

SERFF Tracking Number: META-126874613 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47130  
Company Tracking Number: G10-08  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-08

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care Insurance Advertising SERFF Tr Num: META-126874613 State: Arkansas

Insurance Advertising

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 47130

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: G10-08

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett, Harris Shearer

Author: Cherise Crittenden

Disposition Date: 10/25/2010

Date Submitted: 10/25/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Group Long-Term Care Insurance Advertising

Project Number: G10-08

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/25/2010

Deemer Date:

Submitted By: Cherise Crittenden

Filing Description:

Commissioner of Insurance

Arkansas Department of Insurance

1200 West 3rd St.

Little Rock, AR 72201-1904

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 10/25/2010

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Re: Metropolitan Life Insurance Company ("MetLife")

Group Long-Term Care Insurance Advertising

NAIC No. 65978 - FEIN No. 13-5581829

SERFF Tracking Number: META-126874613 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47130  
Company Tracking Number: G10-08  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-08  
MetLife Company Filing No. G10-08

Advertising Form Number Brief Description of Advertising Material  
ADF#1214.04(Rev.06/10) Announcement Postcard  
ADF#1215.04(Rev.06/10) Reminder Postcard  
ADF#1415.04(Rev.06/10) New Hire Postcard

Dear Sir/Madam

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with group long-term care policy forms G.LTC197 approved by your Department September 28, 1998, policy form G.LTC1597 approved by your Department September 1, 1998, and policy form GPNP99-LTC approved by your Department February 22, 2000.

The advertising materials are new and do not replace materials previously filed with your Department. The advertising material is only at the request of the Employer as mailing pieces, to announce or remind eligible persons of their opportunities to enroll/apply for Group Long-Term Care Insurance.

We consider the material Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$150.00 filing fee.

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.

## Company and Contact

### Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com  
MKTG  
57 Green Farms Road 203-221-6594 [Phone]  
Westport, CT 06880

*SERFF Tracking Number:*      *META-126874613*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company*              *State Tracking Number:*      *47130*  
*Company Tracking Number:*      *G10-08*  
*TOI:*                      *LTC03G Group Long Term Care*                      *Sub-TOI:*                      *LTC03G.001 Qualified*  
*Product Name:*              *Group Long-Term Care Insurance Advertising*  
*Project Name/Number:*      *Group Long-Term Care Insurance Advertising/G10-08*

**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]		

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**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50.00 PER ADV X 3 = \$150.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$150.00	10/25/2010	41120116

SERFF Tracking Number: META-126874613 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47130  
Company Tracking Number: G10-08  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-08

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	10/25/2010	10/25/2010

*SERFF Tracking Number:*      *META-126874613*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company*              *State Tracking Number:*      *47130*  
*Company Tracking Number:*      *G10-08*  
*TOI:*                      *LTC03G Group Long Term Care*                      *Sub-TOI:*                      *LTC03G.001 Qualified*  
*Product Name:*              *Group Long-Term Care Insurance Advertising*  
*Project Name/Number:*      *Group Long-Term Care Insurance Advertising/G10-08*

## **Disposition**

Disposition Date: 10/25/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126874613 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47130  
 Company Tracking Number: G10-08  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Advertising  
 Project Name/Number: Group Long-Term Care Insurance Advertising/G10-08

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	COVER LETTER		Yes
Supporting Document	NAIC FORM		Yes
Supporting Document	Explanation of Variables		Yes
Form	Announcement Postcard		Yes
Form	Reminder Postcard		Yes
Form	New Hire Postcard		Yes

SERFF Tracking Number: META-126874613 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47130  
 Company Tracking Number: G10-08  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Advertising  
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## Form Schedule

**Lead Form Number: ADF#1214.04(Rev.06/10)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1214.04(Rev.06/10)	Advertising	Announcement Postcard	Initial		0.000	ADF#1214.04(Rev.0610)_Announcement Postcard.pdf
	ADF#1215.04(Rev.06/10)	Advertising	Reminder Postcard	Initial		0.000	ADF#1215.04(Rev0610)Reminder Postcard.pdf
	ADF#1415.04(Rev.06/10)	Advertising	New Hire Postcard	Initial		0.000	ADF#1415.04(Rev.0610)_New Hire Postcard.pdf

# ABC Company Logo

Long-Term Care  
P.O. Box 937  
Westport, CT 06881-0937

PRESORTED  
STANDARD  
U.S. POSTAGE  
PAID  
A.P.L.S.  
08701

ABC Company is offering an **IMPORTANT BENEFIT** to help you put a potentially important piece of your financial plan in place.

Metropolitan Life Insurance Company ("MetLife")

**[Guaranteed Enrollment Opportunity]**

**[00/00/00 through 00/00/00]**

[Sample A. Sample  
1234 Any Street  
Any Town, XY 00000-0000]

**LONG-TERM CARE INSURANCE** helps [fill] a [ ] that's generally not covered by other programs.  
Don't put your hard-earned savings at risk.

### Long-term care costs are typically not covered by other plans.

- **Disability income insurance** only covers lost wages.
  - **Medical insurance**
  - Generally, **Medicare**
- **Medicaid** is a State and Federal Government program that pays for certain health services and nursing home care for older people with low incomes and limited assets. In most states, Medicaid also pays for some long-term care services at home and in the community. Who is eligible and what services are covered vary from state to state. Most often, eligibility is based on your income and personal resources.<sup>1</sup>

**[[Enroll] during this [enrollment period], and NO HEALTH QUESTIONS WILL BE ASKED!]**

[You are [guaranteed coverage] as long as you are actively at work on your [effective date of coverage].]

[(Eligible family members can apply as well, subject to full underwriting.)]

**[Questions? Ready to [Enroll?]**

**[Visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-438-6388.]**

**MetLife**<sup>®</sup>

Metropolitan Life Insurance Company

LTC00000(0000) Printed in U.S.A.

LXXXXXXXXX(expXXXX)

© 2009 METLIFE, INC. Metropolitan Life Insurance Company, New York, NY 10166

# MetLife<sup>®</sup>

Long-Term Care

P.O. Box 937, Westport, CT 06881-0937

FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
A.P.L.S.  
08701

## IMPORTANT BENEFIT DEADLINE —

Receive **[GUARANTEED COVERAGE]** before this enrollment period ends.

