

SERFF Tracking Number: META-125711583 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39425
Company Tracking Number: T06-4 PF
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life and Health
Project Name/Number: GPNP99-TRUST/T06-4 PF

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Life and Health

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: META-125711583 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: T06-4 PF

Co Status:

Author: Sandra Bennett

Date Submitted: 06/25/2008

State Tr Num: 39425

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/27/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: GPNP99-TRUST

Project Number: T06-4 PF

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/27/2008

State Status Changed: 06/27/2008

Corresponding Filing Tracking Number:

Filing Description:

The analyst is submitted an Group Life and Health filing for review and approval.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Trust

Deemer Date:

Company and Contact

Filing Contact Information

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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: \$50.00 per Policy
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$100.00	06/25/2008	21100991

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/27/2008	06/27/2008

SERFF Tracking Number: *META-125711583* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39425*
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Product Name: *Group Life and Health*
Project Name/Number: *GPNP99-TRUST/T06-4 PF*

Disposition

Disposition Date: 06/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125711583 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39425
 Company Tracking Number: T06-4 PF
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: Group Life and Health
 Project Name/Number: GPNP99-TRUST/T06-4 PF

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Approval of GPNP99-TRUST AR		Yes
Supporting Document	Approval of will prep AR		Yes
Supporting Document	ARCERTREAD		Yes
Supporting Document	ARCERTREG19		Yes
Supporting Document	NAIC Transmittal Form		Yes
Form	Group Policy		Yes
Form	Group Policy		Yes

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 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: Group Life and Health
 Project Name/Number: GPNP99-TRUST/T06-4 PF

Form Schedule

Lead Form Number: GPNP99-TRUST

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GPNP99-TRUST	Policy/Cont Group Policy ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	GPNP99-TRUST_AR_- clean copy.pdf
	GPNP99-TRUST	Policy/Cont Group Policy ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	GPNP99-TRUST_AR_- highlighted copy.pdf

MetLife®

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits specified in the Exhibits of this policy subject to the terms and provisions of this policy. The Schedule of Exhibits lists each Exhibit to this policy, to whom it applies and its effective date.

Policyholder: [Trustees of Any Trust]

Group Policy No.: [XXXXX]

EFFECTIVE DATE

This policy will take effect on [January 1, 2005]. [This policy replaces Group Policy Number YYYYYY which was issued by MetLife and took effect on January 1, 1983.]

POLICY ANNIVERSARIES

Policy anniversaries will be [January 1, 2006 and each subsequent January 1].

PREMIUM PAYMENTS

This policy is issued in return for the payment of required Premiums [by insured members of the Policyholder]. Premiums are payable at the home office of MetLife or to its authorized agent. The first Premium is due on and must be paid by this policy's effective date. [The first premium for a Participating Employer's Plan must be paid by the Plan Effective Date shown in the Exhibit(s).] Any later Premiums are due as set forth in the Exhibits. These dates are the [Plan] Premium Due Dates. MetLife and a Participating Employer may agree that payment be made in advance every 3, 6 or 12 months.

POLICY SITUS

This policy is issued for delivery in and governed by the laws of [Jurisdiction].

Signed as of this policy's effective date at MetLife's home office in New York, New York.



Gwenn L. Carr
Vice President and Secretary



C. Robert Henrikson
President and Chief Executive Officer

Signed by _____
(A licensed agent or resident agent as required by law.)

GROUP [TERM LIFE AND ACCIDENT AND HEALTH] INSURANCE POLICY NON-DIVIDEND PAYING

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DEFINITIONS

As used in this policy, the terms listed below will have the meanings defined below. When defined terms are used in this policy, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

[Contribution means the amount a **Participating Employer** may require the [Employee] to pay towards the total Premium that MetLife charges for the insurance provided by a Plan.

Contributory Insurance means insurance for which the **Participating Employer** may require the employee to pay at least a part of the Premium.]

[Covered Person means a person who is insured under a Plan as set forth in the Exhibit(s).]

[Noncontributory Insurance means insurance for which the Participating Employer may not require the [Employee] to pay any part of the Premium.]

[Participating Employer means an employer who satisfies the requirements stated in the section titled PARTICIPATING EMPLOYERS, and any subsidiaries, affiliates, divisions, branches or other similar entities of such **Participating Employer**, subject to MetLife's written approval, as specified in the Exhibit(s).

Participating Employer's Plan (the "Plan") means the benefits, terms and conditions that are described in the Exhibits that apply to each **Participating Employer**.

Plan Anniversary means the anniversary of the Plan Effective Date as shown in the Exhibits that apply to each **Participating Employer**.

Plan Effective Date means that as set forth in the Exhibit(s).]

[Plan Month. The first Plan Month begins on the Plan Effective Date. Subsequent Plan Months will begin on the same day of each subsequent calendar month.]

[Plan Period means that as set forth in the Exhibit(s). A subsequent Plan Period may be agreed to by MetLife and the **Participating Employer**.]

[Plan Premium Due Date means the premium due date set forth for each Plan in the Exhibit(s).]

[Policy Period means that as set forth in the Exhibits attached to this policy.]

Premium means the amount the **[Participating Employer]** must pay to MetLife for all the insurance provided under [a Plan].

[Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law.]

[Written or Writing means a record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.]

PARTICIPATING EMPLOYERS

The Policyholder is the Trustee of a multiple employer trust established by two or more employers in the same industry to insure employees of the employers for the benefit of persons other than the employers. The trust has been established pursuant to a trust agreement that permits certain employers to insure their employees for the benefits provided by this policy. Employers who do so are **Participating Employers**. The **Participating Employers** are shown in the Exhibits.

The Policyholder acts for the **Participating Employers** in all matters of this policy. Such actions bind all **Participating Employers**.

An employer must submit a signed Request For Participation in which the employer:

1. agrees to participate in the trust; and
2. applies for the insurance provided by this policy for his Covered Persons.

The Policyholder and MetLife will agree on the date that an employer becomes a **Participating Employer**. This date will be the Plan Effective Date set forth in the Exhibit(s).]

