

SERFF Tracking Number: META-126035269 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41585
Company Tracking Number: G09-05
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Advertising
Project Name/Number: G09-05/G09-05

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Long-Term Care Insurance Advertising SERFF Tr Num: META-126035269 State: ArkansasLH

Insurance Advertising

TOI: LTC03G Group Long Term Care

SERFF Status: Closed

State Tr Num: 41585

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: G09-05

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Marie Bennett

Author: Mary Rinaldi

Disposition Date: 02/26/2009

Date Submitted: 02/18/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: G09-05

Project Number: G09-05

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 02/26/2009

Corresponding Filing Tracking Number:

Filing Description:

Metropolitan Life Insurance Company

57 Greens Farms Road, Westport, CT 06880

Tel 203 221-3859 Fax 203 221-6573

Mrinaldi@metlife.com

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Previous Filing Number: G07-52

Overall Rate Impact:

Filing Status Changed: 02/26/2009

Deemer Date:

Mary J. Rinaldi

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Long-Term Care

February 18, 2009

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

Re: Metropolitan Life Insurance Company ("MetLife")
Group Long-Term Care Insurance Advertising
MetLife Filing No. G09-05
Advertising Form Number: ADF#1812.07(Rev.02/09)
Brief Description: LTCI Blurb
NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the group long-term care advertising materials described above/below. The materials are intended for use with group long-term care policy forms G.LTC197 approved by your Department September 28, 1998, policy form G.LTC1597 approved by your Department September 1, 1998, and policy form GPNP99-LTC approved by your Department February 22, 2000.

The advertising form is similar to form ADF#1812.07 approved by your Department January 29, 2008.
Refer to META-125302903, State Tr Num: 36990

We consider this advertisement an Invitation To Inquire. This piece will be used when Metropolitan Life Insurance Company ("MetLife") or a client/customer of Metropolitan Life Insurance Company ("MetLife") needs a small amount of information to describe Long-Term Care Insurance to individuals who may be eligible for insurance or when advertising

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to a class of individuals that choose to apply for/enroll in an insurance plan.

This electronic submission includes the following:

- the advertisement
- a red-lined version of 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 has been mailed to your Department, via FedEx, with a copy of the SERFF filing fee form and NAIC 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

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York

MetLife Group Code: -99 Company Type: Life

1095 Avenue of the Americas

SERFF Tracking Number: META-126035269

State: Arkansas

Filing Company: Metropolitan Life Insurance Company.

State Tracking Number: 41585

Company Tracking Number: G09-05

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance Advertising

Project Name/Number: G09-05/G09-05

New York, NY 10036-6796

Group Name:

State ID Number:

(212) 578-2211 ext. [Phone]

FEIN Number: 13-5581829

SERFF Tracking Number: *META-126035269* *State:* *Arkansas*
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Product Name: *Group Long-Term Care Insurance Advertising*
Project Name/Number: *G09-05/G09-05*

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: 1 x \$25.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|--------|----------------|---------------|
| Metropolitan Life Insurance Company. | \$0.00 | 02/18/2009 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 000987185 | \$25.00 | 02/11/2009 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed | Marie Bennett | 02/26/2009 | 02/26/2009 |

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Product Name: *Group Long-Term Care Insurance Advertising*
Project Name/Number: *G09-05/G09-05*

Disposition

Disposition Date: 02/26/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *META-126035269* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *41585*
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Product Name: *Group Long-Term Care Insurance Advertising*
Project Name/Number: *G09-05/G09-05*

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|-------------------------|--------------------|----------------------|
| Supporting Document | EOV & Red-lined version | | Yes |
| Supporting Document | NAIC Fiorm | | Yes |
| Form | LTCI Blurb | | Yes |

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Form Schedule

Lead Form Number: ADF#1812.07(Rev. 02/09)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------------------|-------------|------------|---------|---|-------------|--|
| | ADF#1812.07(Rev. 02/09) | Advertising | LTCI Blurb | Revised | Replaced Form #: ADF#1812.07 Previous Filing #: G07-52 | 0 | ADF#1812.07 (Rev.0209) LTCI Blurb.pdf |

Long Term Care Insurance -- Long-term care is care that one would need to help perform daily activities if he/she had an ongoing illness or disability. Long-term care is not typically received in a hospital and it is not intended to cure a person. It can be received in settings including one's home, a nursing home, or other long-term care facility. This type of care isn't generally covered by Medical or Disability insurance. [Employees] can learn about long-term care insurance options available to them [through the MyBenefits portal/through your company website/by visiting www.websiteaddresshere.com.] [[New] [Employees] are [guaranteed to be] eligible for coverage. [You are not required to complete a statement of health, as long as you] [enroll/apply] [within [XX] days from your date of hire] [and are actively at work on your effective date of coverage]. Your effective date of coverage will be [the first of the month following] [enrollment/acceptance of your application] [into the/for this] Insurance Plan.]]

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Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class-wide basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Insurance Policy forms G.LTC197, G.LTC1597 or GPNP99-LTC. In Washington, Group Insurance Policy Number: G.LTC5798.

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Product Name: *Group Long-Term Care Insurance Advertising*
Project Name/Number: *G09-05/G09-05*

Rate Information

Rate data does NOT apply to filing.

