



LIVING BENEFITS CLAIMS REQUIREMENTS

FOR TOTAL AND PERMANENT (TPD) DISABILITY RIDER

- ✓ **CLAIMANT'S STATEMENT** – To be filled out by Insured and must be duly notarized
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – Must be accomplished by the Physician/s who attended to the Insured
- ✓ **ADMITTING HISTORY OR MEDICAL ABSTRACT** (Original or Certified True Copy)
- ✓ **ALL APPLICABLE LABORATORY RESULTS** (Original or Certified True Copy)
- ✓ **RECORD OF OPERATION OR TREATMENT, *if applicable*** (Original or Certified True Copy)
- ✓ **CERTIFICATION FROM EMPLOYER** – with indication of date hired and date last reported for work, date of termination of employment, and the reason for separation from the company
- ✓ **VALID GOVERNMENT – ISSUED ID OR IDENTIFICATION DOCUMENT OF INSURED** (Photocopy)

FOR ACCIDENTAL DISABILITY

- ✓ **CLAIMANT'S STATEMENT** – To be filled out by Insured and must be duly notarized
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – Must be accomplished by the Physician/s who attended to the Insured
- ✓ **ADMITTING HISTORY OR MEDICAL ABSTRACT** (Original or Certified True Copy)
- ✓ **ALL APPLICABLE LABORATORY RESULTS** (Original or Certified True Copy)
- ✓ **RECORD OF OPERATION OR TREATMENT, *if applicable*** (Original or Certified True Copy)
- ✓ **POLICE REPORT** (Original or Certified True Copy)
- ✓ **CERTIFICATE OF EMPLOYMENT**
- ✓ **VALID GOVERNMENT – ISSUED ID OR IDENTIFICATION DOCUMENT OF INSURED** (Photocopy)
- ✓ **COPY OF DRIVER'S LICENSE, *if Insured was driving at the time of accident***

FOR TERMINAL ILLNESS BENEFIT

- ✓ **CLAIMANT'S STATEMENT** – To be filled out by Insured and must be duly notarized
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – Must be accomplished by the Physician/s who attended to the Insured
- ✓ **ADMITTING HISTORY OR MEDICAL ABSTRACT** (Original or Certified True Copy)
- ✓ **ALL APPLICABLE LABORATORY RESULTS** (Original or Certified True Copy)
- ✓ **RECORD OF OPERATION OR TREATMENT, *if applicable*** (Original or Certified True Copy)
- ✓ **CERTIFICATION FROM EMPLOYER** – with indication of date hired and date last reported for work, date of termination of employment, and the reason for separation from the company
- ✓ **VALID GOVERNMENT – ISSUED ID OR IDENTIFICATION DOCUMENT OF INSURED** (Photocopy)

FOR DREAD DISEASE BENEFIT:

- ✓ **CLAIMANT'S STATEMENT** – To be filled out by Insured and must be duly notarized
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – Must be accomplished by the Physician/s who attended to the Insured
- ✓ **ADMITTING HISTORY OR MEDICAL ABSTRACT** (Original or Certified True Copy)
- ✓ **ALL APPLICABLE LABORATORY RESULTS** (Original or Certified True Copy)
- ✓ **RECORD OF OPERATION OR TREATMENT**, *if applicable* (Original or Certified True Copy)
- ✓ **CERTIFICATION FROM EMPLOYER** – with indication of date hired and date last reported for work, date of termination of employment, and the reason for separation from the company
- ✓ **VALID GOVERNMENT – ISSUED ID OR IDENTIFICATION DOCUMENT OF INSURED** (Photocopy)

FOR HOSPITAL INCOME BENEFIT (DHIB):

- ✓ **CLAIMANT'S STATEMENT** – To be filled out by Insured and must be duly notarized
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – Must be accomplished by the Physician/s who attended to the Insured
- ✓ **ADMITTING HISTORY OR MEDICAL ABSTRACT** (Original or Certified True Copy)
- ✓ **STATEMENT OF ACCOUNT (SOA) OR BILLING STATEMENT FROM THE HOSPITAL**
- ✓ **POLICE REPORT**, *if confinement is due to accident*
- ✓ **VALID GOVERNMENT – ISSUED ID OR IDENTIFICATION DOCUMENT OF INSURED** (Photocopy)

FOR ACCIDENTAL MEDICAL REIMBURSEMENT (AMR):

- ✓ **CLAIMANT'S STATEMENT** – To be filled out by Insured and must be duly notarized
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – Must be accomplished by the Physician/s who attended to the Insured
- ✓ **ADMITTING HISTORY OR MEDICAL ABSTRACT**, *if with hospital confinement* (Original or Certified True Copy)
- ✓ **STATEMENT OF ACCOUNT (SOA) OR BILLING STATEMENT FROM THE HOSPITAL**, *if with hospital confinement*
- ✓ **ORIGINAL OFFICIAL RECEIPTS**, *for Outpatient Medicines*
- ✓ **DOCTOR'S PRESCRIPTION**, *for Outpatient Medicines*
- ✓ **POLICE REPORT** – (Original or Certified True Copy)
- ✓ **VALID GOVERNMENT – ISSUED ID OR IDENTIFICATION DOCUMENT OF INSURED** (Photocopy)
- ✓ **COPY OF DRIVER'S LICENSE**, *if Insured was driving at the time of accident*

Requirements listed above are basic and necessary to be submitted.
However, Generali reserves the right to request for additional requirements if deemed needed for further evaluation of the claims.