

SERFF Tracking Number: *META-126130791* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *42304*
Company Tracking Number: *B09-31 JE LW*
TOI: *H111 Individual Health - Disability Income* *Sub-TOI:* *H111.003 Long Term - Unrelated to marketing
with employer or association groups*

Product Name: *Individual Disability Income*
Project Name/Number: *Revised National Premium Scale - Rate Filing/B09-31 JE*

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Disability Income	SERFF Tr Num: META-126130791	State: ArkansasLH
TOI: H111 Individual Health - Disability Income	SERFF Status: Closed	State Tr Num: 42304
Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups	Co Tr Num: B09-31 JE LW	State Status: Approved-Closed
Filing Type: Rate	Co Status: In Progress	Reviewer(s): Rosalind Minor
	Authors: Linda Williams, Ruth Rivera, Sandra Bennett	Disposition Date: 05/15/2009
	Date Submitted: 05/07/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Revised National Premium Scale - Rate Filing
 Project Number: B09-31 JE
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 05/15/2009

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 05/15/2009
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

This is an Individual Disability Income Rate Filing. Please see the attached Cover Letter for a detailed description of this filing.

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 Product Name: Individual Disability Income
 Project Name/Number: Revised National Premium Scale - Rate Filing/B09-31 JE

Company and Contact

Filing Contact Information

Judith A. Elpus, Contract Consultant jelpus@MetLife.com
 501 Route 22 (908) 253-1025 [Phone]
 Bridgewater, NJ 08807

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100.00 Per Rate Filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$100.00	05/07/2009	27711153

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/15/2009	05/15/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Health - Actuarial Justification	Supporting Document	Linda Williams	05/14/2009	05/14/2009

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Disposition

Disposition Date: 05/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Document	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (1of7)	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (2of7)	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (3of7)	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (4of7)	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (5of7)	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (6of7)	Approved-Closed	Yes
Rate	2009_Prem_Scale_National (7of7)	Approved-Closed	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 05/14/2009

Comments:

Revised Actuarial Memorandum. We are submitting a revised Actuarial Memorandum. We apologize for the inconvenience. Thank you

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment: Attached is the Actuarial Memorandum.

ActMemo_Rev5-12_Short_090407.pdf

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Supporting Document Schedules

Satisfied -Name: Cover Letter	Review Status: Approved-Closed	05/15/2009
Comments: Attached is the Cover Letter.		
Attachment: Cover Letter for Repricing -version A _JE_.pdf		
Satisfied -Name: Certification	Review Status: Approved-Closed	05/15/2009
Comments: Attached is the Certification.		
Attachment: ARCERTREG19.pdf		
Satisfied -Name: NAIC Transmittal Document	Review Status: Approved-Closed	05/15/2009
Comments: Attached is the NAIC Transmittal Document.		
Attachment: 1-1-2009 L-A&H NAIC Transmittal Document _JE_.pdf		

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel 908 253-1025 Fax 908 253-2126
jelpus@metlife.com

MetLife®

Judith A. Elpus
Contract Consultant
Group and SBC Contracts & Compliance Division

May 7, 2009

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

Re: Filing No. B09-31 JE
Revised National Premium Scale for Individual Disability Income Policies and Riders
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing a revised Actuarial Memorandum and Schedules of premium rates for our currently-offered Individual Disability Income policy and rider forms. These forms were approved by your Department on January 8, 2001, June 17, 2002, March 16, 2007, November 28, 2007, and February 6, 2009. Except for renewal of the policy following the primary renewal period, i.e., the later of age 65 or the fifth policy anniversary, this rate filing applies to new business only. (If in the future we determine that we need to revise the premiums for Guaranteed Renewable policies to this proposed premium scale, we will submit a separate rate filing making the appropriate justification.)

This filing is intended to supersede a filing submitted to your Department in 2007 and approved on August 7, 2007. As with the previous filing, the purpose of this submission is incorporating improved morbidity information into our premiums as well as addressing the currently unsettled investment environment. We are also addressing changes in expectations of our clients with respect to retirement and potential social insurance benefits with these changes in premium scale. A detailed explanation of the changes and the reasons for them may be found in the section of the Actuarial Memorandum captioned Pricing Methodology.

There are a few items in this filing which we believe should be highlighted in this letter.

