

SERFF Tracking Number: META-126570035 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
Company Tracking Number: B09-99 RW SB
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual Disability Income SERFF Tr Num: META-126570035 State: Arkansas
TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 45347
Closed

Sub-TOI: H111.004 Other Co Tr Num: B09-99 RW SB State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Author: Sandra Bennett Disposition Date: 04/08/2010
Date Submitted: 04/02/2010 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: IDIPR09-01
Project Number: B09-99 RW sb
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/08/2010

Status of Filing in Domicile:
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: 04/08/2010
Created By: Sandra Bennett
Corresponding Filing Tracking Number: B09-99
RW sb

Deemer Date:
Submitted By: Sandra Bennett

Filing Description:
Robert Winograd
Senior Contract Analyst
Group and SBC Contracts & Compliance Department

April 2, 2010

SERFF Tracking Number: META-126570035 State: Arkansas
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Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Filing No. B09-99 RW
Individual Disability Income Riders and Endorsements
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing the Individual Disability Income rider and endorsement forms described below.

Form Number / Brief Description

IDIPR09-01

Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-3, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department February 26, 2009.

IDIPR09-02

Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-4, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

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IDIPR09-03

Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-7, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPE09-12 Rider:

Transitional Your Occupation Benefit. This rider is intended to be used with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001. in place of rider IDIPE07-1, approved by your Department November 28, 2007. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

IDIPR09-04

Rider: Social Insurance Offset Benefit. This rider is similar to rider IDI2000-PR/SIO, approved by your Department January 8, 2001, except that it reflects our intention, as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make our Individual Disability Income insurance policies renewable to the first premium due date on or after the insured's 67th birthday. Formerly these policies were renewable to the first premium due date on or after the insured's 65th birthday.

This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPR09-05

Rider: Spousal Catastrophic Disability Benefit. This rider is similar to rider IDIPR07-1, approved by your Department November 28, 2007, except that it reflects our intention, as stated in our most recent premium rate scale filing, which was

SERFF Tracking Number: META-126570035 State: Arkansas
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Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb

approved by your Department May 15, 2009. to make our Individual Disability Income insurance policies renewable to the first premium due date on or after the insured's 67th birthday. Formerly these policies were renewable to the first premium due date on or after the insured's 65th birthday.

This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPE09-07

Endorsement. This endorsement modifies policy IDI2000-P/NC, approved by your Department January 8, 2001, to reflect our intention as stated in our most recent premium rate scale filing, which was approved by your Department November 28, 2007 to make this policy form renewable to the first premium due date on or after the insured's 67th birthday. Formerly this policy form was renewable to the first premium due date on or after the insured's 65th birthday.

IDIPE09-08

Endorsement. This endorsement modifies policy IDI2000-P/NC/ML, approved by your Department January 8, 2001, to reflect our intention as stated in our most recent premium rate scale filing, which was approved by your Department November 28, 2007. to make this policy form renewable to the first premium due date on or after the insured's 67th birthday. Formerly this policy form was renewable to the first premium due date on or after the insured's 65th birthday.

IDIPE09-09

Endorsement. This endorsement modifies policy IDI2000-P/GR, approved by your Department January 8, 2001, to reflect our intention as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make this policy form renewable to the first premium due date on or after the insured's 67th birthday. Formerly this policy form was renewable to the first premium due date on or after the insured's 65th birthday.

Outlines of Coverage

IDIOOC-ADD09-01

Outline of Coverage Addendum - This form is a revised version of the addendum filed February 26, 2009 for use with Outlines of Coverage

SERFF Tracking Number: META-126570035 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
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Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb
AH 1354, AH 1355 and AH 1356.

The above filing does not impact premium rates

Filing Correspondence Instructions

Please direct any questions, comments or correspondence regarding this filing to 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,

Robert Winograd
Senior Contract Analyst

Company and Contact

Filing Contact Information

Robert E. Winograd, Sr. Contract Analyst
501 Route 22 908-253-2288 [Phone]
Bridgewater, NJ 08807

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 per form.

