

CLAIMANT STATEMENT CRITICAL ILLNESS



PRU LIFE INSURANCE CORPORATION OF U.K.
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1634 Taguig City, Philippines
Customer helpdesk: (632) 8683 9000, (632) 8884 8484, (632) 8887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free
Email: contact.us@prulifeuk.com.ph • Website: www.prulifeuk.com.ph

Write legibly and fill out all necessary information completely.
If the question is not applicable, write "NA".

Please check the benefit stated in your Policy Data Page applicable to the claim.				AGENT INFORMATION	
<input type="checkbox"/> ACCELERATED LIFE CARE BENEFIT	<input type="checkbox"/> LIFE CARE PLUS/NON-ACCELERATED LIFE CARE	Agent Name and Branch			
<input type="checkbox"/> CRISIS COVER BENEFIT	<input type="checkbox"/> LIFE CARE WAIVER	Mobile Number			
<input type="checkbox"/> CRISIS COVER WAIVER	<input type="checkbox"/> MULTIPLE LIFE CARE PLUS	Email Address			
<input type="checkbox"/> DREAD DISEASE	<input type="checkbox"/> SPOUSE WAIVER IN THE EVENT OF CI OF SPOUSE				
<input type="checkbox"/> EARLY STAGE CRITICAL ILLNESS	<input type="checkbox"/> EARLY CANCER BENEFIT				
<input type="checkbox"/> LATE CANCER BENEFIT	<input type="checkbox"/> LATE STAGE CRITICAL ILLNESS				
<input type="checkbox"/> MODERATE CRITICAL ILLNESS	<input type="checkbox"/> SEVERE CRITICAL ILLNESS				
Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.					
POLICY INFORMATION					
Policy Number		Name of Policyowner (Last Name, First Name, Middle Name)			
LIFE INSURED/LIFE ASSURED					
Name of Life Insured/Life Assured (Last Name, First Name, Middle Name)					
Date of Birth (mm/dd/yy)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status	Citizenship	
Address (Number, Street)				City/Province	
				Zip Code	
Phone Number (Residence)		Mobile Number		Personal E-mail Address	
Occupation/Position/Type of Work		Phone Number (Business)		Work E-mail Address	
Employer Name		Employer Address			
Do you have any other existing insurance policy with Pru Life UK or another company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", kindly fill out the details below:					
<u>Company</u>	<u>Plan Name</u>	<u>Policy Number</u>	<u>Plan Benefits</u>	<u>Date Issued and Status (mm/dd/yy)</u>	<u>Benefit Amount</u>
HOSPITALIZATION DETAILS					
Hospital Name					
Hospital Address					
Admission Number			Ward/Room Number		
Date of Admission/Consultation (mm/dd/yy)			Date of Discharge (mm/dd/yy)		
Number of Days of Confinement			Final Diagnosis		

Every question must be distinctly and completely answered by the claimant to expedite claim processing.
The issuance of this form is in no way an admission of any liability
Claim will not be processed unless accompanied by the duly executed Attending Physician's Statement and other documentary requirements.

**CLAIMANT STATEMENT
CRITICAL ILLNESS**

Write legibly and fill out all necessary information completely.

If the question is not applicable, write "NA".

HEALTH HISTORY (Only fill out if one of your policies is less than two years from policy effective date, date of last reinstatement, addition of rider, or increase of benefit amount.)

Describe fully the extent and nature of your illness.	
When did you first consult a medical practitioner in connection with your illness?	
What symptom/s did you experience which resulted in your hospitalization/consultation?	
When did the symptom/s begin?	
Have you previously suffered or received any treatment for a similar or related illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details.	

Confinement /consultation history for the past 5 years (Please use a separate sheet if needed):

<u>Date (mm/dd/yy)</u>	<u>Hospital/Clinic</u>	<u>Physician</u>	<u>Diagnosis</u>	<u>Treatment</u>

Please provide details of Doctors or Specialists you have consulted in connection with your illness on the space provided below.
(Please use a separate sheet if needed)

<u>Date (mm/dd/yy)</u>	<u>Name</u>	<u>Hospital/Clinic</u>	<u>Findings</u>	<u>Duration of confinement/consultation</u>

**CLAIMANT STATEMENT
CRITICAL ILLNESS**



Write legibly and fill out all necessary information completely.
If the question is not applicable, write "NA".

