

SERFF Tracking Number: SNLF-128096462 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
Company Tracking Number: 2012 VSTD & VLTD  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: VSTD & VLTD  
Project Name/Number: 2012 VSTD & VLTD/

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: VSTD & VLTD SERFF Tr Num: SNLF-128096462 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: 2012 VSTD & VLTD State Status: Approved-Closed  
Long Term

Filing Type: Form

Reviewer(s): Rosalind Minor

Disposition Date: 02/22/2012

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

Date Submitted: 02/22/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 2012 VSTD & VLTD

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 02/22/2012

State Status Changed: 02/22/2012

Created By: Lori Chilcote

Corresponding Filing Tracking Number:

Filing Description:

RE: SUN LIFE ASSURANCE COMPANY OF CANADA NAIC # 549-80802; FEIN 38-1082080

Group Short-Term and Long-Term Disability Income Forms:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Lori Chilcote

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LTD Portability Policy Rider Form 09P-LH-LTD PORT (11)  
LTD Portability Certificate Rider Form 09C-LH-LTD PORT (11)  
STD Portability Policy Rider Form 09P-LH-STD PORT (11)  
STD Portability Certificate Rider Form 09C-LH-STD PORT (11)  
LTD Policy Endorsement Form 93P-LH-LTD.CHOICE  
LTD Certificate Endorsement Form 93C-LH-LTD.CHOICE  
STD Policy Endorsement Form 93P-LH-STD.CHOICE  
STD Certificate Endorsement Form 93C-LH-STD.CHOICE

Dear Sir or Madam:

We are submitting the above forms for your review and approval. These forms are new and do not replace any forms currently on file with your Department. Rates are not affected by this filing.

These forms will be use with our Policy and Certificate forms 93P-LH and 93C-LH which were previously approved by your Department on January 13, 1993.

These forms provide additional benefit design features of Portability, Waiver of Premium and Limited Pre-Existing Condition Benefit. Any items intended to be variable are bracketed. Please find enclosed an Explanation of Variable Material.

The forms are submitted in final print format, subject only to minor variations in color, paper stock, duplexing, shading, fonts and positioning.

These forms have been submitted to Michigan, the domicile of Sun Life Assurance Company of Canada, and are pending approval. We can notify you when we receive approval, if required.

We request your approval of the enclosed forms. Please contact me if you have any questions.

Sincerely,

Margaret Carvalho  
860-737-1278  
margaret.carvalho@sunlife.com

SERFF Tracking Number: SNLF-128096462 State: Arkansas  
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 Product Name: VSTD & VLTD  
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## Company and Contact

### Filing Contact Information

Margaret Carvalho, Compliance Consultant Margaret.Carvalho@sunlife.com  
 175 Addison Road 860-737-1278 [Phone] 1278 [Ext]  
 W455 860-737-6598 [FAX]  
 Windsor, CT 06095

### Filing Company Information

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

Fee Required? Yes  
 Fee Amount: \$400.00  
 Retaliatory? No  
 Fee Explanation: \$50/form x 8 = \$400  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$400.00	02/22/2012	56543398

SERFF Tracking Number: SNLF-128096462 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/22/2012	02/22/2012

*SERFF Tracking Number:* SNLF-128096462 *State:* Arkansas  
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*TOI:* H11G Group Health - Disability Income *Sub-TOI:* H11G.005 Combined Short Term and Long Term  
*Product Name:* VSTD & VLTD  
*Project Name/Number:* 2012 VSTD & VLTD/

## **Disposition**

Disposition Date: 02/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SNLF-128096462 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes

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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 02/22/2012	09P-LH-LTD PORT (11)	Policy/Cont ract/Fratern al	Policy Form	Initial		53.700	09P-LH-LTDPORT (11).pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 02/22/2012	09P-LH-STD PORT (11)	Policy/Cont ract/Fratern al	Policy Form	Initial		52.700	09P-LH-STDPORT (11).pdf
		Certificate					
Approved-Closed 02/22/2012	93P-LH-LTD.CHOI CE	Policy/Cont ract/Fratern al	Policy Form	Initial		56.200	93P-LH-LTD.CHOICE. pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 02/22/2012	93P-LH-STD.CHOI CE	Policy/Cont ract/Fratern al	Policy Form	Initial		60.200	93P-LH-STD.CHOICE .pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