**Metropolitan Life Insurance Company (“MetLife”)**

**Guaranteed Enrollment Opportunity**

**ends on 00, 0000**

Sample A. Sample  
1234 Any Street  
Any Town, USA 12345-6789

[Don't miss this **[GUARANTEED]**  
enrollment opportunity for **LONG-TERM CARE INSURANCE.**]

*[Time is limited, so sign-up now!]*

**FACT** ○ **Medical insurance**

**FACT** ○ **[Medicaid** is a State and Federal Government program that pays for certain health services and nursing home care for older people with low incomes and limited assets. In most states, Medicaid also pays for some long-term care services at home and in the community. Who is eligible and what services are covered vary from state to state. Most often, eligibility is based on your income and personal resources.<sup>1]</sup>

**FACT** ○

**FACT** ○ [

**[REMEMBER** — There are **NO HEALTH QUESTIONS ASKED** if you **[enroll]** **[during this enrollment period]**! This means you are **[guaranteed coverage]** as long as you are actively at work **[on your effective date of coverage].]**

**[Questions? Ready to [Enroll]?**  
**[Visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)**  
**or call 1-800-438-6388.]**

**MetLife**<sup>®</sup>

Metropolitan Life Insurance Company

0803-7918 LTC03429(0208) Printed in U.S.A.

LXXXXXXXXX(expXXXX)

© 2009 METLIFE, INC. Metropolitan Life Insurance

Company, New York NY 10166

# NEW EMPLOYEES.

*Ends 90 days from benefit eligibility date*

## Important Employee Benefit Deadline —

You are guaranteed\* to receive coverage if you apply before this enrollment period ends.

Welcome! You, and your eligible<sup>1</sup> family members, are invited to apply for Long-Term Care Insurance coverage underwritten by Metropolitan Life Insurance Company (“MetLife”).

As you start a new position, you are faced with many employee benefit decisions. Which medical plan should I choose? Do I want to purchase additional life insurance?

All of these benefit [decisions] require your careful consideration. But one that is just as important to your future is the [decision] you make today regarding long-term care insurance. [[Your employer] has selected MetLife as the insurer of this important group coverage at group rates.]

[\* For [employees] actively at work.]

[<sup>1</sup> Eligible family members = spouse/domestic partner (where permitted by law), parents/grandparents (in law). Applications subject to underwriting.]

[<sup>2</sup> METLIFE RETIREMENT INCOME IQ STUDY A Survey of “Pre-Retiree Knowledge of Financial Retirement Issues,” Mature Market Institute, June 2008.]

## WHAT IS LONG-TERM CARE?

In short, long-term care is the kind of care you or your family members may need as a result of an injury, illness or aging.

## [A SURVEY ON “PRE-RETIREE KNOWLEDGE OF FINANCIAL RETIREMENT ISSUES” REVEALED:

- 56% of pre-retirees are now aware that longevity risk, the risk of outliving their retirement savings, represents the most important financial risk facing them in retirement.<sup>2</sup>
- 60% of respondents underestimate their chances of living beyond a given average life expectancy.<sup>2</sup>
- Two-thirds know that extended long-term care expenses are not generally covered by health insurance, Medicare, or disability insurance, while one quarter still believe Medicare provides this coverage.<sup>2</sup>]

[Log on today and take a look.

IT'S FAST, IT'S EASY, AND IT'S FREE.]

[[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)]

MetLife has made it easier than ever for you to learn what you need to know about long-term care insurance — and if it's right for you and your family.

[Simply log on to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to view details about the Long-Term Care Insurance Plan. You'll be able to locate the cost of care in your area and customize a quote!

You'll find it easy to navigate and full of valuable information that will provide you with a better understanding of your long-term care insurance options.]

[\* "The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs," MetLife Mature Market Institute, October 2009. Actual costs will vary by geographical area. Home care cost is based on a home health aide - \$21/hr., 5 hours per day, 5 days per week.]

# MetLife

**Metropolitan Life Insurance Company**

LTC04559(0510)

© 2010 METLIFE, INC. Metropolitan Life Insurance Company, New York NY 10166

**REMEMBER —**

There are NO health questions asked if you **[enroll]** **[within 90 days from your benefit eligibility date]**! This means you are **[guaranteed coverage]** as long as you are **actively at work** **[on your effective date of coverage]**.

**[QUESTIONS?  
READY TO [ENROLL]??]**

**[Visit  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)**

**or call  
[1-800-438-6388]**

SERFF Tracking Number: META-126874613 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47130  
 Company Tracking Number: G10-08  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Advertising  
 Project Name/Number: Group Long-Term Care Insurance Advertising/G10-08

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> COVER LETTER <b>Comments:</b> <b>Attachment:</b> AR_Cover Letter.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> NAIC FORM <b>Comments:</b> <b>Attachment:</b> AR _ NAIC__Group.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Explanation of Variables <b>Comments:</b> <b>Attachments:</b> EOVS ADF#1214.04(Rev.0610)_Announcement Postcard.pdf EOVS ADF#1215.04(Rev0610) Reminder Postcard.pdf EOVS ADF# 1415.04(Rev.0610)_New Hire Postcard.pdf		

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-6594 Fax 203 221-6573  
ccrittenden@metlife.com



**Cherise Crittenden**  
Long-Term Care

October 21, 2010

Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> St.  
Little Rock, AR 72201-1904

**Re: Metropolitan Life Insurance Company ("MetLife")**  
Group Long-Term Care Insurance Advertising  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. **G10-08**

<b>Advertising Form Number</b>	<b>Brief Description of Advertising Material</b>
ADF#1214.04(Rev.06/10)	Announcement Postcard
ADF#1215.04(Rev.06/10)	Reminder Postcard
ADF#1415.04(Rev.06/10)	New Hire Postcard

Dear Sir/Madam

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with group long-term care policy forms G.LTC197 approved by your Department September 28, 1998, policy form G.LTC1597 approved by your Department September 1, 1998, and policy form GPNP99-LTC approved by your Department February 22, 2000.

The advertising materials are new and do not replace materials previously filed with your Department. The advertising material is only at the request of the Employer as mailing pieces, to announce or remind eligible persons of their opportunities to enroll/apply for Group Long-Term Care Insurance.

We consider the material Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$150.00 filing fee.

