

SERFF Tracking Number: SUNL-127150376 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 48657
Company Tracking Number: LTC ADVERTISING 5-11
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: LTC Advertising - 5-11
Project Name/Number: LTC Advertising - 5-11/LTC Advertising - 5-11

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: LTC Advertising - 5-11 SERFF Tr Num: SUNL-127150376 State: Arkansas
TOI: L071 Individual Life - Whole SERFF Status: Closed-Filed- State Tr Num: 48657
Closed

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: LTC ADVERTISING 5- State Status: Filed-Closed
11

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Margaret Carvalho,
Thomas Miele, Christopher
McAuliffe, Pat Squillacioti
Date Submitted: 05/03/2011

Disposition Date: 05/09/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTC Advertising - 5-11
Project Number: LTC Advertising - 5-11
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/09/2011

State Status Changed: 05/09/2011

Created By: Christopher McAuliffe

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christopher McAuliffe

Filing Description:

Sun Life Assurance Company of Canada

NAIC # 549-80802

FEIN # 38-1082080

Re: Sales Material Filing

LSCBCH-757 - Product Features and Benefits

LSCBCH-758 - Product Overview

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Dear Sir or Madam,

We submit the above referenced sales materials prior to use. These items are new and replace existing materials as follows:

LSCBCH-757 - Product Features and Benefits

This item replaces previously filed piece GX09-10416 (previously approved June 29, 2010, file no. 46050) which has never been used.

LSCBCH-758 - Product Overview

This item replaces previously filed piece GX04-10330 (also previously approved June 29, 2010, file no. 46050) which has never been used.

The enclosed materials are substantially similar to the pieces they replace except that they include a new look and expanded disclosure. They are submitted in final printed form and subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

Please do not hesitate to contact me if you have any questions regarding this submission.

Company and Contact

Filing Contact Information

Margaret Carvalho, Compliance Consultant margaret.carvalho@sunlife.com
One Sun Life Executive Park 781-446-1811 [Phone]
Wellesley Hills, MA 02481 781-237-3327 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking Number: SUNL-127150376 *State:* Arkansas
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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$0.00	05/03/2011	
Sun Life Assurance Company of Canada	\$100.00	05/04/2011	47261451

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	05/09/2011	05/09/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	05/04/2011	05/04/2011	Margaret Carvalho	05/04/2011	05/04/2011
Industry Response						

SERFF Tracking Number: *SUNL-127150376* *State:* *Arkansas*
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Disposition

Disposition Date: 05/09/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Form	Product Highlights	Yes	Yes
Form	Product Overview	Yes	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/04/2011
Submitted Date 05/04/2011
Respond By Date 06/06/2011

Dear Margaret Carvalho,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$100.00 filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/04/2011
Submitted Date 05/04/2011

Dear Linda Bird,

Comments:

Thank you for your letter of today. On behalf of my colleague, I'm responding to your request.

Response 1

Comments: As requested, an EFT of \$100.00 was just submitted to your Dept.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$100.00 filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued attention to this filing.

Margaret Carvalho

Sincerely,

Christopher McAuliffe, Margaret Carvalho, Pat Squillaciotti, Thomas Miele

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LSCBCH-757	Advertising	Product Highlights	Initial		50.500	LSCBCH-757h_SCWL ProdHLtsTrifo Id.pdf
	LSCBCH-758	Advertising	Product Overview	Initial		50.500	LSCBCH-758i SCWL OverviewBro. pdf

Sun Care WL

Product features and benefits



Annuities. Employee Benefits. Life Insurance.

Feature	Benefit
Product Design	Sun Care WL, a whole life insurance policy funded with a single premium payment, designed to offer fully guaranteed death benefit, cash values and an acceleration of benefits for covered long term care expenses. ¹
Issue Ages	30–80 (based on age last birthday)
Risk Classes ²	Preferred and Standard; Male/Female, Preferred (Non-Tobacco use) and Standard (Tobacco use). Sub-standard risk classes are not available. In Montana, unisex rates prevail and male rates are used. Marital risk class: If you are married when coverage is purchased you will receive an automatic premium discount. ^{2,8}
Minimum Face Amount	\$25,000
Maximum Face Amount	\$750,000 (If 2-year Accelerated Benefit rider period is selected.) \$1,000,000 (If 3-year Accelerated Benefit rider period is selected.)
Face Amount Increases	Increases are not allowed.
Face Amount Decreases	Decreases are allowed in conjunction with partial withdrawals
Access to Money ³	<p>Partial Withdrawals Are allowed prior to the commencement of benefits. Partial withdrawals will, in effect, cancel a pro rata portion of the Face Amount and rider coverages. There is no partial withdrawal fee. No withdrawals allowed in year 1.</p> <p>Policy Loans Loans based upon a variable loan rate.⁴</p>

Highlight	Benefit
Qualified benefits offered through Sun Care WL	The Accelerated Benefit and the Extension of Benefits riders provide coverage for a variety of services designed to assist persons covered by the policy who have developed a chronic illness. Home healthcare, adult daycare, assisted living, nursing home, and hospice benefits may be included under covered care. Benefits may vary by state. (See limitations and exclusions.)
Benefit Period Options	If both Accelerated Benefit rider and the Extension of Benefits rider are selected, then the benefit period options are 4–8 years. Benefit period options for 2 and 3 years are available with the Accelerated Benefit Rider only.
Elimination period	90 days in nursing home facilities (domestic and international) and assisted living facilities; 0 days for home care benefit.
Reimbursement for long term care Payments	Sun Care WL provides for the reimbursement of expenses on a monthly basis for covered long term care needs up to the specified Maximum Monthly Benefit Amount (MMBA). That is, the amount covered each month is the lesser of: a. the actual expenses incurred for the month, or b. the current amount of MMBA.

Options, Features & Riders⁵

What it is	What it does
Accelerated Benefit Rider	The acceleration period is the initial phase of benefit payments for covered expenses. This rider works as an accelerated death benefit, meaning that the payment of covered Long Term Care expenses will result in a dollar for dollar reduction in the policy's death benefit. The policy is not offered without the Accelerated Benefit rider. If the only coverage is the Accelerated Benefit rider, you may select coverage periods of 2 or 3 years.
Extension of Benefits Rider	If you select this optional rider, it extends the long term care benefit coverage period (Accelerated Benefits rider and Extension of Benefits rider) to a total of 4-8 years.
Return of Premium Benefit	The Return of Premium Benefit is available as optional coverage for an extra premium. If you decide to surrender the policy prior to the commencement of claims, you will receive back your original single premium, assuming no loans or withdrawals. A portion of the amount returned may have tax implications. Please consult your tax advisor for your particular situation. This benefit must be selected at the time the policy is issued.
Nonforfeiture Benefit Rider	The Nonforfeiture option is available, if the Extension of Benefits rider is selected and Return of Premium Benefit is <u>not</u> selected. If selected, the Nonforfeiture rider provides a deferred (paid up) benefit if the policy is terminated. ⁶
Optional Inflation Protection Feature	When you choose this optional feature, your policy benefits increase yearly based on a specific increase percentage. There are two types of increasing coverage from which to choose: based on a simple interest formula with a 3% increase that applies to both the Accelerated Benefit Rider and the Extension of Benefits rider; or based on a compound interest formula of 5% that applies only to the Extension of Benefits rider.
Care Guidance Services	This endorsement provides the covered person(s) with the services and resources needed to find the right support facilities for the desired level of care. An independently assigned care manager will work to offer personalized services. For a complete list of covered services, please talk with your Sun Life Financial Representative. ⁷
Residual death benefit	This benefit provides for a guaranteed death benefit that is the lesser of \$5,000 or 5% of the initial specified death benefit amount, less all outstanding loans.

Sun Care WL Limitations and Exclusions

Product

Whole Life Insurance Policy

Elimination period

90 days in nursing home facilities (domestic and international) and assisted living facilities; 0 days for home healthcare services.

Limitations and Exclusions

A 2-year suicide and contestability provision apply (1 year in some states) to the base policy. Other contestability periods apply to the ABR and EOB riders.

