

SERFF Tracking Number: SUNL-125612325 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 38761
 Company Tracking Number:
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
 Product Name: 2008 LTD Enhancements
 Project Name/Number: /

Filing at a Glance

Company: Sun Life Assurance Company of Canada

| | | |
|--|---|-------------------------------------|
| Product Name: 2008 LTD Enhancements | SERFF Tr Num: SUNL-125612325 | State: ArkansasLH |
| TOI: H11G Group Health - Disability Income | SERFF Status: Closed | State Tr Num: 38761 |
| Sub-TOI: H11G.003 Long Term | Co Tr Num: | State Status: Approved-Closed |
| Filing Type: Form | Co Status: | Reviewer(s): Rosalind Minor |
| | Authors: James Crowley, Lori Chilcote, Pauline Michaud | Disposition Date: 04/22/2008 |
| | Date Submitted: 04/21/2008 | Disposition Status: Approved-Closed |
| Implementation Date Requested: | | Implementation Date: |

State Filing Description:

General Information

| | |
|--|---|
| Project Name: | Status of Filing in Domicile: Not Filed |
| Project Number: | Date Approved in Domicile: |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: |
| Explanation for Combination/Other: | Market Type: Group |
| Submission Type: New Submission | Group Market Size: Small and Large |
| Overall Rate Impact: | Group Market Type: Employer, Association, Trust |

Filing Status Changed: 04/22/2008

State Status Changed: 04/22/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Sun Life Assurance Company of Canada NAIC #80802

Group Disability Income – Endorsement Forms Filing

| Forms | Description |
|-----------------------|-------------------------|
| Form No. 07C-LH-END.1 | Certificate Endorsement |

SERFF Tracking Number: SUNL-125612325 State: Arkansas
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Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: 2008 LTD Enhancements
Project Name/Number: /

Form No. 07P-LH-END.1 Policy Endorsement

Dear Commissioner:

The above forms are being submitted for your review and approval. These are new forms and do not replace any forms previously approved by your department. The forms will be used initially with our group policy Form 93P-LH, and with our group certificate Form 93C-LH, previously approved and on file with your department. They will be used to add additional options to the policy and certificate.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. Any items intended to be variable are bracketed.

The filed forms do not have any impact on any rates which may be on file with your Department.

The filing does not contain any unusual or potentially controversial items from normal entity or industry standards.

Attached to this filing are any applicable state required fees, transmittal forms, and certifications. If there are any questions or comments, please feel free to contact me.

These forms are exempt from filing in our state of domicile, Michigan.

Company and Contact

Filing Contact Information

Pauline Michaud, Senior Compliance Pauline.Michaud@sunlife.com
Consultant
175 Addison Road (860) 737-1656 [Phone]
Windsor, CT 06095 (860) 737-6598[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

SERFF Tracking Number: *SUNL-125612325* *State:* *Arkansas*
Filing Company: *Sun Life Assurance Company of Canada* *State Tracking Number:* *38761*
Company Tracking Number:
TOI: *H11G Group Health - Disability Income* *Sub-TOI:* *H11G.003 Long Term*
Product Name: *2008 LTD Enhancements*
Project Name/Number: */*

SERFF Tracking Number: SUNL-125612325 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 38761
Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: 2008 LTD Enhancements
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation:
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|---------|----------------|---------------|
| Sun Life Assurance Company of Canada | \$40.00 | 04/21/2008 | 19765177 |

SERFF Tracking Number: SUNL-125612325 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 38761
 Company Tracking Number:
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
 Product Name: 2008 LTD Enhancements
 Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 04/22/2008 | 04/22/2008 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|--------------------------|---------------------|---------------|------------|----------------|
| Statement of Variability | Supporting Document | Lori Chilcote | 04/21/2008 | 04/21/2008 |