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

Cherise Crittenden  
Consultant-Compliance/Mtkg-AD

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

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	ARKANSAS					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>STATE #</b>
	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	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>		<b>E-mail Address</b>		
	Cherise Crittenden Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.6594	203.221.6573		ccrittenden@metlife.com		
<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: G10-08</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large      X Small and Large <b>Group</b> <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
<b>9.</b>	<b>Type of Insurance</b>	LTC03G Group Long-Term Care Insurance					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	LTC03G.001- Qualified					

<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <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"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</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: _____
<b>12.</b>	<b>Filing Submission Date</b>	<b>October 21, 2010</b>
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount \$150.00 . _____ Check Date <u>See EFT transaction</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>See EFT transaction</u>
<b>14.</b>	<b>Date of Domiciliary Approval</b>	<b>NA New York does not require LTCI advertising to be filed.</b>
<b>15.</b>	<b>Filing Description: GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)</b>  <b>PLEASE SEE COVER LETTER</b>	

**View Complete Filing Description**

<b>16.</b>	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> 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>Cherise Crittenden</u> Title: <u>Consultant-Compliance/Marketing/AD</u></p> <p>Original Signature <u><i>Cherise Crittenden</i></u> <span style="float:right;">October 21, 2010</span></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>G10-08</b>
<b>This filing corresponds to rate filing company tracking number</b>		<b>NA</b>

	<b>Document Name</b>	<b>Form Number</b>		<b>Replace Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Announcement Postcard	<b>ADF#1214.04(Rev. 06/10)</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Reminder Postcard	<b>ADF#1215.04(Rev. 06/10)</b>	<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03	New Hire Postcard	<b>ADF#1415.04(Rev. 06/10)</b>	<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
12			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	

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**

**INVITATION TO INQUIRE**

**ANNOUNCEMENT POSTCARD**

**FORM NUMBER: ADF#1214.04(Rev.06/10)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

**Illustrative Material**

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

**SPECIFIC VARIABLE MATERIAL**

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
General	Throughout	<p>MetLife logo may or may not be used, or may vary with Customer, or no logo may be used.</p> <p>All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information. Statistical information may also show a range of lowest to highest costs. If rounding is used one of the following statements may be added:</p> <p>Rounded to the nearest \$5.00 increment. Average of high and low [state/nationwide] rates.</p> <p>OR</p> <p>Rounded to the nearest \$1.00 increment. Average of high and low [state/nationwide] rates.</p> <p>References to "Employee[s]" and "Retiree[s]" may appear as is or may be revised to show how a client refers to their employees/retirees (i.e., members, associates, etc.) Item may also be revised to show a list of participants that may be eligible for coverage (i.e., parents, adult child[ren]).</p> <p><i>This is determined on a case by case basis.</i></p>

Section	Item	Explanation
General	Throughout	<p>References to “Enroll” may appear as is, may be omitted or may be revised to read “Apply” when guaranteed issue is not available or offered.</p> <p>This is determined on a case by case basis.</p> <p>References to “Enrollment” may appear as is, may be omitted or may appear as is, may be omitted or may be revised to show “Application” when guaranteed issue is not available or offered.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “Enrollment Period[s]” may appear as is, may be omitted or may be revised to show, “Deadline Date[s]”, “Deadline”, “Application Period[s]” when guaranteed issue is not available or offered. If deadline date[s] are used, references to “during this”, “after this”, “ends” which may precede or follow “enrollment period[s]” may be omitted or may be revised to show, “[by/after/during] [the/this] [[enrollment period] [ends/deadline/MMDDYYYY]”. References to the above may also be revised to reflect an Open Enrollment Period if applicable.</p> <p><i>This is determined on a case by case basis</i></p> <p>References to “Guaranteed Coverage” and/or “Guaranteed” may appear as is, may be omitted or may be revised to show the underwriting available for a group (i.e., simplified issue, full underwriting).</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “on your effective date of coverage”, “effective date”, “this date” may appear as is, may be omitted, or may be revised to show:</p> <p>[Month/Day/Year] – The date format may vary.</p> <p>OR</p> <p>on the [effective date] of the plan who [enroll] during the [initial] [enrollment/application] period for all options</p> <p>OR</p> <p>for [new] [employees] within [90 days] of [hire/eligibility]</p> <p>OR, may include:</p> <p>Active [employees] who are not actively at work on [the/their] [effective date] may [enroll/apply] [with guaranteed issue/by submitting an application with/answer/provide an application with] [limited/abbreviated/X number of] [health questions/underwriting] to qualify, with coverage to become effective the 1st of the month following their return to active [employment/work/duty], as long as they are actively at work on their [effective date].</p> <p><i>This is determined on a case by case basis.</i></p> <p>Underwriting and eligibles vary by group and are determined on a case by case basis. Specific underwriting requirements may be listed (i.e., full underwriting required for [list of eligible participants], limited health questions for [eligible participants], guaranteed issue for [eligible participants]).</p>

Section	Item	Explanation
General	Throughout	<p>Where applicable, references to periods of time will vary depending on underwriting available per group:</p> <p>Examples:</p> <p>[day[s]]</p> <p>[month[s]]</p> <p>[semi-monthly]</p> <p>[bi-weekly]</p> <p>[semi-annually]</p> <p>[quarter/quarter[ly]]</p> <p>[week[ly]]</p> <p>[annual[ly]]</p> <p>References to “per” which may precede the periods of time referenced above may be omitted or may be revised to show, “[a/each]”.</p> <p>References to “decisions” or “decision” may appear as is or may be revised to show “choices” or “choice”.</p>
Cover	1	<p>Item may be revised to show:</p> <p>[We’re/MetLife/Company Name] [offering/adding] an important [new] [voluntary] benefit to help you put a potentially important piece of your financial plan in place.</p> <p>OR</p> <p>As [a/an] [ABC Company] [employee/retiree], you are eligible for an important [new] [voluntary] benefit to help you put a potentially important piece of your financial plan in place.</p> <p>OR</p> <p>Important [New] [Voluntary] Benefit [Offering/Offered/Being Offered]</p> <p>OR</p> <p>Important [New] [Voluntary] Benefit Information</p> <p>OR</p> <p>A [New] [Voluntary] Benefit [Offering/Offered/Being Offered] for [New] [Employees/Retirees/Eligible Classes]</p> <p>OR</p> <p>A [New] [Voluntary] Benefit [Addition/Being Added] for [New] [Employees/Retirees/Eligible Classes]</p> <p>OR</p> <p>[ABC Company/MetLife] [offers/is offering] an important [new] [voluntary] benefit to help you put a potentially important piece of your financial plan in place.</p> <p>OR</p> <p>[ABC Company/MetLife] is making an important [new] [voluntary] benefit available to help you put a potentially important piece of your financial plan in place.</p> <p>OR</p> <p>[ABC Company] has arranged to offer a [new] [voluntary] benefit.</p> <p>OR</p> <p>[Your employer/Company Name] has [selected/chosen] MetLife as the insurer of this important group coverage at group rates.</p>

