

SERFF Tracking Number: META-125421246 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37885  
Company Tracking Number: I07-39 2F-V  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: I07-39 2F-V/I07-39 2F-V

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care Insurance Advertising SERFF Tr Num: META-125421246 State: ArkansasLH

TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 37885  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I07-39 2F-V State Status: Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett, Harris Shearer  
Author: Mary Rinaldi Disposition Date: 05/15/2008  
Date Submitted: 01/11/2008 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: I07-39 2F-V Status of Filing in Domicile: Authorized  
Project Number: I07-39 2F-V 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: 05/15/2008 Deemer Date:  
State Status Changed: 05/15/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Re: Filing No. I07-39 2F-V  
Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance Advertising  
NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-125421246 State: Arkansas  
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The advertising materials are new and do not replace any materials previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material

ADF# 1819.07 Split Billing Core Split without Spouse

ADF# 1820.07 Split Billing Individual Dollar and Percent Split

ADF# 1821.07 Multi-Life Split Billing Core Method

ADF# 1822.07 Multi-Life Split Billing ER Dollar and Percent Method

Please be advised the purpose of the split billing reports is to simplify the Employer/Employee billing process so that one bill is generated for the employer and a separate bill is generated for an employee. This will make contributing towards a long term care policy for employees much more simple for the employers of a company.

The NAIC Form is enclosed and the filing will be mailed to your Department on Monday, January 14, 2008.

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

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**Filing Company Information**

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

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$25.00 per advertisement  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000878621	\$100.00	01/18/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/15/2008	05/15/2008

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## Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	NAIC Form		Yes
<b>Supporting Document</b>	cover letter		Yes
<b>Supporting Document</b>	Explanation of Variables		Yes
<b>Form</b>	Split Billing Core Split without Spouse		Yes
<b>Form</b>	Split Billing Individual Dollar and Percent Split		Yes
<b>Form</b>	Multi-Life Split Billing Core Method		Yes
<b>Form</b>	Multi-Life Split Billing ER Dollar and Percent Method		Yes

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## Form Schedule

**Lead Form Number:** ADF#1819.07

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1819.07	Advertising	Split Billing Core Split Initial without Spouse			0	ADF#1819.07 Output .pdf
	ADF#1820.07	Advertising	Split Billing Individual Initial Dollar and Percent Split			0	ADF#1820.07 Output.pdf
	ADF#1821.07	Advertising	Multi-Life Split Billing Initial Core Method			0	ADF#1821.07 Output.pdf
	ADF#1822.07	Advertising	Multi-Life Split Billing Initial ER Dollar and Percent Method			0	ADF#1822.07 Output.pdf

# Individual LTCI Proposal

Metropolitan Life Insurance Company



**MetLife**<sup>®</sup>



**Prepared for:** Johney B Retired  
& Susan B Retired

**Prepared by:** MetLife Agent

**Prepared:** 07:55:36 AM 1/8/2007

## Protecting Those That Depend on You

You've made sound investments to ensure that those who depend on you (your spouse and/or your children) have a comfortable life. Like most healthy well-adjusted people, you believe you are going to live a long and healthy life and have plenty of time to deal with issues of protection. What would happen if you ever needed care for a long-term illness? Who would take care of your loved ones?

Decisions regarding insurance have an enormous impact on your family's lives; children and others often have no voice in these decisions. By taking the first step of inquiring about Long-Term Care Insurance, you are making a responsible decision for your family that you can feel good about. And this decision is one that will provide you and your loved ones protection should you ever need long-term care.

**The cost of long-term care services is high, and will only go up in the future.**

**Currently....**

- Home Health Care can cost an average of [\$24,700] per year, or about [\$95] per day<sup>2</sup>.**

Based on a sample of Home Health Aide rates at 25 hours of service/week.

- Assisted Living Facility Care can cost an average of [\$35,628] per year, or about [\$2,969] per month<sup>1</sup>.**

Based on a sample of monthly care rates.

- Nursing Home Care can cost an average of [\$68,988] per year, or about [\$189] per day<sup>1</sup>.**

Based on a sample of private room day rates.

**Your actual long-term care costs may vary.<sup>3</sup>**

### **Everybody's needs are different.**

MetLife's Long-Term Care Insurance can help you protect your family and their financial future with a range of features and options customizable to your current and future needs. You should request that your MetLife representative explain the many different Policy Riders that MetLife offers. You'll be amazed to learn how our Benefit Riders and Flex-Pay Riders can help you create an individualized plan for your future independence!

### **Most people think Medicare or Medicaid will cover their long-term care needs.**

The truth is Medicare and other traditional medical plans are not designed to pay for long-term care services. **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.

### **Let MetLife help you protect what you've worked so hard to create - Your family and your life savings.**

Source:

<sup>1</sup> MetLife Mature Market Institute, "The MetLife Market Survey of Nursing Home & Assisted Living Costs," October 2007.

<sup>2</sup> MetLife Mature Market Institute, "The MetLife Market Survey of Adult day Services & Home Care Costs," September 2007.

<sup>3</sup> Please speak with your MetLife Representative/Insurance Agent/Producer for specific costs in your area.



**Proposed Insured:** [Johnnie B. Retired]      **Plan:** [Ideal]      **Health Rating:** [Standard]      **Age:** [50]

	<b>Core Coverage Employer Paid</b>	<b>Core Plus Buy-Up Coverage</b>
Plan Choice	[Ideal]	[Ideal]
[Partnership <sup>1</sup> ]	[LTC2-[IDEAL]-[ST]-[ML]] [yes]	[LTC2-[IDEAL]-[ST]-[ML]] [yes]
Daily Benefit Amount (DBA)	[\$100] per Day [(Monthly Benefit)]	[\$100] per Day [(Monthly Benefit)]
[Home/Community Care %]	[50%] of DBA	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]	[\$182,500]
Elimination Period (EP)	[100] [Calendar] Days	[100] [Calendar] Days
Billing Mode	[Annual]	[Annual]
Core Method		

## Discounts and Premium Savings

<b>Initial Total Annual Policy Premium (No Discounts)</b>	<b>[\$12,000.00]</b>
<b>Total Discounts / Premium Savings</b>	<b>[40%]</b>

[Preferred Health Rating]	[10%]	[\$1,000.00]
[Spousal, Marital, Residential]	[30%]	[\$3,000.00]
[Multi-Life]	[0%]	[\$0.00]

## Benefits and Premium Detail

<b>Benefits</b>	<b>Core Plus Buy Up Coverage</b>	<b>Employer's Initial [Modal] Premiums</b>	<b>Insured's Initial [Modal] Premiums</b>
Base Coverage	See Above		[\$X,XXX.XX]
Benefit Increase Option	[BIO]		[\$X,XXX.XX]
Elimination Period Option	[EPO]		[\$XXX.XX]
[Nonforfeiture Rider]	[No]		[\$0.00]
[Return of Premium Rider]	[No]		[\$0.00]
[Restoration of Benefits Rider]	[No]		[\$0.00]
[Paid-Up Survivorship Rider]	[No]		[\$0.00]
[Shared Care Rider]	[No]		[\$0.00]
<b>Total Modal Premium (with Discounts)</b>		<b>[\$2,000.00]*</b>	<b>[\$6,000.00]*</b>

<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.  
 \*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



## Lifetime Core Plus Buy Up Benefit and Policy Premium Comparison for [Johnnie][Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Compound Inflation Rider] as selected</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
	[\$XXXX.XX]	<b>[\$XXXX.XX]</b>	[\$XXXX.XX]	<b>[\$XXX,XXX]</b>
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [the 5% Simple Inflation Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [the Future Purchase Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [No Benefit Increase Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited



<b>Proposed Insured:</b> [Susan B. Retired]	<b>Plan:</b> [Ideal]	<b>Health Rating:</b> [Standard]	<b>Age:</b> [50]
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## Base Coverage:

Plan Choice	[Ideal]
[Partnership <sup>1</sup> ]	[LTC2-[IDEAL]-[ST]-[ML]]
Daily Benefit Amount (DBA)	[yes]
Home/Community Care %	[\$100] per Day [(Monthly Benefit)]
Assisted Living Facility Care %	[100%] of DBA
Benefit Period	[100%] of DBA
Total Lifetime Benefit (TLB)	[1460 Days (4 Years)]
Elimination Period (EP)	[204,400]
Billing Mode	[100] [Service] Days
	[Annual]

## Discounts and Premium Savings

<b>Initial Annualized Premium (No Discounts)</b>			<b>[\$1,842.54]</b>
<b>Total Discounts / Premium Savings</b>	<b>[30%]</b>		<b>[\$552.76]</b>
Spousal	[30%]	[\$552.76]	
<b>Annualized Premiums (with Discounts)</b>			<b>[\$1,289.78]</b>

## Benefits and Premium Detail

Benefits	Coverage	Annualized Premiums
Base Coverage	See Above	[\$568.30]
Benefit Increase Option	5% Compound Rider	[\$721.48]
Elimination Period Option	None	[\$0.00]
Nonforfeiture Rider	No	[\$0.00]
Return of Premium Rider	No	[\$0.00]
Restoration of Benefits Rider	No	[\$0.00]
Paid-Up Survivorship Rider	No	[\$0.00]
Shared Care Rider	No	[\$0.00]
<b>Total Annualized Premium (with Discounts)</b>		<b>[\$1,289.78]</b>

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.]



## Lifetime Benefit and Premium Comparison for [Susan] [Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Compound Inflation Rider] as selected</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
<b>1095 Days (3 Years)</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [the 5% Simple Inflation Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [the Future Purchase Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [No Benefit Increase Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

\*Total Lifetime Benefit column does not reflect any increase as a result of the selected Benefit Increase Option.



Proposed Insured:	Plan:	Health Rating:	Age:
[Johnnie B. Retired]	[Ideal]	[Standard]	[50]
[Susan Already-Retired]	[Value]	[Standard]	[50]

**Total Initial Premiums – Insured Premium Portion Only**

	Annual	Semi-Annual	Quarterly	Monthly
[Johnnie]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX.XX]	[\$XXX.XX ]
[Susan]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]	[\$XXX.XX ]
[Both Insureds]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXXX.XX ]	[\$XXX.XX ]
<b>Annualized Total Initial Premium</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]

Please note that paying your premiums more often than annually (i.e., once per year) results in higher total yearly premium costs. Premiums may change depending on when you apply. Otherwise, premiums will increase only as a result of (1) changes made to your policy, and/or (2) increases made on a class-wide basis in the state where the policy is issued. The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.

Please refer to the Outline of Coverage provided by your [Insurance Representative] with this proposal for detailed explanations of Riders and Options that you may select to enhance your coverage. Please note that not all riders and options are available with every plan, and that the selection of some riders or options may automatically exclude the selection of others.

This is an illustration only. It is not a policy or a contract. This illustration shows hypothetical premiums based on the proposed selection of certain plan variables and benefits. All premiums are subject to change. Please refer to your actual policy for complete details and for a complete description of the rights and obligations of both you and MetLife. Illustrated coverage is subject to underwriting approval.

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## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as “Asset Disregard,” under [State’s] Medicaid program.

Asset Disregard means that an amount of the policyholder’s assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured’s eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person’s eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife’s individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided to you by your [Insurance Representative] with this proposal].

No payments will be made for any of the following:

- Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician.
- Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law.
- Treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except [Medicaid]); or services for which no charge is normally made in the absence of Insurance.
- Services, other than Supportive Services, performed by a member of the Insured's immediate family.
- Any care or services received outside of the U.S. except as described under the International Coverage provision.
- Any injury or sickness that results from:
  - a) any war, or act of war (whether declared or undeclared); or b)
  - participation in a felony, riot or insurrection; or
- Any intentionally self-inflicted injury.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.



- 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 • Policy is an Obligation of the issuing insurance company
- Not a Condition to the Provision or Term of any Banking Service or Activity

Long-Term Care Insurance  
(LTCI)

# Individual LTCI Proposal

Metropolitan Life Insurance Company



**MetLife**<sup>®</sup>



**Prepared for:** Johney B Retired  
& Susan B Retired

**Prepared by:** MetLife Agent

**Prepared:** 07:55:36 AM 1/8/2007

## Protecting Those That Depend on You

You've made sound investments to ensure that those who depend on you (your spouse and/or your children) have a comfortable life. Like most healthy well-adjusted people, you believe you are going to live a long and healthy life and have plenty of time to deal with issues of protection. What would happen if you ever needed care for a long-term illness? Who would take care of your loved ones?

