Death Claim Requirements
(Pre-need Plans)

Sun Life

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.
- Except as indicated below, documents submitted to Sun Life Financial Plans, Inc. (SLFPI) 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.
- Death that occurs within one (1) year from date of plan issue or last reinstatement is subject to investigation and will affect processing time.

A Basic Claim Requirements

☐ **Death Certificate** duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number *(original form with blue background or lines is not acceptable)*

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

B.1 Based on Beneficiary Information

If beneficiary is the spouse

☐ **Marriage Certificate** issued by the Philippine Statistics Authority *(original)*

If beneficiary is a corporation

☐ **Corporate Secretary's Certificate** indicating the name(-s), scope of authority and specimen signature(-s) of the person(-s) authorized by the company to sign the claim requirements

☐ **One (1) valid ID** (*any government-issued ID with photo and signature)* per authorized signatory

☐ Latest **General Information Sheet (GIS)** duly filed with the Securities and Exchange Commission (SEC)

If beneficiary is a minor *(below 18 years old)*

☐ **Birth Certificate** of the minor issued by the Philippine Statistics Authority *(original)*

☐ **Notarized Affidavit of Guardianship** [form provided by SLFPI] if parent or other party is claiming on behalf of the minor

Additional documents required if the approved claim exceeds PHP500,000.00:

☐ **Guardian's Bond** approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor *(submit only upon approval of claim)*

☐ **Letters of Guardianship** approved by the court including the Summary of the Proceedings or the Petition if party other than parent is claiming on behalf of the minor *(submit only upon approval of claim)*

B.2 Based on Circumstances of Death

If death occurred within one (1) year from date of policy issue or last reinstatement

☐ **Attending Physician's Statement** [form provided by SLFPI] to be completed by the doctor who attended to the insured during his last illness or at the time of death

☐ **Authorization to Investigate** [form provided by SLFPI]

☐ **Hospital Records of the life insured** *(Admitting History and Discharge Summary or their equivalent)*

B Conditional Requirements *(continuation)*

B.2 Based on Circumstances of Death *(continuation)*

If death is due to an accident or violent incident

- ☐ **Police Report**
- ☐ **Autopsy** and **Medico-Legal Report** *(if available)*
- ☐ **Toxicology Report** *(if available)*
- ☐ **Obituary** or **Newspaper Clippings** *(if available)*
- ☐ **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 SLFPI]

If death happened abroad

- ☐ **Passport** *(original - to be returned)*
- ☐ **Death Certificate and other documents related to travel or death abroad** *(e.g. Cremation / Embalming Certificate, Proof of Transfer of Body, etc.)* apostilled or authenticated by the applicable Consulate including the official English translation *(original - to be returned)*

B.3 Based on Benefit Type

If claim is for Group Yearly Renewable Term, Accidental Death and Dismemberment, Personal Accident Protection, Scholar Accident Protection or Family Accident Protection benefit

- ☐ **Claimant's Statement** [form provided by SLFPI] to be completed by designated primary beneficiary(-ies) or by authorized signatory, if beneficiary is a company

Special Instruction: *One Claimant's Statement per beneficiary*

C Regulatory Requirements

If beneficiary is a corporation, or an individual who is a U.S. Person or tax resident *(including a green card holder and dual citizen)*, or who has a U.S. Address or U.S. phone number

- ☐ **FATCA Declaration Form** [form provided by SLFPI]
- ☐ Duly accomplished **W-8BEN** or **W-9** [form may be downloaded from the IRS website - www.irs.gov/forms-instructions]

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.