Section	Item	Explanation
Cover	1	OR
Continued...	Continued...	<p>[Your employer/Company Name] has [selected/chosen] MetLife as the insurer of this important group coverage.</p> <p>OR</p> <p>[Company Name] is providing you the opportunity to [enroll in/apply for] the group long-term care insurance plan from MetLife.</p> <p>OR</p> <p>You [have/are being offered] the opportunity to [enroll in/apply for] MetLife's group long-term care insurance plan being offered by [Company Name].</p> <p><i>References to "new" may or may not be included. The above items may also precede the one of the following statements:</i></p> <p><i>"See other side for [more] details..."</i></p> <p>OR</p> <p><i>"Please read for [more] details."</i></p>
	2	<p>Item may appear as is, may be omitted or may be revised to read:</p> <p>Opportunity to [Apply] with [limited/abbreviated/X number of] [health questions/underwriting].</p> <p>OR</p> <p>[Enrollment] Opportunity.</p> <p>OR</p> <p>Don't Miss This Opportunity!</p>
	3	<p>Item may appear as is, may be omitted or may be revised to read:</p> <p>ends on [Date]</p> <p>OR</p> <p>[Enrollment] Opportunity.</p> <p>OR</p> <p>Don't Miss This Opportunity!</p> <p>OR</p> <p>Sign Up Today!</p>
Back	4	<p>Item may appear as is or may be revised to read:</p> <p>fulfill</p> <p>or</p> <p>meet</p>
	5	<p>Item may appear as is, may be omitted or may be revised to read:</p> <p>Long-term care services [can/may] be [costly/expensive].</p> <p>OR</p> <p>The costs for long-term care services [can/may] be expensive.</p> <p>OR</p> <p>Long-term care expenses [can/may] be costly.</p>

Section	Item	Explanation
Back	6	References to “over” may appear as is, may be omitted or may be revised to show, “approximately”.
Continued...	7	Item may appear as is, may be omitted or may be revised to read: [Enroll] by [Date] for Coverage OR [Apply] by [DATE] with [limited/abbreviated] [health questions/underwriting] OR [Limited/Abbreviated/Reduced] [health questions/underwriting] for [employees] that [apply/submit an application] by [DATE].
	8	Item may appear as is, may be omitted or may be revised to read: [Enroll] without providing proof of good health before this [enrollment period] ends. OR [Employees] can now [enroll/apply] with [guaranteed coverage] OR [Guaranteed coverage] for [employees] [enrolling] now OR Another opportunity for [employees] to [enroll] with [guaranteed coverage] OR [You/Employees/list of eligibles] can [enroll] [during this enrollment period] with [limited/abbreviated] [health questions/underwriting] OR [Apply] by [Date] with [limited/abbreviated] [health questions/underwriting] OR [Enroll] by [Date] for Coverage OR [By/After/During] [the/this] [enrollment period ends/deadline/MMDDYYYY,] [employees] will be required to [submit an application with/answer/provide an application with] full [medical/health] [questions/underwriting] to qualify and acceptance will be on the information provided.] OR There are NO health questions asked if you [enroll] [within 90 days from your benefit eligibility date]! This means you are [guaranteed coverage] as long as you are actively at work [on your effective date of coverage].

Section	Item	Explanation
Back	8	OR
Continued...	Continued...	<p>[Employees] who [apply] by [this date/the deadline/MM/DD/YY] have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.</p> <p>OR</p> <p>[If you [enroll] by [this date/the deadline/MM/DD/YY], you'll also get the benefit of [simplified coverage/simplified issue], which means you only have to answer [Limited/Abbreviated/Reduced] [health questions/underwriting] to qualify. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p> <p>OR</p> <p>[Limited/Abbreviated/Reduced] [health questions/underwriting] is available to active [employees] [during this enrollment period]. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p> <p>OR</p> <p>[If you [enroll] by [this date/the deadline/MM/DD/YY], you have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.</p> <p>Item may also be revised to include:</p> <p>Except for [employees] [electing] the [10 year (3,650 days)] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</p> <p>OR</p> <p>Except for [employees] [electing] the [Unlimited] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</p>
	9	Item may be appear as is or may be omitted. Item may also be varied to list eligible classes. Item may also include underwriting applicable to eligible participants.
	10	<p>Item may appear as is, may be omitted or may be revised to read:</p> <p>Questions? Need More Information?</p> <p>OR</p> <p>Questions? Ready to [Apply]?</p> <p>OR</p> <p>Questions?</p> <p>OR</p> <p>Questions? Ready to Sign Up?</p> <p>OR</p> <p>Ready to Sign Up?</p> <p>OR</p> <p>Questions? Contact us at...</p> <p>OR</p> <p>Questions? Contact MetLife at...</p>

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
Back	11	Item may appear as shown, or may be varied to omit website information if a customer does not have a website or web enrollment options.
Continued...		Phone number will be omitted if phone enrollment is not available. Phone number may also be updated to include prompting options if available. Website may also be updated to include sign on information (i.e., password) if applicable.



Metropolitan Life Insurance Company  
NAIC: 241-65978  
**EXPLANATION OF VARIABLE MATERIAL**

**INVITATION TO INQUIRE**

**REMINDER POSTCARD**

**FORM NUMBER: ADF#1215.04(Rev.06/10)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

**Illustrative Material**

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

**SPECIFIC VARIABLE MATERIAL**

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
General	Throughout	<p>MetLife logo may or may not be used, or may vary with Customer, or no logo may be used.</p> <p>All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information. Statistical information may also show a range of lowest to highest costs. If rounding is used one of the following statements may be added:</p> <p>Rounded to the nearest \$5.00 increment. Average of high and low [state/nationwide] rates.</p> <p>OR</p> <p>Rounded to the nearest \$1.00 increment. Average of high and low [state/nationwide] rates.</p> <p>References to "Employee[s]" and "Retiree[s]" may appear as is or may be revised to show how a client refers to their employees/retirees (i.e., members, associates, etc.) Item may also be revised to show a list of participants that may be eligible for coverage (i.e., parents, adult child[ren]).</p> <p><i>This is determined on a case by case basis.</i></p>

