

SERFF Tracking Number: METD-126117159 State: Arkansas
 Filing Company: New England Life Insurance Company State Tracking Number: 42262
 Company Tracking Number: NFND-4-09
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
 Product Name: NEF Variable Life Supplement
 Project Name/Number: NEF Enterprise Applications-2009 VL Supplement /NFND-4-09

Filing at a Glance

Company: New England Life Insurance Company

Product Name: NEF Variable Life Supplement SERFF Tr Num: METD-126117159 State: Arkansas

TOI: L06I Individual Life - Variable SERFF Status: Closed-Approved- State Tr Num: 42262
Closed

Sub-TOI: L06I.002 Single Life - Flexible Co Tr Num: NFND-4-09 State Status: Approved-Closed
Premium

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tricia St. John, Diane
Palermo

Disposition Date: 05/11/2009

Date Submitted: 05/01/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: NEF Enterprise Applications-2009 VL Supplement

Status of Filing in Domicile: Pending

Project Number: NFND-4-09

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: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Created By: Tricia St. John

Submitted By: Tricia St. John

Corresponding Filing Tracking Number:

Filing Description:

RE: New England Life Insurance Company

NAIC # 241-91626 FEIN # 04-2708937

Individual Variable Life Application Filing

Form: NFND-4-09 Variable Life Supplement

New Submission

State of Domicile: Massachusetts

SERFF Tracking Number: METD-126117159 State: Arkansas
Filing Company: New England Life Insurance Company State Tracking Number: 42262
Company Tracking Number: NFND-4-09
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: NEF Variable Life Supplement
Project Name/Number: NEF Enterprise Applications-2009 VL Supplement /NFND-4-09

Enclosed is the above referenced form that is being filed on behalf of New England Life Insurance Company.

The above supplemental application form is enclosed for your review and approval. This is a new form that will not replace any existing form. This form will be implemented once the computer data collection system is available. This form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing.

Variable Life Supplement, form NFND-4-09 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. It will be used in our agency distribution channel for our traditional application. We have bracketed the funds to provide flexibility in updating the list of funds without refiling. Since this form will be used with a security and subject to federal jurisdiction, it is exempt from readability requirements.

We have bracketed the information on the final page of this supplement as variable. This will allow us to 1) remove these suitability questions when they are no longer applicable, 2) add suitability questions when regulatory requirements change, and 3) remove this section when we update our current Term Conversion and Policy Change Applications to include these questions. Any additions to this section will be followed by an informational filing showing that addition to the form.

We look forward to receiving your approval of this form. Thank you for your attention to this filing and if you have any questions or need further information, please contact me at the number or e-mail address below.

Enclosure: Certification

Company and Contact

Filing Contact Information

Diane Palermo, Contract Consultant dpalermo@metlife.com
501 Boylston Street 617-578-4453 [Phone]
Boston, MA 02116 617-578-5505 [FAX]

Filing Company Information

New England Life Insurance Company CoCode: 91626 State of Domicile: Massachusetts
501 Boylston Street Group Code: 241 Company Type: Life
Boston, MA 02116 Group Name: MetLife Group State ID Number:
(617) 578-2000 ext. [Phone] FEIN Number: 04-2708937

Filing Fees

SERFF Tracking Number: METD-126117159 State: Arkansas
Filing Company: New England Life Insurance Company State Tracking Number: 42262
Company Tracking Number: NFND-4-09
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: NEF Variable Life Supplement
Project Name/Number: NEF Enterprise Applications-2009 VL Supplement /NFND-4-09

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: MA is the State of Domicile, therefore the fee is \$75.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New England Life Insurance Company	\$75.00	05/01/2009	27583942

SERFF Tracking Number: METD-126117159 State: Arkansas
Filing Company: New England Life Insurance Company State Tracking Number: 42262
Company Tracking Number: NFND-4-09
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: NEF Variable Life Supplement
Project Name/Number: NEF Enterprise Applications-2009 VL Supplement /NFND-4-09

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2009	05/11/2009

SERFF Tracking Number: *METD-126117159* *State:* *Arkansas*
Filing Company: *New England Life Insurance Company* *State Tracking Number:* *42262*
Company Tracking Number: *NFND-4-09*
TOI: *L06I Individual Life - Variable* *Sub-TOI:* *L06I.002 Single Life - Flexible Premium*
Product Name: *NEF Variable Life Supplement*
Project Name/Number: *NEF Enterprise Applications-2009 VL Supplement /NFND-4-09*

Disposition

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-126117159 State: Arkansas
 Filing Company: New England Life Insurance Company State Tracking Number: 42262
 Company Tracking Number: NFND-4-09
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
 Product Name: NEF Variable Life Supplement
 Project Name/Number: NEF Enterprise Applications-2009 VL Supplement /NFND-4-09

Form Schedule

Lead Form Number: NFND-4-09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NFND-4-09	Application/Variable Life Enrollment Supplement Form	Initial		0.000	NFND-4-09.pdf

Variable Life Supplement

New England Life Insurance Company

This supplement will be attached to and become part of the application with which it is used.

