

SERFF Tracking Number: META-126053400 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41810
Company Tracking Number: NY06-12 KC
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Individual Disability Income
Project Name/Number: LTC2-IDEAL-AR/NY06-12 KC (VIP2)

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Disability Income SERFF Tr Num: META-126053400 State: ArkansasLH
TOI: LTC03G Group Long Term Care SERFF Status: Closed State Tr Num: 41810
Sub-TOI: LTC03G.001 Qualified Co Tr Num: NY06-12 KC State Status: Closed
Filing Type: Form Co Status: Reviewer(s): Marie Bennett
Author: Sandra Bennett Disposition Date: 03/25/2009
Date Submitted: 02/26/2009 Disposition Status: Filed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: LTC2-IDEAL-AR Status of Filing in Domicile:
Project Number: NY06-12 KC (VIP2) 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: 03/25/2009 Explanation for Other Group Market Type:
State Status Changed: 03/25/2009
Deemer Date: Corresponding Filing Tracking Number: NY06-12 KC (VIP2)

Filing Description:

Please see the cover letter for a more detailed description of the submitted filing.

Company and Contact

Filing Contact Information

Kris Ann E. Cappelluti, Sr. Analyst-Contracts kcappelluti@metlife.com
Dev.

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MetLife (212) 578-3029 [Phone]
New York, NY 10036-6796 (212) 578-3874[FAX]

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
New York, NY 10036-6796 Group Name: State ID Number:
(212) 578-2211 ext. [Phone] FEIN Number: 13-5581829

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$40.00	02/26/2009	25997385

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	03/25/2009	03/25/2009

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Disposition

Disposition Date: 03/25/2009

Implementation Date:

Status: Filed

Comment:

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Certification - AR		Yes
Supporting Document	List of Forms		Yes
Supporting Document	INFLATION PROTECTION RIDERS TO BE USED WITH PARTNERSHIP POLICIES		Yes
Form	Notice		Yes
Form	Notice		Yes

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Form Schedule

Lead Form Number: LTC-IDEAL-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PNOT-AR	Notice of Coverage	Notice	Initial			Partnership Status Disclosure Notice.pdf
	PSNOTICE-AR-VIP2	Notice of Coverage	Notice	Initial			PSNOTICE-AR-VIP2 Partnership Notice for Enrollment Kits.pdf



Metropolitan Life Insurance Company ("MetLife")
[P.O. Box 937, Westport, Connecticut 06881-0937]

Partnership Status Disclosure Notice

IMPORTANT INFORMATION REGARDING YOUR POLICY'S LONG-TERM CARE INSURANCE PARTNERSHIP STATUS

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard" under Arkansas' Medicaid Program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy Status. Your long-term care insurance policy is intended to qualify as a Partnership Policy under the *Arkansas* Long-Term Care Partnership Program as of your Policy's effective date.

What Could Disqualify Your Policy as a Partnership Policy. If you make any changes to your policy, such changes could affect whether your policy continues to qualify as a Partnership Policy. ***Before you make any changes, you should consult with MetLife to determine the effect of a proposed change.*** In addition, if you move to a state that does not maintain a Partnership program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state. Also, changes in law could reduce or eliminate the beneficial treatment of your policy under Arkansas' Medicaid program.

Additional Information. If you have questions regarding your insurance policy please contact MetLife. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.



Metropolitan Life Insurance Company ("MetLife")
[7805 Hudson Road, Suite 180, Woodbury, Minnesota 55125]

Partnership Program Notice Consumer Information Regarding the Arkansas Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in Arkansas may qualify for the Arkansas Long-Term Care Insurance Partnership Program (the "Partnership Program"). This Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify under the Partnership Program, referred to as "Partnership Policies", may protect the policyholder's assets through a feature known as "Asset Disregard," under Arkansas' Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. As a result, you may qualify for coverage of the costs of your long-term needs under Medicaid without first being required to substantially exhaust your personal assets. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds the Asset Disregard amount set by Arkansas. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy. Therefore you should consider if Asset Disregard is important to you, and whether a Partnership Policy meets your needs. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

What are the Requirements for a Partnership Policy? In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual after July 1, 2008;
- cover an individual who was a Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under § 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and
- must provide annual inflation protection for ages 75 and younger.