Section	Item	Explanation
General	Throughout	<p>References to “Enroll” may appear as is, may be omitted or may be revised to read “Apply” when guaranteed issue is not available or offered.</p> <p>This is determined on a case by case basis.</p> <p>References to “Enrollment” may appear as is, may be omitted or may appear as is, may be omitted or may be revised to show “Application” when guaranteed issue is not available or offered.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “Enrollment Period[s]” may appear as is, may be omitted or may be revised to show, “Deadline Date[s]”, “Deadline”, “Application Period[s]” when guaranteed issue is not available or offered. If deadline date[s] are used, references to “during this”, “after this”, “ends” which may precede or follow “enrollment period[s]” may be omitted or may be revised to show, “[by/after/during] [the/this] [[enrollment period] [ends/deadline/MMDDYYYY]”. References to the above may also be revised to reflect an Open Enrollment Period if applicable.</p> <p><i>This is determined on a case by case basis</i></p> <p>References to “Guaranteed Coverage” and/or “Guaranteed” may appear as is, may be omitted or may be revised to show the underwriting available for a group (i.e., simplified issue, full underwriting).</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “on your effective date of coverage”, “effective date”, “this date” may appear as is, may be omitted, or may be revised to show:</p> <p>[Month/Day/Year] – The date format may vary.</p> <p>OR</p> <p>on the [effective date] of the plan who [enroll] during the [initial] [enrollment/application] period for all options</p> <p>OR</p> <p>for [new] [employees] within [90 days] of [hire/eligibility]</p> <p>OR, may include:</p> <p>Active [employees] who are not actively at work on [the/their] [effective date] may [enroll/apply] [with guaranteed issue/by submitting an application with/answer/provide an application with] [limited/abbreviated/X number of] [health questions/underwriting] to qualify, with coverage to become effective the 1st of the month following their return to active [employment/work/duty], as long as they are actively at work on their [effective date].</p> <p><i>This is determined on a case by case basis.</i></p> <p>Underwriting and eligibles vary by group and are determined on a case by case basis. Specific underwriting requirements may be listed (i.e., full underwriting required for [list of eligible participants], limited health questions for [eligible participants], guaranteed issue for [eligible participants]).</p>

Section	Item	Explanation
General	Throughout	<p>Where applicable, references to periods of time will vary depending on underwriting available per group:</p> <p>Examples:</p> <p>[day[s]]</p> <p>[month[s]]</p> <p>[semi-monthly]</p> <p>[bi-weekly]</p> <p>[semi-annually]</p> <p>[quarter/quarter[ly]]</p> <p>[week[ly]]</p> <p>[annual[ly]]</p> <p>References to “per” which may precede the periods of time referenced above may be omitted or may be revised to show, “[a/each]”.</p> <p>References to “decisions” or “decision” may appear as is or may be revised to show “choices” or “choice”.</p>
Cover	1	<p>Item may appear as is, may be omitted or may be revised to read:</p> <p>Important [new] [voluntary] Benefit Information</p> <p>OR</p> <p>Important [new] [voluntary] Benefit Available</p> <p>OR</p> <p>Benefit Information for [ABC Company] [Employees/Retirees/Eligible Classes]</p> <p>OR</p> <p>You are eligible for an important [new] [voluntary] benefit</p> <p>OR</p> <p>Important [New] [Voluntary] Benefit [Offering/Offered/Being Offered]</p> <p>OR</p> <p>A [New] [Voluntary] Benefit [Offering/Offered/Being Offered] for [New] [Employees/Retirees/Eligible Classes]</p> <p>OR</p> <p>A [New] [Voluntary] Benefit [Addition/Being Added] for [New] [Employees/Retirees/Eligible Classes]</p> <p>OR</p> <p>[ABC Company/MetLife] [offers/is offering] you an important [new] [voluntary] benefit</p> <p>OR</p> <p>[ABC Company/MetLife] is making an important [new] [voluntary] benefit available to you</p> <p>OR</p> <p>[ABC Company] has arranged to offer a [new] [voluntary] benefit.</p> <p>OR</p> <p>[Your employer/Company Name] has [selected/chosen] MetLife as the insurer of this important group coverage at group rates</p>

Section	Item	Explanation
Cover	1	OR
Continued...	Continued...	<p>[Your employer/Company Name] has [selected/chosen] MetLife as the insurer of this important group coverage</p> <p>OR</p> <p>[Company Name] is providing you the opportunity to [enroll in/apply for] the group long-term care insurance plan from MetLife.</p> <p>OR</p> <p>You [have/are being offered] the opportunity to [enroll in/apply for] MetLife's group long-term care insurance plan being offered by [Company Name].</p> <p><i>References to "new" may or may not be included. The above items may also precede the one of the following statements:</i></p> <p><i>"See other side for [more] details..."</i></p> <p>OR</p> <p><i>"Please read for [more] details."</i></p>
	2	<p>Item may appear as is, may be omitted or may be revised to read:</p> <p>Receive [guaranteed coverage] by [Date].</p> <p>OR</p> <p>Rates are based on age – be sure to [enroll] before your next birthday.</p> <p>OR</p> <p>Rates are based on age – be sure to take advantage of your current age.</p> <p>OR</p> <p>Take advantage of simplified issue before this [enrollment period] ends.</p> <p>OR</p> <p>Opportunity to [Apply] with [limited/abbreviated/X number of] [health questions/underwriting].</p> <p>OR</p> <p>[Enroll] without providing proof of good health before this [enrollment period] ends.</p> <p>OR</p> <p>[Employees] can now [enroll/apply] with [guaranteed coverage]*</p> <p>OR</p> <p>[Guaranteed coverage] for [employees] [enrolling] now*</p> <p>OR</p> <p>Another opportunity for [employees] to [enroll] with [guaranteed coverage]*</p>

Section	Item	Explanation
Cover	2	OR
Continued...	Continued...	[You/Employees/list of eligibles] can [enroll] [during this enrollment period] with [limited/abbreviated] [health questions/underwriting]
		OR
		[Apply] by [Date] with [limited/abbreviated] [health questions/underwriting]
		OR
		[Enroll] by [Date] for Coverage
		OR
		Receive [guaranteed coverage] before this opportunity ends.
		OR
		Receive [coverage] before this opportunity ends.
	3	Item may appear as is, may be omitted or may be revised to read: Opportunity to [Apply] with [limited/abbreviated/X number of] [health questions/underwriting].
		OR
		[Enrollment] Opportunity.
		OR
		Don't Miss This Opportunity!
		OR
		Don't Miss This [Enrollment] Opportunity!
	4	Item may appear as is, may be omitted or may be revised to read: ends on [Date]
		OR
		[Enrollment] Opportunity.
		OR
		Don't Miss This Opportunity!
		OR
		Don't Miss This [Enrollment] Opportunity!
		OR
		Sign Up Today!

