

# Critical Condition/Critical Illness Benefit Claim Requirements



## IMPORTANT REMINDERS:

- Refer to the "Benefit Provisions" / "Additional Benefit" section in your policy contract to determine the covered critical condition/illness.
- 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.
- Critical illness:
  - ✓ must occur more than 90 days after the effective date or last reinstatement of this benefit
  - ✓ must meet the definition specified by the policy
  - ✓ does not fall under any of the exclusions
  - ✓ 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"/> <b>Living Benefit Claim Form</b> [form provided by SLOCPI]	<input type="checkbox"/> <b>Living Benefit Attending Physician's Statement</b> [form provided by SLOCPI]
<input type="checkbox"/> <b>Authorization to Investigate</b> [form provided by SLOCPI]	<input type="checkbox"/> <b>Hospital Records of the life insured</b> (Admitting History and Discharge Summary or their equivalent)
<input type="checkbox"/> <b>Valid government-issued ID</b> with photo and signature of the claimant	

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

### B.1 Heart-Related Critical Conditions/Illnesses

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

### B.2 Cancer-Related Critical Conditions/Illnesses

If diagnosis is <b>Cancer/Invasive Cancer</b>	If diagnosis is <b>Cerebral Metastasis</b> <i>(must be confirmed by an Oncologist)</i>
<input type="checkbox"/> <b>Surgical Pathology / Histopath Report</b> <i>(submit only one)</i>	<input type="checkbox"/> <b>Surgical Pathology / Histopath / Progressive Neurological Deterioration Report</b> <i>(submit only one)</i>

### B.3 Liver-Related Critical Conditions/Illnesses

If diagnosis is <b>Fulminant Hepatitis</b>	If diagnosis is <b>End-Stage Liver Failure</b>
<input type="checkbox"/> <b>Liver Function Test</b>	<input type="checkbox"/> <b>Medical Records</b>
<input type="checkbox"/> <b>Laboratory Tests</b>	<input type="checkbox"/> <b>PET / MRI / CT Scan Report</b>
<input type="checkbox"/> <b>Psychometric PSE Test</b>	
<input type="checkbox"/> <b>Electroencephalogram (EEG) Report</b>	
<input type="checkbox"/> <b>MRI / CT Scan Report</b> <i>(submit only one)</i>	

### B.4 Kidney-Related Critical Conditions/Illnesses

If diagnosis is <b>Kidney Failure / End-Stage Renal Disease</b> <i>(must be confirmed by a Nephrologist)</i>	If diagnosis is <b>Medullary Cystic Disease</b> <i>(must be confirmed by a Nephrologist)</i>
<input type="checkbox"/> <b>Creatinine Clearance / Glomerular Filtration Rate (GFR)</b>	<input type="checkbox"/> <b>Creatinine clearance</b>
<input type="checkbox"/> <b>Dialysis Record</b>	<input type="checkbox"/> <b>Renal Imaging: Ultrasound or CT scan, or MRI</b>
<input type="checkbox"/> <b>Record of Operation for Dialysis Catheter/AV Fistula</b>	<input type="checkbox"/> <b>Other blood test results</b>

### B.5 Lung-Related Critical Conditions/Illness

If diagnosis is **End-Stage Lung Disease** (must be confirmed by a Pulmonologist)

**FEV1 Test Result**

### B.6 Neurological-Related Critical Conditions/Illnesses

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

**Standardized Cognitive Test and Questionnaires**

**ADL Assessment / Report from an OT**

If diagnosis is **Amyotrophic Lateral Sclerosis, Motor Neuron 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 or Cerebral Spinal Fluid Findings (EMG) and Nerve Conduction Study (NCV)**

If diagnosis is **Benign Brain Tumour**

**CT Brain Scan / MRI**

**Surgical Pathology Report**

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 96 hours

**Glasgow Coma Score for 7 days**

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

**CT Brain Scan / MRI**

**Lumbar Puncture / Spinal Tap**

**Blood tests required by the doctor and upon disease diagnosis**

**Electroencephalogram (EEG)**

**Brain Biopsy**

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

**Nerve Conduction Study**

**Laboratory/Diagnostic Test Results** after 1 month from the date of initial diagnosis

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

**Laboratory Tests / Procedures** (Blood Test, Ultrasound, PET / MRI / CT Brain Scan, etc.)

**Unified Parkinson's Disease Rating Scale (UPDRS)**

**ADL Assessment/Report from an OT**

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

**Voice Assessment Report**

**Laryngoscopy report**

If diagnosis is **Major Head Trauma** (must be confirmed by a Neurologist and submission of requirements must be done after the three (3) month-waiting period/observation period.)

