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, while *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

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 Upon Death or During Total Disability of Initial Owner, only the policyowner must sign in the space provided for.

By signing below, you agree that the Company shall process your personal and sensitive personal information to evaluate, process, and implement the transaction or request that you have initiated. The Company may disclose your personal and sensitive personal information to its affiliates, service providers, and other third parties for processing consistent with the foregoing purpose, and to comply with legal obligations, as well as laws and regulations (domestic or foreign).

Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at https://www.sunlifegrepa.com/privacy-policy-statement/. Should you have any concerns in relation to your rights or the processing of your personal and sensitive personal information, you may get in touch with our Data Protection Officer at privacyconcern@sunlifegrepa.com.

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.

| Signature of Life Insured<br>X | Printed Name |
|---|---|
| Signature of Policyowner<br>X | Printed Name |
| Place of Signing | Date of Signing (Month/Day/Year) |

RDSS.03.24