

SERFF Tracking Number: SNLF-126085405 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 42024
 Company Tracking Number: SLOC MULTI LINE I
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
 Product Name: Group Long Term Disability Income
 Project Name/Number: SLOC Multi Line I/

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group Long Term Disability Income SERFF Tr Num: SNLF-126085405 State: ArkansasLH

TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 42024
 Sub-TOI: H11G.003 Long Term Co Tr Num: SLOC MULTI LINE I State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
 Authors: Sandra Silcott, Linda Disposition Date: 04/06/2009
 Murphy, Ellen Thibodeau, James
 Crowley, Lori Chilcote, Frank
 Jancura
 Date Submitted: 04/01/2009 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: SLOC Multi Line I
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 04/06/2009

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Employer, Other
 Explanation for Other Group Market Type:
 Union
 State Status Changed: 04/06/2009
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: Sun Life Assurance Company of Canada NAIC #80802

Group Life and Disability Income – Rider and Endorsement Forms Filing

<i>SERFF Tracking Number:</i>	<i>SNLF-126085405</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>42024</i>
<i>Company Tracking Number:</i>	<i>SLOC MULTI LINE I</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.003 Long Term</i>
<i>Product Name:</i>	<i>Group Long Term Disability Income</i>		
<i>Project Name/Number:</i>	<i>SLOC Multi Line I/</i>		

Policy Forms Description

09P-LH-CCPB COBRA Continuation Benefit Rider

09P-LH-CBBR Critical Burn Benefit Rider

09P-LH-FHAS Fatal Heart Attack and Stroke Benefit Rider

09P-LH-LOD-ADD Line of Duty-AD&D Benefit Rider

09P-LH-LOD-LIFE Line of Duty-Life Benefit Rider

09P-LH-LTDADD Long Term Disability Accidental Dismemberment and Loss of Rider Sight Benefit

09P-LH-SSI Social Security Incentive Endorsement

09P-LH-RCCE Recurrent and Concurrent Disability Benefit Endorsement

09P-LH-RDB Retro Disability Benefit Rider

09P-LH-END-PS Public Sector Employees Endorsement

Booklet-Certificate Forms Description

09C-LH-CCPB COBRA Continuation Benefit Rider

09C-LH-CBBR Critical Burn Benefit Rider

09C-LH-FHAS Fatal Heart Attack and Stroke Benefit Rider

09C-LH-LOD-ADD Line of Duty-AD&D Benefit Rider

09C-LH-LOD-LIFE Line of Duty-Life Benefit Rider

09C-LH-LTDADD Long Term Disability Accidental Dismemberment and Loss of Rider Sight Benefit

09C-LH-SSI Social Security Incentive Endorsement

09C-LH-RCCE Recurrent and Concurrent Disability Benefit Endorsement

09C-LH-RDB Retro Disability Benefit Rider

09C-LH-END-PS Public Sector Employees 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 by your department.

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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 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 @ James.Crowley@sunlife.com, or by phone at: 860-737-1310.

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

Sincerely,
James Crowley

Company and Contact

Filing Contact Information

Sandra Silcott, Compliance Consultant Sandra.Silcott@sunlife.com
One Sun Life Executive Park (800) 432-1102 [Phone]
Wellesley Hills, MA 02481 (781) 416-3970[FAX]

Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan
175 Addison Road Group Code: 549 Company Type:
Windsor, CT 06095 Group Name: State ID Number:
(860) 737-1000 ext. [Phone] FEIN Number: 38-1082080

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Policy forms
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$50.00	04/01/2009	26873903

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/06/2009	04/06/2009

SERFF Tracking Number: SNLF-126085405 *State:* Arkansas
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Disposition

Disposition Date: 04/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
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Form	Policy Form	Approved-Closed	Yes
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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	09P-LH-CCPB	Policy/Cont Policy Form ractal/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52	09P-LH-CCPB.pdf
Approved-Closed	09P-LH-CBBR	Policy/Cont Policy Form ractal/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52	09P-LH-CBBR.pdf
Approved-Closed	09P-LH-FHAS	Policy/Cont Policy Form ractal/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52	09P-LH-FHAS.pdf
Approved-Closed	09P-LH-LOD-ADD	Policy/Cont Policy Form ractal/Fraternal Certificate: Amendment	Initial		52	09P-LH-LOD-ADD.pdf

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Approved- Closed	09P-LH- RDB	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Form	Initial	52	09P-LH- RDB.pdf
Approved- Closed	09P-LH- END-PS	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Form	Initial	52	09P-LH-END- PS.pdf
Approved- Closed	09C-LH- CCPB	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- CCPB.pdf
Approved- Closed	09C-LH- CBBR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- CBBR.pdf
Approved- Closed	09C-LH- FHAS	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- FHAS.pdf

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Approved- Closed	09C-LH- LOD-ADD	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH-LOD- ADD.pdf
Approved- Closed	09C-LH- LOD-LIFE	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH-LOD- LIFE.pdf
Approved- Closed	09C-LH- LTDADD	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- LTDADD.pdf
Approved- Closed	09C-LH- SSI	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- SSI.pdf
Approved- Closed	09C-LH- RCCE	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- RCCE.pdf
Approved- Closed	09C-LH- RDB	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Forms	Initial	52	09C-LH- RDB.pdf
Approved- Closed	09C-LH- END-PS	Certificate Amendmen	Certificate Forms	Initial	52	09C-LH-END- PS.pdf

SERFF Tracking Number: SNLF-126085405 State: Arkansas
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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
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SUN LIFE ASSURANCE COMPANY OF CANADA

5[COBRA] 6[GROUP HEALTH COVERAGE] CONTINUANCE PREMIUM BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]
Long Term Disability Income Benefit Provision

5[COBRA] 6 [Group Health Coverage] Continuation Premium Benefit

Sun Life will pay a **5**[COBRA] **6**[Group Health Coverage] Continuation Premium Benefit if an Employee is eligible to receive a Total **3**[or Partial] Disability benefit and the Employee elects to continue his or her Medical and /or Dental insurance **5**[as required by the Consolidated Omnibus Reconciliation Act of 1985, as amended, including changes made by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)].

Eligibility

The Employee is eligible to receive the **5**[COBRA] **6**[Group Health Coverage] Continuation Premium Benefit if the Employee satisfies all of the following conditions:

1. the Employee is Totally **3**[or Partially] Disabled and is receiving a monthly LTD Benefit; and
2. the Employee has elected the **5**[COBRA] **6**[Group Health Coverage] Continuation under the Medical and/or Dental insurance plan sponsored by the Employer; and
3. the Employee provides Sun Life with satisfactory proof on a quarterly basis that he or she is making premium payments to his or her Employer for the **5**[COBRA] **6**[Group Health Coverage] Continuation of Medical and /or Dental insurance.

Benefit

The **5**[COBRA] **6**[Group Health Coverage] Continuation Premium Benefit is the lesser of:

1. **4**[\$400] per month; or
2. The actual amount the Employee pays to his or her Employer to continue Medical and/or Dental insurance pursuant to **5**[COBRA] **6**[Group Health Coverage].

Payment of the **5**[COBRA] **6**[Group Health Coverage] Continuation Premium Benefit will not result in a reduction of the Employee's Monthly LTD Benefit.