LTC Benefit Coverage

To be eligible for payment under this rider, it is not sufficient for services to be only Qualified Long Term Care Services. Such services must also:

- be care or support services for which this rider pays benefits; and
- satisfy all requirements for Benefit eligibility and payment.

Limitations and Exclusions

GENERAL EXCLUSIONS AND LIMITATIONS

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- provided by a Family Member, unless:
 - the Family Member is a regular employee of the organization that is providing the services; and
 - such organization receives payment for the services; and
 - the Family Member receives no compensation other than the normal compensation for employees in her or his job category;
- for which no charge is normally made in the absence of insurance;
- provided outside of the United States of America, its territories and possessions; except as provided in the International Coverage Benefit;

- d. provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to the Insured or the Insured's estate;
- e. arising out of the Insured's attempted suicide or an intentionally self-inflicted injury; or
- f. for the Insured's alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

Home Care Benefit

We will pay for expenses the Insured incurs for the following Covered Care:

- a. Adult Day Care Services;
- b. Nurse and Therapist Services;
- c. Home Health Aide and Personal Care Services;
- d. Homemaker Services;
- e. Chore Services; and
- f. Hospice Care.

These services must be:

- a. received in the Insured's Home, unless they are Adult Day Care Services or Hospice Care provided in a facility providing Hospice Care;
- b. necessary to enable the Insured to continue to stay safely at Home, unless the services are in a facility providing Hospice Care;
- c. necessary because the Insured alone is not able to perform them due to the Insured being a Chronically Ill Individual; and
- d. consistent with the needs addressed in the Insured's Plan of Care.

Providers of these services do not need to be affiliated with a home health care agency.

Payment Limitations: The Elimination Period does not apply to this Benefit, but any days for which Home Care Benefits are payable will be used to satisfy the Elimination Period. This Benefit will not be payable at the same time as any benefits for confinement in a Nursing Facility, Assisted Living Facility, or Out-of-Country Nursing Facility.

Assisted Living Facility Benefit

We will pay the expenses the Insured incurs for Covered Care (including room and board, but not prescription drugs) provided by an Assisted Living Facility while the Insured is confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility. No payment will be made for any service which does not facilitate the performance of an Activity of Daily Living.

An Assisted Living Facility is NOT any of the following:

- a. a clinic or hospital;
- b. a subacute care or rehabilitation hospital or unit;
- c. a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- d. a Nursing Facility;
- e. the Insured's Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- f. an adult residence establishment or environment which is substantially similar to the above.

Payment Limitations: Payment of this Benefit is subject to the Elimination Period.

Nursing Facility Benefit

We will pay for expenses the Insured incurs for Covered Care (including room and board, but not prescription drugs) provided by a Nursing Facility while the Insured is confined there as a resident inpatient. This includes expenses for:

- a. private duty nursing care; and
- b. all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility.

The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

The definition of a Nursing Facility does NOT include any of the following:

- a. a clinic or hospital;
- b. a subacute care or rehabilitation hospital or unit;
- c. a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- d. an Assisted Living Facility;
- e. the Insured's Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- f. an adult residence establishment or environment which is similar to the above.

Payment Limitations: Payment of this Benefit is subject to the Elimination Period.

International Coverage Benefit

We will pay for expenses the Insured incurs for Covered Care (including room and board, but not prescription drugs) provided by an Out-of-Country Nursing Facility while the Insured is confined there as a resident inpatient. This includes expenses for all levels of care (whether skilled, intermediate or custodial) provided by the Out-of-Country Nursing Facility. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in the Out-of-Country Nursing Facility.

Payment of this Benefit is subject to the following conditions:

- a. Payment will be in lieu of all other Benefits and reimbursement otherwise provided by this rider for expenses incurred during the period for which payment is made under this Benefit.
- b. Payment will only be made in the lawful money of the United States of America. Any foreign exchange rate will be determined by the Company.
- c. This Benefit will not be payable if it is prohibited by United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Asset Control (or its successor organization).
- d. We must receive proof, satisfactory to us, that the Insured has met all of the requirements stated in the Limitations or Conditions on Eligibility for Benefits section. We must be furnished, at no expense to us, with complete documentation in English. Such documentation shall include, but is not limited to:
 1. a Current Eligibility Certification;
 2. a satisfactory Plan of Care prescribing the need for care due to the Insured's being a Chronically Ill Individual;

3. properly completed claims forms, billing statements, and supporting medical and care documentation;
4. a copy of the Insured's passport, airline ticket or other proof acceptable to us that the Insured is outside the United States of America, its territories and possessions; and
5. we may require that all of the above information be provided at reasonable intervals. We will not require this more frequently than monthly.

The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- a. a clinic or hospital;
- b. a subacute care or rehabilitation hospital or unit;
- c. a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- d. the Insured's Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- e. an adult residence establishment or environment which is substantially similar to the above.

Payment Limitations: Payment of this Benefit is subject to the Elimination Period.

Bed Reservation Benefit

We will continue to pay benefits, or give Elimination Period credit for expenses the Insured incurs for Covered Care under the Nursing Facility Benefit while the Insured:

- a. is temporarily absent during a stay in a Nursing Facility or Assisted Living Facility; and
- b. is charged to reserve the Insured's accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay or when the Insured spends holidays or other time with his or her family.

Payment Limitations: This benefit is limited to no more than 30 days (continuous or not) each calendar year. The amount payable for this benefit can not exceed 1/30th of the Maximum Monthly Benefit for each day the bed is reserved.

Respite Care Benefit

We will pay Covered Care expenses the Insured incurs for Respite Care. Respite Care means short-term care that is provided to the Insured in order to relieve the person who normally provides the Insured with unpaid informal care in the Insured's Home. The Insured's Plan of Care must state:

- a. the name of the unpaid caregiver for whom respite is being provided;
- b. the period of respite; and
- c. the Covered Care the Insured will require to replace that care normally provided by the unpaid caregiver.

Respite Care can be received in the Insured's Home, or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations: This Benefit will not be payable at the same time as any other Benefit except when the Company pays for caregiver training. This benefit is limited to no more than 30 days (continuous or not) each calendar year. The amount payable for this benefit can not exceed 1/30th of the Maximum Monthly Benefit Amount for each day of Respite Care.

Caregiver Training Benefit

We will pay Covered Care expenses the Insured incurs for training an unpaid informal caregiver to care for the Insured in the Insured's Home. All the following conditions apply to this Benefit:

- a. We will not pay to train someone who will be paid to care for the Insured.
- b. The training can be received while the Insured is confined in a hospital, Nursing Facility, or Assisted Living Facility only if it is reasonably expected that the training will make it possible for the Insured to go Home where the Insured can be cared for by the person receiving the training.

Supportive Equipment Benefit

We will pay Covered Care expenses the Insured incurs for Supportive Equipment if it is specified and provided in accordance with the Insured's Plan of Care. We will pay for expenses, including installation fees, labor and related costs, the Insured incurs for the purchase or rental of Supportive Equipment, if such equipment is:

- a. intended to assist the Insured in living at Home by relieving the Insured's need for direct physical assistance; and
- b. specified and provided in accordance with the Insured's Plan of Care stating that the equipment is expected to enable the Insured to remain at Home for at least 90 days after the date of purchase or first rental.

Supportive Equipment includes items such as the following:

- a. pumps and other devices for intravenous injection;
- b. ramps to permit movement from one level of a residence to another;
- c. grab bars to assist in toileting, bathing or showering; and
- d. stair lifts for going between levels of the Insured's Home.

Supportive Equipment does not include either: equipment that will, other than incidentally, increase the value of the residence in which it is installed; or artificial limbs, teeth, medical supplies, or equipment placed in the Insured's body, temporarily or permanently.

Non-Duplication Provision

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other government health care program or law (except Medicaid). However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period, if it applies

Hospice Care

Hospice Care does not include coverage for prescription drugs.



Sun Care WL— Protection, flexible options and long term care benefits.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

For product and benefit details, please contact your Sun Life Financial representative.



