

SERFF Tracking Number: META-126521298 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45035  
Company Tracking Number: G10-03  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group LTCI Advertising/G10-03

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care Insurance Advertising SERFF Tr Num: META-126521298 State: Arkansas

TOI: LTC03G Group Long Term Care SERFF Status: Closed-Filed State Tr Num: 45035

Sub-TOI: LTC03G.001 Qualified Co Tr Num: G10-03 State Status: Closed

Filing Type: Advertisement Reviewer(s): Marie Bennett

Author: Cherise Crittenden Disposition Date: 03/08/2010

Date Submitted: 02/27/2010 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Group LTCI Advertising

Project Number: G10-03

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/08/2010

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: 03/08/2010

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Re: Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

NAIC No. 65978 - FEIN No. 13-5581829

MetLife Company Filing No. G10-03

SERFF Tracking Number: META-126521298 State: Arkansas  
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Project Name/Number: Group LTCI Advertising/G10-03

ADF# Number Brief Description of Advertising Materials  
ADF#1139.03(Rev.12/09) Quiz flash Presentation

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.

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 \$50.00 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

### 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]

SERFF Tracking Number: META-126521298 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45035  
Company Tracking Number: G10-03  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group LTCL Advertising/G10-03

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: %50.00 PER ADV X 1 = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	02/27/2010	34495466

SERFF Tracking Number: META-126521298 State: Arkansas  
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Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group LTCI Advertising/G10-03

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	03/08/2010	03/08/2010

*SERFF Tracking Number:*      *META-126521298*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company*              *State Tracking Number:*      *45035*  
*Company Tracking Number:*      *G10-03*  
*TOI:*                      *LTC03G Group Long Term Care*                      *Sub-TOI:*                      *LTC03G.001 Qualified*  
*Product Name:*              *Group Long-Term Care Insurance Advertising*  
*Project Name/Number:*      *Group LTCL Advertising/G10-03*

## **Disposition**

Disposition Date: 03/08/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126521298 State: Arkansas  
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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
Form	Quiz Flash Presentation		Yes

SERFF Tracking Number: META-126521298 State: Arkansas  
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## Form Schedule

**Lead Form Number: ADF#1139.03(Rev.12/09)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1139.03(Rev.12/09)	Advertising	Quiz Flash Presentation	Initial			ADF#1139.03 (Rev.1209)_Quiz Flash Presentation.pdf

**MetLife<sup>®</sup>**

Metropolitan Life Insurance Company ("MetLife")  
New York, NY

undefined

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**TEST YOUR  
LONG-TERM CARE  
IQ!**

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE

**1** Long-term care services are typically covered under...

a. Medical Insurance

c. Medicare

e. None of the above



URL

Enroll by DATE for Guaranteed Coverage\*

PHONE

Long-term care services typically aren't covered by other types of insurance such as your health insurance plan (including HMOs) and disability income insurance (which covers only a portion of lost wages.)

Medicare covers very little if any long-term care services and only for a limited period of time.

[continue](#)



[URL](#)

Enroll by **DATE** for Guaranteed Coverage\*

[PHONE](#)



**2** The national average cost of care in a nursing home is...

---

a. \$12,000

c. \$37,000

d. \$69,000

e. \$74,000

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE



The national average annual cost of nursing home care is over \$69,000<sup>1</sup> for a semi-private room and is expected to climb to \$207,000<sup>2</sup> by 2030. For a home health aide the national average is well over \$26,000<sup>3</sup> (that's \$20/hour, 5 hours per day, 5 days a week for a home health aide) and is expected to reach \$68,000<sup>4</sup> by 2030. Could you afford to pay these costs out of your savings if you or a loved one needed care?

<sup>1</sup> "The MetLife Market Survey of Nursing Home and Assisted Living Costs" Mature Market Institute, October 2008.

<sup>2</sup> LONG-TERM CARE INSURANCE Protection for Your Future ACU, 2007.

<sup>3</sup> "The MetLife Market Survey of Adult Day Services and Home Care Costs" Mature Market Institute, September 2008.

<sup>4</sup> "Can Aging Baby Boomers Avoid The Nursing Home?", Stucki, B. and Mulvey, J., American Council of Life Insurance, March 2000, page 15.

