

Living Benefit Claim Requirements (Critical Illness Benefit)

Purpose of this checklist:

This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS

Please take note of the following:

- Not all critical illnesses listed herein are applicable to all policies. Please check your policy contract for the covered critical illnesses and their definitions.
- 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.
- Except as indicated below, documents submitted to Sun Life Grepa Financial, Inc. (SLGFI), a joint venture of Sun Life and the Yuchengco Group of Companies, 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 illnesses 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"/> Claimant's Statement [form provided by SLGFI]	<input type="checkbox"/> Attending Physician's Statement [form provided by SLGFI]
<input type="checkbox"/> Authorization to Investigate [form provided by SLGFI]	<input type="checkbox"/> Hospital Records of the life insured (<i>Admitting History and Discharge Summary or their equivalent</i>)
<input type="checkbox"/> Original Policy Contract including Endorsement (<i>to be returned</i>)	

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

B.1 Heart-Related Critical Illnesses

<p>If diagnosis is Acute Heart Attack / Myocardial Infarction (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <input type="checkbox"/> New electrocardiographic changes (<i>e.g. ECG report and tracings</i>) <input type="checkbox"/> Blood Test (<i>e.g. Troponin or CK-MB</i>)	<p>If the life insured underwent Coronary Artery Bypass Surgery (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <input type="checkbox"/> Coronary Angiography Report <input type="checkbox"/> Record of Operation
<p>If the life insured underwent Surgery for Disease of the Aorta/Aortic Surgery (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <input type="checkbox"/> Record of Operation	<p>If diagnosis is Cardiomyopathy (<i>must be confirmed by a Cardiologist</i>)</p> <input type="checkbox"/> Electrocardiogram Report <input type="checkbox"/> 2D Echocardiogram Report <input type="checkbox"/> Treadmill Multistage Test <input type="checkbox"/> Coronary Angiogram Report
<p>If the life insured underwent Heart Valve Replacement (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <input type="checkbox"/> Record of Operation <input type="checkbox"/> Chest X-ray Report	<p>If diagnosis is Dissecting Aortic Aneurysm (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <input type="checkbox"/> CT Scan / MRI / MRA / Angiogram Report (<i>submit only one</i>)

B.2 Cancer-Related Critical Illnesses

<p>If diagnosis is Invasive Cancer</p> <input type="checkbox"/> Surgical Pathology / Histopath Report (<i>submit only one</i>)	<p>If diagnosis is Cerebral Metastasis (<i>must be confirmed by an Oncologist</i>)</p> <input type="checkbox"/> Surgical Pathology / Histopath / Progressive Neurological Deterioration Report (<i>submit only one</i>)
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B.3 Liver-Related Critical Illnesses

<p>If diagnosis is Fulminant Hepatitis / Acute Liver Failure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Liver Function Test <input type="checkbox"/> Laboratory Tests <input type="checkbox"/> Psychometric PSE Test <input type="checkbox"/> Electroencephalogram (EEG) Report <input type="checkbox"/> MRI / CT Scan Report (submit only one) 	<p>If diagnosis is Chronic / End-Stage Liver Failure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Pugh Score <input type="checkbox"/> Medical Records / Laboratory Tests / Procedures (submit only one)
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B.4 Kidney-Related Critical Illnesses

<p>If diagnosis is Renal Failure / Kidney Failure / End-Stage Renal Disease (must be confirmed by a Nephrologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Glomerular Filtration Rate (GFR) <input type="checkbox"/> Renal Ultrasound Report 	<p>If diagnosis is Medullary Cystic Disease (must be confirmed by a Nephrologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Renal Ultrasound Report
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B.5 Lung-Related Critical Illnesses

<p>If diagnosis is Chronic / End-Stage Lung Disease (must be confirmed by a Pulmonologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> FEV1 Test Result <input type="checkbox"/> Arterial Oxygen Tension (PaO2) Test Result 	<p>If diagnosis is Pulmonary Arterial Hypertension (must be confirmed by a Pulmonologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Medical Records for at least three (3) months <input type="checkbox"/> Cardiac Catheterization Report <input type="checkbox"/> Medical Records / Laboratory Tests / Procedures (submit only one)
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B.6 Neurological-Related Critical Illnesses

<p>If diagnosis is Stroke (must be confirmed by a Neurologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI Report (submit only one) 	<p>If diagnosis is Amyotrophic Lateral Sclerosis, Motor Neuron Disease, Progressive Bulbar Palsy or Progressive Muscular Atrophy (must be confirmed by a Neurologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electromyography Report <input type="checkbox"/> Electroneurography Report <input type="checkbox"/> Medical Records for at least three (3) months
<p>If diagnosis is Muscular Dystrophy (must be confirmed by a Neurologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Muscle Biopsy Result <input type="checkbox"/> CPK Estimations <input type="checkbox"/> All neurologic work up including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Electrocardiogram Report <input type="checkbox"/> Electromyography Report <input type="checkbox"/> Results of Aldolase, AST, Creatinine, LDH, Myoglobin (urine and blood) 	<p>If diagnosis is Paralysis (must be confirmed by a Neurologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records indicating complete and permanent loss of use of both arms and legs
<p>If diagnosis is Benign Brain Tumour</p> <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI Report (submit only one) <input type="checkbox"/> Surgical Pathology / Histopath Report (submit only one) 	<p>If diagnosis is Bacterial Meningitis (must be confirmed by a Neurologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lumbar Tap Results / Cerebral / Spinal Fluid Findings (submit only one) <input type="checkbox"/> CT Scan / MRI Report (submit only one)
<p>If diagnosis is Multiple Sclerosis (must be confirmed by a Neurologist)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nerve Biopsy / Neural Biopsy / Electrophysiology Report (submit only one) <input type="checkbox"/> Medical Records indicating the following: <ul style="list-style-type: none"> <input type="checkbox"/> Two (2) episodes of well-defined neurological abnormalities <input type="checkbox"/> Evidence of demyelinating lesions at more than one (1) site within the central nervous system 	



