Sun Life GREPA Financial

Claimant's Statement (Supplementary-Disability)

Please **PRINT** clearly.

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.

This claim is for: (Please check appropriate box)
- ☐ Disability of the Insured
- ☐ Disability of the Owner

1 General Information

Life Insured (Last Name, First Name, M.I.) ☐ Male ☐ Female			Date of Birth (Month/Day/Year)
Complete Address			Policy Number(s)
Home Phone	Business Phone	Cellphone	E-mail Address
Policyowner (Last Name, First Name, M.I.) (Please complete if policyowner is other than the life insured)			Date of Birth (Month/Day/Year)

2 Claimant's Statement

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

Describe your present condition and how you feel generally.

Has there been any change in your condition since the last report? ☐ Yes ☐ No
If "YES", please describe

Describe your current daily routine, including specific activities you are involved with or any tasks you can perform.

Are you working? ☐ No ☐ Yes
If "YES", ☐ Part-Time ☐ Full-Time
Since when? _____

Has your doctor indicated when you will be able to resume full-time or even part-time work? ☐ Yes ☐ No
If "YES", please give the date your doctor has suggested and any restrictions he has recommended.

Describe what still prevents you from returning to work

List names and addresses of all physicians consulted during your present illness, what medications they prescribed and treatment done

Describe any changes that have been made in your treatment (i.e. medication, frequency of treatment, physiotherapy, etc.)

3 Signature

This section must be signed by the life insured and the policyowner, if he/she is not also the person insured.

If claim is for Premium Coverage During Total Disability of Initial Owner, only the policyowner must sign in the space provided for.

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 http://www.sunlifegrepa.com/LegalPrivacySecurity.aspx.

Signature of Life Insured X	Printed Name
Signature of Policyowner X	Printed Name
Place of Signing	Date of Signing (Month/Day/Year)