One Sun Life Executive Park
Wellesley Hills, MA 02481
www.sunlife.com/us

1. The acceleration of benefits for covered long term care expenses will reduce the death benefit and cash values.
2. The risk classes applies only to the WL policy.
3. Loans and partial withdrawals will affect the policy proceeds and account value and may be subject to ordinary income tax. If a policy is classified as a Modified Endowment Contract (MEC), distributions are generally subject to ordinary income tax and federal tax penalty if made before age 59½.
4. Loans will not reduce Maximum Monthly Benefit Amount calculations. As benefits are paid, there will be reduction in the dollar amount of claims paid representing a repayment of the loan balance. Loan amounts can cause the policy to lapse when they are in excess of cash value.
5. Your Sun Life Financial representative can describe the benefits, limitations and costs associated with each rider, as well as provide you with an illustration that demonstrates how adding a particular rider to your policy may affect policy values. Riders that are chosen must be selected at issue. There is no option to add a rider post-issue. The Long Term Care rider options cannot be surrendered separately from the base policy. (Extension of Benefits and Non forfeiture benefit rider options do have a right to return or "Free Look" period.)

This flyer provides highlights of the product, features and riders. Please consult your Sun Life Financial representative for product details. Costs, restrictions and other conditions may apply. Not all riders and features are available in all states. Please consult your Sun Life Financial representative for current state availability, or visit www.sunlife.com/us.

These riders may not cover all the costs associated with long term care which may be incurred by the Insured during the period of coverage. The Owner is advised to review carefully all limitations in the policy and the riders. Receipt of Accelerated Benefits may be taxable. As with all tax matters, the owner should consult a professional tax advisor to assess the effect of this rider.

6. The maximum benefit payable is equal to the greater of the Maximum Monthly Benefit Amount at the time of the policy termination or the single premium for the Extension of Benefits Rider, plus any inflation premium on the Accelerated Benefit plus the inflation premium for the Extension of Benefits Rider, plus the single premium for this rider. Certain restrictions and other conditions apply. Please consult your Sun Life Financial representative for details on this rider option.
7. Care Guidance Services are managed through an independent service provider currently known as Harris Rothenberg International (HRI) Sun Life Financial may not be able to provide this benefit in the future if we determine that HRI or another independent service provider is no longer able to provide it. Certain restrictions and other conditions may apply. Please consult your SLF representative for current state availability.
- 8 The term spouse in this benefit includes any individual who under applicable state law is either recognized as a spouse, partner to a civil union, or otherwise accorded the same rights as a spouse.

Whole Life products are issued by Sun Life Assurance Company of Canada (Wellesley Hills, MA) and in New York, by Sun Life Insurance and Annuity company of New York (New York, NY). Both companies are members of the Sun Life Financial group of companies. All guarantees are based on the claims-paying ability of the issuing company.

SPWL-2010 – WL Policy
ABRLTC-2010 – Accelerated Benefit for LTC
EOBLTC-2010 – Extension of Benefits
NFBR-2010 – Non-forfeiture Option
HAE-2010 – Care Management Services Endorsement
RBR-2010 – Residual Benefit Rider
Form numbers may vary by state.

NOT FDIC/NCUA INSURED • MAY LOSE VALUE • NO BANK/CREDIT UNION GUARANTEE • NOT A DEPOSIT • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

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SLPC 23222 (04/11)
(exp. 04/13)

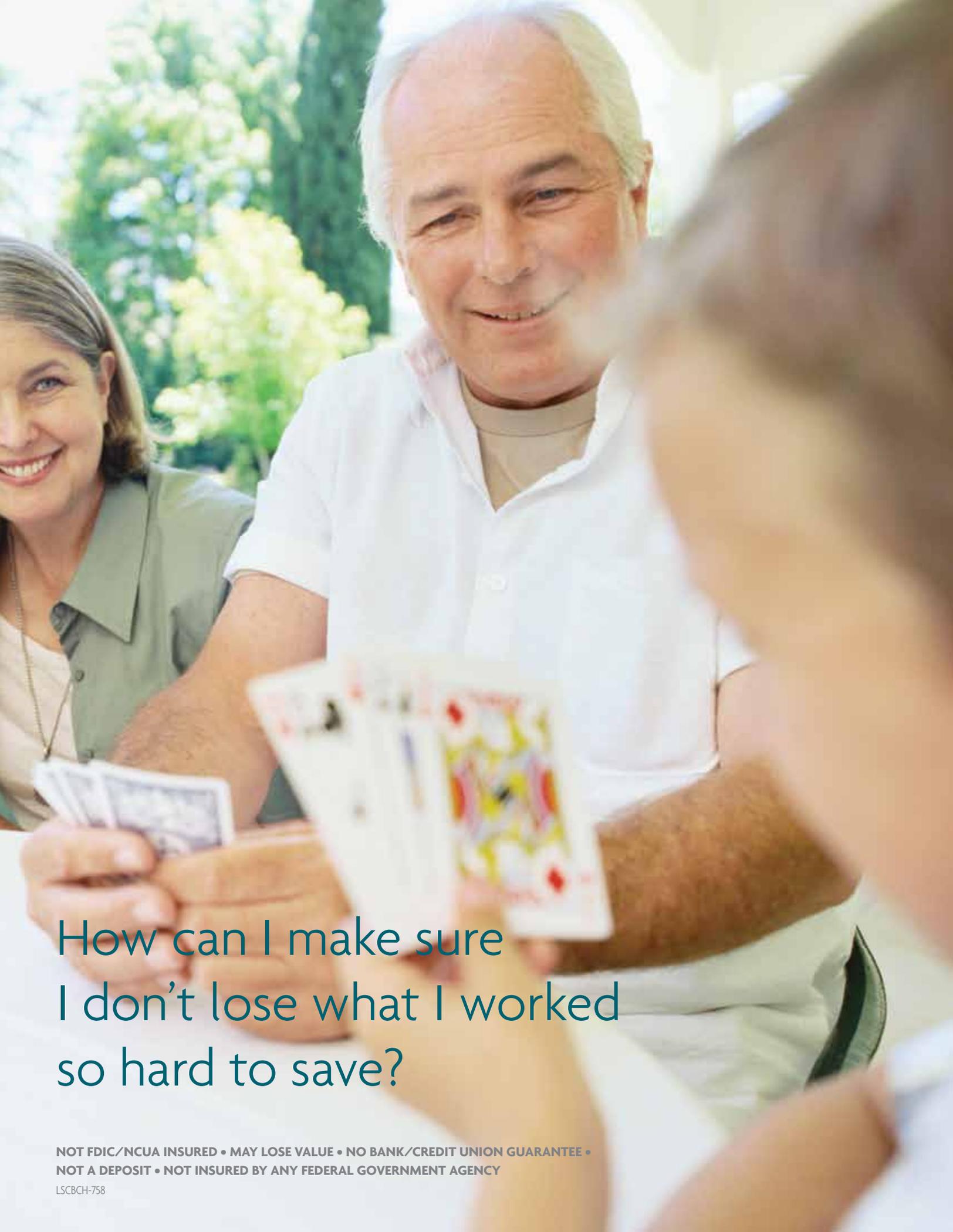


Annuities. Employee Benefits. Life Insurance.



Take control of your assets
and your future

Sun Care WL



How can I make sure
I don't lose what I worked
so hard to save?

NOT FDIC/NCUA INSURED • MAY LOSE VALUE • NO BANK/CREDIT UNION GUARANTEE •
NOT A DEPOSIT • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

LSCBCH-758

What to consider

As you plan for retirement, there's a natural concern about accumulating enough money to provide sufficient income for a lifetime. Some of the considerations you need to plan for are:

- ▶ **Longevity:** Will my income last as long as I do?
- ▶ **Inflation:** Can I keep up with inflation?
- ▶ **Market volatility:** Am I protected against market loss?

You may think that your retirement plans are protected if they address all of these considerations. However, one which is often overlooked is the impact that long-term care costs could have on those retirement funds.

► Long-term care:

Will I have enough income to live as I want to live, and cover long-term care costs?

