

SERFF Tracking Number: META-126156392 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42621
Company Tracking Number: I09-15 B
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I09-15 B/I09-15 B

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising SERFF Tr Num: META-126156392 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 42621
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I09-15 B State Status: Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: Mary Rinaldi Disposition Date: 06/12/2009
Date Submitted: 06/05/2009 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: I09-15 B
Project Number: I09-15 B
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/12/2009

Status of Filing in Domicile: Authorized
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: 06/12/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

Mary J. Rinaldi
Long-Term Care

SERFF Tracking Number: META-126156392 State: Arkansas
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Company Tracking Number: I09-15 B
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Product Name: Individual LTCL Advertising
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- the NAIC form
- this letter

The \$25.00 filing fee was submitted via SERFF as an EFT transaction.

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
MKTG/AD

mrinaldi@metlife.com

Green Farms Road
Westport, CT 06880

(203) 221-3859 [Phone]

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

State of Domicile: New York

Group Code: -99

Company Type: Life

Group Name:

State ID Number:

FEIN Number: 13-5581829

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

SERFF Tracking Number: *META-126156392* *State:* *Arkansas*
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Fee Explanation: *1 @ \$25.00 per advertisement*
Per Company: *No*

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$25.00	06/05/2009	28393050

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	06/12/2009	06/12/2009

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Disposition

Disposition Date: 06/12/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126156392 State: Arkansas
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC		Yes
Supporting Document	Explanation of Variables		Yes
Form	LTC Selector Folder Brochure		Yes

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Form Schedule

Lead Form Number: ADF#1885.09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1885.09	Advertising	LTC Selector Folder Brochure	Initial		0	ADF#1885.09 LTC Selector Folder Brochure.pdf

MetLife Long-Term Care Insurance SelectorSM

PATENT PENDING



MetLife[®]

• Not a Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC and LTC2007. In some states, these identifiers may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC insurance policies cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Ask about complete costs and details.

For the **if in life**[®]

MetLife[®]

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

0905-1674 LTC00000
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taking care

of your future



simplify the process of selecting coverage

It's important to make the most of your resources in retirement, especially now that people are living longer. Should you need long-term care later on, you will want to feel confident that you can receive the care you need without having to rely only on your loved ones.

MetLife can help, offering long-term care insurance (LTCI) plans to provide the financial support to help you obtain quality long-term care when you need it. With an LTCI policy, you and your loved ones will have confidence, knowing they won't have to assume sole financial or personal responsibility for the long-term care that's right for you. And, by putting a plan in place now, you can be more confident that your other retirement savings will be used as you intended.

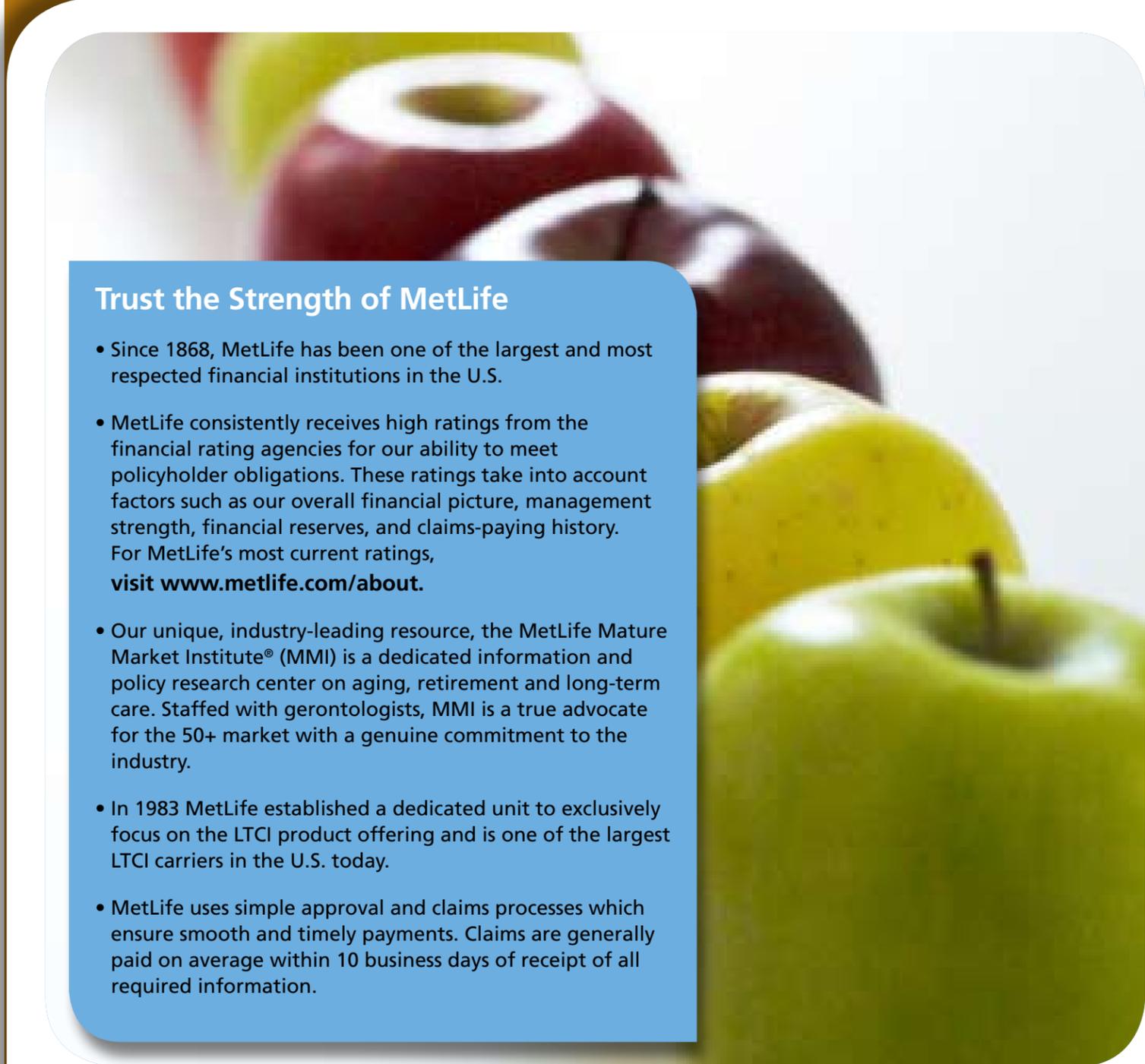
“...by putting a plan in place now, you can be more confident that your other retirement savings will be used as you intended...”