MODE OF RELEASE OPTION

In case this claim is approved, I prefer my payout released to me through:

Fund Transfer

1. Fund transfer to the following accredited banks are free of charge:

- | | |
|--|---|
| <input type="checkbox"/> Bank of the Philippine Islands (BPI) | <input type="checkbox"/> Banco De Oro (BDO) |
| <input type="checkbox"/> Metropolitan Bank and Trust Company (MBTC) | <input type="checkbox"/> Philippine Bank of Communication (PBCOM) |
| <input type="checkbox"/> The Hong Kong and Shanghai Banking Corporation (HSBC) | <input type="checkbox"/> China Bank |
| <input type="checkbox"/> Security Bank (SB) | <input type="checkbox"/> Robinson's Bank |
| <input type="checkbox"/> Citibank | <input type="checkbox"/> Eastwest Bank |
| <input type="checkbox"/> Standard Chartered Bank (SCB) | |

2. Fund Transfer to non-accredited banks is subject to bank charges.
3. A Policyowner/Life Insured/Life Assured or Beneficiary/Beneficiaries of minor age (whichever is applicable) must have an existing individual bank account for the fund transfer option.
4. Account must be under the name of the Policyowner/Life Insured/Life Assured or Beneficiary/Beneficiaries (whichever is applicable).
5. Please provide proof of ownership of bank account.

Account Holder's Name	Currency <input type="checkbox"/> Dollar <input type="checkbox"/> Peso
Name of Bank	Account Number and Type
Bank Address/Branch	Swift Code/Routing Number

Check Pick-up

Claimant Name

Preferred Business Center

Disclaimer: Please expect additional 3-5 days for the releasing of check

By selecting the chosen mode of release and in consideration of any payment received from Pru Life Insurance Corporation of U.K. ("Pru Life UK") pursuant to a claim hereunder, I, for myself and on behalf of my heirs, assigns and successors-in-interest, hereby fully, completely, and absolutely release, discharge, and hold free and harmless Pru Life UK and any of its parent companies, affiliates, subsidiaries, directors, officers, employees and successors-in-interest from any and all claims, demands, liabilities, and causes of action, in law or in equity, arising from or connected with this claim or any payment in relation thereto. I hereby warrant that this declaration may be pleaded as an absolute bar to any litigation or suit that has been or may be brought in connection with this claim, and I promise to defend the right of Pru Life UK and any of its parent companies, affiliates, subsidiaries, directors, officers, employees and successors-in-interest, and all other persons having interest therein and thereby, and to fully answer all costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation or suit to which Pru Life UK may be entitled, including all other persons having interest therein or thereby.

I further warrant that I fully understand the foregoing and the implications thereof and that I have executed this release, waiver, and quitclaim voluntarily and out of my own free will.

**CLAIMANT STATEMENT
CRITICAL ILLNESS**



Write legibly and fill out all necessary information completely.
If the question is not applicable, write "NA".

DECLARATION

The undersigned hereby makes a claim on the insurance of the Life Insured/Life Assured with Pru Life UK and agrees that the written statements and affidavits of the physicians who attended to or treated the Life Insured/Life Assured and all other documents required herein, shall constitute and be considered as proofs of his/her medical condition, and further agrees that the furnishing of this Claimant Statement or any other supplemental form by Pru Life UK shall not constitute nor be considered as 1) an admission that there was any insurance in force on the life in question or of liability for payment of any benefit provided in any insurance policy issued by it; or 2) a waiver of any of its rights or defenses.

I hereby declare that all answers given by me in this Claimant Statement are, to the best of my knowledge and belief, true and complete.

CLAIMANT CERTIFICATE OF AUTHORIZATION

This is to authorize Pru Life UK and/or its duly authorized representatives to secure any and all information or records in relation to the Life Insured/Life Assured that are available from any physician or medical practitioner, or government or private hospitals, clinics, medical facilities or offices. This authorization is being made in connection with a claim on the insurance policy or policies issued by Pru Life UK to the Life Insured/Life Assured

It is understood that by virtue of this authorization, any such physician, medical practitioner, government or private hospital, clinic, medical facility or office or any and all members of its staff shall be released from any responsibility or obligation in connection with the release of such records or information.