Termination of the 5[COBRA] 6[Group Health Coverage] Continuation Benefit

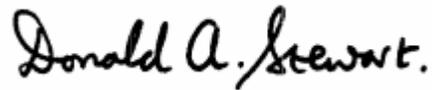
The **5**[COBRA] **6**[Group Health Coverage] Continuation Benefit will terminate on the earliest of:

1. the date the Employee is no longer Totally **3**[or Partially] Disabled; or
2. the end of the Maximum Benefit Period; or
3. the date the Employee's **5**[COBRA] **6**[Group Health Coverage] Continuation under the Employer sponsored Medical and/or Dental plan ends; or
4. the date the Employee fails to give Sun Life the required proof that he or she is making premium payments to the Employer for the **5**[COBRA] **6**[Group Health Coverage] Continuation of Medical and/or Dental insurance.
5. **7**[the date **8**[18] **5**[COBRA] **6**[Group Health Coverage] Continuation Benefit payments have been made.]

Reimbursement

If the Employee discontinues making premium payments to his or her Employer to continue Medical and/or Dental insurance pursuant to 5[COBRA] 6[the Group Health Coverage Continuance Benefit], any amounts due to the Employee or refundable to Sun Life will be calculated based on 1/30th of the monthly benefit for each day of a period of Total 3[or Partial] Disability that is less than a full month.

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.

Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

CRITICAL BURN BENEFIT POLICY RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

Critical Burn Benefit

Sun Life will pay a Critical Burn Benefit if an Employee is Critically Burned due to an accident and requires reconstructive surgery.

The Critical Burn Benefit is the lesser of:

1. the actual cost for the expense of the reconstructive surgery; or
2. **3**[5%] of the Employee's **4**[Optional] Accidental Death and Dismemberment Insurance;
or
3. **5**[\$5,000].

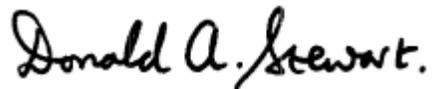
Benefits are payable when Sun Life receives proof that an Employee requires reconstructive surgery due to being critically burned from an accident.

6[No benefit is payable under this Rider for any loss from the same accident which has been paid to the Employee under the Accidental Death and Dismemberment Benefit.]

Critically Burned means that the Employee has suffered burns which:

1. are certified by a Physician as more severe than second degree burns; and
2. result in scarring over at least **7**[25%] of the body which will last indefinitely and can only be corrected through reconstructive surgery.

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

FATAL HEART ATTACK OR STROKE BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Certificate No. **2**[12345]

FATAL HEART ATTACK OR STROKE BENEFIT

If a Basic Life Insurance Benefit is payable and an Employee who is a Public Safety Officer dies as a direct and proximate result of a heart attack or stroke, an additional Fatal Heart Attack or Stroke Benefit is payable, provided that the Employee meets all of the following requirements:

- While on duty as a Public Safety Officer, The Employee engaged in line of duty activity that involves law enforcement, fire suppression, rescue activity, hazardous material response, emergency medical services, disaster relief activity, or other emergency response activity; or
- The Employee participated in a formal training exercise that involved non-routine stressful or strenuous physical activity; and
- The heart attack or stroke occurred while the Employee was engaging in this activity or training while on the same duty shift, or within **3**[24 hours] after the conclusion of this activity or training.

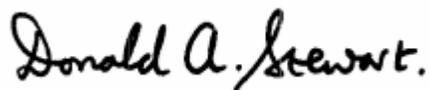
The Fatal Heart Attack or Stroke Benefit payable is **4**[\$50,000].

Non-routine stressful or strenuous physical activity is activity that:

- is not performed as a matter of routine;
- involves non-negligible physical exertion;
- for line-of-duty activity, poses or appears to pose significant threats or hazards, or involves reasonable foreseeable risks of such threats or hazards;
- for training exercises, realistically simulates significant threats or hazards; and
- provokes or causes an unusually high level of alarm, fear or anxiety.

5 [Public Safety Officer means an Employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety officer.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

LINE OF DUTY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Certificate No. **2**[12345]

[LINE OF DUTY BENEFIT

Sun Life will pay a Line of Duty Benefit subject to all of the following requirements:

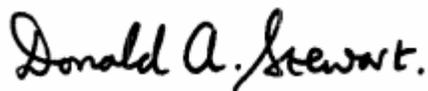
1. The Employee is a Public Safety Officer; and
2. The Employee suffers a loss for which an Accidental Death and Dismemberment benefit is payable; and
3. The loss is the result of a Line of Duty Accident.

The Line of Duty Benefit is **3** [the **4** [lesser] of:]
5 [- **6**[100%] of the amount of **7**[Basic] Accidental Death and Dismemberment Benefit payable] **8** [; plus
- **6**[100%] of the amount of **9**[Optional] Accidental Death and Dismemberment Benefit payable]; or
10[-**11**[\$50,000].]

12[Public Safety Officer means an Employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes **13**[police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

14[Line of Duty Accident means an accident, including accidental exposure to adverse weather conditions that occurs while the Employee is taking any action which by rule, regulation, law, or condition of employment the Employee is are obligated or authorized to perform as a Public Safety Officer. Line of Duty Accident includes an accident that occurs while the Employee is on duty at a social, educational, ceremonial or athletic function to which the Employee has been assigned, or for which the Employee is paid as a Public Safety Officer.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

LINE OF DUTY LIFE BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Certificate No. **2**[12345]

LINE OF DUTY BENEFIT

If a Basic Life Insurance benefit is payable and the loss of life is the result of a Line of Duty Accident, Sun Life will pay a Line of Duty Benefit subject to the following requirements:

The Employee dies while insured as a result of:

1. an Accidental Bodily Injury; or
2. accidental exposure to the elements that results in death within **3**[365] days of the Accidental Bodily Injury; and
3. the Employee was acting in his capacity as a Public Safety Officer.

The Line of Duty Benefit is **4**[the lesser of]:

5[**6**[100%] of the amount of **7**[Basic] Life insurance Benefit payable, or]
8[\$50,000].

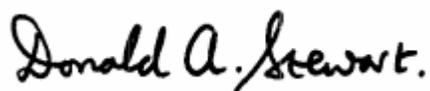
Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.

9 [**Public Safety Officer** means an Employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes **10**[police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

11[**Line of Duty Death** means an accidental death that occurs while the Employee is taking any action which by rule, regulation, law, or condition of employment the Employee is obligated or authorized to perform as a Public Safety Officer, including accidental exposure to adverse weather conditions, in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while on duty.]

12[If the Employee is a Public Safety Officer whose primary job duties are, controlling or reducing crime, criminal law enforcement or fire suppression, Line of Duty Death includes death that occurs while the Employee is on duty at a social, educational, ceremonial or athletic function to which the Employee has been assigned, or for which the Employee is paid as a Public Safety Officer.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

ACCIDENTAL DISMEMBERMENT AND LOSS OF SIGHT BENEFIT RIDER

Effective 1[May 1, 2009], the following provision is added to Group Policy No. 2[12345]

Monthly Benefit for a Specific Loss

If Sun Life receives Notice and Proof of Claim that an Employee while insured:

- sustained an Accidental Bodily Injury; and
- incurred one of the following losses within 3[365 days] of the date of the Accidental Bodily Injury;

Sun Life will pay a Monthly Benefit to the Employee for the number of months specified for that loss.

