

# SUN Fit and Well (Blood-Related) 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.
- 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 Based on Diagnosis

<p>If diagnosis is <b>Aplastic Anaemia</b> (must be confirmed by a Hematologist)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Bone Marrow Aspiration / Biopsy Report</b> (submit only one)</li> <li><input type="checkbox"/> <b>Laboratory Results</b> indicating permanent bone marrow failure resulting in bone marrow cellularity of less than twenty-five percent (25%) and any two (2) of the following:                             <ul style="list-style-type: none"> <li>○ Absolute neutrophil count of less than 500/mm<sup>3</sup></li> <li>○ Platelets count less than 20,000/mm<sup>3</sup></li> <li>○ Reticulocyte count of less than 20,000/mm<sup>3</sup></li> </ul> </li> <li><input type="checkbox"/> <b>Medical Records</b> indicating any of the following treatments:                             <ul style="list-style-type: none"> <li>○ frequent blood product transfusions</li> <li>○ bone marrow stimulating agents</li> <li>○ immunosuppressive agents for more than 3 consecutive months</li> <li>○ bone marrow transplant</li> </ul> </li> </ul>	<p>If diagnosis is <b>Occupational Acquired HIV</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Proof of the accident giving rise to the infection</b></li> <li><input type="checkbox"/> <b>Proof that the accident involved a definite source of the HIV-infected fluids</b></li> <li><input type="checkbox"/> <b>Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the accident.</b> This proof must include a negative HIV antibody test within 5 days of the accident.</li> <li><input type="checkbox"/> <b>Valid Professional Regulations Commission (PRC) License</b></li> </ul>
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### B.2 Based on Circumstances of Critical Illness

<p>If critical illness is caused by an accident or violent incident</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Police Report</b></li> <li><input type="checkbox"/> <b>Medico-Legal Report</b> (if available)</li> </ul>
<p>If claiming for Hospital Income Benefit under Sun Fit and Well Advantage plan</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Statement of Account</b> from hospital</li> </ul>

### B.3 Based on Preferred Payment Option

<p>If the claimant prefers to receive the benefit through credit to account</p> <ul style="list-style-type: none"> <li><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)</li> </ul> <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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