

Important Reminders:

- Submit only certified true copies
- Documents submitted will not be returned

Basic Claim Requirements

1. **Claimant's Statement** [form to be supplied by Sun Life Grepa Financial, Inc.]
2. **Attending Physician's Statement** [form to be supplied by Sun Life Grepa Financial, Inc.]
3. **Authorization** [form to be supplied by Sun Life Grepa Financial, Inc.]
4. **Admitting History** or its equivalent inclusive of other hospital records containing patient's past medical history
5. **Discharge Summary** or its equivalent
6. Two (2) valid **Proofs of Identity** (*preferably government issued IDs with photo and signature*) of the insured
7. **Statement of Account** from hospital (for Sun Grepa Fit and Well Advantage plans only)

If cause of critical illness is violent or accidental

8. **Police Report**
9. **Medico-Legal Report**
10. **Driver's License** if accident occurred while insured was driving a vehicle

Additional Claim Requirements (*submit requirements appropriate to your health condition*)

Minor Critical Illness

If diagnosis is **Insertion of a Vena-Caval Filter** (*must be certified by Vascular Surgeon or Pulmonologist*)

- **Record of Operation**

Major Critical Illness

If diagnosis is **End Stage Lung Disease**

- **FEV1 Test Result**
- **Medical Records**
- **Any objective laboratory and diagnostic procedures**

*Note: Other requirements may still be required after initial review of submitted documents.
Contestable claims are subject to investigation and will affect processing time.*

For further inquiries, please contact our Client Care at telephone number 849-9633 from Mondays to Fridays, 8:00 a.m. to 7:00 p.m.