Do MetLife's Individual Long-Term Care Insurance Policy Forms LTC2-IDEAL-AR, LTC2-VAL-AR, LTC2-FAC-AR and LTC2-PREM-AR meet the Requirements for a Partnership Policy? These MetLife individual long-term care insurance policy forms were certified as Partnership Policies effective as of [March 1, 2009]. These policies qualify as Partnership Policies if they are issued to a Arkansas resident and include an inflation protection rider on the policy's initial effective date as follows:

- **if the insured is less than age 61 on the initial effective date of the policy**, the policy must include: The 5% Automatic Compound Inflation Protection Rider;
- **if the insured is at least age 61 but less than 76 on the initial effective date of the policy**, the policy must include: The 5% Automatic Compound Inflation Protection Rider or the 5% Automatic Simple Inflation Protection Rider; and
- **if the insured is age 76 or older on the initial effective date of the policy**, no inflation protection is required (the policy is not required to include a rider to increase benefits).

What Could Disqualify a Policy as a Partnership Policy? Certain types of changes to a Partnership Policy could affect whether or not such policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make any changes, you should first consult with us to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state.

The information contained in this notice is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of you policy under Arkansas' Medicaid program.

Additional Information. If you have questions regarding MetLife's individual long-term care insurance policies, please write to us at MetLife, [7805 Hudson Road, Suite 180, Woodbury, Minnesota 55125] or call us at [1-888-565-3761]. If you have any questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

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Rate Information

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Supporting Document Schedules

Review Status:

Bypassed -Name: Flesch Certification 02/26/2009
Bypass Reason: The requirement listed above is not applicable for this filing submission.
Comments:

Review Status:

Bypassed -Name: Application 02/26/2009
Bypass Reason: The requirement listed above is not applicable for this filing submission.
Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 02/26/2009
Bypass Reason: The requirement listed above is not applicable for this filing submission.
Comments:

Review Status:

Bypassed -Name: Outline of Coverage 02/26/2009
Bypass Reason: The requirement listed above is not applicable for this filing submission.
Comments:

Review Status:

Satisfied -Name: Cover Letter 02/26/2009
Comments:
 Cover Letter
Attachment:
 AR Partnership Filing Letter.pdf

Review Status:

Satisfied -Name: Certification - AR 02/26/2009
Comments:
 Certification - AR
Attachment:

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Certification - AR.pdf

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Review Status:

Satisfied -Name: List of Forms 02/26/2009
Comments:
List of Forms
Attachment:
List of Forms.pdf

Review Status:

Satisfied -Name: INFLATION PROTECTION 02/26/2009
RIDERS TO BE USED WITH
PARTNERSHIP POLICIES
Comments:
INFLATION PROTECTION RIDERS TO BE USED WITH PARTNERSHIP POLICIES
Attachment:
INFLATION PROTECTION RIDERS TO BE USED WITH PARTNERSHIP POLICIES.pdf

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.033
1095 Avenue of the Americas
New York, NY 10036-6796
Tel: 212 578-3029 Fax: 212 578-6247
E-mail: kcappelluti@metlife.com

MetLife®

Kris Ann Cappelluti
Institutional Contracts

February 25, 2009

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

Re: Metropolitan Life Insurance Company
Individual Long-Term Care Insurance
Issuer Certification Form
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

Enclosed please find MetLife's completed State of Arkansas Issuer Certification Form For The Long-Term Care Insurance Partnership Program with respect to the following individual policy forms: LTC2-IDEAL-AR, LTC2-VAL-AR, LTC2-FAC-AR and LTC2-PREM-AR. The referenced individual policy forms were approved by your Department on January 13, 2005.

