

SERFF Tracking Number: METD-125748019 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 39930
Company Tracking Number: ETIAET-57-08 MLIUSA
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: MetLife Investors USA Insurance Company

Product Name: Temporary Insurance Agreement and Receipt SERFF Tr Num: METD-125748019 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 39930

Sub-TOI: L08.000 Life - Other

Co Tr Num: ETIAET-57-08 MLIUSA State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Patricia Crowley, Albert

Disposition Date: 08/20/2008

Dubreuil

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: MetLife Investors USA Insurance Company NAIC #241-61050 FEIN #54-0696644

Individual Life & Variable Life Application Filing

ETIAET-57-08 Temporary Insurance Agreement and Receipt

UFND-59-08 Variable Life Supplement

UFND-60-08 Variable Life Supplement

State of Domicile: Delaware

SERFF Tracking Number: *METD-125748019* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *39930*
Company Tracking Number: *ETIAET-57-08 MLIUSA*
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 are the above referenced forms that are being filed on behalf of MetLife Investors USA Insurance Company. This filing package includes a separate filing for Metropolitan Life Insurance Company for form ETIAET-57-08 only.

The above application forms are enclosed for your review and approval. These are new forms that will not replace any existing forms. These forms will be implemented once the computer data collection system for these forms is available. These forms are 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. These application forms are being submitted as duplex forms. However, they may appear in the policy single-sided especially if they are 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 refiling 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 refiling the application for all companies.

The following 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.

The following two forms are only available for MetLife Investors USA Insurance Company. Where applicable, we have bracketed the "Optional Automated Investment Strategies" as variable information. This will allow us to remove an investment strategy that is no longer an efficient option from the form without refiling it. Also, this will allow us the flexibility to add a new type of investment strategy in the future, which will be followed by an informational filing showing that addition to the form.

1. Variable Life Supplement, form UFND-59-08 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. This will be used for our agency distribution channel for both our traditional application as well as our tele-application processes. We have bracketed the funds to provide

SERFF Tracking Number: METD-125748019 State: Arkansas
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 Product Name: Temporary Insurance Agreement and Receipt
 Project Name/Number: Enterprise Application/ETIAET-57-08

flexibility in updating the list of funds without refiling. Since this form will be used with a security subject to federal jurisdiction, it is exempt from readability requirements.

2. Variable Life Supplement, form UFND-60-08 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. This will be used for our independent agency distribution channel for both our traditional application as well as our tele-application processes. We have bracketed the funds on the Supplement to provide flexibility in updating the list of funds without refiling. Since this form will be used with a security subject to federal jurisdiction, it is exempt from readability requirements.

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

Enclosures: Filing Fee \$60.00; Readability Certificate; Certification

Company and Contact

Filing Contact Information

Albert Dubreuil, Contract Consultant adubreuil@metlife.com
 501 Boylston Street (617) 578-3165 [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

Filing Fees

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation: AR charges \$20 per application fee and since we are filing three forms we are sending \$60 through EFT.

SERFF Tracking Number: *METD-125748019* *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*

Per Company: *No*

SERFF Tracking Number: METD-125748019 State: Arkansas
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Product Name: Temporary Insurance Agreement and Receipt
Project Name/Number: Enterprise Application/ETIAET-57-08

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$60.00	08/15/2008	21958653

SERFF Tracking Number: METD-125748019 State: Arkansas
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 Company Tracking Number: ETIAET-57-08 MLIUSA
 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

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 Industry Response	Linda Bird	08/19/2008	08/19/2008	Albert Dubreuil	08/20/2008	08/20/2008

SERFF Tracking Number: *METD-125748019* *State:* *Arkansas*
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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-125748019 State: Arkansas
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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
Form	Variable Life Supplement		Yes
Form	Variable Life Supplement		Yes

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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-125748019* *State:* *Arkansas*
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Company Tracking Number: *ETIAET-57-08 MLIUSA*
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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-125748019 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 39930
 Company Tracking Number: ETIAET-57-08 MLIUSA
 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

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ETIAET-57-08	Application/ Enrollment Form	Temporary Insurance Agreement and Receipt	Initial		50	ETIAET-57-08 (Bracketed).pdf
	UFND-59-08	Application/ Enrollment Form	Variable Life Supplement	Initial		0	UFND-59-08 (Bracketed).pdf
	UFND-60-08	Application/ Enrollment Form	Variable Life Supplement	Initial		0	UFND-60-08 (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
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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

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?