SCHEDULE OF INSURANCE

The insurance [for each **Participating Employer**] is set forth in the Exhibits and the appropriate records of MetLife and the Policyholder.

[MetLife and the [Policyholder] have agreed that, a MetLife affiliate (the "Affiliate"), shall make a will preparation service (the "Service") available to [Employees] who elect [group supplemental life insurance coverage]. This Service will be made available at no cost to the [Policyholder] or to such [Employees] during the period that [group supplemental life insurance coverage] is in effect.]

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

The Eligibility and Effective Dates of Insurance provisions that apply under this policy [for each **Participating Employer**] are set forth in the Exhibits and the appropriate records of MetLife and the Policyholder. Provisions setting forth the conditions, if any, under which MetLife requires a person to furnish evidence of good health that is satisfactory to MetLife to obtain coverage that are set forth in the Exhibits [that apply to the **Participating Employer** under whose plan the person would be covered.]

CONTRIBUTIONS

[The **Participating Employer** will not require an [Employee] to contribute to the cost of Noncontributory Insurance.

The maximum amount that an [Employee] may be required to contribute to the cost of Contributory Insurance will not exceed the Premium charged for the amounts of such insurance.]

PREMIUM RATE(S)

Initial Rate(s)

The initial Premium rate(s) [for each Plan] are shown in the Exhibit (s).

Computation of Premium

The Premium due [for a Plan] on any [Plan] Premium Due Date is determined by the total amount of insurance provided [for each Plan] under this policy on such [Plan] Premium Due Date, multiplied by the appropriate Premium rate(s) which are then in effect subject to any Premium adjustments, if applicable.

MetLife may use any reasonable method to compute Premiums due under this policy.

Premiums for Changes in Insurance

[For insurance that takes effect after the first day of a Plan Month, Premium will be charged from the first day of the next Plan Month. However, if a policy amendment or evidence of good health is required for such insurance, Premium will be charged as of the date such insurance takes effect.

If a Plan ends, or if insurance ends for a class of persons, Premium will be charged to the date insurance ends. If insurance ends for other reasons, Premium will be charged to the end of the Plan Month in which insurance ends.]

Right to Change Premium Rates

MetLife may change [a Plan's] Premium rates for changes which MetLife determines may affect the risk assumed for the insurance provided by [a Plan] as follows:

1. when the policy is amended or endorsed [to change a Plan];
2. when a class of eligible persons is added to or deleted from [a Plan] for any reason including corporate restructuring, acquisition, spin-off or similar situations;
3. when, with MetLife's written consent, a **Participating Employer's** subsidiary, affiliate, division, branch or other similar entity is added to or deleted from [the Plan] for any reason including corporate restructuring, acquisition, spin-off or similar situations;
4. when there is a significant change in the geographic distribution of [Employees] insured under [a Plan];
5. when applicable law requires a change in:
 - a. the insurance provided by [a Plan]; and/or
 - b. the class of persons eligible for insurance under [a Plan]; and
6. when a [Plan] Premium Due Date coincides with or next follows:
 - a. a change greater than **[5% - 25%]** in the number of Covered Persons under a Plan [since the later of the Plan Effective Date and] the last date Premium rates were changed; or
 - b. a change greater than **[5% - 25%]** in the amount of insurance provided by a Plan [since the later of the Plan Effective Date and] the last date Premium rates were changed.

PREMIUM RATE(S) (Continued)

In addition, MetLife may change Premium rates:

1. [except as may be stated in the Exhibit(s)]on any date on or after the first [Plan] Anniversary Date; this will be done no more frequently than every [6 - 18] months and only if MetLife notifies the [Participating Employer] in Writing, at least [31 - 60] days before such change; and
2. on any other date agreed to by MetLife and the [Participating Employer].

The new Premium rates will apply only to Premiums due on or after the date the rate change takes effect.

[Retrospective Rate Changes

Retrospective Experience Rating Reduction

[The Exhibit(s) will specify if this reduction is applicable to the Participating Employer.]

MetLife may retrospectively reduce a Participating Employer's Premium for [a Plan] Period based upon [that Plan's] experience during such [Plan] Period. The reduction, if any, will be based upon MetLife's retrospective experience rating formula. If a retrospective experience rating reduction is applicable, a refund of Premium will be paid to the [Participating Employer] in a manner determined by MetLife. That part of a refund greater than the [Participating Employer]'s share of the total cost must be used to benefit the [Employees].

Retrospective Experience Rating Increase

[The Exhibit(s) will specify if this increase is applicable to the Participating Employer.]

MetLife may retrospectively increase a Participating Employer's Premium for [a Plan] Period to offset any Deficit for such [Plan] Period [, plus Deficits from prior Plan Periods, if any]. Any such increase will not exceed [X% of earned premiums] during such [Plan] Period. If an increase in Premium is applicable, the Participating Employer will pay to MetLife the amount of the increase within [31 – 120] days after MetLife sends notice of the amount due to the Participating Employer. MetLife will assess interest on payments received after such date.

For the purpose of the Retrospective Experience Rating Increase subsection above, the terms Charges and Deficit will have the meanings defined below.

[Charges will include items such as claims paid from MetLife's funds (plus interest), open and unreported claim reserves, approved claim reserves, state plan assessments, taxes, excess risk pool charges, expenses, cash flow and risk charges.]

Deficit means the excess of Charges, as determined by MetLife, against the Plan(s) and/or policy(ies) over earned Premiums.

Rate Reduction For Failure to Provide Service Levels (Performance Guarantee)

[The Exhibit(s) will specify if this reduction is applicable to the Participating Employer.]

MetLife may, at the end of a [Plan] Period, reduce a Participating Employer's Premium for such [Plan] Period as the result of its failure to provide the service levels agreed to in Writing by an officer of MetLife and the Participating Employer. The Premium will be reduced by an amount not to exceed [.1% - 3%] of the Premium paid during the [Plan] Period.]