**Medical Records** (condition/illness must be medically documented for at least three (3) months)

**Scan or X-ray**

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

**Medical Records / Laboratory Tests** indicating the cause of the meningitis and persistence of the neurological deficit for at least six (6) consecutive months

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

**Nerve Biopsy / Neural Biopsy / Electrophysiology Report** (submit only one)

**Medical Records indicating the following:**

Two (2) episodes of well-defined neurological abnormalities

Evidence of demyelinating lesions at more than one (1) site within the central nervous system

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

**Medical Records** indicating complete and permanent loss of use of both arms and legs

**All objective laboratory and diagnostic reports**

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

**CT Scan / MRI Report** (submit only one)

### B.7 Blood-Related Critical Conditions/Illness

If diagnosis is **Aplastic Anaemia** (must be confirmed by a Hematologist)

**Bone Marrow Aspiration / Biopsy Report** (submit only one)

**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:

✓ Absolute neutrophil count of less than 500/mm<sup>3</sup>

✓ Platelets count less than 20,000/mm<sup>3</sup>

✓ Reticulocyte count of less than 20,000/mm<sup>3</sup>

**Medical Records** indicating any of the following treatments:

✓ frequent blood product transfusions

✓ bone marrow stimulating agents

✓ immunosuppressive agents for more than 3 consecutive months

✓ bone marrow transplant



## B.8 Other Critical Conditions/Illnesses

<p>If diagnosis is <b>Deafness</b> (must be clinically confirmed by an Otorhinolaryngologist / ENT Specialist)</p> <p><input type="checkbox"/> <b>Medical Records from Hearing Diagnostic Center</b></p> <p><input type="checkbox"/> <b>Audiometry</b></p>	<p>If diagnosis is <b>Loss of Limbs</b></p> <p><input type="checkbox"/> <b>X-ray Report</b> of the affected area</p> <p><input type="checkbox"/> <b>Record of Operation</b></p>
<p>If diagnosis is <b>Terminal Illness</b> (must be confirmed by a Medical Specialist)</p> <p><input type="checkbox"/> <b>Medical Records, Laboratory Tests and Procedures</b></p>	<p>If diagnosis is <b>Total Blindness</b> (must be confirmed by an Ophthalmologist)</p> <p><input type="checkbox"/> <b>Visual Acuity Test</b></p> <p><input type="checkbox"/> <b>Visual Field Test</b></p> <p><input type="checkbox"/> <b>Comprehensive Eye Examination Report</b> such as Retinal Examination and Optic Nerve Evaluation</p>
<p>If diagnosis is <b>Major Burns</b></p> <p><input type="checkbox"/> <b>Body Surface Area Chart</b></p> <p><input type="checkbox"/> <b>Accident Report</b></p>	<p>If the life insured underwent <b>Major Organ Transplant</b></p> <p><input type="checkbox"/> <b>Record of Operation</b></p>

## B.9 Based on Circumstances of Critical Condition/Illness

<p>If critical illness is caused by an accident or violent incident</p> <p><input type="checkbox"/> <b>Police Report</b></p>	<p><input type="checkbox"/> <b>Medico-Legal Report</b> (if available)</p>
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## B.10 Based on Preferred Payment Option

<p>If the claimant prefers to receive the benefit through credit to account</p> <p><input type="checkbox"/> <b>Proof of bank account</b> 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)</p> <p><b>Special instruction:</b> 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.</p>
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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  
 PLDT Toll-free: 1-800-10-SUNLIFE (1-800-10-7865433) – outside Metro Manila  
 8:00 AM to 5:00 PM | Mondays to Fridays



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