**continue**

URL

**Enroll by DATE for Guaranteed Coverage\***

**PHONE**



**3** The best time to buy long-term care insurance coverage is...

---

a. age 30-45

c. age 56-65

d. age 66-75

e. all of the above

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE



The best age to buy long-term care insurance coverage is whatever age you are right now. Your rate may never be lower.\*\* Waiting even just a few years could result in significantly higher rates. As an active employee, you will get guaranteed coverage as long as you are actively at work (not absent due to disability, leave or illness) on your effective date.

\*\* Rates are based on age on your effective date of coverage, so premiums may never be lower than they are now.

**continue**

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE



**4** Which age group is most likely to need long-term care?

---

a. working age adults

c. people over 75

d. all of the above

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE

The idea that long-term care insurance is just for the elderly is a popular misconception. Sporting accidents, disabling events such as strokes or spinal cord injuries, and disabling diseases such as Multiple Sclerosis, Lou Gehrig's and Parkinson's can happen to anyone at any age.

**continue**



URL

Enroll by DATE for Guaranteed Coverage\*

PHONE



**5** At age 40, your monthly long-term care insurance premium could be...

---

a. less than \$10

c. \$15-\$20

d. \$20-\$25

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE

Generally the younger you are when you buy, the lower your premium will be. For less than \$10 per[ ] you can get a plan that provides coverage for home care and nursing home care. Your rate may never be lower than it is right now.\*



\*For a [XX] year-old, and based on [Comprehensive Plan,][[\$100 DBA,][3-year] total lifetime benefit, [periodic inflation,][without nonforfeiture] and after a waiting period of [X].

**continue**

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE



**6** To qualify for this group long-term care insurance coverage from MetLife you must...

a. have an insurance physical

c. none of the above

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE



Right now, employees have a very special opportunity that may not come around again. When you sign on during this open enrollment period, you will get guaranteed coverage as long as you are actively at work (not absent due to disability, leave or illness) on your effective date.

After this special enrollment period ends, you will have to submit an application with full medical questions, and acceptance will be based on the information provided. And unlike other company benefits, this guaranteed coverage may not be offered again for several years.

**continue**

URL

Enroll by DATE for Guaranteed Coverage\*

PHONE

## Don't Miss This Special Enrollment Opportunity

### No health questions for employees that enroll by DATE.

If you enroll by this date, you are guaranteed coverage as long as you are actively at work (not absent due to disability, leave or illness) on your effective date. All other eligible family members must complete an application with full medical questions, and acceptance will be based on the information provided.

**After this special enrollment period ends, employees will also have to submit an application with full medical questions, and acceptance will be based on the information provided.**

[continue](#)

[URL](#)

Enroll by DATE for Guaranteed Coverage\*

PHONE

play again?  
quit

## Visit URL

to enroll online or view additional information



OR



## Call toll-free **PHONE**

for more information, to enroll or to request an information kit and enrollment form for yourself or an eligible family member.

\*Employees who enroll by DATE are guaranteed coverage as long as they are actively at work (not absent due to disability, leave or illness) on their effective date of coverage. All other eligible participants must complete an application with full medical questions, and acceptance will be based on the information provided. Like most long-term care policies, this long-term care insurance policy contains certain exclusions, limitations and terms for keeping coverage in force. Policy numbers: G.LTC197, G.LTC1597 and GPNP99-LTC.

PEANUTS © United Feature Syndicate, Inc.



URL

Enroll by **DATE** for Guaranteed Coverage\*

**PHONE**

SERFF Tracking Number: META-126521298 State: Arkansas  
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## Supporting Document Schedules

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

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

	Item Status:	Status Date:
<b>Satisfied - Item:</b> EXPLANATION OF VARIABLES <b>Comments:</b> <b>Attachment:</b> EOV_ADF#1139.03_Rev1209_Quiz Flash Presentation.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

February 20, 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")**  
Individual Long-Term Care Insurance Advertising  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. **G10-03**

ADF# Number	Brief Description of Advertising Materials
ADF#1139.03(Rev.12/09)	Quiz flash Presentation

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.