Decisions regarding insurance have an enormous impact on your family's lives; children and others often have no voice in these decisions. By taking the first step of inquiring about Long-Term Care Insurance, you are making a responsible decision for your family that you can feel good about. And this decision is one that will provide you and your loved ones protection should you ever need long-term care.

**The cost of long-term care services is high, and will only go up in the future.**

**Currently....**

- Home Health Care can cost an average of [\$24,700] per year, or about [\$95] per day<sup>2</sup>.**

Based on a sample of Home Health Aide rates at 25 hours of service/week.

- Assisted Living Facility Care can cost an average of [\$35,628] per year, or about [\$2,969] per month<sup>1</sup>.**

Based on a sample of monthly care rates.

- Nursing Home Care can cost an average of [\$68,988] per year, or about [\$189] per day<sup>1</sup>.**

Based on a sample of private room day rates.

**Your actual long-term care costs may vary.<sup>3</sup>**

### **Everybody's needs are different.**

MetLife's Long-Term Care Insurance can help you protect your family and their financial future with a range of features and options customizable to your current and future needs. You should request that your MetLife representative explain the many different Policy Riders that MetLife offers. You'll be amazed to learn how our Benefit Riders and Flex-Pay Riders can help you create an individualized plan for your future independence!

### **Most people think Medicare or Medicaid will cover their long-term care needs.**

The truth is Medicare and other traditional medical plans are not designed to pay for long-term care services. **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.

### **Let MetLife help you protect what you've worked so hard to create - Your family and your life savings.**

Source:

<sup>1</sup> MetLife Mature Market Institute, "The MetLife Market Survey of Nursing Home & Assisted Living Costs," October 2007.

<sup>2</sup> MetLife Mature Market Institute, "The MetLife Market Survey of Adult day Services & Home Care Costs," September 2007.

<sup>3</sup> Please speak with your MetLife Representative/Insurance Agent/Producer for specific costs in your area.



<b>Proposed Insured:</b> [Johnnie B. Retired]	<b>Plan:</b> [Ideal]	<b>Health Rating:</b> [Standard]	<b>Age:</b> [50]
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### Base Coverage:

Plan Choice	[Ideal]
	[LTC2-[IDEAL]-[ST]-[ML]]
[Partnership <sup>1</sup> ]	[yes]
Daily Benefit Amount (DBA)	[\$100] per Day [(Monthly Benefit)]
[Home/Community Care %]	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]
Elimination Period (EP)	[100] [Calendar] Days
Billing Mode	[Annual]
Employer Contribution, [Dollar Amount or Percent] Method	[XX.XX% [Up to \$XXXX.XX Annually]] or [\$XXXX.XX [Monthly]]

### Discounts and Premium Savings

<b>Initial Total Annual Policy Premium (No Discounts)</b>	<b>[\$10,000.00]</b>
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<b>Total Discounts / Premium Savings</b>	<b>[40%]</b>
--	--------------

[Preferred Health Rating]	[10%]	[\$1,000.00]
[Spousal, Marital, Residential]	[30%]	[\$3,000.00]
[Multi-Life]	[0%]	[\$0.00]

<b>Employer's Initial [Modal] Premiums</b>	<b>Insured's Initial [Modal] Premiums</b>
[\$6,000.00]	[\$6,000.00]

### Benefits and Premium Detail

Benefits	Plan Coverage	Employer's Initial [Modal] Premiums	Insured's Initial [Modal] Premiums
Base Coverage	See Above	[\$X,XXX.XX]	[\$X,XXX.XX]
Benefit Increase Option	[BIO]	[\$X,XXX.XX]	[\$X,XXX.XX]
Elimination Period Option	[EPO]	[\$XXX.XX]	[\$XXX.XX]
[Nonforfeiture Rider]	[No]	[\$0.00]	[\$0.00]
[Return of Premium Rider]	[No]	[\$0.00]	[\$0.00]
[Restoration of Benefits Rider]	[No]	[\$0.00]	[\$0.00]
[Paid-Up Survivorship Rider]	[No]	[\$0.00]	[\$0.00]
[Shared Care Rider]	[No]	[\$0.00]	[\$0.00]
<b>Total Modal Premium (with Discounts)</b>		<b>[\$6,000.00]*</b>	<b>[\$6,000.00]*</b>

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.]  
 \*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



## Lifetime Benefit and Premium Insured Portion Comparison for [Johnnie][Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	

### With [the 5% Compound Inflation Rider] as selected

[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
<b>1095 Days (3 Years)</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

### With [the 5% Simple Inflation Rider]

[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

### With [the Future Purchase Rider]

[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

### With [No Benefit Increase Rider]

[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited



<b>Proposed Insured:</b> [Susan Already-Retired]	<b>Plan:</b> [Ideal]	<b>Health Rating:</b> [Standard]	<b>Age:</b> [50]
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**Base Coverage:**

Plan Choice	[Ideal]
[Partnership <sup>1</sup> ]	[LTC2-[IDEAL]-[ST]-[ML]] [yes]
Daily Benefit Amount (DBA)	[\$100] per Day [(Monthly Benefit)]
[Home/Community Care %]	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]
Elimination Period (EP)	[100] [Calendar] Days
Billing Mode	[Annual]
[Dollar or Percent] Method	[XX.XX% [Up to \$XXXX.XX Annually]] or [\$XXXX.XX [Monthly]]

**Discounts and Premium Savings**

<b>Initial Total Annual Policy Premium (No Discounts)</b>	<b>[\$10,000.00]</b>
<b>Total Discounts / Premium Savings</b>	<b>[40%]</b>

[Preferred Health Rating]	[10%]	[\$1,000.00]
[Spousal, Marital, Residential]	[30%]	[\$3,000.00]
[Multi-Life]	[0%]	[\$0.00]

<b>Employer's Initial [Modal] Premiums</b>	<b>Insured's Initial [Modal] Premiums</b>
[\$6,000.00]	[\$6,000.00]

**Benefits and Premium Detail**

Benefits	Plan Coverage	Employer's Initial [Modal] Premiums	Insured's Initial [Modal] Premiums
Base Coverage	See Above	[\$X,XXX.XX]	[\$X,XXX.XX]
Benefit Increase Option	[BIO]	[\$X,XXX.XX]	[\$X,XXX.XX]
Elimination Period Option	[EPO]	[\$XXX.XX]	[\$XXX.XX]
[Nonforfeiture Rider]	[No]	[\$0.00]	[\$0.00]
[Return of Premium Rider]	[No]	[\$0.00]	[\$0.00]
[Restoration of Benefits Rider]	[No]	[\$0.00]	[\$0.00]
[Paid-Up Survivorship Rider]	[No]	[\$0.00]	[\$0.00]
[Shared Care Rider]	[No]	[\$0.00]	[\$0.00]
<b>Total Modal Premium (with Discounts)</b>		<b>[\$6,000.00]*</b>	<b>[\$6,000.00]*</b>

[Employer paid portion is capped at [\$XX,XXX.XX] Annual.]

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.]

\*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



## Lifetime Benefit and Premium Insured Portion Comparison for [Susan] [Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Simple Inflation Rider] as selected</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
<b>1095 Days (3 Years)</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [the 5% Compound Inflation Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [the Future Purchase Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited
<b>With [No Benefit Increase Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

\*Total Lifetime Benefit column does not reflect any increase as a result of the selected Benefit Increase Option.



Proposed Insured:	Plan:	Health Rating:	Age:
[Johnnie B. Retired]	[Ideal]	[Standard]	[50]
[Susan Already-Retired]	[Value]	[Standard]	[50]

**Total Initial Premiums – Insured Premium Portion Only**

	Annual	Semi-Annual	Quarterly	Monthly
[Johnnie]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX.XX]	[\$XXX.XX ]
[Susan]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]	[\$XXX.XX ]
[Both Insureds]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXXX.XX ]	[\$XXX.XX ]
<b>Annualized Total Initial Premium</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]

Please note that paying your premiums more often than annually (i.e., once per year) results in higher total yearly premium costs. Premiums may change depending on when you apply. Otherwise, premiums will increase only as a result of (1) changes made to your policy, and/or (2) increases made on a class-wide basis in the state where the policy is issued. The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.

**Premium Payment Options Comparison – Insured Premium Portion Only**

Selected Billing Mode:	[Annual]	[Johnnie]	[Susan]
Basic Premium Payment		[\$XXXX.XX]	[\$XXXX.XX]
10-Year Premium Payment Rider		[\$XXXX.XX]	[\$XXXX.XX]
Paid-Up Premiums Rider (to 65)		[\$XXXX.XX]	[\$XXXX.XX]

Please refer to the Outline of Coverage provided by your [Insurance Representative] with this proposal for detailed explanations of Riders and Options that you may select to enhance your coverage. Please note that not all riders and options are available with every plan, and that the selection of some riders or options may automatically exclude the selection of others.

This is an illustration only. It is not a policy or a contract. This illustration shows hypothetical premiums based on the proposed selection of certain plan variables and benefits. All premiums are subject to change. Please refer to your actual policy for complete details and for a complete description of the rights and obligations of both you and MetLife. Illustrated coverage is subject to underwriting approval.

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## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as “Asset Disregard,” under [State’s] Medicaid program.

Asset Disregard means that an amount of the policyholder’s assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured’s eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person’s eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife’s individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided to you by your [Insurance Representative] with this proposal].

No payments will be made for any of the following:

- Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician.
- Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law.
- Treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except [Medicaid]); or services for which no charge is normally made in the absence of Insurance.
- Services, other than Supportive Services, performed by a member of the Insured's immediate family.
- Any care or services received outside of the U.S. except as described under the International Coverage provision.
- Any injury or sickness that results from:
  - a) any war, or act of war (whether declared or undeclared); or b)participation in a felony, riot or insurrection; or
- Any intentionally self-inflicted injury.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.



- 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 • Policy is an Obligation of the issuing insurance company
- Not a Condition to the Provision or Term of any Banking Service or Activity

# Individual LTCI Proposal

Metropolitan Life Insurance Company



**MetLife**<sup>®</sup>



**Prepared for:** Johney B Retired  
& Susan B Retired

**Prepared by:** MetLife Agent

**Prepared:** 07:55:36 AM  
1/8/2007



## Plan Options

### Plan Choice

[Partnership<sup>1</sup>]

Daily Benefit Amount (DBA)

[Home/Community Care %]

[Assisted Living Care %]

Benefit Duration

Elimination Period (EP)

Benefit Increase Option

Premium Payment Option

Elimination Period Option

[Rider 1]

[Rider 2]

Split Billing Method

## Plan 1

[Value]

LTC2-VAL-[ST]-[ML]

[yes]

[Up to:] \$[100] / Day

[50]%

[50]%

[3] Years

[100] [Service] Days

[Future Purchase Rider]

[Standard - Lifetime]

[None]

[Return of Premium]

## Plan 2

[Ideal]

LTC2-IDEAL-[ST]-[ML]

[yes]

\$[150] / Day

[75]%

[100]%

[4] Years

[45] [Calendar] Days

[5% Simple Inflation]

[10 Pay Rider]

[Calendar Day Rider]

[Core Method] [Core benefits listed are employer paid] [Core benefits listed are employer paid]

## Participants

Name	Age	Discount	Plan 1	Plan 1	Plan 2	Plan 2
			[Monthly]	[Quarterly]	[Monthly]	[Quarterly]
			Employer Premium	Insured Premium	Employer Premium	Insured Premium
1. [John Smith]	[49]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
2. [Fred Thompson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
3. [Jill Jackson]	[65]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
4. [Jack Jillson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
5. [Upton Hillson]	[46]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
6. [Mike Day]	[37]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
7. [Pat Smith]	[42]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
8. [Jerry Watson]	[53]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
9. [Edgar Bailey]	[55]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
10. [Pat Prado]	[41]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
<b>Total Premiums</b>			<b>[\$XX,XXX.XX]</b>	<b>[\$XX,XXX.XX]</b>	<b>[\$XX,XXX.XX]</b>	<b>[\$XX,XXX.XX]</b>

	Plan 1	Plan 2
Total Annualized Employer Premium	[\$XX,XXX.XX]	[\$XX,XXX.XX]
Total Annualized Insured Premium	[\$XX,XXX.XX]	[\$XX,XXX.XX]
Total Annualized Premium	[\$XX,XXX.XX]	[\$XX,XXX.XX]

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.]



Premiums shown are for illustrative purposes only, and are subject to change. All premiums shown reflect the discount percentage listed above. Other discounts may be available.