Type of Loss	Number of Monthly Benefit Payments
Loss of both hands	4[46 months]
Loss of both feet.....	4[46 months]
Loss of the entire sight of both eyes.....	4[46 months]
Loss of one hand and the entire sight of one eye.....	4[46 months]
Loss of one foot and the entire sight of one eye	4[46 months]
Loss of one hand and one foot.....	4[23 months]
Loss of the entire sight of one eye.....	4[15 months]
Loss of thumb and index finger of the same hand.....	4[12 months]

5[Loss of hand or foot means severance at or above the wrist or ankle joint. Loss of sight must be total and irrecoverable. Loss of thumb and index finger means severance through or above the metacarpophalangeal joints.]

6[Loss of hand or foot means a total and permanent physical separation of the limb from the body, occurring at or above the wrist or ankle. Loss of sight means a total (i.e., 100%) and irrecoverable loss of sight. Loss of thumb and index finger means a total and permanent physical separation of the thumb and finger from the hand, occurring through or above the metacarpophalangeal joint.] 7[Regardless of a finger, hand or foot's, residual function level (i.e., 0%-100%), if a limb is surgically reattached, no benefit is payable.]]

Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.

If the Employee incurs more than one of the above losses from any one accident, only the loss with the greatest amount of months will be payable.

To determine the Monthly Benefit for the specific loss, take the lesser of:

- the **8**[Indexed] Employee's Total Monthly Earnings multiplied by the Benefit Percentage (shown in Section I, Schedule of Benefits); or
- the Maximum Monthly Benefit (shown in Section I, Schedule of Benefits).

9[This amount is not subject to reductions from sources referred to as Other Income.]

10[If the specific loss is caused by an On the Job Assault, then the number of monthly benefits for that specific loss will be increased by an additional **11**[6] months. All other contract provisions will apply.]

On the Job Assault means an assault that results in a dismemberment or loss of sight while working at the Employer's normal place of business or while traveling for the Employer, and would be considered a felony in the jurisdiction where the assault occurred.]

No LTD benefit is payable for Total **12** [or Partial] Disability during any period Sun Life is paying a Monthly Benefit for the specific loss. If the Employee is Totally **12** [or Partially] Disabled after the expiration of the Monthly Benefit for the specific loss, an LTD benefit may be payable according to the terms of the Group Policy. Any period the Employee has received a Monthly Benefit for the specific loss will counts towards satisfaction of the Maximum Benefit Period and Total **12** [or Partial] Disability benefit period.

If the Employee dies while receiving a Monthly Benefit for the specific loss, the remaining amount of monthly payments, if any, will be payable in a lump sum to the Employee's estate. No Monthly Benefit for a specific loss is payable beyond the number of months specified above.

13 [LIMITATIONS]

No benefit will be payable to you under this Rider during any of the following periods:

- 14**[1. any period the Employee is not under the regular and continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with the disabling condition unless the Employee has reached his maximum point of recovery.]
- 15** [2.any period the Employee fails to submit to any medical examination or **16**[clinical assessment] requested by Sun Life.]
- 17**[3. any period during which the Employee is incarcerated.]]

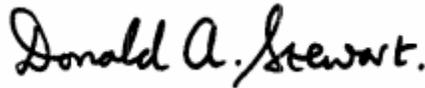
EXCLUSIONS

No benefit is payable under this Rider for any benefit claim that is due to or results from:

- 18**[1. intentionally self-inflicted injury.]
- 19**[2. bodily or mental infirmity or disease of any kind, or an infection unless due to an accidental cut or wound.]
- 20**[3. war, declared or undeclared, or any act of war.]
- 21**[4. active participation in a riot, rebellion or insurrection.]
- 22**[5. the Employee committing or attempting to commit a[n] **23**[assault,] felony **24**[or other criminal act].]
- 25**[6. Injury or Sickness for which the Employee is entitled to benefits under any Workers' Compensation, Occupational Disease or similar law.]
- 25**[7. Injury or Sickness sustained while doing any act or thing pertaining to any occupation or employment for wage or profit.]
26[This Exclusion will not apply to a partner or a sole proprietor who cannot be covered by law under any "Workers' Compensation, Occupational Disease or similar law.]
- 27**[8. the Employee's voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician.]
- 28**[9. the Employee's operation of any motorized vehicle while intoxicated.]

Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purposes of this Exclusion, "Motorized Vehicle" includes, but is not limited to, **30**[automobiles, motorcycles, boats and snowmobiles].]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA
SOCIAL SECURITY INCENTIVE ENDORSEMENT

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

The following is added to the Social Security Offset in Other Income provisions of the LTD Benefit Section:

3[For the first **4**[12 months] following the first date the Employee's Total **5**[or Partial] Disability begins, any disability benefits the Employee or the Employee's dependent spouse, child or children receive, from **6**[Social Security] **7**[or] any Employer's retirement plan including **8**[Public Employees' Retirement System (PERS)] **7**[or] **8**[State Teachers' Retirement System (STRS)]] will not be considered Other Income.]]

SUN LIFE ASSURANCE COMPANY OF CANADA

Donald A. Stewart.

Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

RECURRENT OR CONCURRENT CONDITION ENDORSEMENT

Effective **1**[January 1, 2009], the following provision is added to Group Certificate No. **2**[12345]

The following is added to the Continuity of Coverage provision of the **3**[LTD] Benefit Section:

RECURRENT OR CONCURRENT CONDITION

If an Employee received a monthly Total **4**[or Partial] Disability benefit under his or her Employer's prior **3** [LTD] plan and:

- the Employee returned to work for the Employer as an active Full-Time Employee prior to [January 1, 2009]; and
- within **5**[6 months] of the Employee's return to active Full-Time employment, the Employee becomes Totally **4**[or Partially] Disabled due to a Recurrent Condition for which **3** [LTD] benefits were payable under the Employer's prior **3**[LTD] plan; or
- within **5**[6 months] of the Employee's return to active Full-time employment the Employee becomes Totally **4** [or Partially] Disabled due to a Concurrent Condition for which **3** [LTD] benefits were payable under the Employer's prior LTD plan; and
- the Employee does not qualify for Total **4**[or Partial] Disability benefits for the Recurrent or Concurrent Condition under the Employer's prior **3**[LTD] plan;
- then the Employee will not be required to satisfy a new Elimination Period under the Group Policy if Total **4**[or Partial] Disability benefits would have been payable for the Recurrent or Concurrent Condition under the Employer's prior **3**[LTD] Plan without having to satisfy any further Elimination Period if the Employer's prior LTD [or STD] plan had remained in force.

Any LTD [or STD] benefit payable will be the lesser of:

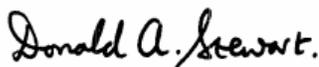
1. the **3**[LTD] benefit payable under the Group Policy, reduced by any **3**[LTD] benefit payable under the Employer's prior **3** [LTD] plan; or
2. the **3** [LTD] benefit that would have been payable under the Employer's prior **3** [LTD] plan had it remained in force, less any benefit payable under the Employer's prior **3** [LTD][or STD] plan.

Recurrent Condition means Total **4** [or Partial] Disability that is caused by a worsening in the Employee's condition and is due to the same cause as the prior Total **4**[or Partial] Disability for which an **3**[LTD] benefit has been paid under the Employer's prior **3**[LTD] plan.

