

SERFF Tracking Number: META-125742270 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39714
 Company Tracking Number: W04-12 KH/COMPLIANCE-VIP2 LW
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Company and Contact

Filing Contact Information

Kris Ann E. Cappelluti, Sr. Analyst-Contracts
 Dev.

1 MetLife Plaza (212) 578-3029 [Phone]
 Long Island City, NY 11101

Filing Company Information

Metropolitan Life Insurance Company.
 1MetLife Plaza
 Long Island City, NY 11101-4015
 (111) 111-1111 ext. [Phone]

CoCode: 65978
 Group Code: -99
 Group Name:
 FEIN Number: 13-5581829

State of Domicile: New York
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$160.00
 Retaliatory? No
 Fee Explanation: \$20.00 Per Form filed.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$160.00	07/23/2008	21559053

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	10/02/2008	10/02/2008

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	Marie Bennett	10/01/2008	10/01/2008	Linda Williams	10/02/2008	10/02/2008
Pending Industry Response	Marie Bennett	09/25/2008	09/25/2008	Linda Williams	09/25/2008	09/25/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Outline of Coverage	Form	Linda Williams	07/23/2008	07/23/2008
Outline of Coverage	Form	Linda Williams	07/23/2008	07/23/2008
Outline of Coverage	Form	Linda Williams	07/23/2008	07/23/2008
Outline of Coverage	Form	Linda Williams	07/23/2008	07/23/2008

SERFF Tracking Number: *META-125742270* *State:* *Arkansas*
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Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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		Yes
Supporting Document	Analyst Response Letter		Yes
Form	Endorsement		Yes
Form (revised)	Outline of Coverage		Yes
Form	Outline of Coverage	Withdrawn	Yes
Form	Outline of Coverage	Withdrawn	Yes
Form (revised)	Outline of Coverage		Yes
Form	Outline of Coverage	Withdrawn	Yes
Form (revised)	Outline of Coverage		Yes
Form	Outline of Coverage	Withdrawn	Yes
Form (revised)	Outline of Coverage		Yes
Form	Outline of Coverage	Withdrawn	Yes
Form	Endorsement		Yes
Form	Endoresment		Yes
Form (revised)	Potential Rate Increase Disclosure Form		Yes
Form	Potential Rate Increase Disclosure Form	Withdrawn	Yes

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Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/01/2008
Submitted Date 10/01/2008
Respond By Date 10/22/2008

Dear Kris Ann E. Cappelluti,

This will acknowledge receipt of the captioned filing.

Objection 1

- Potential Rate Increase Disclosure Form (Form)

Comment: PAGE IX AND X ARE NOT ATTACHED TO THE REVISED FORM.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/02/2008
Submitted Date 10/02/2008

Dear Harris Shearer,

Comments:

Response 1

Comments: As noted, the previously submitted form was an early version of the final PRID and as such, contained a duplicate form for a second applicant. This is what pages ix and x were. They are not included in the revised form as they are not necessary and we will not be using them.

Thank you.

Related Objection 1

Applies To:

- Potential Rate Increase Disclosure Form (Form)

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Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/25/2008
Submitted Date 09/25/2008
Respond By Date 10/24/2008

Dear Kris Ann E. Cappelluti,

This will acknowledge receipt of the captioned filing.

Objection 1

- Potential Rate Increase Disclosure Form (Form)

Comment: Page iX does not have "-10 PAY" in the form number. Please explain.

Objection 2

- Outline of Coverage (Form)

Comment: All pages do not have (REV 0708) following the form number. Please explain.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/25/2008
Submitted Date 09/25/2008

Dear Harris Shearer,

Comments:

Response 1

Comments: Attached is the Analyst response letter and revised forms.

Related Objection 1

Applies To:

- Potential Rate Increase Disclosure Form (Form)

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 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Comment:

Page iX does not have "-10 PAY" in the form number. Please explain.

Related Objection 2

Applies To:

- Outline of Coverage (Form)

Comment:

All pages do not have (REV 0708) following the form number. Please explain.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Analyst Response Letter

Comment: Attached is the Analyst response letter and the revised forms.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Outline of Coverage	LTC2-OC-IDEAL-AR (REV 0708)		Outline of Coverage	Revised	LTC2-OC- 53 IDEAL-AR		OOC - IDEAL-AR(rev0708)[9-25-08).pdf
Previous Version							
Outline of Coverage	LTC2-OC-IDEAL-AR (REV 0708)		Outline of Coverage	Revised	LTC2-OC- 53 IDEAL-AR		OOC - IDEAL-AR(rev0708).pdf
Outline of Coverage	LTC2-OC-IDEAL-AR (REV 0708)		Other	Revised	LTC2-OC- 53 IDEAL-AR		OOC - IDEAL-AR(rev0708).pdf
Potential Rate Increase Disclosure Form	LTC-PRI-10PAY		Other	Initial		52	PRI-10PAY45.pdf

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Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Previous Version

Potential Rate Increase	LTC-PRI-	Other	Initial	52	LTC-PRI-
Disclosure Form	10PAY				10PAY.pdf

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Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2*

No Rate/Rule Schedule items changed.

Sincerely,
Linda Williams, Ruth Rivera, Sandra Bennett

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 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Amendment Letter

Amendment Date:
 Submitted Date: 07/23/2008

Comments:
 Correction to Form Type to reflect Outline of Coverage.

Changed Items:
Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC2-OC-IDEAL-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised		SERT-666ME2701/00-00	LTC2-OC-IDEAL-AR	53	OOO - IDEAL-AR(rev0708).pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC2-OC-VAL-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised		SERT-666ME2701/00-00	LTC2-OC-VAL-AR	51	OOO-VAL-AR (rev0708).pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC2-OC-FAC-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised		SERT-666ME2701/00-00	LTC2-OC-FAC-AR	50	OOO - FAC-AR (rev0708).pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC2-OC-PREM-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised		SERT-666ME2701/00-00	LTC2-OC-PREM-AR	55	OOO-PREM-AR (rev0708).pdf

SERFF Tracking Number: META-125742270 State: Arkansas
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Form Schedule

Lead Form Number: LTC2-CBUL(AP)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC2-CBUL(AP)	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont Endorsement	Initial		51	17 LTC2-CBUL(AP) - CBUL for APO - GEN.pdf
	LTC2-OC-IDEAL-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: LTC2-OC-IDEAL-AR Previous Filing #: SERT-666ME2701/00-00	53	OOO - IDEAL-AR(rev0708)[9-25-08).pdf
	LTC2-OC-VAL-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: LTC2-OC-VAL-AR Previous Filing #: SERT-666ME2701/00-00	51	OOO-VAL-AR (rev0708).pdf
	LTC2-OC-FAC-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: LTC2-OC-FAC-AR Previous Filing #: SERT-666ME2701/00-00	50	OOO - FAC-AR (rev0708).pdf
	LTC2-OC-PREM-AR (REV 0708)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: LTC2-OC-PREM-AR Previous Filing #: SERT-666ME2701/00-00	55	OOO-PREM-AR (rev0708).pdf
	LTC2-PROVIDER	Policy/Cont ract/Fraternal	Policy/Cont Endorsement	Initial		50	LTC2-PROVIDERD

SERFF Tracking Number: META-125742270 State: Arkansas
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 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

DEF- COMP	al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				EF-COMP (8- 28-07).pdf
LTC2- PROVIDER DEF-FAC	Policy/Cont Endoresment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	LTC2- PROVIDERD EF-FAC (8- 23-07).pdf
LTC-PRI- 10PAY	Other Potential Rate Increase Disclosure Form	Initial		52	PRI- 10PAY45.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 [Ten Year Premium Payment Rider or the Paid-Up Premiums Rider] is listed on Your Schedule of Benefits.

DEFINITIONS

Annual Premium for APO means:

- for the coverage in effect on Your **Original Coverage Effective Date**, Your **Gross Annual Premium** on Your **Original Coverage Effective Date**; and
- for a change in coverage after Your **Original Coverage Effective Date** that results in an increase in Your Gross Annual Premium, the increase in Your **Gross Annual Premium** for that coverage change.

Each change in coverage after Your **Original Coverage 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 Coverage Effective Date**, Your **Original Issue Age**; and
- for a change in coverage after Your **Original Coverage 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 Coverage 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 Coverage 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 Coverage Effective Date** of Your policy, converted to a percentage; and
- for a change in coverage after Your **Original Coverage 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 Coverage 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 Coverage Effective Date** is 40% because $48 / 120 = .4$, which converts to 40%. If You make a coverage change after Your **Original Coverage 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 Coverage 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 Coverage, as defined in the policy, is changed under this endorsement to mean coverage provided under:

- the Contingent Benefits 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 or Paid-Up Premiums Rider] is in effect for You, We will send You written notice of a **Substantial Premium Increase for APO** at least forty-five [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 Coverage Effective Date** and each increase in annual premium due to a change in coverage after Your **Original Coverage 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 one hundred twenty (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 one hundred (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 Lifetime Benefit** will be reduced to equal the product of the following:
 - (a) Total Lifetime Benefit 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 Lifetime Benefit 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 Lifetime Benefit 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 benefit amounts under your policy, 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 Lifetime Benefit**.

For example, if your policy provides for a **Monthly Benefit Amount** and 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 Lifetime Benefit** 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 section of the policy or any rider that increases **Benefits**; and
- all riders under Your policy end, except for the Indemnity Rider (if included in Your policy).

