** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
- **Driver's License** if accident occurred while insured was driving a vehicle
- **Record of Operation** if claiming for Accidental Dismemberment

*Note: Other requirements may still be required after initial review of submitted documents.  
Contestable claims are subject to investigation and will affect processing time.*

For further inquiries, please contact our Customer Care Center at telephone number 849-9888 from Mondays to Fridays, 8:00 a.m. to 7:00 p.m.

