

<i>SERFF Tracking Number:</i>	<i>META-125740106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39700</i>
<i>Company Tracking Number:</i>	<i>W07-4 PL</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>LTC2007-CBUL(AP)/W07-4 PL</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long Term Care Insurance SERFF Tr Num: META-125740106 State: ArkansasLH

TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39700
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: W07-4 PL	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Marie Bennett, Harris Shearer
	Author: Sandra Bennett	Disposition Date: 10/30/2008
	Date Submitted: 07/22/2008	Disposition Status: Approved
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: LTC2007-CBUL(AP)	Status of Filing in Domicile:
Project Number: W07-4 PL	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/30/2008	
State Status Changed: 10/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Please see the cover letter for a more detail description of the submitted filing.

Company and Contact

Filing Contact Information

Kris Ann E. Cappelluti, Sr. Analyst-Contracts kcappelluti@metlife.com

SERFF Tracking Number: META-125740106 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
Company Tracking Number: W07-4 PL
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Dev.

MetLife (212) 578-3029 [Phone]
New York, NY 10036-6796 (212) 578-3874[FAX]

Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York
1MetLife Plaza Group Code: -99 Company Type: Life
Long Island City, NY 11101-4015 Group Name: State ID Number:
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number: META-125740106 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
Company Tracking Number: W07-4 PL
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
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Filing Fees

Fee Required? Yes
Fee Amount: \$60.00
Retaliatory? No
Fee Explanation: \$20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$60.00	07/22/2008	21532292

SERFF Tracking Number: META-125740106 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	10/30/2008	10/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Harris Shearer	09/24/2008	09/24/2008	Sandra Bennett	10/30/2008	10/30/2008

SERFF Tracking Number: *META-125740106* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39700*
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TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2007-CBUL(AP)/W07-4 PL*

Disposition

Disposition Date: 10/30/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125740106 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
 Company Tracking Number: W07-4 PL
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	NAIC Transmittal Form - AR		Yes
Supporting Document	ARCERTREAD		Yes
Supporting Document	Response Letter		Yes
Form (revised)	Endorsement		Yes
Form	Endorsement	Replaced	Yes
Form	Disclosure Form		Yes

SERFF Tracking Number: META-125740106 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
Company Tracking Number: W07-4 PL
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/24/2008
Submitted Date 09/24/2008
Respond By Date 10/24/2008

Dear Kris Ann E. Cappelluti,

This will acknowledge receipt of the captioned filing.

Objection 1

- Endorsement (Form)

Comment: See last Bullet on Page 2, end of first sentence, should it not read "for the Coverage THAT qualifies for...."?

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/30/2008
Submitted Date 10/30/2008

Dear Harris Shearer,

Comments:

Response 1

Comments: The analyst is responding to your objection dated 9-24-08.

Related Objection 1

Applies To:

- Endorsement (Form)

Comment:

See last Bullet on Page 2, end of first sentence, should it not read "for the Coverage THAT qualifies for...."?

Changed Items:

SERFF Tracking Number: META-125740106 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
 Company Tracking Number: W07-4 PL
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long Term Care Insurance
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Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter
 Comment: AR Response Letter - LTC2007-CBUL(AP) - (10-29-08)

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Endorsement	LTC2007-CBUL(AP)		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			019 LTC2007-CBUL(AP) - CBUL for APO - (10-29-08).pdf

Previous Version

Endorsement	LTC2007-CBUL(AP)		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			019 LTC2007-CBUL(AP) - CBUL for APO - (FINAL 8-21-07).pdf
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No Rate/Rule Schedule items changed.

Sincerely,
 Sandra Bennett

SERFF Tracking Number: META-125740106 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
 Company Tracking Number: W07-4 PL
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Form Schedule

Lead Form Number: LTC2007-CBUL (AP)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC2007-CBUL(AP)	Policy/Cont	Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			019 LTC2007- CBUL(AP) - CBUL for APO - (10-29- 08).pdf
	PRD 10 Pay	Other	Disclosure Form	Initial			PRD 10 Pay (8-14-07).pdf

METROPOLITAN LIFE INSURANCE COMPANY

Contingent Benefit Upon Lapse for Accelerated Premium Payment Option (APO) Endorsement

This endorsement is part of your policy if the 10 Year Premium Payment Rider is listed on your Schedule of Benefits.

DEFINITIONS

Annual Premium for APO means:

- for the Coverage in effect on your Original Effective Date, your annual premium on your Original Effective Date; and
- for a change in Coverage after your Original Effective Date that results in an increase in annual premium, the increase in annual premium for that Coverage change.

Each change in Coverage after your Original Effective Date will be treated separately for purposes of determining Annual Premium for APO.

In determining your Annual Premium for APO, we will not take into account any premium payment mode factors or any discounts (for example, spousal discount).

Issue Age means:

- for the Coverage in effect on your Original Effective Date, your Original Issue Age; and
- for a change in Coverage after your Original Effective Date that causes your premium to increase, your age on the effective date of the Coverage change.

For example, if your Original Issue Age is 40 and you then increase your Benefits at age 42, causing your premium to increase, your Issue Age for the Coverage in effect on your Original Effective Date is 40 and your Issue Age for the Benefit increase is 42.

Premium Payment Ratio means:

- for the Coverage in effect on your Original Effective Date, the number of Policy Months for which you have paid premiums divided by the number of Policy Months you were obligated to pay premiums on the Original Effective Date of your policy, converted to a percentage; and
- for a change in Coverage after your Original Effective Date that results in an increase in premium, the number of Policy Months for which you have paid the increase in premium for such change divided by the number of Policy Months you were obligated on the effective date of the change to pay the increase in premium for such change, converted to a percentage.

For example, if you have paid premiums for the Coverage in effect on your Original Effective Date for 48 months and you are obligated to pay premiums that Coverage for 120 months, the Premium Payment Ratio for the Coverage in effect on your Original Effective Date is 40% because $48 / 120 = .4$, which converts to 40%. If you make a Coverage change after your Original Effective Date that causes your premium to increase and you have paid premiums for that Coverage change for 24 months and are obligated to pay premiums for that Coverage change for 120 months, the Premium Payment Ratio for that Coverage change is 20% because $24 / 120 = .2$, which converts to 20%.

Substantial Premium Increase for APO means an increase or series of increases in your premium that cumulatively increase your Annual Premium for APO by a percentage equal to or greater than the Percentage Increase shown in the table below for your Issue Age. The Annual Premium for APO for the Coverage in effect on your Original Effective Date and the Annual Premium for APO for each Coverage change that causes your premium to increase will each be treated separately in determining if there has been a Substantial Premium Increase for APO. The term **Substantial Premium Increase for APO does not include** an increase in premium due to: an increase in your Benefits; a change in your Coverage that you request; a change in your payment arrangements; or the end or reduction of a discount.

Issue Age	Percentage Increase Over Annual Premium for APO
Under 65	50%
65 – 80	30%
Over 80	10%

Nonforfeiture Feature, as defined in the policy, is changed under this endorsement to mean:

- the Contingent Benefit Upon Lapse provision of the policy;
- if listed on your Schedule of Benefits, the Nonforfeiture Coverage Rider; or
- this Contingent Benefit Upon Lapse for Accelerated Premium Payment Options Endorsement.

NOTIFICATION OF A SUBSTANTIAL PREMIUM INCREASE FOR APO

If the 10 Year Premium Payment Rider is in effect for you, we will send you Written notice of a Substantial Premium Increase for APO at least [45] days before it takes effect. In this notice, we will provide you with the option to decrease your Benefits so that your premium will not increase.

REQUIREMENTS TO QUALIFY FOR PAID-UP STATUS UNDER THIS ENDORSEMENT

Both of the following requirements must be met to qualify for conversion to paid-up status under this endorsement:

1. you must have an increase in premiums that qualifies as a Substantial Premium Increase for APO; and
2. your Premium Payment Ratio must be at least 40% on the first due date of the Substantial Premium Increase for APO.

Please note that for purposes of determining qualification for paid-up status under this endorsement, premiums for the Coverage in effect on your Original Effective Date and each increase in annual premium due to a change in Coverage after your Original Effective Date will each be treated separately.

