

SERFF Tracking Number: META-125868649 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40670
Company Tracking Number: I08-45 LETTER K
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-45 Letter K/I08-45 Letter K

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising SERFF Tr Num: META-125868649 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40670
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I08-45 LETTER K State Status: Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: Mary Rinaldi Disposition Date: 11/13/2008
Date Submitted: 10/23/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: I08-45 Letter K Status of Filing in Domicile: Authorized
Project Number: I08-45 Letter K Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: Resubmission Previous Filing Number: ADF#1606.05
Group Market Size: Overall Rate Impact:
Group Market Type: Filing Status Changed: 11/13/2008
State Status Changed: 11/13/2008
Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

Re: Metropolitan Life Insurance Company ("MetLife")
NAIC No. 65978 - FEIN No. 13-5581829

Individual Long-Term Care Insurance Advertising
Advertising Form: ADF#1606.05(Rev 1008)
Brief Description: Letter K – Employer to Employee
Announcement of Multi-Life Program
MetLife Filing No. I08-45 Letter K

SERFF Tracking Number: META-125868649 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40670
Company Tracking Number: I08-45 LETTER K
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-45 Letter K/I08-45 Letter K

Dear Sir/Madam:

We enclose for filing an electronic copy of the Individual long-term care advertising material described above. The material is similar to form ADF#1605.05 filed with your Department March 6, 2006 for use with the following Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved January 13, 2005; and filed May 14, 2008 for use with policy form LTC2007 AR approved on August 17, 2007.

We are submitting the revised advertisement for your review and approval. We consider this advertisement an invitation to inquire. The material will be used as an email communication and may be sent via regular mail.

The revisions to the advertisement are:

- Paragraph 2, sentence 2 has been revised.
- Bottom of the letter, the word 'name' has been removed and replaced with 'Insurance Agent's Name, License number'.
- The following sentence 'An insurance agent may call you' has been added to the disclosure statement on page 2.

This electronic submission includes the following:

- the revised referenced advertisement.
- a red-lined version of form identifying the revisions
- the required NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- a copy of this letter

The filing fee check # 000960430 was mailed to your Department today with a copy of the SERFF filing fee form.

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

SERFF Tracking Number: META-125868649 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40670
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCL Advertising
 Project Name/Number: I08-45 Letter K/I08-45 Letter K

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

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York
 MetLife Group Code: -99 Company Type: Life
 1095 Avenue of the Americas
 New York, NY 10036-6796 Group Name: State ID Number:
 (212) 578-2211 ext. [Phone] FEIN Number: 13-5581829

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	10/23/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000960430	\$25.00	10/16/2008

SERFF Tracking Number: META-125868649 State: Arkansas
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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	Marie Bennett	11/13/2008	11/13/2008

SERFF Tracking Number: META-125868649 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40670
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-45 Letter K/I08-45 Letter K

Disposition

Disposition Date: 11/13/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125868649 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40670
 Company Tracking Number: I08-45 LETTER K
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCI Advertising
 Project Name/Number: I08-45 Letter K/I08-45 Letter K

Item Type	Item Name	Item Status	Public Access
Supporting Document	I08-45 Supporting Docs		Yes
Supporting Document	cover letter		Yes
Supporting Document	NAIC Form		Yes
Form	Letter K – Employer to Employee Announcement of Multi-Life Program		Yes

SERFF Tracking Number: META-125868649 State: Arkansas
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Form Schedule

Lead Form Number: ADF#1606.05(Rev 1008)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1606.05(Rev 1008)	Advertising Letter K	Employer to Employee Announcement of Multi-Life Program	Revised	Replaced Form #: ADF#1606.05 Previous Filing #: IB06-21	0	ADF#1606.05 (Rev1008) Letter K_.pdf

Letter K – Employer to Employee, Announcement of Multi-Life Program and Agent Contact Information

THIS LETTER/E-MAIL/COMMUNICATION MUST BE REPRODUCED VERBATIM ON COMPANY-APPROVED PERSONALIZED OR GENERAL USE STATIONERY OR COMPANY-APPROVED COMPANY WEBSITE

[Date]

[Name]

[Regular Mail Address/Email Address]

Find out more about a valuable [new] benefit available to you through the

**Metropolitan Life Insurance Company (“MetLife”)
Long-Term Care Insurance Multi-Life Discount
Program**

Is Long-Term Care Insurance part of your financial plan for the future?

You have probably planned for your financial future with savings, a 401(k) plan or other investments. But what would happen if, due to an accident, illness or the aging process, you could no longer care for yourself? If Long-Term Care Insurance isn't part of your financial plan, you could be placing your financial future at risk.

[You probably have not considered Long-Term Care Insurance.]

