

SUN Fit and Well (Child Conditions) 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

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| <input type="checkbox"/> Living Benefit Claim Form [form provided by SLOCPI] | <input type="checkbox"/> Living Benefit Attending Physician's Statement [form provided by SLOCPI] |
| <input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI] | <input type="checkbox"/> Hospital Records of the life insured (Admitting History and Discharge Summary or their equivalent) |
| <input type="checkbox"/> Valid government-issued ID with photo and signature of the claimant | |

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

B.1 Based on Diagnosis

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| If diagnosis is Dengue Hemorrhagic Fever (Grades III and IV) <i>(must be confirmed by Pediatrician, Hematologist or Infectious Disease Specialist)</i> <input type="checkbox"/> Dengue Diagnostic Test (e.g. NS1 Antigen Test, PCR Test, Serology Test) <input type="checkbox"/> Complete Blood Count <input type="checkbox"/> Liver Function Test or Whole Abdominal Ultrasound | If diagnosis is Hemophilia A and Hemophilia B <i>(must be confirmed by Hematologist)</i> <input type="checkbox"/> Clotting Factor Assay Report (Factor VIII or Factor IX) |
| If diagnosis is Insulin Dependent Diabetes Mellitus <i>(must be confirmed by Pediatric Endocrinologist)</i> <input type="checkbox"/> All laboratory tests and work-ups done <input type="checkbox"/> Treatment Record including Insulin Therapy for at least six (6) months | If diagnosis is Kawasaki Disease <i>(must be confirmed by Pediatrician or Cardiologist)</i> <input type="checkbox"/> Echocardiogram Report (initial onset and 6 months after) <input type="checkbox"/> Hospital records indicating therapy provided such as intravenous immunoglobulin (IVIG) and aspirin therapy |
| If diagnosis is Osteogenesis Imperfecta <i>(must be confirmed by Pediatrician)</i> <input type="checkbox"/> Medical records indicating growth retardation and hearing impairment <input type="checkbox"/> X-ray Studies Results <input type="checkbox"/> Skin Biopsy or equivalent diagnostic test, if any <input type="checkbox"/> All tests that support the diagnosis | If diagnosis is Rheumatic Fever with Valvular Impairment <i>(must be confirmed by Pediatric-Cardiologist)</i> <input type="checkbox"/> Echocardiography Report <input type="checkbox"/> Medical records showing valve incompetence persisting for at least six (6) months |

B.2 Based on Circumstances of Critical Illness

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| If critical illness is caused by an accident or violent incident <input type="checkbox"/> Police Report | <input type="checkbox"/> Medico-Legal Report <i>(if available)</i> |
| If claiming for Hospital Income Benefit under Sun Fit and Well Advantage plan <input type="checkbox"/> Statement of Account from hospital | |

B.3 Based on Preferred Payment Option

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| If the claimant prefers to receive the benefit through credit to account <input type="checkbox"/> Proof of bank account 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 <i>(submit only one)</i> Special instruction: <i>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.</i> |
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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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Client Service Center