GRACE PERIOD

[Each Premium due after the Plan Effective Date may be paid up to **[31 – 120]** days after its [Plan] Premium Due Date. This period is the grace period. The insurance provided by that Plan will stay in effect during this period. MetLife will notify the **Participating Employer** in Writing that, if the Premium is not paid by the end of the grace period, the Plan will end at the end of the last day of the grace period. If MetLife fails to give such notice to the **Participating Employer**, [the Plan] will continue in effect until the date such notice is given.]

[Participating Employer's intent to end his Plan during the grace period. The **Participating Employer** may notify [MetLife] in Writing prior to the end of the grace period of the **Participating Employer's** intent to end the **Participating Employer's** Plan before the end of the grace period. In this case, such Plan will end on the later of:

1. the date stated in the notice; or
2. the date [MetLife] receives the notice.

If the **Participating Employer** replaces the Plan with another group insurance plan but does not give [MetLife] notice of intent to end the Plan, the grace period provisions will apply.]

Policyholder's intent to end the policy during the grace period. The Policyholder may notify MetLife in Writing prior to the end of the grace period of its intent to end the policy before the end of the grace period. In this case, the Policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

If the Policyholder replaces the policy with another group insurance plan but does not give MetLife notice of intent to end the Plan, the grace period provisions will apply.

Grace period extensions. MetLife may extend the grace period by giving Written notice to the **[Participating Employer]**. Such notice will state the date the [Plan] will end if the Premium remains unpaid.

Premiums must be paid for a grace period and any extension of such period and any period insurance was in effect for which Premium was not paid.

END OF INSURANCE PROVIDED BY THIS POLICY

The Policyholder may end this policy by giving **[31- 120]** days advance Written notice to MetLife. The policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife may end this policy as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions;
2. on any policy anniversary by giving the Policyholder **[31 - 120]** days advance Written notice;
3. on any policy Premium Due date, by giving the Policyholder **[31-120]** days advance Written notice if less than:
 - a. **[25% - 75%]** of persons eligible under the policy are insured for Contributory Insurance;
 - b. 100% of persons eligible under the policy are insured for Noncontributory Insurance;
 - c. **[2 – 100]** persons are insured by the policy; [or
 - d. **[30%]** of all eligible Dependents are insured for Contributory Dependent Insurance;

4. on any policy Premium Due date, by giving the Policyholder [31 – 120] days advance Written notice, if the Policyholder fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law; [or
5. on any Policy Anniversary, except during a Rate Guarantee Period as may be provided in the Exhibit(s) attached to this policy, by giving the Policyholder [31 – 120] days advance Written notice.]

This policy will end on the date on which the last certificate in effect under this policy ends.

If this policy ends, all Premiums due must be paid. If MetLife accepts Premium after the date this policy ends, such acceptance will not act to reinstate the policy. MetLife will refund any unearned Premium.

[END OF INSURANCE PROVIDED BY A PARTICIPATING EMPLOYER'S PLAN

A Participating Employer may end his Plan by giving [31 – 120] days advance Written notice to [MetLife]. The Plan will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife may end a Participating Employer's Plan as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions;
2. on any Plan Anniversary, by giving the Participating Employer [31 – 120] days advance Written notice;
3. on any Plan Premium Due Date, by giving the Participating Employer [31 – 120] days advance Written notice, if less than:
 - a. [25% - 75%] of persons eligible under the Plan are insured for Contributory Insurance;
 - b. 100% of persons eligible under the Plan are insured for Noncontributory Insurance;
 - c. [2 – 100] persons are insured by the Plan; or
 - d. [30%] of all eligible Dependents are insured for Contributory Dependent Insurance;
4. on any Plan Premium Due Date, by giving the Participating Employer [60 – 120] days advance Written notice, if the Participating Employer fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law[; or
5. on any Plan Anniversary, except during a Rate Guarantee Period as may be provided in the Exhibits attached to this policy that apply to each Participating Employer, by giving the Participating Employer [31 - 120] days advance Written notice].

If a Participating Employer's Plan ends, all Premiums due with respect to that plan must be paid. If MetLife accepts Premium after the date the Plan ends, such acceptance will not act to reinstate the Plan. MetLife will refund any unearned Premium.]

REINSTATEMENT

The Policyholder may request to reinstate this policy within one year from the date it ended. The request must be in Writing and it must provide MetLife with the information that MetLife requires to consider such request. If MetLife approves the request, the policy will be reinstated on the date stated in Writing by MetLife.

GENERAL PROVISIONS

Entire Contract. The entire contract is made up of the following:

1. this policy, including its Exhibits;
2. the Policyholder's application, a copy of which is attached to this policy; and
3. the amendments and endorsements to this policy, if any.

Policy Changes or Waivers. The terms and provisions of this policy may be changed, at any time, without the consent of the Covered Persons or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in writing any change or waiver of the terms and provisions of this policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment signed by an officer of MetLife and the Policyholder or its designee. An endorsement will be signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the Policyholder for attachment to this policy [and the Exhibit(s) will be revised accordingly.]

Incontestability: Statements Made by the Policyholder [or by a Participating Employer.] Any statement made by the Policyholder [or by a Participating Employer] will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless it is contained in a Written application or Request for Participation. [MetLife will not use such statement to contest life insurance after such insurance has been in force for 2 years from its effective date, unless the statement is fraudulent.]

Incontestability: Statements Made by Covered Persons. Any statement made by a Covered Person will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. the Covered Person has Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to the Covered Person or his beneficiary.

[MetLife will not use a Covered Person's statements which relate to insurability to contest life insurance after such insurance has been in force for 2 years during his life, unless the statement is fraudulent. In addition, MetLife will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during his life, unless the statement is fraudulent.]

Certificates. MetLife will issue certificates to [each Participating Employer] for delivery to each Covered Person, as appropriate. Such certificate will describe the Covered Person's benefits and rights under this policy. "Certificate" includes any of MetLife's insurance riders, notices or other attachments to the certificate.

[Assignment. The rights and benefits under this policy are not assignable prior to a claim for benefits, except as required by law or as permitted by MetLife.]

GENERAL PROVISIONS (Continued)

Data Needed. The Policyholder [and each **Participating Employer**] will provide MetLife with all the data needed to compute Premiums and carry out the terms of this policy. MetLife may examine such data at any reasonable time. If MetLife, or the Policyholder [or a **Participating Employer**] make a clerical error in keeping the data, the Premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in effect, nor will it continue insurance validly ended.

