

SERFF Tracking Number: META-125287316 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 36861
Company Tracking Number: I07-39 BUNDLE 2D
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I07-39 Bundle 2D/I07-39 Bundle 2D

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care Insurance Advertising SERFF Tr Num: META-125287316 State: ArkansasLH

TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 36861
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I07-39 BUNDLE 2D State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Author: Cherise Crittenden Disposition Date: 07/23/2008
Date Submitted: 09/11/2007 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: I07-39 Bundle 2D
Project Number: I07-39 Bundle 2D
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/23/2008
State Status Changed: 07/23/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Re: Filing No. I07-39 Bundle 2D

Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
Our NAIC Company No. 65978
Our FEIN No. 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-125287316 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 36861
Company Tracking Number: I07-39 BUNDLE 2D
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I07-39 Bundle 2D/I07-39 Bundle 2D

We enclose for filing copies of the long-term care advertising material described below. The material is intended for use with Individual long-term care policy form LTC2007 previously approved by your department.

The advertising material does not replace any material previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material

ADF#1796.07 Easy 123 Simple
ADF#1797.07 Easy 123 Custom
ADF#1798.07 LSA Prospecting Letter

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com
MKTG
57 Green Farms Road (203) 221-6594 [Phone]
Westport, CT 06880

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

Filing Fees

Fee Required? Yes

SERFF Tracking Number: META-125287316 State: Arkansas
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Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I07-39 Bundle 2D/I07-39 Bundle 2D
Fee Amount: \$75.00
Retaliatory? No
Fee Explanation: 3 Piece Advertising x \$25.00 = \$75.00
Per Company: No

SERFF Tracking Number: META-125287316 State: Arkansas
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000851437	\$75.00	08/31/2007

SERFF Tracking Number: META-125287316 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

SERFF Tracking Number: META-125287316 State: Arkansas
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
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Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125287316 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 36861
 Company Tracking Number: I07-39 BUNDLE 2D
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance Advertising
 Project Name/Number: I07-39 Bundle 2D/I07-39 Bundle 2D

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	NAIC Transmittal Form	Filed-Closed	Yes
Form	Easy 123 Simple	Filed-Closed	Yes
Form	Easy 123 Simple Explanation of Variable	Filed-Closed	Yes
Form	Easy 123 Custom	Filed-Closed	Yes
Form	Easy 123 Custom Explanation of Variable	Filed-Closed	Yes
Form	LSA Prospecting Letter	Filed-Closed	Yes
Form	LSA Prospecting Letter Explanation of Variable	Filed-Closed	Yes

SERFF Tracking Number: META-125287316 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 36861
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance Advertising
 Project Name/Number: I07-39 Bundle 2D/I07-39 Bundle 2D

Form Schedule

Lead Form Number: ADF#1796.07

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	ADF#1796.07	Advertising	Easy 123 Simple	Initial		0	ADF#1796.07_Easy123_Simple.pdf
Filed-Closed	ADF#1796.07	Other	Easy 123 Simple Explanation of Variable	Initial		0	Simple Advantage Easy as 1-2-3 ADF#1796.07 EOV.pdf
Filed-Closed	ADF#1797.07	Advertising	Easy 123 Custom	Initial		0	ADF#1797.07_Easy123_Custom.pdf
Filed-Closed	ADF#1797.07	Other	Easy 123 Custom Explanation of Variable	Initial		0	Custom Advantage Easy as 1-2-3 ADF#1797.07 EOV.pdf
Filed-Closed	ADF#1798.07	Advertising	LSA Prospecting Letter	Initial		0	LSA prospecting letter version A ADF#1798.07 - FINAL.pdf
Filed-Closed	ADF#1798.07	Other	LSA Prospecting Letter Explanation of Variable	Initial		0	LSA Prospecting Letter ADF#1798.07 EOV 08_27_07.pdf

MetLife LTC LifeStage AdvantageSM



Simple AdvantageSM

STEP 1.

Select the Maximum Amount of Initial Coverage you want:

		Total Benefit Amount					
		\$75K	\$100K	\$200K	\$300K	\$400K	\$500K
Monthly Benefit Amount	\$3K	<input type="checkbox"/>					
	\$6K			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2.

Decide whether you want any of the 3 Optional Benefit Riders:

- [Shared Care Rider] Yes No
- [Nonforfeiture Coverage Rider] Yes No
- [Cash Benefit Rider] Yes No

The Simple Advantage plan includes the Guaranteed Purchase Option (GPO) which allows the purchase of additional coverage, up to [double] the original TBA, without underwriting, until age 65.

