

SERFF Tracking Number: META-126495396 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44802
Company Tracking Number: B09-78 GJ SB
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group Accident and Health Insurance - Explanation of Variable
Project Name/Number: GCERT2000, gp 10/04/B09-78 GJ sb

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident and Health SERFF Tr Num: META-126495396 State: Arkansas

Insurance - Explanation of Variable

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 44802
Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: B09-78 GJ SB State Status: Approved-Closed
Long Term

Filing Type: Form

Author: Sandra Bennett

Date Submitted: 02/10/2010

Reviewer(s): Rosalind Minor

Disposition Date: 02/12/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: GCERT2000, gp 10/04

Project Number: B09-78 GJ sb

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/12/2010

Deemer Date:

Submitted By: Sandra Bennett

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 02/12/2010

Created By: Sandra Bennett

Corresponding Filing Tracking Number: B09-78
GJ sb

Filing Description:

February 9, 2010

Arkansas Department of Insurance

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

SERFF Tracking Number: META-126495396 State: Arkansas
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Re: Explanation of Variable Material For Use With:
GCERT2000 Series- Group Accident and Health Insurance Form
GCERT2000, gp 10/04
Our NAIC No. is 65978
Our FEIN No. is 13-5581829

Dear Sir/Madam:

This filing of variable material is for group disability income insurance and is new. With the first installment of the GCERT2000 certificate series, we filed a loose-leaf binder with the Explanation of Variable Material. The GCERT2000 certificate series was approved by the Department effective June 24, 2001. The referenced filing provides for a change to be made to the previously approved Explanation of Variable Material binder. We are enclosing two copies of the replacement Explanation of Variable Material pages to be substituted for the previously approved pages.

The referenced Explanation of Variable Material provides for modification of text that appears in the GENERAL PROVISIONS subsection, DISABILITY INCOME INSURANCE: WHO WE WILL PAY provision of Form GCERT 2000, gp 10/04 previously approved by your Department as part of the GCERT2000 certificate series on the date stated above. The variable text provides for an expansion of the categories of persons to whom disability income benefits may be paid upon the death of the insured person. All of the modifications to the previously approved text have been highlighted in red for your convenience of review.

This Explanation of Variable Material is being filed concurrently with the New York Department of Insurance.

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

Rates for disability income benefits are on file with the Department. The enclosed additions do not impact the rates. We

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have included a Rate Statement from the actuary to accommodate this filing.

The GCERT2000 certificate series, with which the subject variable material will be used, is for use with the following forms which were approved by your department:

- GPNP99 group policy form – approved on April 28, 1999.
- G.2130-S group policy form – approved on March 21, 1979 – or any other group policy form which was previously approved by your department.

The officer signing below certifies that the text when scored as one unit with the GCERT2000 certificate achieves a Flesch Reading Ease score of 53.2.

Please address all correspondence regarding this filing to my attention. If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

Very truly yours,

Gayle G. Jones

Company and Contact

Filing Contact Information

Gayle Jones, Consultant ggjones@metlife.com
501 Route 22 908-253-2753 [Phone]
Bridgewater Township, NJ 08807 908-253-2126 [FAX]

Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York
MetLife Group Code: -99 Company Type: Life
1095 Avenue of the Americas Group Name: State ID Number:

SERFF Tracking Number: META-126495396 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44802
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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group Accident and Health Insurance - Explanation of Variable
Project Name/Number: GCERT2000, gp 10/04/B09-78 GJ sb
New York, NY 10036-6796 FEIN Number: 13-5581829
(212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? Yes
Fee Explanation: \$40.00 per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$40.00	02/10/2010	34116496

SERFF Tracking Number: META-126495396 State: Arkansas
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Project Name/Number: GCERT2000, gp 10/04/B09-78 GJ sb

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2010	02/12/2010

SERFF Tracking Number: *META-126495396* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *44802*
Company Tracking Number: *B09-78 GJ SB*
TOI: *H11G Group Health - Disability Income* *Sub-TOI:* *H11G.005 Combined Short Term and Long Term*
Product Name: *Group Accident and Health Insurance - Explanation of Variable*
Project Name/Number: *GCERT2000, gp 10/04/B09-78 GJ sb*

Disposition

Disposition Date: 02/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126495396 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	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Document	Approved-Closed	Yes
Supporting Document	Who We Will Pay EOV	Approved-Closed	Yes
Supporting Document	Act Memo EOV - Nov 2009	Approved-Closed	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	02/12/2010
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	02/12/2010
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	02/12/2010
Comments:	Cover Letter		
Attachment:	AR Filing Ltr.pdf		

		Item Status:	Status Date:
Satisfied - Item:	NAIC Transmittal Document	Approved-Closed	02/12/2010
Comments:	NAIC Transmittal Document		
Attachment:	NAIC Transmittal Document.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Who We Will Pay EOV	Approved-Closed	02/12/2010
Comments:			

SERFF Tracking Number: META-126495396 State: Arkansas
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Who We Will Pay EOV

Attachment:

Who We Will Pay EOV.pdf

	Item Status:	Status
Satisfied - Item: Act Memo EOV - Nov 2009	Approved-Closed	Date: 02/12/2010

Comments:

Act Memo EOV - Nov 2009

Attachment:

Act Memo EOV - Nov 2009.pdf

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel 908 253-2753 Fax 908 253-2528
ggjones@metlife.com

MetLife[®]

Gayle Jones

Consultant, Group Contracts Development
Group and SBC Contracts & Compliance Division

February 9, 2010

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

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GCERT2000 Series- Group Accident and Health Insurance Form**
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The officer signing below certifies that the text when scored as one unit with the GCERT2000 certificate achieves a Flesch Reading Ease score of 53.2.