Misstatement of Age. If a Covered Person's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, adjust the Premiums and/or benefits.

Non-Dividend Paying. This policy does not pay dividends.

Conformity with Law. If the terms and provisions of this policy do not conform to any applicable law, this policy shall be interpreted to so conform.

SCHEDULE OF EXHIBITS

Exhibit Number	Exhibit Type	Applies To	Effective Date
[1	List of Participating Employers	Any Company	January 1, 2005
2	Participating Employer Data	Any Company	January 1, 2005]

[EXHIBIT 1

LIST OF PARTICIPATING EMPLOYERS

Group Number	Name	Effective Date
[XXXXXXX	ABC Company.	January 1, 2005
YYYYYYY	DEF Company	January 1, 2005
ZZZZZZZ	GHI Inc.	January 1, 2005]

[EXHIBIT 2

PARTICIPATING EMPLOYER DATA

Participating Employer: Any Company
123 Any Street
Any City, Any Jurisdiction 12345

Participating Employer Group No.: XXXXX
This plan replaces Participating Employer Plan Group Number YYYYYY which was issued by MetLife and took effect on January 1, 1998.

Standard Industry Code (S.I.C. CODE): XXXXX

Name/Address of Subsidiary, Affiliate, Division, Branch and Other Similar Entity_ **Effective Date Under the Plan**

Any Subsidiary
123 Any Street
Any City, Any Jurisdiction 12345
January 1, 2005

Any Affiliate
456 Any Street
Any City, Any Jurisdiction 12346
January 1, 2005

Plan Effective Date: January 1, 2005

Effective Date(s) for Plan benefits:
Life Insurance For Employees: January 1, 2005
For Dependents: January 1,2005

Dental Benefits For Employees: January 1, 2005
For Dependents: January 1, 2005

Plan Anniversary: January 1, 2006 and each subsequent January 1.

Plan Premium Due Date(s) Monthly, on the first day of each Plan Month

Effective Date of a Change in an Amount of Insurance:
Life Insurance Benefits: For Employees: January 1, 2005

Accidental Death or Dismemberment Benefits: For Employees: January 1, 2005

EXHIBIT 2 (Continued)

PARTICIPATING EMPLOYER DATA (Continued)

Plan Contributions:

Noncontributory Insurance:

Life Insurance Benefits:
For Employees

Contributory Insurance:

Life Insurance Benefits:
For Dependents

Schedule of Initial Premium Rates:

Life Insurance Benefits:

For Employees
For Dependents

\$X.XX per \$1,000 of insurance amount
\$X.XX per \$1,000 of insurance amount

Accidental Death or Dismemberment Benefits:

For Employees

\$X.XX per \$1,000 of insurance amount

Rate Guarantee Period:

For Life Insurance Rates
For Dental Insurance Rates

January 1, 2005 to December 31, 2006
January 1, 2005 to December 31, 2006

Retrospective Rate Changes:

For Experience Rating Reduction

Plan Period begins on January 1,
2005 and ends on December 31,
2006.

The Basic Life and Dental insurance
benefits provided under the **Participating
Employer's Plan** will be combined to
determine the retrospective experience
rating, if any.

For Experience Rating Increase

Not Applicable.

Rate Reduction For Failure to Provide
Service Levels (Performance Guarantee)

Plan Period begins on January 1,
2005 and ends on December 31,
2006.

The Basic Life and Dental insurance
benefits provided under the **Participating
Employer's Plan** will be combined to
determine the rate reduction, if any.

EXHIBIT 2 (Continued)

PARTICIPATING EMPLOYER DATA (Continued)

Financial Agreements:

Minimum Premium Plan for Employee
Life Insurance Benefits

Certificate Forms

Certificate Number	Certificate Form	Applies To	Effective Date
1	XXXXXXX	All Employees of Any Company	January 1, 2005
2	YYYYYYY	All Employees of Any Subsidiary	January 1, 2005
3	<u>ZZZZZZZ</u>	All Employees of Any Affiliate	January 1, 2005]

MetLife®

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits specified in the Exhibits of this policy subject to the terms and provisions of this policy. The Schedule of Exhibits lists each Exhibit to this policy, to whom it applies and its effective date.

Policyholder: [Trustees of Any Trust]

Group Policy No.: [XXXXX]

EFFECTIVE DATE

This policy will take effect on [January 1, 2005]. [This policy replaces Group Policy Number YYYYYY which was issued by MetLife and took effect on January 1, 1983.]

POLICY ANNIVERSARIES

Policy anniversaries will be [January 1, 2006 and each subsequent January 1].

PREMIUM PAYMENTS

This policy is issued in return for the payment of required Premiums [by insured members of the Policyholder]. Premiums are payable at the home office of MetLife or to its authorized agent. The first Premium is due on and must be paid by this policy's effective date. [The first premium for a Participating Employer's Plan must be paid by the Plan Effective Date shown in the Exhibit(s).] Any later Premiums are due as set forth in the Exhibits. These dates are the [Plan] Premium Due Dates. MetLife and a Participating Employer may agree that payment be made in advance every 3, 6 or 12 months.

POLICY SITUS

This policy is issued for delivery in and governed by the laws of [Jurisdiction].

Signed as of this policy's effective date at MetLife's home office in New York, New York.



Gwenn L. Carr
Vice President and Secretary



C. Robert Henrikson
President and Chief Executive Officer

Signed by _____
(A licensed agent or resident agent as required by law.)

GROUP [TERM LIFE AND ACCIDENT AND HEALTH] INSURANCE POLICY NON-DIVIDEND PAYING

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DEFINITIONS

As used in this policy, the terms listed below will have the meanings defined below. When defined terms are used in this policy, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

[Contribution means the amount a **Participating Employer** may require the [Employee] to pay towards the total Premium that MetLife charges for the insurance provided by a Plan.

Contributory Insurance means insurance for which the **Participating Employer** may require the employee to pay at least a part of the Premium.]

