

# Statement of Claim Form - Inpatient/Outpatient (IP/OP) Benefit

Sun Life Grepa Financial, Inc.

A joint venture of Sun Life Financial and the Yuchengco Group of Companies

Note: To avoid return of claim form due to incomplete information, please answer all questions.

## 1 General Information

|                                             |                         |
|---------------------------------------------|-------------------------|
| Member's Name (Last Name, First Name, M.I.) | Relationship to Patient |
| Name of Company/Insured Group               |                         |

## 2 To be Completed by the Attending Physician

|                                                                                                      |     |     |
|------------------------------------------------------------------------------------------------------|-----|-----|
| Patient's Name (Last Name, First Name, M.I.)                                                         | Age | Sex |
| Date of Consultation (OP Cases) Date of Confinement (IP Cases)                                       |     |     |
| Diagnosis/Reason                                                                                     |     |     |
| Recommended Lab Test/Other Examination                                                               |     |     |
| Treatment/Surgical Procedure (if treatment is maternity related, please give exact date of delivery) |     |     |
| Medicines Prescribed                                                                                 |     |     |

I hereby declare that to the best of my knowledge and belief, the above information is accurate.

|                                           |                 |             |                         |
|-------------------------------------------|-----------------|-------------|-------------------------|
| Doctor's Signature over Printed Name<br>X | PTR No.         | License No. | Field of Specialization |
| Date of Signing                           | Hospital/Clinic | Tel. No.    |                         |

## 3 To be Answered Only If Case is Due to Accident

If treatment is accident related, please fill in the following:

|                                                               |
|---------------------------------------------------------------|
| Describe the accident: Tell how it happened.                  |
| When and Where did the accident happen?                       |
| What was the injured person doing when the accident happened? |

## 4 Member's Declaration

I HEREBY CONFIRM that the foregoing statements, including my accompanying statements, are to the best of my knowledge and belief, true, correct and complete. I hereby authorize any physician or any hospital to furnish and disclose all known facts concerning the claim.

You expressly authorize the collection, processing, use, storage, and destruction of your and/or the life to be insured's personal and sensitive personal information and any information related to you and/or the life to be insured's application and/or insurance policy as well as its sharing, transfer and or disclosure to any of the Company's branches, subsidiaries, affiliates, agents, and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis, provision of any products, service or offers made through mail/email/fax/SMS/telephone, customer satisfaction survey; compliance with court and other lawful orders and requirements.

Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://www.sunlifegrepa.com/privacy-policy-statement/>. Should you have any concerns in relation to your rights or the processing of your personal and sensitive personal information, you may get in touch with our Data Protection Officer at [privacyconcern@sunlifegrepa.com](mailto:privacyconcern@sunlifegrepa.com).

|                            |      |
|----------------------------|------|
| Signature of Claimant<br>X | Date |
|----------------------------|------|