SERFF Tracking Number: *SUNL-125612325* *State:* *Arkansas*
Filing Company: *Sun Life Assurance Company of Canada* *State Tracking Number:* *38761*
Company Tracking Number:
TOI: *H11G Group Health - Disability Income* *Sub-TOI:* *H11G.003 Long Term*
Product Name: *2008 LTD Enhancements*
Project Name/Number: /

Disposition

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SUNL-125612325 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 38761
 Company Tracking Number:
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
 Product Name: 2008 LTD Enhancements
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---------------------------|--------------------|----------------------|
| Supporting Document | Certification/Notice | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Cover Letter & NAIC Trans | Approved-Closed | Yes |
| Supporting Document | Statement of Variability | Approved-Closed | Yes |
| Form | Certificate Endorsement | Approved-Closed | Yes |
| Form | Policy Endorsement | Approved-Closed | Yes |

SERFF Tracking Number: SUNL-125612325 State: Arkansas
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Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: 2008 LTD Enhancements
Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 04/21/2008

Comments:

My apologies for any inconvenience -

I inadvertently omitted the Statement of Variability, which I have now attached.

Thank you,

Lori Chilcote

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Statement of Variability.pdf

SERFF Tracking Number: SUNL-125612325 State: Arkansas
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Form Schedule

Lead Form Number:

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|--------------|-------------|--|---------|----------------------|-------------|----------------------|
| Approved-Closed | 07C-LH-END.1 | Certificate | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 52 | 07C-LH- END.1.pdf |
| Approved-Closed | 07P-LH-END.1 | Policy/Cont | Policy Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 52 | 07P-LH- END.1.pdf |

SUN LIFE ASSURANCE COMPANY OF CANADA

ENDORSEMENT

This Endorsement is made part of the Booklet-Certificate to which it is attached.

I. 1[The following is added to the definition of Own Occupation in the LTD Definitions Section:

2[Own Occupation, if you are an attorney, means the specialty in the practice of law which you are routinely performing.]

3[Own Occupation for a Dentist means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Dental Association. If the sub-specialty in which you are practicing is not recognized by the American Dental Association, you will be considered practicing in the general specialty category.]]

II. 4[The following is added to the definition of Material and Substantial Duties in the LTD Definitions Section:

“Material and Substantial Duties” for a 5[Physician] 6[Dentist] means the actual procedures you are regularly and continuously performing during the 12 consecutive months immediately prior to the first date of Total or Partial Disability.]

III. 7[The following provision is added to the Partial Disability Benefit in the LTD Benefit Provisions Section:

Partial Disability or Partially Disabled means during the Elimination Period and the next 16[24 months], the Employee, because of Injury or Sickness, is unable to perform 31[the Material and Substantial Duties]32[one or more of the Material and Substantial Duties] of his Own Occupation and the Employee has Disability Earnings of less than 80% of his Indexed Total Monthly Earnings. After Total or Partial Disability benefits combined have been paid for 16[24] months, the Employee will continue to be Partially Disabled if he is unable to perform with reasonable continuity any Gainful Occupation for which he is or becomes reasonably qualified for by education, training or experience and the Employee has Disability Earnings of less than 60% of his Indexed Total Monthly Earnings.

The loss of a professional or occupational license or the inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

To qualify for benefits, the Employee must satisfy the Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability. 33[At the end of the Elimination Period, if the Employee continues to be prevented, due to Injury or Sickness, from performing 32[one or more of the Material and Substantial Duties] 31[the Material and Substantial Duties] of his Own Occupation, but the Employee’s Disability Earnings exceed 34[80%] of his Total Monthly Earnings, his Elimination Period will be extended for a total period of 16[12] months or until such time as his Disability Earnings are less than [80%] of his Total Monthly Earnings, whichever comes first].

