

Checklist - Pre-Need Living Benefit Claim Requirements (CGD, ADD, PAP, SAP, FAP & MR)



Important Reminders:

- Submit only certified true copies.
- Documents submitted will not be returned except as indicated below

Credit Group Disability Claim

Basic Requirements

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

Additional Requirements

If disability 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
- **Hospital Records** (*Admitting History and Discharge Summary or their equivalent*)

If claim is contestable (claim is within a year from date of plan issue or last reinstatement)

- **Authorization** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
- **Hospital Records** (*Admitting History and Discharge Summary or their equivalent*)

Personal Accident Protection or Scholar Accident Protection - Disablement Claim

1. **Claimant's Statement (Disability)** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
2. **Attending Physician's Statement for Accidental Dismemberment and Disablement** [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.]
4. **Police Report**
5. **Authorization** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
6. **Driver's License** if accident occurred while insured was driving a vehicle
7. **Hospital Records** (*Admitting History and Discharge Summary or their equivalent*)
8. **Original Official Receipts** if with Medical Reimbursement Claim

Accidental Dismemberment or Family Accident Protection - Dismemberment Claim

1. **Claimant's Statement for Accidental Dismemberment & Disablement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
2. **Attending Physician's Statement for Accidental Dismemberment and Disablement** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
3. **Record of Operation**
4. **Police Report**
5. **Authorization** [form to be supplied by Sun Life of Canada (Phils.), Inc.]
6. **Driver's License** if accident occurred while insured was driving a vehicle
7. **Hospital Records** (*Admitting History and Discharge Summary or their equivalent*)
8. **Original Official Receipts** if with Medical Reimbursement Claim

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. or visit our website at www.sunlife.com.ph.

