

SERFF Tracking Number: SNLF-126608728 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 46106  
Company Tracking Number: MGIS MED MAL  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term  
Product Name: Group LTD  
Project Name/Number: MGIS Filing/

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group LTD

SERFF Tr Num: SNLF-126608728 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-Closed  
State Tr Num: 46106

Sub-TOI: H11G.003 Long Term

Co Tr Num: MGIS MED MAL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: James Crowley, Sandra Silcott, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Frank Jancura

Disposition Date: 07/14/2010

Date Submitted: 07/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: MGIS Filing

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 07/14/2010

Explanation for Other Group Market Type:

State Status Changed: 07/14/2010

Deemer Date:

Created By: Lori Chilcote

Submitted By: Lori Chilcote

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner:

We are submitting the above-referenced forms for your approval. These forms are new and do not replace any forms currently on file with your department.

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These forms will be used with our approved Group Long Term Disability Income Policy Form series 93P-LH and Certificate Form series 93C-LH which were approved by your Department on January 13, 1993. Forms will be issued to groups recognized as eligible for group insurance in accordance with state insurance laws, rules and regulations, i.e. employer groups, union groups, trustee groups, etc.

These riders provide reimbursement for premium paid for certain types of Professional Liability Insurance when the Employee is disabled. The forms provide the option for reimbursement for either Professional Liability Extended Reporting Period (ERP) Premium; Professional Liability Insurance Premium; or both. Reimbursement for Professional Liability Insurance Premium is made when an Employee is partially disabled. The ERP reimbursement benefit is payable when an employee becomes totally or partially disabled and endorses his Professional Liability Insurance policy in order to obtain "run-out" coverage for claims made after the end of the policy period. Reimbursement may be made to either the Employee or the Employer.

The [bracketed] material is intended to be illustrative and variable to accommodate the requirements of individual policyholders. Language may be changed to reflect benefits mandated by your state laws or regulations or federal legislation. Please refer to the attached Statement of Variability for the parameters within which bracketed material will vary.

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

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

We request the Department's approval of the enclosed forms. If you have any questions or comments regarding this submission, please contact me at 860-737-1310, or email me at james.crowley@sunlife.com

Sincerely,

James Crowley  
Senior Consultant, State Filing

## Company and Contact

### Filing Contact Information

Marion Pagluica, Compliance Consultant  
175 Addison Road  
P.O. Box 725

Marion.Pagluica@sunlife.com  
860-737-1471 [Phone]  
860-737-6598 [FAX]

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Windsor, CT 06095-0725

**Filing Company Information**

Sun Life Assurance Company of Canada  
175 Addison Road  
Windsor, CT 06095  
(860) 737-1000 ext. [Phone]

CoCode: 80802  
Group Code: 549  
Group Name:  
FEIN Number: 38-1082080

State of Domicile: Michigan  
Company Type:  
State ID Number:

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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$0.00	07/01/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2010	07/14/2010

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*TOI:* H11G Group Health - Disability Income      *Sub-TOI:* H11G.003 Long Term  
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## **Disposition**

Disposition Date: 07/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	No
<b>Supporting Document</b>	Application	Approved-Closed	No
<b>Form</b>	Policy Rider Form	Approved-Closed	No
<b>Form</b>	Certificate Rider Form	Approved-Closed	No

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2010	010P-LH-PLPB	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Rider Form	Initial		52.000	010P-LH-PLPB.pdf
Approved-Closed 07/14/2010	010C-LH-PLPB	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Rider Form	Initial		51.800	010C-LH-PLPB.pdf

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PROFESSIONAL LIABILITY PREMIUM BENEFIT**

Effective <sup>1</sup>[January 1, 2010], the following provision is added to Group Policy No. <sup>2</sup>[12345]

**Professional Liability Premium Benefit**

Sun Life will pay a Professional Liability Premium Benefit to the <sup>3</sup>[Employee] for <sup>4</sup>[Professional Liability Insurance Premium] if the premium costs are incurred and paid after the Employee becomes <sup>5</sup>[Partially] Disabled.