If both the above requirements are met:

- you will have the option to stop paying premiums and convert your policy to paid-up status (as described below) for the Coverage that qualifies for conversion to paid-up status under this endorsement at any time during the 120 day period following the first due date of the premium increase; and
- we will automatically convert your policy to paid-up status (as described below) for the Coverage that qualifies for conversion to paid-up status if your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase for APO.

PAID-UP STATUS

If your policy is converted to paid-up status under this endorsement, for the Coverage that qualifies for conversion to paid-up status, we will pay the same Benefits that were in effect under the policy immediately prior to the date your policy was converted to paid-up status, except that:

- the Total Benefit Amount will be reduced to equal the product of the following:
 - (a) Total Benefit Amount that would have been available immediately prior to the date on which your policy was converted to paid-up status; multiplied by
 - (b) .9 or 90%; multiplied by
 - (c) the Premium Payment Ratio.

For example, if the Total Benefit Amount in effect prior to the date on which your policy was converted to paid-up status was \$100,000, and your Premium Payment Ratio was 40%, then the reduced Total Benefit Amount after your policy is converted to paid-up status would be \$36,000.

$$\$100,000 \times .9 \text{ or } 90\% \times .4 \text{ or } 40\% = \$36,000; \text{and}$$

- the Monthly Benefit Amount available after your policy is converted to paid-up status will be reduced proportionately by the same formula that is used to reduce the Total Benefit Amount.

For example, if the Monthly Benefit Amount in effect prior to the date on which your policy was converted to paid-up status was \$3,000, and your Premium Payment Ratio was 40%, then the reduced Monthly Benefit Amount after your policy is converted to paid-up status would be \$1,080.

$$\$3,000 \times .9 \text{ or } 90\% \times .4 \text{ or } 40\% = \$1,080$$

The total Benefits that we will pay before and after your policy is converted to paid-up status under this endorsement will not exceed the remaining Total Benefit Amount in effect immediately prior to the date your policy was converted to paid-up status.

Once your policy is converted to paid-up status under this endorsement:

- Benefits cannot be changed and will not change under the Changing Benefit Amounts and Other Coverage Changes section of the policy or any rider that increases Benefits; and
- all riders under your policy end, except for the Cash Benefit Rider (if included in your policy).

CONTINGENT BENEFIT UPON LAPSE PROVISION OF YOUR POLICY

Please note that your policy also includes a Contingent Benefit Upon Lapse provision that you may exercise in the event of a Substantial Premium Increase as defined in your policy. The Substantial Premium Increase that is defined in your policy is different from the Substantial Premium Increase for APO. If you meet the requirements for conversion to paid-up status under the terms of the Contingent Benefit Upon Lapse provision of your policy and under the terms of this endorsement, you may select to convert your policy to paid-up status under one of these features, but not both. If you fail to notify us of your selection, and your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase for APO, we will automatically convert your policy to paid-up status under the terms of this endorsement.

APPLICABILITY OF NONFORFEITURE COVERAGE RIDER (IF INCLUDED IN YOUR POLICY)

If your policy includes the Nonforfeiture Coverage Rider, and you meet the requirements for conversion to paid-up status under the terms of that rider and this endorsement, you may select to convert your policy to paid-up status under one of these features, but not both. If you fail to notify us of your selection, and your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase for APO, we will automatically convert your policy to paid-up status under the terms of this endorsement.

TERMINATION OF THIS ENDORSEMENT

This endorsement will end on the earliest of:

- the date on which your 10 Year Premium Payment Rider ends;
- the date on which your policy is converted to paid-up status under a Nonforfeiture Feature; or
- the date on which your policy ends.

EFFECTIVE DATE OF THIS ENDORSEMENT

This endorsement takes effect on the Endorsement Effective Date shown below.

In all other respects, the provisions and conditions of your policy remain the same. This endorsement is subject to the terms and provisions of your policy. It is to be attached to and made a part of your policy.

Signed for Metropolitan Life Insurance Company

[



Gwenn L. Carr
Senior Vice-President and Secretary]

Endorsement Effective Date: [04/01/07]

LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

PREMIUM RATE

The following premium rate is applicable to you and will be in effect until a request for an increase is made and is filed (and approved in those states that require approval) by your state Insurance Department: (choose one)

[APPLICANT A] \$ _____ per month, or \$ _____ per quarter, or \$ _____ semi-annually, or \$ _____ annually

[APPLICANT B] \$ _____ per month, or \$ _____ per quarter, or \$ _____ semi-annually, or \$ _____ annually]

The premium for this policy will be shown on the schedule of benefits page of your policy.

RATE SCHEDULE ADJUSTMENTS

Premium rate or rate schedule adjustments will be effective the first billing date that occurs on or after [45] days following notification of a rate adjustment.

POTENTIAL RATE REVISION

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can not be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase as a nonforfeiture coverage rider for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase the Nonforfeiture Coverage Rider, or if you purchase the Nonforfeiture Coverage Rider and it does not apply.)

*Contingent Nonforfeiture

If the premium rate for your policy goes up in the future and you didn't buy the Nonforfeiture Coverage Rider, or the Nonforfeiture Coverage Rider does not apply, you may be eligible for contingent nonforfeiture (referred to as "Contingent Benefit Upon Lapse" in the policy). Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e. new Total Benefit Amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining Total Benefit Amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining Total Benefit Amount.

Except for this reduced Total Benefit Amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this contingent nonforfeiture option, your policy, with this reduced Total Benefit Amount, will be considered "paid-up" with no further premiums due.

EXAMPLE

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50% or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy).

LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM – continued

CONTINGENT NONFORFEITURE

Cumulative Premium Increase over Initial Premium that qualifies for Contingent Nonforfeiture (Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

ISSUE AGE	% INCREASE OVER INITIAL PREMIUM	ISSUE AGE	% INCREASE OVER INITIAL PREMIUM	ISSUE AGE	% INCREASE OVER INITIAL PREMIUM
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

CONTINGENT BENEFIT UPON LAPSE FOR TEN YEAR PREMIUM PAYMENT RIDER

If you select the Ten Year Premium Payment Rider, your policy will also include the Contingent Benefit Upon Lapse for Accelerated Payment Option Endorsement (“Endorsement”), which provides a contingent benefit upon lapse under the conditions described below. If your policy includes the Nonforfeiture Coverage Rider, and you trigger benefits under both the Endorsement and the Nonforfeiture Coverage Rider, you can choose either of the two benefits, but not both. If benefits under both the Endorsement and the contingent nonforfeiture benefit described above are triggered by the same increase, you can choose either of the two benefits, but not both.

You are eligible for the contingent benefit upon lapse under the Endorsement if your policy includes the Ten Year Premium Payment Rider when all three conditions shown below are met:

1. If you receive a premium rate increase and the premium you are required to pay after the increase exceeds your initial annual premium by the percentage shown in the chart below or more. (Please note that each change in coverage after your policy effective date will be treated separately for purposes of determining the initial annual premium).

Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premium within 120 days of when the premium increase took effect; AND
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay. (Please note that each change in coverage after your policy effective date that causes your premium to increase will be treated separately for purposes of determining the ratio).

If you exercise this option, your coverage that meets the qualification requirements for contingent benefit upon lapse under the Endorsement will be converted to reduced “paid-up” status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- The total benefit amount (lifetime maximum benefit amount) your reduced paid-up policy will provide can be determined by multiplying 90% of the total benefit amount at the time the policy becomes paid-up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- The monthly benefit amount you purchased will also be adjusted by the same ratio.

For purposes of determining coverage that qualifies for reduced “paid-up” status under this contingent benefit upon lapse, premiums for the coverage in effect on your policy effective date and each increase in annual premium due to a change in coverage after that date will each be treated separately.

EXAMPLE

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your “paid-up” policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced “paid-up” policy.