<i>SERFF Tracking Number:</i>	<i>SNLF-128096462</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>Company Tracking Number:</i>	<i>2012 VSTD &amp; VLTD</i>				
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>		
<i>Product Name:</i>	<i>VSTD &amp; VLTD</i>				
<i>Project Name/Number:</i>	<i>2012 VSTD &amp; VLTD/</i>				
Approved- 09C-LH- Closed LTD PORT 02/22/2012 (11)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial	53.300	09C-LH- LTDPORT (11).pdf
Approved- 09C-LH- Closed STD PORT 02/22/2012 (11)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial	55.000	09C-LH- STDPORT (11).pdf
Approved- 93C-LH- Closed LTD.CHOI 02/22/2012 CE	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial	55.000	93C-LH- LTD.CHOICE. pdf
Approved- 93C-LH- Closed STD.CHOI 02/22/2012 CE	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial	58.800	93C-LH- STD.CHOICE .pdf

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PORTABILITY RIDER**

**This Rider is made part of Group Policy No. <sup>1</sup>[12345] and is effective as of <sup>2</sup>[the Policy Effective Date.] It is subject to all of the terms and conditions of the Group Policy unless stated otherwise in this Rider.**

<sup>21</sup>[Salaried Employees]

**LTD Portability**

**Benefit**

An Employee may elect to continue LTD Insurance for up to <sup>3</sup>[1 - 60 months] if all of the following requirements are met:

- the Employee has been insured under the Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy with Sun Life <sup>17</sup>[or the prior insurer] for at least <sup>5</sup>[1 - 24 consecutive months];
- the Employee's Long Term Disability Insurance ceases because the Employee voluntarily terminates employment for reasons other than leave of absence, labor strike, retirement, Sickness or Injury;
- <sup>6</sup>[- the Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy is still in force;]
- the Employee is under age <sup>18</sup>[65] at the time employment terminates;
- the Employee is not Totally <sup>7</sup>[or Partially] Disabled on the date employment terminates;
- <sup>8</sup>[- the Employee is not covered under any other individual, group or employer sponsored LTD plan.]

<sup>20</sup>[Portable LTD coverage may not be identical to coverage under the Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy.]

**Application for Portable LTD Insurance**

The Employee must complete an application for Portable LTD Insurance, and send it, with payment of the first premium, to Sun Life within <sup>9</sup>[31 - 91 days] of the date the Employee's LTD Insurance terminates. The application is available from the Employer.

**Amount of Portable LTD Insurance**

The Employee may apply for Portable LTD Insurance in an amount equal to <sup>10</sup>[20% - 100%] of the amount of <sup>4</sup>[Voluntary] LTD coverage in force on the date the Employee's insurance terminates. The Employee's Elimination Period will remain the same as the Employee had under the Employer's Group Policy. However, the <sup>11</sup>[Monthly Benefit Percentage, Monthly Benefit Amount and Maximum Monthly Benefit] will be <sup>10</sup>[20% - 100%] of what the Employee had under the Employer's Group Policy. The Maximum Benefit Duration under the Portable plan is the lesser of the Employee's Maximum Benefit Duration under the Employer's Group Policy or <sup>12</sup>[1 - 60 months].

**When Portable LTD Insurance Starts**

The Employee's Portable LTD Insurance will start on the day after the Employee's LTD Insurance under the Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy terminates provided Sun Life:

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PORTABILITY RIDER**

- approves the Employee's application; and
- receives the Employee's first premium payment.

The premium rate for the Portable LTD Insurance will be <sup>13</sup>[the same as the premium rate for the Group <sup>4</sup>[Voluntary] LTD] <sup>14</sup>[the current premium rate Sun Life charges for the standard class of risk and age to which the Employee belongs under the Portable Group LTD Policy] and after the first premium payment will be billed directly to the Employee.