CONTINGENT BENEFITS UPON LAPSE PROVISION OF YOUR POLICY

Please note that Your policy also includes a Contingent Benefits 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 are eligible for **Contingent Nonforfeiture Coverage** under the Contingent Benefits Upon Lapse provision of Your policy and you also meet the requirements for conversion to paid-up status under the terms of this endorsement, You may elect to receive **Contingent Nonforfeiture Coverage** or convert Your policy to paid-up status under this endorsement, but not both. If You fail to notify Us of Your election, and Your policy **Lapses** or You cancel Your policy at any time during the one hundred twenty (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 are eligible for **Nonforfeiture Coverage** under that rider and You also meet the requirements for conversion to paid-up status under the terms of this endorsement, You may elect to receive **Nonforfeiture Coverage** or convert Your policy to paid-up status, but not both. If You fail to notify Us of Your election, and Your policy **Lapses** or You cancel Your policy at any time during the one hundred twenty (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 [Ten Year Premium Payment Rider or Paid-Up Premiums Rider] ends; or
- the date on which Your policy is converted to paid-up status under this endorsement; or
- the date on which **Contingent Nonforfeiture Coverage** takes effect under the Contingent Benefits Upon Lapse provision of Your policy; or
- the date on which **Nonforfeiture Coverage** takes effect under the Nonforfeiture Coverage Rider (if applicable); 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]

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. Box 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-IDEAL-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month, which starts on or next follows the date on which You are no longer receiving Covered Services.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. **LONG-TERM CARE INSURANCE 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 policy limitations and Elimination Period requirements.

9. **BENEFITS PROVIDED BY THE POLICY** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility	\$ _____*
Home Care and Community Care	\$ _____*

*There is no daily limit for these Benefits. Instead there is a monthly limit.

Total Lifetime Benefit \$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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.

"**Monthly Benefit Amount**" means an amount equal to the number of days in the Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home, Assisted Living Facility or Home Care and Community Care shown on page 3 of the policy, as applicable.

"**Plan of Care**" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES - PRIMARY SERVICES

During any Calendar Month, You may receive one or more Primary Services for which Benefits are payable on a monthly basis. The most We will pay for any combination of Primary Services You receive during any Calendar Month (for which Benefits are payable on a monthly basis) is the highest Monthly Benefit Amount for one of those Primary Services. However, the most we will pay for each Primary Service that you receive is the Monthly Benefit Amount for that Primary Service. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in and provided by a Nursing Home, Hospice Facility or Assisted Living Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

B. HOME CARE & COMMUNITY CARE BENEFITS. We will pay up to the Home Care and Community Care Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services You receive while at Home: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) Ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care. Home means any residence in which You are living or staying. Home does not include any hospital or other acute care facility. For purposes of the Transition Expense Allowance, the Supportive Services and Specialized Transportation Benefit, the Home Care Elimination Period Waiver rider and the Calendar Day Rider, the term Home also does not include a nursing home, assisted living facility or hospice facility.

C. RESPITE CARE BENEFITS. "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on the type of service received. If You receive more than one type of Respite Care service on the same day, the most We will pay is the highest Respite Care Maximum Daily Benefit

Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the Elimination Period. Payment of these Benefits will reduce the Monthly Benefit Amounts available for other Primary Services.

- D. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the maximum benefit amount for the Covered Services We determine to be most closely related to the Alternate Services received.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.
- B. TRANSITION EXPENSE ALLOWANCE.** After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. We will not pay for modifications that would increase the value of Your Home. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.
- C. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be

cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

D. SUPPORTIVE SERVICES AND SPECIALIZED TRANSPORTATION BENEFITS. We will pay up to the Maximum Benefit Amount shown on page 3 of the policy for Supportive Services and Specialized Transportation, for actual charges You incur for the following Qualified Long-Term Care Services required to promote Your health and safety while Chronically Ill:

1. Supportive Services, which are services that enable You to remain safely at Home. Supportive Services may include: (a) shopping for items You need; (b) personal laundry services; (c) meal preparation; (d) Meals on Wheels; and (e) light housekeeping. These services can be performed by an Informal Caregiver.
2. Specialized Transportation, which is hiring a vehicle, with ramps, lifts or other special equipment to assist You to get in and out of it, to enable You to receive Qualified Long-Term Care Services.

You must satisfy the Elimination Period for this Benefit to be payable. Receipt of these services will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to

five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

D. NONFORFEITURE COVERAGE RIDER. This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.

E. PAID-UP SURVIVORSHIP RIDER. Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.

In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:

1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and
2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.

F. RESTORATION OF BENEFITS RIDER. This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.

G. RETURN OF PREMIUM RIDER. This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.

H. SHARED CARE RIDER. This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy

has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.

- I. CALENDAR DAY RIDER.** This Rider provides that for each day that You are Chronically Ill, We will credit You with a day toward satisfying the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- J. HOME CARE ELIMINATION PERIOD WAIVER .** This Rider provides that on the first day that You are Chronically Ill, You will have satisfied the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- K. TEN-YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- L. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- M. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that

Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.

- **N. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 1. any war, or act of war (whether declared or undeclared); or
 2. participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services, other than Supportive Services, performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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 the secondary payer under applicable law.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will not apply to policies or certificates which pay Benefits without regard to actual charges You incur.

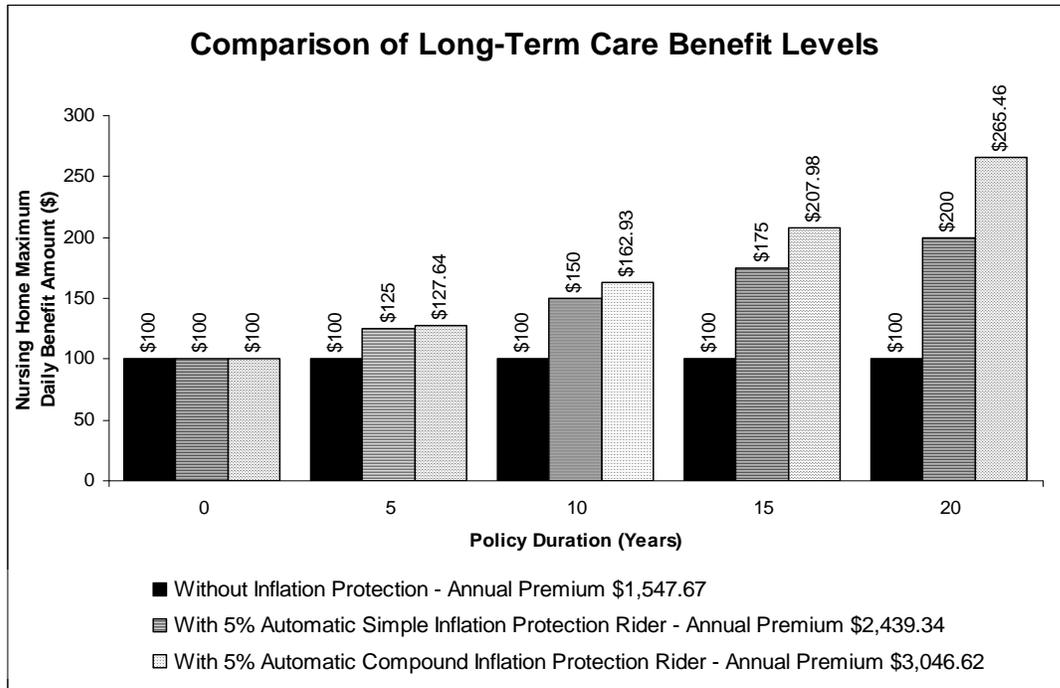
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Ideal Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Calendar Day Rider	\$ _____
Home Care Elimination Period Waiver	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;
- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult Your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage ("Contingent Nonforfeiture Coverage") if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced "paid-up" contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

D. EXTENSION OF BENEFITS. If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no

longer confined in a Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.

- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. Request reinstatement; and
2. Submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. Pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. BOX 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-VAL-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

- 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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month, which starts on or next follows the date on which You are no longer receiving Covered Services.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS. We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE 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 policy limitations and Elimination Period requirements.

9. BENEFITS PROVIDED BY THE POLICY (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home \$ _____

Assisted Living Facility \$ _____

Home Care and Community Care \$ _____

Total Lifetime Benefit \$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. We are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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 prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES-PRIMARY SERVICES

On any day, You may receive one or more Primary Services. The most We will pay for any combination of Primary Services You receive on any day is the highest Maximum Daily Benefit Amount associated with the Primary Services You receive that day. However, the most We will pay for each Primary Service that You receive is the Maximum Daily Benefit Amount for that Primary Service. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the applicable Maximum Daily Benefit Amount for actual charges You incur for the following Covered Services received in and provided by a Nursing Home, Hospice Facility or Assisted Living Facility: (1) Room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the applicable Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

B. HOME CARE & COMMUNITY CARE BENEFITS. We will pay up to the Home Care and Community Care Maximum Daily Benefit Amount for actual charges You incur for the following Covered Services You receive while at Home: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care. Home means any residence in which You are living or staying. Home does not include any hospital or other acute care facility. For purposes of the Home Care Elimination Period Waiver rider and the Calendar Day Rider, the term Home also does not include a nursing home, assisted living facility or hospice facility.

C. RESPITE CARE BENEFITS. "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on the type of service received. If You receive more than one type of Respite Care service on the same day, the most We will pay is the highest Respite Care Maximum Daily Benefit Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the

Elimination Period. Payment of these Benefits will reduce the Maximum Daily Benefit Amounts available for other Primary Services.

- D. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for each day you receive Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the maximum benefit amount for the Covered Services We determine to be most closely related to the Alternate Services received.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your total lifetime benefit.
- B. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.

In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:

1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and

2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.

- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- H. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.
- I. CALENDAR DAY RIDER.** This Rider provides that for each day that You are Chronically Ill, We will credit You with a day toward satisfying the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- J. HOME CARE ELIMINATION PERIOD WAIVER .** This Rider provides that on the first day that You are Chronically Ill, You will have satisfied the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.

- K. INDEMNITY RIDER.** This Rider changes Your long-term care insurance policy to provide for payment of the Maximum Daily Benefit Amount for Primary Services you have received, without regard to the actual charges you incur.
- Since Benefits under the Policy will be paid without regard to actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.
- L. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- M. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th Birthday or on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- N. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.
- O. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.
- 10. LIMITATIONS AND EXCLUSIONS.** No payment will be made for any of the following:
- a. Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician.

- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 - 1. any war, or act of war (whether declared or undeclared); or
 - 2. participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will 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 costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

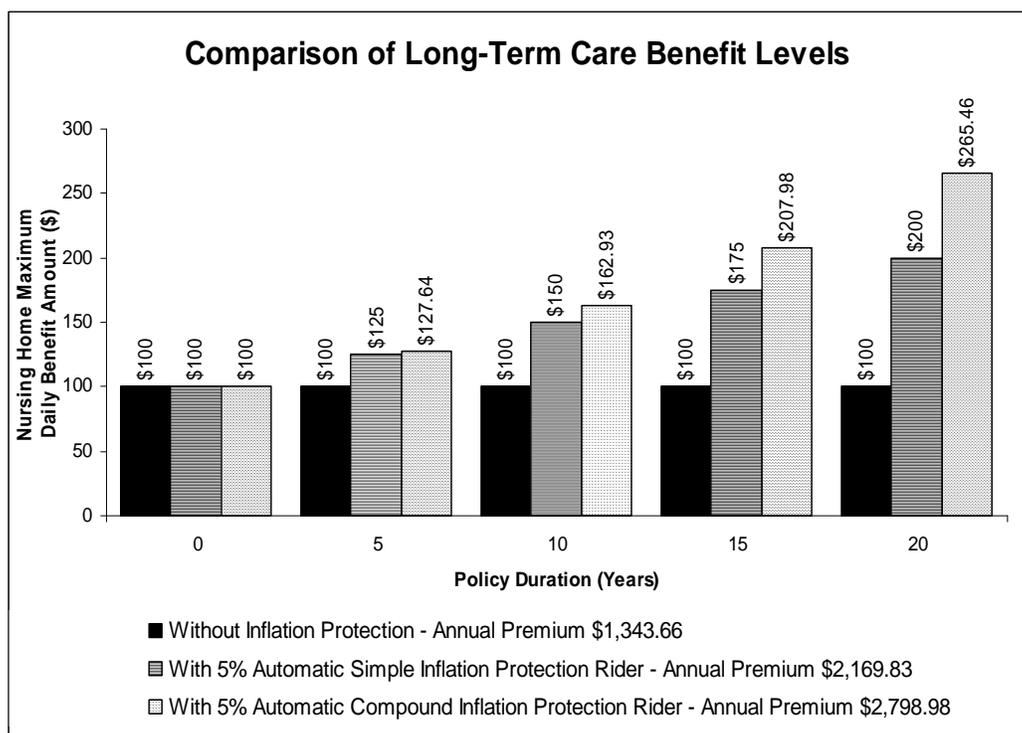
A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

— **5% Automatic Compound Inflation Protection Rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium.

If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or

- **5% Automatic Simple Inflation Protection Rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.

- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage, for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Value Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Calendar Day Rider	\$ _____
Home Care Elimination Period Waiver	\$ _____
Indemnity Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than

under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;
- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult Your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage ("Contingent Nonforfeiture Coverage") if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced "paid-up" contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

- D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in the Nursing Home, Hospice Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.
- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. BOX 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-FAC-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **Waiver of premium.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer receiving Covered Services.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.
6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.**
- You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
 - We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.
- Neither MetLife nor its agents represent Medicare, the federal government, or any state government.
8. **LONG-TERM CARE INSURANCE 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.
- The policy provides coverage in the form of a reimbursement benefit for covered long-term care expenses, subject to policy limitations and Elimination Period requirements.
9. **BENEFITS PROVIDED BY THE POLICY.** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility \$ _____*

* There is no daily limit for this Benefit. Instead, there is a monthly limit.

Total Lifetime Benefit

\$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS. You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL)) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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.

"**Monthly Benefit Amount**" means an amount equal to the number of days in a Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home or Assisted Living Facility shown on page 3 of the policy.

"**Plan of Care**" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES - PRIMARY SERVICES

During any Calendar Month, You may receive one or more Primary Services in a Facility, for which Benefits are payable on a monthly basis. The most We will pay for any combination of Primary Services You receive during any Calendar Month is the Nursing Home Monthly Benefit Amount. Payment of Benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in and provided by a Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Facility on those days.

- B. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished in a facility not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the Nursing Home Monthly Benefit Amount.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

- B. TRANSITION EXPENSE ALLOWANCE.** After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. Home means any residence in which You are living or staying. Home does not include any nursing home, hospice facility, assisted living facility; other residential long-term care facility; or hospital or other acute care facility. We will not pay for modifications that would increase the value of Your Home. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.
- C. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increases two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been

made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay for any premium increase which results from a change in Benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.
- In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:
1. both You and Your Covered Partner have each had a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect for at least ten consecutive (10) Policy Years; and both of these Riders must be in effect on the date Your Covered Partner dies; and
 2. neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your Policy and for Your Covered Partner's policy; and
 3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.
- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.

- H. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's Policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.
- I. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- J. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- K. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.
- L. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 - 1) any war, or act of war (whether declared or undeclared); or
 - 2) participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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 the secondary payer under applicable law.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will 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.

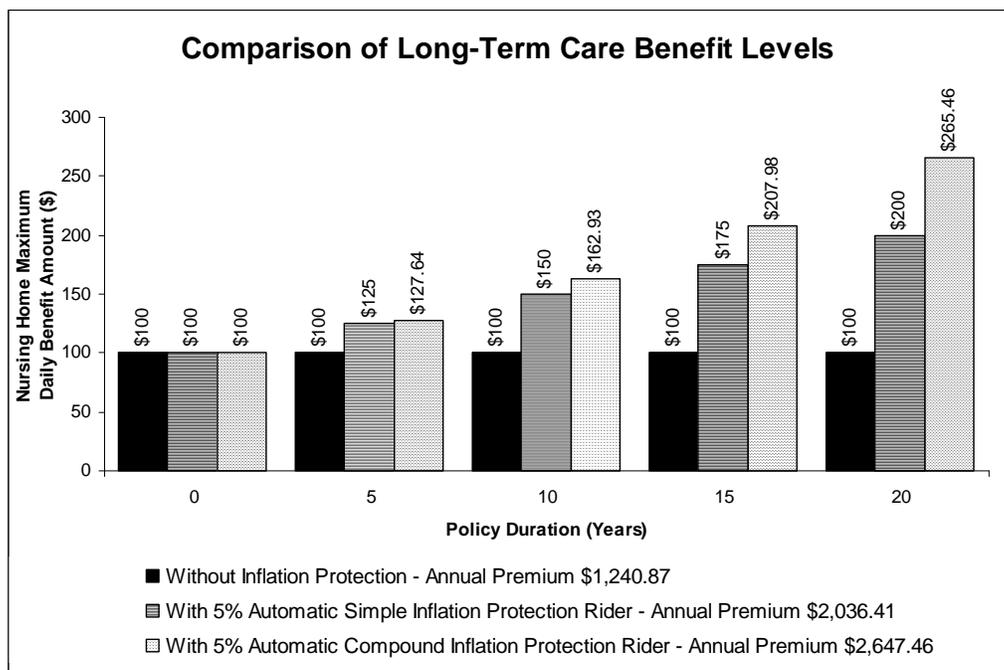
11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been

covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



B. FUTURE PURCHASE RIDER. This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.

C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH. You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.

D. BENEFIT DECREASES. You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Facilities Only Policy \$ _____

Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a per diem (daily) benefit of twenty-five percent (25%) of the Nursing Home Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;

- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage (“Contingent Nonforfeiture Coverage”) if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced “paid-up” contingent nonforfeiture benefit. Please refer to [second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

- D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility; or (3) the Total Lifetime Benefit has been paid.
- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two- (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
2. submit proof of good health, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy. If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. BOX 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-PREM-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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.

Since Benefits under the policy are paid without regard to the actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**

- b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are receiving payment of the Facility Daily Benefit or the Basic Daily Benefit. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer eligible for Benefits.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS. We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE 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 fixed dollar (disability type) benefit for covered long-term care conditions, subject to policy limitations and Elimination Period requirements. This means that Benefit payments, other than Needs Assessment Benefits, will be made without regard to the actual expenses You incur provided You are eligible for benefits.

9. BENEFITS PROVIDED BY THE POLICY (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Benefit Amounts

Facility	\$ _____
Basic	\$ _____
Total Lifetime Benefit	\$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be Chronically Ill before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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 prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

BENEFIT PAYMENTS

Benefit payments other than Needs Assessment Benefits will be made without regard to the actual expenses You incur. We will pay either the Basic Daily Benefit Amount or the Facility Daily Benefit Amount for each day that: (1) You have satisfied the required Elimination Period; and (2) You are eligible for Benefits; and (3) the Total Lifetime Benefit has not been paid.

A. BASIC DAILY BENEFITS. We will pay You the Basic Daily Benefit Amount for each day that: (1) You satisfy the Conditions for Benefit Payments; and (2) You are not confined in a Facility or You are outside the United States. You do not need to incur charges or submit bills to receive the Basic Daily Benefit Amount.

If You are outside the United States and satisfy the Conditions for Benefit Payments, We will pay the Basic Daily Benefit.

B. FACILITY DAILY BENEFITS. We will pay You the Facility Daily Benefit Amount for each day that: (1) You satisfy the Conditions for Benefit Payments; and (2) You are confined in a Facility.

In no event will We pay more than the Facility Daily Benefit Amount on any day.

C. BED RESERVATION BENEFITS. We will pay the Bed Reservation Benefit, which is equal to the Facility Daily Benefit Amount, for up to fifty (50) days per Policy Year.

D. NEEDS ASSESSMENT BENEFITS. After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.

- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Facility Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.

In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:

 1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and
 2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
 3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.
- F. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- G. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit

under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.

- H. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up on the tenth (10th) Policy Anniversary. Any premium increases as a result of a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- I. PAID-UP PREMIUMS RIDER.** This Rider provides the premium for the coverage purchased on Your Original Coverage Effective Date to be Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or on the tenth (10th) Policy Anniversary. Any premium increase, which results from a change in benefits under the terms of the policy, will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- J. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.
- K. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Any injury or sickness that results from:
 - 1. any war, or act of war (whether declared or undeclared); or
 - 2. participation in a felony, riot or insurrection.