- This rate filing shows the premium rates for all benefits and features regardless of whether or not a particular one is approved or not. The premium calculation sections of the rate filings and the actuarial memorandum document whether an optional benefit is approved in a particular state. We assure you that we will not offer a benefit that has not been approved.
- The attached schedules include rates for a new Maximum Benefit Period, to Age 67. For disabilities beginning before the insured's 63rd birthday benefits will be payable to age 67. For other disabilities, benefits will be payable for 48, 42, 36, 30 or 24 months for disabilities beginning on or after the insured's 63rd, 64th, 65th, 66th or 67th birthday, respectively.

B09-31 JE

- The renewal premiums from ages 65 to 67 will remain level. The premiums for renewing the policy at attained ages 65 and 66 will be the original issue age premiums after adjusting for any optional benefits that are not renewed at that time. We will only renew the base monthly indemnity benefit for policies issued on an individual basis or as part of an association. For policies issued as part of an employer case, however, we will renew many of the optional benefits to comply with the Age Discrimination in Employment Act as well as renewing the original maximum benefit period. Premium rates for attained ages 65 and 66 are shown in the rate filing for renewals of policies issued on the previous premium scales.
- This rate filing contains new premium rates for the recently approved rider forms IDIPR07-1 et al, approved by your Department November 28, 2007 and IDIPR08-1 et al, approved by your Department February 6, 2009. These new premium rates will be used with policies issued on the premium scale in this filing. The premium rates that were submitted with the rider form filing will be used on policies issued on the previous premium scales.

Filing Correspondence Instructions

Please direct any questions, comments or correspondence regarding this filing to me. Please feel free to do so via telephone, fax or e-mail (see upper left- hand corner of page 1 of this letter).

Very truly yours,

A handwritten signature in cursive script that reads "Judith A. Elpus".

Judith A. Elpus
Contract Consultant



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.

A handwritten signature in black ink, appearing to read "Herbert B. Brown Jr.", written in a cursive style.

Herbert B. Brown Jr.
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Co. 1095 Avenue of the Americas New York, NY 10039-6796	New York		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Judith A. Elpus Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Twncsp, NJ 08807	(908) 253-1025	(908) 253-2126	jelpus@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): _____
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6.	Company Tracking Number	B09-31 JE
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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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 <hr/> <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	H11I – Individual Health – Disability Income
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10.	Sub-Type of Insurance (Sub-TOI)	H11I.003 Long-Term—Unrelated to marketing with employer or association groups H11I.007 Long-Term—Related to marketing with employer or association groups
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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/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate NEW BUSINESS ONLY <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: 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 checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	May 7, 2009	
13	Filing Fee (If required)	Amount <u>\$100.00 (SERFF EFT)</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	Filing Concurrently	
15.	Filing Description: Revised National Premium Scale for Individual Disability Income Policies and Riders		
<p>Reason for Change in Premium Scale</p> <p>Since we began issuing the IDI2000 Series, we have been able to better analyze our morbidity experience. Both our claims incidence rates and claim termination rates are below the level anticipated in the original and in the 2007 premium scales (the latter premium scale was not approved in seven states). In addition net investment income yields gradually declined through 2007. Beginning in the second half of 2008 and continuing to the current time, investment markets have been in turmoil with spreads over US Treasuries at unprecedented highs in the post-war period. In the Actuarial Memorandum are attached appendices that illustrate this decline and the current state.</p> <p>We have also decided to update our pricing and our contracts to address on-going changes in the federal Old Age, Survivors, Disability Insurance program (We plan to submit endorsements in most states extending the primary renewal period of the policies in the near future). The normal retirement age for persons who have not currently reached that age is at least sixty-six and for persons younger than 49 is sixty-seven. So, we have decided to make our policies level premiums to age 67. The premiums in this filing are level to age 67 (unless otherwise indicated). Policies, issued on the 2009 premium scale before the endorsements described above are approved and implemented, will be renewed at the issue age premiums at ages 65 and 66.</p>			

16.	Certification (If required)		
<p>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 <u>Arkansas</u></p> <p>Print Name <u>Judith A. Elpus</u> Title <u>Contract Consultant</u></p> <p>Signature <u></u> Date: <u>May 7, 2009</u></p>			

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		B09-31 JE		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)		See pages 32 and 33 of the actuarial memo		
Overall percentage rate impact for this filing		See pages 32 and 33 of the actuarial memo		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum	IDI2000-P/NC-ML, et al	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02	Rate filing	IDI2000-P/NC-ML, et al	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised New Business Only Request , +____% -____% See Act'1 Memo , Pages 32 and 33 <input type="checkbox"/> Other _____	See Cover Letter
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 _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1