

SERFF Tracking Number: METD-125748018 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 39931
Company Tracking Number: ETIAET-57-08 MET
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Temporary Insurance Agreement and Receipt
Project Name/Number: Enterprise Application/ETIAET-57-08

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Temporary Insurance Agreement and Receipt SERFF Tr Num: METD-125748018 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 39931

Sub-TOI: L08.000 Life - Other

Co Tr Num: ETIAET-57-08 MET

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Patricia Crowley, Albert Dubreuil

Disposition Date: 08/20/2008

Date Submitted: 08/15/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Enterprise Application

Status of Filing in Domicile: Pending

Project Number: ETIAET-57-08

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/20/2008

State Status Changed: 08/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Metropolitan Life Insurance Company

NAIC #241-65978 FEIN #13-5581829

Individual Life Application Filing

ETIAET-57-08 Temporary Insurance Agreement and Receipt

State of Domicile: New York

SERFF Tracking Number: *METD-125748018* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *39931*
Company Tracking Number: *ETIAET-57-08 MET*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Temporary Insurance Agreement and Receipt*
Project Name/Number: *Enterprise Application/ETIAET-57-08*

Enclosed is the above referenced form that is being filed on behalf of Metropolitan Life Insurance Company. This filing package includes a separate filing for MetLife Investors USA Insurance Company for form ETIAET-57-08, as well as two Variable Life Supplement forms that are to be used only with that company.

The above application form is enclosed for your review and approval. This is a new form that will not replace any existing form. This form will be implemented once the computer data collection system for it is available. This form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing. This application form is being submitted as a duplex form. However, it may appear in the policy single-sided especially if it is faxed to us.

Where applicable, we have bracketed the company names as variable information. This will allow us to remove a company that ceases to sell new business without refileing it. We assure you that the only variability to the list of companies is the ability to remove a company name; no new insurer will be added to the application forms without refileing the application for all companies.

This form is a multi-company form where we have listed both of the company names that will use this form. We have included instructions where the agent will check off the appropriate company name. The identical form is being filed separately for the other applicable company.

Temporary Insurance Agreement and Receipt, form ETIAET-57-08, will be used when applying for life insurance and money is taken with the tele-application submission. We have bracketed the company officer signature at the end of the form to provide flexibility in updating this area when the Company's officer changes.

If you have any questions or need further information, please contact me at the number or e-mail address below.

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

Company and Contact

Filing Contact Information

Albert Dubreuil, Contract Consultant
501 Boylston Street

adubreuil@metlife.com
(617) 578-3165 [Phone]

SERFF Tracking Number: METD-125748018 State: Arkansas
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Product Name: Temporary Insurance Agreement and Receipt
Project Name/Number: Enterprise Application/ETIAET-57-08

Boston, MA 02116 (617) 578-5505[FAX]

Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York
200 Park Avenue Group Code: 241 Company Type: Life
New York, NY 10166 Group Name: MetLife Group State ID Number:
(617) 578-2000 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number: METD-125748018 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 39931
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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: AR charges \$20 per application fee; therefore we are sending through SERFF \$20 for one form.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| Metropolitan Life Insurance Company | \$20.00 | 08/15/2008 | 21958661 |

SERFF Tracking Number: METD-125748018 State: Arkansas
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 Product Name: Temporary Insurance Agreement and Receipt
 Project Name/Number: Enterprise Application/ETIAET-57-08

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 08/20/2008 | 08/20/2008 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|-------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending | Linda Bird | 08/19/2008 | 08/19/2008 | Albert Dubreuil | 08/20/2008 | 08/20/2008 |
| Industry Response | | | | | | |

SERFF Tracking Number: *METD-125748018* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *39931*
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Product Name: *Temporary Insurance Agreement and Receipt*
Project Name/Number: *Enterprise Application/ETIAET-57-08*

Disposition

Disposition Date: 08/20/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *METD-125748018* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *39931*
Company Tracking Number: *ETIAET-57-08 MET*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Temporary Insurance Agreement and Receipt*
Project Name/Number: *Enterprise Application/ETIAET-57-08*

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---|--------------------|----------------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Response Letter | | Yes |
| Form | Temporary Insurance Agreement and Receipt | | Yes |

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Filing Company: Metropolitan Life Insurance Company State Tracking Number: 39931
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Temporary Insurance Agreement and Receipt
Project Name/Number: Enterprise Application/ETIAET-57-08

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/19/2008

Submitted Date 08/19/2008

Respond By Date

Dear Albert Dubreuil,

This will acknowledge receipt of the captioned filing.