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Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2007-CBUL(AP)/W07-4 PL*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125740106 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
Company Tracking Number: W07-4 PL
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 07/18/2008
Comments:
ARCERTREG19
Attachment:
ARCERTREG19.pdf

Review Status:
Bypassed -Name: Application 07/18/2008
Bypass Reason: The requirement stated above is not applicable for this filing submission.
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 07/18/2008
Bypass Reason: The requirement stated above is not applicable for this filing submission.
Comments:

Review Status:
Satisfied -Name: Outline of Coverage 07/18/2008
Comments:
Outline of Coverage
Attachment:
LTC2007-OC (rev 0708).pdf

Review Status:
Satisfied -Name: Cover Letter 07/22/2008
Comments:
Cover Letter
Attachment:
AR Filing Letter - LTC2007-CBUL(AP) - (07-02-08).pdf

Review Status:

SERFF Tracking Number: META-125740106

State: Arkansas

Filing Company: Metropolitan Life Insurance Company.

State Tracking Number: 39700

Company Tracking Number: W07-4 PL

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long Term Care Insurance

Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Satisfied -Name: NAIC Transmittal Form - AR

07/22/2008

Comments:

NAIC Transmittal Form - AR

Attachment:

NAIC Transmittal Form - AR.pdf

SERFF Tracking Number: META-125740106 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39700
Company Tracking Number: W07-4 PL
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2007-CBUL(AP)/W07-4 PL

Review Status:

Satisfied -Name: ARCERTREAD

07/22/2008

Comments:

ARCERTREAD

Attachment:

ARCERTREAD.pdf

Review Status:

Satisfied -Name: Response Letter

10/30/2008

Comments:

AR Response Letter - LTC2007-CBUL(AP) - (10-29-08)

Attachment:

AR Response Letter - LTC2007-CBUL(AP) - (10-29-08).pdf



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, which appears to read "Herbert B. Brown Jr.", is written in a cursive style.

Herbert B. Brown Jr.
Vice President



METROPOLITAN LIFE INSURANCE COMPANY ("METLIFE")
[P.O. Box 937, Westport, CT 06881-0937]
[1-888-5653761]
LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2007

CAUTION: Our issuance of the long-term care insurance policy will be based upon your responses to the questions on your application. If you are accepted for coverage, a copy of your application will be attached to the policy. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind the policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at this address: [Metropolitan Life Insurance Company, P.O. Box 937, Westport, Connecticut 06881-0937].

NOTICE TO THE BUYER: The policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

1. THE POLICY IS AN INDIVIDUAL POLICY OF INSURANCE.

2. PURPOSE OF OUTLINE OF COVERAGE.

This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other long-term insurance coverage available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains the governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and MetLife (referred to as "we/us/our"). Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES.

The policy is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.

a. **RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE.** This means you have the right, subject to the terms of the policy, to continue the policy as long as you pay your premiums on time. We cannot change any of the terms of the policy on our own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

b. **Waiver of Premium**

We will waive your premium if:

- you are eligible for benefits;
- you have satisfied the required elimination period; and
- you are receiving payment of benefits.

If you are in the United States, waiver of premium will end when you are no longer eligible for benefits or are no longer submitting proof of your receipt of covered services, whichever is earlier. If you are outside the United States, waiver of premium will end when you are no longer eligible for benefits or when the international benefit is no longer payable, whichever is earlier.

5. TERMS UNDER WHICH METLIFE MAY CHANGE PREMIUMS.

We reserve the right to change premiums rates on a class basis, subject to applicable state insurance department approval. Accordingly, your premium may change on a class basis. Your premium will not increase because you get older or your health changes. We will notify you in writing [45] days prior to any increase in your premium on a class basis.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.

a. Return of Policy (“Free Look”)

If you are not satisfied with the policy, you may return it to us, or to the sales agent or producer from whom you bought it, within 30 days from the date you receive it. If so returned, the policy will be void from the beginning. We will refund any premium you have paid within 30 days of our receipt of the policy.

b. Return of Earned Premiums

The policy contains a Return of Earned Premium on Death provision. If you die on or before your 70th birthday, we will pay an amount equal to all premiums due and paid to us up to your 70th birthday, less any benefits that were paid to you or on your behalf. We will not return any premiums under this provision if your coverage was in paid-up status under the Contingent Benefit Upon Lapse provision of the policy or under the Nonforfeiture Coverage Rider, if included in the policy.

c. Refund of Unearned Premiums

We will refund any unearned premium due at your death or on cancellation of the policy.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer’s Guide (Guide to Health Insurance for People with Medicare) available from MetLife. Neither MetLife nor its sales agents or producers represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage in the form of a reimbursement benefit for covered long-term care expenses, subject to requirements for eligibility for benefits, the elimination period and other policy requirements and limitations. If you select the Cash Benefit Rider, the policy will instead provide coverage in the form of payment of a monthly benefit amount, regardless of actual charges incurred, subject to requirements for eligibility for benefits, the elimination period and other policy requirements and limitations.

9. BENEFITS PROVIDED BY THE POLICY.

a. Coverage Amounts and Elimination Period

Applicant A (name): _____

Applicant B (name): _____

monthly benefit amount: \$ _____

monthly benefit amount: \$ _____

total benefit amount: \$ _____

total benefit amount: \$ _____

elimination period for covered services:
[100] calendar days

elimination period for covered services:
[100] calendar days

[elimination period for the international benefit:
[200] calendar days

elimination period for the international benefit:
[200] calendar days]

“Monthly benefit amount” is the most we will pay in a calendar month for covered services, not including benefits for the needs assessment.

“Total benefit amount” is the most we will pay under the policy during your lifetime, not including benefits for the needs assessment.

“Elimination period” is the number of days, after the effective date of the policy, during which you must be eligible for benefits before benefits, other than the benefit for needs assessment, become payable. These days need not be consecutive. No elimination period is required to receive the benefit for needs assessment. Note that there is an elimination period for covered services (when you are in the United States) and an elimination period for the international benefit (when you are outside the United States). A day of the elimination period for covered services and a day of the elimination period for international benefits will be satisfied each day that you are eligible for benefits.

b. Covered Services

We will pay benefits for the services listed below if they are included in your plan of care, you are eligible for benefits, you have satisfied the elimination period for covered services (there is no elimination period for the needs assessment) and you have not exhausted your total benefit amount. Payment of benefits will be subject to all policy maximums, limitations, exclusions, requirements and provisions.

Covered Service

Maximum Coverage Amount

nursing home/hospice facility/assisted living facility (room and board and the following services received by you in and provided by the facility: nursing care, maintenance or personal care, therapy services and hospice care)

We will pay the actual charge incurred, up to 100% of the monthly benefit amount per calendar month.

home care services**/
adult day care

We will pay the actual charge incurred, up to 100% of the monthly benefit amount per calendar month.

bed reservation
(to hold your bed in a nursing home, hospice facility or assisted living facility if you have to leave the facility)

We will pay the actual charge incurred, up to 50 days per calendar year.

needs assessment by a care advisor
(to: assess your long- term care services needs; identify options for your long-term care; and discuss the options with you or your representative)

Benefit limited to 1 visit per lifetime. If provided by a care management organization selected by you, we will pay the actual charge incurred, up to [\$275] in your lifetime.

***"Home care services" means the following services provided at home: nursing care, home care aide services; homemaker services; hospice care; independent caregiver services; care advisory services, therapy services and social worker services. "Home" means any private residence in which you are living or staying. It does not include any: hospital or other acute care facility; nursing home; hospice facility; assisted living facility; or other residential long-term care facility.

Alternate Services

We may agree to pay benefits for qualified long-term care services that are not specifically defined in the policy as covered services. These are referred to as "alternate services". If we agree to pay benefits for alternate services, the benefits we will pay will be the lesser of: the actual charges you incur for the services received; or the benefits we would pay for the covered service we determine to be most closely related to the alternate services received.

c. Maximum We Will Pay for Covered Services

If in a calendar month, you receive more than one covered service, other than the needs assessment, the most we will pay for all of those covered services is the monthly benefit amount. Payment of the international benefit (described below) and the bed reservation benefit will reduce the monthly benefit amount available.

d. International Benefit

We will pay the international benefit if you are outside the United States and you:

- are eligible for benefits;
- have satisfied the elimination period for the international benefit; and
- you are outside the United States for at least 15 consecutive days during a calendar month.

