

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					
Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/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)			
INSURED INFORMATION					
Name of Insured (Last Name, First Name, Middle Name)				Relationship to the Policyowner	
Date of Birth (mm/dd/yy)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status	Place of Birth	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	
Do you have any 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>Policy Details</u>	<u>Date Issued and Status</u> (mm/dd/yy)	<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		

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

HEALTH HISTORY

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 Specialist 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>Address</u>	<u>Findings</u>	<u>Duration</u>

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

Have any of your blood relatives suffered from a similar or related illness? Yes No
If "yes", please give full details. (Please use a separate sheet if needed)

<u>Relationship</u>	<u>Nature of Illness</u>	<u>Date of Diagnosis (mm/dd/yy)</u>

Do you smoke cigarettes? Yes No
If "yes" please give full details.

What is your daily consumption?	
How long have you been smoking?	

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: **Bank of the Philippine Islands (BPI), Metropolitan Bank and Trust Company (MBTC), The Hong Kong and Shanghai Banking Corporation (HSBC), Security Bank (SB), Citibank, and Standard Chartered Bank (SCB), Banco De Oro (BDO), Philippine Bank of Communication (PBCOM), China Bank.**
2. Fund Transfer to non-accredited banks is subject to bank charges.
3. Insured or Beneficiary/Beneficiaries of minor age are not eligible for the fund transfer option.

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

Pru Life UK Head Office: 9F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Metro Manila, Philippines

Preferred Pru Life UK Branch

Preferred Pru Life U.K. Branch Address

By selecting the above option 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.

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 Insured with Pru Life UK and agrees that the written statements and affidavits of the physicians who attended to or treated the Insured 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 Insured 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 Insured.

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.

Signature Over Printed Name of Insured

Place and Date Signed
(mm/dd/yy)

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

Place and Date Signed
(mm/dd/yy)

Signature Over Printed Name of Witness

Place and Date Signed
(mm/dd/yy)

STANDARD DOCUMENTARY REQUIREMENTS

(All documents must either be in Original or Certified True Copy)

Upon submission of complete basic requirements, Claims and Benefits Services may require additional documents or information depending on the case.

CLAIMANT STATEMENT

This must be clearly and completely filled out by the Insured.

If the Insured 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 Insured is a parent; or
- Countersigned by Parent (or next of kin in the absence of Parent), if the Insured is single.

If the Insured 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.

POLICY CONTRACT (consists of the Application for Insurance, the Policy Data Page, the Sales Illustration Form and Policy Booklet)

In case of loss, submit "Agreement Pertaining to Loss or Destruction of Policy" signed by the Insured.

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 INSURED

These must be clear photocopies with 3 specimen signatures and stamp indicating that the Original ID was seen.

TWO VALID IDENTIFICATION CARDS OF POLICYOWNER

This is only required if the Insured is different from the Policyowner.

These must be clear photocopies with 3 specimen signatures and stamp indicating that the Original ID was seen.

TWO VALID IDENTIFICATION CARDS OF AUTHORIZED REPRESENTATIVE OF COMPANY/INSTITUTION

This is only required if Policyowner is a company or institution.

These must be clear photocopies with 3 specimen signatures and stamp indicating that the Original ID was seen.

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 APE), 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.

IF CLAIMANT IS OUTSIDE THE PHILIPPINES

Signed Claimant statement authenticated by the Philippine Embassy or Consul.

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

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

*(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services
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

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

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

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

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

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

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

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services 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

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

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- Activities of Daily Living
- 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
- MRI of the abdomen

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
- 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)
- Liver Function Test Results – SERIES
- MRI of the abdomen

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 senior 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 complete basic requirements, Claims and Benefits Services
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

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

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
Kidney – Nephrologist
Liver – Hepatologist
Heart – Cardiologist
Lungs – Cardiovascular surgeon or Pulmonologist
- 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)

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
- Activities of Daily Living
- 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
- Activities of Daily Living
- All CT scan/s
- All laboratory results for Multiple Sclerosis
- MRI result/s

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 for 4 months

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

*(All documents must either be in Original or Certified True Copy)
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may require additional documents or information depending on the case.*

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

TERMINAL ILLNESS (Accelerated Life Care, Life Care Plus)

- ATTENDING PHYSICIAN'S STATEMENT/S

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
- 24-hour urine collection result
 - BUN
 - Creatinine
 - Dialysis Record (Certified True Copy)
 - Glomerular Filtration Rate (GFR)
 - Renal Function Test

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
- 24-Hour Urine albumin or protein
 - Glomerular Filtration Rate (GFR) Test Result
 - Lupus Panel Result, CBC with quantitative platelet count

CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF EARLY STAGE CRITICAL ILLNESS

(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services may require additional documents or 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

Diabetic Complications

Diabetic Retinopathy

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Ophthalmologist
- Fluorescent Fundus Angiography Report
- Snellen Eye Chart Result

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

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

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 EARLY STAGE CRITICAL ILLNESS

*(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services
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