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Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$250.00	04/02/2010	35353236
Metropolitan Life Insurance Company	\$200.00	04/07/2010	35455416

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 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: IDIPR09-01/B09-99 RW sb

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/08/2010	04/08/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Sandra Bennett	04/08/2010	04/08/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional filing fees	Note To Filer	Rosalind Minor	04/05/2010	04/05/2010

SERFF Tracking Number: *META-126570035* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *45347*
Company Tracking Number: *B09-99 RW SB*
TOI: *H111 Individual Health - Disability Income* *Sub-TOI:* *H111.004 Other*
Product Name: *Individual Disability Income*
Project Name/Number: *IDIPR09-01/B09-99 RW sb*

Disposition

Disposition Date: 04/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Company Tracking Number: B09-99 RW SB
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: IDIPR09-01/B09-99 RW sb

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	ARCERTREG19	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb

Amendment Letter

Submitted Date: 04/08/2010

Comments:

Inadvertently the actuarial memorandum was not included.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Actuarial Memorandum

Comment: Actuarial Memorandum

AM_Renew_Age67_National.pdf

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Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb

Note To Filer

Created By:

Rosalind Minor on 04/05/2010 12:33 PM

Last Edited By:

Rosalind Minor

Submitted On:

04/08/2010 01:14 PM

Subject:

Additional filing fees

Comments:

Our Department has recently updated/revised our filing fees under Rule and Regulation 57. SERFF has been updated under the General Instructions for ArkansasLH.

The filing fee for this submission is \$50.00 for each form, for a total of \$450.00. Please remit an additional \$200.00 on this submission.

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Form Schedule

Lead Form Number: IDIPR09-01

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/08/2010	IDIPR09-01	Policy/Cont Rider ract/Fratern al		Initial			IDIPR09-01.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 04/08/2010	IDIPR09-02	Policy/Cont Rider ract/Fratern al		Initial			IDIPR09-02.pdf
		Certificate					
Approved-Closed 04/08/2010	IDIPR09-03	Policy/Cont Rider ract/Fratern al		Initial			IDIPR09-03.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 04/08/2010	IDIPE09-12	Policy/Cont Rider ract/Fratern al		Initial			IDIPE09-12.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

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 Product Name: Individual Disability Income
 Project Name/Number: IDIPR09-01/B09-99 RW sb

Approved- IDIPR09-04 Policy/Cont Rider Initial IDIPR09-
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Approved- IDIPE09-07 Policy/Cont Endorsement Initial IDIPE09-07-
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Approved- IDIPE09-08 Policy/Cont Endorsement Initial IDIPE09-08-
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Approved- IDIPE09-09 Policy/Cont Endorsement Initial IDIPE09-09-
 Closed ract/Fratern GR.pdf

SERFF Tracking Number: META-126570035 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
Company Tracking Number: B09-99 RW SB
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb
04/08/2010

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Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

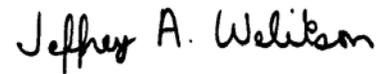
No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after your 65th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson
Senior Vice-President and Corporate
Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

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Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

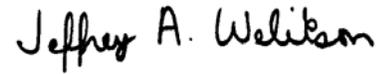
No claim for Disability starting after 12 months from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after your 65th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson
Senior Vice-President and Corporate
Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

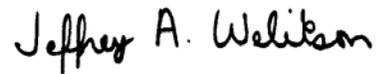
1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after your 65th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson
Senior Vice-President and Corporate
Secretary

Metropolitan Life Insurance Company

Rider: Transitional Your Occupation Benefit

This rider is a part of the policy if it is referred to on the policy page 3.

Effective Date The Effective Date of this rider is shown on the policy page 3.

Premium The Premium for this rider is shown on the policy page 3.

Definitions **Transitional Disability** or **Transitionally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

1. Prevented from performing the material and substantial duties of Your Regular Occupation, but You are Gainfully Employed in another occupation; and
2. Receiving appropriate care from a physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care of a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Maximum Monthly Transitional Your Occupation Benefit means:

1. The total of the Monthly Benefit for Total Disability shown on page 3 of Your policy; plus
2. If included in Your policy, the total monthly benefit payable for the Social Insurance Offset Benefit.

If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Transitional Your Occupation benefits, We will substitute the Adjusted Monthly Benefit(s) for Total Disability, as defined in the COLA rider, for the Monthly Benefit(s) for Total Disability above.

Earnings means income or compensation, payable as remuneration to You, for actual services You perform; or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities or investments; or
2. Income from deferred compensation plans, formal sick pay plans, disability income policies, or retirement plans.

Maximum Benefit Period for the Transitional Your Occupation Benefit means the period during which the Monthly Transitional Your Occupation Benefit is payable. The Maximum Benefit Period for the Transitional Your Occupation Benefit begins after the end of the Elimination Period. Transitional Your Occupation benefits count toward the Maximum Benefit Period only while you are Transitionally Disabled. The Maximum Benefit Period for the Transitional Your Occupation Benefit is shown on policy page 3, but benefits are not payable beyond the later of Age 65 or 24 months.