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).* However, there will be no death benefit provided for the first death on a survivorship policy, or if death is by suicide. The death benefit will be paid to the person who would have received payment under the policy, had it been issued.

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.

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

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.



Variable Life Supplement

MetLife Investors USA Insurance Company

This supplement will be attached to and become part of the application with which it is used.

SECTION I - Important Information for the Owner

⚠ Please Read Carefully.

Variable Life Insurance is generally not appropriate for time horizons of less than 10 years. These are long-term insurance products that may have significant short-term surrender charges. Variable Life Insurance is designed to provide death benefit protection while offering the potential for long-term cash accumulation, and may not be appropriate in situations where significant liquidation of assets in the near future may be expected.

The cash value may increase or decrease, even to the extent of being reduced to zero, in accordance with separate account investment experience.

The cost of insurance rates for this policy may change. The rates currently being charged are not guaranteed, and the Company may charge the full maximum guaranteed rates.

The death benefit may be variable or fixed under specified conditions.

Illustrations of benefits, including death benefits and cash values, are available upon request.

SECTION II - Owner's Information

OWNER: Proposed Insured Other Individual

OTHER INDIVIDUAL INFORMATION ONLY:

Form with fields for First Name, Middle Name, Last Name, Occupation, Name of Employer, Employer City, State, Zip, Position/Duties.

Tax Bracket (%) _____ Is the Owner/Owners an associated person/persons of a Broker/Dealer? Yes No

Liquid Net Worth \$ _____ (Liquid Net Worth is assets that can be turned into cash quickly and easily. Include the amount of the initial premium and/or any lump sum payment for this coverage. Exclude your personal property, personal residence, real estate, business equity, home furnishings and autos.)

PRIOR INVESTMENT EXPERIENCE: (Choose ALL that apply and indicate your years of experience.)

- Certificate of Deposit ___ years Stocks ___ years Mutual Funds ___ years Money Markets ___ years Bonds ___ years Other ___ years If Other, specify: _____

SECTION III - Coverage Information

⚠ Choose one of the following options. NOTE: Ages 85 and 121 available only by rider.

Guaranteed Minimum Death Benefit Option: 5 Years 20 Years To Age 65 To Age 85 To Age 121 Other _____

SECTION IV - Investment Objective and Risk Tolerance

Have you completed the Asset Allocation Questionnaire? Yes No If YES, please submit with this Supplement.

Choose one Investment Objective below (a, b, c, d, or e). Then choose one Risk Tolerance for that specific Investment Objective. Be sure it supports the Investment Objective and your Risk Tolerance for this policy.

- a. Capital Preservation: Seeks income and stability with minimal risk. Risk Tolerance: Conservative Conservative to Moderate
b. Income: Seeks current income over time. Risk Tolerance: Conservative Conservative to Moderate Moderate
c. Growth & Income: Seeks capital appreciation over long term combined with current dividend income. Risk Tolerance: Conservative to Moderate Moderate Moderate to Aggressive
d. Growth: Seeks capital appreciation over long term. Risk Tolerance: Moderate Moderate to Aggressive Aggressive
e. Aggressive Growth: Seeks maximum capital appreciation over time by investing in speculative and/or higher risk securities. Risk Tolerance: Moderate to Aggressive Aggressive



* 1 % 1 % 2 % 0 7 % 4 % 1 0 1 4 1 % 7 % 1 % 1 4 % Q *

SECTION V - Optional Automated Investment Strategies

You may select **ONLY ONE** of the following. **If you are NOT electing any Automated Investment Strategies, please proceed to Section VI - Investment Allocation.**

Index Selector ⚠ No other funding options can be selected when using this strategy.
 Check only **ONE** of the categories to the right. MetLife Investors USA will allocate 100% of your net premium based on the current allocation for the Index Selector Model you choose. I understand that the Index Selector strategy will be implemented using the percentage allocations of the model in effect on the date of issue of my policy. I also understand that in order to maintain this allocation, my account will be automatically rebalanced every quarter.