SECTION I - Important Information for the Owner

⚠ Please Read Carefully.

Variable Life Insurance is generally not appropriate for time horizons of less than 10 years. These products are long-term investments that may have significant short-term surrender charges. Variable Life Insurance is designed to provide death benefit protection while offering the potential for long-term cash accumulation and may not be appropriate in situations where significant liquidation of assets in the near future is expected.

The death benefit may be variable or fixed under specified conditions.

The cash value may increase or decrease, even to the extent of being reduced to zero, in accordance with separate account investment experience.

The cost of insurance rates for this policy may change. The rates currently being charged are not guaranteed, and the Company may charge the full maximum guaranteed rates.

Illustrations of benefits, including death benefits and cash values, are available upon request.

SECTION II - Owner's Information

OWNER: Proposed Insured Other Individual

OTHER INDIVIDUAL INFORMATION ONLY:

Form with fields for First Name, Middle Name, Last Name, Occupation, Name of Employer, Employer City, State, Zip, and Position/Duties.

Tax Bracket (%) _____ Is the Owner or a member of the Owner's household employed by or associated with a Broker-Dealer, other firm within the securities industry, or a financial regulatory agency? Yes No

Liquid Net Worth \$ _____ (Liquid Net Worth is assets that can be turned into cash quickly and easily. Include the amount of the initial premium and/or any lump sum payment for this coverage. Exclude your personal property, personal residence, real estate, business equity, home furnishings and autos.)

PRIOR INVESTMENT EXPERIENCE: (Choose ALL that apply and indicate your years of experience.)

Form with checkboxes for Certificate of Deposit, Stocks, Mutual Funds, Money Markets, Bonds, and Other, with corresponding year fields.



SECTION III - Investment Objective and Risk Tolerance

Have you completed the Asset Allocation Questionnaire? Yes No If **YES**, please submit with Application for Life Insurance. Choose one **Investment Objective** below (a, b, c, d, or e). Then choose one **Risk Tolerance** for that specific Investment Objective. Be sure it supports the Investment Objective and your Risk Tolerance for this policy.

- a. **Capital Preservation:** Seeks income and stability with minimal risk.
Risk Tolerance: Conservative Conservative to Moderate
- b. **Income:** Seeks current income over time.
Risk Tolerance: Conservative Conservative to Moderate Moderate
- c. **Growth & Income:** Seeks capital appreciation over long term combined with current dividend income.
Risk Tolerance: Conservative to Moderate Moderate Moderate to Aggressive
- d. **Growth:** Seeks capital appreciation over long term.
Risk Tolerance: Moderate Moderate to Aggressive Aggressive
- e. **Aggressive Growth:** Seeks maximum capital appreciation over time by investing in speculative and/or higher risk securities.
Risk Tolerance: Moderate to Aggressive Aggressive

SECTION IV - Optional Automated Investment Strategies

You may select **ONLY ONE** of the following, if feature is available on product you are applying for. **If you are NOT electing any Automated Investment Strategies, please proceed to Section V - Investment Allocation.**

Dollar Cost Averaging  A percent of premium must be allocated to the Source Fund you have chosen. Election of this feature does not change the allocation of future payments.

Automatically transfers a set amount of money monthly from a Source Fund that you choose to the destination funding options that you choose.

Transfer Amount \$ _____ Source Fund (**NOT** Fixed Account) _____

Day of month for transfer (not 29, 30, 31) _____

Destination funding options - indicate dollar amount to be transferred to each in the Dollar Cost Averaging column in Section V - Investment Allocation. You must transfer a minimum of \$100 to each funding option.

End Date (Optional) _____ (Month/Day/Year)

Dollar cost averaging does not assure a profit or protect against a loss in declining markets. It involves continuous investment in securities regardless of fluctuation in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.

Portfolio Rebalancing  Election of this feature does not change the allocation of future payments.

Automatically rebalances the cash values in all the selected funding options to the allocation percentages you select. The allocation selections for rebalancing can be different than the allocation percentages chosen for your premium payments.

Check here if you wish to rebalance to the allocation percentages chosen for your premium payments.

Check here if you wish to rebalance using different allocation percentages than your premium payments and indicate the allocation percentages in the Portfolio Rebalancing column in Section V - Investment Allocation.

Choose **ONE** of the following options:

Periodic Rebalancing

Monthly

Quarterly

Semi-Annually

Annually

Variance Rebalancing

Allows the allocation percentages to be maintained within a specified variance range on a monthly basis. Rebalancing will occur on any monthly anniversary in which any of the accounts selected are outside of the variance range chosen.