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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 \$50.00 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 type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
<b>6.</b>	<b>Company Tracking Number: G10-03</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 <input checked="" type="checkbox"/> 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>February 21, 2010</b>
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount \$50.00 . _____ 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> February 21, 2010</p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>G10-03</b>
<b>This filing corresponds to rate filing company tracking number</b>		<b>NA</b>

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	Quiz Flash Presentation	ADF#1139.03(Rev.1 2/09)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<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		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**

**“THE QUIZ” FLASH PRESENTATION**

**FORM NUMBER: ADF#1139.03(Rev.12/09)**

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.</p> <p>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]).</p> <p><i>This is determined on a case by case basis.</i></p> <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>

Section	Item	Explanation
General	Throughout	<p>References to “Enrolling” may appear as is, may be omitted or may be revised to read “Applying” 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” 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 “Enroll in” may appear as is, may be omitted or may be revised to show “Apply for” 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]”.</p> <p><i>This is determined on a case by case basis</i></p> <p>References to “Guaranteed Coverage” and/or “Guaranteed Issue” 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>References to “common” may appear as is, may be omitted or may be revised to read “popular”.</p>

Section	Item	Explanation
General	Throughout	<p>Underwriting, average age for eligibles per group and rates are determined on a case by case basis.</p> <p>References to “waiting period[s]” may appear as is or may be revised to show “elimination period[s]”. Waiting period[s] may also appear as:</p> <p>[XX] [days] per [calendar] year</p> <p>Or</p> <p>[XX] [days] per year</p> <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>
Slide 2	1	<p>Item may appear as is, may be revised or may be omitted.</p> <p>For example, this may vary to read:</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> <p>Or</p> <p>“An [Employee] Benefit Available To You”</p>

Section	Item	Explanation
Slide 2 Continued...	2	<p>Item may appear as is, may be revised or may be omitted. Item may also be revised to omit “new” and/or “just”.</p> <p>For example, this may vary to read:</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>
	3	<p>Item may appear as is, may be revised or may be omitted.</p> <p>For example, this may vary to read:</p> <p>“You have the opportunity to [enroll in/apply for] the group long-term care insurance plan from MetLife.”</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 the opportunity to [enroll in/apply for] MetLife’s group long-term care insurance plan being offered by [Company Name].”</p>
	4	<p>Item may appear as is or may be omitted. Item may also be revised to reflect the type of underwriting applicable for a specific Group.</p> <p>For example, this may vary to read:</p> <p>“And [you/employees/list of eligibles] can [enroll] [during this enrollment period] with [limited/abbreviated] [health questions/underwriting]”</p>
Slide 2 and the banners throughout	5	<p>This item may appear as is or may be omitted. Item may also vary to read:</p> <p>“[Enroll] by [Date] for Coverage”</p> <p>Or</p> <p>“[Apply] by [Date] with [limited/abbreviated] [health questions/underwriting]”</p>

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
Slide 3	6	<p>“Long-Term Care IQ” may appear as is or may be revised to read:</p> <p>“Awareness”</p> <p>Or</p> <p>“LTC Awareness”</p> <p>Or</p> <p>“Long-Term Care Awareness”</p> <p>Or</p> <p>“Knowledge”</p> <p>Or</p> <p>“LTC Knowledge”</p> <p>Or</p> <p>“Long-Term Care Knowledge”</p>
Slide 4	7	<p>This slide may appear as is or may be omitted if shorter presentation is required or needed. If slide this slide is omitted, slide 5 will also be omitted.</p> <p><i>This is determined on a case by case basis.</i></p>
Slide 5	8	<p>This slide may appear as is or may be omitted if shorter presentation is required or needed. If slide this slide is omitted, slide 4 will also be omitted.</p> <p><i>This is determined on a case by case basis.</i></p>
Slide 6	9	<p>This slide may appear as is or may be omitted if shorter presentation is required or needed. If slide this slide is omitted, slide 7 will also be omitted.</p> <p><i>This is determined on a case by case basis.</i></p>
	10	<p>Item may appear as is or may be revised to show a rounded dollar amount consistent with the average annual cost of care in a nursing home. Other dollar amounts may be revised to be show a rounded dollar amount. One [rounded] dollar amount will reflect the correct answer.</p> <p>Example:</p> <ul style="list-style-type: none"> <li>a. \$20,000</li> <li>b. \$34,000</li> <li>c. \$47,000</li> <li>d. \$69,000</li> <li>e. \$75,000]</li> </ul>
Slide 7	11	<p>This slide may appear as is or may be omitted if shorter presentation is required or needed. If slide this slide is omitted, slide 6 will also be omitted.</p> <p><i>This is determined on a case by case basis.</i></p>
	12	<p>References to “over” may appear as is, may be omitted or may be revised to show, “approximately”.</p>