A facsimile or reproduction of this authorization shall be as effective, valid and binding as the original.

Pru Life UK may transfer, disclose or communicate any information relating to the policy or policies identified herein to any of the branches, subsidiaries, affiliates, agents and representatives of Pru Life UK, Prudential Corporation Asia, Prudential plc and third parties selected by any of them, to be used for the purpose of offering, soliciting or providing any product or service or for any other purpose such as data processing and storage or anti-money laundering monitoring, review and reporting. In addition, Pru Life UK, its offices, branches, subsidiaries, affiliates, agents and representatives may transfer, disclose and use any such information as may be required by law or regulation.

Purpose Statement:

We will process the information you have provided in this form for the purpose of handling your request in accordance with applicable privacy laws and regulations. During processing, we may share the information you provided to our authorized data processors, including couriers and contractors for anti-money laundering systems, photocopying, scanning, indexing and printing services. We may share your information with governmental and other regulatory authorities, or self-regulatory bodies in various jurisdictions as required or allowed by applicable laws and regulations. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of termination of the policy.

You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>). For data privacy concerns, please contact our Data Privacy Officer at:

Telephone: (632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free
Email: dpo@prulifeuk.com.ph

Signature Over Printed Name of Life Insured/Life Assured

Place and Date Signed
(mm/dd/yy)

Signature Over Printed Name of Policyowner
(if different from Life Insured/Life Assured)

Place and Date Signed
(mm/dd/yy)

Signature Over Printed Name of Witness

Place and Date Signed
(mm/dd/yy)

CRITICAL ILLNESS STANDARD DOCUMENTARY REQUIREMENTS

(All documents must either be in Original or Certified True Copy)
Upon submission of the Standard Documentary and Additional requirements per type of critical illness, Claims may require additional documents or information depending on the case.

CLAIMANT STATEMENT

This must be clearly and completely filled out by the Life Insured/Life Assured

If the Life Insured/Life Assured is unable to sign Claimant Statement:

Thumb mark is acceptable, if:

- Countersigned by the Spouse, if married;
- Countersigned by his/her children of legal age, if the Life Insured/Life Assured is a parent; or
- Countersigned by Parent (or next of kin in the absence of Parent), if the Life Insured/Life Assured is single.

If the Life Insured/Life Assured and Policyowner are different (no change in benefit / no effect upon approval of claim):

- Policyowner shall sign the Claimant Statement;
- If Policyowner is a company or institution, the authorized signatory or representative stated in the updated board resolution of the company or institution shall sign the Claimant Statement.

COMPLETE MEDICAL RECORDS

This must be duly certified by the issuing hospital/institution.

- Admission and Discharge Summary;
- Clinical Summary and Abstract; and
- Patient History Sheet.

TWO VALID IDENTIFICATION CARDS OF LIFE INSURED/LIFE ASSURED

TWO VALID IDENTIFICATION CARDS OF POLICYOWNER

TWO VALID IDENTIFICATION CARDS OF AUTHORIZED REPRESENTATIVE OF COMPANY/INSTITUTION

REASON FOR LATE FILING OF CLAIM

If claim is filed beyond 90 days from discharge date

IF POLICY IS LESS THAN TWO YEARS FROM THE EFFECTIVITY DATE OR DATE OF APPROVAL OF LAST REINSTATEMENT

COMPLETE MEDICAL RECORDS

This must be duly certified by the issuing hospital/institution.

- Admission and Discharge Summary Consultation Record, diagnostic results (including Annual Physical Exam), confinement records before effectivity date or date of last reinstatement, increase of coverage or addition of the benefit (certified true copy); and
- History Sheet: Contains chief complaint, personal, and family history (past and present)

IF THE INSURED EVENT HAPPENED OUTSIDE THE PHILIPPINES

All forms and proofs of claim obtained outside the Philippines must be in English and duly authenticated by the Philippine Embassy or Consul of the country where the event happened.

Medical records from a hospital located abroad do not require authentication by the Philippine Embassy located in such foreign country. Apostille mark or stamp for medical records is accepted.