Concurrent Condition means Total **4** [or Partial] Disability that is due to an Injury or Sickness unrelated to the prior Total **4** [or Partial] Disability for which an **3**[LTD] benefit has been paid under the Employer's prior **3**[LTD] plan.

All other provisions of Sun Life's Group Policy will apply.

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

RETRO DISABILITY BENEFIT

Effective **1**[June 1, 2009], the following Retro Disability Benefit is added to Group Policy Number **2**[12345] Long Term Disability Income Benefit Provision.

Retro Disability Benefit

If an Employee is receiving a Total Disability Benefit, an additional Retro Disability Benefit may be payable if Sun Life receives Proof that the Employee had a Retro Disability that was due to the same Injury or Sickness that caused Total Disability.

The Retro Disability Benefit is the Employee's Gross Monthly Benefit multiplied by the number of months (each 30 days) in the Elimination Period. This amount is not subject to reduction due to Other Income.

3[If a Total Disability Benefit is payable and the Employee's disability is due to a Felonious Assault, the Retro Disability Benefit, as described above, will be increased by an additional **4**[10%].

To calculate the increased benefit, take your Gross Monthly Benefit and multiply that number by the number of months (each 30 days) in your Elimination Period, then multiply that number by **5**[1.10].

Felonious Assault means an action that would be characterized as a felony in the jurisdiction where the assault occurred.]]

The Retro Disability Benefit will be paid in a single lump sum amount. Sun Life must receive Proof that the Employee had a Retro Disability within **6**[90 days] following the date the Employee completes the Elimination Period.

Any Long Term Disability Benefits payable after completion of the Elimination Period will be subject to the terms of this Policy, including reductions by any Other Income.

Retro Disability means an Injury or Sickness that results in:

Hospital Confinement that begins on the date the Employee becomes Totally Disabled or within 48 hours of the date the Employee's Total Disability begins; and

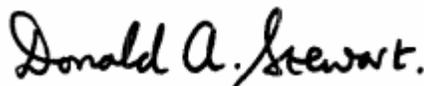
such Hospital Confinement continues for at least **7**[14 consecutive days]; and

the Employee's Total Disability remains continuous throughout the Elimination Period.

Hospital Confinement means admission to a Hospital as a registered inpatient due to an Injury or Sickness. The confinement must be on the advice of a Physician and medically necessary according to generally accepted medical standards. Confinement to an emergency room, outpatient treatment room, or observation unit is not considered a Hospital Confinement.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and treatment to sick and injured persons on an inpatient basis with 24 hour nursing service by or under the supervision of a Physician. Hospital does not include a rest home, a place of convalescence, rehabilitative care, custodial care or a place primarily for the treatment of drug addiction or alcoholism.

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

ENDORSEMENT

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

1[I. The following provision is added to the Partial Disability Benefit in the STD Benefit Provisions Section.

2[After **3**[12 weeks] 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 **4**[20%] of the Employee's Total Weekly Earnings. The higher result of the following proportionate loss formula and **5**[50%] benefit formula will be used to determine the net weekly benefit:

Proportionate Loss Formula

(A divided by B) multiplied by C where:

A = Total Weekly Earnings minus your Weekly Disability Earnings.

B = Total Weekly Earnings.

C = Total Disability Benefit.

6[50%] Benefit Formula

The Total Disability Benefit will be reduced by **6**[50%] of the Employee's weekly Disability Earnings.

7[If the sum of the Employee's Partial Disability Benefit, the Employee's weekly Disability Earnings and Other Income Benefits exceeds **8**[100% of] the Employee's Total Weekly Earnings, the Employee's Partial Disability Benefit will be further reduced by the excess amount.]]

9[II The following replaces the definition of Elimination Period in the LTD Definitions.

Elimination Period means a period of continuous days of the Employee's Total **10**[or Partial] Disability before an LTD benefit is payable. The Elimination Period is shown in Section I, Schedule of Benefits, and begins on the first day of Total **10** [or Partial] Disability. **11** [If the Employee returns to work for **12** [15 working days] or less during the Elimination Period and cannot continue working, the Total **10**[or Partial] Disability will be treated as continuous. However, only those days that the Employee is Totally **10**[or Partially] Disabled will count towards satisfying the Elimination Period.]

[**13**If the Employee returns to work during the Elimination Period for an aggregate period of time less than or equal to the Employee's Elimination Period and cannot continue working, all days that the Employee is Totally **10** [or Partially] Disabled will count toward satisfying the Elimination Period.]

14 [If the Employee returns to work for a period of up to one-half of the Employee's applicable Elimination Period and cannot continue working, the Total **10** [or Partial] Disability will be treated as continuous **15**[, provided that the Employee satisfies the Elimination Period within **16** [12 months]]. However, only those days that the Employee is Totally **10**[or Partially] Disabled will count toward satisfying the Elimination Period.]

17 [For the purpose of satisfying the Elimination Period, the Employee will be deemed to be Partially Disabled if, due to Injury or Sickness, the Employee is unable to perform **18**[one or more of] the Material and Substantial Duties of the Employee's Own Occupation and has Disability Earnings of less than or equal to 100% of the Employee's Total Monthly Earnings.]]

19[III] The following paragraph replaces the same paragraph in the “Payment of Claims” section of the Claims Provision.

F. Payment of Claims

20[Benefits, **21**[other than Survivor Benefits], payable upon the death of the Employee are payable to the Beneficiary living at the time **22**[(other than the Employer)]. Unless otherwise specified, if more than one Beneficiary survives the Employee, all surviving Beneficiaries will share equally. If no Beneficiary is alive on the date of the Employee’s death, payment will be made to the Employee’s estate.]

23[IV]. The following is added to the “Other Income Benefits” provision in the **24**[STD and LTD] benefit section **25**[s] of the Policy.

Retirement benefits do not include any amount the Employee receives from any state or public retirement or disability plan including Public Employees’ Retirement System (PERS) or State Teachers’ Retirement System (STRS).]

23[V]. The following offset is added to the “Other Income Benefits” provision in the **24**[STD and LTD] benefit section **25**[s] of the Policy.

Any amount the Employee receives from any state or public retirement or disability plan including Public Employees’ Retirement System (PERS) or State Teachers’ Retirement System (STRS).]

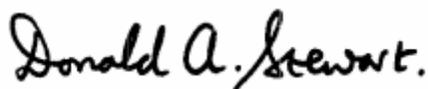
26[VI]. The following is added to the General Definitions section of the Policy.

27[Actively at Work means that an Employee performs all the regular duties of his job for a full work day at the Employer’s normal place of business or a site where the Employer’s business requires the Employee to travel.]

28[Actively at Work means that an Employee is a Member in good standing of **29**[Local ABC of XYZ Union.]

30[Actively at Work for a Director means being an active board member and attending required board meetings.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

[COBRA] [GROUP HEALTH COVERAGE] CONTINUANCE PREMIUM BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]
Long Term Disability Income Benefit Provision

What is the [COBRA] [Group Health Coverage] Continuation Premium Benefit?

Sun Life will pay you a [COBRA] [Group Health Coverage] Continuation Premium Benefit if you are receiving Total [or Partial] Disability benefits and you elect to continue your Medical and /or Dental insurance [as required by the Consolidated Omnibus Reconciliation Act of 1985, as amended, including changes made by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)].

When am I eligible for the [COBRA] [Group Health Coverage] Continuation Premium Benefit?