Please note that paying your premiums more often than annually (i.e., once per year) results in higher yearly premium costs.

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## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as “Asset Disregard,” under [State’s] Medicaid program.

Asset Disregard means that an amount of the policyholder’s assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured’s eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person’s eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife’s individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided by your [Insurance Representative] with this proposal].

No payments will be made for any of the following:

Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician.

Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.

Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law.

Treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except [Medicaid]); or services for which no charge is normally made in the absence of Insurance.

Services, other than Supportive Services, performed by a member of the Insured's immediate family.

Any care or services received outside of the U.S. except as described under the International Coverage provision.

Any injury or sickness that results from:

- a) any war, or act of war (whether declared or undeclared); or b)
- participation in a felony, riot or insurrection; or

Any intentionally self-inflicted injury.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.



- 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 • Policy is an Obligation of the issuing insurance company
  - Not a Condition to the Provision or Term of any Banking Service or Activity

# Individual LTCI Proposal

Metropolitan Life Insurance Company



**MetLife**



**Prepared for:** Johney B Retired  
& Susan B Retired

**Prepared by:** MetLife Agent

**Prepared:** 07:55:36 AM  
1/8/2007



**Plan Options**

**Plan 1**

**Plan 2**

**Plan Choice**

[Partnership<sup>1</sup>]

Daily Benefit Amount (DBA)

[Home/Community Care %]

[Assisted Living Care %]

Benefit Duration

Elimination Period (EP)

Benefit Increase Option

Premium Payment Option

Elimination Period Option

[Rider 1]

[Rider 2]

Split Billing Method

[Employer Contribution,

[Percent Method]

[Dollar Amount Method]]

[Value]

LTC2-VAL-[ST]-[ML]

[yes]

[Up to:] \$[100] / Day

[50]%

[50]%

[3] Years

[100] [Service] Days

[Future Purchase Rider]

[Standard - Lifetime]

[None]

[Return of Premium]

[Ideal]

LTC2-IDEAL-[ST]-[ML]

[yes]

[\$[150] / Day

[75]%

[100]%

[4] Years

[45] [Calendar] Days

[5% Simple Inflation]

[10 Pay Rider]

[Calendar Day Rider]

[XX.XX% [Up to \$XXXX.XX Annually]]

[XX.XX% [Up to \$XXXX.XX Annually]]

[\$XXXX.XX [Monthly]]

[\$XXXX.XX [Monthly]]

**Participants**

Name	Age	Discount	Plan 1 [Monthly] Employer Premium	Plan 1 [Quarterly] Insured Premium	Plan 2 [Monthly] Employer Premium	Plan 2 [Quarterly] Insured Premium
1. [John Smith]	[49]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
2. [Fred Thompson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
3. [Jill Jackson]	[65]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
4. [Jack Jillson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
5. [Upton Hillson]	[46]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
6. [Mike Day]	[37]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
7. [Pat Smith]	[42]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
8. [Jerry Valenzuela]	[53]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
9. [Edgar Bailey]	[55]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
10. [Pat Prado]	[41]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]

<b>Total Premiums</b>	[XXX,XXX.XX]	[XXX,XXX.XX]	[XXX,XXX.XX]	[XXX,XXX.XX]
		Plan 1		Plan 2
<b>Total Annualized Employer Premium</b>		[\$XX,XXX.XX]		[\$XX,XXX.XX]
<b>Total Annualized Insured Premium</b>		[\$XX,XXX.XX]		[\$XX,XXX.XX]
<b>Total Annualized Premium</b>		[\$XX,XXX.XX]		[\$XX,XXX.XX]

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.]



Premiums shown are for illustrative purposes only, and are subject to change. All premiums shown reflect the discount percentage listed above. Other discounts may be available.

Please note that paying your premiums more often than annually (i.e., once per year) results in higher yearly premium costs.

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*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

**]**



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There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

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- Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law.
- Treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except [Medicaid]); or services for which no charge is normally made in the absence of Insurance.
- Services, other than Supportive Services, performed by a member of the Insured's immediate family.
- Any care or services received outside of the U.S. except as described under the International Coverage provision.
- Any injury or sickness that results from:
  - a) any war, or act of war (whether declared or undeclared); or b)
  - participation in a felony, riot or insurrection; or
- Any intentionally self-inflicted injury.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

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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 of benefits and terms for keeping them in-force. Ask about complete costs and details.



- 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
- Policy is an Obligation of the issuing insurance company
- Not a Condition to the Provision or Term of any Banking Service or Activity

SERFF Tracking Number: META-125421246 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37885  
Company Tracking Number: I07-39 2F-V  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: I07-39 2F-V/I07-39 2F-V

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125421246 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37885  
Company Tracking Number: I07-39 2F-V  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: I07-39 2F-V/I07-39 2F-V

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** NAIC Form

01/11/2008

**Comments:**

The NAIC Form is enclosed.

**Attachment:**

AR \_ NAIC\_Individual.pdf

### Review Status:

**Satisfied -Name:** cover letter

01/11/2008

**Comments:**

the submission cover letter is enclosed

**Attachment:**

AR\_I\_Filing Letter .pdf

### Review Status:

**Satisfied -Name:** Explanation of Variables

01/11/2008

**Comments:**

EOVs are enclosed.

**Attachments:**

EOV ADF#1819.07.pdf

EOV ADF#1820.07.pdf

EOV ADF#1821.07.pdf

EOV ADF#1822.07.pdf

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	ARKANSAS					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>STATE #</b>
	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	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>		<b>Fax #</b>	<b>E-mail Address</b>		
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859		203.221.6554	mrinaldi@metlife.com		
<b>5.</b>	<b>Requested Filing Mode</b>	<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): _____					
<b>6.</b>	<b>Company Tracking Number: I07-39 2F-V Advertising Forms: ADF# 1819.07 et al</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large			
		<b>Group</b>		<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			
<b>9.</b>	<b>Type of Insurance</b>	LTC031 Individual Long-Term Care Insurance					
<b>10.</b>	<b>Product Coding Matrix Matix Filing Code</b>	LTC031.001 - Qualified					



<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	<b>I07-39 2F-V</b>
<b>This filing corresponds to rate filing company tracking number</b>	

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	Split Billing Core Split without Spouse	ADF# 1819.07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02	Split Billing Individual Dollar and Percent Split	ADF# 1820.07	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03	Multi-Life Split Billing Core Method	ADF# 1821.07	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04	Multi-Life Split Billing ER Dollar and Percent Method	ADF# 1822.07	<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 Description	Affected Form Numbers		Previous State Filing Number
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 203 221-6554  
Mrinaldi@metlife.com



**Mary J. Rinaldi**  
Long-Term Care Group

January 11, 2008

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

**Re: Filing No. I07-2F-V**  
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 LTC2007 AR approved on August 17, 2007.

The advertising materials are new and do **not** replace any materials previously filed with your Department.

<b>Advertising Form Number</b>	<b>Brief Description of Invitation to Inquire Advertising Material</b>
ADF# 1819.07	Split Billing Core Split without Spouse
ADF# 1820.07	Split Billing Individual Dollar and Percent Split
ADF# 1821.07	Multi-Life Split Billing Core Method
ADF# 1822.07	Multi-Life Split Billing ER Dollar and Percent Method

Please be advised the purpose of the split billing reports is to simplify the Employer/Employee billing process so that one bill is generated for the employer and a separate bill is generated for an employee. This will make contributing towards a long term care policy for employees much more simple for the employers of a company.

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,

Mary J. Rinaldi  
Consultant-Compliance Marketing/AD

# Individual LTCL Proposal

## Metropolitan Life Insurance Company

Text that appears in Blue will not appear in the output and only appears here for the purpose of explaining the variables.



**MetLife®**

Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.



Prepared for: [Johnnie B. Retired]  
[&] [Susan B. Retired]

Prepared by: [MetLife Agent]

[200 Park Ave.  
New York  
New York 10166]

Prepared: [11:37:46 AM 6/28/2007]

Following Table will not appear on the Output

Prepared for:	[Johnnie B. Retired]Always print, first insured's First Name, Middle Initial, and Last Name.
---------------	--

	<b>[&amp;]</b> This will only print if there are 2 insureds. <b>[Susan B. Retired]</b> This will only print if there are 2 insureds, will be the second insured's First Name, Middle Initial, and Last Name
<b>Prepared by:</b>	<b>[MetLife Agent]</b> Always Print, agent's First Name, Middle Initial, and Last Name
	<b>[200 Park Ave]</b> Always print, agents street address
	<b>[New York]</b> Always print, agents city name
	<b>[New York 10166]</b> Always print, agents state and zip code
<b>Prepared:</b>	<b>[11:37:46 AM 6/28/2007]</b> Always print, the time and date the illustration was generated.

Footer for Coveragepage

**L11076739(exp0609)**

Page **[1]** of **[9]**

For Presentation in: **[ST]**

**ADF# 1819.07**

**V.[50.014]**

**New York, NY 10166**

<b>L11076739(exp0609)</b>	This is the Legal Department(LD) Number, it, or portions of it, will change upon expiry and re-approval
<b>[1]</b>	Current Page
<b>[XX]</b>	Total Pages
<b>[50.014]</b>	Software version
<b>[ST]</b>	State

The above table will not appear on the output.

End of Cover Page

## **[Protecting Those That Depend on You**

You've made sound investments to ensure that those who depend on you (your spouse and/or your children) have a comfortable life. Like most healthy well-adjusted people, you believe you are going to live a long and healthy life and have plenty of time to deal with issues of protection. What would happen if you ever needed care for a long-term illness? Who would take care of your loved ones?

Decisions regarding insurance have an enormous impact on your family's lives; children and others often have no voice in these decisions. By taking the first step of inquiring about Long-Term Care Insurance, you are making a responsible decision for your family that you can feel good about. And this decision is one that will provide you and your loved ones protection should you ever need long-term care.

**The cost of long-term care services is high, and will only go up in the future.**

**Currently, in [Alabama] ...**

- Home Health Care can cost up to [\$XX,XXX] per year, or about [\$XX] per day<sup>1</sup>.**  
Based on a sample of Home Health Aide rates at 25 hours of service/week.
- Assisted Living Facility Care can cost up to [\$XX,XXX] per year, or about [\$XX] per day<sup>2</sup>.**  
Based on a sample of monthly care rates.
- Nursing Home Care can cost up to [\$XX,XXX] per year, or about [\$XXX] per day<sup>1</sup>.**  
Based on a sample of private room day rates.

**Your actual long-term care costs may vary.**

Bracketed Amount in the above box will depend upon the State selected and as per the source at the bottom of the page.

### **Everybody's needs are different.**

MetLife's Long-Term Care Insurance can help you protect your family and their financial future with a range of features and options customizable to your current and future needs. You should request that your MetLife representative explain the many different Policy Riders that MetLife offers. You'll be amazed to learn how our Benefit Riders and Flex-Pay Riders can help you create an individualized plan for your future independence!

### **Most people think Medicare or Medicaid will cover their long-term care needs.**

The truth is Medicare and other traditional medical plans are not designed to pay for long-term care services. **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.

### **Let MetLife help you protect what you've worked so hard to create - Your family and your life savings.**

Source:

<sup>1</sup> MetLife Mature Market Institute, Survey on Nursing Facility and Home Care Costs, 2005

<sup>2</sup> MetLife Mature Market Institute, Survey on Assisted Living Facility Care Costs, 2005



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.  
 Following pages will print for First Insured

**Proposed Insured:** [Johnnie B. Retired]      **Plan:** [Ideal]      **Health Rating:** [Standard]      **Age:** [50]

The following table will not appear on the output :

[Johnnie B. Retired]	Always Print as per Client Name in Graphical User Interface
[Ideal]	Always print as per plan selected in Graphical User Interface
[Standard]	Always Print as per Health rating selected in Graphical User Interface
[50]	Always Print as per Age selected in Graphical User Interface

**Core Coverage Employer Paid**

**Core Plus Buy-Up Coverage**

Plan Choice

[Ideal]

[Ideal]

[LTC2-[IDEAL]-[ST]-[ML]]

[LTC2-[IDEAL]-[ST]-[ML]]

[Partnership<sup>1</sup>]

[yes]

[yes]

Daily Benefit Amount (DBA)

[\$100] per Day [(Monthly Benefit)]

[\$100] per Day [(Monthly Benefit)]

Table will not be printed in the output and values pertain to the First Insured.

[Ideal]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[LTC2-[IDEAL]-[ST]-[ML]]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[yes]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[\$100]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.