**Termination of Portable LTD Insurance**

The Employee's Portable LTD Insurance will terminate on the earliest of:

- the end of the <sup>9</sup>[31 – 91 day] grace period after a premium due date, if premium is not paid;
- the date the Employee reaches age <sup>19</sup>[65];
- the date the Employee becomes a full-time member of the armed forces of any country;
- the date the Employee retires;
- the end of the <sup>3</sup>[1 - 60 months] during which the Employee's insurance was continued;
- <sup>6</sup>[- the end of the Employee's Maximum Benefit Duration or <sup>12</sup>[1 – 60 months], whichever occurs first;]
- <sup>8</sup>[- the date the Employee becomes covered under any other individual, group or employer sponsored LTD plan;]
- <sup>6</sup>[- The end of <sup>15</sup>[1 - 24 months] from the effective date of the Portable LTD Coverage if the Employee is not an active full-time employee.]

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>16</sup>[Dean A. Connor, President and Chief Executive Officer]

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PORTABILITY RIDER**

**This Rider is made part of Group Policy No. <sup>1</sup>[12345] and is effective as of <sup>2</sup>[the Policy Effective Date.] It is subject to all of the terms and conditions of the Group Policy unless stated otherwise in this Rider.**

<sup>21</sup>[Salaried Employees]

**STD Portability**

An Employee may elect to continue STD Insurance for up to <sup>3</sup>[1 - 60 months] if all of the following requirements are met:

- the Employee has been insured under the Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy with Sun Life <sup>17</sup>[or the prior insurer] for at least <sup>5</sup>[1 - 24 consecutive months];
- the Employee's Short Term Disability Insurance ceases because the Employee voluntarily terminates employment for reasons other than leave of absence, labor strike, retirement, Sickness or Injury;
- <sup>6</sup>[- the Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy is still in force;]
- the Employee is under age <sup>18</sup>[65] at the time employment terminates;
- the Employee is not Totally <sup>7</sup>[or Partially] Disabled on the date employment terminates;
- <sup>8</sup>[- the Employee is not covered under any other individual, group or employer sponsored STD plan.]

<sup>20</sup>[Portable STD coverage may not be identical to coverage under the Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy.]

**Application for Portable STD Insurance**

The Employee must complete an application for Portable STD Insurance, and send it, with payment of the first premium, to Sun Life within <sup>9</sup>[31 – 91 days] of the date the Employee's STD Insurance terminates. The application is available from the Employer.

**Amount of Portable STD Insurance**

The Employee may apply for Portable STD Insurance in an amount equal to <sup>10</sup>[20% - 100%] of the amount of <sup>4</sup>[Voluntary] STD coverage in force on the date the Employee's insurance terminates. The Employee's Elimination Period will remain the same as the Employee had under the Employer's Group Policy. However, the <sup>11</sup>[Weekly Benefit Percentage, Weekly Benefit Amount and Maximum Weekly Benefit] will be <sup>10</sup>[20% - 100%] of what the Employee had under the Employer's Group Policy. The Maximum Benefit Duration under the Portable plan is the lesser of the Employee's Maximum Benefit Duration under the Employer's Group Policy or <sup>12</sup>[1 - 104 weeks].

**When Portable STD Insurance Starts**

The Employee's Insurance will start on the day after the Employee's STD Insurance under the Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy terminates provided Sun Life:

- approves the Employee's application; and

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PORTABILITY RIDER**

- receives the Employee's first premium payment.

The premium rate for the Portable STD Insurance will be <sup>13</sup>[the same as the premium rate for the Group <sup>4</sup>[Voluntary] STD] <sup>14</sup>[the current premium rate Sun Life charges for the standard class of risk and age to which the Employee belongs under the Portable Group STD Policy] and after the first premium payment will be billed directly to the Employee.

**Termination of Portable STD Insurance**

The Employee's Portable STD Insurance will terminate on the earliest of the following to occur:

- the end of the <sup>9</sup>[31 - 91 day] grace period after a premium due date, if premium is not paid;
- the date the Employee reaches age <sup>19</sup>[65];
- the date the Employee becomes a full-time member of the armed forces of any country;
- the date the Employee retires;
- the end of the <sup>3</sup>[1 - 60 months] during which your insurance was continued;
- <sup>6</sup>[- the end of the Employee's Maximum Benefit Duration or <sup>12</sup>[1 - 104 weeks], whichever occurs first;]
- <sup>8</sup>[- the date the Employee becomes covered under any other individual, group or employer sponsored STD plan;]
- <sup>6</sup>[- the end of <sup>15</sup>[1 - 24 months] from the effective date of the Portable STD Insurance if the Employee is not an active full-time employee.]

