

SERFF Tracking Number: META-125672483 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39153
Company Tracking Number: B07-58 MH (RR)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Policy Amendment
Project Name/Number: GPA07-2/B07-58 MH

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Policy Amendment SERFF Tr Num: META-125672483 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 39153
Sub-TOI: L08.000 Life - Other Co Tr Num: B07-58 MH (RR) State Status: Approved-Closed
Filing Type: Form Co Status: In Progress Reviewer(s): Linda Bird
Authors: Sandra Bennett, Ruth Rivera, Linda Williams Disposition Date: 06/02/2008
Date Submitted: 05/30/2008 Disposition Status: Approved
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: GPA07-2 Status of Filing in Domicile: Not Filed
Project Number: B07-58 MH Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Employer, Association, Discretionary, Trust, Other
Filing Status Changed: 06/02/2008
State Status Changed: 06/02/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
This is a Group Policy Amendment Filing.

Company and Contact

Filing Contact Information

Mike Hambleton, Sr. Contract Analyst mhambleton@metlife.com

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501 Route 22 (908) 253-2865 [Phone]
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: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$50.00	05/30/2008	20593610

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/02/2008	06/02/2008

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Disposition

Disposition Date: 06/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Identity Theft Services Filing Letter		Yes
Supporting Document	ARCERTREAD		Yes
Supporting Document	NAIC Transmittal Form		Yes
Form	Group Policy Amendment		Yes
Form	Certificate Rider		Yes

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Form Schedule

Lead Form Number: GPA07-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GPA07-2 lidtheft	Policy/Cont ract/Fratern al Certificate	Group Policy Amendment	Initial		53	GPA07-2 lidtheft _Policy Amendment_ pdf
	GCR07-27 lidtheft	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Rider	Initial		50	GCR07-27 lidtheft _Certificate Rider_.pdf



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 GCR07-27 [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 MetLife shall arrange, through [a non-affiliated, third-party provider (Identity Theft 911)], to have certain Identity Theft Services ("Services") made available to each [Employee] who elects [group supplemental life insurance coverage] and is the victim of an identity theft crime. These Services 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 if You become the victim of an identity theft crime while Your [group supplemental life insurance coverage] is in effect, certain Identity Theft Services (“Services”) will be available to You through [“Identity Theft 911,” a non-affiliated, third-party provider].

These Services include: [assistance in filing a police report, the creation of a Fraud Victim Affidavit, assistance in notifying appropriate governmental agencies, assistance in notifying creditors and access to certain credit and fraud monitoring services].

Services do **not** include [the recapture of expenses or losses resulting from the identity theft, psychological counseling or the providing of legal advice or other legal services].

These Services will be provided at no cost to You. [The availability of these Services 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.

<i>SERFF Tracking Number:</i>	<i>META-125672483</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39153</i>
<i>Company Tracking Number:</i>	<i>B07-58 MH (RR)</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Group Policy Amendment</i>		
<i>Project Name/Number:</i>	<i>GPA07-2/B07-58 MH</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 05/30/2008
Comments:
Certification/Notice.
Attachment:
ARCERTREG19.pdf

Review Status:
Bypassed -Name: Application 05/30/2008
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: Identity Theft Services Filing Letter 05/30/2008
Comments:
Identity Theft Services Filing Letter.
Attachment:
Identity Theft Services Filing Letter _AR_.pdf

Review Status:
Satisfied -Name: ARCERTREAD 05/30/2008
Comments:
ARCERTREAD.
Attachment:
ARCERTREAD.pdf

Review Status:
Satisfied -Name: NAIC Transmittal Form 05/30/2008
Comments:
NAIC Transmittal Form.
Attachment:
NAIC Transmittal Form _AR_.pdf



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

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

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

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

Herbert B. Brown Jr.
Vice President

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

May 30, 2008

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 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, identity theft services. These services will be provided by a third party provider with whom MetLife has contracted, "Identity Theft 911". The cost of these services will be borne by MetLife. The forms we are filing here are for the purpose of disclosing the identity theft services to plan participants.

Form No.

Description

GPA07-2

Group Policy Amendment form adds Certificate Rider **GCR07-27** Identity Theft to the policy and to disclose the availability of the identity theft services to the Policyholder.

Identity Theft

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.

B07-58MH

GCR07-27
/idtheft

Certificate Rider discloses the availability of the identity theft services 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 **GPA07-2**
/idtheft

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
GPA07-2 /idtheft	52.89
GCR07-27 /idtheft	50.09

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

B07-58MH



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
GPA07-2 /idtheft	Group policy amendment form that will change the policy to provide identity theft services	52.89
GCR07-27 /idtheft	Certificate Rider to provide identity theft services	50.09

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: B07-58 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
		Group <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 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 type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other: <u>NAIC Transmittal</u> _____
12.	Filing Submission Date	May 30, 2008
13.	Filing Fee (If required)	Amount <u> \$50.00 </u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	N/A
15.	Filing Description:	
	PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
	I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>	
	Print Name <u> Mike Hambleton </u>	Title: <u> Senior Contract Analyst </u>
	Original Signature <u> <i>Mike Hambleton</i> </u>	Date <u> May 30, 2008 </u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		B07-58 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	GCR07-27 l/idtheft	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02	Policy Amendment	GPA07-2 l/idtheft	<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