**Eligibility**

Sun Life will pay to the <sup>3</sup>[Employee], a Professional Liability Premium Benefit if:

1. with respect to the <sup>4</sup>[Professional Liability Insurance Premium] an Employee, who is a <sup>6</sup>[Physician], is <sup>5</sup>[Partially] Disabled;
2. the Employee is <sup>5</sup>[Partially] Disabled and is receiving a monthly LTD benefit;
3. the Employee provides Sun Life with satisfactory Proof that:
  - a) <sup>4</sup>[Professional Liability Insurance Premium] costs were incurred and paid by the <sup>3</sup>[Employee] after the Employee became <sup>5</sup>[Partially] Disabled; and
  - b) the Employee's professional liability carrier has been notified of the Employee's <sup>5</sup>[Partial] Disability.

**Benefit**

The benefit payable is the lesser of:

1. <sup>7</sup>[\$50,000] per <sup>5</sup>[Partial] Disability; or
2. the actual total premiums paid by the <sup>3</sup>[Employee] for <sup>4</sup>[Professional Liability Insurance Premium] for the Employee.

<sup>8</sup>[In the event that both the Professional Liability ERP Premium Benefit and the Professional Liability Insurance Premium Benefit are payable, the total combined benefits will not exceed <sup>7</sup>[\$50,000] per <sup>5</sup>[Partial] Disability.]

In no event will the sum of all <sup>4</sup>[Professional Liability Insurance Premium] Benefits exceed the maximums noted above.

Payment of the <sup>4</sup>[Professional Liability Insurance Premium] Benefit will not reduce the Net Monthly Benefit amount for which the Employee is eligible.

The Professional Liability Premium Benefit is payable as a lump sum or in installments dependent upon how the <sup>3</sup>[Employee] is paying the <sup>4</sup>[Professional Liability Insurance Premium].

For purposes of this benefit:

<sup>4</sup>[**Professional Liability Extended Reporting Period (ERP) Premium** means: the premium paid by the <sup>3</sup>[Employee] to endorse the professional liability insurance policy that is in force at the onset of Disability. Such endorsement is made in order to extend the reporting period required after the expiration of a claims made basis professional liability coverage policy.]

<sup>4</sup>[**Professional Liability Insurance Premium** means: the premium paid by the <sup>3</sup>[Employee] for insurance to protect against claims made for professional negligence by act or omission by the Employee in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient. The premium paid must be as a

result of an endorsement made to an insurance policy that was in force at the onset of Partial Disability and the endorsement must be a result of the Employee's Partial Disability.]

**Proof** means proof that is satisfactory to Sun Life of:

1. paid <sup>4</sup>[Professional Liability Insurance Premium]; and
2. notification to the Employee's professional liability carrier of the Employee's <sup>5</sup>[Partial] Disability.

It may include but is not limited to:

1. a copy of the professional liability insurance policy;
2. all endorsements made to the professional liability insurance policy; and
3. invoices from the insurance carrier that is providing the professional liability insurance policy.

### **Termination of the Professional Liability Premium Benefit**

The Professional Liability Premium Benefit will terminate on the earliest of:

- with respect to the <sup>4</sup>[Professional Liability Insurance Premium], the date the Employee is no longer <sup>5</sup>[Partially] Disabled;
- the end of the Maximum Benefit Period;
- the date the Employee becomes eligible for Group Long Term Disability benefits with another employer;
- the date the Employee dies;
- the date the Employee is no longer eligible for a monthly LTD benefit;
- the date the <sup>3</sup>[Employee] is no longer responsible for payment of <sup>4</sup>[Professional Liability Insurance Premium] for the <sup>5</sup>[Partially] Disabled Employee;
- <sup>9</sup>[ [12]<sup>10</sup> months from the date the Professional Liability Premium Benefit begins.]

### **SUN LIFE ASSURANCE COMPANY OF CANADA**

<sup>11</sup> [ *Donald A. Stewart.* ]  
[Donald A. Stewart, Chief Executive Officer]

Effective [January 1, 2009], the following provision is added to the Group Certificate to which it is attached:

## **PROFESSIONAL LIABILITY PREMIUM BENEFIT**

### **What is the Professional Liability Premium Benefit?**

The Professional Liability Premium Benefit reimburses [you] for [Professional Liability Insurance Premium] that is incurred and paid after you become [Partially] Disabled.