- b. Any intentionally self-inflicted injury.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

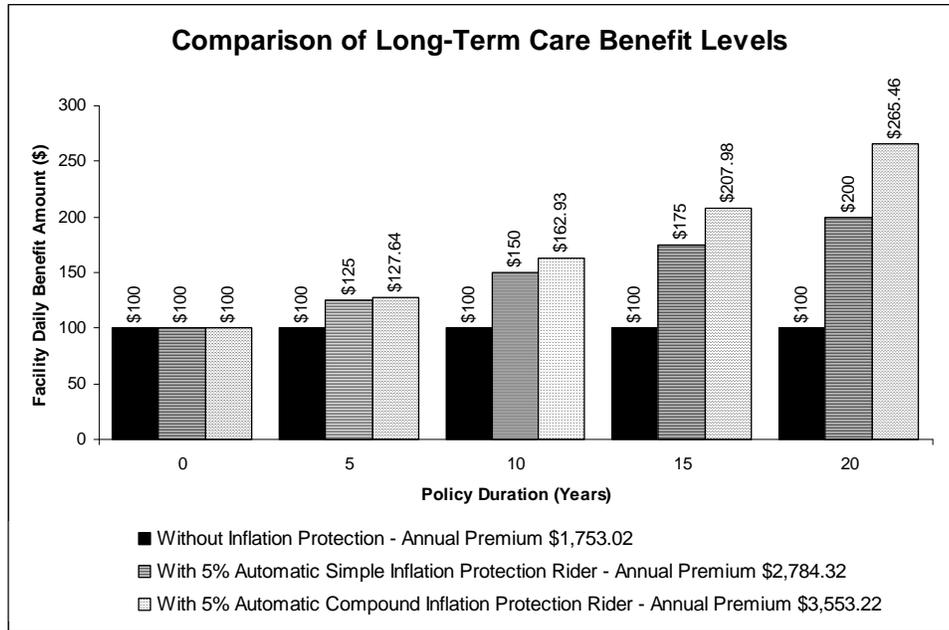
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider and a policy with the 5% Automatic Simple Inflation Protection Rider and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Facility Daily Benefit Amount, a \$50 Basic Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide you with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in the prior Policy Year. No increases will be made if You are eligible for Benefits.
- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. Annual Premiums

(Premiums appear next to Riders selected.)

Premier Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect.

We will provide limited coverage (“Contingent Nonforfeiture Coverage”) if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms

of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced “paid-up” contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

- C. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Facility, We will extend the payment of Benefits received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility; or (3) the Total Lifetime Benefit has been paid.
- D. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- E. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- F. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

G. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy. If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

METROPOLITAN LIFE INSURANCE COMPANY

Provider Definitions Endorsement

This endorsement is part of Your policy.

The policy definitions of Assisted Living Facility, Home Health Care Agency and Nursing Home are deleted in their entirety and replaced with the following:

“**Assisted Living Facility**” means a facility that meets ALL of the following:

- If licensing or certification is required, maintains all appropriate licensing under the laws where it is located to provide **Maintenance or Personal Care**; and
- Provides twenty-four (24) hours a day **Maintenance or Personal Care** services sufficient to assist clients with needs which result from the inability to perform **Activities of Daily Living** or from **Severe Cognitive Impairment**; and
- Has at least three (3) clients; and
- Uses aides trained or certified to provide **Maintenance or Personal Care** in accordance with any laws which apply to the provision of such care; and
- Provides twenty-four (24) hour supervision of clients by a trained and awake staff; and
- Has formal arrangements for emergency medical care; and
- Maintains written records of services furnished to each client; and
- Serves clients three (3) meals a day; and
- Has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

An **Assisted Living Facility** is not, other than incidentally, a hotel, motel, a place for rest or a place for the treatment or rehabilitation of drug addiction or alcoholism. Retirement homes, congregate living, senior housing, or other facilities chiefly intended to provide residential services but not **Maintenance or Personal Care** do not typically qualify as an **Assisted Living Facility**. If an institution has more than one license or purpose, only that section of the institution specifically meeting the definition of **Assisted Living Facility** will qualify as an **Assisted Living Facility**.

“**Home Health Care Agency**” means a **Hospital** or other organization that:

- If licensing or certification is required, is licensed or certified as a **Home Health Care Agency** under the laws where it is located, or under a public health law or similar law, to provide **Home Health Care Services**; or
- Is recognized as a **Home Health Care Agency** by **Medicare**; or
- If licensing or certification as a home health care agency is not required under the laws where it is located, meets ALL of the following:
 1. Has at least five (5) clients; and
 2. Develops and reviews long-term care service plans at appropriate intervals; and
 3. Uses **Home Health Aides**, trained or certified in accordance with any laws which apply to such care, to provide **Maintenance or Personal Care**; and
 4. Provides on-site supervision of **Home Health Aides** by a **Nurse** or **Social Worker**; and
 5. Has a **Nurse** or a **Physician** on call for a medical emergency during the hours that the **Home Health Aide** is in the client's **Home**; and
 6. Maintains a written record of services performed for each client.

“Nursing Home” means a facility that provides skilled, intermediate or custodial care that meets ALL of the following requirements:

- If licensing or certification is required, maintains all appropriate licensing or certification under the laws where it is located as a skilled or intermediate nursing facility; and
- Has twenty-four (24) hours a day **Nursing Care**; and
- has twenty-four (24) hours a day **Maintenance or Personal Care** performed by a trained/certified and awake staff supervised by a **Nurse**; and
- Keeps a written record of services performed for each client; and
- Has formal arrangements for emergency medical care; and
- Services are not limited to provision of food, shelter, and other residential services such as laundry.

A **Nursing Home** is not, other than incidentally, a **Hospital** (except a distinct part of a **Hospital** which is a nursing facility), residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, **Assisted Living Facility**, continuing care retirement community or similar entity, or place for the treatment or rehabilitation of drug addiction or alcoholism.

TERMINATION OF THIS ENDORSEMENT

This endorsement will end on 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: [07/01/07]

METROPOLITAN LIFE INSURANCE COMPANY

Provider Definitions Endorsement

This endorsement is part of Your policy.

The policy definitions of Assisted Living Facility and Nursing Home are deleted in their entirety and replaced with the following:

“**Assisted Living Facility**” means a facility that meets ALL of the following:

- If licensing or certification is required, maintains all appropriate licensing under the laws where it is located to provide **Maintenance or Personal Care**; and
- Provides twenty-four (24) hours a day **Maintenance or Personal Care** services sufficient to assist clients with needs which result from the inability to perform **Activities of Daily Living** or from **Severe Cognitive Impairment**; and
- Has at least three (3) clients; and
- Uses aides trained or certified to provide **Maintenance or Personal Care** in accordance with any laws which apply to the provision of such care; and
- Provides twenty-four (24) hour supervision of clients by a trained and awake staff; and
- Has formal arrangements for emergency medical care; and
- Maintains written records of services furnished to each client; and
- Serves clients three (3) meals a day; and
- Has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

An **Assisted Living Facility** is not, other than incidentally, a hotel, motel, a place for rest or a place for the treatment or rehabilitation of drug addiction or alcoholism. Retirement homes, congregate living, senior housing, or other facilities chiefly intended to provide residential services but not **Maintenance or Personal Care** do not typically qualify as an **Assisted Living Facility**. If an institution has more than one license or purpose, only that section of the institution specifically meeting the definition of **Assisted Living Facility** will qualify as an **Assisted Living Facility**.

“**Nursing Home**” means a facility that provides skilled, intermediate or custodial care that meets ALL of the following requirements:

- If licensing or certification is required, maintains all appropriate licensing or certification under the laws where it is located as a skilled or intermediate nursing facility; and
- Has twenty-four (24) hours a day **Nursing Care**; and
- has twenty-four (24) hours a day **Maintenance or Personal Care** performed by a trained/certified and awake staff supervised by a **Nurse**; and
- Keeps a written record of services performed for each client; and
- Has formal arrangements for emergency medical care; and
- Services are not limited to provision of food, shelter, and other residential services such as laundry.

A **Nursing Home** is not, other than incidentally, a **Hospital** (except a distinct part of a **Hospital** which is a nursing facility), residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, **Assisted Living Facility**, continuing care retirement community or similar entity, or place for the treatment or rehabilitation of drug addiction or alcoholism.

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Signed for Metropolitan Life Insurance Company



[

Gwenn L. Carr
Senior Vice-President and Secretary]

Endorsement Effective Date: [07/01/07]

LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

[APPLICANT 1]

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)¹

- \$ 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. 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 lifetime maximum 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 maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum 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 maximum 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).

¹Premium rate will vary if applicant chooses one of the following pay Riders: Double-Pay First Year Rider or the Reduced Pay at Age 65 Rider.

LEAVE THIS PAGE WITH APPLICANT

LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

[APPLICANT 1]

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 NONFORFEITURE FOR TEN YEAR PREMIUM PAYMENT RIDER OR PAID-UP PREMIUMS RIDER**

If you select the Ten Year Premium Payment Rider, or the Paid-Up Premiums 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 or Paid-Up Premiums 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.

LEAVE THIS PAGE WITH APPLICANT

SERFF Tracking Number: *META-125742270* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39714*
Company Tracking Number: *W04-12 KH/COMPLIANCE-VIP2 LW*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125742270 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39714
 Company Tracking Number: W04-12 KH/COMPLIANCE-VIP2 LW
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long Term Care Insurance
 Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 07/22/2008

Comments:

Attached are the required Certifications

Attachments:

ARCERTREG19.pdf

ARCERTREAD.pdf

Review Status:
Bypassed -Name: Application 07/22/2008

Bypass Reason: Not Applicable.

Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 07/22/2008

Bypass Reason: Not Applicable.

Comments:

Review Status:
Satisfied -Name: Outline of Coverage 07/22/2008

Comments:

The Outlines of Coverage are attached under the Form Schedule Tab as per your General Instructions.

Review Status:
Satisfied -Name: Cover Letter 07/23/2008

Comments:

Attached is the Cover Letter.

Attachment:

Filing Letter-AR _7-16-08_.pdf

Review Status:
Satisfied -Name: NAIC Transmittal Form 07/23/2008

SERFF Tracking Number: *META-125742270* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39714*
Company Tracking Number: *W04-12 KH/COMPLIANCE-VIP2 LW*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2*

Comments:

Attached is the NAIC Transmittal Form.

