

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
Company Tracking Number: AMR RIDER  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: Group Dental  
Project Name/Number: AMR Rider/

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group Dental

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: SNLF-128441700 State: Arkansas

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

Co Tr Num: AMR RIDER

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/20/2012

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

Date Submitted: 06/18/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: AMR Rider

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/20/2012

State Status Changed: 06/20/2012

Created By: Lori Chilcote

Corresponding Filing Tracking Number:

Filing Description:

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

Group Dental Insurance Certificate Rider Form GC-CA AMR (12)

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

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
Company Tracking Number: AMR RIDER  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: Group Dental  
Project Name/Number: AMR Rider/

Dear Sir or Madam:

We are submitting the above form for your review and approval. This form is new and does not replace any forms currently on file with your Department.

This form will be used with Group Certificate Form series GC-A-1 et al which was previously approved by your Department on August 16, 2008.

The form provides an optional Annual Maximum Rollover Benefit. This benefit allows a Covered Person to roll over an unused portion of the Maximum Benefit. This rollover amount can be used for added claim payments in a year where the person has exhausted the Maximum 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.

State Narrative:

## Company and Contact

### Filing Contact Information

Marion Pagluica, Compliance Consultant Marion.Pagluica@sunlife.com  
175 Addison Road 860-737-1471 [Phone]  
P.O. Box 725 860-737-6598 [FAX]  
Windsor, CT 06095-0725

### 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

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
Company Tracking Number: AMR RIDER  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: Group Dental  
Project Name/Number: AMR Rider/  
-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 Rider x \$50 = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$50.00	06/18/2012	60213074

<i>SERFF Tracking Number:</i>	<i>SNLF-128441700</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>AMR RIDER</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental</i>		
<i>Project Name/Number:</i>	<i>AMR Rider/</i>		

## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	06/20/2012	06/20/2012

### **Amendments**

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Supporting Document	Explanation of Variability	Lori Chilcote	06/18/2012	06/18/2012

*SERFF Tracking Number:* SNLF-128441700      *State:* Arkansas  
*Filing Company:* Sun Life Assurance Company of Canada      *State Tracking Number:*  
*Company Tracking Number:* AMR RIDER  
*TOI:* H10G Group Health - Dental      *Sub-TOI:* H10G.000 Health - Dental  
*Product Name:* Group Dental  
*Project Name/Number:* AMR Rider/

## **Disposition**

Disposition Date: 06/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
 Company Tracking Number: AMR RIDER  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: Group Dental  
 Project Name/Number: AMR Rider/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document ( <i>revised</i> )	Explanation of Variability	Approved-Closed	Yes
Supporting Document	Explanation of Variability	Replaced	Yes
Form	Rider	Approved-Closed	Yes

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
Company Tracking Number: AMR RIDER  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: Group Dental  
Project Name/Number: AMR Rider/

**Amendment Letter**

Submitted Date: 06/18/2012

**Comments:**

Please see minor revision to EOv:

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Explanation of Variability**

Comment:

AMR Rider SOV 6-12-12.pdf

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
 Company Tracking Number: AMR RIDER  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: Group Dental  
 Project Name/Number: AMR Rider/

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/20/2012	GC-CA AMR (12)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial		58.300	GC-CA AMR (12).pdf

# SUN LIFE ASSURANCE COMPANY OF CANADA

## ANNUAL MAXIMUM ROLLOVER BENEFIT RIDER

This rider is part of the Group Certificate to which it attaches and is effective on <sup>1</sup>[October 1, 2012]. It is part of, and subject to, the other terms and conditions of the Group Policy. If the terms of this rider and the Group Certificate conflict, then this rider's provisions will control.

This rider provides that we will credit the Rollover Benefit to a Covered Person's Rollover Benefit Account when the Covered Person meets the Rollover Benefit Requirements stated below.

### DEFINITIONS

#### <sup>2</sup>[**Network Bonus**

A dollar amount in addition to the Rollover Benefit that is credited to a Covered Person's Rollover Benefit Account for receiving covered dental services from <sup>3</sup>[at least one (1) Participating Provider]; during the prior <sup>4</sup>[Calendar Year]. The Network Bonus is <sup>5</sup>[\$50]. ]

#### **Rollover Benefit**

A dollar amount that is credited to a Covered Person's Rollover Benefit Account. The Rollover Benefit is <sup>6</sup>[\$300].

#### **Rollover Benefit Account**

An account we maintain for each Covered Person.

