

CLAIM REQUIREMENTS CANCER POLICY AND SUPPLEMENTS BENEFITS

If the loss is incurred during the first six (6) months from the policy effective date the Claimant (Patient) should submit the following documents:

1. Three (3) authorizations to release medical records signed in original, if patient is over 21 years of age.
If the patient is minor, the authorization must be signed by his/her parent or legal guardian.
2. Copy of photo identification with claimant signature.
3. Names of hospitals the claimant had visited during the last 2 years and names, specialty, address and telephone number of all physicians that have treated him/her during the last two (2) years.
4. Copy of the medical record from the attending physician regarding the condition that is claimed.

If Claimant is a dependant over 21 year old or under 23 year old:

- Certification of full-time student status from a recognized educational institution near or during the period claimed.

If Claimant is economically dependent on the Primary Insured

- Submit copy of the parent most recent income tax returned

If Claimant is an adopted child

- Submit final adoption decree

PREMIUM PAYMENT THROUGH PAYROLL DEDUCTION:

- Submit payment stub showing the first premium deduction during the loss claimed or
- Employer Premium Deduction Certification.

**CANCER POLICY BENEFITS
AND DREAD DISEASES
(REVIEW THE BENEFITS IN YOUR POLICY)**

Claim form No. CL-0801-108 completed and signed by:

- Claimant - to be completed in each claim
- Claimant - Antifraud Law No. 230 Notice dated August 9, 2008, if it is not included in the claim form
- Admission certification signed by medical record officer
- Attending physician statement (in cancer claims or dread diseases, must be completed only in the first claim)

Initial Medical Exams for cancer diagnosis or dread diseases

- Medical certification
- Positive pathological report
- Costs of laboratories, nuclear research studies, x-rays, etc. Done before the positive diagnostic
- Result of studies done before the first positive diagnostic result: laboratories, nuclear research studies, x-rays, etc.

Waiver of Premium

- Be the policyowner

Hospitalization, Drugs and Extended Coverage

- Admission and discharge summary
- Or medical record department certification indicating the period admitted and diagnosis

Disability Indemnity or Loss of Income while Hospitalized

- The policyowner should be the claimant and losing income while is hospitalized

Intensive Care

- Medical record department certification indicating the diagnosis, period and time for admission and discharge
- Or nurse notes for the intensive care unit admission

Nursing Home

- Medical order justifying a nursing home
- Discharge summary of previous hospital admission
- Nursing home bill

Physician Visits

- Physician visits progress notes while admitted in the hospital
- Physician visits costs, post-surgery visits are excluded

Private Nursing Services

- Medical order justifying private nursing services while hospitalized
- Payment receipt for services with dates and costs

Nursing Services at Home

- Medical order justifying private nursing services at home
- Payment receipt for services with dates and costs

Surgery and Anesthesia

- Surgery report
- Surgery cost
- Surgery pathology report

Medical Second Opinion

- Medical visit notes for a second opinion
- Second opinion visit cost

Blood and Plasma

- Hospital charges for blood and / or plasma
- Transfusion record

Radiotherapy, Chemotherapy and Experimental Therapy

- Treatment bill with name, cost, CPT code and service date
- Or the drug store certification with the cost of the drug

Ambulance

- Being admitted in hospital
- Ambulance service cost

Air Transportation for Insured

- Medical order from hematologist oncologist certifying treatment in a foreign hospital
- Regular rate air ticket receipt

Air Transportation and Lodging for Family Caregivers

- Regular rate air ticket receipt
- Family caregivers lodging cost

Breast Prosthesis and other Prosthesis

- Prosthesis cost

Breast Reconstruction

- Surgery report
- Surgeon bill

Skin Cancer

- Medical certification
- Positive pathology report
- Surgery report

Home Reclusion due to Terminal Cancer

- Medical order with the reason to reclude at home

Funeral Expenses

- Death claim form completed by claimant (CL-0586-58)
- Copy of claimant social security card
- Copy of claimant identification
- Original of death certificate (form RD-77) with causes of death
- Funeral service payment receipt

If funeral service was not paid, submit:

- Funeral bill
- Antifraud Notice Law 230 signed by funeral director
- Benefits designation authorizing the payment to funeral home signed by the person responsible of the funeral service
- Copy of identification of the person who signed the funeral service contract

Post Mortem Diagnosis

- Cancer policy claim form completed and signed by the beneficiary (CL-0801-108)
- Copy of beneficiary identification with signature
- Original death certificate (form RD-77)
- Medical certification filled and signed by the physician, not the surgeon or oncologist
- Admission and discharge summary of hospitalization incurred 45 days prior to the death date or certification by medical record officer with dates and diagnostic
- Medical record of admission
- Hospital bill

Good Health Maintenance

- Claim form signed by main insured
- Negative result with service date of a preventive test to detect cancer

Housekeeper

- Medical order justifying the need for the services of a housekeeper
- Payment receipt with the services dates and cost

Psychological Support

- Medical order justifying the need for psychological services
- Payment receipt with the services dates and cost
- Evidence of medical visits

Quality Life

- Medical order justifying the need of items and services detail in the policy
- Payment receipt with the name of items or services with dates and cost

Additional Compensation for Employee Parents

- Employer certification with the periods of used labor licenses or copy of income payment stubs

Erectile Dysfunction

- Medical order justifying the need of a surgical procedure or drugs for erectile dysfunction
- Payment receipt with dates and cost

Drugs for Nausea due to Chemotherapy

- Payment receipt with dates and cost for drugs against nausea due to chemotherapy treatment

X-Rays, CT Scan and MRI

- Bill or payment receipt of the study report
- Medical order justifying the need for the study

Legal Services

- Payment receipt with date and cost from the lawyer who gave the legal services as a consequence of insured death

Transfer of Mortal Remains

- Payment receipt of funeral home that transfer the insured remains

Ground Transportation

- Medical order certifying treatment in a foreign hospital by an hematologist onchologist
- Car rental payment receipt

Vaccine against Human Papilloma Virus

- Payment receipt with date and cost of the vaccine
- Pediatrician medical certification