Understand the facts

- At least 70% of people over age 65 will require long-term care services at some time in their lives.¹
- The average annual cost can range from \$18,000 for home health care to \$80,000 for a private room in a nursing home.²
- At age 65, a typical married couple free of chronic disease can expect to spend \$260,000 on remaining lifetime health care costs, including nursing home care, with a 5% probability of costs exceeding \$570,000.³
- At the stock market peak in 2007, less than 15% of households approaching retirement had accumulated \$570,000 in total financial assets, with much fewer assets available for health care costs.^{3,4}

1. U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information, www.longtermcare.gov, September 2008.

2. www.longtermcare.gov. Based on 2008 national averages. Cost of home health care assumes periodic personal care help from a home health aide (the average visit frequency is about three times a week).

3. "What Is the Distribution of Lifetime Health Care Costs at Age 65?" Center for Retirement Research at Boston College, March 2010.

4. Financial assets include defined contribution plans, IRAs, and other net nonretirement financial assets.



What is long-term care?

Long-term care is a variety of services designed to help people who have developed a chronic illness, cognitive impairment, or disability. Care is administered to individuals who need assistance with some of the Activities of Daily Living (ADLs), such as eating, bathing, or getting dressed. Long-term care can be provided in a variety of settings: in your home, in your community, in a residential care facility, or in a nursing home.

Today's reality

Those unexpected costs related to long-term care can jeopardize your financial security and force you to tap into assets or savings that were meant for other purposes.

Let's look at a hypothetical example:

Joan and Bob Hart are married, both aged 68, and have been fully retired for 5 years. They achieved their retirement goal of accumulating enough investment assets to generate an annual income of \$80,000. The plan was to allocate their assets so they could minimize their investment risk, keep up with inflation, and have that income last over both their lifetimes.

Unexpectedly, Bob experienced a major decline in his health and now requires continual medical assistance. The Harts' retirement plans have changed dramatically and life for them may also change in the following ways:

- Joan and other family members may have to take on the role of care givers.
- If professional nursing care is required, a major portion of that \$80,000 income will be used to pay care costs.
- Additional withdrawals from their retirement assets may deplete the principal, threatening future income.

There's a widespread misconception that the government will provide coverage through Medicare or Medicaid programs. The truth is that you would need to spend down your assets to minimum levels before the government will pay for care. And you would have little control regarding the selection or quality of that care.

Because of the high probability that you or your spouse could require some type of long-term care and because of the potentially high costs associated with it, this risk is best addressed in the retirement planning process.

Funding long-term care

There are several typical ways to pay for long-term care expenses. Here are a few and the advantages and considerations of each.

Funding method	Advantages	Considerations
Self-insuring through personal savings (requires setting aside funds targeting maximum long-term care costs over and above normal living expenses)	<ul style="list-style-type: none"> • Control • Fund pays for long-term care expenses without reducing other assets • If care is not needed, money can be used for other needs or passed to heirs 	<ul style="list-style-type: none"> • Have to earmark a significant sum of money specifically for long-term care costs • Money would be tied up and couldn't be used for other purposes • Assume risk yourself • Potential for income tax on the assets used to cover long-term care
Paying with retirement income (involves allocating retirement income dollars to pay for cost of care)	<ul style="list-style-type: none"> • Control • Pays for long-term care expenses • Care estimates are built into the retirement income budget planning • If care is not required, assets can be used for other needs or passed to heirs 	<ul style="list-style-type: none"> • May require additional contribution to your retirement investments to cover potential long-term care costs • Risk that you can lose money • Funds would be tied up and couldn't be used for other purposes • Assume risk yourself • Inadequate funding • Potential for income tax on the assets used to cover long-term care
Traditional long-term care insurance (requires qualifying for coverage and paying premiums to offset the risk)	<ul style="list-style-type: none"> • Covers long-term care expenses • Risk is shared by the insurance company • Leverages premium dollars 	<ul style="list-style-type: none"> • Benefits may never be used if care is not required • Annual premium cost can be expensive • Money would be expended that could be used for other purposes • Need to qualify

Traditional long-term care insurance can be expensive, and premiums that are paid into it would be lost if care is never needed. Self-insuring methods require you to set aside funds that sit idle “just in case” but that could become depleted very quickly if the need arose for long-term care.

Introducing Sun Care WL

Sun Care WL offers a way to buy long-term care coverage and know that your premium dollars will not be wasted if the coverage is never needed.

Funding method	Advantages	Considerations
Sun Care WL Requires a single premium that provides a life insurance benefit and long-term care coverage	<ul style="list-style-type: none"> Covers long-term care expenses¹ Provides a death benefit to heirs Return of Premium provision Benefits are guaranteed Risk is shared by the insurance company Simplified qualification process Reposition assets to fund the product 	<ul style="list-style-type: none"> Requires a single premium Need to qualify for coverage Limited access to money

Benefit in any situation

Sun Care is a single-premium whole life insurance policy. This is important because whole life policies are required to guarantee the benefits. Contrary to traditional forms of long-term care insurance, with Sun Care, once the single premium is paid, the policy is designed to provide you with a benefit—regardless of the situation you may find yourself in:

If you require long-term care or	The policy will provide coverage for such needs as home health care, assisted living, or nursing home care on a reimbursement basis.
If you want to leave a legacy or	A death benefit will be paid income-tax-free to your beneficiaries.
If you have liquidity needs	The policy provides a Return of Premium option which if elected allows you to receive your original single premium back if you change your mind. A portion of the amount returned may have tax implications. ²

Built-in features

Care Guidance Services—A leading care management advisory service provides you with resources you need to find the right support facilities. An independently assigned care manager will help you maximize your benefit dollars.³

Marital risk class—If you are married when coverage is purchased, you will receive an automatic premium discount.⁴

Accelerated Benefit rider—Allows the death benefit to be accelerated for long-term care expenses.

Optional features

Extension of Benefits rider—Offers the ability to extend the long-term care benefit beyond the acceleration benefit period of the base policy.

Inflation Protection feature—Allows a scheduled annual increase to the benefits. This optional increasing coverage feature provides a choice of two increase options: 1) on a simple interest basis that applies to both the Accelerated Benefit rider and the Extension of Benefits rider coverages, or 2) on a compound interest basis that applies to the Extension of Benefits coverage only.

Return of Premium provision—If you decide to surrender the policy, you will receive back at least your original single premium.²

1. The riders providing long-term care benefits may not cover all the costs associated with long-term care which may be incurred during the period of coverage. The Owner is advised to review carefully all limitations in the Policy and this rider. The receipt of accelerated benefits may be taxable, please consult with your tax advisor.

2. Return of premium must occur prior to the commencement of claims. Assumes no loans or withdrawals. A portion of the amount returned may have tax implications. Please consult your tax advisor for your particular situation.

3. Care management services are managed through an independent service provider currently known as Harris Rothenberg International (HRI) Sun Life Financial may not be able to provide this benefit in the future if we determine that HRI or any other independent service provider is no longer able to provide it. Certain restrictions and other conditions may apply.

4. The term spouse in this benefit includes any individual who under applicable state law is either recognized as a spouse, partner to a civil union, or otherwise accorded the same rights as a spouse.

Costs, restrictions, and other conditions may apply. Not all riders and features are available in all states. Please consult your Sun Life Financial representative for product details and for current state availability, or visit www.sunlife.com. Guarantees are based on the claims-paying ability of the issuing company.

Sun Care WL would provide a benefit in any situation.

Would an unexpected long-term care event completely alter my plans for retirement?



Anne is a freelance photographer who's looking forward to a relaxing retirement. She's done some basic financial planning and would like to leave something to her niece. She's concerned that an unexpected health event could jeopardize her savings.

Profile

- 62 years old, single
- Non-smoker
- \$75,000 to invest

Considerations for Anne

- Needs coverage for an unexpected long-term care event without jeopardizing retirement security
- Wants to be able to stay in her own home, no matter what the situation¹

Anne could stay in her own home with home health care.

Benefit in any situation

If Anne requires long-term care

Anne has available up to \$5,351 in monthly benefits for 6 years for qualified long-term care costs, and she can stay in her own home through home health care.

Or, if she wants to leave a legacy

Her \$75,000 premium can provide her niece \$128,424, income-tax-free death benefit.

Or, if she has liquidity needs

If she ever changes her mind, Anne's \$75,000 can be returned to her at her request.²

This is a hypothetical example.