After 8[24 months] of Partial Disability Benefits have been paid, you will continue to receive a Partial Disability Benefit if you continue to be Partially Disabled and earn more than 9[20%] of your 10[Indexed] Total Monthly Earnings. The higher result of the following proportionate loss formula and 11[50%] benefit formula will be used to determine the Net Monthly Benefit:

Proportionate Loss Formula

(A divided by B) multiplied by C where:

A = your 10[Indexed] Total Monthly Earnings minus your monthly Disability Earnings

B = your 10[Indexed] Total Monthly Earnings

C = the Total Disability Benefit

11[50%] Benefit Formula

The Total Disability Benefit will be reduced by **12**[50%] of your monthly Disability Earnings.

13[If the sum of your Partial Disability Benefit, your monthly Disability Earnings and Other Income Benefits exceeds **14**[80% of] your **11**[Indexed] Total Monthly Earnings, your Partial Disability Benefit will be further reduced by the excess amount.]

IV. 15[The following is added to the definition of Employee:

Employee means a person who is employed by the Employer within the United States, scheduled to work at least the number of hours shown in Section I, Schedule of Benefits, and paid regular earnings. If the Employee is working on a temporary assignment outside of the United States for a period of **16**[12] months or less, the Employee will be deemed to be working within the United States. If the Employee is working outside of the United States for more than **16**[12] months or other than on a temporary assignment, the Employee will not be considered an Employee under this Policy unless Sun Life approves the Employee in writing.

17[For the purposes of this Policy, Employee also means a person who receives an IRS 1099, as well as any **5**[physician]**18**[proprietor] **19**[and partner], if applicable, to the extent the individual is scheduled to work for the Employer at least the number of hours shown in Section I, Schedule of Benefits, and is paid regular earnings from the Employer.]

V. 20[The following is added to the Long Term Disability Insurance Schedule of Benefits section:

The Guaranteed Issue Amount for Employees insured on **21**[DAY BEFORE EFFECTIVE DATE] is the amount of Long Term Disability Insurance the Employee had in force on **21**[DAY BEFORE EFFECTIVE DATE] or the Guaranteed Issue Amount shown above, whichever is greater.]

VI. 22[The following language replaces number 4. in the What are Other Income Benefits? section:

4. Any disability income benefits you are eligible for under:

a. Any other group insurance plan of your Employer **23**[, except for one or more individual disability insurance policy(ies) for which you are the policyholder, owner or beneficiary where premiums are wholly or partially paid by your Employer,] ;

24[b. One or more individual disability insurance policy(ies) for which you are the policyholder, owner or beneficiary where premiums are wholly or partially paid by your Employer, except that for purposes of this subparagraph 4(b), Other Income Benefits only includes the amount of such benefits which when combined with your Net Monthly Benefit, Other Income Benefits and your Disability Earnings exceeds **25**[100%] of your **11**[Indexed] Total Monthly Earnings. The amount in excess of 100% of your **11**[Indexed] Total Monthly Earnings will be used to reduce the Net Monthly Benefit.];

c. **26**[Any governmental retirement system as a result of your job with your Employer.]

VII. 27[The following provision is added to the “Are Disabilities due to a Pre-existing Condition covered” section of your certificate:

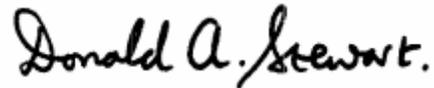
If you were insured under a previous Sun Life group LTD policy, an LTD benefit would be payable if you had satisfied the pre-existing condition provision under the previous Sun Life group LTD policy or would satisfy the pre-existing condition provision under the current Sun Life group LTD policy, giving consideration for continuous time insured under both policies.

You will be given credit for the time you were insured under the previous Sun Life group LTD policy, if the previous coverage was continuous to a date not more than **28**[30 days] prior to your **29**[Effective Date of Insurance under this Policy]**30**[first date of employment]. All other terms and conditions of the Policy apply, including Delayed Effective Date.

Any LTD benefit payable will be the lesser of:

- a. The LTD benefit payable under this Policy; or
- b. The LTD benefit payable under the prior Sun Life group LTD policy had you remained insured under that policy.]