Section	Item	Explanation
Back	5	<p>Item may appear as is, may be omitted or may be revised to read:  [Guaranteed] [enrollment] opportunity for [employees].  OR  [Guaranteed] [enrollment] deadline approaching.  OR  [Guaranteed] [enrollment] opportunity for Long-Term Care Insurance.  OR  Opportunity to [Apply] for Long-Term Care Insurance with [limited/abbreviated/X number of] [health questions/underwriting].  OR  [Guaranteed] [enrollment] opportunity end on [DATE].  OR  Opportunity for [Guaranteed] [enrollment] end on [DATE].  OR  Deadline for [Guaranteed] [enrollment/issue/coverage] approaching.  OR  Opportunity to [Apply] with [limited/abbreviated/X number of] [health questions/underwriting] ends on [DATE].  OR  [Guaranteed] [Enrollment] Opportunity ends on [DATE].</p>
	6	<p>Item may appear as is, may be omitted or may be revised to read:  Don't Miss This Opportunity!  OR  Sign Up Today!  OR  Sign Up Now!  OR  This [enrollment] opportunity end on [Date].</p>
	7	<p>Item may appear as is, may be omitted or may be revised.  For example, this may vary to read:  REMEMBER- There are NO health questions asked if you [enroll] [within 90 days from your benefit eligibility date/during this enrollment period]!  This means you are [guaranteed coverage] as long as you are actively at work [on your effective date of coverage].</p>

Section	Item	Explanation
Back	7	OR
Continued...	Continued...	<p>REMEMBER- [If you [enroll] by [this date/the deadline/MM/DD/YY], you have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] [All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.]</p>
		OR
		<p>REMEMBER- [Employees] who [apply] by [this date/the deadline/MM/DD/YY] have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] [All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.]</p>
		OR
		<p>REMEMBER- [If you [enroll] by [this date/the deadline/MM/DD/YY], you'll also get the benefit of [simplified coverage/simplified issue], which means you only have to answer [Limited/Abbreviated/Reduced] [health questions/underwriting] to qualify. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p>
		OR
		<p>REMEMBER- [Limited/Abbreviated/Reduced] [health questions/underwriting] is available to active [employees] [during this enrollment period]. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p>
		<p><i>Reference to the word "Remember" may appear as is or may be omitted.</i></p>
		<p><i>Item may also be revised to include an asterisk and one of the following statements will be added:</i></p>
		<p><i>Except for [employees] [electing] the [10 year (3,650 days)] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</i></p>
		OR
		<p><i>Except for [employees] [electing] the [Unlimited] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</i></p>

Section	Item	Explanation
Back	8	<p>Item may appear as is, may be omitted or may be revised to read:  Questions? Need More Information?  OR  Questions? Ready to [Apply]?  OR  Questions?  OR  Questions? Ready to Sign Up?  OR  Ready to Sign Up?  OR  Questions? Contact us at...  OR  Questions? Contact MetLife at...</p>
Continued...	9	<p>Item may appear as shown, or may be varied to omit website information if a customer does not have a website or web enrollment options.</p> <p>Phone number will be omitted if phone enrollment is not available.</p> <p>Phone number may also be updated to include prompting options if available.</p> <p>Website may also be updated to include sign on information (i.e., password) if applicable.</p>



Metropolitan Life Insurance Company  
NAIC: 241-65978

**EXPLANATION OF VARIABLE MATERIAL**

**INVITATION TO INQUIRE**

**NEW HIRE POSTCARD**

**FORM NUMBER: ADF#1415.04(Rev.06/10)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

**Illustrative Material**

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

**SPECIFIC VARIABLE MATERIAL**

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
General	Throughout	MetLife logo may or may not be used, or may vary with Customer, or no logo may be used.  All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information. Statistical information may also show a range of lowest to highest costs. If rounding is used one of the following statements may be added:  Rounded to the nearest \$5.00 increment. Average of high and low [state/nationwide] rates.  OR  Rounded to the nearest \$1.00 increment. Average of high and low [state/nationwide] rates.  References to "Employee[s]" may appear as is or may be revised to show how a client refers to their employees (i.e., members, associates, etc.) Item may also be revised to show a list of participants that may be eligible for coverage (i.e., retirees[s], adult child[ren]).

*This is determined on a case by case basis.*

Section	Item	Explanation
General	Throughout	<p>References to “Enroll” may appear as is, may be omitted or may be revised to read “Apply” when guaranteed issue is not available or offered.</p> <p>This is determined on a case by case basis.</p> <p>References to “Enrollment” may appear as is, may be omitted or may appear as is, may be omitted or may be revised to show “Application” when guaranteed issue is not available or offered.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “Enrollment Period[s]” may appear as is, may be omitted or may be revised to show, “Deadline Date[s]”, “Deadline”, “Application Period[s]” when guaranteed issue is not available or offered. If deadline date[s] are used, references to “during this”, “after this”, “ends” which may precede or follow “enrollment period[s]” may be omitted or may be revised to show, “[by/after/during] [the/this] [[enrollment period] [ends/deadline/MMDDYYYY]”. References to the above may also be revised to reflect an Open Enrollment Period if applicable.</p> <p><i>This is determined on a case by case basis</i></p> <p>References to “Guaranteed Coverage” and/or “Guaranteed” may appear as is, may be omitted or may be revised to show the underwriting available for a group (i.e., simplified issue, full underwriting).</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “on your effective date of coverage”, “effective date”, “this date” may appear as is, may be omitted, or may be revised to show:</p> <p>[Month/Day/Year] – The date format may vary.</p> <p>OR</p> <p>on the [effective date] of the plan who [enroll] during the [initial] [enrollment/application] period for all options</p> <p>OR</p> <p>for [new] [employees] within [90 days] of [hire/eligibility]</p> <p>OR, may include:</p> <p>Active [employees] who are not actively at work on [the/their] [effective date] may [enroll/apply] [with guaranteed issue/by submitting an application with/answer/provide an application with] [limited/abbreviated/X number of] [health questions/underwriting] to qualify, with coverage to become effective the 1st of the month following their return to active [employment/work/duty], as long as they are actively at work on their [effective date].</p> <p><i>This is determined on a case by case basis.</i></p> <p>Underwriting and eligibles vary by group and are determined on a case by case basis. Specific underwriting requirements may be listed (i.e., full underwriting required for [list of eligible participants], limited health questions for [eligible participants], guaranteed issue for [eligible participants]).</p>

