

# Living Benefit Claim Requirements (Hospital Income Benefit)



**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.
- Hospital confinement 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**

<input type="checkbox"/> <b>Claimant’s Statement</b> [form provided by SLOCPI]	<input type="checkbox"/> <b>Attending Physician’s Statement</b> [form provided by SLOCPI]
<input type="checkbox"/> <b>Statement of Account</b> from the hospital	

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

B.1 Based on Diagnosis	
If diagnosis is Heart Attack / Acute Heart Attack <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>New electrocardiographic changes</b> (e.g. ECG report and tracings) <input type="checkbox"/> <b>Blood Test</b> (e.g. Troponin or CK-MB)	If diagnosis is Multiple Sclerosis <i>(must be confirmed by a Neurologist)</i> <input type="checkbox"/> <b>Nerve Biopsy / Neural Biopsy / Electrophysiology Report</b> <i>(submit only one)</i> <input type="checkbox"/> <b>Medical Records</b> indicating the following: <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
If diagnosis is Poliomyelitis <i>(must be confirmed by a Neurologist and/or Infectious Disease Specialist)</i> <input type="checkbox"/> <b>Culture of throat washings, stools or spinal fluid</b> <input type="checkbox"/> <b>Spinal tap and examination of the spinal fluid using PCR</b> <input type="checkbox"/> <b>Test for levels of antibodies to the polio virus</b>	If diagnosis is Kidney Failure / End-Stage Renal Disease <i>(must be confirmed by a Nephrologist)</i> <input type="checkbox"/> <b>Creatinine Clearance</b> <input type="checkbox"/> <b>Glomerular Filtration Rate (GFR)</b> <input type="checkbox"/> <b>Renal Ultrasound Report</b>
If diagnosis is Dissecting Aortic Aneurysm <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>CT Scan / MRI / MRA / Angiogram Report</b> <i>(submit only one)</i>	If diagnosis is End-Stage Lung Disease <i>(must be confirmed by a Pulmonologist)</i> <input type="checkbox"/> <b>FEV1 Test Result</b>
If diagnosis is Cancer / Invasive Cancer <input type="checkbox"/> <b>Surgical Pathology / Histopath Report</b> <i>(submit only one)</i>	If diagnosis is Stroke <i>(must be confirmed by a Neurologist)</i> <input type="checkbox"/> <b>CT Scan / MRI Report</b> <i>(submit only one)</i>
If diagnosis is Progressive Muscular Atrophy <i>(must be confirmed by a Neurologist)</i> <input type="checkbox"/> <b>Electromyography Report</b>	If diagnosis is Chronic Liver Disease <input type="checkbox"/> <b>Liver Function Test</b> <input type="checkbox"/> <b>Ultrasound / CT Scan / MRI Report</b> <i>(submit only one)</i>



**B Conditional Requirements (continuation)**

**B.2 Based on Circumstances of Hospital Confinement**

If hospital confinement is due to an accident or violent incident

- Police Report**
- Hospital Records of the life insured** (*Admitting History and Discharge Summary or their equivalent*)
- Driver's License** if accident occurred while insured was driving a vehicle
- Authorization to Investigate** [form provided by SLOCPI]

If hospital confinement occurred within two (2) years from date of policy issue or last reinstatement

- Authorization to Investigate** [form provided by SLOCPI]
- Hospital Records of the life insured** (*Admitting History and Discharge Summary or their equivalent*)

**B.3 Based on Surgical Operation Performed**

If the life insured underwent Major Organ Transplant, or if the plan is Sun First Aid / Sun First Aid Plus and surgical operation is performed

- Record of Operation**

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

Email: [sunlink@sunlife.com](mailto: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