Section	Item	Explanation
Slide 8	13	<p>References to age may appear as is or may be revised to show ages more consistent with a groups average age.</p> <p>Example:</p> <ul style="list-style-type: none"> <li>a. age 40-44</li> <li>b. age 45-49</li> <li>c. age 50-54</li> <li>d. age 55-49</li> <li>e. all of the above]</li> </ul>
Slide 9	14	<p>Item may appear as is or may be omitted. Item may be revised to omit “Your rate may never be lower**” and “**Rates are based, in part, on age on your effective date of coverage, so premiums my never be lower than they are now.” Item may also be revised to reflect language applicable to a specific Group’s underwriting:</p> <p>“As an active [employee], [you will/you’ll] [also] get the benefit of [Simplified Issue/simplified coverage/reduced underwriting], which means you only have to [answer/provide an application with] [limited/abbreviated/X number of] [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]. [However,/In order to qualify,] you 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>“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>Or</p> <p>“[Abbreviated/Limited] [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>
Slide 12	15	<p>Item may appear as is or may be revised to reflect ranges of premiums applicable to a Group’s specific plan and rates. The reference to “less than” may appear as is, may be omitted or may be revised to read “approximately”. Rounding to the nearest dollar amount may be used.</p>
Slide 13	16	<p>Item may appear as is or may vary to reflect a rounded premium applicable to a Group’s specific plan and rates. The reference to “less than” may appear as is, may be omitted or may be revised to read “approximately”. Item may also be revised to omit “Your rate may never be lower than it is right now.”</p>
	17	<p>Item will be revised to show the average age of an employee. Item will also vary to show appropriate underwriting for a group.</p> <p><i>This is determined on a case by case basis.</i></p>

Section	Item	Explanation
Slide 14	18	<p>This slide may appear as is, may be omitted or may be revised to show (if abbreviated underwriting is required):</p> <ul style="list-style-type: none"> <li>[ a. have an insurance physical</li> <li>b. provide an application with full health questions</li> <li>c. none of the above]</li> </ul> <p>If slide this slide is omitted, slide 15 will also be omitted.</p> <p><i>This is determined on a case by case basis.</i></p>
Slide 15	19	<p>This slide may appear as is or may be omitted. If slide this slide is omitted, slide 14 will also be omitted.</p> <p>This slide may also be revised as shown in items 19 – 20 on this EOV.</p> <p><i>This is determined on a case by case basis.</i></p>
	20	<p>Item may appear as is or may be omitted. Item may also vary to omit “open” and/or “for several years”.</p> <p>Item may also be revised to reflect a specific Group’s underwriting:</p> <p>“As an active [employee], [you will/you’ll] [also] get the benefit of [Simplified Issue/simplified coverage/reduced underwriting], which means you only have to [answer/provide an application with] [limited/abbreviated/X number of] [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]. [However,/In order to qualify,] you 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>“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>Or</p> <p>“[Abbreviated/Limited] [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>

Section	Item	Explanation
Slide 16	21	<p>This slide may appear as is or may be omitted. This slide may also be revised as shown in items 21 – 24 on this EOv.</p> <p><i>This is determined on a case by case basis.</i></p>
	22	<p>Item may appear as is or may be omitted; item may also be revised to reflect language applicable to a specific Group's underwriting::</p> <p>“[Enroll] by [Date] for Coverage”</p> <p>Or</p> <p>“[Apply] by [DATE] with [limited/abbreviated] [health questions/underwriting]”</p> <p>Or</p> <p>“[Limited/Abbreviated/Reduced] [health questions/underwriting] for [employees] that [apply/submit an application] by [DATE].”</p>
	23	<p>Item may appear as is, may be omitted or may be revised to reflect a specific Group's underwriting:</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>Or</p> <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>

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
Slide 16	24	Item may appear as is, may be omitted or may be revised to show:
Continued...		“[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.”
Slide 17	25	Item may appear as is, may be omitted if no website is available for a group or may be revised to show a groups specific website address. Item may also be revised to omit “to enroll online or” if online enrollment is not available for a group.  <i>This is determined on a case by case basis.</i>
	26	Item may appear as is or may be revised to read:  “information package and [application]”  Or  “[enrollment] package”
	27	Item may be appear as is, may be omitted or may be revised to omit “or an eligible family member”. Item may also be varied to list eligible classes.