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in black ink that reads "Donald A. Stewart." The signature is written in a cursive style with a prominent initial 'D'.

Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

POLICY ENDORSEMENT

This Endorsement is made part of the Policy to which it is attached.

I. 1[The following is added to the definition of Own Occupation in the LTD Definitions Section:

2[Own Occupation, if the Employee is an attorney, means the specialty in the practice of law which the Employee is routinely performing.]

3[Own Occupation for a Dentist means the general or sub-specialty in which the Employee is practicing for which there is a specialty or sub-specialty recognized by the American Dental Association. If the sub-specialty in which the Employee is practicing is not recognized by the American Dental Association, the Employee will be considered practicing in the general specialty category.]]

II. 4[The following is added to the definition of Material and Substantial Duties in the LTD Definitions Section:

“Material and Substantial Duties” for a 5[Physician] 6[Dentist] means the actual procedures the Employee is regularly and continuously performing during the 12 consecutive months immediately prior to the first date of Total or Partial Disability.]

III. 7[The following provision is added to the Partial Disability Benefit in the LTD Benefit Provisions Section:

Partial Disability or Partially Disabled means during the Elimination Period and the next 16[24 months], the Employee, because of Injury or Sickness, is unable to perform 31[the Material and Substantial Duties]32[one or more of the Material and Substantial Duties] of his Own Occupation and the Employee has Disability Earnings of less than 80% of his Indexed Total Monthly Earnings. After Total or Partial Disability benefits combined have been paid for 24 months, the Employee will continue to be Partially Disabled if he is unable to perform with reasonable continuity any Gainful Occupation for which he is or becomes reasonably qualified for by education, training or experience and the Employee has Disability Earnings of less than 60% of his Indexed Total Monthly Earnings.

The loss of a professional or occupational license or the inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

To qualify for benefits, the Employee must satisfy the Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability. 34[At the end of the Elimination Period, if the Employee continues to be prevented, due to Injury or Sickness, from performing 33[one or more of the Material and Substantial Duties] 32[the Material and Substantial Duties] of his Own Occupation, but the Employee’s Disability Earnings exceed 34[80%] of his Total Monthly Earnings, his Elimination Period will be extended for a total period of 16[12] months or until such time as his Disability Earnings are less than 35[80%] of his Total Monthly Earnings, whichever comes first].

After 8[24 months] of Partial Disability Benefits have been paid, the Employee will continue to receive a Partial Disability Benefit if the Employee continues to be Partially Disabled and earns more than 9[20%] of the Employee’s 10[Indexed] Total Monthly Earnings. The higher result of the following proportionate loss formula and 11[50%] benefit formula will be used to determine the Net Monthly Benefit:

Proportionate Loss Formula

(A divided by B) multiplied by C where:

A = 10[Indexed] Total Monthly Earnings minus monthly Disability Earnings

B = 10[Indexed] Total Monthly Earnings

C = the Total Disability Benefit

11[50%] Benefit Formula

The Total Disability Benefit will be reduced by **12**[50%] of the Employee's monthly Disability Earnings.

13[If the sum of the Employee's Partial Disability Benefit, the Employee's monthly Disability Earnings and Other Income Benefits exceeds **14**[80% of] your **10**[Indexed] Total Monthly Earnings, the Employee's Partial Disability Benefit will be further reduced by the excess amount.]]

IV. 15[The following is added to the definition of Employee:

Employee means a person who is employed by the Employer within the United States, scheduled to work at least the number of hours shown in Section I, Schedule of Benefits, and paid regular earnings. If the Employee is working on a temporary assignment outside of the United States for a period of **16**[12] months or less, the Employee will be deemed to be working within the United States. If the Employee is working outside of the United States for more than **16**[12] months or other than on a temporary assignment, the Employee will not be considered an Employee under this Policy unless Sun Life approves the Employee in writing.