Objection 1

- Temporary Insurance Agreement and Receipt (Form)

Comment: The application requires a fraud statement as outlined in Ark. Code Ann. 23-66-502(a).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/20/2008

Submitted Date 08/20/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Please refer to the attached response letter.

Thank you.

Albert Dubreuil

Related Objection 1

Applies To:

- Temporary Insurance Agreement and Receipt (Form)

SERFF Tracking Number: *METD-125748018* *State:* *Arkansas*
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TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Temporary Insurance Agreement and Receipt*
Project Name/Number: *Enterprise Application/ETIAET-57-08*

Comment:

The application requires a fraud statement as outlined in Ark. Code Ann. 23-66-502(a).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Albert Dubreuil, Patricia Crowley

SERFF Tracking Number: METD-125748018 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 39931
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Form Schedule

Lead Form Number:

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|--------------|---|---|---------|----------------------|-------------|------------------------------|
| | ETIAET-57-08 | Application/Temporary Insurance Enrollment Form | Temporary Insurance Agreement and Receipt | Initial | | 50 | ETIAET-57-08 (Bracketed).pdf |

Temporary Insurance Agreement and Receipt

TELE-APPLICATION SUBMISSION

Company (Check the appropriate ONE.)
The Company indicated in this section is referred to as "the Company".

- Metropolitan Life Insurance Company
MetLife Investors USA Insurance Company

THIS FORM IS TO BE COMPLETED AT THE TIME A TELE-APPLICATION INTERVIEW IS REQUESTED IF MONEY IS COLLECTED, OR IF FUNDS ARE AUTHORIZED TO BE COLLECTED. SUBMIT A COPY TO THE COMPANY, LEAVE A COPY WITH THE CLIENT.

SECTION I - What Does Temporary Insurance Provide?

Company's Copy

For those eligible, Temporary Insurance provides for a death benefit upon receipt of proof of death of the Proposed Insured(s). The Temporary Insurance death benefit will be for the amount of insurance (including riders) on the life of the deceased Proposed Insured(s) named by your producer for a tele-application.

If the health or insurability of the Proposed Insured(s) changes once Temporary Insurance has started, the Company will consider the health of the Proposed Insured(s) as of the date Temporary Insurance began in deciding whether to issue the policy applied for.

If there is a person to be insured under an applicant waiver of premium rider or benefit (an "Applicant"), this benefit or rider will be included in the policy issued on the life of the Proposed Insured(s) if an Applicant dies: 1. Other than by suicide; 2. Before the rider or benefit is declined by the Company; and 3. While Temporary Insurance is in effect on the life of the Proposed Insured(s).

*Should there be more than one application, tele-application interview, or receipt for any person to be insured, the share for each application will be in the ratio that the amount applied for on that application bears to the total amount of insurance applied for under all such applications.

SECTION II - Who is Eligible for Temporary Insurance?

The Proposed Insured(s) named by your producer for a tele-application will be eligible for Temporary Insurance, as long as EACH of the following is true:

- 1. The application for Life Insurance resulting from the tele-application, its supplement(s) and paramedical/medical exam; do not include any material misrepresentation; AND
2. The health affirmation at the end of this document is truthful and correct; AND
3. The Proposed Insured(s) is/are at least 14 days old.

SECTION III - When Does Temporary Insurance Start?

Coverage starts on the later of: the date the tele-application interview is completed; or (if required by the Company's underwriting rules) the date of any medical examination of the Proposed Insured(s) provided that one of the following is received on the date of this receipt:

- 1. Payment by check of an amount of at least 1/12 of an annual premium; or
2. Payment of Initial Premium per Electronic Payment Account Agreement; or
3. Properly completed MetLife salary deduction plan form(s); or
4. If the life insurance applied for with this tele-application is to be part of a Qualified Plan under the Employee Retirement Income Security Act of 1974 "ERISA" (e.g. a Pension Plan, Profit Sharing Plan, or a 401(k) Plan) and the Proposed Owner is the trustee of the Qualified Plan and the Employer Group Number (EGN) assigned by the Company is provided by the time of the tele-application interview, and a copy of the Commission Disclosure forms is provided to the Proposed Owner.

If a check or draft is returned for insufficient funds it will not constitute payment and Temporary Insurance will not be in effect.

Temporary Insurance will be in effect, if it has not already ended under the terms of this Receipt, if a Proposed Insured dies: from an accident; AND within 30 days from the date of the tele-application interview with the above policy number(s); AND before the required medical exam described above is completed; AND payment as described above was received.