5%

10%

15%

20%



SECTION V - Investment Allocation

Please select funding options that are appropriate for the RISK TOLERANCE and INVESTMENT OBJECTIVE indicated in Section III - Investment Objective and Risk Tolerance. Some funding options may be appropriate for more than one investment objective. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Use this column only if you have chosen an option on previous page.	Funding Options	Initial Premium Allocation %	Dollar Cost Averaging ----- Portfolio Rebalancing %
Funding Options	Initial Premium Allocation %	Dollar Cost Averaging ----- Portfolio Rebalancing %			
Fixed Account			MFS® Research International Portfolio		
BlackRock Money Market Portfolio			Morgan Stanley EAFE® Index Portfolio		
Western Asset Management U.S. Government Portfolio			Lazard Mid Cap Portfolio		
American Funds Bond Fund			MetLife Mid Cap Stock Index Portfolio		
Barclays Capital Aggregate Bond Index Portfolio			BlackRock Strategic Value Portfolio		
BlackRock Bond Income Portfolio			American Funds Global Small Capitalization Fund		
PIMCO Total Return Portfolio			American Funds Growth Fund		
Western Asset Management Strategic Bond Opportunities Portfolio			BlackRock Legacy Large Cap Growth Portfolio		
PIMCO Inflation Protected Bond Portfolio			Janus Forty Portfolio		
Lord Abbett Bond Debenture Portfolio			Jennison Growth Portfolio		
BlackRock Diversified Portfolio			Legg Mason Partners Aggressive Growth Portfolio		
MFS® Total Return Portfolio			Oppenheimer Capital Appreciation Portfolio		
BlackRock Large Cap Value Portfolio			T. Rowe Price Large Cap Growth Portfolio		
Davis Venture Value Portfolio			Loomis Sayles Small Cap Core Portfolio		
FI Value Leaders Portfolio			Russell 2000® Index Portfolio		
Fidelity VIP Equity-Income Portfolio			BlackRock Aggressive Growth Portfolio		
MFS® Value Portfolio			FI Mid Cap Opportunities Portfolio		
Oppenheimer Global Equity Portfolio			T. Rowe Price Mid Cap Growth Portfolio		
American Funds Growth-Income Fund			Loomis Sayles Small Cap Growth Portfolio		
BlackRock Large Cap Core Portfolio			Met/AIM Small Cap Growth Portfolio		
Legg Mason Value Equity Portfolio			T. Rowe Price Small Cap Growth Portfolio		
MetLife Stock Index Portfolio			RCM Technology Portfolio		
Zenith Equity Portfolio			MetLife Aggressive Allocation Portfolio		
Met/Artisan Mid Cap Value Portfolio			MetLife Conservative Allocation Portfolio		
Neuberger Berman Mid Cap Value Portfolio			MetLife Conservative to Moderate Allocation Portfolio		
Clarion Global Real Estate Portfolio			MetLife Moderate Allocation Portfolio		
Artio International Stock Portfolio			MetLife Moderate to Aggressive Allocation Portfolio		
Harris Oakmark International Portfolio			SSgA Growth and Income ETF Portfolio		
			SSgA Growth ETF Portfolio		

Other - Write in any available funds not listed above.

Funding Options Initial Premium Allocation % Dollar Cost Averaging / Portfolio Rebalancing %



SECTION VI - Other Important Owner Questions

1. I elect to have the monthly deduction from the cash values taken as follows:

- Proportionately from the funding options based on the cash value in each at the time of the deduction.
- From one specific funding option (if available). Specify: _____

If you have chosen a specific funding option, please note that if that funding option has insufficient cash value to pay the monthly charges, these charges will be deducted proportionately from each funding option based on the cash value in each at the time of the deduction.

2. Have you received a prospectus for the policy applied for? Yes No

If **YES**, please indicate: Date of Prospectus Date of any Prospectus Supplement Package

3. Did your Producer review your financial situation, risk tolerance, and investment objectives prior to completing this application? Yes No

If **NO**, please indicate on what basis was this product recommended.

4. Do you understand that:

A. The amount and duration of the death benefit may increase or decrease depending on the policy's investment return, subject to any guarantees provided by the policy? Yes No

B. There is no guaranteed minimum cash value and the cash value may increase or decrease depending on the policy's investment return? Yes No

5. Do you believe that this policy and the funding options you have selected will meet your insurance needs and financial objectives? Yes No

6. If funding options selected do not reflect the risk tolerance in Section III - Investment Objective and Risk Tolerance, please explain:



⚠ COMPLETE ONLY IF APPLYING FOR A POLICY CHANGE OR TERM CONVERSION

ADDITIONAL INFORMATION ABOUT THE OWNER:

Primary Phone Number

Annual Income

Net Worth

(Assets less liabilities, excluding value of primary residence.)



SERFF Tracking Number: METD-126117159 State: Arkansas
 Filing Company: New England Life Insurance Company State Tracking Number: 42262
 Company Tracking Number: NFND-4-09
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: NEF Variable Life Supplement
 Project Name/Number: NEF Enterprise Applications-2009 VL Supplement /NFND-4-09

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment: AR Certification.pdf		

New England Life Insurance Company
501 Boylston Street, Boston, MA 02116

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen Johnson, Second Vice President

5/1/2009

Date