

SUN Fit and Well (Other Illnesses) 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 Deafness (<i>must be confirmed by an Otorhinolaryngologist or ENT Specialist</i>) <input type="checkbox"/> Medical Records from Hearing Diagnostic Center <input type="checkbox"/> Audiometry	If diagnosis is Loss of Limbs <input type="checkbox"/> Record of Operation or its equivalent <input type="checkbox"/> X-ray of the affected area
If diagnosis is Total Blindness (<i>must be confirmed by Ophthalmologist</i>) <input type="checkbox"/> Visual Acuity Test <input type="checkbox"/> Visual Field Test <input type="checkbox"/> Comprehensive Eye Examination Report such as Retinal Examination and Optic Nerve Evaluation	If diagnosis is Loss of Speech (<i>must be confirmed by Neurologist or ENT Specialist</i>) <input type="checkbox"/> Voice Assessment Report <input type="checkbox"/> Laryngoscopy report
If diagnosis is Major Burns <input type="checkbox"/> Body Surface Area Chart <input type="checkbox"/> Accident Report	If diagnosis is Major Organ Transplant <input type="checkbox"/> Record of Operation <input type="checkbox"/> All objective laboratory and diagnostic reports
If diagnosis is Terminal Illness (<i>must be confirmed by Medical Specialist</i>) <input type="checkbox"/> Medical Records, Laboratory Tests and Procedures	If the life insured underwent Amputation due to Diabetic Complication (<i>must be confirmed by Endocrinologist</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> All objective laboratory and diagnostic reports
If diagnosis is Elephantiasis (<i>must be diagnosed by Infectious Disease Specialist</i>) <input type="checkbox"/> All laboratory confirmation of microfilariae	If diagnosis is Poliomyelitis (<i>must be diagnosed by Neurologist</i>) <input type="checkbox"/> Laboratory Test Results such as Virus Isolation and PCR Test <input type="checkbox"/> Neurological Examination Report including manual muscle testing <input type="checkbox"/> EMG-NCV <input type="checkbox"/> Pulmonary Function Tests
If diagnosis is Severe Rheumatoid Arthritis (<i>must be confirmed by Rheumatologist</i>) <input type="checkbox"/> Medical records showing that the diagnostic criteria of the American College of Rheumatology are met	If diagnosis is Ebola (<i>must be diagnosed by Infectious Disease Specialist</i>) <input type="checkbox"/> Medical records showing complications of the infection persisting beyond thirty (30) days from the onset of symptoms
If the life insured underwent Surgery for Idiopathic Scoliosis (<i>must be confirmed by Orthopaedic Surgeon</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> X-ray of the Spine	If diagnosis is Necrotizing Fasciitis (<i>must be confirmed by Infectious Disease Specialist or Surgeon</i>) <input type="checkbox"/> Record of Operation <input type="checkbox"/> Blood and Tissue Cultures
If diagnosis is Loss of Independent Existence (<i>must be confirmed by Neurologist</i>) <input type="checkbox"/> Complete medical records <input type="checkbox"/> All objective laboratory and diagnostic reports	If diagnosis is Pheochromocytoma (<i>must be confirmed by Endocrinologist</i>) <input type="checkbox"/> MRI / CT Scan / Ultrasound <input type="checkbox"/> All diagnostic tests performed



If diagnosis is **Progressive Scleroderma** (must be confirmed by Rheumatologist)

- Pulmonary Function Test
- Renal Function Test
- ECG, 2D Echo and other cardiac tests

If diagnosis is **Chronic Adrenal Insufficiency** (must be confirmed by Endocrinologist)

- ACTH simulation tests
- Insulin-induced hypoglycemia test
- Plasma ACTH level measurement
- Plasma Renin Activity (PRA) level measurement

B.2 Based on Circumstances of Critical Illness

If critical illness is caused by an accident or violent incident

- Police Report
- Medico-Legal Report (if available)

If claiming for Hospital Income Benefit under Sun Fit and Well Advantage plan

- Statement of Account from hospital

B.3 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



sunlink@sunlife.com



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[Client Service Center](#)