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>16</sup>[Dean A. Connor, President and Chief Executive Officer]

**SUN LIFE ASSURANCE COMPANY OF CANADA  
LONG TERM DISABILITY ENDORSEMENT**

**This Endorsement is made part of Group Policy No. <sup>1</sup>[12345] and is effective as of <sup>2</sup>[the Policy Effective Date.] It is subject to all of the terms and conditions of the Group Policy unless stated otherwise in this Endorsement.**

<sup>13</sup>[Salaried Employees]

The following provision is added to the section of the Group Policy titled Benefit Provisions.

**Pre-existing Condition Limited Benefit**

Notwithstanding the exclusion for a Pre-Existing Condition in the Policy, a limited LTD benefit is payable if the Employee's Total <sup>4</sup>[or Partial] Disability is caused by or results from a Pre-Existing Condition.

The limited LTD benefit is:

- <sup>5</sup>[20%-100%] of Total Monthly Earnings less Other Income Benefits;
- not to exceed <sup>6</sup>[\$1 - \$50,000 per month];
- payable for <sup>7</sup>[the lesser of] <sup>8</sup>[1-60 months] of LTD benefit payments or the Maximum Benefit Duration.

Thereafter, <sup>9</sup>[no further LTD Benefit is payable].

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>12</sup>[Dean A. Connor, President and Chief Executive Officer]

**SUN LIFE ASSURANCE COMPANY OF CANADA  
SHORT TERM DISABILITY ENDORSEMENT**

**This Endorsement is made part of Group Policy No. <sup>1</sup>[12345] and is effective as of <sup>2</sup>[the Policy Effective Date.] It is subject to all of the terms and conditions of the Group Policy unless stated otherwise in this Endorsement.**

<sup>13</sup>[Salaried Employees]

The following provision is added to the section of the Group Policy titled Benefit Provisions.

**Pre-existing Condition Limited Benefit**

Notwithstanding the exclusion for a Pre-Existing Condition in the Policy, a limited STD benefit is payable if the Employee's Total <sup>4</sup>[or Partial] Disability is caused by or results from a Pre-Existing Condition.

The limited STD benefit is:

- <sup>5</sup>[20%-100%] of Total Weekly Earnings less Other Income Benefits;
- not to exceed <sup>6</sup>[\$1 - \$10,000 per week];
- payable for <sup>7</sup>[the lesser of] <sup>8</sup>[3-104 weeks] of STD benefit payments or the Maximum Benefit Duration.

Thereafter, <sup>9</sup>[no further STD Benefit is payable].

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>12</sup>[Dean A. Connor, President and Chief Executive Officer]

## SUN LIFE ASSURANCE COMPANY OF CANADA PORTABILITY RIDER

**This Rider is made part of the booklet (Certificate) to which it is attached and is effective as of <sup>2</sup>[March 1, 2012]. It is subject to all of the terms and conditions of the booklet (Certificate) unless stated otherwise in this Rider.**

<sup>21</sup>[Salaried Employees]

### **What is the LTD Portability option?**

You may elect to continue LTD Insurance for up to <sup>3</sup>[1 - 60 months] if you meet all of the following requirements:

- you have been continuously insured under your Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy with Sun Life <sup>17</sup>[or the prior insurer] for at least <sup>5</sup>[1 - 24 consecutive months];
- your Long Term Disability Insurance ceases because you voluntarily terminate employment for reasons other than leave of absence, labor strike, retirement, Sickness or Injury;
- <sup>6</sup>[- your Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy is still in force;]
- you are under age <sup>18</sup>[65] at the time employment terminates;
- you are not Totally <sup>7</sup>[or Partially] Disabled on the date employment terminates;
- <sup>8</sup>[- you are not covered under any other individual, group or employer sponsored LTD plan.]

<sup>20</sup>[Portable LTD coverage may not be identical to coverage under your Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy.]

### **How do I apply for Portable LTD Insurance?**

You must complete an application for Portable LTD Insurance, and send it, with payment of the first premium, to Sun Life within <sup>9</sup>[31 – 91 days] of the date your LTD Insurance terminates. The application is available from your Employer.