[That's why] [Employer/Association] is pleased to provide you with the opportunity to speak with a MetLife appointed [Producer/Broker/Insurance Agent (Insurance Agent must be used in CA and SD)] about how you can supplement your benefits package with Long-Term Care Insurance coverage from MetLife. Medicare, disability insurance and other types of health insurance are not designed for long-term care coverage and Medicaid typically won't pay until *after* you meet any state eligibility requirements, including any that require your assets to be at or below a particular level. Long-Term Care Insurance is specifically designed to help protect you, your assets, your family and your lifestyle from the potentially high costs associated with long-term care.

Help secure your future – Apply now for a Long-Term Care Insurance Multi-Life Discount Rate.

Effective [Date], [Employer/Association] will make available a choice of Long-Term Care Insurance (LTCI) plans on a [voluntary/employer or association] pay basis. You have the opportunity to apply for a long-term care insurance policy through a MetLife appointed [Producer/Broker/Insurance Agent (Insurance Agent must be used in AZ, CA , FL, KS and SD)]. The program benefits are also extended to your eligible family members.

[The following text will be either shown or omitted:

Look for more information, including an upcoming informational/enrollment meeting, to come soon! A MetLife appointed [Producer/Broker/Insurance Agent (Insurance Agent must be used in AZ, CA , FL, KS and SD)] will give you detailed information about the options available to you and will answer questions you may have.]

[The following text will be either shown or omitted:

To determine if a MetLife Long-Term Care Insurance policy is something you or others in your family should consider, please contact to discuss whether a no-obligation consultation with you or a family member makes sense:]

[Representative's/Insurance Agent's Name,]
at [Telephone Number(s)/E-Mail Address)]

[Sincerely,]

[Insurance Agent's Name, License Number]

[Title]

• 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

The Metropolitan Life Insurance Company's ("MetLife") Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

Like most Long-Term Care Insurance policies, MetLife policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. A MetLife Representative/Insurance Agent/Producer can provide you with complete costs and details.

This solicitation describes coverage offered by MetLife. Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, LTC2007. In some states, coverage may be offered by the above-referenced policy number followed by the state's 2-letter abbreviation; the state's 2-letter abbreviation plus "ML" for Multi-Life policies; or the state's 2-letter abbreviation plus "P" for Partnership policies. An insurance agent may call you.

<i>SERFF Tracking Number:</i>	<i>META-125868649</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>40670</i>
<i>Company Tracking Number:</i>	<i>I08-45 LETTER K</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual LTCI Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-45 Letter K/I08-45 Letter K</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125868649 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 40670
Company Tracking Number: I08-45 LETTER K
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-45 Letter K/I08-45 Letter K

Supporting Document Schedules

Review Status:

Satisfied -Name: I08-45 Supporting Docs 10/23/2008

Comments:

Attached you will find the red-lined version of Form ADF#1606.05(Rev.1008) and the Explanation of Variables.

Attachments:

ADF#1606.05(Rev1008) Letter K_red-lined version.pdf

EOV_ADF#1606.05(Rev0208)_LTR K_.pdf

Review Status:

Satisfied -Name: cover letter 10/23/2008

Comments:

Attachment:

AR_Cover Letter .pdf

Review Status:

Satisfied -Name: NAIC Form 10/23/2008

Comments:

Attachment:

AR _ NAIC_Individual.pdf

Letter K – Employer to Employee, Announcement of Multi-Life Program and Agent Contact Information

THIS LETTER/E-MAIL/COMMUNICATION MUST BE REPRODUCED VERBATIM ON COMPANY-APPROVED PERSONALIZED OR GENERAL USE STATIONERY OR COMPANY-APPROVED COMPANY WEBSITE

[Date]

[Name]

[Regular Mail Address/Email Address]

Find out more about a valuable [new] benefit available to you through the

**Metropolitan Life Insurance Company (“MetLife”)
Long-Term Care Insurance Multi-Life Discount
Program**

Is Long-Term Care Insurance part of your financial plan for the future?

You have probably planned for your financial future with savings, a 401(k) plan or other investments. But what would happen if, due to an accident, illness or the aging process, you could no longer care for yourself? If Long-Term Care Insurance isn't part of your financial plan, you could be placing your financial future at risk.

[You probably have not considered Long-Term Care Insurance.]

[That's why] [Employer/Association] is pleased to provide you with the opportunity to speak with a MetLife appointed [Producer/Broker/Insurance Agent (Insurance Agent must be used in CA and SD)] about how you can supplement your benefits package with Long-Term Care Insurance coverage from MetLife. Medicare, disability insurance and other types of health insurance are not designed for long-term care coverage and Medicaid **typically won't pay until after you meet any state eligibility requirements, including any that require your assets to be at or below a particular level.** Long-Term Care Insurance is specifically designed to help protect you, your assets, your family and your lifestyle from the potentially high costs associated with long-term care.