[Covered Person means a person who is insured under a Plan as set forth in the Exhibit(s).]

[Noncontributory Insurance means insurance for which the Participating Employer may not require the [Employee] to pay any part of the Premium.]

[Participating Employer means an employer who satisfies the requirements stated in the section titled PARTICIPATING EMPLOYERS, and any subsidiaries, affiliates, divisions, branches or other similar entities of such **Participating Employer**, subject to MetLife's written approval, as specified in the Exhibit(s).

Participating Employer's Plan (the "Plan") means the benefits, terms and conditions that are described in the Exhibits that apply to each **Participating Employer**.

Plan Anniversary means the anniversary of the Plan Effective Date as shown in the Exhibits that apply to each **Participating Employer**.

Plan Effective Date means that as set forth in the Exhibit(s).]

[Plan Month. The first Plan Month begins on the Plan Effective Date. Subsequent Plan Months will begin on the same day of each subsequent calendar month.]

[Plan Period means that as set forth in the Exhibit(s). A subsequent Plan Period may be agreed to by MetLife and the **Participating Employer**.]

[Plan Premium Due Date means the premium due date set forth for each Plan in the Exhibit(s).]

[Policy Period means that as set forth in the Exhibits attached to this policy.]

Premium means the amount the **[Participating Employer]** must pay to MetLife for all the insurance provided under [a Plan].

[Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law.]

[Written or Writing means a record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.]

PARTICIPATING EMPLOYERS

The Policyholder is the Trustee of a multiple employer trust established by two or more employers in the same industry to insure employees of the employers for the benefit of persons other than the employers. The trust has been established pursuant to a trust agreement that permits certain employers to insure their employees for the benefits provided by this policy. Employers who do so are **Participating Employers**. The **Participating Employers** are shown in the Exhibits.

The Policyholder acts for the **Participating Employers** in all matters of this policy. Such actions bind all **Participating Employers**.

An employer must submit a signed Request For Participation in which the employer:

1. agrees to participate in the trust; and
2. applies for the insurance provided by this policy for his Covered Persons.

The Policyholder and MetLife will agree on the date that an employer becomes a **Participating Employer**. This date will be the Plan Effective Date set forth in the Exhibit(s).]

SCHEDULE OF INSURANCE

The insurance [for each **Participating Employer**] is set forth in the Exhibits and the appropriate records of MetLife and the Policyholder.

[\[MetLife and the \[Policyholder\] have agreed that, a MetLife affiliate \(the "Affiliate"\), shall make a will preparation service \(the "Service"\) available to \[Employees\] who elect \[group supplemental life insurance coverage\]. This Service will be made available at no cost to the \[Policyholder\] or to such \[Employees\] during the period that \[group supplemental life insurance coverage\] is in effect.\]](#)

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

The Eligibility and Effective Dates of Insurance provisions that apply under this policy [for each **Participating Employer**] are set forth in the Exhibits and the appropriate records of MetLife and the Policyholder. Provisions setting forth the conditions, if any, under which MetLife requires a person to furnish evidence of good health that is satisfactory to MetLife to obtain coverage that are set forth in the Exhibits [that apply to the **Participating Employer** under whose plan the person would be covered.]

CONTRIBUTIONS

[The **Participating Employer** will not require an [Employee] to contribute to the cost of Noncontributory Insurance.

The maximum amount that an [Employee] may be required to contribute to the cost of Contributory Insurance will not exceed the Premium charged for the amounts of such insurance.]

PREMIUM RATE(S)

Initial Rate(s)

The initial Premium rate(s) [for each Plan] are shown in the Exhibit (s).

Computation of Premium

The Premium due [for a Plan] on any [Plan] Premium Due Date is determined by the total amount of insurance provided [for each Plan] under this policy on such [Plan] Premium Due Date, multiplied by the appropriate Premium rate(s) which are then in effect subject to any Premium adjustments, if applicable.

MetLife may use any reasonable method to compute Premiums due under this policy.

Premiums for Changes in Insurance

[For insurance that takes effect after the first day of a Plan Month, Premium will be charged from the first day of the next Plan Month. However, if a policy amendment or evidence of good health is required for such insurance, Premium will be charged as of the date such insurance takes effect.

If a Plan ends, or if insurance ends for a class of persons, Premium will be charged to the date insurance ends. If insurance ends for other reasons, Premium will be charged to the end of the Plan Month in which insurance ends.]

Right to Change Premium Rates

MetLife may change [a Plan's] Premium rates for changes which MetLife determines may affect the risk assumed for the insurance provided by [a Plan] as follows:

1. when the policy is amended or endorsed [to change a Plan];
2. when a class of eligible persons is added to or deleted from [a Plan] for any reason including corporate restructuring, acquisition, spin-off or similar situations;
3. when, with MetLife's written consent, a **Participating Employer's** subsidiary, affiliate, division, branch or other similar entity is added to or deleted from [the Plan] for any reason including corporate restructuring, acquisition, spin-off or similar situations;
4. when there is a significant change in the geographic distribution of [Employees] insured under [a Plan];
5. when applicable law requires a change in:
 - a. the insurance provided by [a Plan]; and/or
 - b. the class of persons eligible for insurance under [a Plan]; and
6. when a [Plan] Premium Due Date coincides with or next follows:
 - a. a change greater than **[5% - 25%]** in the number of Covered Persons under a Plan [since the later of the Plan Effective Date and] the last date Premium rates were changed; or
 - b. a change greater than **[5% - 25%]** in the amount of insurance provided by a Plan [since the later of the Plan Effective Date and] the last date Premium rates were changed.

PREMIUM RATE(S) (Continued)

In addition, MetLife may change Premium rates:

1. [except as may be stated in the Exhibit(s)]on any date on or after the first [Plan] Anniversary Date; this will be done no more frequently than every [6 - 18] months and only if MetLife notifies the [Participating Employer] in Writing, at least [31 - 60] days before such change; and
2. on any other date agreed to by MetLife and the [Participating Employer].

The new Premium rates will apply only to Premiums due on or after the date the rate change takes effect.

