

SERFF Tracking Number: SNLF-126107698 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 43013  
Company Tracking Number: SLHIC CONVERSION  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term  
Product Name: Group Life & Health  
Project Name/Number: SLHIC Conversion/

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group Life & Health SERFF Tr Num: SNLF-126107698 State: ArkansasLH  
TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 43013  
Sub-TOI: H11G.003 Long Term Co Tr Num: SLHIC CONVERSION State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Authors: Lori Chilcote, Pauline Disposition Date: 07/24/2009  
Michaud, Linda Murphy, Frank  
Jancura  
Date Submitted: 07/21/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: SLHIC Conversion  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 07/24/2009

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, Trust  
Explanation for Other Group Market Type:  
Union  
State Status Changed: 07/24/2009  
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC #: 549-80802; FEIN: 38-1082080

Group Certificate Amendment Form: GC-CA TRANSFER-09

Dear Commissioner:

<i>SERFF Tracking Number:</i>	<i>SNLF-126107698</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>43013</i>
<i>Company Tracking Number:</i>	<i>SLHIC CONVERSION</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 Life &amp; Health</i>		
<i>Project Name/Number:</i>	<i>SLHIC Conversion/</i>		

We are submitting the above captioned form for review and approval for use by Sun Life Assurance Company of Canada. This form is new and not intended to replace any other forms currently in use.

This form has been developed to facilitate the rewriting of various group insurance cases from Sun Life and Health Insurance Company (U.S.) ("SLHIC") to Sun Life Assurance Company of Canada ("SLOC") without a disruption in benefits or services. This action has been necessitated by the sale of Genworth Financial's Employee Benefits Group business, including SLHIC (f/k/a Genworth Life and Health Insurance Company) to Sun Life Financial on May 31, 2007.

SLHIC Arkansas group business consists of groups insured through a Rhode Island multiple employer trust ("MET"). The group products include renewable, non-participating group term life and accidental death and dismemberment insurance, group short term and long term disability income insurance, and group dental insurance set forth on group certificate series forms GC-A (dental), GC-B (long term disability), GC-C (life and accidental death and dismemberment insurance and short term disability), previously approved by your department.

Included in this filing is a transfer certificate amendment form, GC-CA TRANSFER-09. This form will create a new SLOC group insurance certificate that incorporates the terms and conditions of the current SLHIC group insurance certificate. This form will be used to convert existing Arkansas employers under SLHIC Rhode Island MET to SLOC Rhode Island MET. This form will only be used to transfer this closed block of business. This form was approved by Rhode Island on May 1, 2009 under SERFF Tracking Number: SNLF-126107692.

With respect to the cases being rewritten, SLHIC coverage will terminate on a specified date and SLOC coverage will commence as of that date without an interruption of coverage. The SLOC forms submitted to your department will provide that deductibles, maximum benefit limits and partially satisfied waiting periods will be carried over to the new policies.

It should be noted that claims incurred prior to the date of termination of the SLHIC contract date will remain the liability of SLHIC. Claims incurred after the termination of the SLHIC contract will be the liability of SLOC. The SLHIC block of group policies is currently being administered by SLOC and is reinsured with SLOC on a 100% coinsurance basis. The reinsurance arrangement between the companies was approved by their respective state of domicile-Connecticut for SLHIC and Michigan for SLOC. While the business is reinsured with SLOC, SLHIC will remain directly liable for coverage written on its policies.

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The form is in final print. Any items intended to be variable are bracketed.

Attached to this filing are any applicable state required fees, transmittal forms, and certifications.

We will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

## Company and Contact

### Filing Contact Information

Pauline Michaud, Senior Compliance Pauline.Michaud@sunlife.com  
 Consultant  
 175 Addison Road (860) 737-1656 [Phone]  
 Windsor, CT 06095-0725 (860) 737-6598[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  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 form x \$20 = \$20  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$20.00	07/21/2009	29343536

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2009	07/24/2009

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## **Disposition**

Disposition Date: 07/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Certificate 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	GC-CA TRANSFE R-09	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial		51	GC-CA TRANSFER- 09.pdf

**SUN LIFE ASSURANCE COMPANY OF CANADA** certifies that it has issued and delivered a Certificate Amendment to the Policyholder shown on the face page of the Prior Certificate(s) for Employees of the Employer shown below.

EMPLOYER: [ABC COMPANY]

EFFECTIVE DATE: [AUGUST 1, 2010]

AMENDING GROUP POLICY NO: THE POLICY NUMBER THAT IS SHOWN ON THE FACE PAGE OF THE GROUP CERTIFICATE(S) THAT IS APPLICABLE TO [TERM LIFE INSURANCE, DEPENDENT TERM LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, SHORT TERM DISABILITY INCOME INSURANCE, LONG TERM DISABILITY INCOME INSURANCE, DENTAL INSURANCE]

This Certificate Amendment forms a part of your Prior Certificate(s) which describes the provisions of the group policy specified above. If you received separate certificates for different insurance coverages, this Certificate Amendment will amend all such certificates.