### **What is the amount of my Portable LTD Insurance?**

You may apply for Portable LTD Insurance in an amount equal to <sup>10</sup>[20% - 100%] of the amount of <sup>4</sup>[Voluntary] LTD coverage in force on the date your insurance terminates. Your Elimination Period will remain the same as you had under your Employer's Group Policy. However, the <sup>11</sup>[Monthly Benefit Percentage, Monthly Benefit Amount and Maximum Monthly Benefit] will be <sup>10</sup>[20% - 100%] of what you had under your Employer's Group Policy. The Maximum Benefit Duration under the Portable plan is the lesser of your Maximum Benefit Duration under your Employer's Group Policy or <sup>12</sup>[1 - 60 months].

### **When does my Portable LTD Insurance start?**

Your Portable LTD Insurance will start on the day after your LTD insurance under your Employer's Group <sup>4</sup>[Voluntary] Long Term Disability Insurance Policy terminates provided Sun Life:

- approves your application; and
- receives your first premium payment.

The premium rate for the Portable LTD Insurance will be <sup>13</sup>[the same as the premium rate for the Group <sup>4</sup>[Voluntary] LTD] <sup>14</sup>[the current premium rate Sun Life charges for the standard class of risk and age to which you belong under the Portable Group LTD Policy] and after the first premium payment will be billed directly to you.

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PORTABILITY RIDER**

**When does my Portable LTD Insurance terminate?**

Your Portable LTD Insurance will terminate on the earliest of the following to occur:

- the end of the <sup>9</sup>[31 - 91 day] grace period after a premium due date, if premium is not paid;
- the date you reach age <sup>19</sup>[65];
- the date you become a full-time member of the armed forces of any country;
- the date you retire;
- the end of the <sup>3</sup>[1 - 60 months] during which your insurance was continued;
- <sup>6</sup>[- the end of your Maximum Benefit Duration or <sup>12</sup>[1 - 60 months], whichever occurs first;]
- <sup>8</sup>[- the date you become covered under any other individual, group or employer sponsored LTD plan.]
- <sup>6</sup>[- The end of <sup>15</sup>[1 - 24 months] from the effective date of the Portable LTD Insurance if you are not an active full-time employee.]

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>16</sup>[Dean A. Connor, President and Chief Executive Officer]

## SUN LIFE ASSURANCE COMPANY OF CANADA PORTABILITY RIDER

**This Rider is made part of the booklet (Certificate) to which it is attached and is effective as of <sup>2</sup>[March 1, 2012.] It is subject to all of the terms and conditions of the booklet (Certificate) unless stated otherwise in this Rider.**

<sup>21</sup>[Salaried Employees]

### **What is the STD Portability option?**

You may elect to continue STD Insurance for up to <sup>3</sup>[1 - 60 months] if you meet all of the following requirements:

- you have been continuously insured under your Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy with Sun Life <sup>17</sup>[or the prior insurer] for at least <sup>5</sup>[1 - 24 consecutive months];
- your Short Term Disability Insurance ceases because you voluntarily terminate employment for reasons other than leave of absence, labor strike, retirement, Sickness or Injury;
- <sup>6</sup>[- your Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy is still in force;]
- you are under age <sup>18</sup>[65] at the time employment terminates;
- you are not Totally <sup>7</sup>[or Partially] Disabled on the date employment terminates;
- <sup>8</sup>[- you are not covered under any other individual, group or employer sponsored STD plan.]

<sup>20</sup>[Portable STD coverage may not be identical to coverage under your Employer's Group <sup>4</sup>[Voluntary] Short Term Disability Insurance Policy.]

### **How do I apply for Portable STD Insurance?**

You must complete an application for Portable STD Insurance, and send it, with payment of the first premium, to Sun Life within <sup>9</sup>[31 – 91 days] of the date your STD Insurance terminates. The application is available from your Employer.

### **What is the amount of my Portable STD Insurance?**

You may apply for Portable STD Insurance in an amount equal to <sup>10</sup>[20% - 100%] of the amount of <sup>4</sup>[Voluntary] STD coverage in force on the date your insurance terminates. Your Elimination Period will remain the same as you had under your Employer's Group Policy. However, the <sup>11</sup>[Weekly Benefit Percentage, Weekly Benefit Amount and Maximum Weekly Benefit] will be <sup>10</sup>[20% - 100%] of what you had under your Employer's Group Policy. The Maximum Benefit Duration under the Portable plan is the lesser of your Maximum Benefit Duration under your Employer's Group Policy or <sup>12</sup>[1 - 104 weeks].