IF CLAIMANT IS OUTSIDE THE PHILIPPINES

Signed Claimant statement authenticated by the Philippine Embassy or Consul.

Medical records from a hospital located abroad do not require authentication by the Philippine Embassy located in such foreign country. Apostille mark or stamp for medical records is accepted.

LIST OF VALID IDs

- Passport
- Driver's License
- Professional Regulations Commission (PRC) ID
- Police Clearance
- Postal ID
- Voter's ID
- Photo-Bearing Barangay ID/Certification
- GSIS e-Card
- SSS Card
- Philhealth Card
- Senior Citizen's Card
- Overseas Workers Welfare Administration (OWWA) ID
- OFW ID
- Seaman's Book
- Alien Certificate of Registration/Immigrant Certificate of Registration
- Government Office ID (e.g. AFP, Home Development Mutual Fund, Department of Education IDs) and IDs issued by government instrumentalities
- Photo-Bearing ID/Certification from the National Council for the Welfare of Disabled Persons (NCWDP)
- Department of Social Welfare and Development (DSWD) photo-bearing ID/Certification
- Firearms License
- ID issued by the Bureau of Internal Revenue
- Photo-Bearing Credit Card
- Photo-Bearing Health Card issued by Health Maintenance Organizations

These must be clear photocopies with stamp indicating that the Original ID was seen by witness.

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

(All documents must either be in Original or Certified True Copy)
Upon submission of the Standard Documentary and Additional requirements
per type of critical illness, Claims may require additional documents or
information depending on the case.

ALZHEIMER'S DISEASE (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Neurologist/Company Physician

- Memory Test Result
- CT Scan of the Head Result
- MRI of the Head Result

AORTAL SURGERY (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 2)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Cardiologist and Cardiovascular Surgeon

- Record of Operation
- Aortogram

ANGIOPLASTY AND OTHER INVASIVE TREATMENT FOR CORONARY ARTERY (Multiple Life Care Plus Only)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Cardiologist & Invasive Cardiologist

- Cardiac Catheterization Result
- Coronary Angiogram Result
- Echocardiogram
- Record of Procedure

APALLIC SYNDROME (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Neurologist

- Neurologic Exam Result after six (6) months
- Proof of Accident, if due to accident
- CT Scan of the Brain
- MRI of the Brain

APLASTIC ANEMIA (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Hematologist

- Bone Marrow Aspiration biopsy result
- Hematology Result / Blood Chemistry with Reticulocyte Count
- Proof of treatment for more than 3 months – blood transfusion or medications

BACTERIAL MENINGITIS (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Neurologist/Infectious Disease Specialist

- Cerebrospinal Fluid (CSF) Exam result
- Cerebrospinal Fluid (CSF) Culture
- Neurological Exam result

BLINDNESS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Ophthalmologist

- Light Perception
- Proof of Accident, if applicable
- Record of Operation, if any
- Slit Lamp result
- Visual Acuity or Snellen Eye Chart Test

BRAIN SURGERY (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Neurologist and Neurosurgeon

- Activities of Daily Living
- Biopsy Report, if any
- Neurologic Exam Result after 30 days
- Record of Operation
- CT Scan of the Brain
- MRI of the Brain

BRAIN TUMOR (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Neurologist

- All CT scan/s
- Biopsy Report, if any
- MRI result/s
- Record of Operation if any

CANCER (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Oncologist

- Biopsy and/or Histopathology Result
- If Leukemia, Bone Marrow Diagnostic result

COMA (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

ATTENDING PHYSICIAN'S STATEMENT

Accomplished by Neurologist

- ICU record for 96 hours
- Neurologic Exam Result 30 days after onset of coma
- Electroencephalogram (EEG)

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

(All documents must either be in Original or Certified True Copy)
Upon submission of the Standard Documentary and Additional requirements per type of critical illness, Claims may require additional documents or information depending on the case.