Partnership column will print only if Partnership checkbox is checked on the Graphical User Interface.

[Home/Community Care %]	[50%] of DBA	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]	[\$182,500]
Elimination Period (EP)	[100] [Calendar] Days	[100][Calendar] Days
Billing Mode	[Annual]	[Annual]
Core Method		

Table will not be printed in the output and values pertain to the First Insured

[50%]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[100%]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[1825 Days (5 Years)]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[\$182,500]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[100] [Calendar]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[Annual]	Print Billing mode as selected in Graphical User Interface. Other available options are Semi-annually, Quarterly & Monthly.
Core Method	This will print only if Core method is selected in the Graphical user interface

## Discounts and Premium Savings

**Initial Total Annual Policy Premium (No Discounts)**

**[\$12,000.00]**

**Total Discounts / Premium Savings**

**[40%]**

[Preferred Health Rating] [10%] [\$1,000.00]

This whole row will only print if "Preferred" is selected for the insured's health rating. If Preferred is not selected as the Health rating then this row will not print.

[Spousal, Marital, Residential] [30%] [\$3,000.00]

This is the household discount type, other possible values for this field are "Residential" and "Marital", if no discount is selected then this whole line will not print

[Multi-Life] [0%] [\$0.00]

If a Multi-Life discount is selected then "Multi-Life" will print, if none selected then this whole row will not print.

## Benefits and Premium Detail

Benefits	Core Plus Buy Up Coverage	Employer's Initial [Modal] Premiums	Insured's Initial [Modal] Premiums
Base Coverage	See Above		[\$X,XXX.XX]
Benefit Increase Option	[BIO]		[\$X.XXX.XX]
Elimination Period Option	[EPO]		[\$XXX.XX]
[Nonforfeiture Rider]	[No]		[\$0.00]
[Return of Premium Rider]	[No]		[\$0.00]
[Restoration of Benefits Rider]	[No]		[\$0.00]
[Paid-Up Survivorship Rider]	[No]		[\$0.00]
[Shared Care Rider]	[No]		[\$0.00]
<b>Total Modal Premium</b> (with Discounts)		[\$2,000.00]*	[\$6,000.00]*

Table will not be printed in the output and values pertain to the First Insured

Modal	Print as per selection in Graphical User interface for Employer and Insured.
[BIO]	Always print Benefit Increase Option as selected on Graphical User Interface
[EPO]	Always print Elimination Period Option as selected on Graphical User Interface
[Nonforfeiture Rider]	Print 'Yes' if Non-forfeiture Rider check box is checked and 'No' if Unchecked
[Return of Premium Rider]	Print 'Yes' if Return of Premium Rider check box is checked and 'No' if Unchecked
[Restoration of Benefits Rider]	Skip line if plan = premier Print 'Yes' if Restoration of Benefits Rider check box is checked and 'No' if Unchecked
[Indemnity Rider]	Skip line if plan <> Value Print 'Yes' if Indemnity Rider checkbox is checked and 'No' if unchecked
[Paid-Up Survivorship Rider]	Print 'Yes' if Paid-Up Survivorship Rider check box is checked and 'No' if Unchecked
[Shared Care Rider]	Print 'Yes' if Shared Care Rider check box is checked and 'No' if Unchecked

[Employer paid portion is capped at [\$XX,XXX.XX]Annual]

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a Partnership Illustration.

\*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.

### Lifetime Core Plus Buy Up Benefit and Policy Premium Comparison for [Johnnie][Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Compound Inflation Rider] as selected</b>				
730 Days (2 Years)	[\$3,616.50]	[\$3,490.71]	[\$3,144.77]	[\$189,800]
1095 Days (3 Years)	[\$4,560.85]	[\$4,402.22]	[\$3,965.96]	[\$284,700]
1460 Days (4 Years)	[\$5,391.78]	[\$5,204.24]	[\$4,688.50]	[\$379,600]
1825 Days (5 Years)	[\$6,277.95]	[\$6,059.59]	[\$5,459.09]	[\$474,500]
2555 Days (7 Years)	[\$8,091.12]	[\$7,809.69]	[\$7,035.75]	[\$664,300]
Unlimited	[\$9,165.67]	[\$8,846.86]	[\$7,970.15]	Unlimited

\*Total Lifetime Benefit column does not reflect any increase as a result of the selected Benefit Increase Option.

This Table will not appear on the output and is for informational purposes only and information pertains to the first insured.

<b>[Johnnie]</b>	Client's first, middle, and last name
<b>[Annual]</b>	Premium mode selected in Graphical User Interface
<b>[5% Compound Inflation Rider]</b>	Benefit Increase Option as selected in the Graphical User Interface.

All premiums shown in the graph reflect the premium for the selected plan with the Benefit Duration shown in the first column of the row and the Elimination period shown in the first row of the column it is shown in.

The values shown in the Total Benefit column are the maximum amount that could be paid to the insured with the Benefit Duration shown at the beginning of the row.

This page will be printed only if "Exclude Premium comparisons Client frame" checkbox on the Premium Comparison options pop-up screen is unchecked. Up to four matrices will be available as per availability and selection on the Graphical User Interface Other available Grid options are 5% Simple Rider, Future Purchase Rider and No Benefit Increase Option.



Snoopy bitmap will not appear if “Exclude peanut character” checkbox is checked.  
 Spouse pages will print only if Spouse is selected on the GUI.  
 If Employer is paying for Employee and Spouse then Spouse pages will print in the format similar to the Client.  
 Following is the Format if Employer is Paying for Employee and Spouse.  
 Following page will not print if Employer is not paying for Spouse.

<b>Proposed Insured:</b> <b>[Susan B. Retired]</b>	<b>Plan:</b> <b>[Ideal]</b>	<b>Health Rating:</b> <b>[Standard]</b>	<b>Age:</b> <b>[50]</b>
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The following table will not appear on the output :

<b>[Susan B. Retired]</b>	Always Print as per Client Name in Graphical User Interface
<b>[Ideal]</b>	Always print as per plan selected in Graphical User Interface
<b>[Standard]</b>	Always Print as per Health rating selected in Graphical User Interface
<b>[50]</b>	Always Print as per Age selected in Graphical User Interface

	<b>Core Coverage Employer Paid</b>	<b>Core Plus Buy-Up Coverage</b>
Plan Choice	<b>[Ideal]</b>	<b>[Ideal]</b>
<b>[Partnership<sup>1</sup>]</b>	<b>[LTC2-[IDEAL]-[ST]-[ML]]</b> <b>[yes]</b>	<b>[LTC2-[IDEAL]-[ST]-[ML]]</b> <b>[yes]</b>
Daily Benefit Amount (DBA)	<b>[\$100] per Day [(Monthly Benefit)]</b>	<b>[\$100] per Day [(Monthly Benefit)]</b>

Table will not be printed in the output and values pertain to the Second Insured.

<b>[Ideal]</b>	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
<b>[LTC2-[IDEAL]-[ST]-[ML]]</b>	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
<b>[yes]</b>	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
<b>[\$100]</b>	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.

Partnership column will print only if Partnership checkbox is checked on the Graphical User Interface.

[Home/Community Care %]	[50%] of DBA	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]	[\$182,500]
Elimination Period (EP)	[100] [Calendar] Days	[100][Calendar] Days
Billing Mode	[Annual]	[Annual]
Core Method		

Table will not be printed in the output and values pertain to the Second Insured.

[50%]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[100%]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[1825 Days (5 Years)]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[\$182,500]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[100] [Calendar]	First Column value will print as per selection in the Graphical user interface on Plan design tab and 2 <sup>nd</sup> column value will print as per selection in the Core Plus buy-Up coverage screen.
[Annual]	Print Billing mode as selected in Graphical User Interface. Other available options are Semi-annually, Quarterly & Monthly.
Core Method	This will print only if Core method is selected in the Graphical user interface

## Discounts and Premium Savings

**Initial Total Annual Policy Premium (No Discounts)**

**[\$12,000.00]**

**Total Discounts / Premium Savings**

**[40%]**

[Preferred Health Rating] [10%] [\$1,000.00]

This whole row will only print if "Preferred" is selected for the insured's health rating. If Preferred is not selected as the Health rating then this row will not print.

[Spousal, Marital, Residential] [30%] [\$3,000.00]

This is the household discount type, other possible values for this field are "Residential" and "Marital", if no discount is selected then this whole line will not print

[Multi-Life] [0%] [\$0.00]

If a Multi-Life discount is selected then "Multi-Life" will print, if none selected then this whole row will not print.

## Benefits and Premium Detail

Benefits	Core Plus Buy Up Coverage	Employer's Initial [Modal] Premiums	Insured's Initial [Modal] Premiums
Base Coverage	See Above		[\$X,XXX.XX]
Benefit Increase Option	[BIO]		[\$X.XXX.XX]
Elimination Period Option	[EPO]		[\$XXX.XX]
[Nonforfeiture Rider]	[No]		[\$0.00]
[Return of Premium Rider]	[No]		[\$0.00]
[Restoration of Benefits Rider]	[No]		[\$0.00]
[Paid-Up Survivorship Rider]	[No]		[\$0.00]
[Shared Care Rider]	[No]		[\$0.00]
<b>Total Modal Premium</b> (with Discounts)		[\$2,000.00]*	[\$6,000.00]*

Table will not be printed in the output and values pertain to the Second Insured.

Modal	Print as per selection in Graphical User interface for Employer and Insured.
[BIO]	Always print Benefit Increase Option as selected on Graphical User Interface
[EPO]	Always print Elimination Period Option as selected on Graphical User Interface
[Nonforfeiture Rider]	Print 'Yes' if Non-forfeiture Rider check box is checked and 'No' if Unchecked
[Return of Premium Rider]	Print 'Yes' if Return of Premium Rider check box is checked and 'No' if Unchecked
[Restoration of Benefits Rider]	Skip line if plan = premier Print 'Yes' if Restoration of Benefits Rider check box is checked and 'No' if Unchecked
[Indemnity Rider]	Skip line if plan <> Value Print 'Yes' if Indemnity Rider checkbox is checked and 'No' if unchecked
[Paid-Up Survivorship Rider]	Print 'Yes' if Paid-Up Survivorship Rider check box is checked and 'No' if Unchecked
[Shared Care Rider]	Print 'Yes' if Shared Care Rider check box is checked and 'No' if Unchecked

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a Partnership Illustration.

\*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.

Following Page will print if the Employer is not paying for the Spouse and Spouse is applying for the coverage.

<b>Proposed Insured:</b> [Susan B. Retired]	<b>Plan:</b> [Ideal]	<b>Health Rating:</b> [Standard]	<b>Age:</b> [50]
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The following table will not appear on the output and values pertain to the second insured.

[Susan B. Retired]	Always Print as per Client Name in Graphical User Interface
[Ideal]	Always print as per plan selected in Graphical User Interface
[Standard]	Always Print as per Health rating selected in Graphical User Interface
[50]	Always Print as per Age selected in Graphical User Interface

## Base Coverage:

Plan Choice

[Partnership<sup>1</sup>]

Daily Benefit Amount (DBA)

Home/Community Care %

Assisted Living Facility Care %

Benefit Period

Total Lifetime Benefit (TLB)

Elimination Period (EP)

Billing Mode

[Ideal]  
[LTC2-[IDEAL]-[ST]-[ML]]  
[yes]  
[\$100] per Day [(Monthly Benefit)  
[100%] of DBA  
[100%] of DBA  
[1460 Days (4 Years)]  
[\$204,400]  
[100] [Service] Days  
[Annual]

Table will not be printed in the output and values pertain to the Second Insured.

[Ideal]	Always print as per plan selected in Graphical User Interface
[LTC2-[IDEAL]-[ST]-[ML]]	Print as per format according to input in the graphical user interface.
[Partnership <sup>1</sup> ]..... [yes]	Partnership column will print only of Partnership checkbox is checked on the Graphical User Interface.
[\$100]	Print as per Daily Benefit Amount entered in the Graphical user interface.
[100%]	Print Input percent for Home/Community Care as entered in the graphical user interface
[100%]	Print Input percent for Assisted Living Facility Care as entered in the graphical user interface
[1460 Days (4 Years)]	Always print as per selection in the graphical user interface
[\$204,400]	Always print as per selection in the graphical user interface
[100] [Service]	Always print as per selection in the graphical user interface.
[Annual]	Print Billing mode as selected in Graphical User Interface. Other available options are Semi-annually, Quarterly & Monthly.

## Discounts and Premium Savings

Initial Annualized Premium (No Discounts)

**[\$1,842.54]**

**Total Discounts / Premium Savings****[30%]****[\$552.76]**

Spousal

**[30%]****[\$552.76]**

This section will print similar to the previous section for Spouse.

**Annualized Premiums (with Discounts)****[\$1,289.78]****Benefits and Premium Detail**

<b>Benefits</b>	<b>Coverage</b>	<b>Annualized Premiums</b>
Base Coverage	See Above	[\$568.30]
[Benefit Increase Option]	[5% Compound Rider]	[\$721.48]
Elimination Period Option	[None]	[\$0.00]
[Nonforfeiture Rider]	[No]	[\$0.00]
[Return of Premium Rider]	[No]	[\$0.00]
[Restoration of Benefits Rider]	[No]	[\$0.00]
[Indemnity Rider]	[No]	[\$0.00]
[Paid-Up Survivorship Rider]	[No]	[\$0.00]
[Shared Care Rider]	[No]	[\$0.00]

**Total Annualized Premium (with Discounts)****[\$1,289.78]**

Table will not be printed in the output and values pertain to the Second Insured.

[5% Compound Rider]	Print as per the Benefit Increase Option selected in the graphical user interface.
[None]	Always print Elimination Period Option as selected on Graphical User Interface
[Nonforfeiture Rider]	Print 'Yes' if Non-forfeiture Rider check box is checked and 'No' if Unchecked
[Return of Premium Rider]	Print 'Yes' if Return of Premium Rider check box is checked and 'No' if Unchecked
[Restoration of Benefits Rider]	Skip line if plan = premier Print 'Yes' if Restoration of Benefits Rider check box is checked and 'No' if Unchecked
[Indemnity Rider]	Skip line if plan <> Value Print 'Yes' if Indemnity Rider checkbox is checked and 'No' if unchecked
[Paid-Up Survivorship Rider]	Print 'Yes' if Paid-Up Survivorship Rider check box is checked and 'No' if Unchecked
[Shared Care Rider]	Print 'Yes' if Shared Care Rider check box is checked and 'No' if Unchecked

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a Partnership illustration



This page will print for Spouse only if Spouse is selected on the Plan. If there is no spouse do not print this page.

Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.

### Lifetime [Core Plus Buy Up] Benefit and [Policy] Premium Comparison for [Susan][Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Compound Inflation Rider] as selected</b>				
730 Days (2 Years)	[\$3,616.50]	[\$3,490.71]	[\$3,144.77]	[\$189,800]
1095 Days (3 Years)	[\$4,560.85]	[\$4,402.22]	[\$3,965.96]	[\$284,700]
1460 Days (4 Years)	[\$5,391.78]	[\$5,204.24]	[\$4,688.50]	[\$379,600]
1825 Days (5 Years)	[\$6,277.95]	[\$6,059.59]	[\$5,459.09]	[\$474,500]
2555 Days (7 Years)	[\$8,091.12]	[\$7,809.69]	[\$7,035.75]	[\$664,300]
Unlimited	[\$9,165.67]	[\$8,846.86]	[\$7,970.15]	Unlimited

\*Total Lifetime Benefit column does not reflect any increase as a result of the selected Benefit Increase Option.

This Table will not appear on the output and is for informational purposes only.

<b>[Susan]</b>	Client's first, middle, and last name
<b>[Annual]</b>	Premium mode selected in Graphical User Interface
<b>[5% Compound Inflation Rider]</b>	Benefit Increase Option as selected in the Graphical User Interface.

All premiums shown in the graph reflect the premium for the selected plan with the Benefit Duration shown in the first column of the row and the Elimination period shown in the first row of the column it is shown in.

The values shown in the Total Benefit column are the maximum amount that could be paid to the insured with the Benefit Duration shown at the beginning of the row.

This page will be printed only if "Exclude Premium comparisons Client frame" checkbox on the Premium Comparison options pop-up screen is unchecked. Up to four matrices will be available as per availability and selection on the Graphical User Interface Other available Grid options are 5% Simple Rider, Future Purchase Rider and No Benefit Increase Option.



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.

Proposed Insured:	Plan:	Health Rating:	Age:
<b>[Johnnie B. Retired]</b>	<b>[Ideal]</b>	<b>[Standard]</b>	<b>[50]</b>
First Insured's first, middle, and last name	Plan type selected for Client	Health Rating selected for Client	Client's AGE
<b>[Susan B. Retired]</b>	<b>[Ideal]</b>	<b>[Standard]</b>	<b>[50]</b>
Spouse/Resident's first, middle, and last name; nothing prints if no 2 <sup>nd</sup> insured	Spouse/Resident's plan type, nothing prints if no 2 <sup>nd</sup> insured	Spouse/Resident's health nothing prints if no 2 <sup>nd</sup> insured	rating, Spouse/Resident's age

### Total Initial Premiums – Insured Premium Portion Only

	Annual	Semi-Annual	Quarterly	Monthly
<b>[Johnnie]</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX.XX]	[\$XXX.XX ]
<b>[Susan]</b>	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]	[\$XXX.XX ]
<b>[Both Insureds]</b>	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXXX.XX ]	[\$XXX.XX ]
<b>Annualized Total Initial Premium</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]

Please Note : Spouse/Resident's row prints only if Spouse/Resident is selected on the Graphical User Interface. Premiums shown reflect the premium for the insured's selections and the premium mode shown at the top of the column. The row for Both Insured's will not print unless there are 2 insured's and when printed shows the total premium for both the first and second insured for the mode shown at the top of the column. The Annualized Total initial premium row shows the an annualized premium for the mode shown at the top of the column for 1 insured if there is only 1 insured and for both insured's if there are 2.

Please note that paying your premiums more often than annually (i.e., once per year) results in higher total yearly premium costs. Premiums may change depending on when you apply. Otherwise, premiums will increase only as a result of (1) changes made to your policy, and/or (2) increases made on a class-wide basis in the state where the policy is issued. The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.

Please refer to the Outline of Coverage provided by your [Insurance Representative] with this proposal for detailed explanations of Riders and Options that you may select to enhance your coverage. Please note that not all riders and options are available with every plan, and that the selection of some riders or options may automatically exclude the selection of others.

This is an illustration only. It is not a policy or a contract. This illustration shows hypothetical premiums based on the proposed selection of certain plan variables and benefits. All premiums are subject to change. Please refer to your actual policy for complete details and for a complete description of the rights and obligations of both you and MetLife. Illustrated coverage is subject to underwriting approval.

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The above paragraph will not print if exclude peanut characters has been selected on the Agent Screen



This page will print only if this is a partnership state and partnership checkbox is checked on the GUI.

## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as "Asset Disregard," under [State's] Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife's individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided to you by your [Insurance Representative] with this proposal].

No payments will be made for any of the following: Only print if the cash rider has not been selected.

- Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician. Only print if the cash rider has not been selected.
- Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility. Only print if the cash rider has not been selected.
- Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law. Only print if the cash rider has not been selected.
- 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. Only print if the cash rider has not been selected.
- Services, other than Supportive Services, performed by a member of the Insured's immediate family.
- Any care or services received outside of the U.S. except as described under the International Coverage provision. Only print if the cash rider has not been selected.
- Any injury or sickness that results from: Only print if the cash rider has not been selected.
  - a) any war, or act of war (whether declared or undeclared); or
  - b) participation in a felony, riot or insurrection; or
- Any intentionally self-inflicted injury. Only print if the cash rider has not been selected.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.

• 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 • Policy is an Obligation of the issuing insurance company  
 • Not a Condition to the Provision or Term of any Banking Service or Activity

Prepared: [12:59:59 a.m. MM/DD/YYYY] V. [36.007] Page [X] of [XX] For Presentation in: [ST]  
 ADF# 1819.07 [PEANUTS © United Features Syndicate, Inc.] **L11076739(exp0609)**  
 New York, NY 10166

This Table is for Information purpose only and will not appear on the output.

[12:59:59 a.m. MM/DD/YYYY]	Time and date the illustration was prepared.
[36.007]	Software version
[X]	Current page #
[XX]	Total # of pages
[ST]	Issue state
[PEANUTS© United Feature Syndicate, Inc.]	This will only print if the user has not opted to exclude the Peanuts characters
<b>L11076739(exp0609)</b>	This is the Legal Department Number, it, or portions of it, will change upon expiry and re-approval

# Individual LTCL Proposal

## Metropolitan Life Insurance Company

Text that appears in Blue will not appear in the output and only appears here for the purpose of explaining the variables.



**MetLife**<sup>®</sup>

Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.



Prepared for: [ Johnnie B Retired]  
[&] [Susan B Retired]

Prepared by: [MetLife Agent]

[200 Park Ave.  
New York  
New York 10166]

Prepared: [07:55:36 AM 1/8/2007]

Following Table will not appear on the Output

<b>Prepared for:</b>	<b>[Johnnie B. Retired]</b> Always print, first insured's First Name, Middle Initial, and Last Name. <b>[&amp;]</b> This will only print if there are 2 insureds. <b>[Susan B. Retired]</b> This will only print if there are 2 insureds, will be the second insured's First Name, Middle Initial, and Last Name
<b>Prepared by:</b>	<b>[MetLife Agent]</b> Always Print, agent's First Name, Middle Initial, and Last Name
	<b>[200 Park Ave]</b> Always print, agents street address
	<b>[New York]</b> Always print, agents city name
	<b>[New York 10166]</b> Always print, agents state and zip code
<b>Prepared:</b>	<b>[11:37:46 AM 6/28/2007]</b> Always print, the time and date the illustration was generated.

Footer for coveragepage

**L11076735(exp0609)**

**Page [1] of [9]**

**For Presentation in: [ST]**

**ADF# 1820.07**

**V.[50.014]**

**New York, NY 10166**

<b>L11076735(exp0609)</b>	This is the Legal Department(LD) Number, it, or portions of it, will change upon expiry and re-approval
<b>[1]</b>	Current Page
<b>[XX]</b>	Total Pages
<b>[50.014]</b>	Software version
<b>[ST]</b>	State

The above table will not appear on the output.

End of Cover Page

## **[Protecting Those That Depend on You**

You've made sound investments to ensure that those who depend on you (your spouse and/or your children) have a comfortable life. Like most healthy well-adjusted people, you believe you are going to live a long and healthy life and have plenty of time to deal with issues of protection. What would happen if you ever needed care for a long-term illness? Who would take care of your loved ones?

Decisions regarding insurance have an enormous impact on your family's lives; children and others often have no voice in these decisions. By taking the first step of inquiring about Long-Term Care Insurance, you are making a responsible decision for your family that you can feel good about. And this decision is one that will provide you and your loved ones protection should you ever need long-term care.

**The cost of long-term care services is high, and will only go up in the future.**

**Currently, in [Alabama] ...**

- Home Health Care can cost up to [\$XX,XXX] per year, or about [\$XX] per day<sup>1</sup>.**

Based on a sample of Home Health Aide rates at 25 hours of service/week.

- Assisted Living Facility Care can cost up to [\$XX,XXX] per year, or about [\$XX] per day<sup>2</sup>.**

Based on a sample of monthly care rates.

- Nursing Home Care can cost up to [\$XX,XXX] per year, or about [\$XXX] per day<sup>1</sup>.**

Based on a sample of private room day rates.

**Your actual long-term care costs may vary.**

Bracketed Amount in the above box will depend upon the State selected and as per the source at the bottom of the page.

### **Everybody's needs are different.**

MetLife's Long-Term Care Insurance can help you protect your family and their financial future with a range of features and options customizable to your current and future needs. You should request that your MetLife representative explain the many different Policy Riders that MetLife offers. You'll be amazed to learn how our Benefit Riders and Flex-Pay Riders can help you create an individualized plan for your future independence!

### **Most people think Medicare or Medicaid will cover their long-term care needs.**

The truth is Medicare and other traditional medical plans are not designed to pay for long-term care services. **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.

### **Let MetLife help you protect what you've worked so hard to create - Your family and your life savings.**

Source:

<sup>1</sup> MetLife Mature Market Institute, Survey on Nursing Facility and Home Care Costs, 2005

<sup>2</sup> MetLife Mature Market Institute, Survey on Assisted Living Facility Care Costs, 2005



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.  
 Following pages will print for First Insured

<b>Proposed Insured:</b> [Johnnie B. Retired]	<b>Plan:</b> [Ideal]	<b>Health Rating:</b> [Standard]	<b>Age:</b> [50]
--	-------------------------	-------------------------------------	---------------------

**Base Coverage:**

The following table will not appear on the output and the information pertains to the first insured.

[Johnnie B. Retired]	Always Print as per Client Name in Graphical User Interface
[Ideal]	Always print as per plan selected in Graphical User Interface
[Standard]	Always Print as per Health rating selected in Graphical User Interface
[50]	Always Print as per Age selected in Graphical User Interface

Plan Choice	[Ideal]
	[LTC2-[IDEAL]-[ST]-[ML]]
[Partnership <sup>1</sup> ]	[yes]
Daily Benefit Amount (DBA)	[\$100] per Day [(Monthly Benefit)]
[Home/Community Care %]	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]
Elimination Period (EP)	[45] [Calendar] Days
Billing Mode	[Annual]
Employer Contribution, [Dollar Amount or Percent] Method	[XX.XX% [Up to \$XXXX.XX Annually]] or [\$XXXX.XX [Monthly]]

Table will not be printed in the output and values pertain to the First Insured.

[Ideal]	Always print as per plan selected in Graphical User Interface
[LTC2-[IDEAL]-[ST]-[ML]]	Print as per format according to input in the graphical user interface.
[Partnership <sup>1</sup> ]..... [yes]	Partnership column will print only if Partnership checkbox is checked on the Graphical User Interface.
[\$100]	Print as per Daily Benefit Amount entered in the Graphical user interface.
[50%]	Print Input percent for Home/Community Care as entered in the graphical user interface
[100%]	Print Input percent for Assisted Living Facility Care as entered in the graphical user interface
[1825 Days (5 Years)]	Always print as per selection in the graphical user interface
[\$182,500]	Always print as per selection in the graphical user interface
[45] [Calendar]	Always print as per selection in the graphical user interface.
[Annual]	Print Billing mode as selected in Graphical User Interface. Other available options are Semi-annually, Quarterly & Monthly.
[Dollar Amount or Percent]	Print "Dollar Amount" or "Percent" as per selection in the graphical user interface.

## Discounts and Premium Savings

Initial Total Annual Policy Premium (No Discounts)

**[\$10,000.00]**

**Total Discounts / Premium Savings**

**[40%]**

[Preferred Health Rating]

[10%]

[\$1,000.00]

This whole row will only print if "Preferred" is selected for the insured's health rating. If Preferred is not selected as the Health rating then this row will not print.

[Spousal, Marital, Residential]

[30%]

[\$3,000.00]

This is the household discount type, other possible values for this field are "Residential" and "Marital", if no discount is selected then this whole line will not print

[Multi-Life]

[0%]

[\$0.00]

If a Multi-Life discount is selected then "Multi-Life" will print, if none selected then this whole row will not print.

## Benefits and Premium Detail

**Employer's Initial  
[Modal] Premiums**

**Insured's Initial  
[Modal] Premiums**

[\$6,000.00]

[\$6,000.00]

Benefits	Plan Coverage	Employer's Initial [Modal] Premiums	Insured's Initial [Modal] Premiums
Base Coverage	See Above	[\$X,XXX.XX]	[\$X,XXX.XX]
Benefit Increase Option	[BIO]	[\$X,XXX.XX]	[\$X,XXX.XX]
Elimination Period Option	[EPO]	[\$XXX.XX]	[\$XXX.XX]
[Non-forfeiture Rider]	[No]	[\$0.00]	[\$0.00]
[Return of Premium Rider]	[No]	[\$0.00]	[\$0.00]
[Restoration of Benefits Rider]	[No]	[\$0.00]	[\$0.00]
[Paid-Up Survivorship Rider]	[No]	[\$0.00]	[\$0.00]
[Shared Care Rider]	[No]	[\$0.00]	[\$0.00]
<b>Total Modal Premium (with Discounts)</b>		<b>[\$6,000.00]*</b>	<b>[\$6,000.00]*</b>

Table will not be printed in the output and values pertain to the First Insured

Modal	Print as per selection in Graphical User interface for Employer and Insured.
[BIO]	Always print Benefit Increase Option as selected on Graphical User Interface
[EPO]	Always print Elimination Period Option as selected on Graphical User Interface
[Non-forfeiture Rider]	Print 'Yes' if Non-forfeiture Rider check box is checked and 'No' if Unchecked
[Return of Premium Rider]	Print 'Yes' if Return of Premium Rider check box is checked and 'No' if Unchecked
[Restoration of Benefits Rider]	Skip line if plan = premier Print 'Yes' if Restoration of Benefits Rider check box is checked and 'No' if Unchecked
[Indemnity Rider]	Skip line if plan <> Value Print 'Yes' if Indemnity Rider checkbox is checked and 'No' if unchecked
[Paid-Up Survivorship Rider]	Print 'Yes' if Paid-Up Survivorship Rider check box is checked and 'No' if Unchecked
[Shared Care Rider]	Print 'Yes' if Shared Care Rider check box is checked and 'No' if Unchecked

Employer column will print premium share borne by employer and insured column will print premium portion payable by first insured.

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a partnership illustration.

\*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.

### Lifetime Benefit and Premium Insured Portion Comparison for [Johnnie][Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Compound Inflation Rider] as selected</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
<b>1095 Days (3 Years)</b>	[\$XXXX.XX]	<b>[\$XXXX.XX]</b>	[\$XXXX.XX]	<b>[\$XXX,XXX]</b>
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

**\*Total Lifetime Benefit column does not reflect any increase as a result of the selected Benefit Increase Option.**

This Table will not appear on the output and is for informational purposes only and information pertains to the first insured.

<b>[Johnnie]</b>	Client's first, middle, and last name
<b>[Annual]</b>	Premium mode selected in Graphical User Interface
<b>[5% Compound Inflation Rider]</b>	Benefit Increase Option as selected in the Graphical User Interface.

All premiums shown in the graph reflect the premium for the selected plan with the Benefit Duration shown in the first column of the row and the Elimination period shown in the first row of the column it is shown in.

The values shown in the Total Benefit column are the maximum amount that could be paid to the insured with the Benefit Duration shown at the beginning of the row.

This page will be printed only if "Exclude Premium comparisons Client frame" checkbox on the Premium Comparison options pop-up screen is unchecked. Up to four matrices will be available as per availability and selection on the Graphical User Interface Other available Grid options are 5% Simple Rider, Future Purchase Rider and No Benefit Increase Option.



Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.  
 Spouse pages will print only if Spouse is selected on the GUI.  
 If Employer is paying for Employee and Spouse then Spouse pages will print in the format similar to the Client.  
 Following is the Format if Employer is Paying for Employee and Spouse.  
 Following page will not print if Employer is not paying for Spouse.

<b>Proposed Insured:</b>	<b>Plan:</b>	<b>Health Rating:</b>	<b>Age:</b>
<b>[Susan B Retired]</b>	<b>[Ideal]</b>	<b>[Standard]</b>	<b>[50]</b>

**Base Coverage:**

The following table will not appear on the output and information pertains to the second insured.

<b>[Susan B. Retired]</b>	Always Print as per Client Name in Graphical User Interface
<b>[Ideal]</b>	Always print as per plan selected in Graphical User Interface
<b>[Standard]</b>	Always Print as per Health rating selected in Graphical User Interface
<b>[50]</b>	Always Print as per Age selected in Graphical User Interface

Plan Choice	[Ideal]
	[LTC2-[IDEAL]-[ST]-[ML]]
[Partnership <sup>1</sup> ]	[yes]
Daily Benefit Amount (DBA)	[\$100] per Day [(Monthly Benefit)]
[Home/Community Care %]	[50%] of DBA
[Assisted Living Facility Care %]	[100%] of DBA
Benefit Period	[1825 Days (5 Years)]
Total Lifetime Benefit (TLB)	[\$182,500]
Elimination Period (EP)	[100] [Calendar] Days
Billing Mode	[Annual]
[Dollar or Percent] Method	[XX.XX% [Up to \$XXXX.XX Annually]] or [\$XXXX.XX [Monthly]]

Table will not be printed in the output and values pertain to the Second Insured.

[Ideal]	Always print as per plan selected in Graphical User Interface
[LTC2-[IDEAL]-[ST]-[ML]]	Print as per format according to input in the graphical user interface.
[Partnership <sup>1</sup> ]. . . . . [yes]	Partnership column will print only of Partnership checkbox is checked on the Graphical User Interface.
[\$100]	Print as per Daily Benefit Amount entered in the Graphical user interface.
[50%]	Print Input percent for Home/Community Care as entered in the graphical user interface
[100%]	Print Input percent for Assisted Living Facility Care as entered in the graphical user interface
[1825 Days (5 Years)]	Always print as per selection in the graphical user interface
[\$182,500]	Always print as per selection in the graphical user interface
[45] [Calendar]	Always print as per selection in the graphical user interface.

[Annual]	Print Billing mode as selected in Graphical User Interface. Other available options are Semi-annually, Quarterly & Monthly.
[Dollar Amount or Percent]	Print "Dollar Amount" or "Percent" as per selection in the graphical user interface.

## Discounts and Premium Savings

**Initial Total Annual Policy Premium (No Discounts)**

**[\$10,000.00]**

**Total Discounts / Premium Savings [40%]**

[Preferred Health Rating] [10%] [\$1,000.00]

This whole row will only print if "Preferred" is selected for the insured's health rating. If Preferred is not selected as the Health rating then this row will not print.

[Spousal, Marital, Residential] [30%] [\$3,000.00]

This is the household discount type, other possible values for this field are "Residential" and "Marital", if no discount is selected then this whole line will not print

[Multi-Life] [0%] [\$0.00]

If a Multi-Life discount is selected then "Multi-Life" will print, if none selected then this whole row will not print.

	<b>Employer's Initial [Modal] Premiums</b>	<b>Insured's Initial [Modal] Premiums</b>
<b>Benefits and Premium Detail</b>	<b>[\$6,000.00]</b>	<b>[\$6,000.00]</b>

Benefits	Plan Coverage	Employer's Initial [Modal] Premiums	Insured's Initial [Modal] Premiums
Base Coverage	See Above	[\$X,XXX.XX]	[\$X,XXX.XX]
Benefit Increase Option	[BIO]	[\$X,XXX.XX]	[\$X,XXX.XX]
Elimination Period Option	[EPO]	[\$XXX.XX]	[\$XXX.XX]
[Nonforfeiture Rider]	[No]	[\$0.00]	[\$0.00]
[Return of Premium Rider]	[No]	[\$0.00]	[\$0.00]
[Restoration of Benefits Rider]	[No]	[\$0.00]	[\$0.00]
[Paid-Up Survivorship Rider]	[No]	[\$0.00]	[\$0.00]
[Shared Care Rider]	[No]	[\$0.00]	[\$0.00]
<b>Total Modal Premium (with Discounts)</b>		<b>[\$6,000.00]*</b>	<b>[\$6,000.00]*</b>

Table will not be printed in the output and values pertain to the Second Insured

Modal	Print as per selection in Graphical User interface for Employer and Insured.
[BIO]	Always print Benefit Increase Option as selected on Graphical User Interface
[EPO]	Always print Elimination Period Option as selected on Graphical User Interface
[Non-forfeiture Rider]	Print 'Yes' if Non-forfeiture Rider check box is checked and 'No' if Unchecked
[Return of Premium Rider]	Print 'Yes' if Return of Premium Rider check box is checked and 'No' if Unchecked
[Restoration of Benefits Rider]	Skip line if plan = premier Print 'Yes' if Restoration of Benefits Rider check box is checked and 'No' if Unchecked
[Indemnity Rider]	Skip line if plan <> Value Print 'Yes' if Indemnity Rider checkbox is checked and 'No' if unchecked
[Paid-Up Survivorship Rider]	Print 'Yes' if Paid-Up Survivorship Rider check box is checked and

	'No' if Unchecked
[Shared Care Rider]	Print 'Yes' if Shared Care Rider check box is checked and 'No' if Unchecked

Employer column will print premium share paid by employer and insured column will print premium portion payable by Second insured.

[Employer paid portion is capped at [\$XX,XXX.XX] Annual.]

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a partnership illustration.

\*The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.



Snoopy bitmap will not appear if “Exclude peanut character” checkbox is checked.

Following Page will print if the Employer is not paying for the Spouse and Spouse is applying for the coverage.

<b>Proposed Insured:</b> [Susan B. Retired]	<b>Plan:</b> [Ideal]	<b>Health Rating:</b> [Standard]	<b>Age:</b> [50]
--	-------------------------	-------------------------------------	---------------------

The following table will not appear on the output and values pertain to the second insured.

