Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Life - Term
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form

SERFF Tr Num: META-126397525
SERFF Status: Closed-Approved-Closed
Co Tr Num: B09-47 KG (RR)
Authors: Ruth Rivera, Linda Williams
Date Submitted: 12/09/2009

State: Arkansas
State Tr Num: 44302
State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 12/11/2009
Disposition Status: Approved-Closed

Implementation Date Requested:
Implementation Date:
State Filing Description:

General Information

Project Name: GPA09-4
Project Number: B09-47 KG
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Filing Status Changed: 12/11/2009

Deemer Date:
Submitted By: Ruth Rivera
Filing Description:
December 9, 2009

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Association, Other
Explanation for Other Group Market Type: Labor Union
State Status Changed: 12/11/2009
Created By: Ruth Rivera
Corresponding Filing Tracking Number:

Arkansas Insurance Department

Re: Group Term Life
Our NAIC Company No. is 241-65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing a final printed copy of the group life insurance form described below. This form is new and does not replace any forms previously filed with the Department.
Form No. Description

GPA09-4 Supplemental Agreement ("Agreement"). This Agreement provides for the establishment and operation of an insurance continuance reserve to fund the cost of group term life insurance for certain classes of employees/certificateholders generally determined by age and retirement status. This Agreement is for use with any group term life insurance policy form on file with your Department. Further, it will apply to all eligible groups for which such policy form has been approved.

Brackets indicate text that is subject to variation. Exhibits may be updated periodically. For example, Exhibit B may be used to specify a schedule of payments. The enclosed Agreement will include text to address when Schedule B is in effect.

Readability Certification

We enclose the required readability certification.

Filing Fee

We enclose the required filing fee.

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Sincerely,

Mary G. Zurcher
Senior Consultant

Herbert B Brown Jr.
Vice President

Company and Contact

Filing Contact Information

Mary Zurcher, Manager
501 Route 22
Bridgewater Township, NJ 08807
mzurcher@metlife.com
908-253-2127 [Phone]
908-253-2528 [FAX]

Filing Company Information

Metropolitan Life Insurance Company
MetLife
1095 Avenue of the Americas
New York, NY 10036-6796
(212) 578-2211 ext. [Phone]

CoCode: 65978
Group Code: -99
Group Name:
FEIN Number: 13-5581829

State of Domicile: New York
Company Type: Life
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	$20.00 Per Per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	$20.00	12/09/2009	32650812

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/11/2009	12/11/2009

Disposition

Disposition Date: 12/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*META-126397525*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*44302*
Company Tracking Number:	*B09-47 KG (RR)*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*Group Life - Term*		
Project Name/Number:	*GPA09-4/B09-47 KG*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	B09-47 AR NAIC Transl Doc		Yes
Form	Supplemental Agreement		Yes

Form Schedule

Lead Form Number: GPA09-4

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GPA09-4	Other	Supplemental Agreement	Initial		50.600	Final GPA09-4 lump sum CLEAN 2009-10-22.pdf

Metropolitan Life Insurance Company
(Herein called [MetLife])
[200 Park Avenue, New York, New York 10166]

Supplemental Agreement ("Agreement") attached to and made part of Group Policy No. [12345-G] ("Group Policy") issued to

[ABC Company]
(Herein called the [Employer])

Effective Date: [January 1, 2010]

CONTINUED LIFE INSURANCE

IT IS HEREBY AGREED that, while this Agreement is in effect, premiums for Continued Life Insurance (defined below in Section I.) will be payable as stated in this Agreement and not as provided in [the Premium Rate section] of the Group Policy. The terms and conditions herein shall govern all matters of Continued Life Insurance under the Group Policy.

I. CONTINUED LIFE INSURANCE

[Life Insurance] as provided by the terms of the Group Policy which provides group term life insurance on the life of [an Employee] [(other than a Key Employee)] who [is deemed a retired Employee by the Employer and listed as such on Exhibit 2 of the Group Policy, ("Retiree")] will, for the purposes of this Agreement, be defined as "Continued Life Insurance" [on the Effective Date of this Agreement].

[The term "Continued Life Insurance" as used in this Agreement will include only amounts of such Life Insurance that are provided by the terms of the Group Policy and that are tax excludable under Section 79 of the Internal Revenue Code, but will not include any additional amounts that are tax excludable under the exceptions listed under Section 79(b).]