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Product Name: Group Long-Term Care Insurance Advertising
Project Name/Number: G09-05/G09-05

Supporting Document Schedules

Review Status:

Satisfied -Name: EOV & Red-lined version

02/13/2009

Comments:

Attached is the explanation of Variables and a red-lined version.

Attachments:

ADF#1812.07(Rev.0209) LTCI Blurb Red-Lined Version.pdf

EOV ADF#1812.07(Rev.0209) LTCI Blurb.pdf

Review Status:

Satisfied -Name: NAIC Fiorm

02/18/2009

Comments:

Attachment:

AR _ NAIC_Group.pdf

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Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class-wide basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Insurance Policy forms G.LTC197, G.LTC1597 or GPNP99-LTC. In Washington, Group Insurance Policy Number: G.LTC5798.

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ADF#1812.07(Rev.02/09), JXXXXXXXX(expXXXX)(All States)(DC)

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Deleted: exp0909



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

INVITATION TO INQUIRE

LONG-TERM CARE INSURANCE BLURB

FORM NUMBER: ADF#1812.07(Rev.02/09)

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

ILLUSTRATIVE MATERIAL

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

SPECIFIC VARIABLE MATERIAL

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

| SECTION | ITEM | EXPLANATION |
|----------------|-------------|---|
| General | Throughout | References to Employee(s) will appear as is or may be revised to show how a client refers to their employees (i.e., members, associates, etc.) Item may also be revised to show a list of participants that may be eligible for coverage (i.e., retirees[s], adult child[ren]). <i>This is determined on a case by case basis.</i> |
| | | “Enroll” may be revised to read “Apply” when guaranteed issue is not available or offered. <i>This is determined on a case by case basis.</i> |

| <u>SECTION</u> | <u>ITEM</u> | <u>EXPLANATION</u> |
|----------------|-------------|---|
| Front of Blurb | 1 | Item will be revised to show MetLife or company website address. |
| | 2 | Item may appear as is or with revisions noted in numbers 3 – 9 below. Item may also be removed to provide a shorter blurb. |
| | 3 | The word “New” will appear as shown or may be deleted if the blurb is used outside an initial enrollment period, when guaranteed issue is not available or offered. |
| | 4 | “guaranteed to be” may appear as is or may be omitted. |
| | 5 | Item may appear as is, may be omitted or may be revised to read: <u>FOR SIMPLIFIED UNDERWRITING:</u> “You are required to answer X questions [satisfactorily/sufficiently/acceptably], apply within...” OR “You must answer X questions [satisfactorily/sufficiently/acceptably] , apply within...” <u>FOR FULL UNDERWRITING:</u> “You are required to [satisfactorily/sufficiently/acceptably/successfully] complete a statement of health, apply within...” OR “You must [satisfactorily/sufficiently/acceptably/successfully] complete a statement of health, apply within...” |
| | 6 | Item may appear as is or may be revised to show the actual underwriting offered to a group. The underwriting is determined on a case by case basis. <u>EXAMPLES:</u> “within XX days from your benefit eligibility date” OR “by [deadline date]” OR “within XX days of your [new] hire date” |
| | 7 | “and are actively at work on your effective date of coverage” may appear as is or may be omitted if a group’s underwriting does not call for an employee to be actively at work (Example: Full Underwriting). |

| <u>SECTION</u> | <u>ITEM</u> | <u>EXPLANATION</u> |
|-----------------------|--------------------|--|
| Front of Blurb | 8 | Item will appear as is or may be revised to read: “the first of the month following enrollment into the Insurance Plan” OR “the first of the month following acceptance of your application for this Insurance Plan” OR “[ACTUAL EFFECTIVE DATE]” |

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: G09-05 | | | | | | |
| 7. | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file # | | | | | | |
| 8. | Market | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large Group <input checked="" 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 | LTC03G Group Long-Term Care Insurance | | | | | |
| 10. | Product Coding Matrix Matix Filing Code | LTC03G.001 - Qualified | | | | | |

| | | |
|------------|---|--|
| 11. | Submitted Documents | <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ |
| 12. | Filing Submission Date | February 18, 2009 |
| 13. | Filing Fee (If required) | Amount \$ 25.00 . _____ Check Date February 11, 2009 Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000987185 |
| 14. | Date of Domiciliary Approval | NA New York does not require LTCI advertising to be filed. |
| 15. | Filing Description: GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER | |

View Complete Filing Description

| | | |
|---|------------------------------------|--|
| 16. | Certification (If required) | |
| I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u> | | |
| Print Name <u>Mary J. Rinaldi</u> | | Title: <u>Consultant-Compliance/Marketing/AD</u> |
| Original Signature <u><i>Mary J. Rinaldi</i></u> | | Date <u>February 18, 2009</u> |

| | | |
|---|-------------------------------|---------------|
| 17. | Form Filing Attachment | |
| This filing transmittal is part of company tracking number | | G09-05 |
| This filing corresponds to rate filing company tracking number | | |

| | Document Name Description | Form Number | | Replace Form Number Previous State Filing Number |
|----|------------------------------|-------------------------|---|---|
| 01 | LTCI Blurb | ADF#1812.07(Rev. 02/09) | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____ | ADF#1812.07 Refer to META-125302903 |
| 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 | | | | |
| 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 _____ | |
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| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
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| 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