

SERFF Tracking Number: META-126285474 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 43388
Company Tracking Number: B09-22 TL (LW)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Life Insurance and Group Accident and Health Insurance
Project Name/Number: GCR09-07/B09-22 TL

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Life Insurance and Group Accident and Health Insurance SERFF Tr Num: META-126285474 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 43388

Sub-TOI: L08.000 Life - Other

Co Tr Num: B09-22 TL (LW)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Disposition Date: 09/02/2009

Date Submitted: 08/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: GCR09-07

Project Number: B09-22 TL

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/02/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Other

Explanation for Other Group Market Type: Labor Union

State Status Changed: 09/02/2009

Created By: Ruth Rivera

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Linda Williams

Filing Description:

Metropolitan Life Insurance Company

501 Route 22, Bridgewater Township, NJ 08807

Tel 908 253-2865 Fax 908 253-2126

mhambleton@metlife.com

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Mike Hambleton
Senior Analyst
Institutional Contracts Division

Re: Group Life Insurance
Group Accident and Health Insurance
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the insurance form described below. This form will be used for:

- group life insurance, and
- group accident and health insurance

This form is new and does not replace any form previously filed with your Department.

Form Number Description

GCR09-07

dp Certificate Rider. This form is intended to provide a revised definition of Domestic Partner. In addition it will provide for corresponding changes to our definitions of Spouse and Child. This Certificate Rider is intended to allow us to have a uniform definition of Domestic Partner for all applicable products and all eligible groups. This Certificate Rider may be used in conjunction with any group life insurance and group accident and health insurance certificate forms approved by your Department. Further, it will apply to all eligible groups for which these forms have been approved.

Text which is subject to variation has been indicated by brackets.

We request the right to have the option to incorporate the contents of the attached certificate rider into the certificate form pursuant to the customer's request. When we do this, we will add the rider's form number to the bottom of the applicable certificate page to reflect that changes were made to that page.

For example, the certificate form will then have the original form number of the certificate and on a line underneath will state the group certificate rider form number as follows:

GCERT2000
def

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as amended by
GCR09-07
dp

The enclosed certificate rider may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the form, as translated, is an accurate representation of the English language version. The non-English version of the certificate rider form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

We enclose the required filing fee.

The enclosed form does not impact rates.

The enclosed form will not be marketed with an illustration.

The officer signing below certifies that the enclosed form achieves a Flesch Reading Ease Score of:

Forms	Score
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GCR09-07 dp	61.27
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Please direct any questions, comments or correspondence regarding this filing to me. My telephone and fax numbers and e-mail address appear in the letterhead above. I look forward to hearing from you.

Very truly yours,

Mike Hambleton
Senior Analyst

Herbert B Brown Jr.
Vice President

Company and Contact

Filing Contact Information

Mike Hambleton, Sr. Contract Analyst mhambleton@metlife.com

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 Project Name/Number: GCR09-07/B09-22 TL

501 Route 22 908-253-2865 [Phone] 2865 [Ext]
 Bridgewater, NJ 08807 908-253-2126 [FAX]

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 Rider Form submitted for Approval.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$20.00	08/28/2009	30201517

SERFF Tracking Number: META-126285474 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/02/2009	09/02/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Certificate Rider	Linda Williams	08/31/2009	08/31/2009

SERFF Tracking Number: *META-126285474* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *43388*
Company Tracking Number: *B09-22 TL (LW)*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Group Life Insurance and Group Accident and Health Insurance*
Project Name/Number: *GCR09-07/B09-22 TL*

Disposition

Disposition Date: 09/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126285474 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	NAIC Transmittal Document		Yes
Form (revised)	Certificate Rider		Yes
Form	Certificate Rider		Yes

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Amendment Letter

Submitted Date: 08/31/2009

Comments:

Correction to form number listed.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GCR09-07 dp	Certificate Amendment, Rider Insert Page, Endorsemen t or Rider	Certificate	Initial				61.270	GCR09-07 DPF.pdf

SERFF Tracking Number: META-126285474 State: Arkansas
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Form Schedule

Lead Form Number: GCR09-07

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GCR09-07 dp	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Rider	Initial		61.270	GCR09-07 DPF.pdf



Metropolitan Life Insurance Company
New York, New York

CERTIFICATE RIDER

Group Policy No.: [XXXXX]

Policyholder: [ABC Company]

Effective Date: [12/01/2009]

The certificate is changed as shown below:

1. The definition of Domestic Partner is [revised] as follows:

Domestic Partner means [each of two people, one of whom is an Employee of the Policyholder, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 1. 18 years of age or older;
 2. unmarried;
 3. the sole domestic partner of the other;
 4. sharing a primary residence with the other and
 5. unrelated to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the Employee.]