### **When does my Portable STD Insurance start?**

Your Portable STD Insurance will start on the day after your STD insurance under your Employer's Group <sup>5</sup>[Voluntary] Short Term Disability Insurance Policy terminates provided Sun Life:

- approves your application; and
- receives your first premium payment.

The premium rate for the Portable STD Insurance will be <sup>13</sup>[the same as the premium rate for the Group <sup>4</sup>[Voluntary] STD] <sup>14</sup>[the current premium rate Sun Life charges for the standard class of risk and age to which you belong under the Portable Group STD Policy] and after the first premium payment will be billed directly to you.

**SUN LIFE ASSURANCE COMPANY OF CANADA  
PORTABILITY RIDER**

**When does my Portable STD Insurance terminate?**

Your Portable STD Insurance will terminate on the earliest of the following to occur:

- the end of the <sup>9</sup>[31 - 91 day] grace period after a premium due date, if premium is not paid;
- the date you reach age <sup>19</sup>[65];
- the date you become a full-time member of the armed forces of any country;
- the date you retire;
- the end of the <sup>3</sup>[1 - 60 months] during which your insurance was continued;
- <sup>6</sup>[- the end of your Maximum Benefit Duration or <sup>12</sup>[1 - 104 weeks], whichever occurs first;]
- <sup>8</sup>[- the date you become covered under any other individual, group or employer sponsored STD plan;]
- <sup>6</sup>[- the end of <sup>15</sup>[1 - 24 months] from the effective date of your Portable STD Insurance if you are not an active full-time employee.]

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>16</sup>[Dean A. Connor, President and Chief Executive Officer]

**SUN LIFE ASSURANCE COMPANY OF CANADA  
LONG TERM DISABILITY ENDORSEMENT**

**This Endorsement is made part of the booklet (Certificate) to which it is attached and is effective as of <sup>2</sup>[March 1, 2012.] It is subject to all of the terms and conditions of the booklet (Certificate) unless stated otherwise in this Endorsement.**

<sup>13</sup>[Salaried Employees]

The following <sup>14</sup>[provisions are] added to the section of the booklet (Certificate) titled Benefit Provisions.

**<sup>3</sup>[Is a limited benefit payable for Total <sup>4</sup>[or Partial] Disability due to a Pre-existing Condition?**

Notwithstanding the exclusion for a Pre-Existing Condition in the booklet (Certificate), a limited LTD benefit is payable if Total <sup>4</sup>[or Partial] Disability is caused by or results from a Pre-Existing Condition.

The limited LTD benefit is:

- <sup>5</sup>[20%-100%] of Total Monthly Earnings less Other Income Benefits;
- not to exceed <sup>6</sup>[\$1 - \$50,000 per month];
- payable for <sup>7</sup>[the lesser of] <sup>8</sup>[1-60 months]of LTD benefit payments or the Maximum Benefit Duration.

Thereafter, <sup>9</sup>[no further LTD Benefit is payable].

**<sup>10</sup>[Am I required to pay premiums for LTD coverage during a period of Total <sup>4</sup>[or Partial] Disability?**

Premiums for LTD coverage while you are Totally <sup>4</sup>[or Partially] Disabled are waived <sup>11</sup>[during any period LTD benefits are payable]. If the Policy is in force when your Total <sup>4</sup>[or Partial] Disability ends, you will remain insured if you return to an Actively at Work status in an Eligible Class and premiums for you are paid.]

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>12</sup>[Dean A. Connor, President and Chief Executive Officer]

**SUN LIFE ASSURANCE COMPANY OF CANADA  
SHORT TERM DISABILITY ENDORSEMENT**

**This Endorsement is made part of the booklet (Certificate) to which it is attached and is effective as of <sup>2</sup>[March 1, 2012.] It is subject to all of the terms and conditions of the booklet (Certificate) unless stated otherwise in this Endorsement.**

<sup>13</sup>[Salaried Employees]

The following <sup>14</sup>[provisions are] added to the section of the booklet (Certificate) titled Benefit Provisions.

**<sup>3</sup>[Is a limited benefit payable for Total <sup>4</sup>[or Partial] Disability due to a Pre-existing Condition?**

Notwithstanding the exclusion for a Pre-Existing Condition in the booklet (Certificate), a limited STD benefit is payable if Total <sup>4</sup>[or Partial] Disability is caused by or results from a Pre-Existing Condition.

