

Death Claim Requirements (Pre-need Plans)



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.
- Except as indicated below, documents submitted to Sun Life Financial Plans, Inc. (SLFPI) 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.
- Death that occurs within one (1) year from date of plan issue or last reinstatement is subject to investigation and will affect processing time.

A Basic Claim Requirements

Death Certificate duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number (*original form with blue background or lines is not acceptable*)

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

B.1 Based on Beneficiary Information

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| <p>If beneficiary is the spouse</p> <p><input type="checkbox"/> Marriage Certificate issued by the Philippine Statistics Authority (<i>original</i>)</p> | <p>If beneficiary is a corporation</p> <p><input type="checkbox"/> Corporate Secretary’s Certificate indicating the name(-s), scope of authority and specimen signature(-s) of the person(-s) authorized by the company to sign the claim requirements</p> <p><input type="checkbox"/> One (1) valid ID (<i>any government-issued ID with photo and signature</i>) per authorized signatory</p> <p><input type="checkbox"/> Latest General Information Sheet (GIS) duly filed with the Securities and Exchange Commission (SEC)</p> |
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If beneficiary is a minor (*below 18 years old*)

Birth Certificate of the minor issued by the Philippine Statistics Authority (*original*)

Notarized Affidavit of Guardianship [form provided by SLFPI] if parent or other party is claiming on behalf of the minor

Additional documents required if the approved claim exceeds PHP500,000.00:

Guardian’s Bond approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor (*submit only upon approval of claim*)

Letters of Guardianship approved by the court including the Summary of the Proceedings or the Petition if party other than parent is claiming on behalf of the minor (*submit only upon approval of claim*)

B.2 Based on Circumstances of Death

If death occurred within one (1) year from date of policy issue or last reinstatement

Attending Physician’s Statement [form provided by SLFPI] to be completed by the doctor who attended to the insured during his last illness or at the time of death

Authorization to Investigate [form provided by SLFPI]

Hospital Records of the life insured (*Admitting History and Discharge Summary or their equivalent*)

B Conditional Requirements (continuation)

B.2 Based on Circumstances of Death (continuation)

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| <p>If death is due to an accident or violent incident</p> <ul style="list-style-type: none"><input type="checkbox"/> Police Report<input type="checkbox"/> Autopsy and Medico-Legal Report (if available)<input type="checkbox"/> Toxicology Report (if available)<input type="checkbox"/> Obituary or Newspaper Clippings (if available)<input type="checkbox"/> Hospital Records of the life insured (Admitting History and Discharge Summary or their equivalent)<input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle<input type="checkbox"/> Authorization to Investigate [form provided by SLFPI] | <p>If death happened abroad</p> <ul style="list-style-type: none"><input type="checkbox"/> Passport (original - to be returned)<input type="checkbox"/> Death Certificate and other documents related to travel or death abroad (e.g. Cremation / Embalming Certificate, Proof of Transfer of Body, etc.) apostilled or authenticated by the applicable Consulate including the official English translation (original - to be returned) |
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B.3 Based on Benefit Type

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| <p>If claim is for Group Yearly Renewable Term, Accidental Death and Dismemberment, Personal Accident Protection, Scholar Accident Protection or Family Accident Protection benefit</p> <ul style="list-style-type: none"><input type="checkbox"/> Claimant's Statement [form provided by SLFPI] to be completed by designated primary beneficiary(-ies) or by authorized signatory, if beneficiary is a company <p>Special Instruction: One Claimant's Statement per beneficiary</p> |
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C Regulatory Requirements

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| <p>If beneficiary is a corporation, or an individual who is a U.S. Person or tax resident (including a green card holder and dual citizen), or who has a U.S. Address or U.S. phone number</p> <ul style="list-style-type: none"><input type="checkbox"/> FATCA Declaration Form [form provided by SLFPI]<input type="checkbox"/> Duly accomplished W-8BEN or W-9 [form may be downloaded from the IRS website - www.irs.gov/forms-instructions] |
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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.