[2. The definition of Spouse is revised as follows:

Spouse means Your lawful spouse. Wherever the term "Spouse" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner].

[3. The following phrase is added to the definition of Child:

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.]

This rider is to be attached to and made a part of the Certificate

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attached are the required certification. Attachments: ARCERTREAD.pdf ARCERTREG19.pdf		
Bypassed - Item: Application Bypass Reason: Not Applicable to this filing submission. Comments:		
Satisfied - Item: NAIC Transmittal Document Comments: Attached is the NAIC Transmittal Document. Attachment: _AR_ NAIC Transmittal Document 6-09.pdf		



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
GCR09-07 dp	Certificate rider	61.27

A handwritten signature in cursive script, appearing to read "Herbert B. Brown Jr.".

Herbert B. Brown Jr.
Vice President



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

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 #
	MetLife Institutional Contracts, MSC 39087 1095 Ave. of the Americas NY, NY 10036-6796	NY	Life and Health	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mike Hambleton Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Twmsp. NJ 08807	(908) 253-2865	(908) 253-2126	mhambleton@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	B09-22 TL
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" 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: Labor Union _____

9.	Type of Insurance (TOI)	L08 Life - Other H03G-Group Health – AD&D H10G – Group Health Dental LTC03G-Group Long-Term Care Insurance H11G Group Health Disability Income
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10.	Sub-Type of Insurance (Sub-TOI)	L08.000 Life – Other H03G.000-Group Health – AD&D H10G.000 Health – Dental LTC03G.001 – Qualified H11G.005 Combine Short and Long Term
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<p>11.</p>	<p>Submitted Documents</p>	<p><input type="checkbox"/> FORMS</p> <table border="0"><tr><td><input type="checkbox"/> Policy</td><td><input type="checkbox"/> Outline of Coverage</td><td><input type="checkbox"/> Certificate</td></tr><tr><td><input type="checkbox"/> Application/Enrollment</td><td><input checked="" type="checkbox"/> Rider/Endorsement</td><td><input type="checkbox"/> Advertising</td></tr><tr><td><input type="checkbox"/> Schedule of Benefits</td><td><input type="checkbox"/> Other</td><td></td></tr></table> <p>Rates</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <table border="0"><tr><td><input type="checkbox"/> Articles of Incorporation</td><td><input type="checkbox"/> Third Party Authorization</td></tr><tr><td><input type="checkbox"/> Association Bylaws</td><td><input type="checkbox"/> Trust Agreements</td></tr><tr><td><input type="checkbox"/> Statement of Variability</td><td><input checked="" type="checkbox"/> Certifications</td></tr><tr><td><input type="checkbox"/> Actuarial Memorandum</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Other <u>NAIC Transmittal</u></td><td></td></tr></table>	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		<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 checked="" type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input checked="" type="checkbox"/> Other <u>NAIC Transmittal</u>	
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate																			
<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising																			
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other																				
<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 checked="" type="checkbox"/> Certifications																				
<input type="checkbox"/> Actuarial Memorandum																					
<input checked="" type="checkbox"/> Other <u>NAIC Transmittal</u>																					

LHTD-1, Page 1 of 2

12.	Filing Submission Date	August 28, 2009
13	Filing Fee (If required)	Amount <u>\$20.00 (SERFF EFT)</u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Concurrently being filed in all states
15.	Filing Description: PLEASE SEE COVER LETTER	

16.	Certification (If required)	
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 Arkansas.		
Print Name <u>Mike Hambleton</u> Title <u>Senior Analyst</u>		
Signature <u>Mike Hambleton</u> Date: <u>August 28, 2009</u>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		B09-22 TL
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Certificate Rider	GCR09-07 dp	<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 N/A		
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 Description	Affected Form Numbers		Previous State Filing Number
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

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/28/2009	Form	Certificate Rider	08/31/2009	GCR09-07 DPF.pdf