We certify that these policies will meet all of the requirements for Partnership participation, when they include the requisite inflation protection provided under rider forms: LTC2-5AIP, 5% Automatic Compound Inflation Protection Rider; or LTC2-5SIP, 5% Automatic Simple Inflation Protection Rider. These riders were approved by your Department on January 13, 2005.

We have also included our Partnership Informational Notice, which we will be including in all our enrollment kits. This notice will inform the applicant of the availability of the Partnership policy, as well as the requirements for a Partnership policy. We will be distributing the Notice of Partnership Policy Status with all issued Partnership policies, as directed in the Implementation Guidelines issued by the Department on August 3, 2007.

Please contact me at (212) 5783-3029 or kcappelluti@metlife.com if there are any questions.

Sincerely,



Kris Ann Cappelluti
Senior Contract Analyst

NY06-12 KC

**LONG-TERM CARE PARTNERSHIP
ISSUER CERTIFICATION FORM**

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION:

- A. Name address and telephone number of issuer:**
Metropolitan Life Insurance Company
Institutional Contracts – MSC# 39.033
1095 Avenue of the Americas
New York, NY 10036-6796
(212) 578-3029
- B. Name, address, telephone number, and email address (if available) of an employer of issuer who will be the contact person for information relating to this form.**
Kris Ann Cappelluti
Metropolitan Life Insurance Company
Institutional Contracts – MSC# 39.033
1095 Avenue of the Americas
New York, NY 10036-6796
(212) 578-3029
kcappelluti@metlife.com
- C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**
LTC2-IDEAL-AR; LTC2-VAL-AR; LTC2-FAC-AR; and LTC2-PREM-AR. Please see attached list of all forms associated with LTC2-IDEAL-AR et al. (applications, riders, etc.). Please also see attached list of all inflation protection riders which comply with the inflation protection requirements of the Arkansas Partnership program.

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on MetLife's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

2/20/09
Date

Jodi Anatole, Vice President
Name and title of officer of the Insurer



Signature of officer of the Insurer

ARKANSAS LONG TERM CARE INSURANCE PARTNERSHIP PROGRAM

FORMS ASSOCIATED WITH LTC2-IDEAL-AR et al.

Form Number	Description
LTC2-IDEAL-AR	Policy
LTC2-VAL-AR	Policy
LTC2-FAC-AR	Policy
LTC2-PREM-AR	Policy
LTC2-OC-IDEAL-AR	Outline of Coverage
LTC2-OC-VAL-AR	Outline of Coverage
LTC2-OC-FAC-AR	Outline of Coverage
LTC2-OC-PREM-AR	Outline of Coverage
LTC3-APP-B5	Application
LTC3-ML-APP-B5	Application
LTC3-APP-CR (Rev.03/06)	Conditional Premium Receipt
LTC2-5AIP	Rider
LTC2-5SIP	Rider
LTC2-FP	Rider
LTC2-CD	Rider
LTC2-DPFY	Rider
LTC2-HCEPW	Rider
LTC2-INDM	Rider
LTC2-NF	Rider
LTC2-PP	Rider
LTC2-PS	Rider
LTC2-RP65	Rider
LTC2-ROB	Rider
LTC2-ROP	Rider
LTC2-SC	Rider
LTC2-10YP	Rider
LTC2-PD	Endorsement
PW2004NNCR	Suitability Personal Worksheet
LTC-PRI	Rate Disclosure Form

INFLATION PROTECTION RIDERS TO BE USED WITH PARTNERSHIP POLICIES

Form Number	Description of Rider
LTC2-5AIP	5% Automatic Compound Inflation Protection Rider. This rider provides automatic compound inflation protection at a rate of 5% throughout the life of the policy. We believe this rider qualifies regardless of the age of the insured at the time of policy purchase.
LTC2-5SIP	5% Automatic Simple Inflation Protection Rider. This rider provides automatic simple inflation protection at a rate of 5% throughout the life of the policy. This rider will only qualify as partnership-appropriate inflation protection if the insured is age 61 or over at the time of the effective date of the policy.