[Susan B. Retired]	Always Print as per Client Name in Graphical User Interface
[Ideal]	Always print as per plan selected in Graphical User Interface
[Standard]	Always Print as per Health rating selected in Graphical User Interface
[50]	Always Print as per Age selected in Graphical User Interface

## Base Coverage:

Plan Choice

[Partnership<sup>1</sup>]

Daily Benefit Amount (DBA)

Home/Community Care %

Assisted Living Facility Care %

Benefit Period

Total Lifetime Benefit (TLB)

Elimination Period (EP)

Billing Mode

[Ideal]  
[LTC2-[IDEAL]-[ST]-[ML]]  
[yes]  
[ \$100 ] per Day [(Monthly Benefit)  
[100%] of DBA  
[100%] of DBA  
[1460 Days (4 Years)]  
[\$204,400]  
[45] [Service] Days  
[Annual]

Table will not be printed in the output and values pertain to the Second Insured.

[Ideal]	Always print as per plan selected in Graphical User Interface
[LTC2-[IDEAL]-[ST]-[ML]]	Print as per format according to input in the graphical user interface.
[Partnership <sup>1</sup> ],..... [yes]	Partnership column will print only of Partnership checkbox is checked on the Graphical User Interface.
[\$100]	Print as per Daily Benefit Amount entered in the Graphical user interface.
[100%]	Print Input percent for Home/Community Care as entered in the graphical user interface
[100%]	Print Input percent for Assisted Living Facility Care as entered in the graphical user interface
[1460 Days (4 Years)]	Always print as per selection in the graphical user interface
[\$204,400]	Always print as per selection in the graphical user interface
[45] [Service]	Always print as per selection in the graphical user interface.
[Annual]	Print Billing mode as selected in Graphical User Interface. Other available options are Semi-annually, Quarterly & Monthly.

## Discounts and Premium Savings

**Initial Annualized Premium (No Discounts)** **[\$1,842.54]**

**Total Discounts / Premium Savings** **[30%]** **[\$552.76]**

Spousal **[30%]** **[\$552.76]**

This section will print similar to the previous section for Spouse.

**Annualized Premiums (with Discounts)** **[\$1,289.78]**

## Benefits and Premium Detail

Benefits	Coverage	Annualized Premiums
Base Coverage	See Above	[\$568.30]
[Benefit Increase Option]	[5% Compound Rider]	[\$721.48]
Elimination Period Option	[None]	[\$0.00]
[Nonforfeiture Rider]	[No]	[\$0.00]
[Return of Premium Rider]	[No]	[\$0.00]
[Restoration of Benefits Rider]	[No]	[\$0.00]
[Indemnity Rider]	[No]	[\$0.00]
[Paid-Up Survivorship Rider]	[No]	[\$0.00]
[Shared Care Rider]	[No]	[\$0.00]

**Total Annualized Premium (with Discounts)** **[\$1,289.78]**

Table will not be printed in the output and values pertain to the Second Insured.

[5% Compound Rider]	Print as per the Benefit Increase Option selected in the graphical user interface.
[None]	Always print Elimination Period Option as selected on Graphical User Interface
[Nonforfeiture Rider]	Print 'Yes' if Non-forfeiture Rider check box is checked and 'No' if Unchecked
[Return of Premium Rider]	Print 'Yes' if Return of Premium Rider check box is checked and 'No' if Unchecked
[Restoration of Benefits Rider]	Skip line if plan = premier Print 'Yes' if Restoration of Benefits Rider check box is checked and 'No' if Unchecked
[Indemnity Rider]	Skip line if plan <> Value Print 'Yes' if Indemnity Rider checkbox is checked and 'No' if unchecked
[Paid-Up Survivorship Rider]	Print 'Yes' if Paid-Up Survivorship Rider check box is checked and 'No' if Unchecked
[Shared Care Rider]	Print 'Yes' if Shared Care Rider check box is checked and 'No' if Unchecked

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a Partnership Illustration.



This page will print for Spouse only if Spouse is selected on the Plan. If there is no spouse do not print this page.

Snoopy bitmap will not appear if "Exclude peanut character" checkbox is checked.

### Lifetime Benefit and Premium [Insured Portion] Comparison for [Susan] [Annual] Premiums

Benefit Duration	Elimination Period			Total Lifetime Benefit*
	20 Days	45 Days	100 Days	
<b>With [the 5% Compound Inflation Rider]</b>				
[365 Days (1 Year)]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
730 Days (2 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1095 Days (3 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1460 Days (4 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
1825 Days (5 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
2555 Days (7 Years)	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX,XXX]
Unlimited	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX]	Unlimited

\*Total Lifetime Benefit column does not reflect any increase as a result of the selected Benefit Increase Option.

This Table will not appear on the output and is for informational purposes only.

<b>[Susan]</b>	Client's first, middle, and last name
<b>[Annual]</b>	Premium mode selected in Graphical User Interface
<b>[5% Compound Inflation Rider]</b>	Benefit Increase Option as selected in the Graphical User Interface.

All premiums shown in the graph reflect the premium for the selected plan with the Benefit Duration shown in the first column of the row and the Elimination period shown in the first row of the column it is shown in.

The values shown in the Total Benefit column are the maximum amount that could be paid to the insured with the Benefit Duration shown at the beginning of the row.

This page will be printed only if "Exclude Premium comparisons Client frame" checkbox on the Premium Comparison options pop-up screen is unchecked. Up to four matrices will be available as per availability and selection on the Graphical User Interface Other available Grid options are 5% Simple Rider, Future Purchase Rider and No Benefit Increase Option.



<b>Proposed Insured:</b> <b>[Johnnie B. Retired]</b> First Insured's first, middle, and last name	<b>Plan:</b> <b>[Ideal]</b> Plan type selected for Client	<b>Health Rating:</b> <b>[Standard]</b> Health Rating selected for Client	<b>Age:</b> <b>[50]</b> Client's AGE
<b>[Susan B. Retired]</b> Spouse/Resident's first, middle, and last name; nothing prints if no 2 <sup>nd</sup> insured	<b>[Value]</b> Spouse/Resident's plan type, nothing prints if no 2 <sup>nd</sup> insured	<b>[Standard]</b> Spouse/Resident's health rating, nothing prints if no 2 <sup>nd</sup> insured	<b>[50]</b> Spouse/Resident's age

**Total Initial Premiums – Insured Premium Portion Only**

	Annual	Semi-Annual	Quarterly	Monthly
<b>[Johnnie]</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXX.XX]	[\$XXX.XX ]
<b>[Susan]</b>	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]	[\$XXX.XX ]
<b>[Both Insureds]</b>	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXXX.XX ]	[\$XXX.XX ]
<b>Annualized Total Initial Premium</b>	[\$XXXX.XX]	[\$XXXX.XX]	[\$XXXX.XX ]	[\$XXX.XX ]

Please Note : Spouse/Resident's row prints only if Spouse/Resident is selected on the Graphical User Interface. Premiums shown reflect the premium for the insured's selections and the premium mode shown at the top of the column. The row for Both Insured's will not print unless there are 2 insured's and when printed shows the total premium for both the first and second insured for the mode shown at the top of the column. The Annualized Total initial premium row shows the an annualized premium for the mode shown at the top of the column for 1 insured if there is only 1 insured and for both insured's if there are 2.

Please note that paying your premiums more often than annually (i.e., once per year) results in higher total yearly premium costs. Premiums may change depending on when you apply. Otherwise, premiums will increase only as a result of (1) changes made to your policy, and/or (2) increases made on a class-wide basis in the state where the policy is issued. The insured will be responsible for the total premium amount in the event the employer ceases to contribute toward the premium for the policy.

**Premium Payment Options Comparison – Insured Premium Portion Only**

<b>Selected Billing Mode:</b>	<b>[Annual]</b>	<b>[Johnnie]</b>	<b>[Susan]</b>
Basic Premium Payment		[\$XXXX.XX]	[\$XXXX.XX]
10-Year Premium Payment Rider		[\$XXXX.XX]	[\$XXXX.XX]
Paid-Up Premiums Rider (to 65)		[\$XXXX.XX]	[\$XXXX.XX]

'Not Available' will print for the Premium Payment Options that do not apply to the Selected Plan and the Insured's Age. Each row shows the premium for the selected plan with the Premium Payment Option shown in the first column of the row. Spouse column will not be printed if spouse is not selected.

Please refer to the Outline of Coverage provided by your **[Insurance Representative]** with this proposal for detailed explanations of Riders and Options that you may select to enhance your coverage. Please note that not all riders and options are available with every plan, and that the selection of some riders or options may automatically exclude the selection of others.

This is an illustration only. It is not a policy or a contract. This illustration shows hypothetical premiums based on the proposed selection of certain plan variables and benefits. All premiums are subject to change. Please refer to your actual policy for complete details and for a complete description of the rights and obligations of both you and MetLife. Illustrated coverage is subject to underwriting approval.

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Snoopy bitmap will not appear if “Exclude peanut character” checkbox is checked.

This page will print only if this is a partnership state and partnership checkbox is checked on the GUI.

## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as “Asset Disregard,” under [State’s] Medicaid program.

Asset Disregard means that an amount of the policyholder’s assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured’s eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person’s eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife’s individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided to you by your [Insurance Representative] with this proposal].

No payments will be made for any of the following: Only print if the cash rider has not been selected.

- Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician. Only print if the cash rider has not been selected.
- Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility. Only print if the cash rider has not been selected.
- Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law. Only print if the cash rider has not been selected.
- 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. Only print if the cash rider has not been selected.
- Services, other than Supportive Services, performed by a member of the Insured's immediate family.
- Any care or services received outside of the U.S. except as described under the International Coverage provision. Only print if the cash rider has not been selected.
- Any injury or sickness that results from: Only print if the cash rider has not been selected.
  - a) any war, or act of war (whether declared or undeclared); or b)
  - participation in a felony, riot or insurrection; or
- Any intentionally self-inflicted injury. Only print if the cash rider has not been selected.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.

- 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 • Policy is an Obligation of the issuing insurance company
- Not a Condition to the Provision or Term of any Banking Service or Activity

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**L11076735(exp0609)**

New York, NY 10166

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# Individual LTCI Proposal

## Metropolitan Life Insurance Company

Text that appears in Blue will not appear in the output and only appears here for the purpose of explaining the variables.



**MetLife**<sup>®</sup>

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Prepared for: [XYZ Group]

Prepared by: [MetLife Agent]  
[200 Park Ave.  
New York  
New York 10166]

Prepared:[07:55:36 AM 1/8/2007]

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<b>Prepared for:</b>	Print Group Name
<b>Prepared by:</b>	[MetLife Agent]Always Print, agent's First Name, Middle Initial, and Last Name
	[200 Park Ave]Always print, agents street address
	[New York]Always print, agents city name
	[New York 10166]Always print, agents state and zip code
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Footer for Cover page

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[XX]	Total Pages
[36.00x]	Software version
[ST]	State

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End of Cover Page



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## Plan Options

## Plan 1

## Plan 2

### Plan Choice

### [Value]

### [Ideal]

[Partnership<sup>1</sup>]

LTC2-VAL-[ST]-[ML]

LTC2-IDEAL-[ST]-[ML]

Daily Benefit Amount (DBA)

[Up to:] \$[100] / Day

\$(150) / Day

[Home/Community Care %]

[50]%

[75]%

[Assisted Living Care %]

[50]%

[100]%

Benefit Duration

[3] Years

[4] Years

Elimination Period (EP)

[100] [Service] Days

[45] [Calendar] Days

[Benefit Increase Option]

[Future Purchase Rider]

[5% Simple Inflation]

Premium Payment Option

[Standard - Lifetime]

[10 Pay Rider]

Elimination Period Option

[None]

[Calendar Day Rider]

[Rider 1]

[Return of Premium]

[Rider 2]

Split Billing Method

[Core Method]

[Core benefits listed are employer paid] [Core benefits listed are employer paid]

Following table will not print on the output and is for information purpose only. Inputs on the Plan1 tab will print in the Plan 1 column and inputs in the Plan 2 tab will Print in the Plan2 column.

