Living Benefit 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.
- 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.
- Disability / disablement / dismemberment/ injury that occurs within one (1) year from date of plan issue or last reinstatement is subject to investigation and will affect processing time.

This claim checklist is for (please check appropriate box):

- ☐ Credit Group Disability (CGD)
- ☐ Accidental Dismemberment / Disablement (ADD/ADDD)
- ☐ Medical Reimbursement (MR)
- ☐ Personal Accident Protection (PAP) – Disablement
- ☐ Scholar Accident Protection (SAP) – Disablement
- ☐ Family Accident Protection (FAP) – Dismemberment

A Basic Claim Requirements

☐ **Claimant's Statement** [form provided by SLFPI]	☐ **Attending Physician's Statement** [form provided by SLFPI]

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

B.1 Based on Benefit Type

If claim is for Credit Group Disability (CGD) ☐ **Employer's Statement** [form provided by SLFPI] ☐ **Statement of Account** if loan has not been paid in full as of date of disability ☐ **Proof of Settlement of Loan** if loan has been paid in full as of date of disability	If claim is for Accidental Dismemberment / Disablement (ADD/ADDD) / Personal Accident Protection (PAP) – Disablement / Scholar Accident Protection (SAP) – Disablement / Family Accident Protection (FAP) - Dismemberment ☐ **Record of Operation**
If claim is for Medical Reimbursement (MR) ☐ **Official Receipts** *(original)*	☐ **Statement of Account** from hospital, if life insured was hospital confined

B.2 Based on Circumstances of Disability / Dismemberment / Disablement / Injury

If disability / dismemberment / disablement / injury occurred within one (1) year from date of policy issue or last reinstatement ☐ **Authorization to Investigate** [form provided by SLFPI] ☐ **Hospital Records of the life insured** *(Admitting History and Discharge Summary or their equivalent)*	If cause of disability / dismemberment / disablement / injury is due to an accident or violent incident ☐ **Police Report** ☐ **Hospital Records of the life insured** *(Admitting History and Discharge Summary or their equivalent)* if hospital confined ☐ **Driver's License** if accident occurred while insured was driving a vehicle ☐ **Authorization to Investigate** [form provided by SLFPI]

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