

Living Benefit Claim Requirements (Waiver of Premium)



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.
- Disability or death that occurs within two (2) years from date of policy issue or last reinstatement is subject to investigation and will affect processing time.

A Basic Claim Requirements

<p>Disability of the Insured or Owner</p> <p>Refer to your policy contract if any of the benefits below are included:</p> <ul style="list-style-type: none">• Total Disability Benefit (TDB)• Advance Payment on Disability Benefit (APDB)• Premium Coverage During Total Disability of Initial Owner• Contingent Semestral Education and Premium Coverage (CSEPC) <p><input type="checkbox"/> Claimant's Statement [form provided by SLOCPI]</p> <p><input type="checkbox"/> Attending Physician's Statement [form provided by SLOCPI]</p> <p><input type="checkbox"/> Employer's Statement [form provided by SLOCPI]</p>	<p>Death of the Owner</p> <p>Refer to your policy contract if any of the benefits below are included:</p> <ul style="list-style-type: none">• Premium Coverage After Death of Initial Owner• Premium Coverage Upon Death of Initial Owner• Contingent Semestral Education and Premium Coverage (CSEPC) <p><input type="checkbox"/> Death Certificate duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number (<i>original form with blue background or lines is not acceptable</i>)</p>
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B Conditional Requirements (Submit appropriate requirements as indicated below.)

<p>If disability or death occurred within two (2) years from date of policy issue or last reinstatement</p> <p><input type="checkbox"/> Attending Physician's Statement [form provided by SLOCPI]</p> <p><input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI]</p> <p><input type="checkbox"/> Hospital Records of the life insured (<i>Admitting History and Discharge Summary or their equivalent</i>)</p>	<p>If disability or death is caused by an accident or violent incident</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI]</p> <p><input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle</p>
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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