[Value]/[Ideal]	Plan choice will print as per Plan selection on the Graphical user interface in the respective columns.
LTC2-VAL-[ST]-[ML]	This will print as per plan selection in the graphical user interface for plan1 and plan2 respectively.
[100]/[150]	Daily Benefit Amount will print as per selection in the graphical user interface on plan1 and plan2 tab respectively.
[50]% / [75]%	Home/Community Care % will print as per selection in the graphical user interface on Plan1 and plan2 respectively.
[50]% / [100]%	Assisted Living Care % will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[3]/[4]	Benefit Duration will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[100] [Service] [Calendar]	Elimination Period will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
Benefit Increase Option	It will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[Standard - Lifetime] \ [10 Pay Rider]	Premium Payment Option will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[None] \ [Calendar Day Rider]	Elimination Period Option will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[Rider 1]	Rider will print as per selection on Plan 1 and Plan2 tab respectively. If no rider then skip row.
[Rider 2]	Rider will print as per selection on Plan 1 and Plan2 tab respectively. If no rider then skip row.
Core Method	If Split Billing Core method is selected then print. Other wise skip this row.



### Participants

Mode will print as per input on Plan 1 and Plan 2 tab in the graphical user interface.

Name	Age	Discount	Plan 1	Plan 1	Plan 2	Plan 2
			[Monthly] Employer Premium	[Quarterly] Insured Premium	[Monthly] Employer Premium	[Quarterly] Insured Premium
1. [John Smith]	[49]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
2. [Fred Thompson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
3. [Jill Jackson]	[65]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
4. [Jack Jillson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
5. [Upton Hillson]	[46]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
6. [Mike Day]	[37]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
7. [Pat Smith]	[42]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
8. [Jerry Watson]	[53]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
9. [Edgar Bailey]	[55]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
10. [Pat Prado]	[41]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]

<b>Total Premiums</b>	[\$XX,XXX.XX]	[\$XX,XXX.XX]	[\$XX,XXX.XX]	[\$XX,XXX.X
-----------------------	---------------	---------------	---------------	-------------

	Plan 1	Plan2
<b>Total Annualized Employer Premium</b>	[\$XX,XXX.XX]	[\$XX,XXX.XX]
<b>Total Annualized Insured Premium</b>	[\$XX,XXX.XX]	[\$XX,XXX.XX]
<b>Total Annualized Premium</b>	[\$XX,XXX.XX]	[\$XX,XXX.XX]

Census information will depend on the census imported or created in the Business group . Name, Age and Discount for each participant will print as per input in the participant window on the graphical user interface.

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a partnership illustration.

Premiums shown are for illustrative purposes only, and are subject to change. All premiums shown reflect the discount percentage listed above. Other discounts may be available.

Please note that paying your premiums more often than annually (i.e., once per year) results in higher yearly premium costs.

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Snoopy bitmap will not appear if “Exclude peanut character” checkbox is checked.

This page will print only if this is a partnership state and partnership checkbox is checked on the GUI.

## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as “Asset Disregard,” under [State’s] Medicaid program.

Asset Disregard means that an amount of the policyholder’s assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured’s eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person’s eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife’s individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided by your [Insurance Representative] with this proposal].

No payments will be made for any of the following: Only print if the cash rider has not been selected.

Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician. Only print if the cash rider has not been selected.

Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility. Only print if the cash rider has not been selected.

Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law. Only print if the cash rider has not been selected.

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. Only print if the cash rider has not been selected.

Services, other than Supportive Services, performed by a member of the Insured's immediate family.

Any care or services received outside of the U.S. except as described under the International Coverage provision. Only print if the cash rider has not been selected.

Any injury or sickness that results from: Only print if the cash rider has not been selected.

- a) any war, or act of war (whether declared or undeclared); or
- b) participation in a felony, riot or insurrection; or

Any intentionally self-inflicted injury. Only print if the cash rider has not been selected.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.

- 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
- Policy is an Obligation of the issuing insurance company
- Not a Condition to the Provision or Term of any Banking Service or Activity

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New York, NY 10166

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# Individual LTCI Proposal

## Metropolitan Life Insurance Company

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**MetLife**<sup>®</sup>

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**Prepared for:** [XYZ Group]

**Prepared by:** [MetLife Agent]

[200 Park Ave.  
New York

New York 10166]

**Prepared:**[07:55:36 AM1/8/2007]

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<b>Prepared for:</b>	Print Group Name
<b>Prepared by:</b>	[MetLife Agent]Always Print, agent's First Name, Middle Initial, and Last Name
	[200 Park Ave]Always print, agents street address
	[New York]Always print, agents city name
	[New York 10166]Always print, agents state and zip code
<b>Prepared:</b>	[07:55:36 AM 1/8/2007]Always print, the time and date the illustration was generated.

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<b>[36.00x]</b>	Software version
<b>[ST]</b>	State

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## Plan Options

## Plan 1

## Plan 2

### Plan Choice

### [Value]

### [Ideal]

	LTC2-VAL-[ST]-[ML]	LTC2-IDEAL-[ST]-[ML]
[Partnership <sup>1</sup> ]	[yes]	[yes]
Daily Benefit Amount (DBA)	[Up to:] \$[100] / Day	[\$150] / Day
[Home/Community Care %]	[50]%	[75]%
[Assisted Living Care %]	[50]%	[100]%
Benefit Duration	[3] Years	[4] Years
Elimination Period (EP)	[100] [Service] Days	[45] [Calendar] Days
Benefit Increase Option	[Future Purchase Rider]	[5% Simple Inflation]
Premium Payment Option	[Standard - Lifetime]	[10 Pay Rider]
Elimination Period Option	[None]	[Calendar Day Rider]
[Rider 1]	[Return of Premium]	
[Rider 2]		
Split Billing Method		
[Employer Contribution, [Percent Method]	[XX.XX% [Up to \$XXXX.XX Annually]]	[XX.XX% [Up to \$XXXX.XX Annually]]
[Dollar Amount Method]]	[\$XXXX.XX [Monthly]]	[\$XXXX.XX [Monthly]]

Following table will not print on the output and is for information purpose only. Inputs on the Plan1 tab will print in the Plan 1 column and inputs in the Plan 2 tab will Print in the Plan2 column.

[Value]/[Ideal]	Plan choice will print as per Plan selection on the Graphical user interface in the respective columns.
LTC2-VAL-[ST]-[ML]	This will print as per plan selection in the graphical user interface for plan1 and plan2 respectively.
[100]/[150]	Daily Benefit Amount will print as per selection in the graphical user interface on plan1 and plan2 tab respectively.
[50]% / [75]%	Home/Community Care % will print as per selection in the graphical user interface on Plan1 and plan2 respectively.
[50]% / [100]%	Assisted Living Care % will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[3]/[4]	Benefit Duration will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[100] [Service] [Calendar]	Elimination Period will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
Benefit Increase Option	It will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[Standard - Lifetime] \ [10 Pay Rider]	Premium Payment Option will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[None] \ [Calendar Day Rider]	Elimination Period Option will print as per selection in the graphical user interface on plan 1 and plan 2 tab respectively.
[Rider 1]	Rider will print as per selection on Plan 1 and Plan2 tab respectively. If no rider then skip row.
[Rider 2]	Rider will print as per selection on Plan 1 and Plan2 tab respectively. If no rider then skip row.
[XX.XX% [Up to \$XXXX.XX Annually]]	Print employer contribution % if percent method is selected. Also print maximum amount if there is a cap on employer contribution percent.
[\$XXXX.XX [Monthly]]	Print employer contribution amount if Dollar method is selected



**Plan 1**  
[Monthly]

**Plan 1**  
[Quarterly]

**Plan 2**  
[Monthly]

**Plan 2**  
[Quarterly]

Mode will print as per input on Plan 1 and Plan 2 tab in the graphical user interface.

Name	Age	Discount	Employer Premium	Insured Premium	Employer Premium	Insured Premium
1. [John Smith]	[49]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
2. [Fred Thompson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
3. [Jill Jackson]	[65]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
4. [Jack Jillson]	[56]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
5. [Upton Hillson]	[46]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
6. [Mike Day]	[37]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
7. [Pat Smith]	[42]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
8. [Jerry Valenzuela]	[53]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
9. [Edgar Bailey]	[55]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
10. [Pat Prado]	[41]	[20%]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]

Total Premiums	[XXX,XXX.XX]	[XX,XXX.XX]	[XXX,XXX.XX]	[XX,XXX.XX]
		Plan 1		Plan 2
Total Annualized Employer Premium		[\$XX,XXX.XX]		[\$XX,XXX.XX]
Total Annualized Insured Premium		[\$XX,XXX.XX]		[\$XX,XXX.XX]
Total Annualized Premium		[\$XX,XXX.XX]		[\$XX,XXX.XX]

Census information will depend on the census imported or created in the Business group . Name, Age and Discount for each participant will print as per input in the participant window on the graphical user interface.

[<sup>1</sup>Please note: If you make a change to your Benefit Increase Option, you may change the partnership status of this policy.] This will print only if this is a partnership illustration.

Premiums shown are for illustrative purposes only, and are subject to change. All premiums shown reflect the discount percentage listed above. Other discounts may be available.

Please note that paying your premiums more often than annually (i.e., once per year) results in higher yearly premium costs.

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The above paragraph will not print if exclude peanut characters has been selected on the Agent Screen



Snoopy bitmap will not appear if “Exclude peanut character” checkbox is checked.

This page will print only if this is a partnership state and partnership checkbox is checked on the GUI.

## The [State] Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in [State] qualify for the [State] Long-Term Care Insurance Partnership Program. This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Individuals who purchase long-term care insurance policies that qualify as Partnership Policies may receive special treatment protecting their assets through a feature known as “Asset Disregard,” under [State’s] Medicaid program.

Asset Disregard means that an amount of the policyholder’s assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured’s eligibility for Medicaid after the policy benefits are exhausted. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person’s eligibility for Medicaid. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy.

MetLife’s individual long-term care insurance policies may now be offered to [State] residents as [State] Partnership Policies.

Currently, in order for a MetLife policy to be a Partnership Policy, the policy must meet the following requirements for inflation protection on its initial effective date:

**[Insert State Specific Requirements]**

### What Could Disqualify a Policy as a Partnership Policy?

Certain types of changes to a Partnership Policy could affect whether or not the policy continues to be a Partnership Policy. If a Partnership Policy is purchased and later changes are desired, the insured should first consult with us to determine the effect of a proposed change.. In addition, if the insured moves to a State that does not maintain a Partnership Program or does not recognize the policy as a Partnership Policy, the insured would not receive beneficial treatment of the policy under the Medicaid program of that State.

*[The information stated above is based on current [State] and Federal laws. These laws may be subject to change. If there are any questions regarding current laws governing Medicaid eligibility, please contact the [State] Department of Health and Welfare.]*

]



## Limitations & Exclusions

There are times when MetLife WILL NOT PAY BENEFITS under the proposed policy. These are known as "LIMITATIONS & EXCLUSIONS" and they VARY BY STATE.

Below are the "LIMITATIONS & EXCLUSIONS" that are applicable in [most states]. [For the "LIMITATIONS & EXCLUSIONS" that are applicable in your state, refer to the "OUTLINE OF COVERAGE" provided by your [Insurance Representative] with this proposal].

No payments will be made for any of the following: Only print if the cash rider has not been selected.

- Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician. Only print if the cash rider has not been selected.
- Any care received while in a hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility. Only print if the cash rider has not been selected.
- Any service or supply to the extent the expense for it is reimbursable under Medicare or would be reimbursed but for the application of a deductible, coinsurance or co-payment amounts. This exclusion will not apply where Medicare is the secondary payer under applicable law. Only print if the cash rider has not been selected.
- 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. Only print if the cash rider has not been selected.
- Services, other than Supportive Services, performed by a member of the Insured's immediate family.
- Any care or services received outside of the U.S. except as described under the International Coverage provision. Only print if the cash rider has not been selected.
- Any injury or sickness that results from: Only print if the cash rider has not been selected.
  - a) any war, or act of war (whether declared or undeclared); or b)
  - participation in a felony, riot or insurrection; or
- Any intentionally self-inflicted injury. Only print if the cash rider has not been selected.

**[Coordination with Other MetLife Coverages:** If you have more than one Long-Term Care policy or certificate issued or insured through MetLife, we will reduce the benefit amounts payable to the extent necessary so that the combination of benefits payable under all policies and certificates does not exceed 100% of the actual charges for Covered Services. This provision does not apply to policies or certificates that pay benefits without regard to actual charges incurred.]

**If your application is approved and a policy is issued to you, the policy does not have limitations and exclusions for pre-existing conditions, or mental disorders, including Alzheimer's disease.**

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. 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 of benefits and terms for keeping them in-force. Ask about complete costs and details.

- 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
- Policy is an Obligation of the issuing insurance company
- Not a Condition to the Provision or Term of any Banking Service or Activity

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New York, NY 10166

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