

SUN Fit and Well (Kidney-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 Minor Critical Illness

If the life insured underwent Surgical Removal of One Kidney (<i>must be certified by Nephrologist or Urologist</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> Any objective laboratory and diagnostic procedures	If diagnosis is Chronic Kidney Disease (<i>must be diagnosed by Nephrologist</i>) <input type="checkbox"/> Renal Function Test containing the eGFR results for the past 3 months or more
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B.2 Major Critical Illness

If diagnosis is Medullary Cystic Disease (<i>must be confirmed by Nephrologist</i>) <input type="checkbox"/> Creatinine clearance and other blood test results <input type="checkbox"/> Renal ultrasound, CT scan or MRI	If diagnosis is End Stage Renal Disease (<i>must be certified by Nephrologist or Urologist</i>) <input type="checkbox"/> Creatinine Clearance/estimated Glomerular Filtration Rate (eGFR) <input type="checkbox"/> Dialysis Record/Record of Operation for Dialysis Catheter/AV Fistula
If diagnosis is Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis (<i>must be certified by Rheumatologist and Immunologist</i>) <input type="checkbox"/> Kidney Biopsy Results <input type="checkbox"/> Urinalysis Result <input type="checkbox"/> Blood tests such as Antinuclear Antibody Tests (ANA) and Anti-dsDNA Antibody Tests, and complement levels (C3, C4) <input type="checkbox"/> Renal ultrasound, CT Scan or MRI <input type="checkbox"/> Serum creatinine, estimated Glomerular Filtration Rate (eGFR), BUN	

B.3 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.4 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



sunlink@sunlife.com



www.sunlife.com.ph



[Client Service Center](#)

