Living Benefit Claim Requirements
(Waiver of Premium)

Purpose of this checklist:
This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS
Please take note of the following:

- 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.
- Always attach a photocopy of the Claimant's valid ID (any government-issued ID with photo and signature) with the basic claim requirements.
- We may ask for additional documents after reviewing the requirements you submitted.
- Disability or death 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 Claim Requirements

Disability of the Insured or Owner

Refer to your policy contract if any of the benefits below are included:

- *Total Disability Benefit (TDB)*
- *Advance Payment on Disability Benefit (APDB)*
- *Premium Coverage During Total Disability of Initial Owner*
- *Contingent Semestral Education and Premium Coverage (CSEPC)*

☐ **Claimant's Statement** [form provided by SLOCPI]
☐ **Attending Physician's Statement** [form provided by SLOCPI]
☐ **Employer's Statement** [form provided by SLOCPI]

Death of the Owner

Refer to your policy contract if any of the benefits below are included:

- *Premium Coverage After Death of Initial Owner*
- *Premium Coverage Upon Death of Initial Owner*
- *Contingent Semestral Education and Premium Coverage (CSEPC)*

☐ **Death Certificate** duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number *(original form with blue background or lines is not acceptable)*

B Conditional Requirements *(Submit appropriate requirements as indicated below.)*

If disability or death occurred within two (2) years from date of policy issue or last reinstatement

☐ **Attending Physician's Statement** [form provided by SLOCPI]
☐ **Authorization to Investigate** [form provided by SLOCPI]
☐ **Hospital Records of the life insured** *(Admitting History and Discharge Summary or their equivalent)*

If disability or death is caused by an accident or violent incident

☐ **Police Report**
☐ **Authorization to Investigate** [form provided by SLOCPI]
☐ **Driver's License** if accident occurred while insured was driving a vehicle

For inquiries and concerns, please contact us at any of the following:

Email: sunlink@sunlife.com
SUNLINK Client Care: (+632) 8849-9888*
Toll-free (using PLDT line): 1-800-10-SUNLIFE (7865433) outside Metro Manila
8:00 AM - 7:00 PM | Mondays - Fridays
*Calls outside the Philippines may incur international call charges