[The term "Key Employee" as used in this Agreement means an employee who is defined as such by Section 419A(d)(3) of the Internal Revenue Code.

In no event will any part of the Insurance Continuance Reserve (described below in Section III.) established in accordance with the terms of this Agreement be used for the purposes of providing Life Insurance or any other employee welfare benefits for any active or retired Key Employee.]

If [an Employee's Life Insurance] becomes Continued Life Insurance, such insurance will be maintained in accordance with the terms of this Agreement so long as the Insurance Continuance Reserve is sufficient to provide Continued Life Insurance in accordance with this Agreement.

II. CONTINUED LIFE INSURANCE PREMIUMS

A. This Agreement is issued on the Effective Date in consideration of the payment to [MetLife] of:

1. a premium [of $X for Continued Life Insurance]; and

2. a premium of [$X] attributable to the [Employer's] participation in [MetLife's] Aggregate Stop Loss Policy [67890- G] ("Stop Loss Policy").

B. Any benefits payable to the [Employer] in accordance with the provisions of the Stop Loss Policy ("Stop Loss Benefits") may be applied to the Insurance Continuance Reserve as premium.

C. In order to add **[**Retirees**]** for Continued Life Insurance to this Agreement the **[**Employer**]** and **[**MetLife**]** shall agree to amend this Agreement with all applicable terms and conditions including payment of any additional Continued Life Insurance premiums.

D. Continued Life Insurance shall not be included in any calculation of premium rates for **[**Life Insurance**]** or be subject to any terms and conditions of the Group Policy which provide for dividends or retrospective premium rate adjustments. Under no circumstances, including but not limited to termination under Section VI. of this Agreement, shall any Continued Life Insurance premiums, including premiums held in the Insurance Continuance Reserve be returned to the **[**Employer**]** or paid to any person or entity as dividends, retrospective premium adjustments or in any other form of payment.

III. INSURANCE CONTINUANCE RESERVE

A. The "Insurance Continuance Reserve" will be calculated as follows:

1. the sum of the following payments made to such reserve as premium:

   a) premiums as set forth in **[**Section II.A.1.**]** of this Agreement; and

   b) any Stop Loss Benefits; and

2. increased by interest on monies available for investment while in such Insurance Continuance Reserve. Such interest will be computed at such rate or rates and in such a way as **[**MetLife**]** may determine from time to time; and

3. decreased by amounts determined by **[**MetLife**]** as the charges applicable to this Agreement on account of taxes; and

4. decreased **[**on an annual basis**]** by such amounts required as premium payments due under the Group Policy. Such amounts will initially be at the rates per $1,000 of Continued Life Insurance as set forth in Exhibit A. Such rates per $1,000 may be adjusted from time to time as determined by **[**MetLife**]**.

B. The Insurance Continuance Reserve will be used only for providing Continued Life Insurance.

C. **[**MetLife**]** will provide Continued Life Insurance under this Agreement:

1. provided that the **[**Employer**]** is in compliance with all terms and conditions of this Agreement; and

2. subject to Section VI. of this Agreement.

IV. INSUFFICIENCY OF THE INSURANCE CONTINUANCE RESERVE

If at any time the balance in the Insurance Continuance Reserve is not sufficient to provide Continued Life Insurance until the next **[**Premium Due Date under the Group Policy**]**, then Continued Life Insurance will be provided for any lesser period of time for which the Insurance Continuance Reserve is sufficient.

V. DISCONTINUANCE OF PREMIUM PAYMENTS

[A.**]**

If the **[**Employer**]** has not made a premium payable pursuant to **[**the Premium Rate section**]** of the Group Policy on **[**its due date**]** or within the grace period for **[**any or all coverages**]** under the Group Policy, as distinguished from a payment under this Agreement, **[**the Life Insurance**]** other than Continued Life Insurance will cease. As long as Continued Life Insurance is in effect the failure to pay such premium will not mean discontinuance of the Group Policy with respect to Continued Life Insurance or affect the operation of the provisions of this Agreement with respect to Continued Life Insurance.

VI. TERMINATION OF THIS AGREEMENT

This Agreement shall terminate upon any of the following events:

A. the death of the last remaining **[**Retiree**]** and payment of the applicable benefit under the Group Policy; **[**or**]**

B. if any Stop Loss Benefits are not applied by the **[**Employer**]** to the Insurance Continuance Reserve in accordance with Section II. B. of this Agreement**[**; or

C. if for any reason there is no balance remaining in the Insurance Continuance Reserve.**]**

IN WITNESS WHEREOF, the **[**Employer**]** and **[**MetLife**]** have caused this Agreement to be executed by their respective officers who are duly authorized to do so.

