

# SUN Fit and Well (Neurological-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>Cerebral Shunt Insertion</b> <i>(must be certified by Neurologist)</i> <input type="checkbox"/> <b>Record of Operation</b> <input type="checkbox"/> <b>All scans related to the procedure</b> (Ultrasound, MRI, CT scan, etc.)	If diagnosis is <b>Cerebral Aneurysm Surgery</b> <i>(must be certified by Neurologist or Neuro-Surgeon)</i> <input type="checkbox"/> <b>Record of Operation</b> <input type="checkbox"/> <b>MRA of the brain or Cerebral Arteriography</b> <input type="checkbox"/> <b>All other radiological studies</b> (X-ray, Ultrasound, etc.)
If diagnosis is <b>Moderately Severe Alzheimer's Disease</b> <i>(must be diagnosed by Neurologist, Psychiatrist or Neuro-Psychiatrist)</i> <input type="checkbox"/> <b>ADL Report</b>	If diagnosis is <b>Moderately Severe Parkinson's Disease</b> <i>(must be certified by Neurologist)</i> <input type="checkbox"/> <b>ADL Report</b> <input type="checkbox"/> <b>PET / MRI / CT Brain Scan</b>

#### B.2 Major Critical Illness

If diagnosis is <b>Stroke</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>CT Scan / MRI Report</b>	If diagnosis is <b>Alzheimer's Disease</b> <i>(must be diagnosed by Neurologist)</i> <input type="checkbox"/> <b>Standardized Cognitive Test and Questionnaires</b> <input type="checkbox"/> <b>ADL Assessment / Report from an OT</b>
If diagnosis is <b>Parkinson's Disease</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>Laboratory Tests / Procedures</b> (Blood Test, Ultrasound, PET / MRI / CT Brain Scan, etc.) <input type="checkbox"/> <b>Unified Parkinson's Disease Rating Scale (UPDRS)</b> <input type="checkbox"/> <b>ADL Assessment/Report from an OT</b>	If diagnosis is <b>Amyotrophic Lateral Sclerosis (ALS)</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>EMG and NCV</b> <input type="checkbox"/> <b>MRI / PET Scan</b>
If diagnosis is <b>Progressive Bulbar Palsy (PBP)</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>PET / MRI / CT Brain Scan</b> <input type="checkbox"/> <b>ADL Assessment / Report from an OT</b>	If diagnosis is <b>Progressive Muscular Atrophy (PMA)</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>Electromyography (EMG)</b> <input type="checkbox"/> <b>ADL Assessment/Report from an OT</b> <input type="checkbox"/> <b>MRI Brain Scan</b>
If diagnosis is <b>Progressive Supranuclear Palsy</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>PET / MRI / CT Brain Scan</b> <input type="checkbox"/> <b>ADL Assessment / Report from an OT</b>	If diagnosis is <b>Guillain-Barre Syndrome</b> <i>(must be diagnosed by Neurologist)</i> <input type="checkbox"/> <b>Nerve Conduction Study</b> <input type="checkbox"/> <b>Laboratory/Diagnostic Test Results</b> after 1 month from the date of initial diagnosis
If diagnosis is <b>Motor Neuron Disease (MND)</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>Electromyogram (EMG) and Nerve Conduction Study (NCV)</b> <input type="checkbox"/> <b>MRI scanning of the brain and spinal cord</b>	If diagnosis is <b>Multiple Sclerosis</b> <i>(must be confirmed by Neurologist)</i> <input type="checkbox"/> <b>Nerve Biopsy, Neural Biopsy or Electrophysiology</b> <input type="checkbox"/> <b>MRI, CT Scan or other reliable imaging techniques</b> <input type="checkbox"/> <b>Medical records indicating the following:</b> <ul style="list-style-type: none"> <li>✓ Two (2) episodes of well-defined neurological abnormalities</li> </ul>

	<input checked="" type="checkbox"/> Evidence of demyelinating lesions at more than 1 site within the central nervous system
If diagnosis is <b>Bacterial Meningitis</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>Lumbar Tap Results or Cerebral Spinal Fluid Findings (EMG) and Nerve Conduction Study (NCV)</b>	If diagnosis is <b>Benign Brain Tumor</b> <input type="checkbox"/> <b>CT Brain Scan / MRI</b> <input type="checkbox"/> <b>Surgical Pathology Report</b>
If diagnosis is <b>Coma</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>Medical Records</b> indicating the continuous use of a life support system with respirator for a period of at least 96 hours <input type="checkbox"/> <b>Glasgow Coma Score for 7 days</b>	If diagnosis is <b>Major Head Trauma</b> (must be confirmed by a Neurologist and submission of requirements must be done after the three (3) month-waiting period/observation period.) <input type="checkbox"/> <b>Medical Records</b> (condition/illness must be medically documented for at least three (3) months) <input type="checkbox"/> <b>CT Scan or X-ray</b>
If the life insured underwent <b>Brain Surgery</b> (must be confirmed by Neuro-Surgeon) <input type="checkbox"/> <b>Record of Operation</b>	If diagnosis is <b>Meningeal Tuberculosis</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>Cerebrospinal Fluid Analysis</b>
If diagnosis is <b>Encephalitis</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>CT Brain Scan / MRI</b> <input type="checkbox"/> <b>Lumbar Puncture / Spinal Tap</b> <input type="checkbox"/> <b>Blood tests required by the doctor and upon disease diagnosis</b> <input type="checkbox"/> <b>Electroencephalogram (EEG)</b> <input type="checkbox"/> <b>Brain Biopsy</b>	If diagnosis is <b>Apallic Syndrome</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>CT Brain Scan / MRI</b> <input type="checkbox"/> <b>Medical records</b> stating that condition persisted for at least one (1) month
If diagnosis is <b>Muscular Dystrophy</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>Muscle biopsy</b> evidence showing the elevated Creatinine Kinase (CK)/Creatinine Phosphokinase (CpK3) <input type="checkbox"/> <b>Electromyography</b> <input type="checkbox"/> <b>ADL Assessment / Report from an OT</b>	If diagnosis is <b>Creutzfeldt-Jacob Disease</b> (must be diagnosed by Neurologist) <input type="checkbox"/> <b>Muscle biopsy</b> evidence showing the elevated Creatinine Kinase (CK)/Creatinine Phosphokinase (CpK3)
If diagnosis is <b>Severe Myasthenia Gravis</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>All relevant tests and work-ups</b> to support the diagnosis (e.g. Repetitive Nerve Stimulation test (EMG); Antibody Testing; Ice Test; Edrophonium test; Chest Xray / CT / MRI scan report; Pulmonary Function Test; etc.)	If diagnosis is <b>Paralysis</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>Medical records</b> indicating complete and permanent loss of use of arms and legs <input type="checkbox"/> <b>All objective laboratory and diagnostic reports</b>
If diagnosis is <b>Hemiplegia</b> (must be confirmed by Neurologist) <input type="checkbox"/> <b>Medical records</b> indicating total and permanent loss of the use of one side of the body through paralysis caused by illness or injury <input type="checkbox"/> <b>All objective laboratory and diagnostic reports</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> (if available)
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 <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)  <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.
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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

