

Death Claim Requirements (Group Life Insurance)



In this checklist, the *Policyholder* may refer to a company, an entity, or an individual who owns the group insurance policy.

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.
- Except as indicated below, documents submitted to Sun Life of Canada (Philippines), Inc. (SLOCPI) 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.
- Death that occurs within one (1) year from date of policy issue or last reinstatement is subject to investigation and will affect processing time.

A Basic Claim Requirements	
<input type="checkbox"/> Claimant's Statement [form provided by SLOCPI] to be completed by designated primary beneficiary (-ies) or by authorized signatory, if beneficiary is a company Special Instruction: One Claimant's Statement per beneficiary	<input type="checkbox"/> Death Certificate 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>)
<input type="checkbox"/> Notice of Claim [form provided by SLOCPI] to be completed by the authorized signatory of the Policyholder	<input type="checkbox"/> Attending Physician's Statement [form provided by SLOCPI] to be completed by the doctor who attended to the insured during his last illness or at the time of death

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

B.1 Based on Life Insured's Classification

If life insured is an employee of the Policyholder <input type="checkbox"/> Time Card / Attendance Record covering the date the life insured last worked (<i>submit only one</i>)	If life insured is a student of the Policyholder <input type="checkbox"/> Latest Class Registration Form
If life insured is a member of the Policyholder <input type="checkbox"/> Membership Application Form / Membership ID of the life insured (<i>submit only one</i>) <input type="checkbox"/> Certification from the authorized signatory of the Policyholder confirming that life insured is a bona fide member in good standing	If amount of insurance is based on salary or life insured is on leave with pay prior to death <input type="checkbox"/> Pay slips covering the date the life insured last worked

B.2 Based on Circumstances of Death

If death is due to an accident or violent incident <input type="checkbox"/> Police Report <input type="checkbox"/> Autopsy and/or Medico-Legal Report (<i>if available</i>) <input type="checkbox"/> Toxicology Report (<i>if available</i>) <input type="checkbox"/> Obituary or Newspaper Clippings (<i>if available</i>) <input type="checkbox"/> Hospital Records of the life insured (<i>Admitting History and Discharge Summary or their equivalent</i>) <input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle <input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI]	If death happened abroad <input type="checkbox"/> Passport (<i>original - to be returned</i>) <input type="checkbox"/> Death Certificate and other documents related to travel or death abroad (e.g. <i>Cremation / Embalming Certificate, Proof of Transfer of Body, etc.</i>) apostilled or authenticated by the applicable Consulate including the official English translation (<i>original - to be returned</i>)
If death occurred within one (1) year from date of policy issue or last reinstatement <input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI] <input type="checkbox"/> Hospital Records of the life insured (<i>Admitting History and Discharge Summary or their equivalent</i>)	

B Conditional Requirements (continuation)**B.3 Based on Beneficiary Information**

<p>If beneficiary is the spouse</p> <p><input type="checkbox"/> Marriage Certificate issued by the Philippine Statistics Authority (<i>original</i>)</p>	<p>If beneficiary is a minor (<i>below 18 years old</i>)</p> <p><input type="checkbox"/> Birth Certificate of the minor issued by the Philippine Statistics Authority (<i>original</i>)</p> <p><input type="checkbox"/> Notarized Affidavit of Guardianship [form provided by SLOCP] if parent or other party is claiming on behalf of the minor</p> <p>Additional documents required if the approved claim exceeds PHP500,000.00:</p> <p><input type="checkbox"/> Guardian's Bond approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor (<i>submit only upon approval of claim</i>)</p> <p><input type="checkbox"/> Letters of Guardianship approved by the court including the Summary of the Proceedings or the Petition if party other than parent is claiming on behalf of the minor (<i>submit only upon approval of claim</i>)</p>
<p>If designated beneficiary is a creditor</p> <p><input type="checkbox"/> Loan Application form</p> <p><input type="checkbox"/> Statement of Account if loan has not been paid in full as of date of death</p> <p><input type="checkbox"/> Proof of Settlement of Loan if loan has been paid in full as of date of death</p>	<p>If beneficiary is a corporation</p> <p><input type="checkbox"/> Corporate Secretary's Certificate indicating the name(-s), scope of authority and specimen signature(-s) of the person(-s) authorized by the company to sign the claim requirements</p> <p><input type="checkbox"/> One (1) valid ID (<i>any government-issued ID with photo and signature</i>) per authorized signatory</p> <p><input type="checkbox"/> Latest General Information Sheet (GIS) duly filed with the Securities and Exchange Commission (SEC)</p>
<p>If no beneficiary is alive on the date of life insured's death or if the life insured fails to designate a beneficiary or if the designated beneficiary is disqualified as ordered by law</p> <p><input type="checkbox"/> Certification from the Policyholder confirming the life insured's civil status (<i>e.g. Married, Single with or without dependent, etc.</i>) and name of the qualified beneficiary(-ies) based on the hierarchy below:</p> <ol style="list-style-type: none">1. widow or widower;2. surviving legitimate, legitimated, legally adopted, and recognized natural children;3. surviving illegitimate children without distinction;4. surviving parents;5. surviving brothers and sisters of the full blood;6. surviving brothers and sisters of the half blood;7. executors, administrators, or assignees. <p><input type="checkbox"/> Claimant's Proof of Relationship with the life insured (<i>e.g. Marriage Certificate, Birth Certificate, Certificate of No Marriage, etc.</i>)</p>	

C Regulatory Requirements

<p>If beneficiary is a corporation, or an individual who is a U.S. Person or tax resident (<i>including a green card holder and dual citizen</i>), or who has a U.S. Address or U.S. phone number</p> <p><input type="checkbox"/> FATCA Declaration Form [form provided by SLOCP]</p> <p><input type="checkbox"/> Duly accomplished W-8BEN or W-9 [form may be downloaded from the IRS website - www.irs.gov/forms-instructions]</p>

For any inquiries and concerns, please contact the Group Administration team at telephone number (+632) 8849-9601 to (+632) 8849-9602 from Mondays to Fridays, 8:00 a.m. to 5:00 p.m.