SECTION IV - When Does Temporary Insurance End?

Temporary Insurance on any person will end on the earliest of the following:

1. When coverage under a policy issued by the Company as a result of the tele-application takes effect.
2. When a policy issued by the Company as a result of the tele-application interview is not accepted.
3. When the Company offers to refund any payment received under this Receipt.
4. The date the Proposed Insured or the Applicant learns that either the tele-application has been declined or the Company has decided to terminate the Temporary Insurance, or five days from the date the Company mails to the Proposed Insured(s) or an Applicant, at the address provided, a notice that the tele-application has been declined or the Company has decided to terminate the Temporary Insurance.
5. One hundred and twenty (120) days from the end of the tele-application interview.

If no policy takes effect, any payment received will be refunded when Temporary Insurance ends.

SECTION V - Limitations on Authority

No one but the President, Vice-President or the Secretary of the Company may change or waive the terms of this Receipt.

Signatures

By signing this form, I affirm that the Proposed Insured(s) has/have never received medical treatment for or been diagnosed as having: cancer; Human Immunodeficiency Virus (HIV); Acquired Immune Deficiency Syndrome (AIDS); coronary artery disease; stroke; alcohol use; or drug use.

I also affirm that I have read this entire Receipt and Agreement, and understand what Temporary Insurance provides, when Temporary Insurance starts, when Temporary Insurance ends, and who is eligible for Temporary Insurance.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE PRODUCER OR LEAVE THE PAYEE BLANK.

Amount Collected _____

Method of Collection:

- By Check (Must be at least 1/12 of an annual premium.)
- By Electronic Initial Premium Payment (Must be at least a monthly amount.)

Print Name of Producer _____

Receipt Date: _____ Title: _____ Sales Office: _____

Producer Signature _____ Date _____ Signed at City, State _____



Print Name of Proposed Insured _____

Proposed Insured Signature (age 15 or over) _____ Date _____ Signed at City, State _____



Owner Signature _____ Date _____ Signed at City, State _____



(If **NOT** Proposed Insured) _____

| | |
|--|---|
| Metropolitan Life Insurance Company New York, NY 10166  Gwenn L. Carr, Senior Vice-President and Secretary | MetLife Investors USA Insurance Company Wilmington, DE 19899  Richard C. Pearson, Executive Vice-President |
|--|---|

Note: If you have not heard from the Company within 120 days from the date of the tele-application interview, please contact the producer.



Temporary Insurance Agreement and Receipt

TELE-APPLICATION SUBMISSION

Company (Check the appropriate ONE.)

The Company indicated in this section is referred to as "the Company".

- Metropolitan Life Insurance Company
- MetLife Investors USA Insurance Company

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Client's Copy

For those eligible, Temporary Insurance provides for a death benefit upon receipt of proof of death of the Proposed Insured(s). The Temporary Insurance death benefit will be for the amount of insurance (including riders) on the life of the deceased Proposed Insured(s) named by your producer for a tele-application. The total death benefit under this Receipt and all other receipts issued by all the companies listed above will not be more than \$1,000,000 for any Proposed Insured(s) (\$2,000,000 for survivorship life policies).*

If the health or insurability of the Proposed Insured(s) changes once Temporary Insurance has started, the Company will consider the health of the Proposed Insured(s) as of the date Temporary Insurance began in deciding whether to issue the policy applied for. If the Proposed Insured(s) should have a material change in health or insurability while Temporary Insurance is in effect, the total amount of insurance which may be issued under this Receipt will not be more than \$1,000,000 (a total of \$2,000,000 for survivorship life policies).*

If there is a person to be insured under an applicant waiver of premium rider or benefit (an "Applicant"), this benefit or rider will be included in the policy issued on the life of the Proposed Insured(s) if an Applicant dies: 1. Other than by suicide; 2. Before the rider or benefit is declined by the Company; and 3. While Temporary Insurance is in effect on the life of the Proposed Insured(s). Premiums under the policy will be waived by reason of the Applicant's death as provided by the rider or benefit applied for.

*Should there be more than one application, tele-application interview, or receipt for any person to be insured, the share for each application will be in the ratio that the amount applied for on that application bears to the total amount of insurance applied for under all such applications.

