

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 **Cerebral Shunt Insertion** (*must be certified by Neurologist*)

- **Record of Operation**
- **All scans related to the procedure** (Ultrasound, MRI, CT scan, etc.)

If diagnosis is **Cerebral Aneurysm Surgery** (*must be certified by Neurologist or Neuro-Surgeon*)

- **Record of Operation**
- **MRA of the brain or Cerebral Arteriography**
- **All other radiological studies** (X-ray, Ultrasound, etc.)

If diagnosis is **Moderately Severe Alzheimer's Disease** (*must be diagnosed by Neurologist, Psychiatrist or Neuro-Psychiatrist*)

- **ADL Report**

If diagnosis is **Moderately Severe Parkinson's Disease** (*must be certified by Neurologist*)

- **ADL Report**
- **PET, MRI or CT Brain Scan**

Major Critical Illness

If diagnosis is **Stroke** (*must be confirmed by Neurologist*)

- **CT Scan or MRI**
- **Medical Records** indicating major and permanent neurological deficit lasting at least 4 weeks that will require physical rehabilitation

If diagnosis is **Alzheimer's Disease** (*must be diagnosed by Neurologist, Psychiatrist or Neuro-Psychiatrist*)

- **Accepted Standardized Questionnaires or Tests**
- **Medical Records**
- **ADL Report**

If diagnosis is **Parkinson's Disease** (*must be confirmed by Neurologist*)

- **Laboratory Tests/Procedures** (Blood Test, Ultrasound, PET/MRI/CT Brain Scan, etc.)

If diagnosis is **Amyotrophic Lateral Sclerosis (ALS)** (*must be confirmed by Neurologist*)

- **Electromyography**
- **PET MRI Brain Scan**

If diagnosis is **Progressive Bulbar Palsy (PBP)** (*must be confirmed by Neurologist*)

- Electromyography (EMG)
- Neurological Examination Report, if any

If diagnosis is **Progressive Muscular Atrophy (PMA)** (*must be confirmed by Neurologist*)

- Electromyography (EMG)
- MRI Brain Scan
- Clinical Examination Report

If diagnosis is **Progressive Supranuclear Palsy** (*must be confirmed by Neurologist*)

- Medical Records
- PET/MRI/CT Brain Scan

If diagnosis is **Guillain-Barre Syndrome** (*must be diagnosed by Neurologist*)

- Nerve Conduction Study
- Laboratory/Diagnostic Test Results after 1 month from the date of initial diagnosis

If diagnosis is **Motor Neuron Disease (MND)** (*must be confirmed by Neurologist*)

- Electromyography
- PET MRI Brain Scan

If diagnosis is **Multiple Sclerosis** (*must be confirmed by Neurologist*)

- Nerve Biopsy, Neural Biopsy or Electrophysiology
- MRI, CT Scan or other reliable imaging techniques
- Medical records indicating the following:
 - ✓ 2 episodes of well-defined neurological abnormalities
 - ✓ Evidence of demyelinating lesions at more than 1 site within the central nervous system

If diagnosis is **Bacterial Meningitis** (*must be confirmed by Neurologist*)

- Lumbar Tap Results or Cerebral Spinal Fluid Findings
- Medical Records
- Blood tests for markers of inflammation (e.g. C-reactive protein, CBC) & blood cultures, etc.
- CT / MRI Brain

If diagnosis is **Benign Brain Tumor**

- CT Scan or MRI
- Surgical Pathology Report
- Medical Records indicating persistence of neurological deficit (for at least 6 consecutive months)

If diagnosis is **Coma** (*must be confirmed by Neurologist*)

- Medical Records indicating the continuous use of a life support system with respirator for a period of at least 96 hours
- Glasgow Coma Score for 7 days

If diagnosis is **Major Head Trauma** (*must be confirmed by Neurologist*)

- Medical Records for at least 3 months
- CT Scan or X-ray

If diagnosis is **Brain Surgery** (*must be confirmed by Neuro-Surgeon*)

- Record of Operation or its equivalent

If diagnosis is **Meningeal Tuberculosis** (*must be confirmed by Neurologist*)

- Medical Records/Laboratory Tests indicating the cause of the meningitis and persistence of the neurological deficit for at least 6 consecutive months
- Cerebrospinal Fluid Analysis

If diagnosis is **Encephalitis** (*must be confirmed by Neurologist*)

- Medical Records indicating severe inflammation of brain substance and persistence of the neurological deficit for at least 6 consecutive months

If diagnosis is **Apallic Syndrome** (*must be confirmed by Neurologist*)

- MRI or CT Scan
- Medical Records stating that condition persisted for at least 1 month

If diagnosis is **Muscular Dystrophy** (*must be confirmed by Neurologist*)

- **All relevant tests and work-ups** to support the diagnosis
- **Muscle biopsy**, evidence to show the elevated Creatinine Kinase (CK)/Creatinine Phosphokinase (CpK3)
- **Electromyography**
- **Chest X-ray, Echocardiogram, CT/MRI scan**

If diagnosis is **Creutzfeldt-Jacob Disease** (*must be diagnosed by Neurologist*)

- **Electroencephalography (EEG) or Cerebrospinal Fluid (CSF) Analysis**
- **CT Scan or MRI**

If diagnosis is **Severe Myasthenia Gravis** (*must be confirmed by Neurologist*)

- **All relevant tests and work-ups** to support the diagnosis e.g. Electrodiagnostics (repetitive nerve stimulation test); Ice Test; Edrophonium test, CXR; CT / MRI scan report etc.)

If diagnosis is **Paralysis** (*must be confirmed by Neurologist*)

- **Medical Records** indicating complete and permanent loss of use of arms and legs
- **All objective laboratory and diagnostic reports**

If diagnosis is **Hemiplegia** (*must be confirmed by Neurologist*)

- **Medical Records** indicating total and permanent loss of the use of one side of the body through paralysis caused by illness or injury
- **All objective laboratory and diagnostic reports**

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 8849-9633 from Mondays to Fridays, 8:00 a.m. to 5:00 p.m.