Conservative
 Conservative to Moderate
 Moderate
 Moderate to Aggressive
 Aggressive

Equity Generator ⚠ A percent of premium must be allocated to the Fixed Account when this option is chosen.
 Automatically transfers the current month's earnings from the Fixed Account into any one of the available funding options on each monthly anniversary.
 Please elect one funding option, except the Fixed Account, from the list in Section VI - Investment Allocation.

Rebalancer
 Automatically rebalances the cash value among the funding options each calendar quarter to return the allocation to the allocation percentages you specify. Choose **ONE** of the following:

Check here if you wish to rebalance to the allocation percentages chosen for your premium payments.

Check here if you wish to rebalance using different allocation percentages than your premium payments and indicate the allocation percentages in the right-hand column in Section VI - Investment Allocation.

Allocator ⚠ The destination funding option(s) chosen cannot include the "source fund".
 Automatically transfers a set amount of money from the Fixed Account or any other funding option ("source fund") to any number of available funding options on each monthly anniversary. (The value of the "source fund" must be sufficient to ensure a minimum of three consecutive monthly transfers.)
 Please indicate the "source fund" from which the transfers are to be made:

Please choose **ONE** of the following transfer options. Indicate the destination funding options and the dollar amount to be transferred to each in the right-hand column in Section VI - Investment Allocation.

Transfer \$ _____ per month until the "source fund" is depleted.

Transfer \$ _____ per month for _____ months.

The Allocator is a form of dollar cost averaging. Dollar cost averaging does not assure a profit or protect against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.

Enhanced Dollar Cost Averager (EDCA) ⚠ The destination funding option(s) chosen cannot include the Fixed Account.
 Automatically transfers an amount of money each month from the EDCA fixed account to any number of available funding options each monthly anniversary until the EDCA fixed account is depleted. The amount allocated to the EDCA fixed account may consist of a one-time premium payment plus 1035 Exchange monies in the first policy year. The initial monthly amount transferred is based on the initial EDCA gross amount allocated to the EDCA fixed account, divided by twelve (months). If another eligible payment is received, the EDCA transfer amount will be increased by the subsequent payment, divided by twelve.

Please specify the EDCA amount (\$10,000 minimum):

\$ _____ Premium payment

\$ _____ Expected 1035 Exchange amount

_____ % of all 1035 Exchange amounts to be allocated to EDCA (required if an Expected 1035 Exchange amount is specified)

Indicate the destination funding options and the percentage to be transferred to each in the right-hand column in Section VI - Investment Allocation.

The Enhanced Dollar Cost Averager is a form of dollar cost averaging. Dollar cost averaging does not assure a profit against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.



SECTION VI - Investment Allocation

Please select funding options that are appropriate for the RISK TOLERANCE and INVESTMENT OBJECTIVE indicated in Section IV - Investment Objective and Risk Tolerance. Some funding options may be appropriate for more than one investment objective. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Use this column only if you have chosen an option on previous page.	Funding Options	Initial Premium Allocation %	Rebalancer % Allocator \$ EDCA%
Funding Options	Initial Premium Allocation %	Rebalancer % Allocator \$ EDCA %			
Fixed Account			American Funds Global Small Capitalization Fund		
Western Asset Management U.S. Government Portfolio			Harris Oakmark International Portfolio		
American Funds Bond Fund			MFS® Research International Portfolio		
PIMCO Total Return Portfolio			Julius Baer International Stock Portfolio		
BlackRock Bond Income Portfolio			Morgan Stanley EAFE® Index Portfolio		
Lehman Brothers® Aggregate Bond Index Portfolio			BlackRock Strategic Value Portfolio		
Western Asset Management Strategic Bond Opportunities Portfolio			Loomis Sayles Small Cap Portfolio		
PIMCO Inflation Protected Bond Portfolio			Russell 2000® Index Portfolio		
Lord Abbett Bond Debenture Portfolio			American Funds Growth Fund		
Met/Franklin Income Portfolio			Janus Forty Portfolio		
Met/Franklin Templeton Founding Strategy Portfolio			Legg Mason Partners Aggressive Growth Portfolio		
BlackRock Diversified Portfolio			Oppenheimer Capital Appreciation Portfolio		
MFS® Total Return Portfolio			BlackRock Legacy Large Cap Growth Portfolio		
Clarion Global Real Estate Portfolio			FI Large Cap Portfolio		
Met/Templeton Growth Portfolio			Jennison Growth Portfolio		
Oppenheimer Global Equity Portfolio			T. Rowe Price Large Cap Growth Portfolio		
Met/Franklin Mutual Shares Portfolio			Met/AIM Small Cap Growth Portfolio		
BlackRock Large Cap Value Portfolio			Franklin Templeton Small Cap Growth Portfolio		
Davis Venture Value Portfolio			T. Rowe Price Small Cap Growth Portfolio		
FI Value Leaders Portfolio			T. Rowe Price Mid Cap Growth Portfolio		
MFS® Value Portfolio			BlackRock Aggressive Growth Portfolio		
American Funds Growth-Income Fund			FI Mid Cap Opportunities Portfolio		
BlackRock Large Cap Core Portfolio			RCM Technology Portfolio		
Legg Mason Value Equity Portfolio			Cyclical Growth & Income ETF Portfolio		
MetLife Stock Index Portfolio			Cyclical Growth ETF Portfolio		
Harris Oakmark Focused Value Portfolio			American Funds Balanced Allocation Portfolio		
Neuberger Berman Mid Cap Value Portfolio			American Funds Growth Allocation Portfolio		
Lazard Mid Cap Portfolio			American Funds Moderate Allocation Portfolio		
MetLife Mid Cap Stock Index Portfolio			MetLife Conservative Allocation Portfolio		
			MetLife Conservative to Moderate Allocation Portfolio		
			MetLife Moderate Allocation Portfolio		
			MetLife Moderate to Aggressive Allocation Portfolio		
			MetLife Aggressive Allocation Portfolio		