CORONARY ARTERY BYPASS GRAFT (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 2)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Cardiovascular Surgeon
- All ECG results and interpretation
- Coronary Angiogram Result
- Echocardiogram, if any
- Record of Operation

DEAFNESS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by ENT
- Audiometry and sound – threshold test Result
- Proof of accident, if applicable

ENCEPHALITIS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- Cerebrospinal Fluid (CSF) Exam result
- MRI and/or CT scan of the Brain
- Neurologic Exam Result after six (6) consecutive months

END STAGE LIVER FAILURE (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Hepatologist or Gastroenterologist
- Dynamic CT scan of the Liver/Ultrasound of the Liver
- Liver Function Test Results – SERIES

END STAGE LUNG DISEASE (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Pulmonologist
- Arterial Blood Gas (ABG) result
- CT scan of the Chest
- FEV1 test Result every 3 months or Pulmonary Function Test (PFT)
- Oxygen Treatment Record

FULMINANT HEPATITIS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Hepatologist or Gastroenterologist
- Dynamic CT scan of the Liver / Ultrasound of the Liver and Biliary Tree
- Hepatitis Profile (HBV, Anti-HCV, HBV-DNA)
- Liver Function Test Results – SERIES

HEART ATTACK (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 2)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist
- All ECG results and interpretation - Series
- Cardiac Enzyme – Troponin / CK-MB
- Coronary Angiogram Result
- Echocardiogram, if any

HEART VALVE SURGERY (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 2)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Cardiovascular Surgeon
- Cardiac Catheterization
- Echocardiogram
- Record of Operation

HIV DUE TO BLOOD TRANSFUSION (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Infectious Disease Specialist
- CD4
- Medical Record of blood Transfusion, indication for Blood Transfusion
- Medical Certification from Hospital who administered blood transfusion

HIV – OCCUPATIONALLY ACQUIRED (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Infectious Disease Specialist
- CD4
- HIV Test result within 5 days from incident
- HIV Test result after 6 months
- Incident Report to its superior and Company

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

(All documents must either be in Original or Certified True Copy)
Upon submission of the Standard Documentary and Additional requirements per type of critical illness, Claims may require additional documents or information depending on the case.

LOSS OF SPEECH (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by ENT
- MRI of larynx
- MRI and/or CT scan of the Brain
- Proof of Accident, if applicable
- Medical Records for Loss of Speech for more than six (6) months

MAJOR BURNS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by General Surgeon
- Body Surface Area Burn Record

MAJOR HEAD TRAUMA (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist/Neurosurgeon/General Surgeon
- Activities of Daily Living
- Neurologic Exam Result after three (3) months
- Proof of Accident
- CT Scan of the Head
- MRI of the Head

MAJOR ORGAN TRANSPLANT (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by:
- Bone Marrow – Hematologist or Surgeon
- Kidney – Nephrologist or Surgeon
- Liver – Hepatologist or Surgeon
- Heart – Cardiologist or Surgeon
- Lungs – Cardiovascular surgeon, Pulmonologist or Surgeon
- Pancreas – Surgeon
- Record of Operation

MEDULLARY CYSTIC DISEASE (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Nephrologist
- Creatinine Result
- Glomerular Filtration Rate Test Result
- Renal Dialysis record
- Ultrasound Kidney, Ureter, Bladder (KUB)
- BUN

MOTOR NEURON DISEASE (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- All CT scan/s
- MRI result/s
- Neurologic Exam result

MULTIPLE SCLEROSIS (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- All CT scan/s
- All laboratory results for Multiple Sclerosis
- MRI result/s
- Neurologic Exam Result

MUSCULAR DYSTROPHY (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- Activities of Daily Living
- Neurologic Exam result

PARALYSIS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 2)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- Neurologic Exam result with more than three (3) months
- CT Scan Result
- MRI Result

PARKINSON'S DISEASE (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- Activities of Daily Living
- Neurologic Exam result

POLIOMYELITIS (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 3)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- Neurologic Exam result

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

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PRIMARY PULMONARY HYPERTENSION (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist or Pulmonologist
- Cardiac Catheterization Result
- CT scan of the Chest
- Echocardiogram

PROGRESSIVE SCLERODERMA (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Rheumatologist
- 2D Echocardiography
- Biopsy and Serological results
- BUN
- Creatinine
- Chest X-ray
- Pulmonary Function Test