### **When am I eligible for the Professional Liability Premium Benefit?**

You are eligible for the Professional Liability Premium Benefit if you:

1. with respect to the [Professional Liability Insurance Premium] are [Partially] Disabled;
2. are [Partially] Disabled and receiving a monthly LTD benefit; and
3. you provide Sun Life with satisfactory Proof that:
  - a) [Professional Liability Insurance Premium] costs were incurred and paid [by you] after you became [Partially] Disabled; and
  - b) you notified your professional liability carrier of your [Partial] Disability.

### **What is the amount of the Professional Liability Premium Benefit?**

The benefit payable is the lesser of:

1. [\$50,000] per [Partial] Disability; or
2. The actual total premium paid for [Professional Liability Insurance Premium].

[In the event that both the Professional Liability ERP Premium Benefit and the Professional Liability Insurance Premium Benefit are payable, the total combined benefits will not exceed [\$50,000] per [Partial] Disability.]

In no event will the sum of all [Professional Liability Insurance Premium] Benefits [combined] exceed the maximums noted above.

Payment of a [Professional Liability Insurance Premium] Benefit will not reduce the Net Monthly Benefit for which you are eligible.

### **How is the benefit paid?**

The benefit is payable as a lump sum or in installments dependent upon how [you are] paying the premium.

For purposes of this benefit:

**[Professional Liability Insurance Premium]** means:

the premium paid by [you] for insurance to protect against claims made for professional negligence by act or omission by you in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient. The premium paid must be as a result of an endorsement made to an insurance policy that was in force at the onset of [Partial] Disability and the endorsement must be a result of your [Partial] Disability.]

**[Professional Liability Extended Reporting Period (ERP) Premium]** means:

the premium paid by [you] to endorse the professional liability insurance policy that is in force at the onset of Disability. Such endorsement is made in order to extend the reporting period required after the expiration of a claims made basis professional liability coverage policy.]

**Proof** means proof that is satisfactory to Sun Life of:

1. paid [Professional Liability Insurance Premium]; and
2. notification to your professional liability carrier of your [Partial] Disability.

It may include but is not limited to:

1. a copy of the professional liability insurance policy;
2. all endorsements made to the professional liability insurance policy; and
3. invoices from the insurance carrier that is providing the professional liability insurance policy.

### **When does the Professional Liability Premium Benefit cease?**

The Professional Liability Premium Benefit ceases on the earliest of:

- with respect to the [Professional Liability Insurance Premium], the date you are no longer [Partially] Disabled;
- the end of the Maximum Benefit Period;
- the date you become eligible for Group Long Term Disability benefits with another employer;
- the date you die;
- the date you are no longer eligible for a monthly LTD benefit;
- the date [you are] no longer responsible for payment of [Professional Liability Insurance Premium];
- [[12] months from the date the Professional Liability Premium Benefit begins.]

### **SUN LIFE ASSURANCE COMPANY OF CANADA**

[ *Donald A. Stewart.* ]

[Donald A. Stewart, Chief Executive Officer]

<i>SERFF Tracking Number:</i>	<i>SNLF-126608728</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>46106</i>
<i>Company Tracking Number:</i>	<i>MGIS MED MAL</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 LTD</i>		
<i>Project Name/Number:</i>	<i>MGIS Filing/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Certification.pdf	Approved-Closed	07/14/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>	Approved-Closed	07/14/2010

## CERTIFICATE OF COMPLIANCE

This is to certify that the text of the submitted forms has achieved a Flesch reading ease score that meets your department's requirements.

<u>Form</u>	<u>Flesch Score</u>
010C-LH-PLPB	51.8
010P-LH-PLPB	52.0

**SUN LIFE ASSURANCE COMPANY OF CANADA**

*Linda W. Murphy*

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Linda W. Murphy  
Policy Form Filing Officer