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2. The health affirmation at the end of this document is truthful and correct; AND
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1. Payment by check of an amount of at least 1/12 of an annual premium; or
2. Payment of Initial Premium per Electronic Payment Account Agreement; or
3. Properly completed MetLife salary deduction plan form(s); or
4. If the life insurance applied for with this tele-application is to be part of a Qualified Plan under the Employee Retirement Income Security Act of 1974 "ERISA" (e.g. a Pension Plan, Profit Sharing Plan, or a 401(k) Plan) and the Proposed Owner is the trustee of the Qualified Plan and the Employer Group Number (EGN) assigned by the Company is provided by the time of the tele-application interview, and a copy of the Commission Disclosure forms is provided to the Proposed Owner.

If a check or draft is returned for insufficient funds it will not constitute payment and Temporary Insurance will not be in effect.

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3. When the Company offers to refund any payment received under this Receipt.
4. The date the Proposed Insured or the Applicant learns that either the tele-application has been declined or the Company has decided to terminate the Temporary Insurance, or five days from the date the Company mails to the Proposed Insured(s) or an Applicant, at the address provided, a notice that the tele-application has been declined or the Company has decided to terminate the Temporary Insurance.
5. One hundred and twenty (120) days from the end of the tele-application interview.

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Signatures

By signing this form, I affirm that the Proposed Insured(s) has/have never received medical treatment for or been diagnosed as having: cancer; Human Immunodeficiency Virus (HIV); Acquired Immune Deficiency Syndrome (AIDS); coronary artery disease; stroke; alcohol use; or drug use.

I also affirm that I have read this entire Receipt and Agreement, and understand what Temporary Insurance provides, when Temporary Insurance starts, when Temporary Insurance ends, and who is eligible for Temporary Insurance.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE PRODUCER OR LEAVE THE PAYEE BLANK.

Amount Collected

Method of Collection:

By Check (Must be at least 1/12 of an annual premium.)

By Electronic Initial Premium Payment (Must be at least a monthly amount.)

Print Name of Producer

Receipt Date: _____ Title: _____ Sales Office: _____

Producer Signature _____ Date _____ Signed at City, State _____

▶ Print Name of Proposed Insured _____

Proposed Insured Signature (age 15 or over) _____ Date _____ Signed at City, State _____

▶ Owner Signature _____ Date _____ Signed at City, State _____
(If **NOT** Proposed Insured)

Metropolitan Life Insurance Company
New York, NY 10166

Gwenn L. Carr

Gwenn L. Carr, Senior Vice-President and Secretary

MetLife Investors USA Insurance Company
Wilmington, DE 19899

Richard C. Pearson

Richard C. Pearson, Executive Vice-President

Note: If you have not heard from the Company within 120 days from the date of the tele-application interview, please contact the producer.



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Product Name: *Temporary Insurance Agreement and Receipt*
Project Name/Number: *Enterprise Application/ETIAET-57-08*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-125748018 State: Arkansas
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Product Name: Temporary Insurance Agreement and Receipt
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/25/2008

Comments:

Attachments:

AR MET Certification.pdf

AR MET Readability Certification.pdf

Review Status:

Satisfied -Name: Response Letter

08/20/2008

Comments:

Attachment:

8-19-08 Response _MET_.pdf

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

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

8/15/2008

Date

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

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) |
|-----------------------|------------------------|
| ETIAET-57-08 | 50.0 |



Karen Johnson, Vice President

8/15/2008

Date



Metropolitan Life Insurance Company

501 Boylston Street
Boston, MA 02116

Albert Dubreuil
Contract Consultant

Ms. Linda Bird
Life & Health Dept.
State Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

August 20, 2008

RE: Metropolitan Life Insurance Company
NAIC #241-65978 FEIN #13-5581829
SERFF Tracking Number METD-125748018
Form: ETIAET-57-08 Temporary Insurance Agreement and Receipt
Your Letter of August 19, 2008

Ms. Bird:

Thank you for your letter of August 19, 2008. You stated that application for ETIAET-57-08 a fraud statement is required, as outlined in Ark. Code Ann. 23-66-502(a).

The above mentioned form includes the following statement at the top of the supplement: "This supplement will be attached to and become part of the application with which it is used." The application this form will be attached to and become a part of is Application for Life Insurance, form ENB-7-07, approved July 31, 2007 under state tracking number 36448, and therefore the fraud warning and signature acknowledging the fraud warning applies to this supplemental form as well. Please refer to the Fraud Warnings Section on the last page of form ENB-7-07 where we state: "Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties." We feel that this form is in compliance with Ark. Code Ann. 23-66-502(a).

If you have any questions or need further information, please contact me at the number or e-mail address below.

Sincerely,

Albert Dubreuil