B**Conditional Requirements (continuation)****B.6 Neurological-Related Critical Illnesses (continuation)**

<p>If diagnosis is Encephalitis <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cerebrospinal Fluid Findings Report <input type="checkbox"/> CT Scan / MRI of the Brain Report <i>(submit only one)</i> <input type="checkbox"/> Medical Records indicating severe inflammation of brain substance and persistence of the neurological deficit for at least three (3) consecutive months 	<p>If diagnosis is Poliomyelitis <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Result of Stool Exam / Cerebrospinal Fluid <i>(submit only one)</i> <input type="checkbox"/> Blood Analysis for Antibodies <input type="checkbox"/> Medical Records / Laboratory Tests / Procedures <i>(submit only one)</i>
<p>If diagnosis is Loss of Speech <i>(must be confirmed by an Otorhinolaryngologist / ENT Specialist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records / Laboratory Results indicating total and irrecoverable loss of the ability to speak due to injury or disease of the vocal cords documented for at least six (6) months <i>(submit only one)</i> 	<p>If diagnosis is Coma <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records indicating the continuous use of a life support system with respirator for a period of at least ninety-six (96) hours <input type="checkbox"/> Medical Records showing neurological deficits for at least three (3) months <input type="checkbox"/> Glasgow Coma Score for seven (7) days
<p>If diagnosis is Alzheimer's Disease before Age 65 or Alzheimer's Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI / PET of the Brain Report <i>(submit only one)</i> <input type="checkbox"/> Accepted Standardized Questionnaires / Tests <i>(submit only one)</i> 	<p>If diagnosis is Parkinson's Disease before Age 65 or Idiopathic Parkinson's Disease <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records / Laboratory Tests / Procedures <i>(submit only one)</i>
<p>If diagnosis is Major Head Trauma <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records for at least three (3) months <input type="checkbox"/> CT Scan / MRI of the Brain Report <i>(submit only one)</i> 	<p>If diagnosis is Apallic Syndrome <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> CT Scan / MRI of the Brain Report <i>(submit only one)</i>
<p>If diagnosis is Guillain-Barre Syndrome <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Nerve Condition Study Results <input type="checkbox"/> Laboratory Results after one (1) month from the date of initial diagnosis 	<p>If diagnosis is Meningeal Tuberculosis <i>(must be confirmed by a Neurologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records indicating the cause of the meningitis and persistence of the neurological deficit for at least six (6) consecutive months

B.7 Blood-Related Critical Illness

<p>If diagnosis is Aplastic Anaemia <i>(must be confirmed by a Hematologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bone Marrow Aspiration / Biopsy Report <i>(submit only one)</i> <input type="checkbox"/> Laboratory Results indicating permanent bone marrow failure resulting in bone marrow cellularity of less than twenty-five percent (25%) and any two (2) of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Absolute neutrophil count of less than 500/mm³ <input type="checkbox"/> Platelets count less than 20,000/mm³ <input type="checkbox"/> Reticulocyte count of less than 20,000/mm³

B.8 Autoimmune Disorder Critical Illness

<p>If diagnosis is Progressive Systemic Scleroderma <i>(must be confirmed by a Rheumatologist)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Records / Laboratory Tests / Procedures <i>(submit only one)</i>



B.9 Other Critical Illnesses

If insured underwent Major Organ Transplant / Major Organ Transplantation <input type="checkbox"/> Record of Operation	If diagnosis is Major Burns <input type="checkbox"/> Lund Browder Chart or equivalent area calculators
If diagnosis is Loss of Independent Existence without Cognitive Impairment <input type="checkbox"/> All hospital records <input type="checkbox"/> Consultation notes both from Neurologist and Specialist attending to the underlying condition	If diagnosis is Total Blindness / Loss of Sight <i>(must be confirmed by an Ophthalmologist)</i> <input type="checkbox"/> Medical Records indicating total, permanent and irrecoverable loss of all vision in both eyes
If diagnosis is Loss of Limbs <input type="checkbox"/> X-ray Report of the affected area <input type="checkbox"/> Record of Operation	If diagnosis is Deafness / Loss of Hearing <i>(must be clinically confirmed by an Otorhinolaryngologist / ENT Specialist)</i> <input type="checkbox"/> Medical Records from hearing diagnostic center <input type="checkbox"/> Audiometry Report
If diagnosis is Terminal Illness <i>(must be confirmed by a Medical Specialist)</i> <input type="checkbox"/> Medical Records / Laboratory Tests / Procedures <i>(submit only one)</i>	

B.10 Based on Circumstances of Critical Illness

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

Email: wecare@sunlifegrepa.com

Client Care: (+632) 8849-9633*

Toll-free (using PLDT line): 1-800-10-SLGREPA (7547372) outside Metro Manila

8:00 AM - 7:00 PM | Mondays - Fridays

*Calls outside the Philippines may incur international call charges