[Retrospective Rate Changes

Retrospective Experience Rating Reduction

[The Exhibit(s) will specify if this reduction is applicable to the Participating Employer.]

MetLife may retrospectively reduce a Participating Employer's Premium for [a Plan] Period based upon [that Plan's] experience during such [Plan] Period. The reduction, if any, will be based upon MetLife's retrospective experience rating formula. If a retrospective experience rating reduction is applicable, a refund of Premium will be paid to the [Participating Employer] in a manner determined by MetLife. That part of a refund greater than the [Participating Employer]'s share of the total cost must be used to benefit the [Employees].

Retrospective Experience Rating Increase

[The Exhibit(s) will specify if this increase is applicable to the Participating Employer.]

MetLife may retrospectively increase a Participating Employer's Premium for [a Plan] Period to offset any Deficit for such [Plan] Period [, plus Deficits from prior Plan Periods, if any]. Any such increase will not exceed [X% of earned premiums] during such [Plan] Period. If an increase in Premium is applicable, the Participating Employer will pay to MetLife the amount of the increase within [31 – 120] days after MetLife sends notice of the amount due to the Participating Employer. MetLife will assess interest on payments received after such date.

For the purpose of the Retrospective Experience Rating Increase subsection above, the terms Charges and Deficit will have the meanings defined below.

[Charges will include items such as claims paid from MetLife's funds (plus interest), open and unreported claim reserves, approved claim reserves, state plan assessments, taxes, excess risk pool charges, expenses, cash flow and risk charges.]

Deficit means the excess of Charges, as determined by MetLife, against the Plan(s) and/or policy(ies) over earned Premiums.

Rate Reduction For Failure to Provide Service Levels (Performance Guarantee)

[The Exhibit(s) will specify if this reduction is applicable to the Participating Employer.]

MetLife may, at the end of a [Plan] Period, reduce a Participating Employer's Premium for such [Plan] Period as the result of its failure to provide the service levels agreed to in Writing by an officer of MetLife and the Participating Employer. The Premium will be reduced by an amount not to exceed [.1% - 3%] of the Premium paid during the [Plan] Period.]

GRACE PERIOD

[Each Premium due after the Plan Effective Date may be paid up to **[31 – 120]** days after its [Plan] Premium Due Date. This period is the grace period. The insurance provided by that Plan will stay in effect during this period. MetLife will notify the **Participating Employer** in Writing that, if the Premium is not paid by the end of the grace period, the Plan will end at the end of the last day of the grace period. If MetLife fails to give such notice to the **Participating Employer**, [the Plan] will continue in effect until the date such notice is given.]

[Participating Employer's intent to end his Plan during the grace period. The **Participating Employer** may notify [MetLife] in Writing prior to the end of the grace period of the **Participating Employer's** intent to end the **Participating Employer's** Plan before the end of the grace period. In this case, such Plan will end on the later of:

1. the date stated in the notice; or
2. the date [MetLife] receives the notice.

If the **Participating Employer** replaces the Plan with another group insurance plan but does not give [MetLife] notice of intent to end the Plan, the grace period provisions will apply.]

Policyholder's intent to end the policy during the grace period. The Policyholder may notify MetLife in Writing prior to the end of the grace period of its intent to end the policy before the end of the grace period. In this case, the Policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

If the Policyholder replaces the policy with another group insurance plan but does not give MetLife notice of intent to end the Plan, the grace period provisions will apply.

Grace period extensions. MetLife may extend the grace period by giving Written notice to the **[Participating Employer]**. Such notice will state the date the [Plan] will end if the Premium remains unpaid.

Premiums must be paid for a grace period and any extension of such period and any period insurance was in effect for which Premium was not paid.

END OF INSURANCE PROVIDED BY THIS POLICY

The Policyholder may end this policy by giving **[31- 120]** days advance Written notice to MetLife. The policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife may end this policy as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions;
2. on any policy anniversary by giving the Policyholder **[31 - 120]** days advance Written notice;
3. on any policy Premium Due date, by giving the Policyholder **[31-120]** days advance Written notice if less than:
 - a. **[25% - 75%]** of persons eligible under the policy are insured for Contributory Insurance;
 - b. 100% of persons eligible under the policy are insured for Noncontributory Insurance;
 - c. **[2 – 100]** persons are insured by the policy; [or
 - d. **[30%]** of all eligible Dependents are insured for Contributory Dependent Insurance;

4. on any policy Premium Due date, by giving the Policyholder [31 – 120] days advance Written notice, if the Policyholder fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law; [or
5. on any Policy Anniversary, except during a Rate Guarantee Period as may be provided in the Exhibit(s) attached to this policy, by giving the Policyholder [31 – 120] days advance Written notice.]

This policy will end on the date on which the last certificate in effect under this policy ends.

If this policy ends, all Premiums due must be paid. If MetLife accepts Premium after the date this policy ends, such acceptance will not act to reinstate the policy. MetLife will refund any unearned Premium.

[END OF INSURANCE PROVIDED BY A PARTICIPATING EMPLOYER'S PLAN

A Participating Employer may end his Plan by giving [31 – 120] days advance Written notice to [MetLife]. The Plan will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife may end a Participating Employer's Plan as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions;
2. on any Plan Anniversary, by giving the Participating Employer [31 – 120] days advance Written notice;
3. on any Plan Premium Due Date, by giving the Participating Employer [31 – 120] days advance Written notice, if less than:
 - a. [25% - 75%] of persons eligible under the Plan are insured for Contributory Insurance;
 - b. 100% of persons eligible under the Plan are insured for Noncontributory Insurance;
 - c. [2 – 100] persons are insured by the Plan; or
 - d. [30%] of all eligible Dependents are insured for Contributory Dependent Insurance;
4. on any Plan Premium Due Date, by giving the Participating Employer [60 – 120] days advance Written notice, if the Participating Employer fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law[; or
5. on any Plan Anniversary, except during a Rate Guarantee Period as may be provided in the Exhibits attached to this policy that apply to each Participating Employer, by giving the Participating Employer [31 - 120] days advance Written notice].

