

SERFF Tracking Number: META-126453395 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44631
Company Tracking Number: B09-57 RW (LW)
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income Application Form
Project Name/Number: IDIAPP09-01/B09-57 RW

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual Disability Income SERFF Tr Num: META-126453395 State: Arkansas

Application Form

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 44631
Closed

Sub-TOI: H111.004 Other

Co Tr Num: B09-57 RW (LW)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth
Rivera, Linda Williams

Disposition Date: 01/25/2010

Date Submitted: 01/20/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: IDIAPP09-01

Status of Filing in Domicile: Pending

Project Number: B09-57 RW

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: 01/25/2010

Explanation for Other Group Market Type:

State Status Changed: 01/25/2010

Deemer Date:

Created By: Ruth Rivera

Submitted By: Linda Williams

Corresponding Filing Tracking Number:

Filing Description:

Re: Filing No. B09-57 RW

Individual Disability Income Application Form IDIAPP09-01

Our NAIC Company No. is 65978

Our FEIN is 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-126453395 State: Arkansas
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We enclose for filing final printed copies of the Individual Disability Income (IDI) insurance application form described below. This form is similar to form IDIAPP04-1 approved by your Department on March 24, 2004.

As with form IDIAPP04-1, this form IDIAPP09-01 will be used by a person who has qualified for an individual life insurance policy to apply, with minimal medical underwriting, for IDI insurance policy form IDI2000-P/GR, approved by your Department on January 8, 2001. This new form refers to a minimum earned income in question 1, lists some additional occupations in question 4 and, as noted below, now offers a single monthly indemnity amount (questions used on form IDIAPP04-1 to determine the indemnity amount have been eliminated).

Because of the limited medical underwriting, the benefits and duration for the payment of benefits for the IDI insurance policies issued pursuant to this application will be as follows:

- The monthly indemnity will be \$1,000.
- The elimination period will be 90 days.
- The maximum benefit period will be 5 years.
- No riders providing optional benefits will be offered.

The enclosed form does not impact rates.

Filing Correspondence Instructions

Please address all correspondence regarding this filing to me at the address, telephone, fax or e-mail. Thank you for your consideration.

Very truly yours,

Robert Winograd
Senior Contract Analyst

Company and Contact

Filing Contact Information

Robert E. Winograd, Sr. Contract Analyst
501 Route 22
Bridgewater, NJ 08807

908-253-2288 [Phone]

SERFF Tracking Number: *META-126453395* *State:* *Arkansas*
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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	01/20/2010	33651760

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/25/2010	01/25/2010

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Disposition

Disposition Date: 01/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *META-126453395* *State:* *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: IDIAPP09-01

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 01/25/2010	IDIAPP09- 01	Application/ Enrollment Form	Application	Initial		54.090	IDIAPP09-01- NW.pdf



Metropolitan Life Insurance Company
New York, New York 10166

Offer Date: _____

Expiration Date: _____

Application for Individual Disability Income Insurance

Proposed Insured Data:

First Name:	Last Name:		
Street:	City:	State:	Zip Code:
Date of Birth:	SSN:	Sex: M___ or F___	

Eligibility Questions:

1. Is your annual income derived from the performance of your occupation reported on your most recent Federal Income Tax Return, at least \$40,000? For Business Owners this would include Business Income reported after expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Not eligible)
2. Do you have complete, irrecoverable, and irreparable loss of: (a) the use of both hands, or both feet, or one hand and one foot; (b) sight in both eyes; (c) speech; or (d) hearing in both ears?	<input type="checkbox"/> Yes (Not eligible)	<input type="checkbox"/> No
3. Have you ever had: an application for disability coverage denied or postponed; or a life insurance or disability insurance policy rated, rescinded, or issued with an exclusion rider?	<input type="checkbox"/> Yes (Not eligible)	<input type="checkbox"/> No
4. Are you employed as any of the following: actor or stunt person, attendant or usher in the theater industry, airline pilot and/or flight crew, air traffic controller, armed guard, baggage handler, bartender, convenience store owner/worker, explosives/asbestos worker, fishing/forestry or marine occupation, martial arts instructor, military personnel, nurse's aide, paramedic/emergency medical technician, pawn broker, police/fire/correction/probation department personnel, postal worker, professional athlete/umpire/referee, railroad worker (except executives and office workers), roofer, seasonal worker, taxi driver?	<input type="checkbox"/> Yes (Not eligible)	<input type="checkbox"/> No
5. Are you currently residing in the United States as a United States citizen or Permanent Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Not eligible)
6. For the past 6 months and including the date you sign this application, have you been continuously employed, working no less than 30 hours per week and performing the material and substantial duties of your occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Not eligible)
7. Is the insurance applied for intended to replace any disability coverage?	<input type="checkbox"/> Yes (Not eligible)	<input type="checkbox"/> No

Policy Being Applied For:

Omni Essential
Monthly Benefit: \$1000
Elimination Period: 90 Days
Maximum Benefit Period: 5 Years

<u>Premium (check one):</u>	Monthly Bank Draft Premium	Semi-Annual Direct Bill Premium	Annual Direct Bill Premium
	___\$104.02	___\$625.33	___\$1,202.53

The signed application must be received in our office within 60 days of the Offer Date shown above. MetLife will consider this application for individual disability income insurance without the medical tests or financial information that may be required for fully underwritten disability income insurance.



