

Hospital Income Benefit (HIB) Claim Requirements



IMPORTANT REMINDERS:

- 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.
- 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 Requirements	
<input type="checkbox"/> Hospital Income Benefit (HIB) Claim Form [form provided by SLOCPI]	<input type="checkbox"/> Attending Physician's Statement [form provided by SLOCPI]
<input type="checkbox"/> One (1) valid government-issued ID with photo and signature of the claimant	<input type="checkbox"/> Statement of Account from the hospital

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

B.1 Based on Diagnosis

<p>If diagnosis is Heart Attack / Acute Heart Attack <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> New electrocardiographic changes (e.g. ECG report and tracings) <input type="checkbox"/> Blood Test (e.g. Troponin or CK-MB) 	<p>If diagnosis is Multiple Sclerosis <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Nerve Biopsy / Neural Biopsy / Electrophysiology Report (submit only one) <input type="checkbox"/> Medical Records indicating the following: <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 Poliomyelitis <i>(must be confirmed by a Neurologist and/or Infectious Disease Specialist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Culture of throat washings, stools or spinal fluid <input type="checkbox"/> Spinal tap and examination of the spinal fluid using PCR <input type="checkbox"/> Test for levels of antibodies to the polio virus 	<p>If diagnosis is Kidney Failure / End-Stage Renal Disease <i>(must be confirmed by a Nephrologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Glomerular Filtration Rate (GFR) <input type="checkbox"/> Renal Ultrasound Report
<p>If diagnosis is Dissecting Aortic Aneurysm <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI / MRA / Angiogram Report (submit only one) 	<p>If diagnosis is End-Stage Lung Disease <i>(must be confirmed by a Pulmonologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> FEV1 Test Result
<p>If diagnosis is Cancer / Invasive Cancer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Surgical Pathology / Histopathology Report (submit only one) 	<p>If diagnosis is Stroke <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI Report (submit only one)
<p>If diagnosis is Progressive Muscular Atrophy <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Electromyography Report 	<p>If diagnosis is Chronic Liver Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Liver Function Test <input type="checkbox"/> Ultrasound / CT Scan / MRI Report (submit only one)

B.2 Based on Circumstances of Hospital Confinement

<p>If hospital confinement is due to an accident or violent incident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Police Report <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 SLOCPI] 	<p>If hospital confinement occurred within two (2) years from date of policy issue or last reinstatement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI] <input type="checkbox"/> 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 was performed

Record of Operation

B.4 Based on Preferred Payment Option

If the claimant prefers to receive the benefit through credit to account

Proof of bank account e.g. Bank Statement of Account, Certificate of Bank Deposit, First Page of the Bank Passbook, Check, ATM Card or Validated Deposit/Withdrawal Slip showing the bank account number and account name of the claimant (*submit only one*)

Special instruction: *The bank account number and the account name must appear on the same page and should be readable and clear. Please mask account details and names of other account holders, if any. The Company may require presentation of additional documents to validate submissions.*

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



SUNLINK Client Care: (+632) 8849-9888 – Calls outside the Philippines may incur additional charges
Toll-free (using PLDT Line): 1-800-10-SUNLIFE (7865433) outside Metro Manila
8:00 AM to 5:00 PM | Mondays to Fridays



sunlink@sunlife.com



www.sunlife.com.ph



[Client Service Center](#)