If a Participating Employer's Plan ends, all Premiums due with respect to that plan must be paid. If MetLife accepts Premium after the date the Plan ends, such acceptance will not act to reinstate the Plan. MetLife will refund any unearned Premium.]

REINSTATEMENT

The Policyholder may request to reinstate this policy within one year from the date it ended. The request must be in Writing and it must provide MetLife with the information that MetLife requires to consider such request. If MetLife approves the request, the policy will be reinstated on the date stated in Writing by MetLife.

GENERAL PROVISIONS

Entire Contract. The entire contract is made up of the following:

1. this policy, including its Exhibits;
2. the Policyholder's application, a copy of which is attached to this policy; and
3. the amendments and endorsements to this policy, if any.

Policy Changes or Waivers. The terms and provisions of this policy may be changed, at any time, without the consent of the Covered Persons or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in writing any change or waiver of the terms and provisions of this policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment signed by an officer of MetLife and the Policyholder or its designee. An endorsement will be signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the Policyholder for attachment to this policy [and the Exhibit(s) will be revised accordingly.]

Incontestability: Statements Made by the Policyholder [or by a Participating Employer.] Any statement made by the Policyholder [or by a Participating Employer] will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless it is contained in a Written application or Request for Participation. [MetLife will not use such statement to contest life insurance after such insurance has been in force for 2 years from its effective date, unless the statement is fraudulent.]

Incontestability: Statements Made by Covered Persons. Any statement made by a Covered Person will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. the Covered Person has Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to the Covered Person or his beneficiary.

[MetLife will not use a Covered Person's statements which relate to insurability to contest life insurance after such insurance has been in force for 2 years during his life, unless the statement is fraudulent. In addition, MetLife will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during his life, unless the statement is fraudulent.]

Certificates. MetLife will issue certificates to [each Participating Employer] for delivery to each Covered Person, as appropriate. Such certificate will describe the Covered Person's benefits and rights under this policy. "Certificate" includes any of MetLife's insurance riders, notices or other attachments to the certificate.

[Assignment. The rights and benefits under this policy are not assignable prior to a claim for benefits, except as required by law or as permitted by MetLife.]

GENERAL PROVISIONS (Continued)

Data Needed. The Policyholder [and each **Participating Employer**] will provide MetLife with all the data needed to compute Premiums and carry out the terms of this policy. MetLife may examine such data at any reasonable time. If MetLife, or the Policyholder [or a **Participating Employer**] make a clerical error in keeping the data, the Premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in effect, nor will it continue insurance validly ended.

Misstatement of Age. If a Covered Person's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, adjust the Premiums and/or benefits.

Non-Dividend Paying. This policy does not pay dividends.

Conformity with Law. If the terms and provisions of this policy do not conform to any applicable law, this policy shall be interpreted to so conform.

SCHEDULE OF EXHIBITS

Exhibit Number	Exhibit Type	Applies To	Effective Date
[1	List of Participating Employers	Any Company	January 1, 2005
2	Participating Employer Data	Any Company	January 1, 2005]

[EXHIBIT 1

LIST OF PARTICIPATING EMPLOYERS

Group Number	Name	Effective Date
[XXXXXXX	ABC Company.	January 1, 2005
YYYYYYY	DEF Company	January 1, 2005
ZZZZZZZ	GHI Inc.	January 1, 2005]

[EXHIBIT 2

PARTICIPATING EMPLOYER DATA

Participating Employer: Any Company
123 Any Street
Any City, Any Jurisdiction 12345

Participating Employer Group No.: XXXXX
This plan replaces Participating Employer Plan Group Number YYYYYY which was issued by MetLife and took effect on January 1, 1998.

Standard Industry Code (S.I.C. CODE): XXXXX

Name/Address of Subsidiary, Affiliate, Division, Branch and Other Similar Entity_ **Effective Date Under the Plan**

Any Subsidiary
123 Any Street
Any City, Any Jurisdiction 12345
January 1, 2005

Any Affiliate
456 Any Street
Any City, Any Jurisdiction 12346
January 1, 2005

Plan Effective Date: January 1, 2005

Effective Date(s) for Plan benefits:

Life Insurance For Employees: January 1, 2005
For Dependents: January 1,2005

Dental Benefits For Employees: January 1, 2005
For Dependents: January 1, 2005

Plan Anniversary: January 1, 2006 and each subsequent January 1.

Plan Premium Due Date(s) Monthly, on the first day of each Plan Month

Effective Date of a Change in an Amount of Insurance:

Life Insurance Benefits: For Employees: January 1, 2005

Accidental Death or Dismemberment Benefits: For Employees: January 1, 2005

EXHIBIT 2 (Continued)

PARTICIPATING EMPLOYER DATA (Continued)

Plan Contributions:

Noncontributory Insurance:

Life Insurance Benefits:
For Employees

Contributory Insurance:

Life Insurance Benefits:
For Dependents

Schedule of Initial Premium Rates:

Life Insurance Benefits:

For Employees
For Dependents

\$X.XX per \$1,000 of insurance amount
\$X.XX per \$1,000 of insurance amount

Accidental Death or Dismemberment Benefits:

For Employees

\$X.XX per \$1,000 of insurance amount

Rate Guarantee Period:

For Life Insurance Rates
For Dental Insurance Rates

January 1, 2005 to December 31, 2006
January 1, 2005 to December 31, 2006

Retrospective Rate Changes:

For Experience Rating Reduction

Plan Period begins on January 1,
2005 and ends on December 31,
2006.

The Basic Life and Dental insurance
benefits provided under the **Participating
Employer's Plan** will be combined to
determine the retrospective experience
rating, if any.

For Experience Rating Increase

Not Applicable.

Rate Reduction For Failure to Provide
Service Levels (Performance Guarantee)

Plan Period begins on January 1,
2005 and ends on December 31,
2006.

The Basic Life and Dental insurance
benefits provided under the **Participating
Employer's Plan** will be combined to
determine the rate reduction, if any.