For each calendar month that you meet the above requirements, we will pay the international benefit, regardless of the actual charges you incur for qualified long-term care services. The international benefit is equal to 50% of your monthly benefit amount per calendar month. We will pay the international benefit up to the lesser of: (1) your total benefit amount less any benefits paid while you are in the United States; or (2) 50% of your total benefit amount. Payment of the international benefit will be subject to all applicable policy exclusions, requirements and provisions. Regardless of whether you are inside or outside of the United States, the sum of all benefits we will pay under the policy will never exceed your total benefit amount.

Tax Note: Since benefits under this provision will be paid without regard to actual charges you incur, part of the benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended. You should consult with your independent tax advisor.

e. **Optional Riders**

The following optional riders are available for an additional premium.

[Shared Care Rider. Allows your covered partner to receive benefits under the policy as described below:

- your covered partner (spouse or domestic partner) can receive benefits under your coverage after the total benefit amount under his/her coverage has been exhausted; and
- if your covered partner dies, the remaining total benefit amount, if any, from his/her coverage will be added to your total benefit amount. You must provide us with written proof, satisfactory to us, of the death of your covered partner.

In order for your covered partner to receive benefits under the Shared Care Rider, you and your covered partner must each apply and be approved for identical coverage that includes the Shared Care Rider and must maintain such identical coverage. Identical coverage means policies issued in the same state that are identical with respect to: form number; [elimination period]; monthly benefit amount and total benefit amount; and any riders purchased.]

[Cash Benefit Rider. (Note: this rider is only available at initial application). Provides that for any calendar month in which you are eligible for benefits and have satisfied the elimination period for covered services, we will pay the monthly benefit amount, regardless of the actual charges you incur for qualified long-term care services. Payment of this cash benefit is instead of reimbursement for covered services, other than the needs assessment.

Requirements in the policy for covered services, other than the needs assessment, will not apply under this rider. The limitations and exclusions listed in section 10 below do not apply to this rider other than the exclusions for any injury or sickness that result from: any war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; or any intentionally self-inflicted injury. We will pay benefits under this rider, instead of the International Benefit provision of the policy, if you are outside the United States and meet the requirements for payment of benefits under this rider. If premiums are waived under the Waiver of Premiums provision of this policy while this rider is in effect, waiver will end when you are no longer eligible for benefits. Payment of benefits under this rider is subject to applicable policy requirements, provisions and conditions.

Tax Note: Since benefits under a policy with this rider will be paid without regard to actual charges you incur, part of the benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended. You should consult with your independent tax advisor.]

Nonforfeiture Coverage Rider. (Note: this rider is only available at initial application). Provides that the policy will be converted to paid-up status, as described below, if this rider: has been in effect for at least 3 policy years; and is in effect when the policy ends due to nonpayment of premiums or your written request to cancel the policy. If the policy is converted to paid-up status under this rider, we will pay the same benefits that were in effect under the policy immediately prior to the date the policy was converted to paid-up status, except that:

- the total benefit amount will be adjusted to equal the greater of: the sum of all paid and waived premiums for the policy during the time this rider is in effect; or the monthly benefit amount in effect immediately prior to the date the policy was converted to paid-up status; and
- benefits cannot be changed and will not change after the policy is converted to paid-up status.

If the policy is converted to paid-up status under this rider, all riders under the policy end, other than the Cash Benefit Rider (if included in the policy). The total benefits that we will pay under this rider will not be more than the remaining total benefit amount in effect immediately prior to the date the policy was converted to paid-up status. The policy includes a Contingent Benefit Upon Lapse provision (described in section 14). We will not pay benefits under both this rider and the Contingent Benefit Upon Lapse provision. If you meet the requirements for conversion to paid-up status under both this rider and the Contingent Benefit Upon Lapse provision, we will automatically apply the feature that will provide the higher adjusted total benefit amount.

[Ten Year Premium Payment Rider. (Note: (1) this rider is only available at initial application; and (2) is only available if: you select [one of the following benefit increase riders:] 5% Automatic Compound Inflation Protection[; 3% Automatic Compound Inflation Protection; 5% Simple Inflation Protection or Urban CPI Compound Inflation Protection]); or you do not select a benefit increase rider. Provides that the premium for the coverage in effect on the policy's original effective date that remains in effect for 10 policy years, will be paid-up on your 10th policy anniversary. Any premium increase which results from a change in benefits under the terms of the policy will not be paid-up until premiums for that change have been paid for 10 years from the effective date of the change. "Paid-up" means no further premiums are payable, but the policy remains in effect.

Note: If you end this rider before the policy is paid-up, you will not receive any offset, adjustment or refund of the accelerated premium paid under this rider upon switching to the standard method of premium payment.

Note: Once your policy is paid-up under this rider, you may not request any further changes to your coverage.

Tax Note: The Ten-Year Premium Payment Rider provides an accelerated premium payment schedule. Please be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of potential tax deductions to which you may otherwise be entitled under the federal income tax law and the income

tax laws of certain states. You should consult your tax advisor prior to selecting an accelerated premium payment rider.]

Benefit Increase Riders. See section 16 of this outline of coverage for details on the benefit increase riders available. You may only select one of these riders. You are not required to select any of them.

f. Eligibility for Benefits

You will be eligible for benefits if:

- coverage is in effect for you;
- we are given proof, satisfactory to us, that you are chronically ill;
- a licensed health care practitioner has certified in writing to us within the last 12 months, that you are chronically ill; and
- a written plan of care, acceptable to us, that includes the qualified long-term care services you need is in place for you and we are provided with a copy of the plan of care.

“Activities of daily living” means any of the following:

- bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- dressing: putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- transferring: moving into or out of a bed, chair or wheelchair.
- toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

“Chronically ill” means:

- you are unable to perform, without substantial assistance from another individual, at least 2 activities of daily living for an expected period of at least 90 days due to a loss of functional capacity; or
- you require substantial supervision to protect you from threats to health and safety due to severe cognitive impairment.

“Plan of care” means a written plan that:

- has been developed, prescribed and approved by a licensed health care practitioner at the time you are chronically ill as a result of an assessment of your functional and cognitive status and incorporates any information provided by your personal physician;
- fairly, accurately and appropriately identifies ways of meeting your qualified long-term care service needs;
- is appropriate and consistent with generally accepted standards of care for a similarly situated chronically ill person; and
- specifies the type, cost, frequency, expected duration and providers of all the services needed to meet your qualified long-term care service needs.

“Severe cognitive impairment” means a deterioration or loss in intellectual capacity that: (a) places you in jeopardy of harming yourself or others and, therefore, you require substantial supervision by another individual; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

10. LIMITATIONS AND EXCLUSIONS.

a. Exclusions

The policy does not pay benefits for any of the following:

- treatment of alcoholism or drug addiction, unless the drug addiction was due to drug(s) taken on the advice of a physician;
- any care received while in a hospital, except in a unit specifically designated and licensed as a nursing home or hospice facility;
- any injury or sickness that results from:
 - any war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection; or
 - any intentionally self-inflicted injury;

- services performed at home by a member of your immediate family, unless: (a) he or she is a regular employee of a home care agency which is providing services to you; (b) the home care agency receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of that home care agency;
- any care or services received outside the United States, except as described in section 9(d), titled International Benefit;
- any service or item to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is secondary payer under applicable law;
- treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except Medicaid); or
- services for which no charge is normally made in the absence of insurance.

b. Non-Duplication of Benefits

To the extent permitted by applicable law, we will reduce the benefits that we will pay for covered services to the extent that the combination of benefits paid under this policy and amounts paid or payable for those services by any of the following exceed 100% of the actual charge for the covered services:

- any medical insurance policy;
- any state or federal workers' compensation law or similar law;
- any employer's liability or occupational disease law; or
- any motor vehicle no-fault law.

