

SERFF Tracking Number: META-125604753 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38661
Company Tracking Number: B07-57 MH
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Life Insurance
Project Name/Number: GPA07-3 l/probate/B07-57 MH

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Life Insurance

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: META-125604753 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: B07-57 MH

Co Status:

Author: Sandra Bennett

Date Submitted: 04/10/2008

State Tr Num: 38661

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/21/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: GPA07-3 l/probate

Project Number: B07-57 MH

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust, Other

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Corresponding Filing Tracking Number:

Filing Description:

This is a Group Life Insurance filing submission.

Deemer Date:

Company and Contact

Filing Contact Information

Mike Hambleton, Sr. Contract Analyst

501 Route 22

mhambleton@metlife.com

(908) 253-2865 [Phone]

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Bridgewater, NJ 08807 (908) 253-2126[FAX]

Filing Company Information

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

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Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation: \$20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$40.00	04/10/2008	19429170

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/21/2008	04/21/2008

SERFF Tracking Number: *META-125604753* *State:* *Arkansas*
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Disposition

Disposition Date: 04/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125604753 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR NAIC Transmittal Form		Yes
Supporting Document	ARCERTREAD		Yes
Supporting Document	ARCERTREG19		Yes
Form	Policy Amendment		Yes
Form	Certificate Rider		Yes

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Form Schedule

Lead Form Number: GPNP07-3 l/probate

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GPA07-3 l/probate	Policy/Cont ract/Fratern al	Policy Amendment Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	GPA07-3 l/probate (Policy Amendment). pdf
	GCR07-28 l/probate	Policy/Cont ract/Fratern al	Policy/Cont Certificate Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	GCR07-28 l/probate (Certificate Rider).pdf

MetLife®

Metropolitan Life Insurance Company
[New York, New York]

[POLICY] AMENDMENT

Group [policy] no.: [XXXXXX]
[Policyholder]: [ABC Company]
Effective date: [June 1, 2007]

Metropolitan Life Insurance Company ("MetLife"), a stock company, hereby amends the above referenced [policy] by adding Certificate Rider GCR07-28 [and

- by replacing the SCHEDULE OF EXHIBITS and EXHIBIT 2, CERTIFICATE FORMS dated MM/DD/YYYY, with the SCHEDULE OF EXHIBITS and EXHIBIT 2 dated MM/DD/YYYY, which adds Certificate Number X;] and
- by adding the following [policy] provision:

"MetLife and the [Policyholder] have agreed that, [a MetLife affiliate ("Affiliate")], shall make a probate benefit ("Benefit") available to the estate of each [Employee] who elects [group supplemental life insurance coverage] and who dies while [such group supplemental life insurance coverage] is in effect. This Benefit will be made available at no cost to the [Policyholder] or to such [Employees]."

This amendment is to be attached to and made a part of the [policy]. This amendment is subject to the terms and provisions of the [policy].

To be completed by the [Policyholder]:

Signed at: _____
(City) (State)

Date: _____

(Signature of [Policyholder's] Legal Representative)

(Print Name and Title of Legal Representative)

(Signature of Witness)

(Print Name of Witness)]

To be completed by Metropolitan Life Insurance Company:

Signed at: _____
(City) (State)

Date: _____

(Signature of Registrar)



[C. Robert Henrikson
President]



Metropolitan Life Insurance Company
[New York, New York]

CERTIFICATE RIDER

Group [policy] no.: [XXXXXX]

[Policyholder]: [AnyCompany]

Effective Date: [June 1, 2007]

[The certificate is changed as follows:]

The following statement is added to the [Schedule of Benefits]:

“If You become insured for [group supplemental life insurance coverage] and die while such [group supplemental life insurance coverage] is in effect, a probate benefit (the “Benefit”) will be made available to Your estate, through [a MetLife affiliate (“Affiliate”).

The Benefit provides for certain probate services to be made available upon Your death, free of charge by attorneys designated by [the Affiliate]. If probate services are provided by an attorney not designated by [the Affiliate], Your estate must pay for those attorney’s services directly. [Upon Proof of such payment,] Your estate will be reimbursed for the attorney’s services in an amount equal to the lesser of the amount Your estate paid for the attorney’s services [and the amount customarily reimbursed for such services by the Affiliate].

This Benefit will be provided at no cost to You [and will end on the date Your [group supplemental life insurance coverage] ends.]”

The Effective Date of this rider is the later of the Effective Date shown above or Your Original Effective Date shown in [the Schedule of Benefits].

This rider is to be attached to and made a part of the Certificate.

SERFF Tracking Number: *META-125604753* *State:* *Arkansas*
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Product Name: *Group Life Insurance*
Project Name/Number: *GPA07-3 /probate/B07-57 MH*

Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: GPA07-3 \probate/B07-57 MH

Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice 04/10/2008
Bypass Reason: This requirement is not applicable for this filing submission.
Comments:

Review Status:

Bypassed -Name: Application 04/10/2008
Bypass Reason: This requirement is not applicable for this filing submission.
Comments:

Review Status:

Satisfied -Name: Cover Letter 04/10/2008
Comments:
Cover Letter
Attachment:
AR Filing Letter Probate Benefit Final.pdf

Review Status:

Satisfied -Name: AR NAIC Transmittal Form 04/10/2008
Comments:
AR NAIC Transmittal Form
Attachment:
AR NAIC Transmittal Form.pdf

Review Status:

