

# SUN Fit and Well (Heart-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 Minor Critical Illness

If the life insured underwent <b>Cardiac Pacemaker Insertion / Cardiac Defibrillator Insertion</b> <i>(must be confirmed by a Cardiologist or an Interventional Cardiologist)</i> <input type="checkbox"/> <b>Holter Monitoring Report</b> <input type="checkbox"/> <b>Record of Operation</b>	If the life insured underwent <b>Angioplasty and Other Invasive Treatment for Coronary Artery Disease</b> <i>(must be confirmed by a Cardiologist or an Interventional Cardiologist)</i> <input type="checkbox"/> <b>Coronary Angiography Report</b> <input type="checkbox"/> <b>Record of Operation</b>
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#### B.2 Major Critical Illness

If diagnosis is <b>Acute Heart Attack</b> <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>ECG report and tracings</b> <input type="checkbox"/> <b>Blood Test (e.g. Troponin or CK-MB)</b>	If the life insured underwent <b>Replacement of Heart Valve / Surgery for Disease of the Aorta (Aorta Surgery)</b> <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>2D-Echocardiogram (TTE or TEE)</b> <input type="checkbox"/> <b>Cardiac Catheterization Result</b> <input type="checkbox"/> <b>Record of Operation</b>
If diagnosis is <b>Dissecting Aortic Aneurysm</b> <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>CT Scan / MRI / MRA / Angiogram Report</b> <input type="checkbox"/> <b>Record of Operation</b>	If diagnosis is <b>Cardiomyopathy</b> <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>2D- Echocardiogram reports done for the last 5 years</b> <input type="checkbox"/> <b>Cardiac CT scan or MRI</b> <input type="checkbox"/> <b>Coronary Angiography Report</b>
If diagnosis is <b>Eisenmenger's Syndrome</b> <i>(must be confirmed by an Interventional Cardiologist)</i> <input type="checkbox"/> <b>Echocardiography Report</b> <input type="checkbox"/> <b>Cardiac Catheterization Result</b>	If diagnosis is <b>Idiopathic Pulmonary Arterial Hypertension</b> <i>(must be confirmed by an Interventional Cardiologist)</i> <input type="checkbox"/> <b>Cardiac Catheterization Result</b> <input type="checkbox"/> <b>All laboratory and diagnostic procedures</b>
If diagnosis is <b>Severe Infective Endocarditis</b> <i>(must be confirmed by a Cardiologist)</i> <input type="checkbox"/> <b>Blood Culture Results</b> <input type="checkbox"/> <b>2D-Echo with Doppler Studies</b>	If the life insured underwent <b>Coronary Artery Bypass Surgery</b> <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i> <input type="checkbox"/> <b>Coronary Angiography Report</b> <input type="checkbox"/> <b>Record of Operation</b>

#### B.3 Based on Circumstances of Critical Illness

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

#### B.4 Based on Preferred Payment Option

If the claimant prefers to receive the benefit through credit to account

**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 (*submit only one*)

**Special instruction:** *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.*

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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[www.sunlife.com.ph](http://www.sunlife.com.ph)



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