

SERFF Tracking Number: META-126201260 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42737  
Company Tracking Number: T06-3 PF (AR) (LW)  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life and Health Insurance  
Project Name/Number: PA09-ASSN-WP/T06-3 PF (AR)

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Term Life and Health Insurance SERFF Tr Num: META-126201260 State: Arkansas

Insurance

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed State Tr Num: 42737

Sub-TOI: L04G.500 Other

Co Tr Num: T06-3 PF (AR) (LW) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Disposition Date: 06/24/2009

Date Submitted: 06/23/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PA09-ASSN-WP

Status of Filing in Domicile:

Project Number: T06-3 PF (AR)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association, Other

Filing Status Changed: 06/24/2009

Explanation for Other Group Market Type:

Interlocal Cooperatives

State Status Changed: 06/24/2009

Deemer Date:

Created By: Linda Williams

Submitted By: Linda Williams

Corresponding Filing Tracking Number:

Filing Description:

This is a Group Term Life and Health Insurance form filing. Please see the Cover Letter for a detailed description of this filing.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: META-126201260 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42737  
 Company Tracking Number: T06-3 PF (AR) (LW)  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: Group Term Life and Health Insurance  
 Project Name/Number: PA09-ASSN-WP/T06-3 PF (AR)

Mark Diefenderfer, Senior Consultant mdiefenderfe@metlife.com  
 18210 Crane Nest Drive 813-983-4927 [Phone]  
 Building #5 813-983-4940 [FAX]  
 Tampa, FL 33647

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

-----

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20.00 Per Form submitted for Approval.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$20.00	06/23/2009	28755033

SERFF Tracking Number: META-126201260 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42737  
Company Tracking Number: T06-3 PF (AR) (LW)  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life and Health Insurance  
Project Name/Number: PA09-ASSN-WP/T06-3 PF (AR)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/24/2009	06/24/2009

<i>SERFF Tracking Number:</i>	<i>META-126201260</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42737</i>
<i>Company Tracking Number:</i>	<i>T06-3 PF (AR) (LW)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life and Health Insurance</i>		
<i>Project Name/Number:</i>	<i>PA09-ASSN-WP/T06-3 PF (AR)</i>		

## **Disposition**

Disposition Date: 06/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-126201260</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42737</i>
<i>Company Tracking Number:</i>	<i>T06-3 PF (AR) (LW)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life and Health Insurance</i>		
<i>Project Name/Number:</i>	<i>PA09-ASSN-WP/T06-3 PF (AR)</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	NAIC Transmittal Form		Yes
<b>Form</b>	Policy Amendment		Yes

SERFF Tracking Number: META-126201260 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42737  
 Company Tracking Number: T06-3 PF (AR) (LW)  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: Group Term Life and Health Insurance  
 Project Name/Number: PA09-ASSN-WP/T06-3 PF (AR)

## Form Schedule

**Lead Form Number: PA09-ASSN-WP**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PA09-ASSN-WP	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		45.610	PA09-ASSN-WP.pdf

# MetLife®

Metropolitan Life Insurance Company  
[200 Park Avenue, New York, New York 10166]

**Group Policy No.:** [XXXXX]  
**Policyholder:** [ABC Association]  
**[Participating Employer:** Any Entity  
**Participating Employer Number:** YYYYYY  
**Effective date:** [January 1, 2009]

Metropolitan Life Insurance Company ("MetLife"), a stock company, hereby amends the above referenced policy by:

Adding to the section titled **SCHEDULE OF INSURANCE:**

[MetLife and the Policyholder have agreed that, a MetLife affiliate (the "Affiliate"), shall make will preparation service (the "Service") available to [Members] who elect group [supplemental life] insurance coverage. This Service will be made available at no cost to the Policyholder or to such [Members] during the period that group [supplemental life] insurance coverage is in effect.]

This amendment is to be attached to and made a part of the policy. This amendment is subject to the terms and provisions of the policy.

## To be completed by the Policyholder:

Signed at: \_\_\_\_\_  
(City) (State)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Policyholder's Legal Representative)

\_\_\_\_\_  
(Print Name and Title of Legal Representative)

[ \_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Print Name of Witness)

## To be completed by Metropolitan Life Insurance Company:

Signed at: \_\_\_\_\_  
(City) (State)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized MetLife Representative)



[ C. Robert Henrikson, Chairman of the Board,  
President and Chief Executive Officer]





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." in a cursive script.