EXHIBIT 2 (Continued)

PARTICIPATING EMPLOYER DATA (Continued)

Financial Agreements:

Minimum Premium Plan for Employee
Life Insurance Benefits

Certificate Forms

Certificate Number	Certificate Form	Applies To	Effective Date
1	XXXXXXXX	All Employees of Any Company	January 1, 2005
2	YYYYYYY	All Employees of Any Subsidiary	January 1, 2005
3	<u>ZZZZZZZ</u>	All Employees of Any Affiliate	January 1, 2005]

SERFF Tracking Number: *META-125711583* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39425*
Company Tracking Number: *T06-4 PF*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*
Product Name: *Group Life and Health*
Project Name/Number: *GPNP99-TRUST/T06-4 PF*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125711583 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39425
Company Tracking Number: T06-4 PF
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life and Health
Project Name/Number: GPNP99-TRUST/T06-4 PF

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 06/25/2008
Comments:
Certification/Notice
Attachment:
ARCERTREG19.pdf

Review Status:
Satisfied -Name: Cover Letter 06/25/2008
Comments:
Cover Letter
Attachment:
AR - Cover Letter 062008.pdf

Review Status:
Satisfied -Name: Approval of GPNP99-TRUST AR 06/25/2008
Comments:
Approval of GPNP99-TRUST AR
Attachment:
Approval of GPNP99-TRUST AR.pdf

Review Status:
Satisfied -Name: Approval of will prep AR 06/25/2008
Comments:
Approval of will prep AR
Attachment:
Approval of will prep AR.pdf

Review Status:
Satisfied -Name: ARCERTREAD 06/25/2008
Comments:
ARCERTREAD

SERFF Tracking Number: *META-125711583* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39425*
Company Tracking Number: *T06-4 PF*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*
Product Name: *Group Life and Health*
Project Name/Number: *GPNP99-TRUST/T06-4 PF*

Attachment:

ARCERTREAD.pdf

SERFF Tracking Number: META-125711583 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39425
Company Tracking Number: T06-4 PF
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life and Health
Project Name/Number: GPNP99-TRUST/T06-4 PF

Review Status:

Satisfied -Name: ARCERTREG19 06/25/2008
Comments:
ARCERTREG19
Attachment:
ARCERTREG19.pdf

Review Status:

Satisfied -Name: NAIC Transmittal Form 06/25/2008
Comments:
NAIC Transmittal Form
Attachment:
industry_rates_lh_trans.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
18210 Crane Nest Drive, Building #5
Tampa, FL 33647
Tel 813 983-4457 Fax 813 983-4940
INTERNET ADDRESS chypolite@metlife.com

MetLife[®]

Carmealeu Hyppolite
Group and SBC Contracts & Compliance Division

June 25, 2008

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

Re: Filing No. T06-4 PF
Group Life and Health Insurance
Our NAIC Company No. is 65978
Our FEIN is 13-5581829
Our License Number is 7700289
GPNP99-TRUST, Group Term Life and Health Policy

Dear Sir/Madam:

We enclose for filing a final printed copy of the group term life and health insurance form described below.

This form is a minor revision of GPNP99-TRUST, previously approved by the Arkansas Insurance Department [Department] on December 5, 2006. We also filed and got approval on September 30, 2004 for will preparation services. Enclosed please find a copy of a disposition report and copy of a page with the Department's stamp of approval.

We would like to extend the use of our previously-approved will preparation form with policy form GPNP99-TRUST.

For your convenience, I am enclosing a clean copy of form GPNP99-TRUST and also a strike through version of the form, highlighting the changes we are filing for. The state required forms are included with this filing as well.

This filing will have no impact on previously filed and approved rates.

If you have any questions or comments regarding this filing, please feel free to contact me via telephone, fax or e-mail listed in the letterhead above.

Very truly yours,



Carmealeu Hyppolite
Senior Analyst – Contracts Development

T06-4 PF

Disposition for META-125033944

Close

SERFF Tracking Number:	META-125033944	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	34320
Company Tracking Number:	T06-4 PF (RR)		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	Group Term Life and Accident and Health Insurance		
Project Name:	GPNP99-TRUST		

Disposition Date: 12/05/2006

Implementation Date:

Status: Approved

Comment:

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Life & Health		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Form	GPNP99-TRUST, Policy/Contract/Fraternal Certificate, Group Policy		Yes

Close

MetLife®

Metropolitan Life Insurance Company
[New York, New York]

APPROVED

SEP 30 2004

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

POLICY AMENDMENT

Group policy no.: [XXXXXX]
Policyholder: [ABC Company]
Effective date: [June 1, 2004]

Metropolitan Life Insurance Company ("MetLife"), a stock company, hereby amends the above referenced policy by adding the following provision:

"MetLife and the [Policyholder] have agreed that, a MetLife affiliate (the "Affiliate"), shall make a will preparation service (the "Service") available to [Employees] who elect [group supplemental life insurance coverage]. This Service will be made available at no cost to the [Policyholder] or to such [Employees] during the period that [group supplemental life insurance coverage] is in effect."

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)

[Robert H. Benmosche
Chairman, President and Chief Executive Officer]



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
GPNP99-TRUST	Group Policy	44.9

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, which appears to read "Herbert B. Brown Jr.", is written in a cursive style.

Herbert B. Brown Jr.
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

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 Ins Co. 1 Metlife Plaza – Area 6E Long Island City, NY 11101	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Carmelean Hyppolite 18210 Crane Nest Drive Tampa, FL. 33647	813-983-4457	813-983-4940	chyppolite@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	T06-4 PF
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	Group Term Life and Health Insurance
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10.	Product Coding Matrix Filing Code	L04G.500, H03G.000, H10G.000, H11G.002, H11G.003
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11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date		
13	Filing Fee (If required)	Amount <u>\$ 50.00</u>	Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	NA	
15.	Filing Description:		
<p>Please see cover letter.</p>			

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16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>	
Print Name _____	Title _____
Signature _____	Date: _____

LHTD-1, Page 2 of 2

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		T06-4 PF
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group policy	GPNP99-TRUST	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		T06-4 PF		
This filing corresponds to form filing company tracking number		T06-4 PF		
Overall percentage rate indication (when applicable)				
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 _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1