Help secure your future – Apply now for a Long-Term Care Insurance Multi-Life Discount Rate.

Effective [Date], [Employer/Association] will make available a choice of Long-Term Care Insurance (LTCI) plans on a [voluntary/employer or association] pay basis. You have the opportunity to apply for a long-term care insurance policy through a MetLife appointed [Producer/Broker/Insurance Agent (Insurance Agent must be used in AZ, CA, FL, KS and SD)]. The program benefits are also extended to your eligible family members.

[The following text will be either shown or omitted:

Look for more information, including an upcoming informational/enrollment meeting, to come soon! A MetLife appointed [Producer/Broker/Insurance Agent (Insurance Agent must be used in AZ, CA, FL, KS and SD)] will give you detailed information about the options available to you and will answer questions you may have.]

[The following text will be either shown or omitted:

To determine if a MetLife Long-Term Care Insurance policy is something you or others in your family should consider, please contact to discuss whether a no-obligation consultation with you or a family member makes sense:]

[Representative's/Insurance Agent's Name,]
at [Telephone Number(s)/E-Mail Address)]

[Sincerely,]

[Insurance Agent's Name, License Number]

[Title]

• 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

The Metropolitan Life Insurance Company's ("MetLife") Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

Like most Long-Term Care Insurance policies, MetLife policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. A MetLife Representative/Insurance Agent/Producer can provide you with complete costs and details.

This solicitation describes coverage offered by MetLife. Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, **LTC2007**. In some states, coverage may be offered by the above-referenced policy number followed by the state's 2-letter abbreviation; the state's 2-letter abbreviation plus "ML" for Multi-Life policies; or the state's 2-letter abbreviation plus "P" for Partnership policies. **An insurance agent may call you.**



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Letter K – Valuable New Benefit Available Contact Info (Multi-Life)

ADF#1606.05(Rev.0208)

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

Illustrative Material

Illustrative material consists of entries such as date, company name, recipient’s name, sender’s name and contact information, periods of time, web site address, administrative codes, all which may be varied.

- Recipient Name/Company/Address - To identify where recipient information will go
- Agent Name/Company/Address - To identify where agent return address and information will go
- Stamp - To identify where stamp goes

Specified Variable Material

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

Section	Explanation
• 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	FDIC disclaimer, referred to by MetLife as “Bank Bullets” are variable because this piece will be used by two distribution channels, one of which requires that the Bank Bullets appear and one that does not use them at all.
You probably have not considered Long-Term Care Insurance	This heading will appear as shown or may be deleted.
That’s Why	This text will appear as shown or may be deleted.
Employer/Association	Either the Employer or the Association will be inserted here, depending on who uses the material.
Producer/Broker/Insurance Agent	Only one of the terms will be used depending on who uses the material.
Voluntary/employer or association	Only one of the terms will be used depending on who uses the material.

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

MetLife[®]

Mary J. Rinaldi
Long-Term Care Division

October 22, 2008

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

Re: Metropolitan Life Insurance Company ("MetLife")
NAIC No. 65978 - FEIN No. 13-5581829
Individual Long-Term Care Insurance Advertising
Advertising Form: ADF#1606.05(Rev 1008)
Brief Description: Letter K –Employer to Employee
Announcement of Multi-Life Program
MetLife Filing No. I08-45 Letter K
SERFF # META-125868649

Dear Sir/Madam:

We enclose for filing an electronic copy of the Individual long-term care advertising material described above. The material is similar to form ADF#1605.05 filed with your Department March 6, 2006 for use with the following Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved January 13, 2005; and filed May 14, 2008 for use with policy form LTC2007 AR approved on August 17, 2007.

We are submitting the revised advertisement for your review and approval. We consider this advertisement an invitation to inquire. The material will be used as an email communication and may be sent via regular mail.

The revisions to the advertisement are:

- Paragraph 2, sentence 2 has been revised.
- Bottom of the letter, the word 'name' has been removed and replaced with 'Insurance Agent's Name, License number'.
- The following sentence 'An insurance agent may call you' has been added to the disclosure statement on page 2.

This electronic submission includes the following:

- a copy of the revised referenced advertisement.
- a red-lined version of form identifying the revisions
- the required NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- a copy of this letter

The filing fee check # 000960430 was mailed to your Department today with a copy of the SERFF filing fee form.

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

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: I08-45 Letter K						
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	October 22 , 2008
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date <u>October 16 , 2008</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>000960430</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)	
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>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>October 22 , 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-45 Letter K
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Letter K – Employer to Employee Announcement Multi-Life Program Email Communication	ADF#1606.05 (Rev 1008)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	ADF#1606.05
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