You are eligible to receive the [COBRA] [Group Health Coverage] Continuation Premium Benefit if you satisfy all of the following conditions:

1. you are Totally [or Partially] Disabled and are receiving a monthly LTD Benefit; and
2. you have elected the [COBRA] [Group Health Coverage] Continuation under the Medical and/or Dental insurance plan sponsored by your Employer; and
3. you provide Sun Life with satisfactory proof on a quarterly basis that you are making premium payments to your Employer for the [COBRA] [Group Health Coverage] Continuation of Medical and /or Dental insurance.

What is the amount of the [COBRA] [Group Health Coverage] Continuation Premium Benefit?

The [COBRA] [Group Health Coverage] Continuation Premium Benefit is the lesser of:

1. [\$400] per month; or
2. The actual amount you pay to your Employer to continue your Medical and/or Dental insurance [pursuant to COBRA].

Payment of the [COBRA] [Group Health Coverage] Continuation Premium Benefit will not result in a reduction of your Monthly LTD Benefit.

When does my [COBRA] [Group Health Coverage] Continuation Benefit cease?

The [COBRA] [Group Health Coverage] Continuation Benefit will cease on the earliest of:

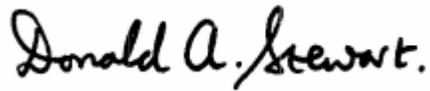
1. the date you are no longer Totally [or Partially] Disabled; or
2. the end of your Maximum Benefit Period; or
3. the date your [COBRA] [Group Health Coverage] Continuation under your Employer sponsored Medical and/or Dental plan ends; or
4. the date you fail to give Sun Life the required proof that you are making premium payments to your Employer for the [COBRA] [Group Health Coverage] Continuation of your Medical and/or Dental insurance.

5. [the date [18] [COBRA] [Group Health Coverage] Continuanace Benefit payments have been made.]

What happens when my [COBRA] [Group Health Coverage] Continuanace Benefit ceases?

If you discontinue making premium payments to your Employer to continue your Medical and/or Dental insurance pursuant to [COBRA] [the Group Health Coverage Continuanace Benefit], any amounts due to you or refundable to Sun Life will be calculated based on 1/30th of the monthly benefit for each day of a period of Total [or Partial] Disability that is less than a full month.

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.

Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

CRITICAL BURN BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Policy Number [12345]

What is the Critical Burn Benefit?

Sun Life will pay a Critical Burn Benefit if you are Critically Burned due to an accident and require reconstructive surgery.

The Critical Burn Benefit is the lesser of:

1. the actual cost for the expense of the reconstructive surgery; or
2. [5%] of your [Optional] Accidental Death and Dismemberment Insurance; or
3. [\$5,000].

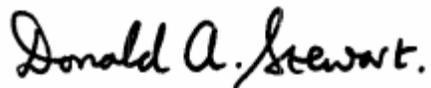
Benefits are payable when Sun Life receives proof that you require reconstructive surgery due to being critically burned from an accident.

[No benefit is payable under this Rider for any loss from the same accident which has been paid to you under the Accidental Death and Dismemberment Benefit.]

Critically Burned means that you have suffered burns which:

1. are certified by a Physician as more severe than second degree burns; and
2. result in scarring over at least [25%] of your body which will last indefinitely and can only be corrected through reconstructive surgery.

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

FATAL HEART ATTACK OR STROKE BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

FATAL HEART ATTACK OR STROKE BENEFIT

What is the Fatal Heart Attack or Stroke Benefit?

If you are a Public Safety Officer and you die as a direct and proximate result of a heart attack or stroke, an additional Fatal Heart Attack or Stroke Benefit is payable, if a Basic Life Insurance benefit is payable, provided that you meet all of the following requirements:

- While on duty as a Public Safety Officer, you engaged in line of duty activity that involves law enforcement, fire suppression, rescue activity, hazardous material response, emergency medical services, disaster relief activity, or other emergency response activity; or
- You participated in a formal training exercise that involved non-routine stressful or strenuous physical activity; and
- The heart attack or stroke occurred while you were engaging in this activity or training while on the same duty shift, or within [24 hours] after the conclusion of this activity or training.

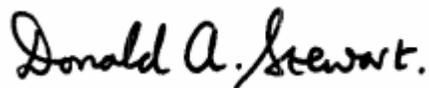
The Fatal Heart Attack or Stroke Benefit payable is [\$50,000].

Non-routine stressful or strenuous physical activity is activity that:

- is not performed as a matter of routine;
- involves non-negligible physical exertion;
- for line-of-duty activity, poses or appears to pose significant threats or hazards, or involves reasonable foreseeable risks of such threats or hazards;
- for training exercises, realistically simulates significant threats or hazards; and
- provokes or causes an unusually high level of alarm, fear or anxiety.

[Public Safety Officer means an employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety officer.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

LINE OF DUTY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

LINE OF DUTY BENEFIT

What is the Line of Duty Benefit?

Sun Life will pay a Line of Duty Benefit if you meet all of the following requirements:

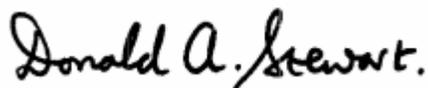
1. You are a Public Safety Officer; and
2. You suffer a loss for which an Accidental Death and Dismemberment benefit is payable; and
3. The loss is the result of a Line of Duty Accident.

[The Line of Duty Benefit is [the [lesser] of:]
[-[100%] of the amount of [Basic] Accidental Death and Dismemberment Benefit payable] [; plus
-[100%] of the amount of [Optional] Accidental Death and Dismemberment Benefit payable]; or
[-[\$50,000].]

[Public Safety Officer] means an employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes [police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

[Line of Duty Accident] means an accident, including accidental exposure to adverse weather conditions that occurs while you are taking any action which by rule, regulation, law, or condition of your employment you are obligated or authorized to perform as a Public Safety Officer. Line of Duty Accident includes an accident that occurs while you are on duty at a social, educational, ceremonial or athletic function to which you have been assigned, or for which you are paid as a Public Safety Officer.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

LINE OF DUTY LIFE BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

LINE OF DUTY BENEFIT

What is the Line of Duty Benefit?

If a Basic Life Insurance benefit is payable and the loss of life is the result of a Line of Duty Accident, Sun Life will pay a Line of Duty Benefit if you meet all of the following requirements:

You die while insured as a result of:

1. an Accidental Bodily Injury; or
2. accidental exposure to the elements that results in death within [365] days of the Accidental Bodily Injury; and
3. you are acting in your capacity as a Public Safety Officer.

The Line of Duty Benefit is [the lesser of]:

[[100%] of the amount of [Basic] Life insurance Benefit payable, or]
[\$50,000].

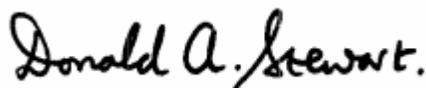
Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.]

[Public Safety Officer means an employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer.]

[Line of Duty Death means an accidental death that occurs while you are taking any action which by rule, regulation, law, or condition of your employment you are obligated or authorized to perform as a Public Safety Officer, including accidental exposure to adverse weather conditions, in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while on duty.]

