

SERFF Tracking Number: SUNL-127372193 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada (U.S.) State Tracking Number: 49622  
Company Tracking Number: 2011 S-COLI CONSENT - SLUS  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2011 S-COLI Consent - SLUS  
Project Name/Number: 2011 S-COLI Consent - SLUS/2011 S-COLI Consent - SLUS

## Filing at a Glance

Company: Sun Life Assurance Company of Canada (U.S.)

Product Name: 2011 S-COLI Consent - SLUS SERFF Tr Num: SUNL-127372193 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 49622  
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: 2011 S-COLI State Status: Approved-Closed  
CONSENT - SLUS

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Margaret Carvalho, James Crowley, Sandra Silcott, Thomas Miele, Christopher McAuliffe, Pat Squillacioti, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Stacy Amos

Date Submitted: 08/24/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2011 S-COLI Consent - SLUS

Status of Filing in Domicile: Pending

Project Number: 2011 S-COLI Consent - SLUS

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/29/2011

State Status Changed: 08/29/2011

Deemer Date:

Created By: Christopher McAuliffe

Submitted By: James Crowley

Corresponding Filing Tracking Number:

Filing Description:

Sun Life Assurance Company of Canada (U.S.)

NAIC # 549-79065

FEIN # 04-2461439

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Re: 2011 Consent XGI - CONSENT TO PURCHASE OF INSURANCE  
2011 SCOLI Consent XGI - CONSENT TO PURCHASE OF INSURANCE

Dear Sir or Madam:

We submit the above listed forms for your review and approval. These forms are new and not intended to replace any previously approved forms at this time. These forms are intended to comply with all laws, rules, bulletins and published guidelines applicable to these forms. They are submitted in final printed form and subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

These forms have been filed and are pending with our domiciliary state of Delaware.

2011 Consent XGI – CONSENT TO PURCHASE OF INSURANCE

Form 2011 Consent XGI is used with the Master application for corporate owned cases subject to expanded guaranteed issue, form number 2006 COLI 45/12.

2011 SCOLI Consent XGI – CONSENT TO PURCHASE OF INSURANCE

Form 2011 SCOLI Consent XGI is used with the previously approved Master application for corporate owned cases subject to expanded guaranteed issue, form number 2010 SCOLI 45/12.

Form 2011 SCOLI Consent XGI is also being filed with your Department for use by Sun Life Assurance Company of Canada as a separate filing.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

## Company and Contact

### Filing Contact Information

Jim Crowley, Compliance Consultant James.Crowley@sunlife.com  
175 Addison Road 800-451-2513 [Phone] 1310 [Ext]  
Windsor, CT 06095 860-737-6598 [FAX]

### Filing Company Information

Sun Life Assurance Company of Canada (U.S.) CoCode: 79065 State of Domicile: Delaware  
One Sun Life Executive Park Group Code: 549 Company Type:

*SERFF Tracking Number:* SUNL-127372193      *State:* Arkansas  
*Filing Company:* Sun Life Assurance Company of Canada (U.S.)      *State Tracking Number:* 49622  
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*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* 2011 S-COLI Consent - SLUS  
*Project Name/Number:* 2011 S-COLI Consent - SLUS/2011 S-COLI Consent - SLUS  
**State Filings, SC2175**      **Group Name:**      **State ID Number:**  
Wellesley Hills, MA 02481      **FEIN Number:** 04-2461439  
(800) 432-1102 ext. [Phone]

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**Filing Fees**

**Fee Required?**      Yes  
**Fee Amount:**      \$100.00  
**Retaliatory?**      No  
**Fee Explanation:**  
**Per Company:**      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada (U.S.)	\$100.00	08/24/2011	50896335

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/29/2011	08/29/2011

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## Disposition

Disposition Date: 08/29/2011

Implementation Date:

Status: Approved-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		Yes
Supporting Document	Application		Yes
Form	Consent to Purchase of Insurance		No
Form	Consent to Purchase of Insurance		No

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## Form Schedule

### Lead Form Number: 2011 Consent XGI

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2011 Consent XGI	Other	Consent to Purchase Initial of Insurance			0.000	2011 Consent XGI - 7-5-11.pdf
	2011 SCOLI Consent XGI	Other	Consent to Purchase Initial of Insurance			0.000	2011 SCOLI Consent XGI - 8-10-11.pdf



Company/Owner Name \_\_\_\_\_

The Company/Owner listed above (the "Owner") intends to purchase a life insurance policy or policies on the life of the Proposed Insured listed below. In advance of any policy issuance or material increase, the Proposed Insured will be notified in writing of the maximum total amount of insurance to be purchased at the time the policy or policies are issued.

**CONSENT TO PURCHASE OF INSURANCE**

I hereby consent to the purchase of life insurance on my life by the Company/Owner (the "Owner") listed above and in accordance with the Master Application for Corporate Life Insurance which is incorporated as part of this consent. I acknowledge that the policy or policies so purchased may remain in force after my termination of employment from the Owner. I understand that the Owner will be the owner and beneficiary of the policy or policies, and that any benefits from such life insurance are payable to the Owner. Neither I, my heirs, assignees, estate, nor administrators have any ownership or beneficial interest or rights in the policy or policies or in any policy proceeds, unless the Owner otherwise notifies the insurer.