Satisfied -Name: ARCERTREAD 04/10/2008
Comments:
ARCERTREAD
Attachment:
ARCERTREAD.pdf

Review Status:

SERFF Tracking Number: META-125604753 State: Arkansas
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Satisfied -Name: ARCERTREG19 04/10/2008

Comments:
ARCERTREG19

Attachment:
ARCERTREG19.pdf

Metropolitan Life Insurance Company
501 U.S. Highway 22 West, Area 02C
Bridgewater Township, NJ 08807
Tel 908 253-2865 Fax 908 253-2126
mhambleton@metlife.com



Michael Hambleton
Sr. Contract Analyst
Institutional Contracts Development

April 10, 2008

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

Re: Group Life Insurance
Our NAIC Company No. - 65978
Our FEIN -13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the group insurance forms described below. These forms are new and do not replace any forms previously filed with the Department.

MetLife intends to provide, as an additional service to the individual insureds of policyholders who offer certain plans of group life insurance, a probate service. This service will be insured under a policy of Group Legal Services Insurance issued by Metropolitan Property and Casualty Insurance Company, a Rhode Island Corporation and administered through Hyatt Legal Plans, Inc., an affiliate of Metropolitan Property and Casualty Insurance Company. A filing of the Group Legal Services policy and certificate forms will be made with your department under a separate cover. The cost of these services will be borne by MetLife. The forms we are filing here are for the purpose of disclosing the probate service to plan participants.

Form No.

Description

GPA07-3
I/probate

Group Policy Amendment form adds Certificate Rider **GCR07-28** I/probate to the policy and to disclose the availability of the probate service to the Policyholder.

This group policy amendment may be used in conjunction with any group policy forms approved by your Department including:

- Group Policy Form G.2130-S which was approved by your department on March 21, 1979; and
- Group Policy Form GPNP99 which was approved by your department on April 28, 1999.

Text which is subject to variation has been enclosed in brackets.

We assure the Department that when the enclosed Policy Amendment is used, the resulting text will meet the readability requirements of your state.

B07-57 MH

GCR07-28
/probate

Certificate Rider discloses the availability of the probate service to the certificateholder.

This Certificate Rider may be used in conjunction with any group life insurance certificate forms approved by your Department including the following forms which were approved by your department:

- Group Certificate Series G.23000 which was approved by your department on February 14, 1984; and
- Group Certificate Series GCERT2000 which was approved by your department on July 24, 2001.

Text which is subject to variation has been enclosed in brackets.

We assure the Department that when the enclosed Certificate Rider is used, the resulting text will meet the readability requirements of your state.

Additional Information

These forms are designed to be issued in conjunction with any eligible group with the exception of creditors groups.

We request the right to have the option to incorporate the contents of the attached group policy amendment into the policy form and the attached certificate rider into the certificate form pursuant to the customer's request. When we do this, we will add the amendment's form number (or the rider's form number) to the bottom of the applicable policy or certificate page to reflect that changes were made to that page.

For example, the policy form will then have the original form number of the policy and on a line underneath will state the group policy form amendment form number as follows:

G.2130-S
as amended by **GPA07-3**
/probate

The enclosed forms may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the form, as translated, is an accurate representation of the English language version. The non-English version of the certificate form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

The officer signing below certifies that the enclosed forms achieve a Flesch Reading Ease Score of:

Form No.	Readability Score
GPA07-3 /probate	50.12
GCR07-28 /probate	50.99

Page 3

We enclose the required filing fee.

The enclosed forms will not be marketed with an illustration.

The enclosed forms do not impact rates.

Please direct any questions, comments or correspondence regarding this filing to me. My telephone and fax numbers and e-mail address appear in the letterhead above. I look forward to hearing from you.

Very truly yours,



Mike Hambleton
Sr. Contract Analyst



Herbert B. Brown Jr.
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Co. 27-01 Queens Plaza N. 6 th Floor Long Island City, NY 11101-4015	NY	Life	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mike Hambleton Metropolitan Life Insurance Co. 501 Route 22 W, Area 2C-312A Bridgewater, NJ 08807	908-253-2865	908-253-2126	mhambleton@cmetlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number: B07-57 MH
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large
		<input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: <u>Labor Union</u>

9.	Type of Insurance	L08 Life - Other
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10.	Product Coding Matrix Matix Filing Code	L08.000 Life - Other
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11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other: Policy Amendment <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other: <u>NAIC Transmittal</u> _____
12.	Filing Submission Date	April 10, 2008
13.	Filing Fee (If required)	Amount <u> \$40.00 </u> Check Date <u> April 10, 2008 </u> Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u> EFT </u>
14.	Date of Domiciliary Approval	Concurrently being filed in all states.
15.	Filing Description: PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u></p>		
Print Name <u> Mike Hambleton </u>		Title: <u> Senior Contract Analyst </u>
Original Signature <u> <i>Mike Hambleton</i> </u>		Date <u> April 10, 2008 </u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		B07-57 MH
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Certificate Rider	GCR07-28 l/probate	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02	Policy Amendment	GPA07-3 l/probate	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment N/A		
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
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

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

Form No.	Form Description	Flesch Score
GPA07-3 I/probate	Group policy amendment form that will change the policy to provide a probate benefit	50.12
GCR07-28 I/probate	Certificate Rider to provide a probate benefit	50.99

Herbert B. Brown Jr.
Vice President



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

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

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

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

Herbert B. Brown Jr.
Vice President