Included Features:

- ✓ 100% of monthly benefit amount for care at home or away from home
- ✓ [100] Calendar Day Elimination Period
- ✓ Return of Premium on Death up to age 70
- ✓ 50 days of Bed Reservation per year
- ✓ Needs Assessment and Ongoing Care Advisory Services

Initial Annual Premium with Discounts

Applicant 1 Pays: _____

Applicant 2 Pays: _____

Total: _____

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") Individual Long-Term Care ("LTC") Insurance coverage is offered by policy number: LTC2007. In some states, this identifier may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis.

What is Not Covered Under this Policy (LTC2007)

No payment will be made for any of the following:

- treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician;
- any care received while in a Hospital, except in a unit specifically designated and licensed as a Nursing Home or Hospice Facility;
- any injury or sickness that results from:
 - any war, or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection; or
 - any intentionally self-inflicted injury;
- services performed at Home by a member of your Immediate Family, unless: (a) he or she is a regular employee of a Home Care Agency which is providing services to you; (b) the Home Care Agency receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of that Home Care Agency;
- any care or services received outside of the United States, except as described in the International Benefit section;
- any service or item to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is secondary payer under applicable law
- treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except Medicaid); or
- services for which no charge is normally made in the absence of insurance.

If you Select the Cash Benefit Rider, the Following Exclusions Apply:

No payment will be made for any injury or sickness that results from:

- any war, or act of war (whether declared or undeclared);
- participation in a felony, riot or insurrection; or
- any intentionally self-inflicted injury;

Coordination of Other MetLife Coverages and Non-Duplication of Benefits:

If you have more than one long-term care insurance policy or certificate insured by MetLife, to the extent permitted by applicable law, we will reduce benefits payable under the policy to the extent necessary, so that the combination of amounts paid or payable under all of the policies and certificates issued by MetLife will not exceed 100% of the actual charges for covered services.

To the extent permitted by applicable law, we will reduce the benefits that we will pay for covered services to the extent that the combination of benefits paid under the policy and amounts paid or payable for those services by any of the following exceed 100% of the actual charge for the covered services: any medical insurance policy; any state or federal workers' compensation law or similar law; any employer's liability or occupational disease law; or any motor vehicle no-fault law. These provisions do not apply to policies or certificates which pay benefits without regard to actual charges you incur.

For the Limitations & Exclusions that are applicable in your state, refer to the "Outline of Coverage" that will be given to you before completing an application for coverage.

• Not a Deposit or Other Obligation of Bank • Not FDIC - Insured • Not Insured by Any Federal Government Agency • Not Issued, Guaranteed or Underwritten by Bank or FDIC • Not a Condition to the Provision or Term of Any Banking Service or Activity • Policy is an Obligation of the Issuing Insurance Company

MetLife®

Metropolitan Life Insurance Company

New York, NY 10166

0701-3298 ORDER NUMBER LTC04313(0807)

L08071775[exp1208]

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Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Simple Advantage Easy as 1-2-3

ADF# 1796.07

The variable material set forth in brackets within the enclosed form includes the following:

1. Specific variable material

Specified Variable Material

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

Section

Explanation

Step 1

- Item will appear as shown or be revised to reflect a different set of Monthly Benefit Amounts and Total Benefit Amounts available. The set of Monthly Benefit Amount(s) may vary within a range of \$3,000 to \$21,000 and the set of Total Benefit Amount(s) may vary within a range of \$75,000 to \$1,500,000.

Step 2

- “Shared Care Rider” will appear as shown or may be omitted. “Cash Benefit Rider” and respective footnote will appear as shown or may be omitted. .
- The phrase “up to double the original TBA” may appear as shown or may be replaced with “triple the original TBA” if LTC2007-GPO-3 is used.

Included features:

- The second bullet will appear as shown or will appear as follows: 60 Calendar Day Elimination Period.

FDIC “Bank Bullets”

- FDIC disclaimer, referred to by MetLife as “Bank Bullets” are bracketed, required for use by our broker channel only.

MetLife LTC LifeStage AdvantageSM

It's as Easy as 1-2-3



Custom AdvantageSM



Select the Maximum Amount of Initial Coverage you want:

Monthly Benefit Amount	Total Benefit Amount						
	\$75K	\$100K	\$200K	\$300K	\$400K	\$500K	\$1MM
\$3K	<input type="checkbox"/>						
\$6K			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$9K				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$12K				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$15K					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Decide whether you want any of the 3 Optional Benefit Riders:

- [Shared Care Rider] Yes No
- [Nonforfeiture Coverage Rider] Yes No
- [Cash Benefit Rider*] Yes No



Select a Benefit Increase option:

- Future Purchase
- 3% Automatic Compound
- 5% Automatic Compound
- I do not choose a benefit increase option

Included Features:

- ✓ 100% of monthly benefit amount for care at home or away from home
- ✓ [100] Calendar Day Elimination Period
- ✓ Return of Premium on Death up to age 70
- ✓ 50 days of Bed Reservation per year
- ✓ Needs Assessment and Ongoing Care Advisory Services

Initial Annual Premium with Discounts

Applicant 1 Pays:	_____
Applicant 2 Pays:	_____
Total:	_____

*Not available with \$1mm Total Benefit Amount

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") Individual Long-Term Care ("LTC") Insurance coverage is offered by policy number: LTC2007. In some states, this identifier may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis.

