Living Benefit Claim Requirements
(Female Critical Illness and Maternity Benefits)

Sun Life

Purpose of this checklist:
This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS
Please take note of the following:

- Not all female critical illnesses listed herein are applicable to all plans. Please check your policy contract for the covered female critical illnesses and their definitions.
- 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.
- Female critical illnesses and child delivery 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

☐ **Claimant's Statement** [form provided by SLOCPI]

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

B.1 Based on Benefit Type

If the claim is for "Benefit for Every Child Delivered"	If the benefit claim is for "Female Benefit/Female & Maternity Benefits/Female Critical Illness Benefit/Female Critical Illness & Maternity Benefits" or if child delivery occurred within two (2) years from date of policy issue or last reinstatement
☐ **Birth Certificate** of the child, issued by the Local Civil Registry Office	☐ **Attending Physician's Statement** [form provided by SLOCPI] ☐ **Hospital Records of the life insured** *(Admitting History and Discharge Summary or their equivalent)* ☐ **Authorization to Investigate** [form provided by SLOCPI]

B.2 Based on Diagnosis

If diagnosis is Cancer of the Breast, Cervix Uteri, Uterus, Ovary, Fallopian Tube or Vagina, or Carcinoma-in-situ of the Uterine Corpus, Ovary, Fallopian Tube or Vagina ☐ **Surgical Pathology / Histopath Report** *(submit only one)* ☐ **Record of Operation** if diagnosis is Carcinoma-in-situ of the Uterine Corpus, Ovary, Fallopian Tube or Vagina	If diagnosis is Hydatidiform Mole *(must be confirmed by an Obstetrician – Gynecologist)* ☐ **Surgical Pathology / Histopath Report** *(submit only one)*
If diagnosis is Rheumatoid Arthritis *(must be confirmed by a Rheumatologist)* ☐ **Rheumatoid Factor Test**	If diagnosis is Severe Osteoporosis ☐ **Bone Density Studies** ☐ **Skeletal X-ray / MRI Report** *(submit only one)*
If diagnosis is Disseminated Intravascular Coagulation (D.I.C.) ☐ **Hematology Report**	If diagnosis is Ectopic Pregnancy *(must be confirmed by an Obstetrician – Gynecologist)* ☐ **Laparoscopic Surgery Report / Laparotomy Record** *(submit only one)*

B Conditional Requirements *(continuation)*

B.2 Based on Diagnosis (*continuation*)

If diagnosis is Systemic Lupus Erythematosus (S.L.E)

☐ Two (2) or more of the following tests being positive

- ☐ **Anti-nuclear antibodies**
- ☐ **Anti-DNA**
- ☐ **I.E. cells**
- ☐ **Anti-Sm (Smith IgC Autoantibodies)**

☐ **Medical Records** indicating at least four (4) of the following presentations:

- ☐ **Malar rash**
- ☐ **Discoid rash**
- ☐ **Photosensitivity**
- ☐ **Oral ulcers**
- ☐ **Arthritis**
- ☐ **Serositis**
- ☐ **Renal disorder**
- ☐ **Leukopenia (<4,000/uL) or Lymphopenia (<1,500/uL) or Haemolytic anemia or Thrombocytopenia (<100,000/uL)**
- ☐ **Neurological disorder**

B.3 Based on Surgical Operation Performed

If insured underwent Major Plastic Surgery due to accidents or Skin Transplantation due to Accidental Burning *(must be confirmed by a Surgeon)*

- ☐ **Record of Operation**
- ☐ **Police Report**
- ☐ **Driver's License** if accident occurred while insured was driving a vehicle

If insured underwent Hysterectomy or Dilatation and Curettage (D&C) *(must be confirmed by an Obstetrician – Gynecologist)*

- ☐ **Record of Operation**

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