Metropolitan Life Insurance Company
New York, New York 10166

Agreement and Acknowledgement

I have read this application and agree that all statements and answers given are true and complete to the best of my knowledge and belief. It is also agreed that:

- The statements and answers in this application, and in any supplements or amendments to this application (hereinafter collectively referred to as "Application"), which will be attached to the disability income insurance policy for which I am applying, are the basis of any policy issued.
- No information will be considered to have been given to MetLife unless it is stated in the Application.
- No sales representative or other person, except for the President, Secretary or a Vice-President of MetLife, may: (a) make or change any MetLife contract of insurance; or (b) change or waive any of the terms of a MetLife application or policy.
- Except as set forth in the Conditional Receipt, the policy will not be in effect and MetLife will have no liability until the date the first full premium due is paid. The policy will then be in effect provided the answers to questions 1, 5 and 6 remain "YES" and the answers to questions 2, 3, 4 and 7 remain "NO." If any of the answers to questions 1, 5 and 6 does not remain "YES," or if any of the answers to questions 2, 3, 4 and 7 does not remain "NO," the policy will not be in effect and MetLife will have no liability. Any premium paid will be refunded.
- Coverage will not become effective if there are any incorrect, untrue, incomplete or omitted statements or other material misrepresentations in any part of the Application.
- Premiums for the policy will be based on age, gender, and policy benefits. I UNDERSTAND THAT I MAY QUALIFY FOR MORE FAVORABLE PREMIUM RATES IF I COMPLETE A FULLY UNDERWRITTEN APPLICATION; AND THAT MY METLIFE/NEF REPRESENTATIVE CAN PROVIDE ME WITH FULL DETAILS ABOUT THIS.
- I understand that paying my insurance premiums monthly, quarterly or semi-annually will result in a higher yearly premium cost than paying annually.

I have received a copy of MetLife's Consumer Privacy Notice.

I have received a copy of the Compensation Disclosure Notice.

Fraud Warning:

Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance with materially false information or conceals for the purpose of misleading information concerning any fact material thereto may be guilty of committing a fraudulent insurance act.

Signed At: _____
(City, State) This application must be signed in the United States

Date: _____
(Mo./Day/Yr.)

Proposed Insured: _____
(Signature of Proposed Insured)

(Witness Signature)



Metropolitan Life Insurance Company
New York, New York 10166

CONDITIONAL PREMIUM RECEIPT

Received from _____ \$_____ on _____
Name of Proposed Insured (Please print) Amount Date

It is understood and agreed that this Conditional Premium Receipt ("Receipt") is made and accepted and coverage shall be effective under the Receipt subject to the following conditions:

1. Completion of the Application for Individual Disability Income Insurance (the "Application"), in which the proposed insured ("You" or "Your") has answered "Yes" to Questions 1, 5 and 6 and "No" to Questions 2, 3, 4, and 7.
2. At least 1 month's premium must be submitted to Metropolitan Life Insurance Company ("MetLife" or "We" or "Our") in order for this Receipt to become effective. The full amount of any check, draft or money order paid under this Receipt must be honored on its first presentation for payment.
3. We determine that as of the date the Application was signed by You (the "Application Date"), You are insurable based upon Our underwriting criteria and standards for the insurance coverage for which You are eligible.

In the event that all of the above conditions are satisfied, coverage will take effect on the Application Date and shall be governed by the terms of the policy applied for in the Application. Any changes in Your health or occupation after the date of this Receipt will not affect Our underwriting decision. If We issue a policy to You, any unpaid balance of the first full premium due, in accordance with the premium payment mode You have selected, must be paid upon delivery of the policy.

Limitations on Authority: No one but the President, the Secretary or a Vice-President of MetLife may change or waive the terms of this Receipt. No agent, financial services representative or medical examiner has authority to determine insurability or to make or modify any contract of insurance or waive any of Our requirements.

By signing below You acknowledge that You have read this Receipt and reviewed Your answers to all questions in the Application and You represent that the answers to all questions are true and complete. Your answers to all questions in the Application will be relied upon by MetLife to accept payment and issue this Receipt. If any of the answers are incomplete or incorrect or if We determine that as of the date of the Application You are not eligible for the insurance coverage applied for, then the amount paid will be returned to You and this Receipt will be null and void and no coverage whatsoever will be effective under this Receipt.

X _____
Signature of Proposed Insured Date

No agent or financial services representative is authorized to accept any payment with the Application if You answered "No" to Question 1, 5 or 6, or "Yes" to Question 2, 3, 4, or 7.

Receipt of \$_____ is acknowledged from _____
in connection with the Application for individual disability income insurance on this date _____

BY: _____ Metropolitan Life Insurance Company
Countersignature

Jeffrey A. Welikson
Jeffrey A. Welikson
Senior Vice-President and
Corporate Secretary

Title: _____ District/Branch: _____

ALL CHECKS MUST BE MADE PAYABLE TO METROPOLITAN LIFE INSURANCE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: Attached are the required Certifications.</p> <p>Attachments: ARCERTREAD.pdf ARCERTREG19.pdf</p>	Approved-Closed	01/25/2010
<p>Satisfied - Item: Application</p> <p>Comments: The Application submitted for Approval is attached under the Form Schedule tab as required.</p>	Approved-Closed	01/25/2010
<p>Bypassed - Item: Health - Actuarial Justification</p> <p>Bypass Reason: Not Applicable.</p> <p>Comments:</p>	Approved-Closed	01/25/2010
<p>Bypassed - Item: Outline of Coverage</p> <p>Bypass Reason: Not Applicable.</p> <p>Comments:</p>	Approved-Closed	01/25/2010



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
IDIAPP09-01	Application	54.09

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