

Field Claims Checklist (Table 1)

Mandatory Requirements	Benefit Types						
	Death Benefit	Total and Permanent Disability Benefit	Critical Illness Benefit	Accidental Dismemberment Benefit (Active Care)	Hospital Cash Benefit (LifeCARE)/ Accidental Hospitalization Benefit (Active Care)	Health CARE (Individual)	Health CARE (Group)
Completed Claim Request Form	✓	✓	✓	✓	✓	✓	✓
Death Certificate (from authorized hospital/clinic or township health center)	✓						
Cremation Letter or any authorized document regarding death of LI (if no Death Certificate)	✓						
Complete Medical Records and Investigation Results related to the LI	✓	✓	✓	✓	✓	✓	✓
Original receipts from hospitals/clinics					✓	✓	✓
Specified Critical Illness Questionnaire completed by Attending Physician			✓				

Field Claims Checklist (Table 2)

Other requirements that may be required	Benefit Types						
	Death Benefit	Total and Permanent Disability Benefit	Critical Illness Benefit	Accidental Dismemberment Benefit (Active Care)	Hospital Cash Benefit (LifeCARE)/ Accidental Hospitalization Benefit (Active Care)	Health CARE (Individual)	Health CARE (Group)
Copy of NRC/Passport of LI	✓	✓	✓	✓	✓	✓	✓
Medical Doctor's recommendation letter (for medical enquiry cases)	✓	✓	✓	✓	✓	✓	✓
Police Report (for police cases)	✓	✓	✓	✓	✓		
Consent Form (if investigation is needed)	✓	✓	✓	✓	✓	✓	✓
Copy of NRC/Household list of the beneficiary if the beneficiary was changed since policy issuance	✓	✓	✓	✓	✓	✓	✓
Documents that can prove the relationship between PO, LI, and beneficiary if the PO is not the beneficiary (e.g., NRC, passport, household list, birth certificate, marriage certificate, etc.)	✓	✓					
Travel Evidence (related to travelling in Public Transport Benefit)	✓			✓			

	Early Critical Illness	Late Critical Illness	Health CARE/ Hospital Cash Benefit (LifeCARE)	Specified Disease in Health CARE/ Hospital Cash Benefit (LifeCARE)
Waiting Period	120 Days	90 Days	30 Days	90 Days

Waiting Period means the period during which covered events for in-hospital care and/or pre & post hospitalisation and/or outpatient due to illness occur are not paid.

Specified Diseases mean

- All tumors, cancers, cysts, nodules, and polyps
- Stones of the urinary system and biliary system
- All ear, nose (including sinuses), throat and thyroid conditions
- Hernias, hemorrhoids, fistulae, hydrocele, varicocele
- Diseases of the reproductive system
- Vertebro-spinal disorders (including disc) and knee conditions
- Hypertension, diabetes mellitus and cerebrocardiovascular disorders

	Active Care Hospitalization	Hospital Cash Benefit (LifeCARE)	Health CARE
Duration which LI must be hospitalized at the authorized hospital	24 hours	48 hours	8 hours