What is Not Covered Under this Policy (LTC2007)

No payment will be made for any of the following:

- treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician;
- any care received while in a Hospital, except in a unit specifically designated and licensed as a Nursing Home or Hospice Facility;
- any injury or sickness that results from:
 - any war, or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection; or
 - any intentionally self-inflicted injury;
- services performed at Home by a member of your Immediate Family, unless: (a) he or she is a regular employee of a Home Care Agency which is providing services to you; (b) the Home Care Agency receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of that Home Care Agency;
- any care or services received outside of the United States, except as described in the International Benefit section;
- any service or item to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is secondary payer under applicable law
- treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except Medicaid); or
- services for which no charge is normally made in the absence of insurance.

If you select the Cash Benefit Rider, the following exclusions apply:

No payment will be made for any injury or sickness that results from:

- any war, or act of war (whether declared or undeclared);
- participation in a felony, riot or insurrection; or
- any intentionally self-inflicted injury;

Coordination of Other MetLife Coverages and Non-Duplication of Benefits:

If you have more than one long-term care insurance policy or certificate insured by MetLife, to the extent permitted by applicable law, we will reduce benefits payable under the policy to the extent necessary, so that the combination of amounts paid or payable under all of the policies and certificates issued by MetLife will not exceed 100% of the actual charges for covered services.

To the extent permitted by applicable law, we will reduce the benefits that we will pay for covered services to the extent that the combination of benefits paid under the policy and amounts paid or payable for those services by any of the following exceed 100% of the actual charge for the covered services: any medical insurance policy; any state or federal workers' compensation law or similar law; any employer's liability or occupational disease law; or any motor vehicle no-fault law. These provisions do not apply to policies or certificates which pay benefits without regard to actual charges you incur.

For the Limitations & Exclusions that are applicable in your state, refer to the "Outline of Coverage" that will be given to you before completing an application for coverage.

• Not a Deposit or Other Obligation of Bank • Not FDIC - Insured • Not Insured by Any Federal Government Agency • Not Issued, Guaranteed or Underwritten by Bank or FDIC • Not a Condition to the Provision or Term of Any Banking Service or Activity • Policy is an Obligation of the Issuing Insurance Company

MetLife®

Metropolitan Life Insurance Company

New York, NY 10166

0701-3298 ORDER NUMBER LTC04314(0807)

L08071776[exp1208]

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Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Custom Advantage Easy as 1-2-3

ADF# 1797.07

The variable material set forth in brackets within the enclosed form includes the following:

1. Specific variable material

Specified Variable Material

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

Section

Explanation

Step 1

- Item will appear as shown or be revised to reflect a different set of Monthly Benefit Amounts and Total Benefit Amounts available. The set of Monthly Benefit Amount(s) may vary within a range of \$3,000 to \$21,000 and the set of Total Benefit Amount(s) may vary within a range of \$75,000 to \$1,500,000.

Step 2

- “Shared Care Rider” will appear as shown or may be omitted. “Cash Benefit Rider” and respective footnote will appear as shown or may be omitted. .

Step 3

- The benefit increase riders listed in Step 3 will appear as shown or may vary to exclude any of the riders that are bracketed or to include any of the other benefit riders included in this filing. The 5% Automatic Compound Inflation Protection Rider will always be included.

Included features:

- The second bullet will appear as shown or will appear as follows: 60 Calendar Day Elimination Period.

FDIC “Bank Bullets”

- FDIC disclaimer, referred to by MetLife as “Bank Bullets” are bracketed, required for use by our broker channel only.

THIS LETTER MUST BE REPRODUCED VERBATIM ON COMPANY-APPROVED PERSONALIZED OR GENERAL USE STATIONERY. NOTICE: ONLY LICENSED INSURANCE AGENTS APPOINTED BY METROPOLITAN LIFE INSURANCE COMPANY ("METLIFE") TO SELL METLIFE LONG-TERM CARE INSURANCE POLICIES ARE AUTHORIZED AND APPROVED TO USE THIS DOCUMENT.

[Date]

[John Q. Prospect
123 Anystreet
Anytown, US 12345-0000]

Do you know the facts about long-term care?

Dear [Prospect],

[Intro Option 1 – for prospects:

The keys to owning your future are planning early, knowing your options and taking action. Whatever your life stage, now is the time to consider how your life and the lives of your family members might change should you experience an injury or illness in the future that requires long-term care.]

