

SERFF Tracking Number: SUNL-125886952 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 40779  
Company Tracking Number: UL-ECS-2008  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: UL-ECS-2008  
Project Name/Number: UL-ECS-2008 /UL-ECS-2008

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: UL-ECS-2008

SERFF Tr Num: SUNL-125886952 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 40779

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: UL-ECS-2008

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Margaret Carvalho, Fran

Disposition Date: 11/06/2008

Daly, Christopher McAuliffe, Pat

Squillaciotti, Joseph Cohen

Date Submitted: 11/05/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: UL-ECS-2008

Status of Filing in Domicile: Not Filed

Project Number: UL-ECS-2008

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is exempt from filing in our domiciliary state of Michigan.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number: UL-ECS-2008

Filing Description:

Sun Life Assurance Company of Canada

NAIC # 549-80802

FEIN # 38-1082080

<i>SERFF Tracking Number:</i>	<i>SUNL-125886952</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada</i>	<i>State Tracking Number:</i>	<i>40779</i>
<i>Company Tracking Number:</i>	<i>UL-ECS-2008</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>UL-ECS-2008</i>		
<i>Project Name/Number:</i>	<i>UL-ECS-2008 /UL-ECS-2008</i>		

Re: UL-ECS-2008 - Policy Endorsement

Dear Sir or Madam:

We submit the above referenced form for your review and approval. This form is new and does not replace any other forms previously approved by your Department. It is intended to comply with all applicable laws, rules, bulletins and published guidelines of your state. The form is submitted in final printed form and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

UL-ECS-2008 is an endorsement that we will initially attach to all new issues of previously approved universal life policy form ULN-2002. It provides the covered person with access to eldercare information through third party service providers regarding caregiver support services and discount services related to long-term care.

The endorsement does not provide any health insurance benefit. Rather, it facilitates a Covered Person's ability to interact with the service provider. There is no indemnity or reimbursement for any expense incurred for any health coverage the Covered Person may ultimately receive. We have contracted with a third party vendor to provide the covered services. There is no charge for this endorsement.

The filing is being made in order to avoid any prohibited inducement. Generally, it is an unfair trade practice to give consumers any inducement for the purchase of insurance. However, any potential inducement violation is overcome by making the benefit contractual. While we anticipate a prompt approval in light of the important consumer protections proffered, should your jurisdiction reject the endorsement, we request consent to offer the services extra-contractually with acknowledgment by the regulator that such offering will not be viewed as an unfair trade practice.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

## **Company and Contact**

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**Filing Contact Information**

Joseph Cohen, Compliance Consultant joseph.cohen@sunlife.com  
 One Sun Life Executive Park (781) 446-1079 [Phone]  
 Wellesley Hills, MA 02481 (781) 237-3327[FAX]

**Filing Company Information**

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan  
 One Sun Life Executive Park Group Code: 549 Company Type:  
 SC2175, State Filings  
 Wellesley Hills, MA 02481 Group Name: State ID Number:  
 (800) 432-1102 ext. [Phone] FEIN Number: 38-1082080  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 20.00 for form other than policy.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$20.00	11/05/2008	23711383

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/06/2008	11/06/2008

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## **Disposition**

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Lead Form Number: UL-ECS-2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UL-ECS-2008	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy Endorsement	Initial		60	UL-ECS-2008 10-29-08.pdf

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# SUN LIFE ASSURANCE COMPANY OF CANADA

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## POLICY ENDORSEMENT

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**This endorsement is part of the Policy to which it attaches and is effective as of the Policy Date, unless otherwise indicated in Section 1 of the Policy. If the terms of this endorsement and the Policy conflict, this endorsement's provisions will control.**

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### **Benefit**

While this endorsement is in force and subject to the conditions below, we may arrange for third party service providers to provide Covered Persons with some or all of the eldercare information services described in the Covered Services section of this endorsement.

### **Definitions**

#### **Covered Persons:**

- For a Policy which is not trust-owned, the person(s) insured under the Policy and their dependents, parents, parents-in-law, step-parents-in-law, siblings, grandparents and grandchildren.
- For a Policy which is trust-owned, the person(s) insured under the Policy and their dependents, parents, parents-in-law, step-parents-in-law, siblings, grandparents and grandchildren, only if the trustee, in his/her sole and exclusive discretion, elects to make the Covered Services available.

### **Covered Services**

A Covered Person has access to:

1. a web-based system which provides information and a database related to long-term care;
2. at least fifteen certain reports from the database at no cost; and
3. caregiver support services and discount services related to long-term care that are available via telephone. These services are designed to connect a Covered Person with appropriate long-term care providers and to assist in obtaining those services at a cost that may be more favorable than otherwise available directly to a Covered Person.

### **General**

#### **How to elect Covered Services**

A Covered Person may elect any of the available Covered Services by contacting the third party provider that we arranged at the following:

Phone - [1-800-XXX-XXX]  
Internet - [www.xxxxxxx.com]  
Email - [info@xxxxxx.com]

**Fees**

There are no fees or charges for the Covered Services provided by this endorsement.

**Termination**

This endorsement will terminate upon termination of the Policy.

A handwritten signature in black ink, appearing to read "Robert C. Salipante". The signature is written in a cursive, flowing style.

[Robert C. Salipante], President



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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

11/04/2008

**Comments:**

**Attachment:**

Readability Certification - AR.pdf

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Sun Life Assurance Company of Canada

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
UL-ECS-2008	60.5



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Thomas Miele  
Assistant Vice President

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November 5, 2008  
Date