

Claimant's Statement (Child Delivery)



Please PRINT clearly.

In this form, "you" and "your" refer to the life insured and policyowner whose information we are processing or disclosing. *We, us, our* and *the Company* refer to Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

1 Life Insured Information

Name of Insured (first, middle initial, last)			Date of Birth (month/day/year)
Residence Address (number, street, municipality)			City
Province	Country	Zip Code	Policy Number(s)
Home Phone	Business Phone	Cell Phone	E-Mail Address
Policyowner (Last Name, First Name, M.I.) (Please complete if policyowner is other than the life insured)			

2 Maternity Benefit Claim Information

When was the child delivered? (month/day/year)		Name of Hospital or Clinic	
Who was the physician who attended to you during delivery?		Field of Specialization	
Address of hospital/clinic (number, street, municipality)			City
Province	Country	Zip Code	Telephone No.
This is for: (please check appropriate box) <input type="checkbox"/> 1st claim for child delivery <input type="checkbox"/> 2nd claim for child delivery		This is your ___ delivery. (pls. check appropriate box) <input type="checkbox"/> first <input type="checkbox"/> third <input type="checkbox"/> second <input type="checkbox"/> others, specify	
Type of delivery (pls. check appropriate box) <input type="checkbox"/> Normal delivery <input type="checkbox"/> Caesarian Section delivery		Please specify if delivery is for (fill out only if applicable) <input type="checkbox"/> twins <input type="checkbox"/> triplets <input type="checkbox"/> others, specify	

3 Signatures

By signing below, you allow us to process and disclose your personal and sensitive personal information to third parties so that we can better help you meet your lifetime needs.

You also consent to a personal investigation on you and a copy of the authorization granted in this form shall be as valid as the original.

If you need more information about our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

This section must be signed by the life insured and the policyowner, if he or she is not also the person insured.

Signature of Life Insured X	Printed Name
Signature of policyowner (if not also the life insured) X	Printed Name
Place of signing	Date of Signing (month/day/year)

Signature of Witness X	Printed Name
Address	Telephone No.
Place of Signing	Date of Signing (month/day/year)