Rider: Transitional Your Occupation Benefit (Continued)

Review Date means each anniversary date of the start of a period of Disability or Transitional Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of the period of Disability or Transitional Disability.

Prior Earnings means the greater of Your average monthly Earnings for the 3 calendar years immediately prior to the start of Your Disability or Transitional Disability, or for the 24 months immediately prior to the start of Your Disability or Transitional Disability, provided there is financial documentation satisfactory to Us.

After the start of a period of Disability or Transitional Disability, Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-W for the Index Month divided by the CPI-W for the preceding Index Month. The percentage increase in the Prior Earnings in any given year will not be more than 7% or less than 1%. CPI-W means the Consumer Price Index for Urban Wage Earners and Clerical Workers for all items. It is published by the United States Bureau of Labor Statistics. If the CPI-W cannot be used or is not available, We will choose a suitable index to replace it. CPI-W will then mean the chosen index.

Loss of Earnings means Your Prior Earnings less Your Earnings for the month in which You are Transitionally Disabled.

Other Disability Coverage means all coverage and benefits payable to You for a Disability and provided by individual (excluding this policy), group or association disability income coverage. Business overhead expense, key person and buy-out disability coverage are excluded from Other Disability Coverage.

Monthly Transitional Your Occupation Benefit

While You are Transitionally Disabled, We will pay a Monthly Transitional Your Occupation benefit. The benefit will be the lesser of:

1. The Maximum Monthly Transitional Your Occupation Benefit; or
2. Your Loss of Earnings minus benefits received from Other Disability Coverage for the month in which You are Transitionally Disabled, but not less than twenty-five percent (25%) of the Maximum Monthly Transitional Your Occupation Benefit.

and will be paid in place of all other benefits for Total or Residual Disability.

Minimum Benefit

If the benefit that would be paid under the Monthly Benefit for Residual Disability exceeds the Monthly Transitional Your Occupation Benefit, the Monthly Benefit for Residual Disability will be paid in place of this benefit. Any month that the Monthly Benefit for Residual Disability is paid under this provision will be not counted toward the Maximum Benefit Period for the Transitional Your Occupation Benefit.

Duration of Benefits

Monthly Transitional Your Occupation benefits will be paid to the earliest of:

1. The date a period of Transitional Disability ends;
2. The date the Maximum Benefit Period for the policy ends; or
3. The end of the Maximum Benefit Period for the Transitional Your Occupation Benefit.

Rider: Transitional Your Occupation Benefit (Continued)

Premium Refund

If:

1. At the time the Elimination Period for this Policy is satisfied, the Maximum Monthly Transitional Your Occupation Benefit plus the monthly indemnities for Other Disability Coverage is more than ninety percent (90%) of Your Prior Earnings; or
2. Less than the Maximum Monthly Transitional Your Occupation Benefit is paid and the benefits received for Other Disability Coverage is greater than zero,

We will refund any premiums paid for this rider during the two years prior to Disability that have not been previously refunded.

Time Limit on Certain Defenses

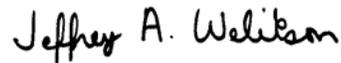
After 3 years from the Effective Date of this rider no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Transitional Disability starting more than 3years from the Effective Date of this rider.

No claim for Transitional Disability starting after 3 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Transitional Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after your 65th birthday, or the fifth policy anniversary, if later; or
3. The date We receive your Written request to end this benefit or the Residual Disability Benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson
Senior Vice-President and Corporate
Secretary

Metropolitan Life Insurance Company

Rider: Social Insurance Offset Benefit

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **Policy Benefit** means the Monthly Benefit for Total Disability on page 3.

Legislated Benefits means:

1. Social Security insurance benefits, or Disability income benefits under similar federal, state or local laws, including worker's compensation and occupational disease laws; or
2. Benefits under the Railroad Retirement Act; or
3. Benefits under the Civil Service Retirement Plan or any like program covering federal, state or local government employees.

Social Security Insurance Benefits means the Disability benefit portion of the Old Age, Survivors, and Disability Insurance Act, also known as Social Security, as enacted or later amended by the federal Social Security Act.

First Year of Disability means the 12-month period beginning on the first day of the Elimination Period.

Total Disability Benefit We will pay this rider's monthly benefit shown on page 3 if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Totally Disabled; and
3. After the First Year of Disability, no Legislated Benefits are payable for such Disability.

After the First Year of Disability, for any month in which Legislated Benefits are payable for Your Disability, the amount payable under this rider will be reduced by subtracting the total amount of Legislated Benefits You are receiving from this rider's monthly benefit shown on page 3. Once benefits are payable from Legislated Benefits, We will not reduce the benefit under this rider to reflect any increase in Legislated Benefits due to a cost-of-living adjustment.