Herbert B. Brown Jr.  
Vice President



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

### ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
PA09-ASSN-WP	Policy amendment	45.61

Herbert B. Brown Jr.  
Vice President

Metropolitan Life Insurance Company  
18210 Crane Nest Drive, Building #5  
Tampa, FL 33647  
Tel 813 983-4927 Fax 813 983-4940  
INTERNET ADDRESS [mdiefenderfe@metlife.com](mailto:mdiefenderfe@metlife.com)



**Mark Diefenderfer**  
Group and SBC Contracts & Compliance Division

June 23, 2009

Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904

**Re:** Filing No. T06-3 PF (AR)  
Group Term Life and Health Insurance  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir or Madam:

Enclosed for filing please find final printed copies of the group term life insurance form described below. This form is new and does not replace any form previously filed with the Arkansas Department of Insurance [Department].

Policy amendment form PA09-ASSN-WP will be issued with previously approved policy form GPNP99-ASSN. On November 15, 2006, the Department approved the use of policy form GPNP99-ASSN providing group life, dental, accidental death and dismemberment, short term disability and long term disability benefits when the policyholder is an association. We would like to extend the use of GPNP99-ASSN, and its related forms, to policyholders formed pursuant to the Interlocal Cooperation Act (Arkansas Code sections 25-20-101 et seq.), which permits public agencies to join together to, among other things, purchase insurance for their respective employees.

This policy amendment describes a will preparation service feature available as part of the policy, at the request of the policyholder. The variable portions of the text are enclosed in brackets.

The policy amendment may be issued with the policy as a separate document, or the text may be incorporated into the form without a separate document. When the text is incorporated in the form, the page on which the revised text is included will include the following (or similar) text in the footer, "as amended by PA09-ASSN-WP (effective XX X, XXXX)."

This filing will have no impact on previously filed and approved rates.

I trust that this information will allow you to approve the enclosed amendment, PA09-ASSN-WP. Please feel free to contact me should you have any questions about this filing. Thank you in advance for your time and consideration.

Very truly yours,

A handwritten signature in black ink, appearing to be "MD", written over a horizontal line.

Mark Diefenderfer  
Sr. Contract Analyst

**T06-3 PF (AR)**

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
-----------	----------------------------------	----------

<b>2.</b>	<b>Department Use Only</b>
	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 10036 MSC 39087 (39.706)	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mark Diefenderfer 18210 Crane Nest Dr Tampa FL 33647 714/01A-310	(813) 983-4927	(813) 983-4940	<a href="mailto:mdiefenderfe@metlife.com">mdiefenderfe@metlife.com</a>

<b>5.</b>	<b>Requested Filing Mode</b>	<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): _____
-----------	------------------------------	--

<b>6.</b>	<b>Company Tracking Number</b>	T06-3 PF (AR)
-----------	--------------------------------	---------------

<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
-----------	--	-----------------------

<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: <u>Interlocal Cooperatives</u>
-----------	---------------	---

<b>9.</b>	<b>Type of Insurance (TOI)</b>	Group Life and Health Insurance
-----------	--------------------------------	---------------------------------

<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	L04G.500, H10G.000, H11G.002, H11G.003, H03G.000
------------	--	--

<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <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 checked="" type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <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 _____
--	--	---

LHTD-1, Page 1 of 2

12.	<b>Filing Submission Date</b>	<b>June 23, 2009</b>
13	<b>Filing Fee (If required)</b>	Amount <u>\$20.00 (SERFF EFT)</u> Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	<b>N/A</b>
15.	<b>Filing Description:</b>	
	<b>See cover letter.</b>	

16.	<b>Certification (If required)</b>		
<b>I HEREBY CERTIFY</b> 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 Arkansas.			
Print Name	<u>Mark Diefenderfer</u>	Title	<u>Senior Analyst</u>
Signature		Date:	<u>June 23, 2009</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		<b>T06-3 PF (AR)</b>
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Policy Amendment	PA09-ASSN-WP	<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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
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 _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1