

SERFF Tracking Number: META-126479809 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44740
Company Tracking Number: I09-20 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: Individual LTCI Advertising/I09-20 A

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual LTCI Advertising SERFF Tr Num: META-126479809 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 44740
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I09-20 A State Status: Closed
Filing Type: Advertisement Reviewer(s): Marie Bennett
Author: Cherise Crittenden Disposition Date: 02/12/2010
Date Submitted: 02/02/2010 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual LTCI Advertising
Project Number: I09-20 A
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/12/2010

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 02/12/2010
Created By: Cherise Crittenden
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Cherise Crittenden
Filing Description:
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

January 31, 2010

SERFF Tracking Number: META-126479809 State: Arkansas
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Company and Contact

Filing Contact Information

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

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	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: \$25.00
 Retaliatory? No
 Fee Explanation: 1 adv material x \$25.00 = \$25.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$25.00	02/02/2010	33930706
Metropolitan Life Insurance Company	\$25.00	02/05/2010	34009950

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	02/12/2010	02/12/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Cherise Crittenden	02/09/2010	02/09/2010
Filing Fees	Note To Filer	Ashley Roberts	02/02/2010	02/02/2010

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Disposition

Disposition Date: 02/12/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	NAIC Form		Yes
Supporting Document	Explanation of variables		Yes
Supporting Document	ADF#1921.09(Rev0110) Highlighted version		Yes
Form	LTCI Selector Prospecting Letter		Yes

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Note To Reviewer

Created By:

Cherise Crittenden on 02/09/2010 01:21 PM

Last Edited By:

Marie Bennett

Submitted On:

02/12/2010 11:08 AM

Subject:

Filing Fee

Comments:

Additional fee of \$25.00 submitted on 2/5/2010.

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Form Schedule

Lead Form Number: ADF#1921.09(Rev0110)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1921.09(Rev0110)	Advertising	LTCI Selector Prospecting Letter	Initial			ADF#1921.09 (Rev0110) LTCI SelectorProspecting Letter.pdf

THIS LETTER MUST BE REPRODUCED VERBATIM ON COMPANY-APPROVED PERSONALIZED OR GENERAL USE STATIONERY. NOTICE: ONLY LICENSED INSURANCE AGENTS APPOINTED BY METROPOLITAN LIFE INSURANCE COMPANY ("METLIFE") TO SELL METLIFE LONG-TERM CARE INSURANCE POLICIES ARE AUTHORIZED AND APPROVED TO USE THIS DOCUMENT.

The MetLife Long-Term Care Insurance SelectorSM
MetLife's innovative tool designed to help answer your long-term care questions. Call [xxx-xxx-xxx] today for a preview.

[Date]

[Name]

[Company Name]

[Address]

What could happen to my family and our retirement plans, if I need long-term care?

Is long-term care insurance right for me?

How do I know how much and what kind of coverage I should get?

Dear [Name]:

Like many people, you probably feel a responsibility to make conscious, deliberate decisions to protect the well-being of your loved ones – now *and* in the future. Metropolitan Life Insurance Company ("MetLife") can help by offering insurance that can help you pay long-term care if you need it.

You've probably heard of long-term care insurance before and may have even considered purchasing it. But like many individuals, you might have been confused by the options and were concerned that you wouldn't make the right decision.

MetLife is focused on taking the guesswork out of choosing a long-term care insurance plan that's right for you. We've created an easy-to-use tool that can help you choose a plan that's right for you, so you can feel confident in the decision that you make. It's called the MetLife Long-Term Care Insurance Selector^(SM) (patent pending), and I'd like to show you how it works.

I'll be in touch in a few days to follow-up. In the meantime, if you'd like to schedule a consultation, please don't hesitate to contact me at [agent phone number: 1-XXX-XXX-XXXX or agent email address]. **{ANY OUTBOUND CALLS MUST BE IN ACCORD WITH COMPANY DO NOT CALL REQUIREMENTS AND ANY SPECIFIC STATE REQUIREMENTS}**

Sincerely,

[Agent Name]

[Company approved title]

[CA Insurance License # (if letter used in CA)]

[AR Insurance License # (if letter used in AR)]

P.S. Understanding long-term care insurance has never been easier. Call me today at XXX-XXX-XXX to learn more about how MetLife can help you protect your family's well-being and your retirement portfolio.

