

# Living Benefit Claim Requirements (Female Critical Illness and Maternity Benefits)



**Purpose of this checklist:**

This checklist serves as a guide when filing a claim.

**IMPORTANT REMINDERS**

Please take note of the following:

- Not all female critical illnesses listed herein are applicable to all plans. Please check your policy contract for the covered female critical illnesses and their definitions.
- 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.
- Female critical illnesses and child delivery 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**

**Claimant’s Statement** [form provided by SLOCPI]

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

**B.1 Based on Benefit Type**

<p>If the claim is for “Benefit for Every Child Delivered”</p> <p><input type="checkbox"/> <b>Birth Certificate</b> of the child, issued by the Local Civil Registry Office</p>	<p>If the benefit claim is for “Female Benefit/Female &amp; Maternity Benefits/Female Critical Illness Benefit/Female Critical Illness &amp; Maternity Benefits” or if child delivery occurred within two (2) years from date of policy issue or last reinstatement</p> <p><input type="checkbox"/> <b>Attending Physician’s Statement</b> [form provided by SLOCPI]</p> <p><input type="checkbox"/> <b>Hospital Records of the life insured</b> (<i>Admitting History and Discharge Summary or their equivalent</i>)</p> <p><input type="checkbox"/> <b>Authorization to Investigate</b> [form provided by SLOCPI]</p>
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**B.2 Based on Diagnosis**

<p>If diagnosis is Cancer of the Breast, Cervix Uteri, Uterus, Ovary, Fallopian Tube or Vagina, or Carcinoma-in-situ of the Uterine Corpus, Ovary, Fallopian Tube or Vagina</p> <p><input type="checkbox"/> <b>Surgical Pathology / Histopath Report</b> (<i>submit only one</i>)</p> <p><input type="checkbox"/> <b>Record of Operation</b> if diagnosis is Carcinoma-in-situ of the Uterine Corpus, Ovary, Fallopian Tube or Vagina</p>	<p>If diagnosis is Hydatidiform Mole (<i>must be confirmed by an Obstetrician – Gynecologist</i>)</p> <p><input type="checkbox"/> <b>Surgical Pathology / Histopath Report</b> (<i>submit only one</i>)</p>
<p>If diagnosis is Rheumatoid Arthritis (<i>must be confirmed by a Rheumatologist</i>)</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-ray / MRI Report</b> (<i>submit only one</i>)</p>
<p>If diagnosis is Disseminated Intravascular Coagulation (D.I.C.)</p> <p><input type="checkbox"/> <b>Hematology Report</b></p>	<p>If diagnosis is Ectopic Pregnancy (<i>must be confirmed by an Obstetrician – Gynecologist</i>)</p> <p><input type="checkbox"/> <b>Laparoscopic Surgery Report / Laparotomy Record</b> (<i>submit only one</i>)</p>



**B Conditional Requirements (continuation)**

**B.2 Based on Diagnosis (continuation)**

If diagnosis is Systemic Lupus Erythematosus (S.L.E)

- Two (2) or more of the following tests being positive
  - Anti-nuclear antibodies
  - Anti-DNA
  - I.E. cells
  - Anti-Sm (Smith IgC Autoantibodies)
- Medical Records indicating at least four (4) of the following presentations:
  - Malar rash
  - Discoid rash
  - Photosensitivity
  - Oral ulcers
  - Arthritis
  - Serositis
  - Renal disorder
  - Leukopenia (<4,000/uL) or Lymphopenia (<1,500/uL) or Haemolytic anemia or Thrombocytopenia (<100,000/uL)
  - Neurological disorder

**B.3 Based on Surgical Operation Performed**

If insured underwent Major Plastic Surgery due to accidents or Skin Transplantation due to Accidental Burning (*must be confirmed by a Surgeon*)

- Record of Operation
- Police Report
- Driver's License if accident occurred while insured was driving a vehicle

If insured underwent Hysterectomy or Dilatation and Curettage (D&C) (*must be confirmed by an Obstetrician – Gynecologist*)

- Record of Operation

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