This provision does not apply to policies or certificates which pay benefits without regard to actual charges you incur.

c. Coordination With Other MetLife Coverages

If you have more than one long-term care insurance policy or certificate insured by MetLife, to the extent permitted by applicable law, we will reduce benefits payable under this policy to the extent necessary, so that the combination of amounts paid or payable under all of the policies and certificates issued by MetLife will not exceed 100% of the actual charges for covered services. If you are eligible to receive benefits under this policy, and any other long-term care policy or certificate insured by MetLife that has a coordination of benefits provision:

- the policy or certificate with the earliest effective date will be deemed to be the primary coverage; and
- any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest.

Policies and certificates without a coordination of benefits provision will pay first. This provision does not apply to policies or certificates which pay benefits without regard to actual charges you incur.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the cost of long-term care services is likely to increase over time, you should consider whether and how the benefits of the policy may be adjusted.

a. Benefit Increase Riders

You may select one of the optional benefit increase riders described in section 16 below. Benefits are not guaranteed to increase over time unless you select a rider that is marked with a double asterisk (**).

b. Increases in Monthly Benefit Amount and/or Total Benefit Amount

You may ask for an increase in your monthly benefit amount and/or total benefit amount in writing. We will approve a request for such an increase only if you provide, at your expense, proof of your good health, satisfactory to us. You may increase your monthly benefit amount and/or total benefit amount to those amounts and in those combinations that are available for the policy. The extra premium for the increase will be based on: your age on the effective date of the increase; premium rates, discounts, if any, and your health rating, in effect on the date of the increase; and your coverage and your premium in effect prior to the increase.

The effective date of any increase requested and approved will be the policy anniversary that next follows the date of our approval of your request.

c. Decreases in Monthly Benefit Amount and/or Total Benefit Amount

You may ask for a decrease in your monthly benefit amount and/or total benefit amount in writing. You may only make such a decrease to those amounts and in those combinations that are available for the policy. The amount of the premium reduction for the decrease will be computed assuming that the levels of benefits purchased last are

discontinued first. The effective date of any decrease requested and approved will be the first day of the policy month on or next following the date that we approve the decrease.

d. Other Coverage Changes

You may be eligible to make other changes to your coverage. Such changes may require proof of your good health and may affect your premium.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

If your application is approved and a policy is issued, the policy provides coverage if you are clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses, subject to all policy requirements and provisions, including, but not limited to requirements for eligibility for benefits and for payment of benefits.

13. PREMIUM.

a. Annual Premium

The initial annual premium amounts shown below reflect a standard health rating and:

for Applicant A - discounts: *circle applicable discount(s)* spousal marital residential multi-life
 payment mode: *circle applicable mode* monthly quarterly semi-annual annual

for Applicant B - discounts: *circle applicable discount(s)* spousal marital residential multi-life
 payment mode: *circle applicable mode* monthly quarterly semi-annual annual

Applicant A	Initial Annual Premium	Applicant B	Initial Annual Premium
LTC2007 Policy	\$ _____	LTC2007 Policy	\$ _____
Cash Benefit Rider	\$ _____	Cash Benefit Rider	\$ _____
_____	\$ _____	_____	\$ _____
Insert name of benefit increase rider, if any		Insert name of benefit increase rider, if any	
Nonforfeiture Coverage Rider	\$ _____	Nonforfeiture Coverage Rider	\$ _____
Shared Care Rider	\$ _____	Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____	Ten Year Premium Payment Rider	\$ _____
Total Annual Premium	\$ _____	Total Annual Premium	\$ _____

b. Discounts

You may be eligible for the spousal, marital or residential discount described below. You can only receive one of these discounts. If you qualify for the spousal and residential discount, we will automatically apply the spousal discount.

Spousal discount. Premiums for your coverage will be subject to a spousal discount if your spouse or domestic partner is insured under an individual long-term care insurance policy issued by MetLife. This discount will end if your spouse's or domestic partner's coverage ends for any reason other than his/her death or exhaustion of the total benefit amount under his/her policy.

Marital discount. Premiums for your coverage will be subject to a marital discount if you are married or have a domestic partner and you do not qualify for the spousal discount described above.

Residential discount. Premiums for your coverage will be subject to a residential discount if a household member is insured under an individual long-term care insurance policy issued by MetLife. This discount will end if the household member's coverage ends for any reason other than his/her death or exhaustion of the total benefit amount under his/her policy.

Multi-Life Discount. A premium discount is available to employees of an employer or members of an association where the employer or association has entered into a "multi-life" arrangement with us. This discount may also be available to family members of the employee or member to whom the multi-life arrangement applies.

[c. Rate Guarantee

We will not increase premium rates on a class basis for the policy for 3 policy years from the policy's original effective date. Once this period expires, we reserve the right to change premium rates on a class basis, as described in section 5 above.]

14. ADDITIONAL FEATURES.

a. Medical Underwriting

The approval of your application and issuance of a policy is subject to medical underwriting. We will only approve your application if we are provided with proof of your insurability that is satisfactory to us.

b. Grace Period and Lapse

You have a grace period of 31 days to pay each premium due after the date it is due. If the premium is not paid by the end of the grace period, we will send a written notice of lapse of the policy to you and to any person named by you to receive such notice at the addresses given to us. You have 35 days after we mail this notice to pay the premium. The policy will stay in force during this time unless we receive a written request from you to cancel the policy. If we do not receive the premium within 35 days of mailing the notice, the policy will then lapse at the end of this 35 day period.

c. Reinstatement For Severe Cognitive Impairment or Loss of Functional Capacity

If the policy lapses, we will reinstate it back to the date it lapsed, without proof of your good health, if within 6 months of the date of lapse, you or someone acting for you: request reinstatement; submit proof, satisfactory to us, that you had a severe cognitive impairment or loss of functional capacity on or after the 1st date that a premium was due and unpaid but before the date that the policy lapsed for non-payment of that premium (the standard of proof we will use will be no more restrictive than that described in section 9(f) of this outline of coverage under Eligibility for Benefits); and pay all past due premiums to us, if we approve your request for reinstatement. If we reinstate the policy, your premium will be what it would have been if the policy had not lapsed.

d. Reinstatement

If the policy lapses, you may apply for reinstatement by completing the reinstatement application form that we require. This policy will only be reinstated if:

- we receive the required completed reinstatement application form at the address stated on the application form no later than 12 months after the date your policy lapsed;
- we receive any additional proof of your good health that we require;
- we do not send you a written disapproval of such completed application by the 45th day after the date that we received the completed application; and
- we receive the full amount of all premiums due for your policy no later than the due date on the bill that we send you for the premiums required to reinstate your policy.

Please note that we will not accept any premium payment with an application for reinstatement. If your policy lapses, we will only accept payment of premium after your application for reinstatement: has been approved by us; or has not been disapproved in writing by us by the 45th day after the date that we received your completed reinstatement application. If your policy is reinstated, it will be reinstated back to the date that the policy lapsed.

e. Contingent Benefit Upon Lapse

In the event of a substantial premium increase as defined in the policy, we will: provide you with the option to decrease your benefits so that your premium will not increase; offer you the option to stop paying premium and convert the policy to paid-up status, as described below, within the 120 day period following the first due date of such increase; and automatically convert the policy to paid-up status, as described below, if the policy lapses or you cancel the policy within the 120 day period following the first due date of such increase. If the policy is converted to paid-up status under this provision, we will pay the same benefits that were in effect under the policy immediately prior to the date the policy was converted to paid-up status, except that:

- the total benefit amount will be adjusted to equal the greater of: the sum of all paid and waived premiums for the policy; or the monthly benefit amount in effect immediately prior to the date the policy was converted to paid-up status; and
- benefits cannot be changed and will not change after the policy is converted to paid-up status.

Once your policy is converted to paid-up status under this provision, all riders under the policy end, other than the Cash Benefit Rider (if included in the policy). The total benefits that we will pay under this provision will not be

more than the remaining total benefit amount in effect immediately prior to the date the policy was converted to paid-up status.

