

Authorization Form - Claims



In this form, "you" and "your" refer to the claimants/authorized representative of claimants whose information we are processing or disclosing. We, us, our and the Company refer to Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

For Living Benefit Claim - Signatory should be the Life Insured or the Policy Owner if Life Insured is below 18 years old.

For Death Claim - Signatory is one of the Primary Beneficiaries e.g. if beneficiaries are wife and children, wife is the signatory.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

Policy Number(s)
Name of Life Insured (Last Name, First Name, M. I.)
Name of Policy Owner (Last Name, First Name, M. I.)

2 Signatures

You hereby expressly authorize any physician, hospital, clinic, insurance company or other organization, institution, or person that has any of your personal record and/or the above named life insured to give to Sun Life of Canada (Philippines), Inc. any and all personal and sensitive information about you and/or the above named life insured including but not limited to information with reference to your and/or the above named life insured's health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. This information is required for, and may be sought during, evaluation of the risk associated with your and/or the above named life insured's application for insurance, administration and continuing service of your and/or the above named life insured's insurance policy, assessment and payment of insurance claims for living and death benefits.

By signing below, you allow us to process and disclose your personal and sensitive personal information to third parties for the following purposes: (a) the processing of this form; and (b) the administration of your claim with the Company.

You agree to hold Sun Life of Canada (Philippines), Inc., its subsidiaries and affiliates, free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage, destruction or communication of said information.

A copy of this Authorization shall be valid as the original.

If you need more information about our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

Signature X	
Printed Name	
Relationship to the Life Insured	
Place of Signing	Date of Signing (month, day, year)

The witness should be a disinterested person and his/her address should be shown in the space provided for.

Signature of Witness X		Printed Name	
Address (number, street, municipality)			
City	Province	Country	Zip Code