17[For the purposes of this Policy, Employee also means a person who receives an IRS 1099, as well as any **5**[physician]**18**[proprietor] **19**[and partner], if applicable, to the extent the individual is scheduled to work for the Employer at least the number of hours shown in Section I, Schedule of Benefits, and is paid regular earnings from the Employer.]

V. 20[The following is added to the Long Term Disability Insurance Schedule of Benefits section:

The Guaranteed Issue Amount for Employees insured on **21**[DAY BEFORE EFFECTIVE DATE] is the amount of Long Term Disability Insurance the Employee had in force on **21**[DAY BEFORE EFFECTIVE DATE] or the Guaranteed Issue Amount shown above, whichever is greater.]

VI. 22[The following language replaces number 4. in the What are Other Income Benefits? section:

4. Any disability income benefits the Employee is eligible for under:

a. Any other group insurance plan of the Employer **23**[, except for one or more individual disability insurance policy(ies) for which the Employee is the policyholder, owner or beneficiary where premiums are wholly or partially paid by the Employer,] ;

24[b. One or more individual disability insurance policy(ies) for which the Employee is the policyholder, owner or beneficiary where premiums are wholly or partially paid by the Employer, except that for purposes of this subparagraph 4(b), Other Income Benefits only includes the amount of such benefits which when combined with the Employee's Net Monthly Benefit, Other Income Benefits and the Employee's Disability Earnings exceeds **25**[100%] of the Employee's **10**[Indexed] Total Monthly Earnings. The amount in excess of 100% of **10**[Indexed] Total Monthly Earnings will be used to reduce the Net Monthly Benefit.];

c. **26**[Any governmental retirement system as a result of the Employee's job with his Employer.]]

VII. 27[The following provision is added to the "Continuity of Coverage" section of the Policy:

If the **31**[Employee] was insured under a previous Sun Life group LTD policy, an LTD benefit would be payable if the **31**[Employee] had satisfied the pre-existing condition provision under the previous Sun Life group LTD policy or would satisfy the pre-existing condition provision under the current Sun Life group LTD policy, giving consideration for continuous time insured under both policies.

The **31**[Employee] will be given credit for the time the **31**[Employee] was insured under the previous Sun Life group LTD policy, if the previous coverage was continuous to a date not more than **28**[30 days] prior to the

31[Employee's] **29**[Effective Date of Insurance under this Policy] **30**[first date of employment]. All other terms and conditions of the Policy apply, including Delayed Effective Date.

Any LTD benefit payable will be the lesser of:

- a. The LTD benefit payable under this Policy; or
- b. The LTD benefit payable under the prior Sun Life group LTD policy had the **31**[Employee] remained insured under that policy.]

SUN LIFE ASSURANCE COMPANY OF CANADA

Donald A. Stewart.

Chief Executive Officer

SERFF Tracking Number: SUNL-125612325 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 38761
Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: 2008 LTD Enhancements
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SUNL-125612325 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 38761
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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: 2008 LTD Enhancements
Project Name/Number: /

Supporting Document Schedules

| | | |
|---|---------------------------------------|------------|
| Satisfied -Name: Certification/Notice | Review Status: Approved-Closed | 04/22/2008 |
| Comments: | | |
| Attachment: AR Readability Cert.pdf | | |
| Bypassed -Name: Application | Review Status: Approved-Closed | 04/22/2008 |
| Bypass Reason: n/a | | |
| Comments: | | |
| Satisfied -Name: Cover Letter & NAIC Trans | Review Status: Approved-Closed | 04/22/2008 |
| Comments: | | |
| Attachments: AR Cover Letter.pdf NAIC transmittal 2007.pdf | | |
| Satisfied -Name: Statement of Variability | Review Status: Approved-Closed | 04/22/2008 |
| Comments: | | |
| Attachment: Statement of Variability.pdf | | |