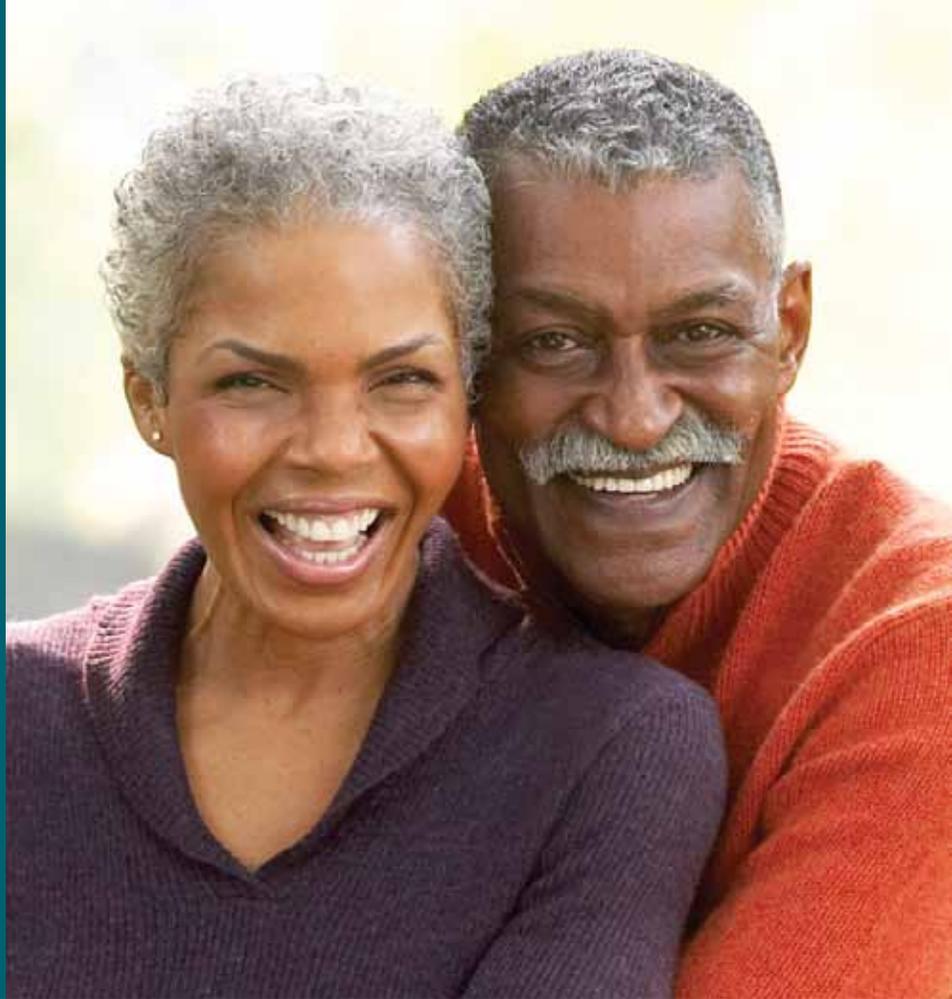
1. The riders providing long-term care benefits may not cover all the costs associated with long-term care which may be incurred during the period of coverage. The Owner is advised to review carefully all limitations in the Policy and this rider. The receipt of accelerated benefits may be taxable, please consult with your tax advisor.

2. Request should be in writing prior to the commencement of claims. The amount received will be adjusted for any benefits paid and for any loans and withdrawals, and may have tax implications.

The above hypothetical illustration shows: Accelerated Benefit rider—2 years; Extension of Benefits rider—4 years; and the Return of Premium provision.

6 Benefits may vary by age, gender (except MT), marital status (except MT), and risk class.

How would we pay for long-term care without depleting our savings?



George is a practicing physician, and Laura is a retired nurse practitioner. They have a sizable retirement nest egg but are well aware of how much money a long-term care event can cost. They want to protect their assets and at the same time be able to afford an assisted living facility if they need the care.

Profile

- George and Laura; both 60 years old, married
- Both non-smokers
- \$50,000 each to invest

Considerations for the Smiths

- Need coverage for an unexpected long-term care event without eroding retirement savings
- Want to be able to afford an assisted living facility

The Smiths could be covered in an assisted living facility if they need to.

Benefit in any situation

If either or both of the Smiths require long-term care

George has available up to \$2,632 in monthly benefits for 6 years for qualified long-term care costs, and Laura has \$2,915. These benefits will increase with inflation because each elected the Simple 3% Inflation Protection feature.

Or, if they want to leave a legacy to their children

Each \$50,000 premium has growth potential and can be left to their children, income-tax-free. The guaranteed death benefit for George would be \$63,168 and Laura for \$69,960.

Or, if they have liquidity needs

If either of them changes their mind, the \$50,000 can be returned at their request.¹

This is a hypothetical example.

1. Request should be in writing prior to the commencement of claims. The amount received will be adjusted for any benefits paid and for any loans and withdrawals, and may have tax implications.

The above hypothetical illustration shows: Accelerated Benefit rider—2 years; Extension of Benefits rider—4 years; and the Return of Premium provision.

Benefits may vary by age, gender (except MT), marital status (except MT) and risk class.

Sun Care WL would provide a benefit in any situation.

After seeing my mother's sister with Alzheimer's, we're concerned about how we would care for mom.



The Bergens have experienced a trying time with their mother's sister, who has been suffering with Alzheimer's. They want to protect their mother, Elizabeth, who was recently widowed, without burdening their own young family. They're looking for a way to provide the help she may need without jeopardizing their finances or having to provide day-to-day care. Elizabeth had given them money for the downpayment on their first house. They'd like to use that money for the \$60,000 premium.

Profile

- Elizabeth, 70 years old, single
- Non-smoker
- \$60,000 to invest

Considerations for the Bergens

- Need coverage for a long-term care event without taking time or money away from their family
- Want to be able to afford a nursing home for Elizabeth (if need be)
- Want to help fulfill Elizabeth's wish to leave a legacy to her grandchildren

The Bergens would know their mother could be cared for without jeopardizing their own financial security.

Benefit in any situation

If Elizabeth requires long-term care

Elizabeth will have available to her up to \$3,787 in monthly benefits for 6 years for qualified long-term care costs in a long-term care facility.

Or, if she wants to leave a legacy

The \$60,000 premium provides a guaranteed death benefit of \$90,888 income-tax-free to their grandchildren.

Or, if they have liquidity needs

If they ever change their mind, the Bergens' \$60,000 can be returned to them at their request.¹

This is a hypothetical example.

1. Request should be in writing prior to the commencement of claims. The amount received will be adjusted for any benefits paid and for any loans and withdrawals, and may have tax implications. The above hypothetical illustration shows: Accelerated Benefit rider—2 years; Extension of Benefits rider—4 years; and the Return of Premium provision. Benefits may vary by age, gender (except MT), marital status (except MT) and risk class.

We want to leave the full legacy we've planned for our children and grandchildren.



Richard and Sharon Wilson have done very well financially and have been enjoying a wonderful retirement. They have a net worth of \$15 million with \$3 million available in cash. Their concern is not about having enough money, but about making sure a long-term care event doesn't compromise what they can leave to their children and grandchildren. They also don't want to be a burden to them.

Profile

- Richard, 70 years old; Sharon, 68 years old; married
- Both non-smokers
- \$250,000 each to invest

Considerations for the Wilsons

- Need coverage for an unexpected long-term care event without dipping into the savings they had earmarked to leave as a legacy.
- Want to purchase enough long-term care coverage to adequately fund what they might need in a care situation.
- Want long-term care events to be completely funded by them without relying at all on their family.

The Wilsons wouldn't burden their family and could leave them a generous legacy.

Benefit in any situation

If either or both of the Wilsons requires long-term care

Richard would have up to \$12,620 in monthly benefits, and Sharon up to \$15,156 in monthly benefits, for 6 years should a long-term care event occur.

Or, if they want to leave a legacy

Each of their \$250,000 premiums has growth potential and could be left to their children and grandchildren income-tax-free. The guaranteed death benefit for Richard would be \$302,880 and for Sharon \$363,744.