The insurance for each insured Employee will be determined in accordance with the following:

For the purposes of this Certificate Amendment:

**Prior Policy** means the group policy issued by Sun Life and Health Insurance Company (U.S.) to the Policyholder shown on the face page of the Prior Certificate(s). Prior to December 1, 2007, Sun Life and Health Insurance Company (U.S.) was known as Genworth Life and Health Insurance Company. Prior to March 24, 2006, Genworth Life and Health Insurance Company was known as GE Group Life Assurance Company. And prior to January 1, 2001, GE Group Life Assurance Company was known as Phoenix American Life Insurance Company.

**Prior Certificate(s)** means the group certificate(s) provided by Sun Life and Health Insurance Company (U.S.) for each insured Employee in accordance with the provisions of the Prior Policy.

**This Policy** means the group policy issued by Sun Life Assurance Company of Canada to the Policyholder.

**This Certificate (These Certificates)** means the Prior Certificate(s) that has been amended as of [August 1, 2010] and is now provided by Sun Life Assurance Company of Canada.

All the terms and conditions of the Prior Certificate(s) that were in force and effect on [July 31, 2010], the termination date of the Employer's participation under the Prior Policy, are incorporated in the entirety as terms and conditions of This Certificate as of [August 1, 2010], the effective date of the Employer's participation under This Policy, **except** as listed below:

1. "We (us, Our)", whether in upper case or lower case, means Sun Life Assurance Company of Canada.
2. Any representation made for the purposes of obtaining or continuing insurance under the Prior Certificate(s) shall be deemed to have been made also for the purposes of obtaining insurance under This Certificate. However, for the sole purpose of applying the section entitled "Limits On Our Right To Contest", the effective date of an Employee's coverage under the Prior Certificate(s) shall be deemed the effective date of the Employee's coverage under This Certificate.
3. For the purposes of determining any waiting period (by whatever name called) before insurance becomes effective or benefits become payable under This Certificate, credit will be given for the completion or partial completion of any waiting period under the Prior Certificate(s).
4. For the purposes of determining any coinsurance or cash deductible provisions under This Certificate, credit will be given for any coinsurance and/or cash deductible provisions satisfied or partially satisfied under the Prior Certificate(s).
5. For the purposes of determining any benefit maximum, duration or limitation of benefits under This Certificate, all benefits paid under the Prior Certificate(s) with respect to any person shall be deemed to have been paid as benefits under This Certificate with respect to any person. All periods of time with respect to which benefits were paid under the Prior Certificate(s) shall be deemed to be periods of time with respect to which benefits were paid under This Certificate.

GROUP CERTIFICATE AMENDMENT: [TRANSFER 09]

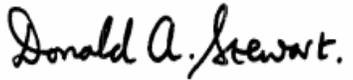
GC-CA TRANSFER-09

6. Except as expressly stated herein, This Certificate will provide continuous coverage as follows:
  - a) to all persons covered under the Prior Certificate(s);
  - b) on the same terms and conditions as the Prior Certificate(s); and
  - c) subject to the same exclusions and limitations as stated in the Prior Certificate(s).
7. Any claim incurred while the Prior Policy was in effect will be paid under the Prior Policy.
8. Any request, election, designation of beneficiary or assignment made under the Prior Certificate(s) which continued in effect under such policy through [July 31, 2010] shall be deemed to have been made under This Certificate as of the time originally made under the Prior Certificate(s) to take effect under This Certificate as of [August 1, 2010].
9. Any uninterrupted period of time continuing through [July 31, 2010] during which insurance was in force under the Prior Certificate(s) with respect to any person, shall be deemed included in the period of time insurance for said person was in effect without interruption under This Certificate.
10. Any reference to Employee in This Certificate will be deemed to include any insured regardless of what they are called in the Prior Certificate(s).
11. In no event will any benefit be payable under This Certificate which duplicates any benefit payable under the Prior Certificate(s).

In the event of a conflict between This Certificate and the Prior Certificate(s), the terms of This Certificate will control.

Nothing contained in this Certificate Amendment will be held to affect any of the terms of the policy as outlined in the Group Certificate other than as stated herein.

This Certificate Amendment is part of the Prior Certificate(s). It should be kept with your Prior Certificate(s) which contains the principal provisions of the group policy.

[  ]

[Chief Executive Officer]

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 07/24/2009  
**Comments:**  
**Attachment:**  
Flesch certification.pdf

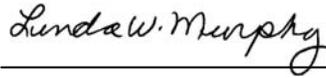
**Bypassed -Name:** Application **Review Status:** Approved-Closed 07/24/2009  
**Bypass Reason:** n/a  
**Comments:**

## CERTIFICATION

This is to certify that the attached Form Number(s) has (have) achieved a Flesch Reading Ease Score of 40.2 and complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act

<u>Form</u>	<u>Flesch Score</u>
GC-CA TRANSFER-09	50.9

### SUN LIFE ASSURANCE COMPANY OF CANADA



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Linda W. Murphy  
Associate Director  
State Filing  
Employee Benefits Group