If your policy includes the Ten Year Premium Payment Rider, your policy will also include the Contingent Benefit Upon Lapse for Accelerated Payment Option Endorsement. Please refer to [page 2] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information on the contingent benefit upon lapse under that endorsement.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

16. BENEFIT INCREASE RIDERS AVAILABLE. You have the option to increase your benefits under one of the following benefit increase riders. You are not required to select one of these riders. Benefits are not guaranteed to increase over time unless you select a rider that is marked with a double asterisk (**).

5% Automatic Compound Inflation Protection Rider.** On each policy anniversary, provides an annual automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy. If you end this rider, your premium for the policy will be recalculated based upon your age on the rider effective date to account for increases in benefits that took effect under this rider.

[3% Automatic Compound Inflation Protection Rider.** On each policy anniversary, provides an automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. The amount of each increase will be equal to 3% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy. If you end this rider, your premium for the policy will be recalculated based upon your age on the rider effective date to account for increases in benefits that took effect under this rider.]

[5% Automatic Simple Inflation Protection Rider.** On each policy anniversary, provides an automatic increase in your monthly benefit amount and your total benefit amount with no corresponding increase in premium. The amount of each increase to the monthly benefit amount will be equal to 5% of the monthly benefit amount in effect on the original effective date of the policy. The amount of each increase to the total benefit amount will be the lesser of: 5% of the total benefit amount in effect on the policy's original effective date; or 5% of the remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy. If you end this rider, your premium for the policy will be recalculated based upon your age on the rider effective date to account for increases in benefits that took effect under this rider.]

[Urban CPI Compound Inflation Protection Rider.** On each policy anniversary, provides an automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. The amount of each increase will be equal to a percentage of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. The percentage for the increase will be equal to the percentage by which the non-seasonally adjusted Urban Consumer Price Index (U-CPI) for the month that is 3 months prior to the policy anniversary exceeds the U-CPI for that month 1 year earlier. The maximum percentage for any increase is 10%. If the percentage for a particular year is a negative amount, the amount of the increase for that year will be 0%. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy. If you end this rider, your premium for the policy will be recalculated based upon your age on the rider effective date to account for increases in benefits that took effect under this rider.]

[Graded Automatic Compound Inflation Protection Rider.** (Note: (1) this rider is only available at initial application; and (2) if you select this rider, you cannot terminate it). On each policy anniversary, provides an annual

automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. On each policy anniversary up to and including the policy anniversary on or next following your 60th birthday, the amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Beginning on the policy anniversary on or next following your 61st birthday, the amount of each increase will be equal to 3% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your claim status or history, health, or the length of time you have been covered under the policy.]

[Graded Automatic Compound Inflation Protection Through Age 75 Rider.** (Note: (1) this rider is only available at initial application; and (2) if you select this rider, you cannot terminate it). On each policy anniversary, provides an annual automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. On each policy anniversary up to and including the policy anniversary on or next following your 60th birthday, the amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Beginning on the policy anniversary on or next following your 61st birthday, up to and including the policy anniversary on or next following your 75th birthday, the amount of each increase will be equal to 3% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. There will be no further increases beginning on the policy anniversary on or next following your 76th birthday. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your claim status or history, health, or the length of time you have been covered under the policy.]

[Convertible Inflation Protection Rider. (Note: (1) this rider is only available at initial application; and (2) if you select this rider, you cannot terminate it).

- On each policy anniversary up to and including the policy anniversary on or next following your 60th birthday, provides an automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of these increases; however, we reserve the right to change premiums on a class basis.
- Beginning on the policy anniversary on or next following your 61st birthday and on each following policy anniversary, provides an automatic increase in your monthly benefit amount and your remaining total benefit amount, unless you give us written notice of rejection of the increase before it takes effect. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. There will be an additional premium for each such increase based on: your age on the effective date of the increase; and the following, in effect on the effective date of the increase: premium rates, discounts, if any, and your health rating. [If you reject the an increase 2 times in a row, you will no longer receive these increases automatically unless you notify us in writing that you wish to resume receiving increases.] Increases under this rider will occur without regard to your claim status or history, health, or the length of time you have been covered under the policy.]

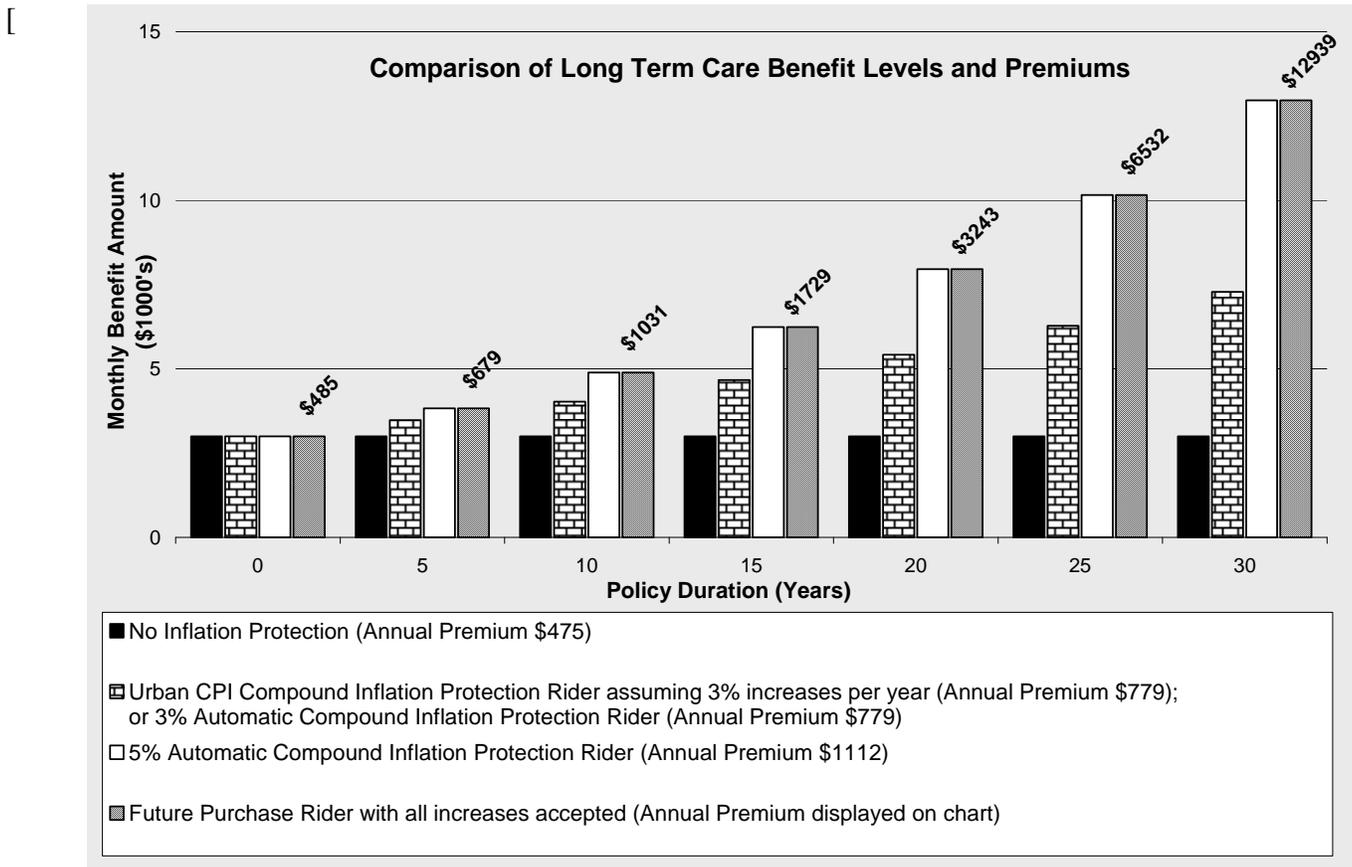
[Annual Purchase Inflation Protection Rider. On each policy anniversary, provides an annual automatic increase in your monthly benefit amount and your remaining total benefit amount, unless you give us written notice of rejection of the increase before it takes effect. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. There will be an additional premium for each such increase based on: your age on the effective date of the increase; and the following, in effect on the effective date of the increase: premium rates, discounts, if any, and your health rating. [If you reject an increase 2 times in a row, you will no longer receive these increases automatically unless you notify us in writing that you wish to resume receiving increases.] Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy.]