SUN LIFE ASSURANCE COMPANY OF CANADA

Flesch Scale Readability Certification

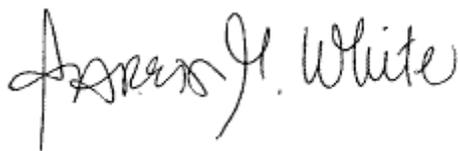
We have analyzed the text of the enclosed forms and found them to be “readable”. Based on the Flesch Scale Readability Analysis, I hereby certify that the forms comply with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and achieved the following Flesch score:

Form Number

Flesch Readability Score

07P-LH-END.1
07C-LH-END.1

51.8
51.8



Karen White
Assistant Vice President

Date: April 18, 2008



Pauline Michaud
Senior Compliance Consultant
State Filing, WIN 304

**Sun Life Assurance Company of
Canada**
One Sun Life Executive Park
Wellesley Hills, MA 02481

April 21, 2008

Ms. Julie Benafield Bowman
Commissioner of Insurance
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Sun Life Assurance Company of Canada (NAIC #549-80802)
Group Disability Income – Endorsement Forms Filing

Forms

Form No. 07C-LH-END.1

Form No. 07P-LH-END.1

Description

Certificate Endorsement

Policy Endorsement

Dear Commissioner:

The above forms are being submitted for your review and approval. These are new forms and do not replace any forms previously approved by your department. The forms will be used initially with our group policy Form 93P-LH, and with our group certificate Form 93C-LH, previously approved and on file with your department. They will be used to add additional options to the policy and certificate.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. Any items intended to be variable are bracketed.

The filed forms do not have any impact on any rates which may be on file with your Department.

The filing does not contain any unusual or potentially controversial items from normal entity or industry standards.

Attached to this filing are any applicable state required fees, transmittal forms, and certifications. If there are any questions or comments, please feel free to contact me.

These forms are exempt from filing in our state of domicile, Michigan.

Sincerely,

Pauline Michaud

Pauline Michaud
Telephone: 1-860-737-1656
Toll Free: 1-800-451-2513, extension 1656
Fax: (860) 737-6598
Email: Pauline.Michaud@sunlife.com

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | |
|-----------|----------------------------------|-----------------|
| 1. | Prepared for the State of | ARKANSAS |
|-----------|----------------------------------|-----------------|

| | |
|-----------|----------------------------|
| 2. | Department Use Only |
| | State Tracking ID |
| | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|----|--|----------|----------------------|--------------|--------|------------|---------|
| | Sun Life Assurance Company of Canada One Sun Life Executive Park Wellesley Hills, MA 02481 | MI | Life and Health | 549 | 80802 | 38-1082080 | |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|----|--|----------------|----------------|-----------------------------|
| | Pauline Michaud 175 Addison Road; P.O. Box 725 Windsor, CT 06095-0725 | (860) 737-1656 | (860) 737-6598 | Pauline.Michaud@sunlife.com |

| | | |
|-----------|------------------------------|--|
| 5. | Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ |
|-----------|------------------------------|--|

| | | |
|-----------|--------------------------------|--|
| 6. | Company Tracking Number | |
|-----------|--------------------------------|--|

| | | |
|-----------|--|-----------------------|
| 7. | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission | Previous file # _____ |
|-----------|--|-----------------------|

| | | |
|-----------|---------------|---|
| 8. | Market | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____ |
|-----------|---------------|---|

| | | |
|-----------|--------------------------|--|
| 9. | Type of Insurance | H11G Group Health-Disability Income |
|-----------|--------------------------|--|

| | | |
|------------|--|---------------------------|
| 10. | Product Coding Matrix Filing Code | H11G.003 Long Term |
|------------|--|---------------------------|

| | | |
|------------|----------------------------|---|
| 11. | Submitted Documents | <input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ |
|------------|----------------------------|---|