Attachment:

NAIC Transmittal Form - AR.pdf

SERFF Tracking Number: META-125742270 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39714
Company Tracking Number: W04-12 KH/COMPLIANCE-VIP2 LW
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2

Review Status:

Satisfied -Name: Analyst Response Letter

09/25/2008

Comments:

Attached is the Analyst response letter and the revised forms.

Attachment:

Response Letter-AR _9-25-08_.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, appearing to read "Herbert B. Brown Jr.", written in a cursive style.

Herbert B. Brown Jr.
Vice President



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
LTC2-CBUL-AP	Endorsement	50.60
LTC2-OC-IDEAL-AR (REV 0708)	Outline of Coverage	52.51
LTC2-OC-VAL-AR (REV 0708)	Outline of Coverage	50.53
LTC2-OC-PREM-AR (REV 0708)	Outline of Coverage	50.07
LTC2-OC-FAC-AR (REV 0708)	Outline of Coverage	55.17
LTC2-PROVIDERDEF-COMP	Endorsement	50.09
LTC2-PROVIDERDEF-FAC	Endorsement	50.00
LTC2-PRI-10PAY	Disclosure Form	52.43

Herbert B. Brown Jr.
Vice President

Metropolitan Life Insurance Company
1 MetLife Plaza, Area 6E, Long Island City, NY 11101-4015
Tel 212-578-3029 Fax 212-578-6247
kcappelluti@metlife.com



Kris Ann E. Cappelluti
Senior Contract Analyst
Institutional Contracts

July 22, 2008

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

Re: Metropolitan Life Insurance Company
Individual Long-Term Care Insurance Policy Forms LTC2-IDEAL-AR et al
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

Due to recent changes in Arkansas long-term care insurance requirements, we are submitting, for approval, modifications for our LTC2-IDEAL-AR, et al. individual long-term care insurance policy series which was approved by your Department on January 13, 2005.

Form Number	Description
LTC2-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 that select the approved Ten Year Premium Payment Rider or the Paid-Up Premiums Rider.
LTC2-OC-IDEAL-AR (REV 0708) LTC2-OC-VAL-AR (REV 0708) LTC2-OC-FAC-AR (REV 0708) LTC2-OC-PREM-AR (REV 0708)	Updated outlines of coverage in which we've added a second paragraph under item 14 - Additional Policy Features - Contingent Benefit Upon Lapse regarding the Contingent Benefit Upon Lapse for Accelerated Premium Payment Option Endorsement. No other changes have been made to the previously approved outlines.
LTC2-PROVIDERDEF-COMP	Endorsement revising definitions of Assisted Living Facility, Home Health Care Agency and Nursing Home to be issued with policy forms LTC2-IDEAL-AR and LTC2-VAL-AR.
LTC2-PROVIDERDEF-FAC	Endorsement revising definitions of Assisted Living Facility and Nursing Home to be issued with policy forms LTC2-FAC-AR and LTC2-PREM-AR.

Form Number

Description (Continued)

LTC-PRI-10PAY

New Potential Rate Increase Disclosure Form which includes a description of the Contingent Benefit Upon Lapse for Accelerated Premium Payment Option Endorsement.

Upon approval, we intend to introduce these forms as required by Arkansas law and regulation.

Variability

Bracketed text is variable.

Filing Fee

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 me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

Very truly yours,



Kris Ann E. Cappelluti
Senior Contract Analyst

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: W04-12 KH/Compliance-VIP2						
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					

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	W04-12 KH/Compliance-VIP2
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	Contingent Benefit Upon Lapse for Accelerated Premium Payment Option (APO) Endorsement	LTC2-CBUL(AP)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Outline for Individual Long-Term Care Insurance Policy Outline of Coverage	LTC2-OC-IDEAL-AR (REV 0708)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	LTC2-OC-IDEAL-AR SERFF Tracking No.: SERT- 666ME2701/00-00/00-00/00
03	Outline for Individual Long-Term Care Insurance Policy Outline of Coverage	LTC2-OC-VAL-AR (REV 0708)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	LTC2-OC-VAL-AR SERFF Tracking No.: SERT- 666ME2701/00-00/00-00/00
04	Outline for Individual Long-Term Care Insurance Policy Outline of Coverage	LTC2-OC-FAC-AR (REV 0708)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	LTC2-OC-FAC-AR SERFF Tracking No.: SERT- 666ME2701/00-00/00-00/00
05	Outline for Individual Long-Term Care Insurance Policy Outline of Coverage	LTC2-OC-PREM REV 0708)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	LTC2-OC-PREM-AR SERFF Tracking No.: SERT- 666ME2701/00-00/00-00/00
06	Potential Rate Increase Disclosure Disclosure Form	LTC-PRI-10PAY	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Policy Endorsement Endorsement	LTC2-PROVIDERDEF-COMP	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Policy Endorsement Endorsement	LTC2-PROVIDERDEF-FAC	<input checked="" 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
1 MetLife Plaza, Area 6E, Long Island City, NY 11101-4015
Tel 212-578-3029 Fax 212-578-6247
kcappelluti@metlife.com

MetLife[®]

Kris Ann E. Cappelluti
Senior Contract Analyst
Institutional Contracts

September 25, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904
ATTN: Marie Bennett

Re: Metropolitan Life Insurance Company
Individual Long-Term Care Insurance Policy Forms LTC2-IDEAL-AR et al
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Ms. Bennett:

Please consider this a response to your SERFF Problem Report dated September 25, 2008 regarding the above-referenced filing. We will respond in order.

1. We apologize; we inadvertently filed a previous version of this form. Enclosed please find the correct filing version.
2. We have fixed the Outline of Coverage so that (REV 0708) appears in the footer of all pages.

We hope this addresses your concerns. If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail.

Very truly yours,



Kris Ann E. Cappelluti
Senior Contract Analyst

SERFF Tracking Number: *META-125742270* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39714*
Company Tracking Number: *W04-12 KH/COMPLIANCE-VIP2 LW*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *LTC2-CBUL(AP)/W04-12 KH/Compliance-VIP2*

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	Outline of Coverage	07/23/2008	OOC - IDEAL-AR(rev0708).pdf
No original date	Form	Outline of Coverage	07/22/2008	OOC - IDEAL-AR(rev0708).pdf
No original date	Form	Outline of Coverage	07/22/2008	OOC-VAL-AR (rev0708).pdf
No original date	Form	Outline of Coverage	07/22/2008	OOC - FAC- AR (rev0708).pdf
No original date	Form	Outline of Coverage	07/22/2008	OOC-PREM-AR (rev0708).pdf
No original date	Form	Potential Rate Increase Disclosure Form	07/22/2008	LTC-PRI-10PAY.pdf

METROPOLITAN LIFE INSURANCE COMPANY
[P.O. Box 937
WESTPORT, CT 06881-0937
1-888-565-3761]

LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-IDEAL-AR

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month, which starts on or next follows the date on which You are no longer receiving Covered Services.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. **LONG-TERM CARE INSURANCE 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 policy limitations and Elimination Period requirements.

9. **BENEFITS PROVIDED BY THE POLICY** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility	\$ _____*
Home Care and Community Care	\$ _____*

*There is no daily limit for these Benefits. Instead there is a monthly limit.

Total Lifetime Benefit \$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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.

"**Monthly Benefit Amount**" means an amount equal to the number of days in the Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home, Assisted Living Facility or Home Care and Community Care shown on page 3 of the policy, as applicable.

"**Plan of Care**" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES - PRIMARY SERVICES

During any Calendar Month, You may receive one or more Primary Services for which Benefits are payable on a monthly basis. The most We will pay for any combination of Primary Services You receive during any Calendar Month (for which Benefits are payable on a monthly basis) is the highest Monthly Benefit Amount for one of those Primary Services. However, the most we will pay for each Primary Service that you receive is the Monthly Benefit Amount for that Primary Service. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in and provided by a Nursing Home, Hospice Facility or Assisted Living Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

B. HOME CARE & COMMUNITY CARE BENEFITS. We will pay up to the Home Care and Community Care Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services You receive while at Home: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) Ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care. Home means any residence in which You are living or staying. Home does not include any hospital or other acute care facility. For purposes of the Transition Expense Allowance, the Supportive Services and Specialized Transportation Benefit, the Home Care Elimination Period Waiver rider and the Calendar Day Rider, the term Home also does not include a nursing home, assisted living facility or hospice facility.

C. RESPITE CARE BENEFITS. "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on the type of service received. If You receive more than one type of Respite Care service on the same day, the most We will pay is the highest Respite Care Maximum Daily Benefit

Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the Elimination Period. Payment of these Benefits will reduce the Monthly Benefit Amounts available for other Primary Services.

- D. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the maximum benefit amount for the Covered Services We determine to be most closely related to the Alternate Services received.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.
- B. TRANSITION EXPENSE ALLOWANCE.** After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. We will not pay for modifications that would increase the value of Your Home. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.
- C. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be

cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

D. SUPPORTIVE SERVICES AND SPECIALIZED TRANSPORTATION BENEFITS. We will pay up to the Maximum Benefit Amount shown on page 3 of the policy for Supportive Services and Specialized Transportation, for actual charges You incur for the following Qualified Long-Term Care Services required to promote Your health and safety while Chronically Ill:

1. Supportive Services, which are services that enable You to remain safely at Home. Supportive Services may include: (a) shopping for items You need; (b) personal laundry services; (c) meal preparation; (d) Meals on Wheels; and (e) light housekeeping. These services can be performed by an Informal Caregiver.
2. Specialized Transportation, which is hiring a vehicle, with ramps, lifts or other special equipment to assist You to get in and out of it, to enable You to receive Qualified Long-Term Care Services.

You must satisfy the Elimination Period for this Benefit to be payable. Receipt of these services will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to

five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

D. NONFORFEITURE COVERAGE RIDER. This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.

E. PAID-UP SURVIVORSHIP RIDER. Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.

In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:

1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and
2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.

