

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"/> Claimant’s Statement [form provided by SLOCPI]	<input type="checkbox"/> Attending Physician’s Statement [form provided by SLOCPI]
<input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI]	<input type="checkbox"/> Hospital Records of the life insured (<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"/> New electrocardiographic changes (<i>i.e. ECG report and tracings</i>)
<input type="checkbox"/> Blood Test (<i>i.e. Troponin or CK-MB</i>)

B.2 Cancer-Related Critical Illness

If diagnosis is Invasive Cancer

<input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>)
--

B.3 Kidney-Related Critical Illness

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

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

B.4 Lung-Related Critical Illness

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

<input type="checkbox"/> FEV1 Test Result
--

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"/> CT Scan / MRI Report (<i>submit only one</i>)</td> </tr> </table>	<input type="checkbox"/> CT Scan / MRI Report (<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"/> Electromyography Report</td> </tr> </table>	<input type="checkbox"/> Electromyography Report
<input type="checkbox"/> CT Scan / MRI Report (<i>submit only one</i>)			
<input type="checkbox"/> Electromyography Report			



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"/> Nerve Biopsy / Neural Biopsy / Electrophysiology Report <i>(submit only one)</i></p> <p><input type="checkbox"/> Medical Records indicating the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Two (2) episodes of well-defined neurological abnormalities <input type="checkbox"/> Evidence of demyelinating lesions at more than one (1) site within the central nervous system 	<p>If diagnosis is Paralysis <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> Medical Records 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"/> Medical Records / Laboratory Results 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"/> Medical Records / Laboratory Tests / Procedures <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"/> Medical Records for at least three (3) months</p> <p><input type="checkbox"/> CT Scan / X-ray Report <i>(submit only one)</i></p>	<p>If diagnosis is Alzheimer's Disease</p> <p><input type="checkbox"/> Accepted Standardized Questionnaires / Tests <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"/> Medical Records from a hearing diagnostic center</p> <p><input type="checkbox"/> Audiometry Report</p>	<p>If diagnosis is Total Blindness <i>(must be confirmed by an Ophthalmologist)</i></p> <p><input type="checkbox"/> Medical Records 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"/> Rheumatoid Factor Test</p>	<p>If diagnosis is Severe Osteoporosis</p> <p><input type="checkbox"/> Bone Density Studies</p> <p><input type="checkbox"/> Skeletal X-Rays / MRI Report <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"/> Record of Operation</p>	<p>If life insured underwent Bilateral Amputation due to Diabetic Complication</p> <p><input type="checkbox"/> Record of Operation</p> <p><input type="checkbox"/> Blood Test</p>
--	---

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"/> Police Report</p> <p><input type="checkbox"/> Medico-Legal Report <i>(if available)</i></p>

For inquiries and concerns, please contact us at any of the following:

Email: 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