Section	Item	Explanation
General	Throughout	<p>Where applicable, references to periods of time will vary depending on underwriting available per group:</p> <p>Examples:</p> <p>[day[s]]</p> <p>[month[s]]</p> <p>[semi-monthly]</p> <p>[bi-weekly]</p> <p>[semi-annually]</p> <p>[quarter/quarter[ly]]</p> <p>[week[ly]]</p> <p>[annual[ly]]</p> <p>References to “per” which may precede the periods of time referenced above may be omitted or may be revised to show, “[a/each]”.</p> <p>References to “decisions” or “decision” may appear as is or may be revised to show “choices” or “choice”.</p>
Cover	1	<p>Item may appear as is, or may be revised to read:</p> <p>For example, this may vary to read:</p> <p>A New Benefit offer for Employees.</p> <p>OR</p> <p>A Benefit offer for Employees.</p> <p>OR</p> <p>A New Benefit offer for Employees and their Family Members.</p> <p>OR</p> <p>A Benefit offer for New Employees and their Family Members.</p> <p>OR</p> <p>A Benefit offer for Employees and their Family Members.</p> <p>OR</p> <p>Important [new] coverage is [now] available to you.</p> <p>OR</p> <p>Important [new] coverage is available to you.</p> <p>OR</p> <p>Important coverage has been added to [Company Name] benefit plan.</p> <p>OR</p> <p>Important coverage has been added to [Company Name] benefit package.</p> <p>OR</p> <p>Important coverage is being offered to [you/employees] [and your family members] by [Company Name].</p>

Section	Item	Explanation
Cover	2	Item may appear as is, may be omitted or may be revised to reflect the deadline appropriate for new hires according to a specific Group Employer's plan design. Item may also show an Open Enrollment Period .
Continued...	3	<p>Item will appear as shown, may be omitted or may be revised.</p> <p>For example, this may vary to read:</p> <p>Important [Employee] Benefit Available</p> <p>OR</p> <p>[Employee] Benefit Offer</p> <p>OR</p> <p>[New] [Employee] Benefit Available</p> <p>OR</p> <p>[New] [Employee] Benefit being Offered</p> <p>OR</p> <p>An [Employee] Benefit Available To You</p> <p>OR</p> <p>Important [new] coverage is [now] available to you.</p> <p>OR</p> <p>Important [new] coverage has been added to [Company Name/Your Employers] benefit plan.</p> <p>OR</p> <p>Important [new] coverage has been added to [Company Name/Your Employers] benefit package.</p> <p>OR</p> <p>Important coverage is being offered to [you/employees] [and your family members] by [Company Name/Your Company/Your Employer].</p> <p>OR</p> <p>[Company Name/Your Company/Your Employer] is providing You with an Important [New] Benefit!</p> <p><i>References to "new", "now" and "employee" may or may not be included. A list of eligible participants may be added. The above items may also precede the one of the following statements:</i></p> <p><i>"See other side for [more] details..."</i></p> <p>OR</p> <p><i>"Please read for [more] details."</i></p>

Section	Item	Explanation
Cover	4	Item may appear as is, may be omitted or may be revised.
Continued...		<p data-bbox="618 184 1040 216">For example, this may vary to read:</p> <p data-bbox="618 237 1435 300">[Enroll] without providing proof of good health before this [enrollment] period ends.</p> <p data-bbox="618 310 667 342">OR</p> <p data-bbox="618 352 1360 384">[Employees] can now [enroll/apply] with [guaranteed coverage]</p> <p data-bbox="618 394 667 426">OR</p> <p data-bbox="618 447 1263 478">[Guaranteed coverage] for [employees] [enrolling] now</p> <p data-bbox="618 489 667 520">OR</p> <p data-bbox="618 541 1365 604">Another opportunity for [employees] to [enroll] with [guaranteed coverage]</p> <p data-bbox="618 615 667 646">OR</p> <p data-bbox="618 667 1406 730">[You/Employees/list of eligibles] can [enroll] [during this enrollment period] with [limited/abbreviated] [health questions/underwriting]</p> <p data-bbox="618 741 667 772">OR</p> <p data-bbox="618 793 1203 856">[Apply] by [Date] with [limited/abbreviated] [health questions/underwriting]</p> <p data-bbox="618 867 667 898">OR</p> <p data-bbox="618 919 980 951">[Enroll] by [Date] for Coverage</p> <p data-bbox="618 961 667 993">OR</p> <p data-bbox="618 1014 1333 1045">Receive [guaranteed coverage] before this opportunity ends.</p> <p data-bbox="618 1056 667 1087">OR</p> <p data-bbox="618 1108 1192 1140">Receive [coverage] before this opportunity ends.</p> <p data-bbox="618 1150 667 1182">OR</p> <p data-bbox="618 1203 1463 1234">Take advantage of simplified issue before this [enrollment period] ends.</p>
	5	<p data-bbox="618 1318 1203 1350">Item may appear as is or may be revised to read:</p> <p data-bbox="618 1371 1479 1434">[Welcome!] You[, and your eligible family members,] are invited to [enroll in/apply for] the Group Long-Term Care Insurance plan which is underwritten by Metropolitan Life Insurance Company (“MetLife”).</p> <p data-bbox="618 1444 667 1476">OR</p> <p data-bbox="618 1497 1479 1560">[Welcome!] You[, and your eligible family members,] are invited to [enroll in/apply for] the Long-Term Care Insurance plan which is underwritten by Metropolitan Life Insurance Company (“MetLife”).</p> <p data-bbox="618 1570 667 1602">OR</p> <p data-bbox="618 1623 1468 1686">[Welcome!] You[, and your eligible family members,] are being provided with an opportunity to [enroll in/apply for] the Group Long-Term Care Insurance plan which is underwritten by Metropolitan Life Insurance Company (“MetLife”).</p>