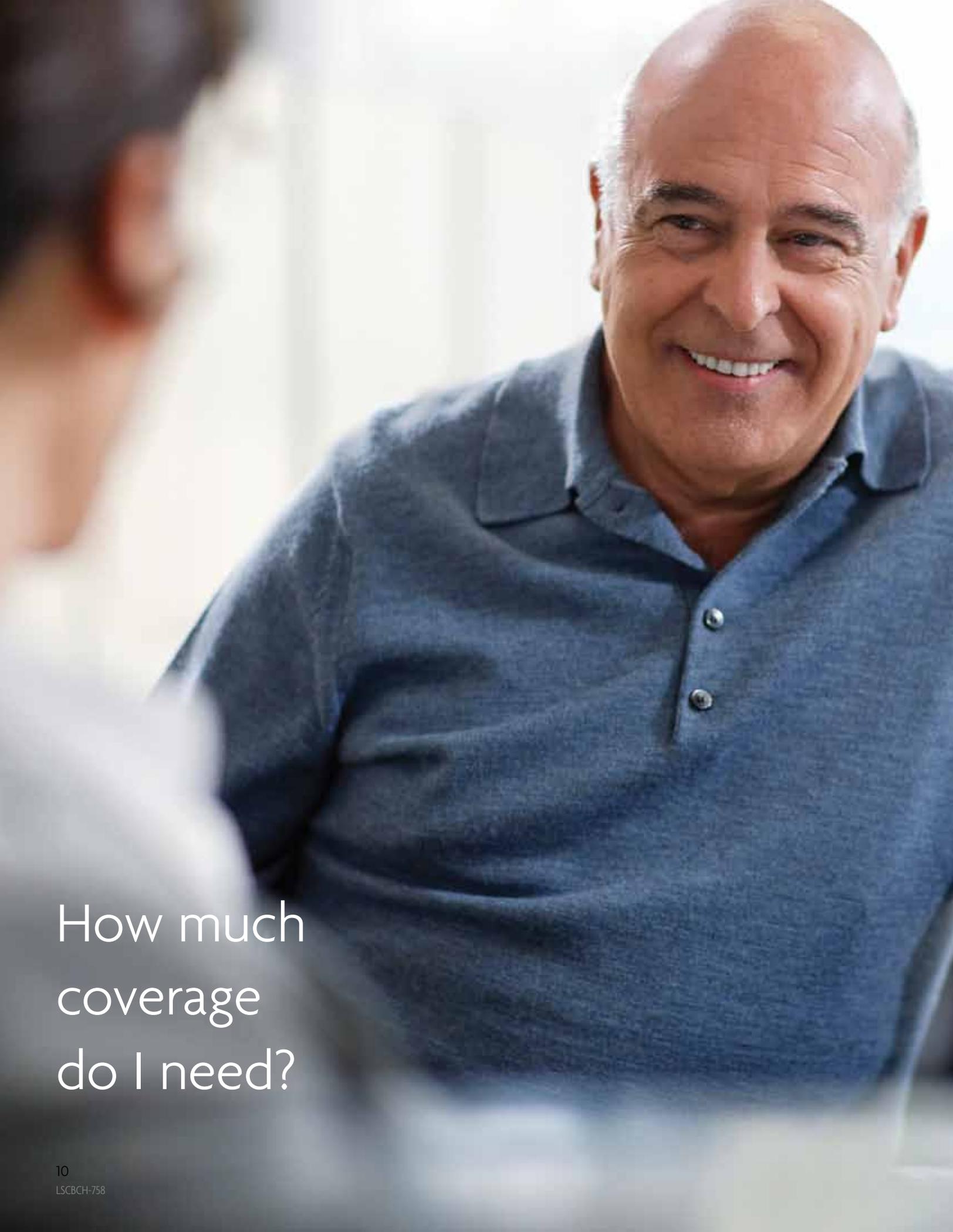
Or, if they have liquidity needs

If either of them changes their mind, the \$250,000 can be returned to each at their request.¹

This is a hypothetical example.

1. Request should be in writing prior to the commencement of claims. The amount received will be adjusted for any benefits paid and for any loans and withdrawals, and may have tax implications. The above hypothetical illustration shows: Accelerated Benefit rider—2 years; Extension of Benefits rider—4 years; and the Return of Premium provision.

Benefits may vary by age, gender (except MT), marital status (except MT) and risk class.



How much
coverage
do I need?

Determining coverage

Here are two approaches to determine what amount of coverage is right for you.

Needs-analysis approach

An estimate of how much coverage you would need daily

Care at a skilled nursing facility today:

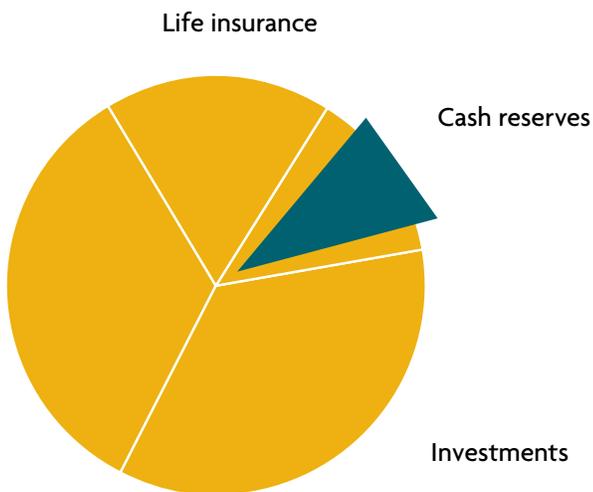
$$\begin{array}{r} \$219 \text{ per day}^1 \\ \times 5 \text{ years} \\ \hline \$400,000 \text{ not including inflation} \end{array}$$

If that is your target coverage amount, you can request a Sun Care WL single premium quote from your financial professional for that level of coverage. *To help your policy stay in step with rising health care costs in years to come, consider starting with a larger premium or electing the Inflation Protection feature.*²

Money purchase approach

Involves allocating a portion of your investments to cover some or all of your need

\$1 million investment portfolio



Reallocate a portion of assets—10% (\$100,000) cash, other investments, as the single premium amount, and then ask your financial professional what level of Sun Care WL coverage that amount will buy.

If this amount will be enough to fund long-term care, you have just repositioned 10% of your portfolio to protect the other 90%.