The limited STD benefit is:

- <sup>5</sup>[20%-100%] of Total Weekly Earnings less Other Income Benefits;
- not to exceed <sup>6</sup>[\$1 - \$10,000 per week];
- payable for <sup>7</sup>[the lesser of] <sup>8</sup>[3-104 weeks]of STD benefit payments or the Maximum Benefit Duration.

Thereafter, <sup>9</sup>[no further STD Benefit is payable].

**<sup>10</sup>[Am I required to pay premiums for STD coverage during a period of Total <sup>4</sup>[or Partial] Disability?**

Premiums for STD coverage while you are Totally <sup>4</sup>[or Partially] Disabled are waived <sup>11</sup>[during any period STD benefits are payable]. If the Policy is in force when your Total <sup>4</sup>[or Partial] Disability ends, you will remain insured if you return to an Actively at Work status in an Eligible Class and premiums for you are paid.]

**SUN LIFE ASSURANCE COMPANY OF CANADA**



<sup>12</sup>[Dean A. Connor, President and Chief Executive Officer]

<i>SERFF Tracking Number:</i>	<i>SNLF-128096462</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>Company Tracking Number:</i>	<i>2012 VSTD &amp; VLTD</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>VSTD &amp; VLTD</i>		
<i>Project Name/Number:</i>	<i>2012 VSTD &amp; VLTD/</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 Cert SLOC.pdf	Approved-Closed	02/22/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>	Approved-Closed	02/22/2012

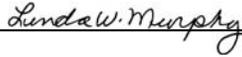
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variables <b>Comments:</b> <b>Attachment:</b> Explanation of Variability.pdf	Approved-Closed	02/22/2012

## 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>
93P-LH-STD.CHOICE	60.2
93C-LH-STD.CHOICE	58.8
93P-LH-LTD.CHOICE	56.2
93C-LH-LTD.CHOICE	55.0
09P-LH-STD PORT (11)	52.7
09C-LH-STD PORT (11)	55.0
09P-LH-LTD PORT (11)	53.7
09C-LH-LTD PORT (11)	53.3

### SUN LIFE ASSURANCE COMPANY OF CANADA



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Linda W. Murphy  
Associate Director, State Filing

**SUN LIFE ASSURANCE COMPANY OF CANADA**  
**Explanation of Variability**

Variables in the forms are identified by brackets [ ]. The brackets are numbered to correspond to the number on the Explanation of Variability for each form. Consistent with our standard procedure, all riders may include a class description which is variable per policyholder's plan design.

**Certificate Endorsement Form 93C-LH-STD.CHOICE**  
**Policy Endorsement Form 93P-LH-STD.CHOICE**

Variable No.	Explanation of Variable
1	Policy number will vary per policyholder.
2	Policy Effective Date may be replaced with an actual date.
3	Pre-existing Condition Limited Benefit may be removed in its entirety.
4	"Partial" will appear only if benefit applies to partial disability benefits.
5	Varies from 20% - 100% in 5% increments including 33.33% and 66.67%.
6	Dollar amount varies from \$1 to \$10,000 in single dollar increments.
7	Optional plan design feature. Text reading "the lesser of" may be removed or included.
8	Varies from 3 - 104 weeks in weekly increments.
9	Text reading "No further STD benefit is payable" may be replaced with "the STD benefit will be paid in the same manner as if the Employee's Total or Partial Disability were not caused by or the result of a Pre-Existing Condition."
10	Waiver of Premium is optional per employer or policyholder.
11	This phrase may be replaced with "on the first of the month following the end of your Elimination Period", an earlier date, or a later date including but not limited to "after 30, 60, 90 or 120, days".
12	Will vary to reflect future change.
13	Description to whom rider applies may be included. Description will vary per policyholder's plan design.
14	Will read "provision is" if only one item appears.

