

Living Benefit Claim Requirements (Hospitalization Benefits)

Purpose of this checklist:

This checklist serves as a guide when filing a claim.

IMPORTANT REMINDERS

Please take note of the following:

- 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 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 and original Policy Contract including Endorsement with the basic claim requirements.
- We may ask for additional documents after reviewing the requirements you submitted.
- Hospital confinement that occurs within two (2) years from date of policy issue or last reinstatement is subject to investigation and will affect processing time.

This claim checklist is for (please check appropriate box):

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| <input type="checkbox"/> Health Plan (HP) | <input type="checkbox"/> Daily Hospital Income Benefit (DHI) |
| <input type="checkbox"/> Hospital Income Benefit (HIB) | <input type="checkbox"/> Hospital Surgical Benefit (HSB) |
| <input type="checkbox"/> Intensive Care Unit Benefit (ICU) | |

A Basic Claim Requirements

<input type="checkbox"/> Claimant's Statement [form provided by SLGFI]	<input type="checkbox"/> Statement of Account from hospital
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B Conditional Requirements (Submit appropriate requirements as indicated below.)

B.1 Based on Benefit Type

If claim is for Health Plan benefit <input type="checkbox"/> Discharge Summary or its equivalent <input type="checkbox"/> Record of Operation if insured underwent surgery	If claim is for Hospital Income Benefit, Intensive Care Unit Benefit, or Daily Hospital Income Benefit <input type="checkbox"/> Attending Physician's Statement [form provided by SLGFI]
If claim is for Hospital Surgical Benefit or if insured underwent Major Organ Transplant <input type="checkbox"/> Attending Physician's Statement [form provided by SLGFI] <input type="checkbox"/> Record of Operation	

B.2 Based on Diagnosis

If diagnosis is Heart Attack / Acute Heart Attack (must be confirmed by a Cardiologist or Cardiovascular Surgeon) <input type="checkbox"/> New electrocardiographic changes (e.g. ECG report and tracings) <input type="checkbox"/> Blood Test (e.g. Troponin or CK-MB)	If diagnosis is Multiple Sclerosis (must be confirmed by a Neurologist) <input type="checkbox"/> Nerve Biopsy / Neural Biopsy / Electrophysiology Report (submit only one) <input type="checkbox"/> Medical Records indicating the following: <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
If diagnosis is Poliomyelitis (must be confirmed by a Neurologist and/or Infectious Disease Specialist) <input type="checkbox"/> Culture of throat washings, stools or spinal fluid <input type="checkbox"/> Spinal tap and examination of the spinal fluid using PCR <input type="checkbox"/> Test for levels of antibodies to the polio virus	If diagnosis is Kidney Failure / End-Stage Renal Disease (must be confirmed by a Nephrologist) <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Glomerular Filtration Rate (GFR) <input type="checkbox"/> Renal Ultrasound Report



B Conditional Requirements (continuation)**B.2 Based on Diagnosis (continuation)**

<p>If diagnosis is Dissecting Aortic Aneurysm <i>(must be confirmed by a Cardiologist or Cardiovascular Surgeon)</i></p> <p><input type="checkbox"/> CT Scan / MRI / MRA / Angiogram Report <i>(submit only one)</i></p>	<p>If diagnosis is End-Stage Lung Disease <i>(must be confirmed by a Pulmonologist)</i></p> <p><input type="checkbox"/> FEV1 Test Result</p>
<p>If diagnosis is Cancer / Invasive Cancer</p> <p><input type="checkbox"/> Surgical Pathology / Histopath Report <i>(submit only one)</i></p>	<p>If diagnosis is Stroke <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> CT Scan / MRI Report <i>(submit only one)</i></p>
<p>If diagnosis is Progressive Muscular Atrophy <i>(must be confirmed by a Neurologist)</i></p> <p><input type="checkbox"/> Electromyography Report</p>	<p>If diagnosis is Chronic Liver Disease</p> <p><input type="checkbox"/> Liver Function Test</p> <p><input type="checkbox"/> Ultrasound / CT Scan / MRI Report <i>(submit only one)</i></p>

B.3 Based on Circumstances of Hospital Confinement

<p>If hospital confinement is caused by an accident or violent incident</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> Authorization to Investigate [form provided by SLGFI]</p> <p><input type="checkbox"/> Hospital Records of the life insured <i>(Admitting History and Discharge Summary or their equivalent)</i></p> <p><input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle</p>	<p>If hospital confinement occurred within two (2) years from date of policy issue or last reinstatement</p> <p><input type="checkbox"/> Attending Physician's Statement [form provided by SLGFI]</p> <p><input type="checkbox"/> Authorization to Investigate [form provided by SLGFI]</p> <p><input type="checkbox"/> Hospital Records of the life insured <i>(Admitting History and Discharge Summary or their equivalent)</i></p>
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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

