

Living Benefit Claim Requirements (Critical Illness Benefit)



Purpose of this checklist:

This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS

Please take note of the following:

- Refer to the "Benefit Provisions" / "Additional Benefit" section in your policy contract to determine the covered critical illness.
 - ☑ For **Critical Illness Benefit**, use this requirements checklist.
 - ☑ For **Critical Condition**, use the Living Benefit Claim Requirements (Critical Condition) checklist.
- 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 Illnesses

If diagnosis is Acute Heart Attack (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> New electrocardiographic changes (<i>e.g. ECG report and tracings</i>) <input type="checkbox"/> Blood Test (<i>e.g. Troponin or CK-MB</i>)	If diagnosis is Dissecting Aortic Aneurysm (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> CT Scan / MRI / MRA / Angiogram Report (<i>submit only one</i>)
If the life insured underwent Coronary Artery Bypass Surgery (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> Coronary Angiography Report <input type="checkbox"/> Record of Operation	If the life insured underwent Surgery for Disease of the Aorta/Aortic Surgery (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> Record of Operation
If the life insured underwent Replacement of Heart Valve (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> Chest X-ray Report	

B.2 Cancer-Related Critical Illnesses

If diagnosis is Invasive Cancer <input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>)	If diagnosis is Cerebral Metastasis (<i>must be confirmed by an Oncologist</i>) <input type="checkbox"/> Surgical Pathology / Histopath / Progressive Neurological Deterioration Report (<i>submit only one</i>)
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B Conditional Requirements (continuation)**B.3 Liver-Related Critical Illnesses**

If diagnosis is Fulminant Hepatitis

- Liver Function Test**
- Laboratory Tests**
- Psychometric PSE Test**
- Electroencephalogram (EEG) Report**
- MRI / CT Scan Report** *(submit only one)*

If diagnosis is End-Stage Liver Failure

- Medical Records** indicating the presence of permanent jaundice, ascites, and encephalopathy

B.4 Kidney-Related Critical IllnessesIf diagnosis is Kidney Failure / End-Stage Renal Disease *(must be confirmed by a Nephrologist)*

- Creatinine Clearance**
- Glomerular Filtration Rate (GFR)**
- Renal Ultrasound Report**

If diagnosis is Medullary Cystic Disease *(must be confirmed by a Nephrologist)*

- Creatinine Clearance**
- Renal Ultrasound Report**

B.5 Lung-Related Critical IllnessIf diagnosis is End-Stage Lung Disease *(must be confirmed by a Pulmonologist)*

- FEV1 Test Result**

B.6 Neurological-Related Critical IllnessesIf diagnosis is Alzheimer's Disease *(must be confirmed by a Neurologist)*

- Accepted Standardized Questionnaires / Tests** *(submit only one)*

If diagnosis is Amyotrophic Lateral Sclerosis, Motor Neurone Disease, Progressive Bulbar Palsy, or Progressive Muscular Atrophy *(must be confirmed by a Neurologist)*

- Electromyography Report**

If diagnosis is Bacterial Meningitis *(must be confirmed by a Neurologist)*

- Lumbar Tap Results / Cerebral Spinal Fluid Findings** *(submit only one)*

If diagnosis is Benign Brain Tumour

- CT Scan / MRI Report** *(submit only one)*
- Surgical Pathology / Histopath Report** *(submit only one)*

If diagnosis is Coma *(must be confirmed by a Neurologist)*

- Medical Records** indicating the continuous use of a life support system with respirator for a period of at least ninety-six (96) hours
- Glasgow Coma Score** for seven (7) days

If diagnosis is Encephalitis *(must be confirmed by a Neurologist)*

- Medical Records** indicating severe inflammation of brain substance and persistence of the neurological deficit for at least six (6) consecutive months

If diagnosis is Guillain-Barre Syndrome *(must be confirmed by a Neurologist)*

- Nerve Conduction Study Result**
- Laboratory / Diagnostic Test Results** after one (1) month from the date of initial diagnosis *(submit only one)*

If diagnosis is Idiopathic Parkinson's Disease *(must be confirmed by a Neurologist)*

- Medical Records / Laboratory Tests / Procedures** *(submit only one)*

If diagnosis is Loss of Speech *(must be confirmed by a Neurologist)*

- 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 *(submit only one)*

If diagnosis is Major Head Trauma *(must be confirmed by a Neurologist)*

- Medical Records** for at least three (3) months
- CT Scan / X-ray Report** *(submit only one)*



B**Conditional Requirements (continuation)****B.6 Neurological-Related Critical Illnesses (continuation)**

<p>If diagnosis is Meningeal Tuberculosis (<i>must be confirmed by a Neurologist</i>)</p> <p><input type="checkbox"/> Medical Records / Laboratory Tests indicating the cause of the meningitis and persistence of the neurological deficit for at least six (6) consecutive months</p>	<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 Stroke (<i>must be confirmed by a Neurologist</i>)</p> <p><input type="checkbox"/> CT Scan / MRI Report (<i>submit only one</i>)</p>

B.7 Blood-Related Critical Illness

<p>If diagnosis is Aplastic Anaemia (<i>must be confirmed by a Hematologist</i>)</p> <p><input type="checkbox"/> Bone Marrow Aspiration / Biopsy Report (<i>submit only one</i>)</p> <p><input type="checkbox"/> Laboratory Results indicating permanent bone marrow failure resulting in bone marrow cellularity of less than twenty-five percent (25%) and any two (2) of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Absolute neutrophil count of less than 500/mm³ <input type="checkbox"/> Platelets count less than 20,000/mm³ <input type="checkbox"/> Reticulocyte count of less than 20,000/mm³

B.8 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 Loss of Limbs</p> <p><input type="checkbox"/> X-ray Report of the affected area</p> <p><input type="checkbox"/> Record of Operation</p>
<p>If diagnosis is Terminal Illness (<i>must be confirmed by a Medical Specialist</i>)</p> <p><input type="checkbox"/> Medical Records / Laboratory Tests / Procedures (<i>submit only one</i>)</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 Major Burns</p> <p><input type="checkbox"/> Body Surface Area Chart</p>	<p>If the life insured underwent Major Organ Transplant</p> <p><input type="checkbox"/> Record of Operation</p>

B.9 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