RENAL FAILURE (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Nephrologist
- BUN
- Creatinine
- Dialysis Record (Certified True Copy)
- Glomerular Filtration Rate (GFR)
- Urinary Creatinine Clearance
- Urinary Protein Determination

STROKE (Crisis Cover Benefit, Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 2)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- All CT scan/s
- MRI result/s

SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS (Accelerated Life Care, Life Care Plus, Multiple Life Care Plus Group 1)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Rheumatologist and Immunologist
- Glomerular Filtration Rate (GFR) Test Result
- Lupus Panel Result, CBC with quantitative platelet count
- Urinary Creatinine Clearance
- Urinary Protein Determination
- BUN
- Creatinine

TERMINAL ILLNESS (Accelerated Life Care, Life Care Plus)

- ATTENDING PHYSICIAN'S STATEMENT/S
Accomplished by Special Doctor
- All Laboratory Tests done to prove the presence of Terminal Illness

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

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information depending on the case.

Angioplasty and other Invasive Treatment for Coronary

Artery

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Invasive Cardiologist
- Coronary Angiogram Result
- Echocardiogram
- Record of Procedure

Brain Aneurysm Surgery or Cerebral Shunt Insertion

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist and Neurosurgeon
- All CT scan/s
- MRI result/s
- Record of Operation

Carcinoma in Situ of Specified Organs

**For Early Prostate Cancer, Early Thyroid Cancer, Early Bladder
Cancer, Early Melanoma**

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Oncologist/Surgeon
- Biopsy or Histopathology Result

For Early Chronic Lymphocytic Leukemia

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Hematologist
- Bone Marrow Diagnostic Result

Cardiac Pacemaker or Defibrillator Insertion

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Invasive Cardiologist
- 24-Hour Holter Monitoring
- All ECG results and interpretation
- Record of Operation

Chronic Kidney Disease

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Nephrologist
- 24-hour urine collection result
- Blood Urea Nitrogen (BUN)
- Creatinine
- Glomerular Filtration Rate (GFR) result for a period of
6months or more
- Kidney Ultrasound
- Record of Operation, if any

Corneal Transplant

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Ophthalmologist
- Record of Operation
- Slit Lamp Result
- Visual Acuity / Snellen Eye Chart Test

Diabetic Complications

Diabetic Retinopathy

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Ophthalmologist
- Fluorescent Fundus Angiography Report
- Snellen Eye Chart Result
- Fasting Blood Sugar (FBS)
- HbA1C

Diabetic Nephropathy

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Nephrologist
- 24-hour urinary Creatinine Clearance
- Blood Urea Nitrogen (BUN)
- Glomerular Filtration Rate (GFR) Result
- Kidney Ultrasound
- Fasting Blood Sugar (FBS)
- HbA1C

Amputation of Leg/Foot/Toe/Arm/Hand/Finger to Treat Gangrene

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Diabetologist, Surgeon, Infectious Disease
Specialist
- Record of Operation
- Duplex scan arterial of both lower extremities
- Fasting Blood Sugar (FBS)
- HbA1C

Liver Surgery

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Surgeon and Hepatologist
- Dynamic CT scan of the Liver / Ultrasound of the Liver
- Final Police Investigation Report (if accidental cause)
- Liver Function Test
- MRI of the Abdomen
- Record of Operation

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

*(All documents must either be in Original or Certified True Copy)
Upon submission of the Standard Documentary and Additional requirements
per type of critical illness, Claims may require additional documents or
information depending on the case.*

Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB)

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Interventional Cardiologist
- Coronary Angiogram Result
- Record of Operation

Percutaneous Valve Surgery

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Interventional Cardiologist
- Cardiac Catheterization
- Echocardiogram
- Record of Operation

Small Bowel Transplant

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Surgeon
- Record of Operation

Surgery for Subdural Hematoma

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist and Neurosurgeon
- All CT scan/s
- Final Police Investigation Report (if accidental cause)
- MRI result/s
- Record of Operation

Surgical Removal of One Kidney

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Nephrologist
- Final Police Investigation Report (if accidental cause)
- Record of Operation

Surgical Removal of Pituitary Tumor

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- All CT scan/s
- Biopsy or Histopathology Result
- MRI result/s
- Record of Operation