Other - Write in any available funds not listed above.

Funding Options

Initial Premium Allocation %

Rebalancer %/ Allocator \$/ EDCA %



SECTION VII - Other Important Owner Questions

1. I elect to have the monthly deduction from the cash values taken as follows - choose **ONE**:

- Proportionately from the funding options based on the cash value in each at the time of the deduction.
- From the Fixed Account or any other specific funding option.

Specify: _____

If you have chosen a specific funding option, please note that if at any time that designated funding option has insufficient cash value to pay the entire amount of the monthly charges, the remaining portion of these charges will be deducted proportionately from each funding option based on the cash value in each at the time of the deduction.

2. Have you received a prospectus for the policy applied for? Yes No

If **YES**, please indicate:

Date of Prospectus	Prospectus Book Number	Date of any Prospectus Supplement Package
_____	_____	_____

3. Did your Producer review your financial situation, risk tolerance, and investment objectives prior to completing this application? Yes No

If **NO**, please indicate on what basis this product was recommended.

4. Do you understand that:

- A. The amount and duration of the death benefit may increase or decrease depending on the policy's investment return, subject to any guarantees provided by the policy? Yes No
- B. There is no guaranteed minimum cash value and the cash value may increase or decrease depending on the policy's investment return? Yes No

5. Do you believe that this policy and the funding options you have selected will meet your insurance needs and financial objectives? Yes No

6. If funding options selected do not reflect the risk tolerance in Section IV - Investment Objective and Risk Tolerance, please explain: _____

SIGNATURES ARE ONLY REQUIRED FOR A TELE-APPLICATION SUBMISSION.

Print Name of Proposed Insured

Signature(s) of all Proposed Insured(s)	Date	Signed at City, State
_____	_____	_____

▶ _____

(age 15 or over) Signature(s) of all Owner(s) (If NOT the Proposed Insured.)	Date	Signed at City, State
_____	_____	_____

▶ _____

(age 15 or over) Signature of Parent or Guardian	Date	Signed at City, State
_____	_____	_____

▶ _____

(If Owner or Proposed Insured is under 18, sign here. If not sign above.)

Print Name of Producer

Producer Signature	Date	Signed at City, State
_____	_____	_____

▶ _____



Variable Life Supplement

MetLife Investors USA Insurance Company

This supplement will be attached to and become part of the application with which it is used.

SECTION I - Important Information for the Owner

⚠ Please Read Carefully.

Variable Life Insurance is generally not appropriate for time horizons of less than 10 years. These are long-term insurance products that may have significant short-term surrender charges. Variable Life Insurance is designed to provide death benefit protection while offering the potential for long-term cash accumulation, and may not be appropriate in situations where significant liquidation of assets in the near future may be expected.

The death benefit may be variable or fixed under specified conditions.