Please address all correspondence regarding this filing to my attention. If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

Very truly yours,



Gayle G. Jones



Herbert B Brown Jr.
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of						
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company 1 MetLife Plaza – Area 6E Long Island City, NY 11101	NY		241	65978	13-5581829	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Gayle G. Jones Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Township, NJ 08807	(908)253-2753	(908)253-2126	ggjones@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): _____					
6.	Company Tracking Number	B09-78 GJ					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	H11G Group Health Disability Income					
10.	Product Coding Matrix Filing Code	H11G.005 Combine Short and Long Term					
11.	Submitted Documents	<p>FORMS</p> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other					
		<p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate					
		<input checked="" type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: <u>Explanation of Variables</u>					
		<p>SUPPORTING DOCUMENTATION</p> <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 _____					

12.	Filing Submission Date	February 9, 2010
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Being submitted concurrently in NY
15.	Filing Description:	
<p>See Filing 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> <p>Print Name <u>Gayle G. Jones</u> Title <u>Consultant</u></p> <p>Signature <u><i>Gayle G. Jones</i></u> Date: <u>February 9, 2010</u></p>		

17.	Form Filing Attachment			
This filing transmittal is part of company tracking number		B09-78 GJ		
This filing corresponds to rate filing company tracking number		N/A		
	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<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			N/A	
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 _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
gp 10/04	Beneficiary	(2)	Item will appear as shown or we may substitute "Us", "the Employer" or the name of a third party administrator.
		(3)	Item will appear as shown or we may change the order of payment. In addition, certain groups may be eliminated from the list based on the Policyholder's plan specifications.
		(4)	Item will appear as shown or we may change the order of payment. In addition, certain groups may be eliminated from the list based on the Policyholder's plan specifications.
		(5)	Item will appear as shown or may be omitted.
	Disability Income Benefit Payments: Who We Will Pay	(6)	If Disability Income insurance is being provided, in combination with other coverages, this provision will be inserted following the Beneficiary provision . It will be inserted in place of the Beneficiary provision in a certificate providing Disability Income insurance only. It will be omitted if Disability Income Insurance is not provided.

In addition, the provision may be modified to expand the categories of persons to whom benefits may be paid upon the death of the insured person if there is no named Beneficiary, to included parents and siblings. If so, the text of the provision will be replaced with the following:

"Disability Income Benefit Payments: Who We Will Pay

We will make any benefit payments during Your lifetime to You or Your legal representative as Beneficiary. Any payment made in good faith will discharge Us from liability to the extent of such payment.

Upon Your death, We will pay any amount that is or becomes due to Your designated Beneficiary. If there is no Beneficiary designated or no surviving designated Beneficiary at Your death we may determine the Beneficiary for any amount that is or becomes due, according to the following order:

1. Your Spouse if alive;
2. Your child(ren) if there is no surviving Spouse;
3. Your parent(s) if there is no surviving child(ren);
4. Your sibling(s) if there is no surviving parent(s);
5. Your estate, if there is no such surviving sibling(s) .

If more than one person is eligible to receive payment, We will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person's guardian. The term "children" or "child" includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum."

The above text variation for the provision may also be modified to change the order of the categories of persons shown above to whom benefits may be paid, and to remove one or more categories of such persons according to the policyholders plan specifications.

The term stepchild(ren) may be added to the term "children" or "child". We may pay upon the death of the insured for benefits that are or become due.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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gp 10/04
(cont)

Disability Income
Benefit Payments:
Who We Will Pay
(cont)

(6)(cont)

The provision may also be modified to provide that Disability Income Benefits will not be paid to a named Beneficiary upon the death of the insured person, but instead would be paid to specific categories of persons. If so, the text of this provision would be replaced with the following:

“Disability Income Benefit Payments: Who We Will Pay

We will make any benefit payments during Your lifetime to You or Your legal representative. Any payment made in good faith will discharge Us from liability to the extent of such payment.

Upon Your death, We will pay any amount that is or becomes due to the following order:

1. Your Spouse if alive;
2. Your child(ren) if there is no surviving Spouse;
3. Your parent(s) if there is no surviving child(ren);
4. Your sibling(s) if there is no surviving parent(s);
5. Your estate, if there is no such surviving sibling(s).

If more than one person is eligible to receive payment, We will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person’s guardian. The term “children” or “child” includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum.”

The above text variation for the provision may also be modified to change the order of the categories of persons shown above to whom benefits may be paid, and to remove one or more categories of such persons according to the policyholders plan specifications.

The term stepchild(ren) may be added to the term “children” or “child”. We may pay upon the death of the insured for benefits that are or become due.

Dental Insurance:
Who We Will Pay

If Dental insurance is being provided, the following provision may be inserted preceding the Suicide provision (in a certificate providing Dental insurance in combination with other insurance) or in place of the Beneficiary and Suicide provisions (in a certificate providing Dental insurance only):

“Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent’s Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.”

METROPOLITAN LIFE INSURANCE COMPANY
ACTUARIAL MEMORANDUM

SCOPE AND PURPOSE

EXPLANATION OF VARIABLE (EOV)

PAGE 6P 10/04

DISABILITY INCOME BENEFIT PAYMENTS: WHO WE WILL PAY

This actuarial memorandum supports the proposed text changes to the EOV material that describes who MetLife will make benefit payments to upon disability or death. Those changes do not impact the disability rates charged to the customer.

METROPOLITAN LIFE INSURANCE COMPANY
ACTUARIAL MEMORANDUM

ACTUARIAL CERTIFICATION

Carrier: Metropolitan Life Insurance Company
Submission: Group Disability Income Certificate
Date: November, 2009

I certify that to the best of my knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of this state and that the benefits provided are reasonable in relation to the proposed premiums.



David E. McGarry, FSA, MAAA
Actuary