

Claimant's Statement (Child Delivery)



In this form, *you* and *your* refer to the life insured and policy owner 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 group of companies.

1 Life Insured information

Name of Life Insured (Last Name, First Name, Middle Name)		Date of Birth (month/day/year)	
Complete Address P.O. Box is not acceptable (No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code)			
Policy Number(s)			
Home Phone	Business Phone	Mobile Phone	E-mail Address
Policy Owner, if other than the Life Insured (Last Name, First Name, Middle Name)			

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 (No., Street, /Municipality, Province/State, Country, Zip Code)			Telephone Number
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. (please check appropriate box) <input type="checkbox"/> first <input type="checkbox"/> third <input type="checkbox"/> second <input type="checkbox"/> others, specify _____	
Type of delivery (please 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 Payment Options

Indicate how you would like to receive the maternity benefit proceeds. Kindly choose from the following options:

<input type="checkbox"/> Fund Transfer <input type="checkbox"/> Credit to your local bank account with the following information: Account Name _____ Bank Name _____ Routing or Serial Number* _____ Swift Code Number* _____ <i>*not applicable for Peso Account</i>		<input type="checkbox"/> Telegraphic Transfer (applicable only to a Claimant residing abroad) Convert to US Dollar/Canadian Dollar/Others - specify currency and credit to bank account through overseas transfer with the following information: Account Number _____ Bank Address _____	
<p>You agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. The Company will not be liable if the remittance is credited to an erroneous bank account number.</p> <p>You further agree that the company shall not be responsible nor liable whatsoever for any failure, fault or negligence on the part of the bank to deposit the proceeds to your account.</p>			
<input type="checkbox"/> Check (for Peso policy only) <input type="checkbox"/> Send through Servicing Advisor at preferred mailing location (automatic if no instruction provided) <input type="checkbox"/> For pick-up at Sun Life office (specify the location): _____ <input type="checkbox"/> For Check - Send by courier/registered mail (specify address): _____ <input type="checkbox"/> For RCBC Demand Draft - For encashment (provide details below): Date of Encashment: _____ RCBC Branch Address: _____		<input type="checkbox"/> RCBC Demand Draft (for US Dollar policy only)	



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

By signing, you acknowledge/agree that:

- a. To the best of your knowledge and belief that the above answers and those on any attached sheet are complete and true.
- b. You authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of you and/or the life insured, or your and/or the life insured's health, to give to the Company any and all information about you and/or the life insured with reference to your and/or the life insured's health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment.
- c. You agree that the Company can process your personal data to (i) implement your benefit instructions; (ii) enforce/fulfill contractual rights/obligations; (iii) improve how it develops and provides services (including development of and improvement in its systems and business processes, data analytics, automated processing, artificial intelligence, etc.); (iv) comply with applicable laws or regulations whether domestic or foreign; and (v) manage risks and pursue its legitimate interests.
- d. Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://online.sunlife.com.ph/privacy>. Should you have any concerns in relation to your rights or the processing of your personal and sensitive personal information, you may get in touch with our Data Protection Officer at privacyconcern@sunlife.com.
- e. You also agree that (i) the Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data; (ii) that your personal data shall be retained for the duration of the policy/ies listed or existence of the related account(s) and/or upon the expiration of the retention limit set by the Company standards, laws and regulations, counted from account closure; and (iii) you have read, understood, and agree with the declarations and authorizations above, including the Company's privacy policy at <https://online.sunlife.com.ph/privacy>.
- f. You agree that the claims application shall not be considered complete until the submission of all the required documents.

Signature of Life Insured X	Printed Full Name (Last Name, First Name, Middle Name)	
Signature of Policy Owner, if not also the Life Insured X	Printed Full Name (Last Name, First Name, Middle Name)	
Place of Signing	Date of Signing (month/day/year)	
Signature of Witness X	Printed Full Name (Last Name, First Name, Middle Name)	
Place of Signing	Date of Signing (month/day/year)	
Residence Address (P.O. Box is not acceptable) No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code		
Home Phone	Work Phone	Mobile Phone