F. RESTORATION OF BENEFITS RIDER. This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.

G. RETURN OF PREMIUM RIDER. This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.

H. SHARED CARE RIDER. This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy

has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.

- I. CALENDAR DAY RIDER.** This Rider provides that for each day that You are Chronically Ill, We will credit You with a day toward satisfying the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- J. HOME CARE ELIMINATION PERIOD WAIVER .** This Rider provides that on the first day that You are Chronically Ill, You will have satisfied the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- K. TEN-YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- L. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- M. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that

Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.

- **N. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 1. any war, or act of war (whether declared or undeclared); or
 2. participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services, other than Supportive Services, performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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 the secondary payer under applicable law.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will not apply to policies or certificates which pay Benefits without regard to actual charges You incur.

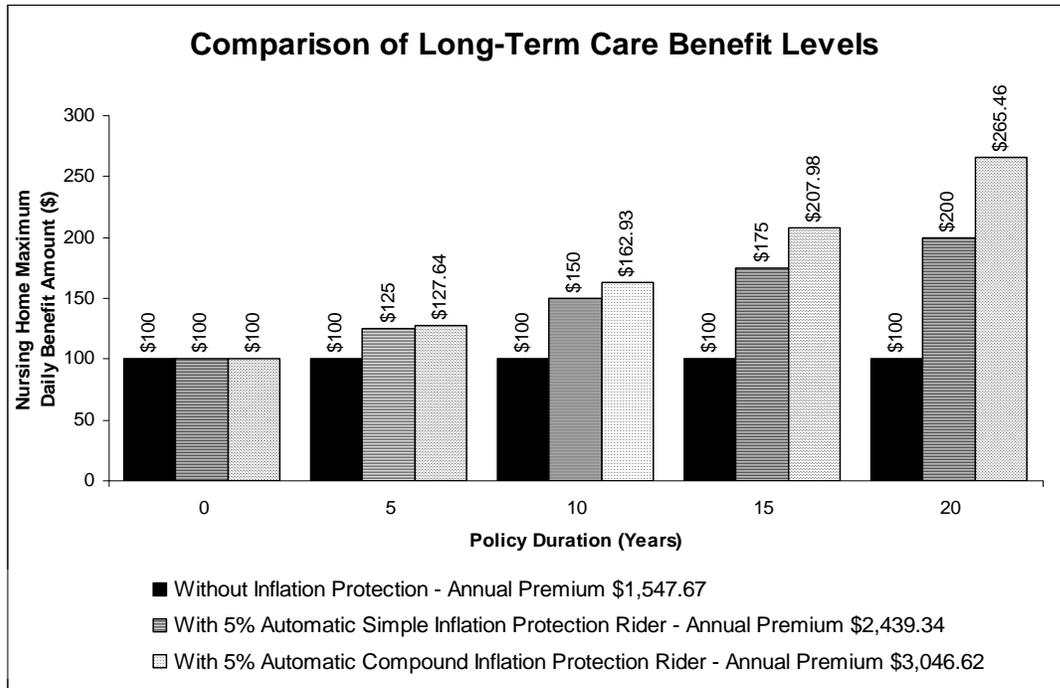
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Ideal Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Calendar Day Rider	\$ _____
Home Care Elimination Period Waiver	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;
- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult Your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage ("Contingent Nonforfeiture Coverage") if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced "paid-up" contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

D. EXTENSION OF BENEFITS. If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no

longer confined in a Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.

- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. Request reinstatement; and
2. Submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. Pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

METROPOLITAN LIFE INSURANCE COMPANY
[P.O. Box 937
WESTPORT, CT 06881-0937
1-888-565-3761]

LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-IDEAL-AR

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month, which starts on or next follows the date on which You are no longer receiving Covered Services.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. **LONG-TERM CARE INSURANCE 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 policy limitations and Elimination Period requirements.

9. **BENEFITS PROVIDED BY THE POLICY** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility	\$ _____*
Home Care and Community Care	\$ _____*

*There is no daily limit for these Benefits. Instead there is a monthly limit.

Total Lifetime Benefit \$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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.

"**Monthly Benefit Amount**" means an amount equal to the number of days in the Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home, Assisted Living Facility or Home Care and Community Care shown on page 3 of the policy, as applicable.

"**Plan of Care**" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES - PRIMARY SERVICES

During any Calendar Month, You may receive one or more Primary Services for which Benefits are payable on a monthly basis. The most We will pay for any combination of Primary Services You receive during any Calendar Month (for which Benefits are payable on a monthly basis) is the highest Monthly Benefit Amount for one of those Primary Services. However, the most we will pay for each Primary Service that you receive is the Monthly Benefit Amount for that Primary Service. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in and provided by a Nursing Home, Hospice Facility or Assisted Living Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

B. HOME CARE & COMMUNITY CARE BENEFITS. We will pay up to the Home Care and Community Care Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services You receive while at Home: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) Ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care. Home means any residence in which You are living or staying. Home does not include any hospital or other acute care facility. For purposes of the Transition Expense Allowance, the Supportive Services and Specialized Transportation Benefit, the Home Care Elimination Period Waiver rider and the Calendar Day Rider, the term Home also does not include a nursing home, assisted living facility or hospice facility.

C. RESPITE CARE BENEFITS. "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on the type of service received. If You receive more than one type of Respite Care service on the same day, the most We will pay is the highest Respite Care Maximum Daily Benefit

Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the Elimination Period. Payment of these Benefits will reduce the Monthly Benefit Amounts available for other Primary Services.

- D. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the maximum benefit amount for the Covered Services We determine to be most closely related to the Alternate Services received.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.
- B. TRANSITION EXPENSE ALLOWANCE.** After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. We will not pay for modifications that would increase the value of Your Home. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.
- C. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be

cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

D. SUPPORTIVE SERVICES AND SPECIALIZED TRANSPORTATION BENEFITS. We will pay up to the Maximum Benefit Amount shown on page 3 of the policy for Supportive Services and Specialized Transportation, for actual charges You incur for the following Qualified Long-Term Care Services required to promote Your health and safety while Chronically Ill:

1. Supportive Services, which are services that enable You to remain safely at Home. Supportive Services may include: (a) shopping for items You need; (b) personal laundry services; (c) meal preparation; (d) Meals on Wheels; and (e) light housekeeping. These services can be performed by an Informal Caregiver.
2. Specialized Transportation, which is hiring a vehicle, with ramps, lifts or other special equipment to assist You to get in and out of it, to enable You to receive Qualified Long-Term Care Services.

You must satisfy the Elimination Period for this Benefit to be payable. Receipt of these services will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to

five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.

In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:

 1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and
 2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
 3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.
- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- H. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy

has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.

- I. CALENDAR DAY RIDER.** This Rider provides that for each day that You are Chronically Ill, We will credit You with a day toward satisfying the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- J. HOME CARE ELIMINATION PERIOD WAIVER .** This Rider provides that on the first day that You are Chronically Ill, You will have satisfied the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- K. TEN-YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- L. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- M. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that

Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.

- **N. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 1. any war, or act of war (whether declared or undeclared); or
 2. participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services, other than Supportive Services, performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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 the secondary payer under applicable law.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will not apply to policies or certificates which pay Benefits without regard to actual charges You incur.

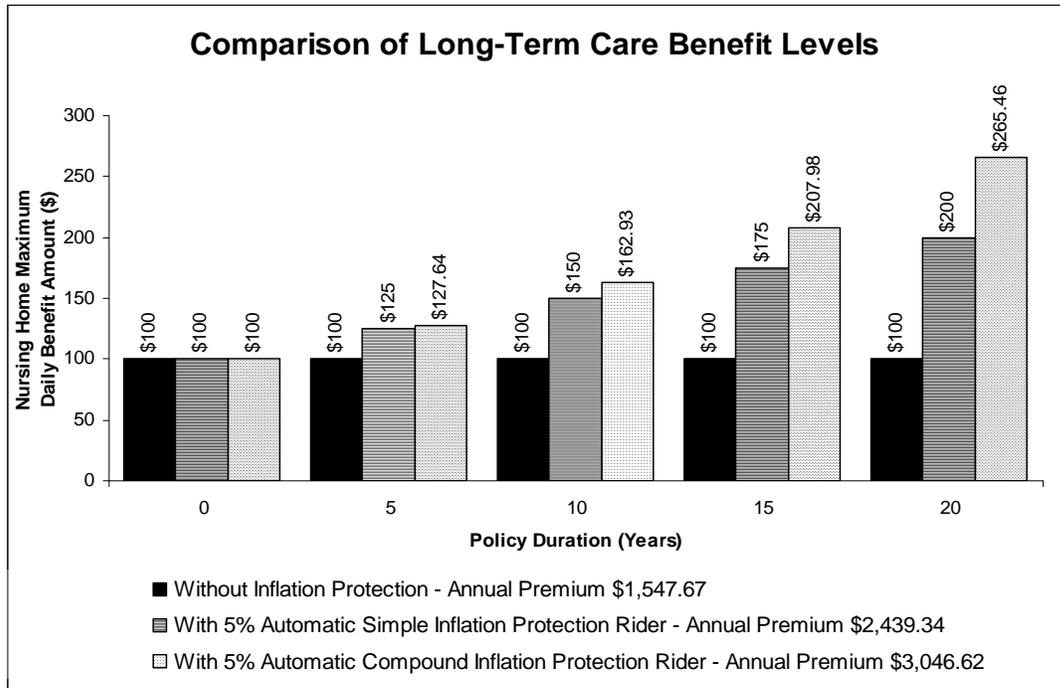
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Ideal Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Calendar Day Rider	\$ _____
Home Care Elimination Period Waiver	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;
- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult Your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage ("Contingent Nonforfeiture Coverage") if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced "paid-up" contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

D. EXTENSION OF BENEFITS. If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no

longer confined in a Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.

- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. Request reinstatement; and
2. Submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. Pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. BOX 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-VAL-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

- 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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month, which starts on or next follows the date on which You are no longer receiving Covered Services.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS. We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE 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 policy limitations and Elimination Period requirements.

