

SERFF Tracking Number: META-125978666 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41281
Company Tracking Number: I08-47
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCl Advertising
Project Name/Number: I08-47/I08-47

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCl Advertising SERFF Tr Num: META-125978666 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 41281
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I08-47 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: Mary Rinaldi Disposition Date: 01/14/2009
Date Submitted: 01/08/2009 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: I08-47 Status of Filing in Domicile: Authorized
Project Number: I08-47 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: 01/14/2009
State Status Changed: 01/14/2009 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
Advertising Form Number(s): ADF#1507.05(Rev. 1008)
Description: LTC Needs Assessment Worksheet
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Filing No. IO8-47
SERFF TR. No. META-125978666

SERFF Tracking Number: META-125978666 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41281
Company Tracking Number: I08-47
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-47/I08-47

Dear Sir/Madam:

The enclosed advertising form replaces form ADF#1423.04 filed with your Department

We consider this form an Invitation to Inquire advertisement.

This electronic submission includes the following:

- a copy of the advertisement.
- the required NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- a copy of this letter

The filing fee check # 000972959 was mailed to your Department, via FedEx, with a copy of the SERFF filing fee form.

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,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance

mrinaldi@metlife.com

MKTG/AD

Green Farms Road

(203) 221-3859 [Phone]

Westport, CT 06880

Filing Company Information

SERFF Tracking Number: META-125978666 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41281
Company Tracking Number: I08-47
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-47/I08-47

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York
MetLife Group Code: -99 Company Type: Life
1095 Avenue of the Americas
New York, NY 10036-6796 Group Name: State ID Number:
(212) 578-2211 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number: *META-125978666* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *41281*
Company Tracking Number: *I08-47*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCL Advertising*
Project Name/Number: *I08-47/I08-47*

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	01/08/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000972956	\$25.00	12/10/2008

SERFF Tracking Number: META-125978666 State: Arkansas
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Product Name: Individual LTCL Advertising
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	01/14/2009	01/14/2009

SERFF Tracking Number: *META-125978666* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *41281*
Company Tracking Number: *I08-47*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCI Advertising*
Project Name/Number: *I08-47/I08-47*

Disposition

Disposition Date: 01/14/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125978666 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41281
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCI Advertising
 Project Name/Number: I08-47/I08-47

Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variables		Yes
Supporting Document	NAIC Form		Yes
Supporting Document	cover letter		Yes
Form	LTC Needs Assessment Worksheet		Yes

SERFF Tracking Number: META-125978666 State: Arkansas
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 Product Name: Individual LTCI Advertising
 Project Name/Number: I08-47/I08-47

Form Schedule

Lead Form Number: ADF#1507.05(Rev. 1008)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1507.05(Rev. 1008)	Advertising	LTC Needs Assessment Worksheet	Other	Other Explanation: Replaces form ADF#1423.04	0	ADF#1507.05 (Rev1008)_LTC_NeedsAssess_v8_LSA&VIP2.pdf

Your LTC Needs Assessment

Metropolitan Life Insurance Company (MetLife)



MetLife®

THIS WORKSHEET HAS BEEN DESIGNED TO HELP YOU BETTER UNDERSTAND YOUR LONG-TERM CARE NEEDS.

THIS WORKSHEET IS NOT TO BE MISCONSTRUED AS AN APPLICATION FOR INSURANCE.

Employee Name _____ Year of Birth _____

Spouse Name (if applicable) _____ Year of Birth _____

State of Residence _____

Phone number (A MetLife Representative/Insurance Agent/Producer may contact you.) _____

What is your occupation? _____

Hobbies to look forward to in retirement, e.g., traveling _____

Have you or someone you know had an experience with needing long-term care services, either in the home or in a facility? Yes No

Do you currently have long-term care insurance? Yes No

PLEASE CHECK THE REASONS YOU ARE CONSIDERING LONG-TERM CARE INSURANCE:

- To help protect my assets and retirement savings.
- To help me pay for long-term care services, should I need them, in the future.
- To help protect my family's standard of living if I ever need long-term care services.
- To help ensure I can choose the type of care I may need and want.
- To help ensure my independence and avoid depending on others for care.
- To help protect my estate for my heirs.
- To help avoid reliance on Medicaid* or other government programs.

* In California Medicaid is Medi-Cal

Can your assets and income provide for long-term care expenses and still allow you to maintain your normal lifestyle while recovering from an illness?

Yes No

Will your assets and income be enough to provide for BOTH long-term care expenses and the needs of your spouse?

Yes No

Are your assets needed for any other special purposes related to estate planning (such as unique family needs or taxes)?

Yes No

What portion, if any, of the cost of long-term care expenses would you like to have covered under a long-term care insurance program?* (e.g., 100%, 50%, etc.)

_____ %

* Please note, when insured, benefit eligibility and selected waiting period requirements apply.

MEETING REMINDER

A meeting has been scheduled on:

With

Date

Time

Location

Additional Questions/Concerns

This long-term care insurance solicitation describes coverage offered by Metropolitan Life Insurance Company ("MetLife"), New York, NY. Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, LTC2007 and may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life policies; "P" for Partnership policies. Like most long-term care insurance policies, MetLife policies contain certain exclusions and limitations, elimination periods, reductions of benefits and terms for keeping them in force. Premium rates can only be raised on a class-wide basis. For complete costs and details, please call [your MetLife Representative/Insurance Agent/Producer.] [OR] [a MetLife Long-Term Care Insurance Consultant toll-free at 1-866-414-7114.]

- 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

0802-7599 LTC04850(1008)
L10087895(exp1209)

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SERFF Tracking Number: META-125978666 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41281
Company Tracking Number: I08-47
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-47/I08-47

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125978666 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41281
Company Tracking Number: I08-47
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-47/I08-47

Supporting Document Schedules

Review Status:
Satisfied -Name: Explanation of Variables 01/07/2009
Comments:
Attachment:
EOV_ADF1507.05(Rev. 1008) LTC Needs Assessment.pdf

Review Status:
Satisfied -Name: NAIC Form 01/07/2009
Comments:
Attachment:
AR _ NAIC_Individual.pdf

Review Status:
Satisfied -Name: cover letter 01/07/2009
Comments:
Attachment:
AR_I_Filing Letter .pdf



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Your LTC Needs Assessment

ADF#1507.05(Rev. 1008)

. There is no Illustrative material within the enclosed form.

Specified Variable Material

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

Section

Explanation

Back page disclaimer information

Depending on distribution channel utilizing material on behalf of MetLife, producer will utilize one of the bracketed variables available.

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		
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573		mrinaldi@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: I08-47						
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					

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-47
This filing corresponds to rate filing company tracking number		NA

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	LTC Needs Assessment Worksheet	ADF#1507.05 (Rev. 1008)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	ADF#1423.04
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		NA		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
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 _____	

LH RFA-1

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

MetLife[®]

Mary J. Rinaldi
Long-Term Care

January 8, 2009

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

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
Advertising Form Number(s): ADF#1507.07(Rev. 1008)
Description: LTC Needs Assessment Worksheet
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Filing No. IO8-47
SERFF TR. No. META-125978666

Dear Sir/Madam:

We enclose for filing an electronic copy of the Individual long-term care advertising material referenced above. The material is intended for use with the following Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved by your Department January 13, 2005. The material is also intended for use with policy form LTC2007 AR approved by your Department August 17, 2007.

The enclosed form replaces form ADF#1423.04 filed with your Department April 25, 2005.

We consider this form an Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement.
- the NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- a copy of this letter

The filing fee check # 000972956 has been mailed via FedEx to your Department with a copy of the SERFF filing fee form.

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,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD