InLife Benefits
formerly Generali Life Assurance Philippines, Inc.
customercare@inlifebenefits.com.ph
www.inlifebenefits.com.ph

Total and Permanent Disability
Claim Requirements: Employee Benefits

Notification Period: within 90 days from date of disability

- CLAIMANT STATEMENT: To be filled out by Insured and duly notarized.
- ATTENDING PHYSICIAN'S STATEMENT/S: Must be accomplished by the Physician/s who attended to the Insured and must be notarized.
- ADMITTING HISTORY OR MEDICAL ABSTRACT and ALL APPLICABLE LABORATORY / DIAGNOSTIC TEST RESULTS (Original or Certified True Copy)
- RECORD OF OPERATION OR TREAMENT, if any (Original or Certified True Copy)
- CERTIFICATION FROM EMPLOYER: Indicating date hired and date last reported for work, date of termination of employment and the reason for separation from the company
- COPY OF VALID ID OF INSURED

Accidental Disability
Claim Requirements: Employee Benefits

Notification Period: within 30 days from date of accident

- CLAIMANT STATEMENT: To be filled out by Insured and duly notarized.
- ATTENDING PHYSICIAN'S STATEMENT/S: Must be accomplished by the Physician/s who attended to the Insured and must be notarized
- CERTIFICATE OF EMPLOYMENT (COE) OF THE INSURED
- POLICE REPORT (Original or Certified True Copy)
- ADMITTING HISTORY OR MEDICAL ABSTRACT including RECORD OF OPERATION OR TREATMENT (if any) and ALL APPLICABLE LABORATORY RESULTS (Original or Certified True Copy)
- COPY OF VALID ID OF INSURED
- COPY OF DRIVER'S LICENSE if insured was driving at the time of accident

Please note that we may request additional documents, depending on the details of your submission, to help us properly review and process your claim.

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Terminal Illness
Claim Requirements: Employee Benefits

Notification Period: within 90 days after date of diagnosis

- CLAIMANT STATEMENT: To be filled out by insured and duly notarized.
- ATTENDING PHYSICIAN'S STATEMENT/S: Must be accomplished by the Physician/s who attended to the insured and must be notarized.
- ADMITTING HISTORY OR MEDICAL ABSTRACT, ALL APPLICABLE LABORATORY AND DIAGNOSTIC RESULTS RESULTS and RECORD OF OPERATION OR TREAMENT, if any (Original or Certified True Copy)
- CERTIFICATION OF EMPLOYMENT OF THE INSURED
- COPY OF VALID ID OF INSURED

Dread Disease
Claim Requirements: Employee Benefits

Notification Period: within 30 days after date of diagnosis

- CLAIMANT STATEMENT: To be filled out by insured and duly notarized.
- ATTENDING PHYSICIAN'S STATEMENT/S: Must be accomplished by the Physician/s who attended to the insured and must be notarized.
- ADMITTING HISTORY OR MEDICAL ABSTRACT, ALL APPLICABLE LABORATORY/DIAGNOSTIC RESULTS and RECORD OF OPERATION OR TREAMENT, if any (Original or Certified True Copy)
- CERTIFICATION OF EMPLOYMENT (COE) OF THE INSURED
- COPY OF VALID ID OF INSURED

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Daily Hospital Income Benefit
Claim Requirements: Employee Benefits

Notification Period: within 30 days from the commencement date of confinement

- CLAIMANT STATEMENT: Applicable only if the confinement was covered / paid by InLife Benefits

Additional requirements if the confinement was not covered by InLife Benefits:

- POLICE REPORT if confinement is due to an accident
- STATEMENT OF ACCOUNT (SOA) OR BILLING STATEMENT FROM THE HOSPITAL DURING CONFINEMENT
- ATTENDING PHYSICIAN'S STATEMENT/S / CLINICAL ABSTRACT / MEDICAL CERTIFICATE, if the diagnosis or illness is not indicated in the SOA

Group Accidental Medical Reimbursement
Claim Requirements: Employee Benefits

Notification Period: within 30 days from date of accident

- CLAIMANT STATEMENT: To be filled out by Insured
- POLICE REPORT (Original or Certified True Copy) and/or Incident Report (IR)
- ADMITTING HISTORY OR MEDICAL ABSTRACT, if with hospital confinement
- DETAILED STATEMENT OF ACCOUNT (SOA) OR BILLING STATEMENT FROM THE HOSPITAL, if with hospital confinement
- ORIGINAL SERVICE INVOICE (SI)
- DOCTOR'S PRESCRIPTION (for outpatient medicines)
- COPY OF VALID ID OF INSURED
- COPY OF DRIVER'S LICENSE, if Insured was driving at the time of accident

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