

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*)

If diagnosis is Deafness (*must be confirmed by an Otorhinolaryngologist or ENT Specialist*)

- **Medical Records from Hearing Diagnostic Center**
- **Audiometry**

If diagnosis is Loss of Limbs

- **Record of Operation** or its equivalent
- **X-ray** of the affected area

If diagnosis is Total Blindness (*must be confirmed by Ophthalmologist*)

- **Medical records** indicating total, permanent and irrecoverable loss of all vision in both eyes

If diagnosis is Loss of Speech (*must be confirmed by Neurologist or ENT Specialist*)

- **Medical Records/Laboratory Results** indicating total and irrecoverable loss of the ability to speak for a continuous period of 12 months due to physical damage to the vocal chords

If diagnosis is Major Burns

- **Body Surface Area Chart**
- **Accident Report**

If diagnosis is Major Organ Transplant

- **Record of Operation**
- **All objective laboratory and diagnostic reports**

If diagnosis is Terminal Illness (*must be confirmed by Medical Specialist*)

- **Medical Records, Laboratory Tests and Procedures**

If diagnosis is Amputation due to Diabetic Complication (*must be confirmed by Endocrinologist*)

- **Record of Operation**
- **All objective laboratory and diagnostic reports**

If diagnosis is Elephantiasis (*must be diagnosed by Infectious Disease Specialist*)

- **All laboratory confirmation of microfilariae**



If diagnosis is **Poliomyelitis** *(must be diagnosed by Neurologist)*

- All tests performed to support the diagnosis
- Medical records indicating paralytic disease as evidenced by impaired motor function or respiratory weakness

If diagnosis is **Severe Rheumatoid Arthritis** *(must be confirmed by Rheumatologist)*

- Medical records showing that the diagnostic criteria of the American College of Rheumatology are met

If diagnosis is **Ebola** *(must be diagnosed by Infectious Disease Specialist)*

- All laboratory tests to support the diagnosis

If diagnosis is **Surgery for Idiopathic Scoliosis** *(must be confirmed by Orthopaedic Surgeon)*

- Record of Operation or its equivalent
- X-ray of the Spine

If diagnosis is **Necrotizing Fasciitis** *(must be confirmed by Infectious Disease Specialist or Surgeon)*

- Record of Operation or its equivalent
- Blood and Tissue Cultures

If diagnosis is **Loss of Independent Existence** *(must be confirmed by Neurologist)*

- Complete medical records
- All objective laboratory and diagnostic reports

If diagnosis is **Chronic Adrenal Sufficiency** *(must be confirmed by Endocrinologist)*

- ACTH simulation tests
- Insulin-induced hypoglycemia test
- Plasma ACTH level measurement
- Plasma Renin Activity (PRA) level measurement

If diagnosis is **Progressive Scleroderma** *(must be confirmed by Rheumatologist)*

- Pulmonary Function Test
- Renal Function Test
- ECG, 2D Echo and other cardiac tests

If diagnosis is **Pheochromocytoma** *(must be confirmed by Endocrinologist)*

- MRI, CT Scan or Ultrasound
- All diagnostic tests performed

*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.