9. BENEFITS PROVIDED BY THE POLICY (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home \$ _____

Assisted Living Facility \$ _____

Home Care and Community Care \$ _____

Total Lifetime Benefit \$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. We are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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 prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES-PRIMARY SERVICES

On any day, You may receive one or more Primary Services. The most We will pay for any combination of Primary Services You receive on any day is the highest Maximum Daily Benefit Amount associated with the Primary Services You receive that day. However, the most We will pay for each Primary Service that You receive is the Maximum Daily Benefit Amount for that Primary Service. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the applicable Maximum Daily Benefit Amount for actual charges You incur for the following Covered Services received in and provided by a Nursing Home, Hospice Facility or Assisted Living Facility: (1) Room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the applicable Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

B. HOME CARE & COMMUNITY CARE BENEFITS. We will pay up to the Home Care and Community Care Maximum Daily Benefit Amount for actual charges You incur for the following Covered Services You receive while at Home: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care. Home means any residence in which You are living or staying. Home does not include any hospital or other acute care facility. For purposes of the Home Care Elimination Period Waiver rider and the Calendar Day Rider, the term Home also does not include a nursing home, assisted living facility or hospice facility.

C. RESPITE CARE BENEFITS. "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on the type of service received. If You receive more than one type of Respite Care service on the same day, the most We will pay is the highest Respite Care Maximum Daily Benefit Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the

Elimination Period. Payment of these Benefits will reduce the Maximum Daily Benefit Amounts available for other Primary Services.

- D. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for each day you receive Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the maximum benefit amount for the Covered Services We determine to be most closely related to the Alternate Services received.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your total lifetime benefit.
- B. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.

In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:

1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and

2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.

- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- H. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.
- I. CALENDAR DAY RIDER.** This Rider provides that for each day that You are Chronically Ill, We will credit You with a day toward satisfying the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- J. HOME CARE ELIMINATION PERIOD WAIVER .** This Rider provides that on the first day that You are Chronically Ill, You will have satisfied the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.

- K. INDEMNITY RIDER.** This Rider changes Your long-term care insurance policy to provide for payment of the Maximum Daily Benefit Amount for Primary Services you have received, without regard to the actual charges you incur.
- Since Benefits under the Policy will be paid without regard to actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.
- L. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- M. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th Birthday or on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- N. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.
- O. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.
- 10. LIMITATIONS AND EXCLUSIONS.** No payment will be made for any of the following:
- a. Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician.

- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 - 1. any war, or act of war (whether declared or undeclared); or
 - 2. participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will 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 costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

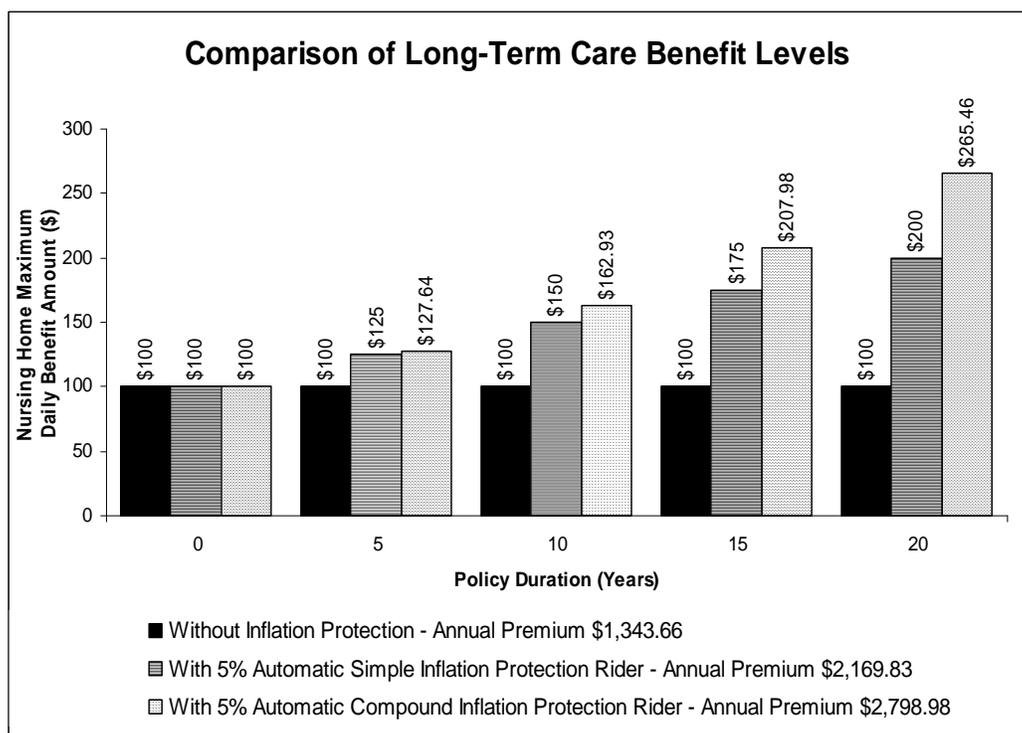
A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

— **5% Automatic Compound Inflation Protection Rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium.

If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or

- **5% Automatic Simple Inflation Protection Rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.

- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage, for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Value Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Calendar Day Rider	\$ _____
Home Care Elimination Period Waiver	\$ _____
Indemnity Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than

under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;
- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult Your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage ("Contingent Nonforfeiture Coverage") if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced "paid-up" contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

- D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in the Nursing Home, Hospice Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.
- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. BOX 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-FAC-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**
 - b. **Waiver of premium.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are receiving payment of Benefits for Primary Services. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer receiving Covered Services.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.
6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.**
- You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
 - We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.
- Neither MetLife nor its agents represent Medicare, the federal government, or any state government.
8. **LONG-TERM CARE INSURANCE 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.
- The policy provides coverage in the form of a reimbursement benefit for covered long-term care expenses, subject to policy limitations and Elimination Period requirements.
9. **BENEFITS PROVIDED BY THE POLICY.** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility \$ _____*

* There is no daily limit for this Benefit. Instead, there is a monthly limit.

Total Lifetime Benefit

\$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) Chronically Ill; and (2) receiving Primary Services (other than Hospice Care), before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS. You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL)) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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.

"**Monthly Benefit Amount**" means an amount equal to the number of days in a Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home or Assisted Living Facility shown on page 3 of the policy.

"**Plan of Care**" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. you are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

COVERED SERVICES - PRIMARY SERVICES

During any Calendar Month, You may receive one or more Primary Services in a Facility, for which Benefits are payable on a monthly basis. The most We will pay for any combination of Primary Services You receive during any Calendar Month is the Nursing Home Monthly Benefit Amount. Payment of Benefits for Primary Services will reduce Your Total Lifetime Benefit.

A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY

BENEFITS, INCLUDING BED RESERVATION BENEFITS. We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in and provided by a Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to fifty (50) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Facility on those days.

- B. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished in a facility not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the Nursing Home Monthly Benefit Amount.

COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

- A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

- B. TRANSITION EXPENSE ALLOWANCE.** After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. Home means any residence in which You are living or staying. Home does not include any nursing home, hospice facility, assisted living facility; other residential long-term care facility; or hospital or other acute care facility. We will not pay for modifications that would increase the value of Your Home. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.
- C. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increases two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been

made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay for any premium increase which results from a change in Benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.
- In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:
1. both You and Your Covered Partner have each had a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect for at least ten consecutive (10) Policy Years; and both of these Riders must be in effect on the date Your Covered Partner dies; and
 2. neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your Policy and for Your Covered Partner's policy; and
 3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.
- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by certain amounts paid on Your behalf which were applied against Your Total lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.

- H. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's Policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.
- I. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- J. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- K. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.
- L. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
 - 1) any war, or act of war (whether declared or undeclared); or
 - 2) participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply 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 the secondary payer under applicable law.
- h. 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.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then 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 will 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.

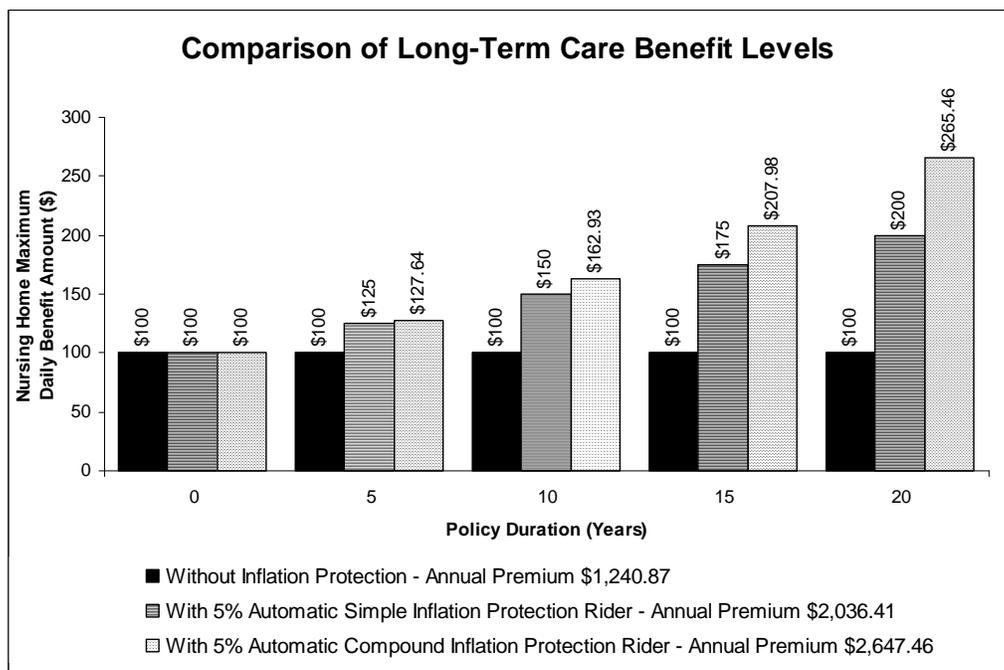
11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been

covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



B. FUTURE PURCHASE RIDER. This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.

C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH. You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.