[EMPLOYER**]**

_____ _____ By _____
(Witness) (Date)

METROPOLITAN LIFE INSURANCE COMPANY **[**

_____ _____
(Registrar) (Date)

C. Robert Henrikson
Chairman, President and Chief Executive Officer**]**

Exhibit A

RATES PER $1,000 OF CONTINUED LIFE INSURANCE
[As of January 1, 2010]

[Age of Employee (Nearest Birthday)	Male Rate	Female Rate
71	$29.07	$16.18
72	$32.39	$18.03
73	$36.05	$20.09
74	$40.01	$22.40
75	$44.35	$25.01
76	$49.12	$27.96
77	$54.27	$31.32
78	$59.93	$35.13
79	$66.19	$39.46
80	$73.08	$44.38
81	$80.70	$49.95
82	$89.09	$56.24
83	$98.37	$63.31
84	$108.58	$71.23
85	$119.78	$80.08
86	$132.12	$89.90
87	$145.61	$100.77
88	$160.47	$112.79
89	$177.07	$126.12
90	$195.71	$140.90
91	$216.78	$157.28
92	$240.66	$175.43
93	$267.69	$195.49
94	$298.21	$217.60
95	$332.55	$241.92
96	$369.33	$268.61
97	$408.45	$297.80
98	$451.56	$329.66
99	$498.94	$364.33
100	$550.74	$401.96
101	$607.14	$442.71
102	$668.30	$486.72
103	$734.36	$534.16
104	$805.49	$585.16
105	$881.85	$639.87
106	$1126.04	$809.71
107	$881.54	$881.54
108	$958.10	$958.10
109	$1039.55	$1039.55
110	$1126.04	$1126.04]

[Exhibit B
CONTINUED LIFE INSURANCE PREMIUM
As of January 1, 2010**]**

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Flesch Certification and AR CERTREG19.

Attachments:

B09-47 ARCERTREG19.pdf

B09-47 ARCERTREAD 2009-11-09.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not Applicable.

Comments:

Item Status: **Status Date:**

Satisfied - Item: B09-47 AR NAIC Transl Doc

Comments:

B09-47 AR NAIC Transl Doc

Attachment:

B09-47 AR NAIC Transl Doc.pdf

MetLife®

Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

Herbert B. Brown Jr.
Vice President

MetLife®

Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
GPA09-4	Continued Life Insurance Supplemental Agreement	50.6

Herbert B. Brown Jr.
Vice President

ARCERTREAD

Life, Accident & Health, Annuity, Credit Transmittal Document

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 Co.	NY	Life	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary G. Zurcher Metropolitan Life Insurance Co. 501 Route 22 West, Area 03B-307G Bridgewater, NJ 08807	908-253-2717	908-253-2528	mzurcher@metlife.com

5.	Requested Filing Mode	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	B09-47 KG
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☐ Individual ☐ Franchise Group: ☐ Small ☐ Large ☒ Small and Large ☒ Employer ☒ Association ☐ Blanket ☐ Discretionary ☐ Trust ☒ Other: labor unions
9.	Type of Insurance (TOI)	L04 G – Group Life - Term
10.	Sub-Type of Insurance (Sub-TOI)	L04G.500 Other
11.	Submitted Documents	☒ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☒ Other: Supplemental Agreement **Rates** ☐ New Rate ☐ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☐ Certifications ☐ Actuarial Memorandum ☐ Other_____

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12.	**Filing Submission Date**	**B09-47 KG**			
13	**Filing Fee (If required)**	Amount	$20.00	Check Date	EFT
		Retaliatory	☐ Yes ☐ No	Check Number	EFT
14.	**Date of Domiciliary Approval**				
15.	**Filing Description:**				

Please see cover letter.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name **Mary G. Zurcher** Title **Senior Consultant**

Signature Mary G Zurcher Date: **December 9, 2009**

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	B09-47 KG
This filing corresponds to rate filing company tracking number	

	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
01	Supplemental Agreement	GPA09-4	☒ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			**B09-47**	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			**%**	
	Document Name **Description**	**Affected Form Numbers**		**Previous State Filing Number**
01			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
02			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
03			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
04			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
05			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
06			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
07			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
08			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
09			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
10			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	

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