

SERFF Tracking Number: META-126158310 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42620
Company Tracking Number: I09-15 C
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I09-15 C/I09-15 C

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising SERFF Tr Num: META-126158310 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 42620
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I09-15 C 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 C
Project Number: I09-15 C
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/12/2009

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

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:

SERFF Tracking Number: *META-126158310* *State:* *Arkansas*
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June 5, 2009

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

Re: Individual Long-Term Care Insurance Advertising
Advertising Form Number(s): ADF#1886.09
Description: Approach Talk Consumer Brochure
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Filing No. IO9-15 C

Dear Sir/Madam:

We enclose for filing a printed copy of the Individual long-term care advertising material referenced above. The material is intended for use with the following Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved by your Department January 13, 2005 and is intended for use with policy form LTC2007 AR approved by your Department August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department. This form is one of 4 forms in our MetLife LTCI SelectorSM series that we are concurrently submitting under MetLife Filing Numbers I09-15 A, I09-15 B, I09-15 C, I09-15 D, I09-15 E.

We consider this advertisement an Invitation To Inquire. The material will be used by our agents as a tool to help their clients determine if long-term care insurance is appropriate for them. Please be advised the folder is not a direct mail piece. Photos shown are for placement only as final photo selection is not final.

This electronic submission includes the following:

- the advertisement

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- an explanation of variables identifying how the variables will be modified
- the NAIC form
- this letter

The \$25.00 filing fee has been submitted via SERFF as a 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 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
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: \$25.00

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Retaliatory? **No**
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	28396895

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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.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC form		Yes
Supporting Document	Explanation of Variables		Yes
Form	Approach Talk Consumer Brochure		Yes

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Form Schedule

Lead Form Number: ADF#1886.09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1886.09	Advertising	Approach Talk Consumer Brochure	Initial		0	ADF#1886.09 Approach Talk Consumer Brochure.pdf

Long-Term Care Insurance



MetLife[®]



taking care
of your future



planning for your family's future

Most people feel that they have a responsibility to make conscious, deliberate decisions about their family's financial future. Right now you may be thinking about planning for a child's education, protecting your family and belongings, or saving and planning for retirement.

If you are approaching your retirement years, you may be thinking about how you can turn your nest egg into a safe, reliable income you may never outlive.

Even if you have many years before retirement, it is important to understand how the choices you make today can impact your family in the future.

People are living longer today than ever before. It has become common for people to spend 20-30 years in retirement.

As a result, it is important to consider how your life may change over this extended period.

People are living longer today than ever before. It has become common for people to spend 20-30 years in retirement.

Opportunities and Challenges

Thanks to healthier lifestyles and medical advancements, many people expect to live long and healthy lives. At the same time, as you grow older, you may have to cope with the physical challenges of life. This may be a result of a chronic illness, an injury or even just normal aging.

Consider the following questions about managing risk and protecting your family's lifestyle.

- How do you feel about the planning you've done for retirement?
- Is it reasonable to believe you will live a long life in retirement?
- Have you ever known anyone who needed help with the physical or mental challenges of growing older? How did it affect the family?
- Is it reasonable to believe that as you grow older, you may need some kind of help?

“retirement income and savings may be needed to pay for long-term care expenses”

The Consequences of Needing Care

Many people expect to live long and healthy lives, and it is important to recognize that as you grow older, you may need some help with the everyday tasks of life. Performing routine activities such as getting dressed, bathing, eating or moving about your home may become a challenge later in life.

Your family will do their best to take care of you. However, consider how this may impact them both emotionally and financially.

Professional assistance can help alleviate the physical and emotional stress placed on your family. This type of support can help preserve your relationships with family members by allowing your family to supervise the care, rather than provide the care themselves.

Your Family, Finances and Lifestyle

You may need to dip into your retirement income and savings to pay for your care. This could even put your principal at risk.

It is important to address these issues today and integrate them into your retirement strategy.

Consider the impact that needing care may have on your family and loved ones, your finances and your lifestyle.

- If you needed help, who would lend a hand?
- Paid help in your home may allow your family to take better care of you for a longer period of time. How would you pay for this care?
- How would these expenses change your lifestyle? Your family's?
- Do you feel it's reasonable to develop a plan today to address these issues?

Paying for Care

Two primary ways to pay for the expenses associated with needing long-term care include:

- Your Retirement Savings and Income
- Long-Term Care Insurance

Your Retirement Savings and Income

Long-term care can be expensive. You can not predict how long you may need care. Many people rely on their retirement income, and even their portfolio's principal to pay these expenses.

If you do not have a sound plan for your long-term care expenses, you may expose the retirement savings you had intended to use for other purposes.

Taking this approach may come with serious consequences to your family and loved ones.

Long-Term Care Insurance

Developing a plan that includes long-term care insurance can provide your family with the money needed to help pay for care.

Funding the Plan

Consider your situation and how the expense of needing care may impact your retirement savings and income.

- How much of your retirement savings have you designated to cover the costs of long-term care?
- Do you feel it is reasonable to start developing a plan for long-term care insurance today?

taking the next step

Your representative can assist you in starting a plan to help protect your retirement savings and income from the expenses of long-term care. He or she will guide you through the policy selection process, so that you can choose a policy that best fits your needs.

Which Life Stage Describes You?

Are You Married?	Do You Have Children?	Are You On Your Own?	Are You Remarried?
<ul style="list-style-type: none"> • How would your spouse's health change if he or she had to provide you with care on a daily basis for an extended period of time? • What would happen if your spouse became ill and needed help? 	<ul style="list-style-type: none"> • How would they share the responsibility and expenses of caring for you? • Will providing you with frequent care take your children away from their own families? What would happen to them? 	<ul style="list-style-type: none"> • Will your close friends or distant relatives help you out? • How would their families and lifestyles be affected? 	<ul style="list-style-type: none"> • How would your former spouse, current spouse, children or stepchildren share the responsibilities and expenses? • Would providing care cause tension among them? How would that change their lives?

- 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

Coverage is offered by Metropolitan Life Insurance Company ("MetLife"), New York, NY. Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, LTC2007 and may be followed by a revised edition date; the state's 2-letter abbreviation; "ML" for Multi-Life policies; "P" for Partnership policies. Like most long-term care insurance policies, MetLife policies contain certain exclusions and limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Premium rates can only be raised on a class-wide basis. For complete costs and details, please call a MetLife representative/insurance agent/producer.

For the **if in life**[®]

MetLife[®]

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

0812-0542 LTCTakingCareBroch(0209)
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: NAIC form 05/19/2009
Comments:
Attachment:
AR _ NAIC_Individual.pdf

Review Status:
Satisfied -Name: Explanation of Variables 06/05/2009
Comments:
Attachment:
ADF#1886.09 Approach Talk Consumer Version EOV.pdf

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 C						
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</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>See EFT</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)	
<p>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></p> <p>Print Name <u>Mary J. Rinaldi</u> Title: <u>Consultant-Compliance/Marketing/AD</u></p> <p>Original Signature <u><i>Mary J. Rinaldi</i></u> Date <u>June 5, 2009</u></p>		

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

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	Approach Talk Consumer Brochure	ADF#1886.09	<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

Approach Talk- Consumer Version

ADF#1886.09

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 4	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.