

SERFF Tracking Number: METD-125713953 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 39695
 Company Tracking Number: 5E-4JCC-05-1
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: Rider Specifications for Joint Coverage Continuation Rider
 Project Name/Number: JCCR Correction Filing/5E-4JCC-05-1

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Rider Specifications for Joint Coverage Continuation Rider SERFF Tr Num: METD-125713953 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39695
Adjustable Life

Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: 5E-4JCC-05-1 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Patricia Crowley, Jennifer DeCesare Disposition Date: 07/25/2008

Date Submitted: 07/22/2008 Disposition Status: Approved

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: JCCR Correction Filing

Project Number: 5E-4JCC-05-1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/25/2008

State Status Changed: 07/25/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: MetLife Investors USA Insurance Company

NAIC # 241-61050 FEIN # 54-0696644

Individual Life Filing

New Submission

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Form Number 5E-4JCC-05-1 Rider Specifications for Joint Coverage Continuation Rider

State of Domicile: Delaware

The above-referenced form is enclosed for your review and approval. This is a new form that will replace Rider Specifications for Joint Coverage Continuation Rider page, 5E-4JCC-05. The form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, and adaptation to computer printing.

Rider Specifications for Joint Coverage Continuation Rider page, 5E-4JCC-05-1, will be used with the Joint Coverage Continuation Rider Form, 5E-4JCC-05, which was previously approved by the Department.

The only difference between Rider Specifications for Joint Coverage Continuation Rider page, 5E-4JCC-05-1, and the page it is replacing is in the first footnote. We discovered an error in the language of the footnote. We realized that the footnote referred to "Joint Coverage Continuation Benefit [Annual] Premium" where it should have referred to "Planned Premium". Also, we changed "by each policy anniversary" to "by each Planned Premium Due Date" since the Planned Premium can be paid on other than an annual basis. The definition of Planned Premium Due Date in the policy explains, "If you pay premiums on other than an annual mode, it is the policy anniversary and each semi-annual, quarterly or monthly anniversary as applicable." Finally, we have added clarification regarding the premiums that will keep the Policy in force to the Guaranteed Coverage Date. I have highlighted the changes on one copy of the form.

You have our assurance that we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49.

Items have been bracketed on the enclosed page to indicate that we will consider it acceptable to change these items in the future without re-filing the page with your Department, unless you advise otherwise during your review of this page.

Enclosures: Filing Fee \$20.00; Readability Certificate; Certification

Company and Contact

Filing Contact Information

Jennifer DeCesare, Senior Contract Consultant jdecesare@metlife.com

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501 Boylston Street (617) 578-3677 [Phone]
Boston, MA 02116 (617) 578-5505[FAX]

Filing Company Information

MetLife Investors USA Insurance Company CoCode: 61050 State of Domicile: Delaware
222 Delaware Ave. Suite 900 Group Code: 241 Company Type: Life
P.O. Box 25130
Wilmington, DE 19899 Group Name: MetLife Group State ID Number:
(617) 578-2000 ext. [Phone] FEIN Number: 54-0696644

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: AR charges \$20 per rider; therefore we are sending through EFT \$20.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$20.00	07/22/2008	21528491

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Readability Certification		Yes
Form	Rider Specifications for Joint Coverage Continuation Rider		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	5E-4JCC-05-1	Schedule Pages	Rider Specifications for Joint Coverage Continuation Rider	Initial		52	5E-4JCC-05-1 _rvsd spec page_.pdf

RIDER SPECIFICATIONS FOR JOINT COVERAGE CONTINUATION RIDER

Insureds: [JOHN DOE] Policy Number: [SPECIMEN]
[JANE DOE]
Issue Date: [AUGUST 1, 2005]

Guaranteed Coverage Date (Based on Planned [Annual] Premium and Planned First Year Lump Sum)*: [August 1, 2090]
Joint Coverage Continuation Benefit Minimum First Year Total Premium**: [\$1583.37]

IMPACT OF RIDER ON POLICY'S CASH VALUE

Joint Coverage Continuation Monthly Rider Charge Percent: [0.00%]
Joint Coverage Continuation Monthly Coverage Expense Charge Percent: [470.00%]

DETERMINATION OF THE STATUS OF JOINT COVERAGE CONTINUATION VALUE

Monthly Coverage Continuation Value Charges:

Monthly Coverage Continuation Value Expense Charge Per \$1,000:

Year 1 [0.0100 per 1000]

Years 2 & Later [0.0000 per 1000]

Monthly Coverage Continuation Value Policy Charge: [\$0]

Monthly Coverage Continuation Value Cost of Insurance Charge: See Table Below

Coverage Continuation Value Percent of Premium Charge: [0.00%]

Coverage Continuation Value Accumulation Factors:

[First Year] [0.00%]

[Year 2] [2.80%]

[Years 3 – 39] [4.90%]

[Years 40 & Later] [6.50%]

Coverage Continuation Value Surrender Charge Percent:

[Years 1-10] [100%]

[Years 11 & Later] [100%]

Coverage Continuation Value Risk Adjustment Percent: [25%]

Joint Coverage Continuation Expected Threshold Amount [Annually]**: [\$1559.35]

Joint Coverage Continuation Benefit Reactivation Period: [9 Months]

*Your Policy will stay in force to the Guaranteed Coverage Date if: at least the Planned Premium is paid by each Planned Premium Due Date; any Planned First Year Lump Sum is paid by the first policy anniversary; no Loans are taken; no partial withdrawals are made; no policy changes are made; and no riders are added or removed. **Assuming that such conditions are met: the Planned Premium and any Planned First Year Lump Sum represent one premium payment schedule that will guarantee your Policy will stay in force to the Guaranteed Coverage Date; and you may contact us or our representative for additional information regarding other premium payment schedules that will guarantee your Policy will stay in force to the Guaranteed Coverage Date.**

**This premium will be recalculated and shown on a new Rider Specifications page if: any policy changes are made; or any riders are added or removed.

*** This amount will be recalculated and shown on a new Rider Specifications page if: any policy changes are made; any partial withdrawals are taken; or any riders are added or removed.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 06/27/2008
Comments:
Attachment:
AR Certification.pdf

Review Status:
Satisfied -Name: Readability Certification 07/15/2008
Comments:
Attachment:
AR Readability Certifications.pdf

MetLife Investors USA Insurance Company
PO Box 25130, Wilmington DE 19899

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen Johnson, Vice President

7/22/2008

Date

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)	Flesch Score(s)
5E-4JCC-05-1	52.4



Karen Johnson, Vice President

7/22/2008

Date