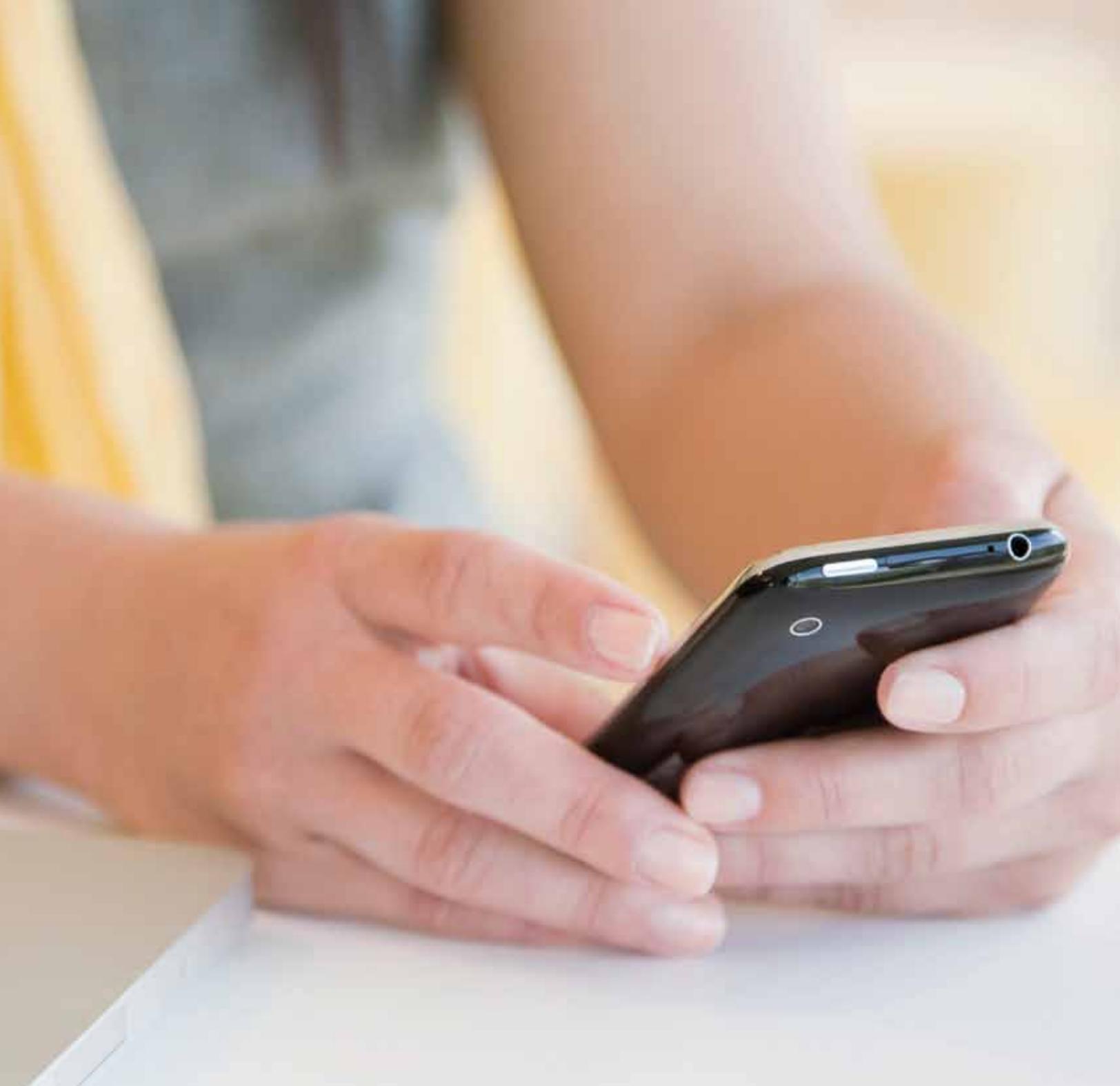
At \$80,000 a year, a long-term care event that lasts approximately 5-6 years could deplete almost half of this portfolio.

Retirement plans

Remember that Sun Care also offers a Return of Premium provision, so, if elected, the value of the single premium can be returned as well. If you decide to surrender the policy prior to the commencement of claims, you will receive back your original single premium, assuming no loans or withdrawals. A portion of the amount returned may have tax implications. Please consult your tax advisor for your particular situation.

1. The average daily cost in the United States (in 2009) for a private room in a nursing home, http://www.long-termcare.gov/LTC/Main_Site/Paying_LTC/Costs_Of_Care/Costs_Of_Care.aspx. Accessed on 7/07/10.

2. Inflation Protection rider is available at issue only for an additional charge. State variations may apply.



How do I
get started?

Sun Life Financial makes it easy to apply for Sun Care coverage. There are no medical exams or lab requirements.

Just a few simple steps:

1. Meet with your financial advisor to estimate your coverage needs and get a quote.
2. Review the pre-qualification considerations to determine whether you are eligible to apply for coverage.
3. If you believe you'll be eligible to apply, have your financial advisor complete a Request for Coverage form and identify which funds you'll use to pay for Sun Care.
4. You'll be contacted promptly for a telephone interview to complete your application.
5. Soon after, you'll receive our underwriting decision, and if approved, you'll arrange payment of the single premium policy with your advisor.
6. Sun Life will forward your Sun Care policy to your financial advisor, for delivery to you.

The riders providing long-term care benefits may not cover all the costs associated with long-term care which may be incurred by the Insured during the period of coverage. The Owner is advised to review carefully all limitations in the Policy and this rider. The receipt of accelerated benefits may be taxable, please consult with your tax advisor.

Sun Care WL Limitations and Exclusions

Product

Whole Life Insurance Policy

Elimination period

90 days in nursing home facilities (domestic and international) and assisted living facilities; 0 days for home healthcare services.

Limitations and Exclusions

A 2-year suicide and contestability provision apply (1 year in some states) to the base policy. Other contestability periods apply to the ABR and EOB riders.

LTC Benefit Coverage

To be eligible for payment under this rider, it is not sufficient for services to be only Qualified Long Term Care Services. Such services must also:

- a. be care or support services for which this rider pays benefits; and
- b. satisfy all requirements for Benefit eligibility and payment.

Limitations and Exclusions

GENERAL EXCLUSIONS AND LIMITATIONS

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- a. provided by a Family Member, unless:
 1. the Family Member is a regular employee of the organization that is providing the services; and
 2. such organization receives payment for the services; and
 3. the Family Member receives no compensation other than the normal compensation for employees in her or his job category;
- b. for which no charge is normally made in the absence of insurance;
- c. provided outside of the United States of America, its territories and possessions; except as provided in the International Coverage Benefit;
- d. provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to the Insured or the Insured's estate;
- e. arising out of the Insured's attempted suicide or an intentionally self-inflicted injury; or
- f. for the Insured's alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

Home Care Benefit

We will pay for expenses the Insured incurs for the following Covered Care:

- a. Adult Day Care Services;
- b. Nurse and Therapist Services;
- c. Home Health Aide and Personal Care Services;

- d. Homemaker Services;
- e. Chore Services; and
- f. Hospice Care.

These services must be:

- a. received in the Insured's Home, unless they are Adult Day Care Services or Hospice Care provided in a facility providing Hospice Care;
- b. necessary to enable the Insured to continue to stay safely at Home, unless the services are in a facility providing Hospice Care;
- c. necessary because the Insured alone is not able to perform them due to the Insured being a Chronically Ill Individual; and
- d. consistent with the needs addressed in the Insured's Plan of Care.

Providers of these services do not need to be affiliated with a home health care agency.

Payment Limitations: The Elimination Period does not apply to this Benefit, but any days for which Home Care Benefits are payable will be used to satisfy the Elimination Period. This Benefit will not be payable at the same time as any benefits for confinement in a Nursing Facility, Assisted Living Facility, or Out-of-Country Nursing Facility.

Assisted Living Facility Benefit

We will pay the expenses the Insured incurs for Covered Care (including room and board, but not prescription drugs) provided by an Assisted Living Facility while the Insured is confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility. No payment will be made for any service which does not facilitate the performance of an Activity of Daily Living.

An Assisted Living Facility is NOT any of the following:

- a. a clinic or hospital;
- b. a subacute care or rehabilitation hospital or unit;
- c. a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- d. a Nursing Facility;
- e. the Insured's Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- f. an adult residence establishment or environment which is substantially similar to the above.

Payment Limitations: Payment of this Benefit is subject to the Elimination Period.

Nursing Facility Benefit

We will pay for expenses the Insured incurs for Covered Care (including room and board, but not prescription drugs) provided by a Nursing Facility while the Insured is confined there as a resident inpatient. This includes expenses for:

- a. private duty nursing care; and
- b. all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility.

The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

The definition of a Nursing Facility does NOT include any of the following:

- a. a clinic or hospital;
- b. a subacute care or rehabilitation hospital or unit;
- c. a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- d. an Assisted Living Facility;
- e. the Insured's Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- f. an adult residence establishment or environment which is similar to the above.

Payment Limitations: Payment of this Benefit is subject to the Elimination Period.

International Coverage Benefit

We will pay for expenses the Insured incurs for Covered Care (including room and board, but not prescription drugs) provided by an Out-of-Country Nursing Facility while the Insured is confined there as a resident inpatient. This includes expenses for all levels of care (whether skilled, intermediate or custodial) provided by the Out-of-Country Nursing Facility. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in the Out-of-Country Nursing Facility.

Payment of this Benefit is subject to the following conditions:

- a. Payment will be in lieu of all other Benefits and reimbursement otherwise provided by this rider for expenses incurred during the period for which payment is made under this Benefit.
- b. Payment will only be made in the lawful money of the United States of America. Any foreign exchange rate will be determined by the Company.
- c. This Benefit will not be payable if it is prohibited by United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Asset Control (or its successor organization).
- d. We must receive proof, satisfactory to us, that the Insured has met all of the requirements stated in the Limitations or Conditions on Eligibility for Benefits section. We must be furnished,

at no expense to us, with complete documentation in English. Such documentation shall include, but is not limited to:

1. a Current Eligibility Certification;
2. a satisfactory Plan of Care prescribing the need for care due to the Insured's being a Chronically Ill Individual;
3. properly completed claims forms, billing statements, and supporting medical and care documentation;
4. a copy of the Insured's passport, airline ticket or other proof acceptable to us that the Insured is outside the United States of America, its territories and possessions; and
5. we may require that all of the above information be provided at reasonable intervals. We will not require this more frequently than monthly.