A Simple Guide to Help You Choose the Right Long-Term Care Insurance Coverage

Selecting the right coverage is an important decision, and the process of deciding what you need in a policy may feel confusing. You'd want a way to help you feel confident that you're choosing the right long-term care coverage.

Now, MetLife has the Long-Term Care Insurance SelectorSM—a free, easy-to-use tool that helps your MetLife representative get you started on a plan that's right for you. The Long-Term Care Insurance SelectorTM simplifies the process of identifying the coverage you need by using your answers to a few straightforward questions. Your MetLife representative will help you understand your results so that you'll be confident you are on your way to choosing a plan that's right for you.

Helping you plan for long-term care is just one of the retirement planning services MetLife offers. A MetLife representative can sit down with you at your convenience to discuss how to use an LTCI policy to help reach your retirement goals.



Trust the Strength of MetLife

- Since 1868, MetLife has been one of the largest and most respected financial institutions in the U.S.
- MetLife consistently receives high ratings from the financial rating agencies for our ability to meet policyholder obligations. These ratings take into account factors such as our overall financial picture, management strength, financial reserves, and claims-paying history. For MetLife's most current ratings, visit www.metlife.com/about.
- Our unique, industry-leading resource, the MetLife Mature Market Institute[®] (MMI) is a dedicated information and policy research center on aging, retirement and long-term care. Staffed with gerontologists, MMI is a true advocate for the 50+ market with a genuine commitment to the industry.
- In 1983 MetLife established a dedicated unit to exclusively focus on the LTCI product offering and is one of the largest LTCI carriers in the U.S. today.
- MetLife uses simple approval and claims processes which ensure smooth and timely payments. Claims are generally paid on average within 10 business days of receipt of all required information.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: NAIC

Comments:

Attachment:

AR _ NAIC_Individual.pdf

Review Status:

05/18/2009

Satisfied -Name: Explanation of Variables

Comments:

Attachment:

ADF#1885.09 LTC Selector Folder Brochure EOv.pdf

Review Status:

06/05/2009

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: I09-15 B						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
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 <input 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	LTC031 Individual Long-Term Care Insurance					
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - 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	June 5, 2009
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date <u>See EFT transaction</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>See EFT transaction</u>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: INDIVIDUAL 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>June 5, 2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I09-15 B
This filing corresponds to rate filing company tracking number		NA

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	LTC Selector Folder Brochure	ADF#1885.09	<input checked="" 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 _____	
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		NA		
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 _____	
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 _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

LTC Selector- Folder Brochure

ADF#1885.09

There is only one type of variable material set forth in brackets. That is:

1. Specific variable material

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below. Please also note that this piece is being filed not in its final format. The formatting on this piece will change but the content will remain the same.

Section

Explanation

Bottom of Page 1

The Bank Bullets (FDIC) are bracketed because this piece will be used by two distribution channels. One of which requires that the Bank Bullets appear and one that does not use them at all.