D. BENEFIT DECREASES. You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Facilities Only Policy \$ _____

Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. INTERNATIONAL COVERAGE. We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a per diem (daily) benefit of twenty-five percent (25%) of the Nursing Home Maximum Daily Benefit Amount shown on page 2 of this outline of coverage for each day that You are outside the United States. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650.

Tax Note: Benefit payments that are received that are in excess of the limits allowed under the federal income tax law may be includible in Your taxable income. In general, the taxable portion, if any, is the amount of such benefit payments:

- that exceed the greater of either: (a) the per diem limit under the federal income tax law; or (b) the actual expenses You incur for qualified long-term care services;

- less any reimbursement from all sources, including other insurance and Medicare, for the period over which benefits are paid.

You should consult your tax advisor.

C. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect. We will provide limited coverage (“Contingent Nonforfeiture Coverage”) if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced “paid-up” contingent nonforfeiture benefit. Please refer to [second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

- D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility; or (3) the Total Lifetime Benefit has been paid.
- E. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- F. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two- (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
2. submit proof of good health, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy. If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

**METROPOLITAN LIFE INSURANCE COMPANY
[P.O. BOX 937
WESTPORT, CT 06881-0937
1-888-565-3761]**

**LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE
POLICY FORM LTC2-PREM-AR**

NOTICE TO 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.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your 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 MetLife at this address: [PO Box 937, Westport, CT 06881-0937.]

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 policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. 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.

Since Benefits under the policy are paid without regard to the actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

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. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**

- b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are receiving payment of the Facility Daily Benefit or the Basic Daily Benefit. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer eligible for Benefits.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS. We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

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

- a. You can return the policy to Us, or to the sales representative from whom You bought it within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death or on cancellation of the policy to You, or to Your estate at Your death. If You purchase the Return of Premium Rider, any refund of unearned premium will be paid in accordance with the terms of that Rider.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE 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 fixed dollar (disability type) benefit for covered long-term care conditions, subject to policy limitations and Elimination Period requirements. This means that Benefit payments, other than Needs Assessment Benefits, will be made without regard to the actual expenses You incur provided You are eligible for benefits.

9. BENEFITS PROVIDED BY THE POLICY (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

Benefit Amounts

Facility	\$ _____
Basic	\$ _____
Total Lifetime Benefit	\$ _____

Elimination Period 20 days 45 days 100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be Chronically Ill before certain Benefits become payable. These days need not be consecutive.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. we are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

IMPORTANT DEFINITIONS

The "**Activities of Daily Living**" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"**Chronically Ill**" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (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 prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**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.

"**Substantial Assistance**" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"**Substantial Supervision**" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

BENEFIT PAYMENTS

Benefit payments other than Needs Assessment Benefits will be made without regard to the actual expenses You incur. We will pay either the Basic Daily Benefit Amount or the Facility Daily Benefit Amount for each day that: (1) You have satisfied the required Elimination Period; and (2) You are eligible for Benefits; and (3) the Total Lifetime Benefit has not been paid.

A. BASIC DAILY BENEFITS. We will pay You the Basic Daily Benefit Amount for each day that: (1) You satisfy the Conditions for Benefit Payments; and (2) You are not confined in a Facility or You are outside the United States. You do not need to incur charges or submit bills to receive the Basic Daily Benefit Amount.

If You are outside the United States and satisfy the Conditions for Benefit Payments, We will pay the Basic Daily Benefit.

B. FACILITY DAILY BENEFITS. We will pay You the Facility Daily Benefit Amount for each day that: (1) You satisfy the Conditions for Benefit Payments; and (2) You are confined in a Facility.

In no event will We pay more than the Facility Daily Benefit Amount on any day.

C. BED RESERVATION BENEFITS. We will pay the Bed Reservation Benefit, which is equal to the Facility Daily Benefit Amount, for up to fifty (50) days per Policy Year.

D. NEEDS ASSESSMENT BENEFITS. After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay the actual charges You incur up to [\$275]. You do not need to satisfy the Elimination Period for this Benefit to be payable. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.

- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Facility Daily Benefit Amount in effect immediately prior to the Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. Note, however, that the policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.
- E. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this Rider.
- In order for Your policy to become Paid-Up under this Rider, ALL of the following conditions must be met:
1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and
 2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
 3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.
- F. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) Policy years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- G. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit

under Your policy. Coverage for both You and Your Covered Partner must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider. Increases in benefit amounts under the Future Purchase Rider, if applicable, for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether the coverage is identical under both policies. Any other change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.

- H. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up on the tenth (10th) Policy Anniversary. Any premium increases as a result of a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- I. PAID-UP PREMIUMS RIDER.** This Rider provides the premium for the coverage purchased on Your Original Coverage Effective Date to be Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or on the tenth (10th) Policy Anniversary. Any premium increase, which results from a change in benefits under the terms of the policy, will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect. Note that if You end this Rider before Your 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.
- J. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, 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.
- K. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. The premium amounts due in the first Policy Year and thereafter will be shown in the Premium Schedule on page 3 of Your policy. Note that if You end this Rider before Your 65th birthday and Your policy remains in effect, 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.

10. LIMITATIONS AND EXCLUSIONS. No payment will be made for any of the following:

- a. Any injury or sickness that results from:
 - 1. any war, or act of war (whether declared or undeclared); or
 - 2. participation in a felony, riot or insurrection.

- b. Any intentionally self-inflicted injury.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

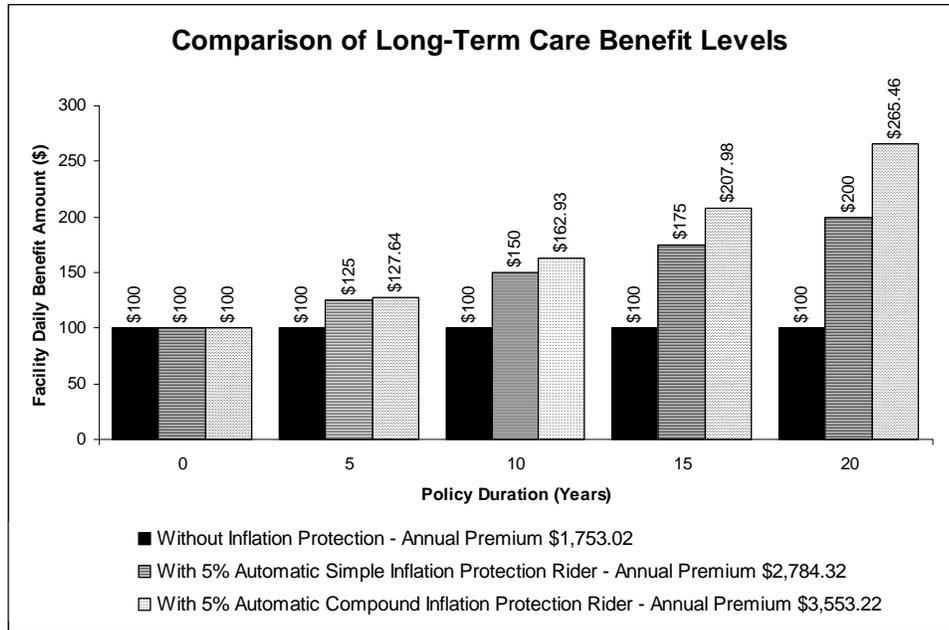
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

A. INFLATION PROTECTION. You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- **5% Automatic Compound Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- **5% Automatic Simple Inflation Protection rider.** This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider and a policy with the 5% Automatic Simple Inflation Protection Rider and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Facility Daily Benefit Amount, a \$50 Basic Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide you with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in the prior Policy Year. No increases will be made if You are eligible for Benefits.
- C. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.
- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.
- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

13. Annual Premiums

(Premiums appear next to Riders selected.)

Premier Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Paid-Up Survivorship Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Reduced Pay at Age 65 Rider	\$ _____
Double Pay First Year Rider	\$ _____
Total Annual Premium	\$ _____*

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would 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.

If You pay premiums more frequently than annually, an additional charge will be included.

14. ADDITIONAL POLICY FEATURES

A. MEDICAL UNDERWRITING. The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

B. CONTINGENT BENEFITS UPON LAPSE. Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least [forty-five (45)] days before it takes effect.

We will provide limited coverage (“Contingent Nonforfeiture Coverage”) if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms

of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

If Your policy includes the Ten Year Premium Payment Rider or Paid-Up Premiums Rider, You may be eligible for a reduced “paid-up” contingent nonforfeiture benefit. Please refer to [the second page] of the Long-Term Care Insurance Potential Rate Increase Disclosure Form for more information.

- C. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Facility, We will extend the payment of Benefits received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility; or (3) the Total Lifetime Benefit has been paid.
- D. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. 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 to receive such notice at the addresses given to Us. You have thirty-five (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 thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- E. THIRD PARTY NOTIFICATION.** You have the right to name a person to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- F. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”); an application for reinstatement is always required; and
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If we reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time without requiring an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premium must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

G. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY. If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Severe Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy. If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

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

LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

APPLICANT 1

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)¹

- \$ 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. 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 lifetime maximum 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 maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum 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 maximum 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).

¹Premium rate will vary if applicant chooses one of the following pay Riders: Double-Pay First Year Rider or the Reduced Pay at Age 65 Rider.

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LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

APPLICANT 1

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 NONFORFEITURE FOR TEN YEAR PREMIUM PAYMENT RIDER OR PAID-UP PREMIUMS RIDER**

If you select the Ten Year Premium Payment Rider, or the Paid-Up Premiums 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 or Paid-Up Premiums 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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LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

APPLICANT 2

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)¹

- \$ 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. 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 lifetime maximum 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 maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum 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 maximum 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).

¹Premium rate will vary if applicant chooses one of the following pay Riders: Double-Pay First Year Rider or the Reduced Pay at Age 65 Rider.

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LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

APPLICANT 2

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 NONFORFEITURE FOR TEN YEAR PREMIUM PAYMENT RIDER OR PAID-UP PREMIUMS RIDER**

If you select the Ten Year Premium Payment Rider, or the Paid-Up Premiums 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 or Paid-Up Premiums 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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