#### **Rollover Limit**

The maximum balance amount allowed in a Rollover Benefit Account. The Rollover Limit is <sup>7</sup>[\$1,200].

### THE RIDER BENEFIT

#### **Benefit**

We will credit a Covered Person's Rollover Benefit Account with the Rollover Benefit once for each Calendar Year the Covered Person meets the Rollover Benefit Requirements described below. The balance in this account can increase each <sup>4</sup>[Calendar Year] subject to the Rollover Limit.

<sup>8</sup>[We will also credit the Network Bonus, if any, to the Covered Person's Rollover Benefit Account. We may reduce any Network Bonus so that the balance of the Rollover Benefit Account does not exceed the Rollover Limit.]

We will use the Rollover Benefit Account to pay for Covered Dental Expenses that exceed the <sup>4</sup>[Calendar Year] Maximum Benefit. Payment is subject to the Limitations described below.

We will credit the Rollover Benefit Account with the Rollover Benefit within the first <sup>9</sup>[90] days of the <sup>4</sup>[Calendar Year] following the year in which the Rollover Benefit Requirements are met. Whenever a payment is made from the Rollover Benefit Account, the amount of benefits paid will be subtracted from the Rollover Benefit Account balance.

<sup>10</sup>[During the <sup>4</sup>[Calendar Year] in which this Plan becomes effective, we will credit the Covered Person's Rollover Benefit Account with any unused amount in a similar account from the <sup>11</sup>[Employer's] plan that was in effect on the day prior to the effective date of This Plan. This additional amount is subject to the Rollover Limit.]

### **Rollover Benefit Requirements**

In order to qualify for a Rollover Benefit, all of the following requirements must be met during the preceding <sup>4</sup>[Calendar Year]:

1. the Covered Person must have been continuously insured under the policy for the last <sup>12</sup>[100 days] of the <sup>4</sup>[Calendar Year];
2. the Covered Person must have Incurred <sup>13</sup>[a claim for a covered oral evaluation] during the <sup>4</sup>[Calendar Year]; and
3. benefits paid during the <sup>4</sup>[Calendar Year] for the Covered Person for <sup>14</sup>[Type I, Type II and Type III] Dental Expenses must not exceed <sup>15</sup>[\$500].

<sup>16</sup>[Benefits paid for Covered Expenses that have a separate maximum benefit under This Plan will not be counted toward satisfaction of the Rollover Benefit Requirements.]

### **Limitations**

The Rollover Benefit Account can be used to pay benefits for <sup>14</sup>[Type I, Type II and Type III] Covered Dental Expenses that exceed the <sup>4</sup>[Calendar Year] Maximum Benefit.

The Rollover Benefit Account cannot be used to pay for any of the following expenses related to a Covered Person's dental services:

1. deductibles;
2. coinsurance amounts;
3. amounts in excess of the Maximum Allowable Charge <sup>17</sup>[or Usual or Customary Charge];
4. expenses that are in excess of the Special Limitations or excluded from coverage under the policy; <sup>18</sup>[and
5. expenses for Orthodontic Treatment;] <sup>19</sup>[and
6. services for which there is a separate maximum benefit under the policy.]

### **Termination of this Rollover Benefit**

The Rollover Benefit will terminate and Covered Persons will lose any remaining balance in their accounts on the first of the following to occur:

1. the date the <sup>20</sup>[Employee] elects to terminate coverage under the policy;
2. the date the Covered Person is no longer eligible for coverage under the policy;
3. <sup>21</sup>[the date the <sup>11</sup>[Employer] elects to terminate the Annual Maximum Rollover Benefit under the policy;] and
4. <sup>22</sup>[the date the policy terminates for any reason].

<sup>23</sup>

Dean A. Connor  
President and Chief Executive Officer]

SERFF Tracking Number: SNLF-128441700 State: Arkansas  
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
 Company Tracking Number: AMR RIDER  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: Group Dental  
 Project Name/Number: AMR Rider/

## 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	06/20/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>	Approved-Closed	06/20/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Explanation of Variability <b>Comments:</b> <b>Attachment:</b> AMR Rider SOV 6-12-12.pdf	Approved-Closed	06/20/2012