[If you are a Public Safety Officer whose primary job duties are, controlling or reducing crime, criminal law enforcement or fire suppression, Line of Duty Death includes death that occurs while you are on duty at a social, educational, ceremonial or athletic function to which you have been assigned, or for which you are paid as a Public Safety Officer.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

ACCIDENTAL DISMEMBERMENT AND LOSS OF SIGHT BENEFIT RIDER

Effective [May 1, 2009], the following provision is added to Group Policy No. [12345]

What is the Monthly Benefit for a Specific Loss?

If Sun Life receives Notice and Proof of Claim that while insured you:

- sustain an Accidental Bodily Injury; and
- incur one of the following losses within [365 days] of the date of the Accidental Bodily Injury;

Sun Life will pay a Monthly Benefit to you for the number of months specified for that loss.

Type of Loss	Number of Monthly Benefit Payments
Loss of both hands.....	[46 months]
Loss of both feet	[46 months]
Loss of the entire sight of both eyes	[46 months]
Loss of one hand and the entire sight of one eye	[46 months]
Loss of one foot and the entire sight of one eye.....	[46 months]
Loss of one hand and one foot	[23 months]
Loss of the entire sight of one eye	[15 months]
Loss of thumb and index finger of the same hand	[12 months]

[Loss of hand or foot means severance at or above the wrist or ankle joint. Loss of sight must be total and irrecoverable. Loss of thumb and index finger means severance through or above the metacarpophalangeal joints.]

[Loss of hand or foot means a total and permanent physical separation of the limb from the body, occurring at or above the wrist or ankle. Loss of sight means a total (i.e., 100%) and irrecoverable loss of sight. Loss of thumb and index finger means a total and permanent physical separation of the thumb and finger from the hand, occurring through or above the metacarpophalangeal joint.]

[Regardless of a finger, hand or foot's, residual function level (i.e., 0%-100%), if a limb is surgically reattached, no benefit is payable.]]

Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.

If you incur more than one of the above losses from any one accident, only the loss with the greatest amount of months will be payable.

How is the Monthly Benefit calculated?

To determine your Monthly Benefit for the specific loss, take the lesser of:

- your [Indexed] Total Monthly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights); or
- the Maximum Monthly Benefit (shown in the Benefit Highlights).

[This amount is not subject to reductions from sources referred to as Other Income.]

[If the specific loss is caused by an On the Job Assault, then the number of monthly benefits for that specific loss will be increased by an additional [6] months. All other contract provisions will apply.

On the Job Assault means an assault that results in a dismemberment or loss of sight while working at your Employer's normal place of business or while traveling for your Employer, and would be considered a felony in the jurisdiction where the assault occurred.]

No LTD benefit is payable for Total [or Partial] Disability during any period Sun Life is paying a Monthly Benefit for the specific loss. If you are Totally [or Partially] Disabled after the expiration of the Monthly Benefit for the specific loss, an LTD benefit may be payable according to the terms of the Group Policy. Any period you have received a Monthly Benefit for the specific loss will counts towards satisfaction of the Maximum Benefit Period and Total [or Partial] Disability benefit period.

What happens if I die before receiving all of the monthly benefit payments?

If you die while receiving a Monthly Benefit for the specific loss, the remaining amount of monthly payments, if any, will be payable in a lump sum to your estate. No Monthly Benefit for a specific loss is payable beyond the number of months specified above.

[LIMITATIONS

What are the Limitations?

No benefit will be payable to you under this Rider during any of the following periods:

- [- any period you are no longer under the regular and continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with your condition, unless you have reached your maximum point of recovery.]
- [- any period you do not submit to any medical examination or [clinical assessment] requested by Sun Life.]
- [- any period during which you are incarcerated.]]

EXCLUSIONS

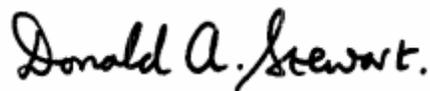
What are the Exclusions?

No benefit is payable to you under this Rider for any benefit claim that is due to or results from:

- [- Intentionally self-inflicted injuries.]
- [- Bodily or mental infirmity or disease of any kind, or an infection unless due to an accidental cut or wound.
- [- War, declared or undeclared, or any act of war.]
- [- Your active participation in a riot, rebellion or insurrection.]
- [- Your committing or attempting to commit a [n] [assault,] felony [or other criminal act].]
- [- Injury or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease or similar law.]
[This exclusion will not apply if you are a partner or a sole proprietor and cannot be covered by law under any Workers' Compensation, Occupational Disease or any similar law.]
- [- Injury sustained while you are doing any act or thing pertaining to any occupation or employment for wage or profit.]
- [- Your voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician.]
- [- Your operation of any motorized vehicle while under the influence of an illegal substance or medication not prescribed by a physician or while intoxicated.

Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purposes of this Exclusion, "Motorized Vehicle" includes, but is not limited to, [automobiles, motorcycles, boats and snowmobiles].]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

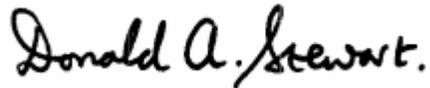
[SOCIAL SECURITY] INCENTIVE ENDORSEMENT

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

The following is added to the Social Security Offset in Other Income provisions of the LTD Benefit Section:

[For the first [12 months] following the first date your Total [or Partial] Disability begins, any disability benefits you or your dependent spouse, child or children receive, from [Social Security] [or] [any Employer's retirement plan including [Public Employees' Retirement System (PERS)] [or] [State Teachers' Retirement System (STRS)]] will not be considered Other Income.

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 large initial 'D' and 'S'.

Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

RECURRENT OR CONCURRENT CONDITION ENDORSEMENT

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

The following is added to the “What happens when my Employer transfers Insurance Carriers to Sun Life?” provision of the [LTD] Benefit Section:

RECURRENT OR CONCURRENT CONDITION

Are Total [or Partial] Disabilities due to a Recurrent or Concurrent Condition Covered?

If you received a monthly Total [or Partial] Disability benefit under your Employer’s prior [LTD] plan and:

- you returned to work for the Employer as an active Full-Time Employee prior to [January 1, 2009]; and
- within [6 months] of your return to active Full-Time employment, you become Totally [or Partially] Disabled due to a Recurrent Condition for which [LTD] benefits were payable under your Employer’s prior [LTD] plan; or
- within [6 months] of your return to active Full-time employment you become Totally [or Partially] Disabled due to a Concurrent Condition for which [LTD] benefits were payable under your Employer’s prior [LTD] plan; and
- you do not qualify for Total [or Partial] Disability benefits for your Recurrent or Concurrent Condition under your Employer’s prior [LTD] plan;
- then you will not be required to satisfy a new Elimination Period under the Group Policy if Total [or Partial] Disability benefits would have been payable for your Recurrent or Concurrent Condition under your Employer’s prior [LTD] Plan without having to satisfy any further Elimination Period if your Employer’s prior [LTD] plan had remained in force.

Any LTD benefit payable will be the lesser of:

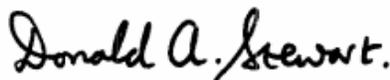
1. the [LTD] benefit payable under the Group Policy, reduced by any [LTD] benefit payable under your Employer’s prior LTD plan; or
2. the [LTD] benefit that would have been payable under your Employer’s prior [LTD] plan had it remained in force, less any benefit payable under your Employer’s prior [LTD] plan.

Recurrent Condition means your Total [or Partial] Disability that is caused by a worsening in your condition and is due to the same cause as your prior Total [or Partial] Disability for which an [LTD] benefit has been paid under your Employer’s prior [LTD] plan.