[Future Purchase Rider. On each policy anniversary, provides an annual automatic increase in your monthly benefit amount and your remaining total benefit amount, unless you give us written notice of rejection of the increase before it takes effect. However, you cannot receive an increase if you are eligible for benefits on the date the increase is to take effect. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. There will be an additional premium for each such increase based on: your age on the effective date of the increase; and the following, in effect on the effective date of the increase: premium rates, discounts, if any, and your health rating. If you reject an increase 2 times in a row, you will no longer receive these increases automatically unless you notify us in writing that you wish to resume receiving increases. Increases under this rider will occur without regard to your age or the length of time you have been covered

under the policy.]

[Guaranteed Purchase Option Rider. (Note: this rider is only available at initial application). Every 3 years, on the policy anniversary, up to and including the policy anniversary on or next following your 64th birthday, we will provide you with the opportunity to increase your monthly benefit amount and total benefit amount, as described below. Each increase: must be equal to at least and be in multiples of 25% of each of the monthly benefit amount and total benefit amount in effect on the policy's original effective date; and must be the same percentage for both the monthly benefit and the total benefit amount. The sum of all increases under this rider cannot exceed [100%] of the each of the monthly benefit amount and the total benefit amount in effect on the policy's original effective date]. There will be an additional premium for each increase under this rider based on: your age on the effective date of the increase; the premium rates and discounts, if any, in effect on the effective date of the increase; and your health rating on the policy's original effective date. While this rider is in effect, you cannot increase or decrease your monthly benefit amount or total benefit amount under any other policy provisions, and if you are approved to make such a change, this rider will end. If you become eligible for benefits, you cannot increase benefits under this rider and this rider will end. This rider will end if you fail to accept an increase offer 2 times in a row.]

Graphic Comparison. [The following graph assumes a policy issued to an individual whose original issue age is 55 with: a \$3,000 monthly benefit amount; a \$75,000 total benefit amount; a standard health rating; and no applicable discounts. The graph compares the benefits and premiums for such a policy issued with no inflation protection to the same policy issued with: the 5% Automatic Compound Inflation Protection Rider; the Urban CPI Compound Inflation Protection Rider (assuming all increases are 3% increases) or the 3% Automatic Compound Inflation Protection Rider; or the Future Purchase Rider (assuming all increases are accepted).]



Kris Ann Cappelluti
Senior Contract Analyst
Institutional Contracts

July 22, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Metropolitan Life Insurance Company
Individual Long-Term Care Insurance Forms
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

Due to recent amendments in Arkansas Long-Term Care Insurance requirements, we are submitting for approval a new policy endorsement and a revised outline of coverage and potential rate increase disclosure form. These forms will be used with our individual long-term care insurance policy LTC2007 that was approved by your Department on August 15, 2007. We intend to implement these forms upon approval by your Department.

Form Number	Description
LTC2007-CBUL(AP)	Contingent Benefit Upon Lapse for Accelerated Premium Payment Option Endorsement. This endorsement provides a contingent benefit upon lapse that only applies to insureds who select the Ten Year Premium Payment Rider that was previously approved by your Department on August 15, 2007.
LTC2007-OC (REV 0708)	Outline of Coverage: Revised Outline of coverage for policy form LTC2007. We have added an additional paragraph under section 14(e) (Additional Policy Features – Contingent Benefit Upon Lapse) that advises the reader regarding the Contingent Benefit Upon Lapse for Accelerated Premium Payment Option Endorsement. No other changes have been made to the previously approved outline.
LTC-PRI-10PAY	Long-Term Care Insurance Potential Rate Increase Disclosure Form. Revised Potential Rate Increase Disclosure Form which includes a description of the Contingent Benefit Upon Lapse for Accelerated Premium Payment Option Endorsement.

Readability Score

The forms have been tested for readability and they achieved the following Flesch Reading Ease scores, as certified by the MetLife officer signing below:

Variable Material

The variable material contained in each of the filed forms is indicated by brackets.

Rates

There is no impact to the rates for the associated policy form LTC2007 that were previously approved by your Department on August 15, 2007.

Filing Fees

We enclose the required filing fee.

Filing Correspondence Instructions

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Contract Filing Unit, Area 6E
1 MetLife Plaza
Long Island City, NY 11101-4015

If you have any questions or comments that you feel could best be handled by contacting MetLife, please feel free to contact me via telephone, fax or e-mail (see upper left corner of the first page of this letter for contact information).

Very truly yours,



Kris Ann Cappelluti

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Co. 27-01 Queens Plaza N. 6 th Floor Long Island City, NY 11101-4015	NY		241	65978	13-5581829	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	Kris Ann Cappelluti 27-01 Queens Plaza N. 6 th Floor Long Island City, NY 11101-4015	(212) 578-3029		(212) 578-6247		kcappelluti@metlife.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number: W07-4 PL/Compliance						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC031- Individual Long-Term Care Insurance					
10.	Product Coding Matrix Matrix Filing Code	LTC031.001 - Qualified					

11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	July 22, 2008
13.	Filing Fee (If required)	Amount <u>60.00</u> Check Date: <u>July 22, 2008</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number: <u>EFT</u>
14.	Date of Domiciliary Approval	N/A
15.	Filing Description:	
	<p>This is an individual long-term care insurance policy rider, revised outline of coverage, and revised potential rate increase disclosure form. Please see cover letter for a full description.</p>	

View Complete Filing Description

16.	Certification (If required)	
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u></p>	
	Print Name <u>Kris Ann Cappelluti</u>	Title: <u>Senior Contract Analyst</u>
	Original Signature <u><i>Kris Ann Cappelluti</i></u>	Date: <u>July 22, 2008</u>

Effective March 1, 2007

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	W07-4 PL/Compliance
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Contingent Benefit Upon Lapse for Accelerated Premium Payment Option (APO)	LTC2007-CBUL(AP)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Endorsement			
02	Outline for Individual Long-Term Care Insurance Policy	LTC2007-OC (REV 0708)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	LTC2007-OOC Approved 8/15/07
	Outline of Coverage			
03	Potential Rate Increase Disclosure Disclosure Form	LTC-PRI-10PAY	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	LTC-PRI Approved 8/15/07
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
LTC2007-CBUL(AP)	Endorsement	50.60
LTC2007-OC (REV 0708)	Outline of Coverage	50.27
LTC-PRI-10PAY	Endorsement	52.43

Herbert B. Brown Jr.
Vice President

Metropolitan Life Insurance Company
57 Greens Farm Road, Westport, CT 06880
Tel 203-221-3365 Fax 203- 221-3348
Planza@MetLife.com

MetLife[®]

Patricia A. Lanza
Manager
Institutional Contracts

October 29, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

VIA SERFF

ATT: Mr. Harris Shearer

Re: Metropolitan Life Insurance Company
Individual Long-Term Care Insurance Forms

State Tracking Number: 39700

Dear Mr. Shearer:

This will acknowledge and respond to your letter of September 24, 2008 regarding the above referenced filing. We apologize for our inadvertent delay in responding, and appreciate your assistance with this matter.

We agree with your recommendation, and have amended the last bullet on Page 2 of the Endorsement accordingly ("for the Coverage *that* qualifies for...").

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
1095 Avenue of the Americas
New York, NY 10036-6796

Thank you for your attention to this filing. We look forward to hearing from you at your earliest convenience.

Very truly yours,



Patricia A. Lanza

SERFF Tracking Number: *META-125740106* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39700*
Company Tracking Number: *W07-4 PL*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2007-CBUL(AP)/W07-4 PL*

Superseded Attachments

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Endorsement	07/22/2008	019 LTC2007-CBUL(AP) - CBUL for APO - (FINAL 8-21-07).pdf

METROPOLITAN LIFE INSURANCE COMPANY

Contingent Benefit Upon Lapse for Accelerated Premium Payment Option (APO) Endorsement

This endorsement is part of your policy if the 10 Year Premium Payment Rider is listed on your Schedule of Benefits.

