



Lump Sum Cancer Insurance

Planning For The Unexpected

You don't plan to be diagnosed with cancer, but it could happen to you. It's difficult to prepare for the medical, emotional and financial impact of a cancer diagnosis. The good news is that advancements in medical science are helping successfully treat cancer and more and more people are surviving. But, medical coverage may not pay all the costs of cancer treatments. That's why it's important for you to consider applying for Lump Sum Cancer Insurance, to help you with the potentially high cost of cancer treatment.

Designed to supplement your major medical coverage, it pays you a one-time lump sum payment upon first diagnosis of internal cancer – so you can focus on your treatment and getting well.

Lump Sum Cancer Benefits (Policy form PC29)

- Pays in addition to other insurance you have
- You receive a one-time lump sum benefit, upon first diagnosis of internal cancer
- You choose the benefit amount, \$10,000, \$20,000, \$30,000, \$40,000, even \$50,000 (\$40,000 and \$50,000 not available in GA)
- Coverage is available for individuals, one parent, and two parent families. The spouse benefit is equal to the Primary Insured. The benefit for dependent children is 50% of the Primary Insured's benefit.
- No hospitalization is required to receive benefit
- Benefits are paid directly to you unless you assign them to someone else
- Use the benefit for any purposes you choose
- Guaranteed renewable, as long as premiums are paid when due
- Portable if you change jobs

This is a Cancer Only Policy.

For use in AL, AR, CA, CO, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, MI, MT, NE, NV, NM, NC, ND, OH, OR, PA, SC, TN, TX, UT, VA and WI.

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PREMIUMS FOR LUMP SUM BENEFITS (Policy Form PC29) MONTHLY RATES

Issue Age	\$10,000			\$20,000			\$30,000			\$40,000†			\$50,000†		
	Individual	Single Parent	Family*	Individual	Single Parent	Family*	Individual	Single Parent	Family*	Individual	Single Parent	Family*	Individual	Single Parent	Family*
18-39	4.80	5.80	8.90	9.60	11.60	17.80	14.40	17.40	26.70	19.20	23.20	35.60	24.00	29.00	44.50
40-49	8.00	9.60	17.80	16.00	19.20	35.60	24.00	28.80	53.40	32.00	38.40	71.20	40.00	48.00	89.00
50-59	14.40	17.30	28.80	28.80	34.60	57.60	43.20	51.90	86.40	57.60	69.20	115.20	72.00	86.50	144.00
60-64	19.20	23.00	37.80	38.40	46.00	75.60	57.60	69.00	113.40	76.80	92.00	151.20	96.00	115.00	189.00

PREMIUMS FOR LUMP SUM BENEFITS (Policy Form PC29) WEEKLY RATES

Issue Age	\$10,000			\$20,000			\$30,000			\$40,000†			\$50,000†		
	Individual	Single Parent	Family*	Individual	Single Parent	Family*	Individual	Single Parent	Family*	Individual	Single Parent	Family*	Individual	Single Parent	Family*
18-39	1.11	1.34	2.05	2.22	2.68	4.11	3.32	4.02	6.16	4.43	5.35	8.22	5.54	6.69	10.27
40-49	1.85	2.22	4.11	3.69	4.43	8.22	5.54	6.65	12.32	7.38	8.86	16.43	9.23	11.08	20.54
50-59	3.32	3.99	6.65	6.65	7.98	13.29	9.97	11.98	19.94	13.29	15.97	26.58	16.62	19.96	33.23
60-64	4.43	5.31	8.72	8.86	10.62	17.45	13.29	15.92	26.17	17.72	21.23	34.89	22.15	26.54	43.62

* The spouse benefit is equal to the Primary Insured. Dependent children are automatically covered for 50% of the Primary Insured's benefit under the Family Plan.
 † \$40,000 and \$50,000 benefit amounts are not available in GA.

To convert premiums to another mode, use the following factors:

Semi-Monthly Divide monthly rate by 2
 Bi-Weekly Multiply monthly rate by .462

Conditions, Exceptions and Limitations

- This PC29 Cancer policy pays only for the first diagnosis of cancer as defined in the policy. This includes internal cancer, carcinoma in situ, malignant tumors and malignant melanoma. The policy does not pay for conditions which may be considered pre-cancerous or having malignant potential such as leukoplakia; hyperplasia, carcinoid; polycythemia; non-malignant melanoma; moles, or similar lesions. The policy does not pay for a diagnosis of skin cancer other than malignant melanoma. (In MI, we will pay 1% of the benefit shown on the Policy Schedule when the Covered Family Member is first diagnosed with skin cancer. It is only payable for the first diagnosis of skin cancer for that Covered Family Member.)
- This policy does not pay benefits for pre-existing diagnosed Cancer. PRE-EXISTING CONDITION MEANS:
 In CA, a condition for which medical advice or treatment was recommended by a physician or received from a physician within a two year period preceding the effective date of the coverage of the insured person. Issuance of a policy is subject to underwriting approval.
 In MS, (a) the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care or treatment within the 5 years before or within the 30 days after the Effective Date of his/her coverage; or (b) a condition for which medical advice or treatment was recommended by or received from a Physician within the 5 years before or within the 30 days after the Effective Date of his/her coverage.
 In TX, the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a five year period preceding the effective date of the coverage of the insured person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five year period preceding

- the effective date of the coverage of the insured person. In VA, a condition which (1) manifests itself within six months prior to the effective date of the policy or (2) was diagnosed by a physician prior to the effective date of the policy and for which medical advice or treatment was recommended by or received from a physician within (10) years prior to the effective date of the policy.
- This policy contains a 30-day waiting period. (In MI, this does not apply). No benefits will be provided for Cancer diagnosed prior to the 30th day following the policy date. Coverage will end for any individual:
 1. Upon payment of the First Occurrence benefit;
 2. Upon the death of the Insured; or
 3. If you do not pay the premiums.
- Coverage on any dependent will end:
 1. On the anniversary date following the child's 21st birthday (In Georgia: 19th birthday; in North Dakota: 22nd birthday; in Utah: 26th birthday); or
 2. At the child's marriage (In Georgia this does not apply); or
 3. On the child's 25th birthday if the child is a student as outlined in the policy (In North Dakota: 26th birthday; In Utah: this does not apply).
- California law requires that the purchaser of a specified disease insurance policy must be covered by an individual or group health policy or contract that provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans (i.e. a comprehensive major medical plan).
- This brochure is a brief description of the principal provisions available in Policy form PC29. Exact definitions, provisions, exceptions and limitations may vary by state and are shown in the policy contract.