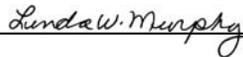
## CERTIFICATE OF COMPLIANCE

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

**Form**  
GC-CA AMR (12)

**Flesch Score**  
58.3

**SUN LIFE ASSURANCE COMPANY OF CANADA**



---

Linda W. Murphy  
Associate Director, State Filing

**Sun Life Assurance Company of Canada  
Statement of Variability**

**Form #: GC-CA AMR (12)**

**Variability denoted by bracketing**

Annotation	Scope of Variation
1	Variable Range: Rider effective date Variability based on election of the rider and the date it becomes effective.
2	Variable Range: Text as shown or not at all Variability based on the plan design
3	Variable Range: Text as shown or Only Participating Providers Variability based on the plan design
4	Variable Range: Calendar Year or Benefit Year Variability based on the plan design
5	Variable Range: \$50 - \$500 Variability based on the plan design
6	Variable Range: \$100 - \$1,000 Variability based on the plan design
7	Variable Range: \$200 - \$2,000 Variability based on the plan design
8	Variable Range: Text as shown or not at all Variability based on the plan design
9	Variable Range: 60 days - 90 days Variability based on the plan design
10	Variable Range: Text as shown or not at all Variability based on the plan design
11	Variable Range: Text as shown or Policyholder's Variability based on the plan design
12	Variable Range: 30 – 365 days Variability based on the plan design

Annotation	Scope of Variation
13	Variable Range: Text as shown or Covered Dental Expenses Variability based on the plan design
14	Variable Range: Text as shown or Type I and/or Type III may be deleted Variability based on the plan design
15	Variable Range: \$500 - \$1,000 Variability based on the plan design
16	Variable Range: Text as shown or not at all Variability based on the plan design
17	Variable Range: Text as shown or not at all Variability based on the plan design
18	Variable Range: Text as shown or not at all Variability based on the plan design
19	Variable Range: Text as shown or not at all Variability based on the plan design
20	Variable Range: Employee or Member Variability based on the plan design
21	Variable Range: Text as shown or not at all Variability based on the plan design
22	Variable Range: Text as shown or the date the Employer's participation in the Trust and under the policy is terminated Variability based on the plan design
23	Variable Range: Text as shown or of current officer's name signature and title Variability based on change to the company's officer name and/or title

*SERFF Tracking Number:* SNLF-128441700      *State:* Arkansas  
*Filing Company:* Sun Life Assurance Company of Canada      *State Tracking Number:*  
*Company Tracking Number:* AMR RIDER  
*TOI:* H10G Group Health - Dental      *Sub-TOI:* H10G.000 Health - Dental  
*Product Name:* Group Dental  
*Project Name/Number:* AMR Rider/

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
06/18/2012		Supporting Explanation of Variability Document	06/18/2012	AMR Rider SOV 6-12-12.pdf (Superseded)

**Sun Life Assurance Company of Canada  
Statement of Variability**

**Form #: GC-CA AMR (12)**

**Revision Date: 6-7-12**

**Variability denoted by bracketing**

Annotation	Scope of Variation
1	Variable Range: Rider effective date Variability based on election of the rider and the date it becomes effective.
2	Variable Range: Text as shown or not at all Variability based on the plan design
3	Variable Range: Text as shown or Only Participating Providers Variability based on the plan design
4	Variable Range: Calendar Year or Benefit Year Variability based on the plan design
5	Variable Range: \$50 - \$500 Variability based on the plan design
6	Variable Range: \$100 - \$1,000 Variability based on the plan design
7	Variable Range: \$200 - \$2,000 Variability based on the plan design
8	Variable Range: Text as shown or not at all Variability based on the plan design
9	Variable Range: 60 days - 90 days Variability based on the plan design
10	Variable Range: Text as shown or not at all Variability based on the plan design
11	Variable Range: Text as shown or Policyholder's Variability based on the plan design
12	Variable Range: 30 – 365 days Variability based on the plan design

Annotation	Scope of Variation
13	Variable Range: Text as shown or Covered Dental Expenses Variability based on the plan design
14	Variable Range: Text as shown or not at all Variability based on the plan design
15	Variable Range: \$500 - \$1,000 Variability based on the plan design
16	Variable Range: Text as shown or not at all Variability based on the plan design
17	Variable Range: Text as shown or not at all Variability based on the plan design
18	Variable Range: Text as shown or not at all Variability based on the plan design
19	Variable Range: Text as shown or not at all Variability based on the plan design
20	Variable Range: Employee or Member Variability based on the plan design
21	Variable Range: Text as shown or not at all Variability based on the plan design
22	Variable Range: Text as shown or the date the Employer's participation in the Trust and under the policy is terminated Variability based on the plan design
23	Variable Range: Text as shown or of current officer's name signature and title Variability based on change to the company's officer name and/or title