| | | | | | | | | | |
|-----------------------|---|--|--|--------------|--------------------|-----------------------|-------------------------|-----------------------|--------------------|
| 12. | Filing Submission Date | April 21, 2008 | | | | | | | |
| 13 | Filing Fee (If required) | Amount <u> \$40.00 </u> | Check Date <u> </u> | | | | | | |
| | | Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No | Check Number <u> </u> | | | | | | |
| 14. | Date of Domiciliary Approval | Exempt from filing | | | | | | | |
| 15. | Filing Description: | | | | | | | | |
| | <p>RE: Sun Life Assurance Company of Canada NAIC #80802 Group Disability Income – Endorsement Forms Filing</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Forms</u></td> <td style="text-align: center; width: 50%;"><u>Description</u></td> </tr> <tr> <td>Form No. 07C-LH-END.1</td> <td>Certificate Endorsement</td> </tr> <tr> <td>Form No. 07P-LH-END.1</td> <td>Policy Endorsement</td> </tr> </table> <p>Dear Commissioner:</p> <p>The above forms are being submitted for your review and approval. These are new forms and <u>do not</u> replace any forms previously approved by your department. The forms will be used initially with our group policy Form 93P-LH, and with our group certificate Form 93C-LH, previously approved and on file with your department. They will be used to add additional options to the policy and certificate.</p> <p>The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. Any items intended to be variable are bracketed.</p> <p>The filed forms do not have any impact on any rates on file with your Department.</p> <p>The filing does not contain any unusual or potentially controversial items from normal entity or industry standards.</p> <p>Attached to this filing are any applicable state required fees, transmittal forms, and certifications. If there are any questions or comments, please feel free to contact me.</p> | | | <u>Forms</u> | <u>Description</u> | Form No. 07C-LH-END.1 | Certificate Endorsement | Form No. 07P-LH-END.1 | Policy Endorsement |
| <u>Forms</u> | <u>Description</u> | | | | | | | | |
| Form No. 07C-LH-END.1 | Certificate Endorsement | | | | | | | | |
| Form No. 07P-LH-END.1 | Policy Endorsement | | | | | | | | |

| | | | |
|------------|---|--|--|
| 16. | Certification (If required) | | |
| | <p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p> <p>Print Name <u> Karen White </u> Title <u> Assistant Vice President </u></p> <p>Signature <u>  </u> Date: <u> April 21, 2008 </u></p> | | |

| | | |
|---|-------------------------------|---------------------|
| 17. | Form Filing Attachment | |
| This filing transmittal is part of company tracking number | | 07P-LH-END.1 |
| This filing corresponds to rate filing company tracking number | | |

| | Document Name | Form Number | | Replaced Form Number |
|----|--------------------------------|---------------------|---|------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | Policy Endorsement | 07P-LH-END.1 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | n/a |
| 02 | Certificate Endorsement | 07C-LH-END.1 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | n/a |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |

LH FFA-1

| 18. | | Rate Filing Attachment | | |
|--|---------------|------------------------|---|------------------------------|
| This filing transmittal is part of company tracking number | | 07P-LH-END.1 | | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate indication (when applicable) | | | | |
| Overall percentage rate impact for this filing | | % | | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |

LH RFA-1

Sun Life Assurance Company of Canada
Explanation of Variables

The variable information applies to the corresponding variables in the policy and certificate forms.

