

# Living Benefit Claim Requirements

## SUN Grepa Fit and Well (Heart-Related)

**Purpose of this checklist:**

This checklist serves as a guide when filing a claim.

**IMPORTANT REMINDERS**

Please take note of the following:

- Submit confirmed 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.
- 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"/> <b>Claimant's Statement</b> [form provided by SLGFI]	<input type="checkbox"/> <b>Attending Physician's Statement</b> [form provided by SLGFI]
<input type="checkbox"/> <b>Authorization to Investigate</b> [form provided by SLGFI]	<input type="checkbox"/> <b>Hospital Records of the life insured</b> ( <i>Admitting History and Discharge Summary or their equivalent</i> )

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

**B.1 Minor Critical Illnesses**

<p>If the life insured underwent Cardiac Pacemaker Insertion / Cardiac Defibrillator Insertion (<i>must be confirmed by a Cardiologist or an Interventional Cardiologist</i>)</p> <p><input type="checkbox"/> <b>Holter Monitoring Report</b></p> <p><input type="checkbox"/> <b>Record of Operation</b></p>	<p>If the life insured underwent Angioplasty and Other Invasive Treatment for Coronary Artery Disease (<i>must be confirmed by a Cardiologist or an Interventional Cardiologist</i>)</p> <p><input type="checkbox"/> <b>Coronary Angiography</b></p> <p><input type="checkbox"/> <b>Record of Operation</b></p>
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**B.2 Major Critical Illnesses**

<p>If diagnosis is Acute Heart Attack (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <p><input type="checkbox"/> <b>New electrocardiographic changes</b> (e.g. ECG report and tracings)</p> <p><input type="checkbox"/> <b>Blood Test</b> (e.g. Troponin or CK-MB)</p>	<p>If the life insured underwent Replacement of Heart Valve / Surgery for Disease of the Aorta (Aorta Surgery) (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <p><input type="checkbox"/> <b>Chest X-ray Report</b></p> <p><input type="checkbox"/> <b>Record of Operation</b></p>
<p>If diagnosis is Dissecting Aortic Aneurysm (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <p><input type="checkbox"/> <b>CT Scan / MRI / MRA / Angiogram Report</b> (<i>submit only one</i>)</p> <p><input type="checkbox"/> <b>Record of Operation</b></p>	<p>If diagnosis is Cardiomyopathy (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <p><input type="checkbox"/> <b>Echocardiography Report</b></p>
<p>If diagnosis is Eisenmenger's Syndrome (<i>must be confirmed by an Interventional Cardiologist</i>)</p> <p><input type="checkbox"/> <b>Echocardiography Report</b></p> <p><input type="checkbox"/> <b>Cardiac Catheterization Result</b></p>	<p>If diagnosis is Idiopathic Pulmonary Arterial Hypertension (<i>must be confirmed by an Interventional Cardiologist</i>)</p> <p><input type="checkbox"/> <b>Cardiac Catheterization Result</b></p> <p><input type="checkbox"/> <b>All laboratory and diagnostic procedures</b></p>
<p>If diagnosis is Severe Infective Endocarditis (<i>must be confirmed by a Cardiologist</i>)</p> <p><input type="checkbox"/> <b>Blood Culture Results</b></p> <p><input type="checkbox"/> <b>2D-echo with Doppler Studies</b></p>	<p>If the life insured underwent Coronary Artery Bypass Surgery (<i>must be confirmed by a Cardiologist or Cardiovascular Surgeon</i>)</p> <p><input type="checkbox"/> <b>Coronary Angiography</b></p> <p><input type="checkbox"/> <b>Record of Operation</b></p>



**B** Conditional Requirements (*continuation*)

**B.3** Others

<p>If critical illness is due to an accident or violent incident</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Police Report</b></li><li><input type="checkbox"/> <b>Medico-Legal Report</b> (<i>if available</i>)</li><li><input type="checkbox"/> <b>Driver's License</b> if accident occurred while insured was driving a vehicle</li></ul>	<p>If plan is SUN Grepa Fit and Well Advantage</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Statement of Account</b> from hospital, if life insured was hospital confined</li></ul>
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For inquiries and concerns, please contact us at any of the following:

Email: [wecare@sunlifegrepa.com](mailto: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