The cash value may increase or decrease, even to the extent of being reduced to zero, in accordance with separate account investment experience.

The cost of insurance rates for this policy may change. The rates currently being charged are not guaranteed, and the Company may charge the full maximum guaranteed rates.

Illustrations of benefits, including death benefits and cash values, are available upon request.

SECTION II - Coverage Information

⚠ Choose one of the following options. NOTE: Ages 85 and 121 available only by rider.

Guaranteed Minimum Death Benefit Option:

- 5 Years
- 20 Years
- To Age 65
- To Age 85
- To Age 121
- Other _____



SECTION III - Optional Automated Investment Strategies

You may select **ONLY ONE** of the following. **If you are NOT electing any Automated Investment Strategies, please proceed to Section IV - Investment Allocation.**

Equity Generator

 A percent of premium must be allocated to the Fixed Account when this option is chosen.

Automatically transfers the current month's earnings from the Fixed Account into any one of the available funding options on each monthly anniversary.

Please elect one funding option, except the Fixed Account, from the list in Section IV - Investment Allocation.

Rebalancer

Automatically rebalances the cash value among the funding options each calendar quarter to return the allocation to the allocation percentages you specify. Choose **ONE** of the following:

- Check here if you wish to rebalance to the allocation percentages chosen for your premium payments.
- Check here if you wish to rebalance using different allocation percentages than your premium payments and indicate the allocation percentages in the right-hand column in Section IV - Investment Allocation.

Allocator

 The destination funding option(s) chosen cannot include the "source fund".

Automatically transfers a set amount of money from the Fixed Account or any other funding option ("source fund") to any number of available funding options on each monthly anniversary. (The value of the "source fund" must be sufficient to ensure a minimum of three consecutive monthly transfers.)

Please indicate the "source fund" from which the transfers are to be made:

Please choose **ONE** of the following transfer options. Indicate the destination funding options and the dollar amount to be transferred to each in the right-hand column in Section IV - Investment Allocation.

- Transfer \$ _____ per month until the "source fund" is depleted.
- Transfer \$ _____ per month for _____ months.

The Allocator is a form of dollar cost averaging. Dollar cost averaging does not assure a profit or protect against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.

Enhanced Dollar Cost Averager (EDCA)

 The destination funding option(s) chosen cannot include the Fixed Account.

Automatically transfers an amount of money each month from the EDCA fixed account to any number of available funding options each monthly anniversary until the EDCA fixed account is depleted. The amount allocated to the EDCA fixed account may consist of a one-time premium payment plus 1035 Exchange monies in the first policy year. The initial monthly amount transferred is based on the initial EDCA gross amount allocated to the EDCA fixed account, divided by twelve (months). If another eligible payment is received, the EDCA transfer amount will be increased by the subsequent payment, divided by twelve.

Please specify the EDCA amount (\$10,000 minimum):

- \$ _____ Premium payment
- \$ _____ Expected 1035 Exchange amount
- _____ % of all 1035 Exchange amounts to be allocated to EDCA (required if an Expected 1035 Exchange amount is specified)

Indicate the destination funding options and the percentage to be transferred to each in the right-hand column in Section IV - Investment Allocation.

The Enhanced Dollar Cost Averager is a form of dollar cost averaging. Dollar cost averaging does not assure a profit against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.