Form 07P-LH-END.1

| Variable No. | Explanation of Variable |
|--------------|---|
| 1 | This definition is included if attorneys or dentists are covered under the plan. |
| 2 | Included if attorneys are covered under the plan. |
| 3 | Included if dentists are covered under the plan. |
| 4 | This definition is included if physicians or dentists are covered under the plan. |
| 5 | Included if physicians are covered under the plan. |
| 6 | Included if dentists are covered under the plan. |
| 7 | Included if partial disability is offered. |
| 8 | Varies from 12 to 60 months. |
| 9 | Varies from 10% to 40%. |
| 10 | Include if the plan includes indexing. |
| 11 | Varies from 40% to 60%. |
| 12 | Varies from 40% to 60%. |
| 13 | Include if benefits are reduced by excess amount of earnings. |
| 14 | Varies from 60% to 100%. |
| 15 | Include if alternate definition of employee is requested. |
| 16 | Time period will vary from 6 months to 24 months. |
| 17 | Include if IRS 1099 employees are included in the definition of employee. |
| 18 | Include if the plan includes proprietors. |
| 19 | Include if the plan includes partners. |
| 20 | Include if the plan includes a guarantee issue amount. |
| 21 | Fill-in based on effective date. |
| 22 | Include if alternate employee offset is requested. |
| 23 | Include if benefits are not offset for employer-paid individual policies. |
| 24 | Include if benefits are offset for excess amounts on employer-paid policies. |
| 25 | Varies from 80% to 100%. |
| 26 | Include if the plan offsets for certain governmental retirement benefits. |
| 27 | Include if the plan includes a no loss-no gain provision. |
| 28 | Varies from 1 day to 180 days. |
| 29 | Include if previous coverage is measured from policy effective date. |
| 30 | Include if previous coverage is measured from first date of employment. |
| 31 | “Employee” may mean all employees or be replaced by a reference to a specific class of employees, such as physician or dentist. |
| 32 | Include if partial disability definition includes the inability to perform all of the material and substantial duties of an insured’s occupation. |
| 33 | Include if partial disability definition includes the inability to perform one or more of the material and substantial duties of an insured’s occupation. |
| 34 | Include if the plan includes an elimination period. |
| 35 | Percentage will vary from 60% to 100%. |

Sun Life Assurance Company of Canada
Explanation of Variables

Form 07C-LH-END.1

| Variable No. | Explanation of Variable |
|--------------|---|
| 1 | This definition is included if attorneys or dentists are covered under the plan. |
| 2 | Included if attorneys are covered under the plan. |
| 3 | Included if dentists are covered under the plan. |
| 4 | This definition is included if physicians or dentists are covered under the plan. |
| 5 | Included if physicians are covered under the plan. |
| 6 | Included if dentists are covered under the plan. |
| 7 | Included if partial disability is offered. |
| 8 | Varies from 12 to 60 months. |
| 9 | Varies from 10% to 40%. |
| 10 | Include if the plan includes indexing. |
| 11 | Varies from 40% to 60%. |
| 12 | Varies from 40% to 60%. |
| 13 | Include if benefits are reduced by excess amount of earnings. |
| 14 | Varies from 60% to 100%. |
| 15 | Include if alternate definition of employee is requested. |
| 16 | Time period will vary from 6 months to 24 months. |
| 17 | Include if IRS 1099 employees are included in the definition of employee. |
| 18 | Include if the plan includes proprietors. |
| 19 | Include if the plan includes partners. |
| 20 | Include if the plan includes a guarantee issue amount. |
| 21 | Fill-in based on effective date. |
| 22 | Include if alternate employee offset is requested. |
| 23 | Include if benefits are not offset for employer-paid individual policies. |
| 24 | Include if benefits are offset for excess amounts on employer-paid policies. |
| 25 | Varies from 80% to 100%. |
| 26 | Include if the plan offsets for certain governmental retirement benefits. |
| 27 | Include if the plan includes a no loss-no gain provision. |
| 28 | Varies from 1 day to 180 days. |
| 29 | Include if previous coverage is measured from policy effective date. |
| 30 | Include if previous coverage is measured from first date of employment. |
| 31 | Include if partial disability definition includes the inability to perform all of the material and substantial duties of an insured's occupation. |
| 32 | Include if partial disability definition includes the inability to perform one or more of the material and substantial duties of an insured's occupation. |
| 33 | Include if the plan includes an elimination period. |
| 34 | Percentage will vary from 60% to 100%. |