**Certificate Rider Form 09C-LH-STDPORT (11)**  
**Policy Rider Form 09P-LH-STDPORT (11)**

Variable No.	Explanation of Variable
1	Policy number will vary per policyholder.
2	Policy Effective Date may be replaced with an actual date.
3	Varies from 1 – 60 months in monthly increments.
4	The term "Voluntary" may or may not be included, or may be changed to "optional" or a similar term.
5	Varies from 1– 24 consecutive months in monthly increments. May remove "consecutive".
6	Optional plan design feature. Item may be included or deleted.
7	"Partially" will appear only if benefit applies to partial disability benefits.
8	Optional plan design feature. Item may be included, deleted or changed to remove "individual" and/or "group" and/or "employer sponsored" plan(s).
9	Varies from 31 – 91 days in day increments
10	Varies from 20% - 100% in 5% increments including 33.33% and 66.67%. May show multiple percentage amounts.
11	May include any combination of these terms, based on plan design.
12	Varies from 1 - 52 weeks in weekly increments, and 104 weeks option.
13	Included if the premium for the ported coverage will be the same as the premium under the Group Voluntary plan.
14	Included if the portability rate is based on Sun Life's current rate.
15	Varies from 1 – 24 months in monthly increments.
16	Will vary to reflect future change.
17	Optional plan design feature. Text may be included or deleted.
18	Age varies from 60-99 in year increments.

## SUN LIFE ASSURANCE COMPANY OF CANADA

### Explanation of Variability

19	Age varies from 65-99 in year increments.
20	Sentence will be removed if portable coverage is identical to coverage under the employer's group plan.
21	Description to whom rider applies may be included. Description will vary per policyholder's plan design.

### Certificate Endorsement Form 93C-LH-LTD.CHOICE Policy Endorsement Form 93P-LH-LTD.CHOICE

Variable No.	Explanation of Variable
1	Policy number will vary per policyholder.
2	Policy Effective Date may be replaced with an actual date.
3	Pre-existing Condition Limited Benefit may be removed in its entirety.
4	"Partial" will appear only if benefit applies to partial disability benefits.
5	Varies from 20% - 100% in 5% increments including 33.33% and 66.67%.
6	Dollar amount varies from \$1 to \$50,000 in single dollar increments.
7	Optional plan design feature. Text reading "the lesser of" may be removed or included.
8	Varies from 1 - 60 months in monthly increments.
9	Text reading "No further LTD benefit is payable" may be replaced with "the LTD benefit will be paid in the same manner as if the Employee's Total or Partial Disability were not caused by or the result of a Pre-Existing Condition."
10	Waiver of Premium is optional per employer or policyholder.
11	This phrase may be replaced with "on the first of the month following the end of your Elimination Period" or an earlier or later date.
12	Will vary to reflect future change.
13	Description to whom rider applies may be included. Description will vary per policyholder's plan design.
14	Will read "provision is" if only one item appears.

### Certificate Endorsement Form 09C-LH-LTDPORT (11) Policy Endorsement Form 09P-LH-LTDPORT (11)

Variable No.	Explanation of Variable
1	Policy number will vary per policyholder.
2	Policy Effective Date may be replaced with an actual date.
3	Varies from 1 – 60 months in monthly increments.
4	The term "Voluntary" may or may not be included, or may be changed to "optional" or a similar term.
5	Varies from 1 – 24 consecutive months in monthly increments. May remove "consecutive".
6	Optional plan design feature. Item may be included or deleted.
7	"Partially" will appear only if benefit applies to partial disability benefits.
8	Optional plan design feature. Item may be included, deleted or changed to remove "individual" and/or "group" and/or "employer sponsored" plan(s).
9	Varies from 31 – 91 days in day increments.
10	Varies from 20% - 100% in 5% increments including 33.33% and 66.67%. May show multiple percentage amounts.
11	May include any combination of these terms, based on plan design.
12	Varies from 1-60 months in monthly increments.
13	Included if the premium for the ported coverage will be the same as the premium under the Group Voluntary plan.
14	Included if the portability rate is based on Sun Life's current rate.
15	Varies from 1 – 24 months in monthly increments.
16	Will vary to reflect future change.
17	Optional plan design feature. Text may be included or deleted.
18	Age varies from 60-99 in year increments.
19	Age varies from 65-99 in year increments.
20	Sentence will be removed if portable coverage is identical to coverage under the employer's

**SUN LIFE ASSURANCE COMPANY OF CANADA**  
**Explanation of Variability**

	group plan.
21	Description to whom rider applies may be included. Description will vary per policyholder's plan design.