SECTION IV - Investment Allocation

Please select funding options. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Use this column only if you have chosen an option on previous page.	Funding Options	Initial Premium Allocation %	Rebalancer % Allocator \$ EDCA %
Funding Options	Initial Premium Allocation %	Rebalancer % Allocator \$ EDCA %			
American Funds Bond Fund			Met/Templeton Growth Portfolio		
American Funds Global Small Capitalization Fund			Met/AIM Small Cap Growth Portfolio		
American Funds Growth Fund			Met/Franklin Income Portfolio		
American Funds Growth-Income Fund			Met/Franklin Mutual Shares Portfolio		
BlackRock Aggressive Growth Portfolio			Met/Franklin Templeton Founding Strategy Portfolio		
BlackRock Large Cap Value Portfolio			MetLife Aggressive Allocation Portfolio		
Clarion Global Real Estate Portfolio			MetLife Conservative Allocation Portfolio		
Davis Venture Value Portfolio			MetLife Conservative to Moderate Portfolio		
Dreman Small Cap Value Portfolio			MetLife Moderate Allocation Portfolio		
FI Value Leaders Portfolio			MetLife Moderate to Aggressive Allocation Portfolio		
Harris Oakmark Focused Value Portfolio			MetLife Stock Index Portfolio		
Harris Oakmark International Portfolio			MFS® Research International Portfolio		
Janus Forty Portfolio			MFS® Total Return Portfolio		
Lazard Mid Cap Portfolio			Neuberger Berman Mid Cap Value Portfolio		
Legg Mason Partners Aggressive Growth Portfolio			Oppenheimer Global Equity Portfolio		
Legg Mason Value Equity Portfolio			PIMCO Inflation Protected Bond Portfolio		
Lehman Brothers® Aggregate Bond Index Portfolio			PIMCO Total Return Portfolio		
Loomis Sayles Small Cap Portfolio			Van Kampen Mid Cap Growth Portfolio		
Lord Abbett Bond Debenture Portfolio			Western Asset Management Strategic Bond Opportunities Portfolio		
			Western Asset Management U.S. Government Portfolio		
			Fixed Account		

Other - Write in any available funds not listed above.

Funding Options _____ Initial Premium Allocation % _____ Rebalancer %/ Allocator \$/ EDCA % _____



SECTION V - Other Important Owner Questions

1. I elect to have the monthly deduction from the cash values taken as follows - choose **ONE**:

- Proportionately from the funding options based on the cash value in each at the time of the deduction.
- From the Fixed Account or any other specific funding option.

Specify: _____

If you have chosen a specific funding option, please note that if at any time that designated funding option has insufficient cash value to pay the entire amount of the monthly charges, the remaining portion of these charges will be deducted proportionately from each funding option based on the cash value in each at the time of the deduction.

2. Have you received a prospectus for the policy applied for? Yes No

If **YES**, please indicate:

Date of Prospectus Prospectus Book Number Date of any Prospectus Supplement Package

3. Did your Producer review your financial situation, risk tolerance, and investment objectives prior to completing this application? Yes No

If **NO**, please indicate on what basis this product was recommended.

4. Do you understand that:

A. The amount and duration of the death benefit may increase or decrease depending on the policy's investment return, subject to any guarantees provided by the policy? Yes No

B. There is no guaranteed minimum cash value and the cash value may increase or decrease depending on the policy's investment return? Yes No

5. Do you believe that this policy and the funding options you have selected will meet your insurance needs and financial objectives? Yes No

⚠ SIGNATURES ARE ONLY REQUIRED FOR A TELE-APPLICATION SUBMISSION.

Print Name of Proposed Insured

 Signature(s) of all Proposed Insured(s) Date Signed at City, State



 Signature(s) of all Owner(s) (If **NOT** the Proposed Insured.) Date Signed at City, State



(age 15 or over)

 Signature of Parent or Guardian Date Signed at City, State



(age 15 or over)

 Signature of Parent or Guardian Date Signed at City, State



(If Owner or Proposed Insured is under 18, sign here. If not sign above.)

 Print Name of Producer

 Producer Signature Date Signed at City, State



SERFF Tracking Number: *METD-125748019* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *39930*
Company Tracking Number: *ETIAET-57-08 MLIUSA*
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*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-125748019 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 39930
Company Tracking Number: ETIAET-57-08 MLIUSA
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

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/25/2008

Comments:

Attachments:

AR MIIUSA Certification.pdf

AR MLIUSA Readability Certification.pdf

Review Status:

Satisfied -Name: Response Letter

08/20/2008

Comments:

Attachment:

8-19-08 Response _MLI USA_.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

8/15/2008

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)

ETIAET-57-08

Flesch Score(s)

50.0



Karen Johnson, Vice President

8/15/2008

Date



MetLife Investors USA 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: MetLife Investors USA Insurance Company
NAIC #241-61050 FEIN #54-0696644
SERFF Tracking Number METD-125748019
Form: ETIAET-57-08 Temporary Insurance Agreement and Receipt
UFND-59-08 Variable Life Supplement
UFND-60-08 Variable Life Supplement
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).

All of the above mentioned forms include 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 they 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 36447, and therefore the fraud warning and signature acknowledging the fraud warning applies to all of these supplemental forms 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 these forms are 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