• Not a Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

This long-term care insurance solicitation describes coverage offered by Metropolitan Life Insurance Company ("MetLife") policy numbers LTC2007. In some states, this identifier may be followed by the state's 2-letter abbreviation; a revised edition date; "ML" for Multi-Life policies; or "P" for Partnership policies.

MetLife's Long Term Care ("LTC") Insurance policies are guaranteed renewable and, like most LTC insurance policies cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Call me about complete costs and details. An insurance agent may call you.

Metropolitan Life Insurance Company, New York, NY 10166

ADF#1921.09(Rev0110)

LTCSelectLtrB
L1209077645[exp1210]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR_Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Form Comments: Attachment: AR_NAIC_LA&H Transmittal.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanation of variables Comments: Attachment: ADF#1921.09(Rev0110) LTCI SelectorProspecting Letter EOV.pdf		

	Item Status:	Status Date:
Satisfied - Item: ADF#1921.09(Rev0110) Highlighted version Comments: Attachment: ADF#1921.09(Rev0110) LTCI SelectorProspecting Letter HL.pdf		

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

MetLife[®]

Cherise Crittenden
Long-Term Care

January 31, 2010

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

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. **109-20 A**

Dear Sir/Madam

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The materials are intended for use with the following approved individual long-term care policy form LTC2007 AR approved on August 17, 2007.

The advertising materials are new and do not replace materials previously filed with your Department.

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 \$25.00 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

Cherise Crittenden
Consultant-Compliance/Mtkg-AD

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 #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Rd Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Cherise Crittenden Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Rd Westport, CT 06881-9909	203.221.6594	203.221.6573	ccrittenden@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	I09-20 A
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance (TOI)	LTC031 Individual Long-Term Care Insurance
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10.	Sub-Type of Insurance (Sub-TOI)	LTC031.001 - Qualified
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	January 31, 2010
13	Filing Fee (If required)	Amount <u> \$25.00 </u> Check Date <u> EFT </u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u> EFT </u>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)	
<p>PLEASE SEE COVER LETTER</p>		

16.	Certification (If required)	
<p>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 <u> ARKANSAS </u>.</p>		
Print Name <u> Cherise Crittenden </u>		Title <u> Consultant-Compliance Mtkg/AD </u>
Signature <u> <i>Cherise Crittenden</i> </u>		Date: <u> January 31, 2010 </u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	I09-20 A
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	LTCI Selector Prospecting Letter	ADF#1921.09(Rev0110)	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

INVITATION TO INQUIRE

LTCI Approach Talk Prospecting Letter

ADF#1921.09(Rev0110)

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

1. Illustrative material; and
2. Specific variable material

Illustrative Material

Illustrative material consists of entries such as the date, company name and address, contact phone number and / or email address, recipient's name and address, the name, designations and insurance license number of the person sending the letter, and administrative codes, all of which may be varied.

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below.

Section Explanation

Service Marks [SM] Service Marks [SM] are bracketed after MetLife LTC LifeStage Advantage and MetLife Long-Term Care Insurance Selector in the event that they are changed to Register marks ®.

Final Paragraph: The producer sending the letter can suggest that the prospect either call and/or email at the provided phone number or email address.

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The MetLife Long-Term Care Insurance SelectorSM
MetLife's innovative tool designed to help answer your long-term care questions. Call [xxx-xxx-xxx] today for a preview.

[Date]

[Name]

[Company Name]

[Address]

What could happen to my family and our retirement plans, if I need long-term care?

Is long-term care insurance right for me?

How do I know how much and what kind of coverage I should get?

Dear [Name]:

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I'll be in touch in a few days to follow-up. In the meantime, if you'd like to schedule a consultation, please don't hesitate to contact me at [agent phone number: 1-XXX-XXX-XXXX or agent email address]. **{ANY OUTBOUND CALLS MUST BE IN ACCORD WITH COMPANY DO NOT CALL REQUIREMENTS AND ANY SPECIFIC STATE REQUIREMENTS}**

Sincerely,

[Agent Name]

[Company approved title]

[CA Insurance License # (if letter used in CA)]

[AR Insurance License # (if letter used in AR)]

P.S. Understanding long-term care insurance has never been easier. Call me today at XXX-XXX-XXX to learn more about how MetLife can help you protect your family's well-being and your retirement portfolio.

• Not a Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

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Metropolitan Life Insurance Company, New York, NY 10166