The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- a. a clinic or hospital;
- b. a subacute care or rehabilitation hospital or unit;
- c. a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- d. the Insured's Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- e. an adult residence establishment or environment which is substantially similar to the above.

Payment Limitations: Payment of this Benefit is subject to the Elimination Period.

Bed Reservation Benefit

We will continue to pay benefits, or give Elimination Period credit for expenses the Insured incurs for Covered Care under the Nursing Facility Benefit while the Insured:

- a. is temporarily absent during a stay in a Nursing Facility or Assisted Living Facility; and
- b. is charged to reserve the Insured's accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay or when the Insured spends holidays or other time with his or her family.

Payment Limitations: This benefit is limited to no more than 30 days (continuous or not) each calendar year. The amount payable for this benefit can not exceed 1/30th of the Maximum Monthly Benefit for each day the bed is reserved.

Respite Care Benefit

We will pay Covered Care expenses the Insured incurs for Respite Care. Respite Care means short-term care that is provided to the Insured in order to relieve the person who normally provides the Insured with unpaid informal care in the Insured's Home. The Insured's Plan of Care must state:

- a. the name of the unpaid caregiver for whom respite is being provided;

- b. the period of respite; and
- c. the Covered Care the Insured will require to replace that care normally provided by the unpaid caregiver.

Respite Care can be received in the Insured's Home, or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations: This Benefit will not be payable at the same time as any other Benefit except when the Company pays for caregiver training. This benefit is limited to no more than 30 days (continuous or not) each calendar year. The amount payable for this benefit can not exceed 1/30th of the Maximum Monthly Benefit Amount for each day of Respite Care.

Caregiver Training Benefit

We will pay Covered Care expenses the Insured incurs for training an unpaid informal caregiver to care for the Insured in the Insured's Home. All the following conditions apply to this Benefit:

- a. We will not pay to train someone who will be paid to care for the Insured.
- b. The training can be received while the Insured is confined in a hospital, Nursing Facility, or Assisted Living Facility only if it is reasonably expected that the training will make it possible for the Insured to go Home where the Insured can be cared for by the person receiving the training.

Supportive Equipment Benefit

We will pay Covered Care expenses the Insured incurs for Supportive Equipment if it is specified and provided in accordance with the Insured's Plan of Care. We will pay for expenses, including installation fees, labor and related costs, the Insured incurs for the purchase or rental of Supportive Equipment, if such equipment is:

- a. intended to assist the Insured in living at Home by relieving the Insured's need for direct physical assistance; and
- b. specified and provided in accordance with the Insured's Plan of Care stating that the equipment is expected to enable the Insured to remain at Home for at least 90 days after the date of purchase or first rental.

Supportive Equipment includes items such as the following:

- a. pumps and other devices for intravenous injection;
- b. ramps to permit movement from one level of a residence to another;
- c. grab bars to assist in toileting, bathing or showering; and
- d. stair lifts for going between levels of the Insured's Home.

Supportive Equipment does not include either: equipment that will, other than incidentally, increase the value of the residence in which it is installed; or artificial limbs, teeth, medical supplies, or equipment placed in the Insured's body, temporarily or permanently.

Non-Duplication Provision

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other government health care program or law (except Medicaid). However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period, if it applies

Hospice Care

Hospice Care does not include coverage for prescription drugs.

- ▶ Contact your financial professional today to learn more about how Sun Care WL can help you take control of your assets and your future.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

Rely on Sun Life, your partner in care

A Sun Care WL policy is backed by the strength and security of a Sun Life insurance company.¹ Our stability has consistently earned us ratings among the highest from independent rating agencies and the trust of over 20 million people worldwide.

Sun Care gives you peace of mind if there's ever a need for long-term care because it can provide dollars to pay for care. It can also allow you to free your children and relatives from the burden of care, and gives you the comfort of knowing that you or your family will benefit from Sun Care WL.

About Sun Life Financial

Sun Life Financial is a leading international financial services organization providing a diverse range of wealth accumulation and protection products and services to individuals and corporate customers. Chartered in 1865, Sun Life Financial and its partners today have operations in key markets worldwide. As of March 31, 2010, the Sun Life Financial group of companies had assets under management of US\$428 billion. Sun Life Financial Inc. trades on the New York (NYSE), Toronto (TSX), and Philippine (PSE) stock exchanges under ticker symbol SLF.

1. Whole Life products are issued by Sun Life Assurance Company of Canada (Wellesley Hills, MA) and in New York, by Sun Life Insurance and Annuity company of New York (New York, NY). Both companies are members of the Sun Life Financial group of companies. All guarantees are based on the claims-paying ability of the issuing company.



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www.sunlife.com/us

Get to know Sun Life Financial¹

We understand your need for financial independence and security throughout your life.

Count on us—and take advantage of our more than 145 years of consistent financial strength and a strong global presence.

Partner with us—and enjoy straightforward communications, simple business transactions, and timely service that addresses your needs.

Grow with us—and tap into our broad array of innovative solutions for you, your family, and your business.

As a leading provider of annuities, employee benefits, life insurance, and mutual funds, we are one of the oldest and largest financial services organizations worldwide.²

1. The Sun Life Financial group of companies operates under the “Sun Life Financial” name. Sun Life Financial Inc., the publicly traded holding company for the Sun Life Financial group of companies, is not an insurance company. In the United States and elsewhere, insurance products are offered by members of the Sun Life Financial group that are insurance companies. These insurance company subsidiaries offer products with guarantees and each company relies on its own financial strength and claims-paying ability.

2. Mutual funds are offered through MFS Investment Management.[®]

Sun Care WL, the Accelerated Benefit rider, and the Extension of Benefits rider may not all be available in some states. The Accelerated Benefit rider is automatically included with every Sun Care policy, and the Extension of Benefits rider is optional. The additional costs associated with these riders are included in the single premium. Restrictions and other coverage conditions may apply. Not all riders and features are available in all states. Please consult your Sun Life Financial representative for product details or for current state availability, or visit www.sunlife.com/us.

Sun Care WL with the Accelerated Benefit rider and/or Extension of Benefits rider is not considered long-term care insurance in some states. When the death benefit is accelerated for long-term care expenses, the death benefit is reduced dollar-for-dollar and the policy cash value is reduced proportionally off the death benefit reduction above.

For prospective policyholders in New York, this product is a life insurance policy that accelerates the death benefit for qualified long-term care services, does not qualify for the New York State Long-Term Care Partnership program, and is not a Medicare supplement policy.

The Accelerated Benefit rider has exclusions and limitations, reductions of benefits, and terms under which it may be continued in force or discontinued.

You and your financial representative should consult state-specific coverage for additional details. Sun Care WL cannot be exchanged for any other Sun Life Financial insurance product, and replacement of Sun Care WL for a different Sun Life Financial insurance product will require full underwriting.

The Sun Care WL policy could terminate when any outstanding loan debt equals or exceeds cash value and is not repaid within the specified grace period as defined in your policy. Withdrawals will not cause a policy to lapse, but they will reduce the available benefits.

Guaranteed product features are dependent on minimum premium requirements and the claims-paying ability of the issuer. Whole life insurance products are issued by Sun Life Assurance Company of Canada (Wellesley Hills, MA) and, in New York, by Sun Life Insurance and Annuity Company of New York (New York, NY). Both companies are members of the Sun Life Financial group of companies. All guarantees are based on the claims-paying ability of the issuing company.

SPWL-2010 – WL Policy
NFBR-2010 – Non-forfeiture Option
ABRLTC-2010 – Accelerated Benefit for LTC
HAE-2010 – Care Management Services Endorsement
EOBLTC-2010 – Extension of Benefits
RBR-2010 – Residual Benefit Rider
Form numbers may vary by state.

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