Section	Item	Explanation
Cover	5	OR
Continued...	Continued...	<p data-bbox="618 174 1492 310">[Welcome!] You[, and your eligible family members,] are being provided with an opportunity to [enroll in/apply for] the Long-Term Care Insurance Plan which is underwritten by Metropolitan Life Insurance Company ("MetLife").</p> <p data-bbox="618 321 667 352">OR</p> <p data-bbox="618 363 1492 506">[Welcome!] You[, and your eligible family members,] are being offered an opportunity to [enroll in/apply for] the Long-Term Care Insurance Plan which is underwritten by Metropolitan Life Insurance Company ("MetLife").</p>
		<p data-bbox="618 516 1492 590"><i>References to "Welcome" and ", and your eligible family members" may or may not be included. A list of eligible participants may be added.</i></p>
	6	<p data-bbox="618 600 1492 632">Item may appear as is, may be omitted or may be revised.</p> <p data-bbox="618 642 1492 674">For example, this may vary to read:</p> <p data-bbox="618 684 1492 716">As you start your new position,</p> <p data-bbox="618 726 667 758">OR</p> <p data-bbox="618 768 1492 800">Right now,</p> <p data-bbox="618 810 667 842">OR</p> <p data-bbox="618 852 1492 884">Currently,</p>
	7	Item may appear as is or may be omitted.
	8	<p data-bbox="618 999 1492 1031">Item may appear as is, may be revised or may be omitted.</p> <p data-bbox="618 1041 1492 1073">For example, this may vary to read:</p> <p data-bbox="618 1083 1492 1157">[Your employer/Company Name] has [selected/chosen] MetLife as the insurer of this important group coverage at group rates.</p> <p data-bbox="618 1167 667 1199">OR</p> <p data-bbox="618 1209 1492 1283">[Company Name] is providing you the opportunity to [enroll in/apply for] the group long-term care insurance plan from MetLife.</p> <p data-bbox="618 1293 667 1325">OR</p> <p data-bbox="618 1335 1492 1409">You have the opportunity to [enroll in/apply for] MetLife's group long-term care insurance plan being offered by [Company Name].</p>
	9	Reference to "You employer" may appear as is, may be omitted or may be revised to show the group employers name.

Section Cover Continued...	Item	Explanation
	10	<p>Item may appear as is, may be revised or may be omitted.</p> <p>For example, this may vary to read:</p> <p>For [employees] actively at work and able to perform all activities of daily living.</p> <p>OR</p> <p>[Employees] must be actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) [on your effective date of coverage].</p> <p>OR</p> <p>[Abbreviated/Limited] [health questions/underwriting] [is/are] available to active [employees] [during this enrollment period]. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p> <p>OR</p> <p>As an active [employee], you'll get [guaranteed coverage] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) [on your effective date of coverage].</p> <p>Item may also be revised to include:</p> <p>Except for [employees] [electing] the [10 year (3,650 days)] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</p> <p>OR</p> <p>Except for [employees] [electing] the [Unlimited] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</p>
	11	<p>Item may appear as is, may be revised to include a list of eligible classes or may be omitted if coverage is only being offered to employees.</p>
	12	<p>Item may appear as is, may be revised to include a list of eligible classes or may be omitted if coverage is only being offered to employees.</p>

Section	Item	Explanation
Back	13	<p>Item may appear as shown, may be omitted if a customer does not have a website or web enrollment options or may be revised.</p> <p>For example, this may vary to read:</p> <p>Log on today for more information. It's Fast, It's Easy, And It's Free.</p> <p>OR</p> <p>Log on for more information. It's Fast, It's Easy, It's Free.</p> <p>OR</p> <p>For more information, log on to [our/MetLife's] website. It's Fast, It's Easy, And It's Free.</p> <p>OR</p> <p>Need more information, then log on today. It's Fast, It's Easy, It's Free.</p> <p>OR</p> <p>Visit our website for more information.</p> <p>OR</p> <p>Visit our website for more information. It's Fast, It's Easy, It's Free.</p> <p>OR</p> <p>Sign Up Today!</p>
	14	<p>Item may appear as shown or may be omitted if a customer does not have a website or web enrollment options.</p>
	15	<p>References to "over" may appear as is, may be omitted or may be revised to show, "approximately".</p>
	16	<p>These two paragraphs may appear as is or may be omitted if a customer does not have a website or web enrollment options.</p>
	17	<p>Item may appear as is, may be omitted or may be revised.</p> <p>For example, this may vary to read:</p> <p>REMEMBER- There are NO health questions asked if you [enroll] [within 90 days from your benefit eligibility date/during this enrollment period]! This means you are [guaranteed coverage] as long as you are actively at work [on your effective date of coverage].</p> <p>OR</p> <p>REMEMBER- [If you [enroll] by [this date/the deadline/MM/DD/YY], you have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] [All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.]</p>

Section	Item	Explanation
Back	17	OR
Continued...	Continued...	<p>REMEMBER- [Employees] who [apply] by [this date/the deadline/MM/DD/YY] have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage.] [All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.]</p> <p>OR</p> <p>REMEMBER- [If you [enroll] by [this date/the deadline/MM/DD/YY], you'll also get the benefit of [simplified coverage/simplified issue], which means you only have to answer [Limited/Abbreviated/Reduced] [health questions/underwriting] to qualify. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p> <p>OR</p> <p>REMEMBER- [Limited/Abbreviated/Reduced] [health questions/underwriting] is available to active [employees] [during this enrollment period]. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability].</p> <p><i>Reference to the word "Remember" may appear as is or may be omitted.</i></p> <p><i>Item may also be revised to include an asterisk and one of the following statements will be added:</i></p> <p><i>Except for [employees] [electing] the [10 year (3,650 days)] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</i></p> <p>OR</p> <p><i>Except for [employees] [electing] the [Unlimited] Total Lifetime Benefit must provide proof of insurability and be approved for coverage.</i></p> <p>18 Questions? Need More Information?</p> <p>OR</p> <p>Questions? Ready to [Apply]?</p> <p>OR</p> <p>Questions?</p> <p>OR</p> <p>Questions? Ready to Sign Up?</p> <p>OR</p> <p>Ready to Sign Up?</p> <p>OR</p> <p>Questions? Contact us at...</p> <p>OR</p> <p>Questions? Contact MetLife at...</p>

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
Back	19	Item may appear as shown, or may be varied to omit website information if a customer does not have a website or web enrollment options.
Continued...		Phone number will be omitted if phone enrollment is not available.  Phone number may also be updated to include prompting options if available.  Website may also be updated to include sign on information (i.e., password) if applicable.