[Intro Option 2 – for existing clients:

As a MetLife client, you know the importance of preparing for the uncertainties in your future. But, many people overlook the need to plan for long-term care. Either they don't believe they'll ever need it, or they think long-term care insurance is too complicated and too expensive.]

The fact is... a growing number of Americans of all ages need long-term care due to a chronic illness, injury or cognitive impairment. Needing ongoing care can have costly consequences for you and your family. Now, long-term care insurance can be easier and less expensive to obtain than you may have thought – thanks to an innovative new insurance plan from MetLife.

Start protecting your future today with an affordable foundation of coverage.

[Only] MetLife LTC LifeStage AdvantageSM is designed to fit your life and your budget at anytime. It offers you the flexibility to get started now with a foundation of coverage. Then, you can add to it over time, until you reach a comfortable level of protection – up to double your original benefit amount. And, you don't have to worry about your changing health status. Once you get started, your future insurability for the increases you choose is guaranteed.

It's an all-new way to purchase long-term care insurance that lets you get started sooner, so you can put your mind at ease about the uncertainties of tomorrow. No one knows when the need for long-term care might occur. That's why some coverage is always better than no coverage.

To learn more about **MetLife LTC LifeStage Advantage** – and how this comprehensive, yet easy-to-understand, long-term care insurance plan could benefit you – please call me at [xxx-xxx-xxxx] or email me at [email address]. I look forward to speaking with you.

Sincerely,
[name, title and license #]

• Not a Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

Metropolitan Life Insurance Company, New York, NY 10166

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by the following MetLife policy number: LTC2007. In some states, this identifier may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC insurance policies cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Call me about complete costs and details.



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

MetLife LTC LifeStage Advantage Prospecting Letter – Version A

ADF# 1798.07

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

1. Illustrative material; and
2. Specific variable material

Illustrative Material

Illustrative material consists of entries such as date, company name, recipient's name, sender's name, license number, company title, page numbers and contact information, administrative codes, all of which may be varied.

Specified Variable Material

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

Section

Explanation

Paragraph 1

- If the letter is being used for prospects, Intro Option 1 will appear as shown.
- If the letter is being used for existing clients, Intro Option 2 will appear as shown.

Paragraph that begins "Only MetLife LTC LifeStage Advantage...."

- The first word "Only" will appear as shown or be deleted.

FDIC "Bank Bullets"

FDIC disclaimer, referred to by MetLife as "Bank Bullets" are bracketed, required for use by our broker channel only.

SERFF Tracking Number: *META-125287316* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *36861*
Company Tracking Number: *I07-39 BUNDLE 2D*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long-Term Care Insurance Advertising*
Project Name/Number: *I07-39 Bundle 2D/I07-39 Bundle 2D*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125287316 State: Arkansas
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Company Tracking Number: I07-39 BUNDLE 2D
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I07-39 Bundle 2D/I07-39 Bundle 2D

Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Filed-Closed 07/23/2008
Comments:
Attachment:
AR_I_Filing Letter.pdf

Satisfied -Name: NAIC Transmittal Form **Review Status:** Filed-Closed 07/23/2008
Comments:
Attachment:
AR _ NAIC__ Individual.pdf

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-6594 Fax 203 221-6573
ccrittenden@metlife.com

MetLife[®]

Cherise Crittenden
Long-Term Care

September 5, 2007

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

Re: Filing No. I07-39 Bundle 2D
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
Our NAIC Company No. 65978
Our FEIN No. 13-5581829

Dear Sir/Madam:

We enclose for filing copies of the long-term care advertising material described below. The material is intended for use with Individual long-term care policy form LTC2007 previously approved by your department on August 17, 2007.

The advertising material does **not** replace any material previously filed with your Department.

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
ADF#1796.07	Easy 123 Simple
ADF#1797.07	Easy 123 Custom
ADF#1798.07	LSA Prospecting Letter

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Cherise Crittenden

Cherise Crittenden
Consultant-Compliance Marketing/AD

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Cherise Crittenden Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.6594	203.221.6573		ccrittenden@metlife.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number: I07-25 Bundle 2D						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance					
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified					

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	September 5, 2007
13.	Filing Fee (If required)	Amount <u> \$75.00 </u> Check Date <u> August 31, 2007 </u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u> 000851437 </u>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u> ARKANSAS </u>		
Print Name	<u> Cherise Crittenden </u>	Title: <u> Consultant-Compliance/Marketing/AD </u>
Original Signature	<u> <i>Cherise Crittenden</i> </u>	Date <u> September 5, 2007 </u>

17.	Form Filing Attachment	I07-39 Bundle 2D
This filing transmittal is part of company tracking number		
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	Easy 123 Simple	ADF#1796.07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
02	Easy 123 Custom	ADF#1797.07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
03	LSA Prospecting Letter	ADF#1798.07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	

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18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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