

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