Sun Life GREPA Financial

Claimant's Statement
(For Covered Critical Illness)

Please PRINT clearly.
Use BLACK ink.

In this form, "*you*" and "*your*" refer to the life insured and policyowner whose information we are processing or disclosing. *We, us, our* and *the Company* refer to Sun Life Grepa Financial, Inc., a joint venture of Sun Life Financial and the Yuchengco Group of companies.

- ☐ Critical Illness Acceleration Benefit
- ☐ Critical Illness Benefit
- ☐ Critical Illness Additional Benefit
- ☐ AEGIS (Term with Dread Disease)

1 General Information

Policy Owner (Last Name, First Name, M.I.)			Date of Birth (day/month/year)
Policy Number (s)			
Mailing Address (no., street, municipality, city)			
Province	Country	Zip code	Home Phone
Business Phone	Cell Phone	E-mail Address	
Life Insured, if different from Policy Owner (Last Name, First Name, M.I.)			Date of Birth (day/month/year)
Mailing Address (no., street, municipality, city)			
Province	Country	Zip Code	Home Phone
Business Phone	Cell Phone	E-mail Address	

Please provide complete address; do not use P.O. Box.

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2 Critical Illness Details

Describe the nature of the insured's illness.

If the space provided is insufficient, please use a separate sheet and attach to the form.

Date symptoms first occured (day/month/year)	Date the insured first consulted a doctor for the illness (day/month/year)
Date the diagnosis of the illness was first made (day/month/year)	Name of doctor who made the diagnosis

List names and addresses of all hospitals or physicians consulted regarding the illness

Names of Physicians/Hospitals	Addresses	Date of Consulation/Period of Confinement

Name of the insured's usual medical attendant, if different from above			
Medical Office address (no., street, municipality)			
City	Province	Country	Zip code

2 Critical Illness Details (continued)

If the space provided is insufficient, please use a separate sheet and attach to the form.

What kind of treatments has the insured received in relation to the illness?

Has the insured previously suffered from or received treatment for a similar or related illness? ☐Yes ☐No If "YES" , give details.

Names of Physicians/Hospitals	Addresses	Date	Reason

Have any of the insured's blood relatives suffered from or received treatment for a similar or related illness? ☐Yes ☐No If "YES" , give details.

Relationship	Nature of Illness	Date when First Diagnosed

Is the insured covered for similar benefits with any other company? ☐Yes ☐No
If "YES",give details.

Name of Insurance Company	Policy No	Issue Date	Amount of Benefit

3 Additional Information

Do you smoke cigarettes/cigarillos/cigars or consume any other tobacco product? .... ☐ Yes ☐ No

a) If "Yes", fill out appropriate box with number per day

clgarettes	cigars	tobacco	chewing tobacco	other tobacco used

b) If "No", did you ever smoke a cigarette/ cigarillo/ cigar or consumed any other tobacco product in the past? ..... ☐ Yes ☐ No

If "Yes", when was the last time you smoked a cigarette/cigarillo/cigar or consumed any other tobacco product?

month/year

4 Signatures

By signing below, you allow us to process and disclose your personal and sensitive personal information to third parties so that we can better help you meet your lifetime needs.

You also consent to a personal investigation on you and a copy of the authorization granted in this form shall be as valid as the original.

If you need more information about our privacy policy, please visit https://www.sunlifegrepa.com/LegalPrivacySecurity.aspx.

This section must be signed by the policy owner, the life insured and the appropriate person as indicated.

Signature of Policy Owner	Signature of Life Insured, if different from Policy Owner
X	X
Place of Signing	Date of Signing (day/month/year)

For AEGIS (Term with Dread Disease), the irrevocable beneficiary/ies and/or assignee/s must sign on this portion.

Signature/s of Irrevocable Beneficiary/ies/Assignee, if any	Printed Name	Date of Signing (day/month/year)
X		
X		

Signature of Witness	Printed Name
X	
Address	Telelphone No.
Place of Signing	Date of Signing (day/month/year)