

SERFF Tracking Number: META-125820613 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40324
Company Tracking Number: I08-41
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-41/I08-41

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising SERFF Tr Num: META-125820613 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40324
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I08-41 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler
Author: Mary Rinaldi Disposition Date: 10/15/2008
Date Submitted: 09/22/2008 Disposition Status: Filed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: I08-41 Status of Filing in Domicile: Authorized
Project Number: I08-41 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/15/2008
State Status Changed: 10/15/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: MetLife Filing No. I08-41
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising

SERFF Tracking Number: META-125820613 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40324
Company Tracking Number: I08-41
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-41/I08-41

NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising materials described below. The materials are intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and policy form LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any material previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material
ADF#1876.08 LTCL Awareness Consumer Prospecting Letter

Variable material will be modified in accordance with the enclosed Explanation of Variables.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance

mrinaldi@metlife.com

MKTG/AD

Green Farms Road

(203) 221-3859 [Phone]

Westport, CT 06880

Filing Company Information

SERFF Tracking Number: META-125820613 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40324
Company Tracking Number: I08-41
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-41/I08-41

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:

SERFF Tracking Number: META-125820613 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40324
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: per advertisement
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	09/22/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000953686	\$25.00	09/17/2008

SERFF Tracking Number: META-125820613 State: Arkansas
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Company Tracking Number: I08-41
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	10/15/2008	10/15/2008

SERFF Tracking Number: *META-125820613* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *40324*
Company Tracking Number: *I08-41*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCI Advertising*
Project Name/Number: *I08-41/I08-41*

Disposition

Disposition Date: 10/15/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125820613 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40324
 Company Tracking Number: I08-41
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCI Advertising
 Project Name/Number: I08-41/I08-41

Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variables	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Form	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	LTCI Awareness Consumer Prospecting Letter	Filed	Yes

SERFF Tracking Number: META-125820613 State: Arkansas
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCI Advertising
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Form Schedule

Lead Form Number: ADF#1876.08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	ADF#1876.08	Advertising	LTCI Awareness Consumer Prospecting Letter	Initial		0	ADF#1876.08 LTCI Awareness Consumer Prospecting Letter.pdf

THIS LETTER MUST BE REPRODUCED VERBATIM ON COMPANY-APPROVED PERSONALIZED OR GENERAL USE STATIONERY ONLY LICENSED INSURANCE AGENTS APPOINTED BY METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) TO SELL METLIFE LONG-TERM CARE INSURANCE POLICIES ARE AUTHORIZED AND APPROVED TO USE THIS DOCUMENT.

Planning For Your Future Should Start Now!

[Name
Street
City, State, Zip]

[Date]

Dear [Somebody]:

Is long-term care insurance part of your financial plan? If not, you should give it serious thought because not having it may put your hard-earned savings and income at risk.

[November 2008 is Long-Term Care Awareness Month, so take this opportunity to learn more about long-term care insurance and how it may help safeguard your financial future.]

Here is some helpful information to get you started on learning more about long-term care.

Long-term care insurance offers important advantages. Long-term care insurance may help protect your savings and income and provide you with more options for maintaining your independence. Having long-term care insurance may also help lessen the financial and emotional burden on your family. [There are insurance plans that offer you the flexibility to secure a more affordable level of coverage now and then increase your benefit amount over time.]

Health insurance, disability income insurance and Medicare do not pay for most long-term care expenses. Medicaid will pay for some long-term care services, but only after you've "spent down" virtually all of the assets counted by the state in determining your eligibility, including your personal savings and retirement accounts.

Long-term care insurance is not just for the elderly. The need for long-term care services can occur at any point in one's life. Long-Term Care is the care you need when you can no longer care for yourself and need assistance with life's activities of daily living, such as eating, dressing and bathing. It can affect people of all ages due to an accident, chronic illness, advancing age or cognitive impairment such as Alzheimer's disease.

The time to plan is now. To learn more about long-term care and the importance of having long-term care insurance, please call me at [XXX-XXX-XXXX] or email me at [xx@xxx.xx]. I look forward to speaking with you.

[Make Long-Term Awareness Month the time you start planning.]