Concurrent Condition means your Total [or Partial] Disability is due to an Injury or Sickness unrelated to your prior Total [or Partial] Disability for which an [LTD] benefit has been paid under your Employer’s prior [LTD] plan.

All other provisions of the Group Policy will apply.

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

RETRO DISABILITY BENEFIT

Effective [June 1, 2009], the following Retro Disability Benefit is added to Group Certificate No. [12345] Long Term Disability Income Benefit Provision.

What is a Retro Disability Benefit?

If you are receiving a Total Disability Benefit, an additional Retro Disability Benefit may be payable if Sun Life receives Proof that you had a Retro Disability that was due to the same Injury or Sickness that caused your Total Disability.

What is the amount of the Retro Disability Benefit?

The Retro Disability Benefit is your Gross Monthly Benefit multiplied by the number of months (each 30 days) in your Elimination Period. This amount is not subject to reduction due to Other Income.

[If a Total Disability Benefit is payable and your disability is due to a Felonious Assault, the Retro Disability Benefit, as described above, will be increased by an additional [10%].

To calculate the increased benefit, take your Gross Monthly Benefit and multiply that number by the number of months (each 30 days) in your Elimination Period, then multiply that number by [1.10].

Felonious Assault means an action that would be characterized as a felony in the jurisdiction where the assault occurred.]]

When is the Retro Disability Benefit Paid?

If Sun Life receives Proof within [90 days] following completion of your Elimination Period of your Retro Disability, the Retro Disability Benefit will be paid immediately to you in a single lump sum amount.

Any Long Term Disability Benefits payable after completion of your Elimination Period will be subject to the terms of the Group Policy, including reductions by any Other Income.

Definitions

Retro Disability means an Injury or Sickness that results in:

1. Hospital Confinement that begins on the date you become Totally Disabled or within 48 hours of the date your Total Disability begins; and
2. such Hospital Confinement continues for at least [14 consecutive days]; and
3. your Total Disability remains continuous throughout your Elimination Period.

Hospital Confinement means admission to a Hospital as a registered inpatient due to an Injury or Sickness. The confinement must be on the advice of a Physician and medically necessary according to generally accepted medical standards. Confinement to an emergency room, outpatient treatment room, or observation unit is not considered a Hospital Confinement.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and treatment to sick and injured persons on an inpatient basis with 24 hour nursing service by or under the supervision of a Physician. Hospital does not include a rest home, a place of convalescence, rehabilitative care, custodial care or a place primarily for the treatment of drug addiction or alcoholism.

SUN LIFE ASSURANCE COMPANY OF CANADA

Donald A. Stewart.

Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

ENDORSEMENT

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

[I. The following provision is added to the Partial Disability Benefit in the STD Benefit Provisions Section.

[After [12 weeks] 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 [20%] of your Total Weekly Earnings. The higher result of the following proportionate loss formula and [50%] benefit formula will be used to determine the net weekly benefit:

Proportionate Loss Formula

(A divided by B) multiplied by C where:

A = your Total Weekly Earnings minus your Weekly Disability Earnings.

B = your Total Weekly Earnings.

C = your Total Disability Benefit.

[50%] Benefit Formula

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

[If the sum of your Partial Disability Benefit, your weekly Disability Earnings and Other Income Benefits exceeds [100% of] your Total Weekly Earnings, your Partial Disability Benefit will be further reduced by the excess amount.]]

[II The following replaces the definition of Elimination Period in the LTD Definitions.

Elimination Period means a period of continuous days of your Total [or Partial] Disability before an LTD benefit is payable. Your Elimination Period is shown in the Benefit Highlights and begins on your first day of Total [or Partial] Disability. [If you return to work for [15 working days] or less during your Elimination Period and cannot continue working, your Total [or Partial] Disability will be treated as continuous. However, only those days that you are Totally [or Partially] Disabled will count towards satisfying the Elimination Period.]

[If you return to work during your Elimination Period for an aggregate period of time less than or equal to your Elimination Period and cannot continue working, all days that you are Totally [or Partially] Disabled will count toward satisfying your Elimination Period.]

[If you return to work for a period of up to one-half of your applicable Elimination Period and cannot continue working, your Total [or Partial] Disability will be treated as continuous [, provided that you satisfy the Elimination Period within [12 months]]. However, only those days that you are Totally [or Partially] Disabled will count toward satisfying your Elimination Period.]

[For the purpose of satisfying the Elimination Period, you will be deemed to be Partially Disabled if, due to Injury or Sickness, you are unable to perform [one or more of] the Material and Substantial Duties of your Own Occupation and you have Disability Earnings of less than or equal to 100% of your Total Monthly Earnings.]]

- [III] **The following paragraph replaces the same paragraph in the “To Whom are benefits payable?” section of the Claims Provision.**

To whom are benefits payable?

[Benefits, [other than Survivor Benefits,] payable upon your death are payable to your Beneficiary [living at the time (other than your Employer)]. You must name your beneficiary on a form acceptable to Sun Life. Unless you otherwise specify, if more than one Beneficiary survives you, all surviving Beneficiaries will share equally. [If no Beneficiary is alive on the date of your death, payment will be made to your estate.]]

- [IV.] **The following is added to the “Other Income Benefits” provision in the [STD and LTD] benefit section[s] of the Certificate.**

Retirement benefits do not include any amount you receive from any state or public retirement or disability plan including Public Employees’ Retirement System (PERS) or State Teachers’ Retirement System (STRS).]

- [V.] **The following offset is added to the “Other Income Benefits” provision in the [STD and LTD] benefit section[s] of the certificate:**

Any amount you receive from any state or public retirement or disability plan including Public Employees’ Retirement System (PERS) or State Teachers’ Retirement System (STRS).]

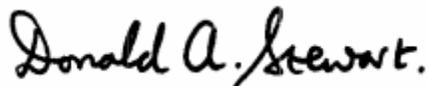
- [VI.] **The following is added to the General Definitions section of the Certificate.**

[**Actively at Work** means that you perform all the regular duties of your job for a full work day at your Employer’s normal place of business or a site where your Employer’s business requires you to travel.]

[Actively at Work means that you are a Member in good standing of [Local ABC of] [XYZ Union].]

[Actively at Work for a Director means being an active board member and attending required board meetings.]

SUN LIFE ASSURANCE COMPANY OF CANADA



Chief Executive Officer

SERFF Tracking Number: SNLF-126085405 *State:* Arkansas
Filing Company: Sun Life Assurance Company of Canada *State Tracking Number:* 42024
Company Tracking Number: SLOC MULTI LINE I
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.003 Long Term
Product Name: Group Long Term Disability Income
Project Name/Number: SLOC Multi Line I/

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SNLF-126085405</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>42024</i>
<i>Company Tracking Number:</i>	<i>SLOC MULTI LINE I</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.003 Long Term</i>
<i>Product Name:</i>	<i>Group Long Term Disability Income</i>		
<i>Project Name/Number:</i>	<i>SLOC Multi Line I/</i>		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	04/06/2009
Comments:				
Attachment:				
	Readability Cert.pdf			

Bypassed -Name:	Application	Review Status:	Approved-Closed	04/06/2009
Bypass Reason:	n/a			
Comments:				

Satisfied -Name:	Statement of Variability	Review Status:	Approved-Closed	04/06/2009
Comments:				
Attachment:				
	Statement of Variability 3-13-09.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”. Policy and its related forms are scored for the Flesch reading ease test as one unit. Based on the Flesch Scale Readability Analysis, I hereby certify that the forms achieved the following combined Flesch score:

Form Number

Flesch Readability Score

09P-LH-CCPB, et al.

