

# Living Benefit Claim Requirements (Critical Condition)



## Purpose of this checklist:

This checklist serves as a guide when filing a claim.

## IMPORTANT REMINDERS

Please take note of the following:

- Refer to the “Additional Benefit” section in your policy contract to determine the covered critical condition.
  - ☑ For **Critical Condition**, use this requirements checklist.
  - ☑ For **Critical Illness Benefit**, use the Living Benefit Claim Requirements (Critical Illness Benefit) checklist.
- 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.
- Critical conditions that occur within two (2) years from date of policy issue or last reinstatement are subject to investigation and will affect processing time.

A Basic Claim Requirements	
<input type="checkbox"/> <b>Claimant’s Statement</b> [form provided by SLOCPI]	<input type="checkbox"/> <b>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> ( <i>Admitting History and Discharge Summary or their equivalent</i> )

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

### B.1 Based on Diagnosis

If diagnosis is Cancer <input type="checkbox"/> <b>Surgical Pathology / Histopath Report</b> ( <i>submit only one</i> )	If diagnosis is Heart Attack ( <i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i> ) <input type="checkbox"/> <b>New electrocardiographic changes</b> ( <i>e.g. ECG report and tracings</i> ) <input type="checkbox"/> <b>Blood Test</b> ( <i>e.g. Troponin or CK-MB</i> )
If diagnosis is Dissecting Aortic Aneurysm ( <i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i> ) <input type="checkbox"/> <b>CT Scan / MRI / MRA / Angiogram Report</b> ( <i>submit only one</i> )	If diagnosis is Stroke ( <i>must be confirmed by a Neurologist</i> ) <input type="checkbox"/> <b>CT Scan / MRI Report</b> ( <i>submit only one</i> )
If diagnosis is Progressive Muscular Atrophy ( <i>must be confirmed by a Neurologist</i> ) <input type="checkbox"/> <b>Electromyography Report</b>	If diagnosis is End-Stage Lung Disease ( <i>must be confirmed by a Pulmonologist</i> ) <input type="checkbox"/> <b>FEV1 Test Result</b>
If diagnosis is Kidney Failure ( <i>must be confirmed by a Nephrologist</i> ) <input type="checkbox"/> <b>Creatinine Clearance</b> <input type="checkbox"/> <b>Glomerular Filtration Rate (GFR)</b> <input type="checkbox"/> <b>Renal Ultrasound Report</b>	

### B.2 Others

If insured underwent Major Organ Transplant <input type="checkbox"/> <b>Record of Operation</b>	If critical condition is caused by an accident or violent incident <input type="checkbox"/> <b>Police Report</b> <input type="checkbox"/> <b>Medico-Legal Report</b> ( <i>if available</i> )
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For inquiries and concerns, please contact us at any of the following:

Email: [sunlink@sunlife.com](mailto: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