DEFINITIONS

Annual Premium for APO means:

- for the Coverage in effect on your Original Effective Date, your annual premium on your Original Effective Date; and
- for a change in Coverage after your Original Effective Date that results in an increase in annual premium, the increase in annual premium for that Coverage change.

Each change in Coverage after your Original Effective Date will be treated separately for purposes of determining Annual Premium for APO.

In determining your Annual Premium for APO, we will not take into account any premium payment mode factors or any discounts (for example, spousal discount).

Issue Age means:

- for the Coverage in effect on your Original Effective Date, your Original Issue Age; and
- for a change in Coverage after your Original Effective Date that causes your premium to increase, your age on the effective date of the Coverage change.

For example, if your Original Issue Age is 40 and you then increase your Benefits at age 42, causing your premium to increase, your Issue Age for the Coverage in effect on your Original Effective Date is 40 and your Issue Age for the Benefit increase is 42.

Premium Payment Ratio means:

- for the Coverage in effect on your Original Effective Date, the number of Policy Months for which you have paid premiums divided by the number of Policy Months you were obligated to pay premiums on the Original Effective Date of your policy, converted to a percentage; and
- for a change in Coverage after your Original Effective Date that results in an increase in premium, the number of Policy Months for which you have paid the increase in premium for such change divided by the number of Policy Months you were obligated on the effective date of the change to pay the increase in premium for such change, converted to a percentage.

For example, if you have paid premiums for the Coverage in effect on your Original Effective Date for 48 months and you are obligated to pay premiums that Coverage for 120 months, the Premium Payment Ratio for the Coverage in effect on your Original Effective Date is 40% because $48 / 120 = .4$, which converts to 40%. If you make a Coverage change after your Original Effective Date that causes your premium to increase and you have paid premiums for that Coverage change for 24 months and are obligated to pay premiums for that Coverage change for 120 months, the Premium Payment Ratio for that Coverage change is 20% because $24 / 120 = .2$, which converts to 20%.

Substantial Premium Increase for APO means an increase or series of increases in your premium that cumulatively increase your Annual Premium for APO by a percentage equal to or greater than the Percentage Increase shown in the table below for your Issue Age. The Annual Premium for APO for the Coverage in effect on your Original Effective Date and the Annual Premium for APO for each Coverage change that causes your premium to increase will each be treated separately in determining if there has been a Substantial Premium Increase for APO. The term **Substantial Premium Increase for APO does not include** an increase in premium due to: an increase in your Benefits; a change in your Coverage that you request; a change in your payment arrangements; or the end or reduction of a discount.

Issue Age	Percentage Increase Over Annual Premium for APO
Under 65	50%
65 – 80	30%
Over 80	10%

Nonforfeiture Feature, as defined in the policy, is changed under this endorsement to mean:

- the Contingent Benefit Upon Lapse provision of the policy;
- if listed on your Schedule of Benefits, the Nonforfeiture Coverage Rider; or
- this Contingent Benefit Upon Lapse for Accelerated Premium Payment Options Endorsement.

NOTIFICATION OF A SUBSTANTIAL PREMIUM INCREASE FOR APO

If the 10 Year Premium Payment Rider is in effect for you, we will send you Written notice of a Substantial Premium Increase for APO at least [45] days before it takes effect. In this notice, we will provide you with the option to decrease your Benefits so that your premium will not increase.

REQUIREMENTS TO QUALIFY FOR PAID-UP STATUS UNDER THIS ENDORSEMENT

Both of the following requirements must be met to qualify for conversion to paid-up status under this endorsement:

1. you must have an increase in premiums that qualifies as a Substantial Premium Increase for APO; and
2. your Premium Payment Ratio must be at least 40% on the first due date of the Substantial Premium Increase for APO.

Please note that for purposes of determining qualification for paid-up status under this endorsement, premiums for the Coverage in effect on your Original Effective Date and each increase in annual premium due to a change in Coverage after your Original Effective Date will each be treated separately.

If both the above requirements are met:

- you will have the option to stop paying premiums and convert your policy to paid-up status (as described below) for the Coverage that qualifies for conversion to paid-up status under this endorsement at any time during the 120 day period following the first due date of the premium increase; and
- we will automatically convert your policy to paid-up status (as described below) for the Coverage qualifies for conversion to paid-up status if your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase for APO.

PAID-UP STATUS

If your policy is converted to paid-up status under this endorsement, for the Coverage that qualifies for conversion to paid-up status, we will pay the same Benefits that were in effect under the policy immediately prior to the date your policy was converted to paid-up status, except that:

- the Total Benefit Amount will be reduced to equal the product of the following:
 - (a) Total Benefit Amount that would have been available immediately prior to the date on which your policy was converted to paid-up status; multiplied by
 - (b) .9 or 90%; multiplied by
 - (c) the Premium Payment Ratio.

For example, if the Total Benefit Amount in effect prior to the date on which your policy was converted to paid-up status was \$100,000, and your Premium Payment Ratio was 40%, then the reduced Total Benefit Amount after your policy is converted to paid-up status would be \$36,000.

$$\$100,000 \times .9 \text{ or } 90\% \times .4 \text{ or } 40\% = \$36,000; \text{and}$$

- the Monthly Benefit Amount available after your policy is converted to paid-up status will be reduced proportionately by the same formula that is used to reduce the Total Benefit Amount.

For example, if the Monthly Benefit Amount in effect prior to the date on which your policy was converted to paid-up status was \$3,000, and your Premium Payment Ratio was 40%, then the reduced Monthly Benefit Amount after your policy is converted to paid-up status would be \$1,080.

$$\$3,000 \times .9 \text{ or } 90\% \times .4 \text{ or } 40\% = \$1,080$$

The total Benefits that we will pay before and after your policy is converted to paid-up status under this endorsement will not exceed the remaining Total Benefit Amount in effect immediately prior to the date your policy was converted to paid-up status.

Once your policy is converted to paid-up status under this endorsement:

- Benefits cannot be changed and will not change under the Changing Benefit Amounts and Other Coverage Changes section of the policy or any rider that increases Benefits; and
- all riders under your policy end, except for the Cash Benefit Rider (if included in your policy).

CONTINGENT BENEFIT UPON LAPSE PROVISION OF YOUR POLICY

Please note that your policy also includes a Contingent Benefit Upon Lapse provision that you may exercise in the event of a Substantial Premium Increase as defined in your policy. The Substantial Premium Increase that is defined in your policy is different from the Substantial Premium Increase for APO. If you meet the requirements for conversion to paid-up status under the terms of the Contingent Benefit Upon Lapse provision of your policy and under the terms of this endorsement, you may select to convert your policy to paid-up status under one of these features, but not both. If you fail to notify us of your selection, and your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase for APO, we will automatically convert your policy to paid-up status under the terms of this endorsement.

APPLICABILITY OF NONFORFEITURE COVERAGE RIDER (IF INCLUDED IN YOUR POLICY)

If your policy includes the Nonforfeiture Coverage Rider, and you meet the requirements for conversion to paid-up status under the terms of that rider and this endorsement, you may select to convert your policy to paid-up status under one of these features, but not both. If you fail to notify us of your selection, and your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase for APO, we will automatically convert your policy to paid-up status under the terms of this endorsement.

TERMINATION OF THIS ENDORSEMENT

This endorsement will end on the earliest of:

- the date on which your 10 Year Premium Payment Rider ends;
- the date on which your policy is converted to paid-up status under a Nonforfeiture Feature; or
- the date on which your policy ends.

EFFECTIVE DATE OF THIS ENDORSEMENT

This endorsement takes effect on the Endorsement Effective Date shown below.

In all other respects, the provisions and conditions of your policy remain the same. This endorsement is subject to the terms and provisions of your policy. It is to be attached to and made a part of your policy.

Signed for Metropolitan Life Insurance Company

[



Gwenn L. Carr
Senior Vice-President and Secretary]

Endorsement Effective Date: [04/01/07]