Sincerely,

[Agent Name]
[Agent Contact Info]
[Agent License #]

*In CA, Medicaid is called Medi-Cal.

ADF#1876.08

Metropolitan Life Insurance Company (MetLife)
L09083212(exp0909) ORDER NUMBER LTC04816(0908)

• Not A Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

This long-term care solicitation describes coverage offered by Metropolitan Life Insurance Company (“MetLife”), New York, NY 10016, individual Long-Term Care (“LTC”) Insurance. Depending on state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, LTC2007. In some states, these identifiers may be followed by the state’s 2-letter abbreviation; “ML” for Multi-Life; and/or “P” for Partnership policies.

MetLife’s LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife’s policies contain certain exclusions, limitations, elimination periods, reductions for benefits and terms for keeping them in-force. [A MetLife appointed, licensed insurance agent/I] can provide you with complete costs and details.

Metropolitan Life Insurance Company (MetLife)
New York, NY 10016
L09083212(exp0909) ORDER NUMBER LTC04816(0908)

SERFF Tracking Number: *META-125820613* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *40324*
Company Tracking Number: *I08-41*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCI Advertising*
Project Name/Number: *I08-41/I08-41*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125820613 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40324
Company Tracking Number: I08-41
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-41/I08-41

Supporting Document Schedules

Satisfied -Name: Explanation of Variables **Review Status:** Accepted for Informational Purposes 10/15/2008

Comments:

Attached is the explanation of variables for advertising form ADF#1876.08.

Attachment:

EOV_ADF#1876.08_LTCI Awareness Consumer Prospecting Letter.pdf

Satisfied -Name: NAIC Form **Review Status:** Accepted for Informational Purposes 10/15/2008

Comments:

Attachment:

AR _ NAIC_Individual.pdf

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational Purposes 10/15/2008

Comments:

Attachment:

AR_I_Filing Letter .pdf



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

**LTCI Awareness Consumer Prospecting Letter
ADF#1876.08**

There is one type of variable material set forth in brackets within the enclosed form. It is:

1. Illustrative variable material
2. Specific variable material

Illustrative Variable Material

Illustrative variable materials include agent name, agent contact info, agent address, prospect's name, address, contact info and date.

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below.

Second Paragraph, "November 2008 is Long-Term Care Awareness Month..."

This sentence is bracketed so that it can be used in following years as well as for similar Awareness Campaign.

"There are insurance plans that offer you flexibility to secure a more affordable level coverage now and then increase your benefit amount over time"	This sentence can be deleted for use in states that do not currently offer LifeStage Advantage product.
"Make Long-Term Awareness Month the time you start planning."	This is bracketed so that agents have the option use it or take it out based on preference.
Second paragraph of legal disclosure, "a MetLife appointed, license insurance agent / I"	Agent has the option to choose between the two based on preference or based on what the state will allow.
"Not A Deposit Or Other Obligation of Bank..."	The Bank Bullets (FDIC) are bracketed because this piece will be used by the two distribution channels. One of which requires that the Bank Bullets appear and one that does not use them at all

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 Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	
4.	Contact Name & Address	Telephone #		Fax #	E-mail Address		
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859		203.221.6573	mrinaldi@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: I08-41						
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 Matix Filing Code	LTC031.001 - Qualified					

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	September 22 , 2008
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date <u>September 17, 2008</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>000953686</u>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER

View Complete Filing Description

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u></p> <p>Print Name <u>Mary J. Rinaldi</u> Title: <u>Consultant-Compliance/Marketing/AD</u></p> <p>Original Signature <u><i>Mary J. Rinaldi</i></u> Date <u>September 22 , 2008</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-41
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	LTCI Awareness Consumer Prospecting Letter	ADF#1876.08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

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

LH RFA-1

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com



Mary J. Rinaldi
Long-Term Care

September 22 , 2008

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

Re: MetLife Filing No. I08-41
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising materials described below. The materials are intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and policy form LTC2007 AR approved on August 17, 2007.

The advertising material is new and does **not** replace any material previously filed with your Department.

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
ADF#1876.08	LTCI Awareness Consumer Prospecting Letter

Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Mary J. Rinaldi".

Mary J. Rinaldi
Consultant-Compliance Marketing/AD