

SUN Fit and Well (Gastrointestinal-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"/> 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

If diagnosis is Severe Crohn's Disease (<i>must be confirmed by Gastroenterologist</i>) <input type="checkbox"/> Colonoscopy or Sigmoidoscopy <input type="checkbox"/> Surgical Pathology / Histopath Report / Biopsy Result	If diagnosis is Severe Ulcerative Colitis (<i>must be confirmed by Gastroenterologist</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> Colonoscopy or Sigmoidoscopy <input type="checkbox"/> Surgical Pathology / Histopath Report / Biopsy Result
If diagnosis is Acute Necrohemorrhagic Pancreatitis (<i>must be confirmed by Gastroenterologist</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> Surgical Pathology / Histopath Report / Biopsy Result	If diagnosis is Chronic Relapsing Pancreatitis (<i>must be confirmed by Gastroenterologist</i>) <input type="checkbox"/> Pancreatic Function Test <input type="checkbox"/> Radiographic and imaging evidence (X-ray, Ultrasound, etc.)

B.2 Based on Circumstances of Critical Illness

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

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](#)

