

# Living Benefit Claim Requirements (Waiver of Premium)

**Purpose of this checklist:**

This checklist serves as a guide when filing a claim.

**IMPORTANT REMINDERS**

Please take note of the following:

- Submit certified 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.
- Disability or death that occurs within two (2) years from date of policy issue or last reinstatement is subject to investigation and will affect processing time.

**A Basic Claim Requirements**

<p><b>Disability of the Insured or Owner</b></p> <p>Refer to your policy contract if any of the benefits below are included:</p> <ul style="list-style-type: none"> <li>• Total Disability Benefit (TDB)</li> <li>• Premium Coverage During Total Disability of Initial Owner</li> </ul> <p><input type="checkbox"/> <b>Claimant’s Statement</b> [form provided by SLGFI]</p> <p><input type="checkbox"/> <b>Attending Physician’s Statement</b> [form provided by SLGFI]</p> <p><input type="checkbox"/> <b>Employer’s Statement</b> [form provided by SLGFI]</p>	<p><b>Death of the Owner</b></p> <p>Refer to your policy contract if any of the benefits below are included:</p> <ul style="list-style-type: none"> <li>• Premium Coverage After Death of Initial Owner</li> <li>• Premium Coverage Upon Death of Initial Owner</li> </ul> <p><input type="checkbox"/> <b>Death Certificate</b> duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number (<i>original form with blue background or lines is not acceptable</i>)</p>
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**B Conditional Requirements (Submit appropriate requirements as indicated below.)**

<p>If disability or death occurred within two (2) years from date of policy issue or last reinstatement</p> <p><input type="checkbox"/> <b>Attending Physician’s Statement</b> [form provided by SLGFI]</p> <p><input type="checkbox"/> <b>Authorization to Investigate</b> [form provided by SLGFI]</p> <p><input type="checkbox"/> <b>Hospital Records of the life insured</b> (<i>Admitting History and Discharge Summary or their equivalent</i>)</p>	<p>If disability or death is caused by an accident or violent incident</p> <p><input type="checkbox"/> <b>Police Report</b></p> <p><input type="checkbox"/> <b>Authorization to Investigate</b> [form provided by SLGFI]</p> <p><input type="checkbox"/> <b>Driver’s License</b> if accident occurred while insured was driving a vehicle</p>
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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