52.5

Linda W. Murphy

Linda W. Murphy
Compliance Officer

Date March 21, 2009

**Sun Life Assurance Company of Canada
Statement of Variability**

Variables in the forms are identified by brackets ([]). The brackets are numbered to correspond to the number on the Statement of Variability for each form.

NOTE: The variable information contained in this Statement of Variability also applies to the corresponding variables in the certificate Riders and Endorsement, Forms 09C-LH-CCPB, et al.

Form 09P-LH-CCPB – Cobra Continuance Premium Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included at the option of the policyholder if the policy includes a Partial Disability benefit.
4	Varies from \$100 to \$2,000.
5	Include for employee groups which participate in COBRA.
6	Include for public employee groups which participate in a program other than COBRA. The name of the program will vary based on the nature of the public employee group.
7	Included if the number of payments are limited.
8	Varies from 18 to 60.

Form 09P-LH-RCCE- Recurrent or Concurrent Disability Endorsement

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the endorsement.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	LTD may be replaced with STD.
4	Included if the policy includes Partial Disability.
5	Varies from 1day to 60 months.

Form 09P-LH-SSI Social Security Incentive Endorsement

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	The incentive is included at the option of the policyholder.
4	Varies from 6 to 60 months.
5	Included if the plan includes coverage for Partial Disability.
6	Included for employee groups that are eligible for Social Security benefits.
7	Included if the incentive applies to Social Security and other types of retirement plans.
8	Included for public employee groups which participate in a program other than Social Security. The name of the program will vary based on the nature of the public employee group.

Sun Life Assurance Company of Canada
Statement of Variability

Form 09P-LH-LTDADD Accidental Dismemberment and Loss of Sight Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 90 - 730 days.
4	Varies from 12 - 120 months.
5	May be replaced with variable item #6 the option of the policyholder.
6	May be replaced with variable item #5 the option of the policyholder.
7	Included at the option of the policyholder.
8	Included at the option of the policyholder.
9	Included at the option of the policyholder.
10	Included at the option of policyholder.
11	Varies from 1 - 60 months.
12	Included if the plan includes coverage for Partial Disability.
13	Included at the option of policyholder.
14	Included at the option of policyholder.
15	Included at the option of policyholder.
16	Included at the option of policyholder.
17	Included at the option of policyholder.
18	Included at the option of policyholder.
19	Included at the option of policyholder.
20	Included at the option of policyholder.
21	Included at the option of policyholder.
22	Included at the option of policyholder.
23	Included at the option of policyholder.
24	Included at the option of policyholder.
25	Included at the option of policyholder.
26	Included at the option of policyholder.
27	Included at the option of policyholder.
28	Included at the option of policyholder.
29	Included at the option of policyholder.
30	Varies according to the plan's definition of "Motorized Vehicle."

Form 09P-LH-CBBR Critical Burn Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 1% to 100%
4	Included if the rider applies to Optional AD&D.
5	Varies from \$1,000 to \$250,000.
6	Included at the option of the policyholder.
7	Varies from 10% - 75%.

**Sun Life Assurance Company of Canada
Statement of Variability**

Form 09P-LH-RDB Retro Disability Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included at the option of the policyholder.
4	Varies from 10% - 100%.
5	Varies from 1.00 – 2.00
6	Varies from 30 - 365 days.
7	Varies from 2 - 60 days.

Form 09P-LH-FHAS Fatal Heart Attack and Stroke Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 12 to 48 hours
4	Varies from \$1,000 - \$500,000.
5	The definition of Public Safety Officer will vary to accommodate the job titles specific to each Policyholder. The job titles are not limited to those specified in the rider.

Form 09P-LH-LOD-LIFE Line of Duty Life Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 90-730 days.
4	Included if the benefit is the lesser of a percentage of the AD&D benefit or a flat dollar amount.
5	Included if the benefit is based on a percentage of the AD&D amount.
6	Varies from 1% -200%.
7	“Basic” may be replaced with “Optional” or another term to accommodate the policyholder’s plan.
8	Varies from \$1,000 - \$500,000.
9	Definition may vary to accommodate the policyholder’s plan.
10	The definition of Public Safety Officer will vary to accommodate the job titles specific to each Policyholder. The job titles are not limited to those specified in the rider.
11	Definition may vary to accommodate the policyholder’s plan.
12	Included at the option of the Policyholder.

Sun Life Assurance Company of Canada
Statement of Variability

Form 09P-LH-LOD-ADD Line of Duty AD&D Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included if the benefit is the lesser of a percentage of the AD&D benefit or a flat dollar amount.
4	May be replaced with “greater”.
5	Included if the benefit is based on a percentage of the AD&D amount.
6	Varies from 1% -200%.
7	Included if the plan includes Basic AD&D coverage.
8	Included if the plan pays an additional percentage amount for Optional AD&D.
9	Optional may be replaced with “Supplemental” or another term to accommodate the policyholder’s plan.
10	Included if the benefit may be paid as a flat dollar amount, or if the benefit is the lesser of a percentage or a maximum dollar amount.
11	Varies from \$1,000 - \$500,000.
12	Definition of Public Safety Officer may vary to accommodate the policyholder’s plan.
13	The definition will vary to accommodate the job titles specific to each Policyholder.
14	Definition may vary to accommodate the policyholder’s plan.

09P-LH-END-PS Endorsement

Variable No.	Explanation of Variable
1	Included at the option of the policyholder if the plan includes STD.
2	Included at the option of the policyholder if the plan includes coverage for Partial Disability.
3	Varies from 12 - 60 months.
4	Varies from 10% - 40%.
5	Varies from 40% - 60%.
6	Varies from 40% - 60%.
7	Included at the option of the policyholder.
8	Varies from 60% - 100%.
9	Included at the option of the policyholder.
10	Included if the plan includes coverage for Partial Disability.
11	Included at the option of the policyholder if the plan allows the employee to satisfy the elimination period with trial workdays.
12	Varies from 15 - 180 days.
13	Included at the option of the policyholder if the plan allows the employee to satisfy the elimination period with trial workdays.
14	Included at the option of the policyholder.
15	Included at the option of the policyholder if the period of time during which the employee can satisfy the elimination period with trial workdays is limited.
16	Varies from 6 - 24 months.
17	Included at the option of the policyholder if the plan includes coverage for Partial Disability.
18	Included at the option of the policyholder.
19	Included at the option of the policyholder.
20	Included if the plan includes coverage for life insurance.
21	Included if the plan includes coverage for life and disability income and the disability income coverage provides survivor income benefits.
22	May be excluded at the option of the policyholder.
23	Included if the plan includes STD or LTD benefits.
24	May be replaced with either LTD or STD.

Sun Life Assurance Company of Canada
Statement of Variability

25	Included if the offset applies to both STD and LTD.
26	Included if Actively at Work applies.
27	The Actively at Work definition may vary to accommodate the policyholders plan.
28	Included if the plan covers union members.
29	Varies to accommodate the name of the union.
30	Included for public sector groups if elected officials or board members are covered. The titles will vary to accommodate the policyholder's plan.