The maximum amount of insurance that will be purchased on my life at the time the policy or policies are issued is \$\_\_\_\_\_.  
The maximum face amount of insurance that will be purchased on my life during the life of the Policy is \$\_\_\_\_\_.

*Proposed Insured Information*

- 1. Proposed Insured's Name \_\_\_\_\_ 2. Male  Female
- 3. Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 4. Age \_\_\_\_\_ 5. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**QUESTIONS**

6. During the past 3 months, has the Proposed Insured been actively at work on a full-time basis, at least 30 hours per week in a normal capacity, and not been absent for more than five consecutive days due to illness or medical treatment? YES  NO   
*If no, give details:*

\_\_\_\_\_  
\_\_\_\_\_

7. Have you used tobacco (cigarettes, cigars, chewing tobacco, pipe, etc.) or any other substance containing nicotine, including Nicorette gum, within the past twelve months? YES  NO   
*If yes, please list type and number of each product used per day:*

\_\_\_\_\_

8. In the past 10 years, has the Proposed Insured been treated for:  
Any disorder of the heart or blood vessels, tumor or cancer, diabetes, stroke, or any disorder of the blood, lungs, kidneys, drug or alcohol use, depression or been diagnosed or treated by a doctor or other medical practitioner for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (AIDS)? YES  NO   
*If yes, give details:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

I agree that all statements and answers in this consent form are true and complete to the best of my knowledge and belief. This consent form shall be attached to and form a part of any policy of insurance issued. As long as I continue to work for the Owner, the Insurer can change the Amount of Insurance in accordance with the Owner's written request to change such Amount. Each change shall be subject to the Insurer's underwriting limitations and requirements then in effect, including but not limited to my being actively at work at the time of the change.

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Sun Life Assurance Company of Canada (U.S.) is a member of the Sun Life Financial group of companies.

Company/Owner Name \_\_\_\_\_

The Company/Owner listed above (the "Owner") intends to purchase a life insurance policy or policies on the life of the Proposed Insured listed below. In advance of any policy issuance or material increase, the Proposed Insured will be notified in writing of the maximum total amount of insurance to be purchased at the time the policy or policies are issued.

**CONSENT TO PURCHASE OF INSURANCE**

I hereby consent to the purchase of life insurance on my life by the Company/Owner (the "Owner") listed above and in accordance with the Master Application for Corporate Life Insurance which is incorporated as part of this consent. I acknowledge that the policy or policies so purchased may remain in force after my termination of employment from the Owner. I understand that the Owner will be the owner and beneficiary of the policy or policies, and that any benefits from such life insurance are payable to the Owner. Neither I, my heirs, assignees, estate, nor administrators have any ownership or beneficial interest or rights in the policy or policies or in any policy proceeds, unless the Owner otherwise notifies the insurer.

The maximum amount of insurance that will be purchased on my life at the time the policy or policies are issued is \$\_\_\_\_\_. The maximum face amount of insurance that will be purchased from Sun Life Financial, by the Company/Owner noted above, on my life during the life of the policy or policies is \$\_\_\_\_\_.

*Proposed Insured Information*

1. Proposed Insured's Name \_\_\_\_\_ 2. Male  Female   
3. Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 4. Age \_\_\_\_\_ 5. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**QUESTIONS**

6. During the past 3 months, have you, the Proposed Insured, been actively at work on a full-time basis, at least 30 hours per week in a normal capacity, and not been absent for more than five consecutive days due to illness or medical treatment? YES  NO   
*If no, give details:*

\_\_\_\_\_  
\_\_\_\_\_

7. Have you, the Proposed Insured, used tobacco (cigarettes, cigars, chewing tobacco, pipe, etc.) or any other substance containing nicotine, including Nicorette gum, within the past twelve months? YES  NO   
*If yes, please list type and number of each product used per day:*

\_\_\_\_\_

8. In the past 10 years, have you, the Proposed Insured, been treated for:  
Any disorder of the heart or blood vessels, tumor or cancer, diabetes, stroke, or any disorder of the blood, lungs, kidneys, drug or alcohol use, depression or been diagnosed or treated by a doctor or other medical practitioner for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (AIDS)? YES  NO   
*If yes, give details:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **AGREEMENT**

I agree that all statements and answers in this consent form are true and complete to the best of my knowledge and belief. This consent form shall be attached to and form a part of any policy of insurance issued. As long as I continue to work for the Owner, the Insurer can change the Amount of Insurance in accordance with the Owner's written request to change such Amount. Each change shall be subject to the Insurer's underwriting limitations and requirements then in effect, including but not limited to my being actively at work at the time of the change.

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Sun Life Assurance Company of Canada and Sun Life Assurance Company of Canada (U.S.) are both members of the Sun Life Financial group of companies.

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> These forms are used with products regulated as a security by the Securities and Exchange Commission (SEC) which is not subject to readability requirements.		

### Comments:

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Please see forms schedule. This is not a policy filing.		
<b>Comments:</b>		