If You receive Legislated Benefits as a lump sum payment, You must immediately notify Us of such payment. The lump sum payment (even if received in the First Year of Disability) will be prorated on a monthly basis over the time period for which the sum was intended. The monthly amount thus obtained, in addition to any other Legislated Benefits, will be subtracted from this rider's monthly benefit shown on page 3 to determine the amount payable under this rider after the First Year of Disability. This reduction will only apply to a period for which We have not yet made benefit payments under this rider. If the time period to which the lump sum payment applies is not specified, We reserve the right to make a reasonable determination.

Rider: Social Insurance Offset Benefit (Continued)

This benefit will end on the earlier of:

1. The date the Policy Benefit ends;
2. The Premium Due Date on or after Your 67th birthday, for Disability starting before your 63rd birthday, or the applicable period determined from the table below, for Disability starting on or after Your 63rd birthday.

Age on Last Birthday	Maximum Months of Benefits
63	48
64	42
65	36
66	30
67	24

Proof That You Qualify

To receive benefits under this rider You must give Us Written proof satisfactory to Us that You qualify for this rider's monthly benefit, including proof that:

1. You made timely application for Legislated Benefits to which You may be entitled;
2. Your claim for these benefits has been approved, denied, or is still pending; and
3. If Your application for Legislated Benefits has been denied, You are following every appeals process available to You.

If, after completing the appeals process, You are still denied Legislated Benefits, We can require You to reapply from time to time.

If, after We start paying benefits under this rider, Legislated Benefits are approved and You receive a retroactive payment, You will not have to return any payments We have already made.

Attorney Fee Benefit

If You incur attorney fees during a Legislated Benefits appeals process, We will pay an additional benefit equal to one monthly benefit under this rider, provided that You had:

1. A hearing before an Administrative Law Judge;
2. A review of the hearing by the Appeals Council (or similar body); or
3. Brought a civil action in the United States District Court.

We will not pay the attorney fee benefit for services provided before:

1. Your initial filing for Legislated Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

Residual Disability Benefit (if included in Your policy)

If Your policy has a Residual Disability Benefit rider, You may qualify for additional Residual Disability benefits based on this rider's monthly benefit if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Residually Disabled.

If You qualify, additional Residual Disability benefits will be calculated for this rider, in the same manner as described in the Residual Disability Benefit rider. Any Legislated Benefits payable after the First Year of Disability will then be subtracted.

Rider: Social Insurance Offset Benefit (Continued)

Cost-of-Living Adjustment (if included in Your policy)

If Your policy contains a Cost-of-Living Adjustment for Disability Benefits rider, references to the Adjusted Monthly Benefit for Total Disability as described in the Cost-of-Living Adjustment rider include this rider's monthly benefit for Total Disability plus the cost-of-living adjustments applicable to this rider's monthly benefit. Cost-of-living adjustments will be made before any reduction for Legislated Benefits.

Time Limit on Certain Defenses

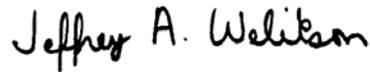
After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

No claim for Disability starting after 3 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after your 67th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson
Senior Vice-President and Corporate
Secretary

Metropolitan Life Insurance Company

Rider: Spousal Catastrophic Disability Benefit

This rider is a part of the policy if it is referred to on page 3.

- Date of Rider** The Effective Date of this rider is shown on page 3 of Your policy.
- Premium** The Premium for this rider is shown on page 3 of Your policy.
- Definitions** **Spousal Catastrophic Disability** means that due to Injury or Sickness, Your Spouse:
1. Has a complete, irrecoverable and irreparable loss of:
 - a. Use of both hands, or both feet, or one hand and one foot;
 - b. The sight in both eyes;
 - c. Speech; or
 - d. Hearing in both ears; or
 2. Has Alzheimer's Disease or other irreversible form of senility or dementia requiring supervision to protect from threats to health and safety due to severe cognitive impairment, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person; or
 3. Has: Aphasia; Hemiparesis; Paraplegia; or Quadriplegia, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person.

When We use the term Catastrophically Disabled in this rider in connection with Your Spouse, We are referring to this definition of Spousal Catastrophic Disability.

Activities of Daily Living means the following:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** Ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

Aphasia means the loss, due to Injury or disease of the brain centers, of:

1. The power of expression by speech, writing, or signs; or
2. Comprehension of spoken or written language.

Rider: Spousal Catastrophic Disability Benefit (Continued)

Elimination Period for Spousal Catastrophic Disability means the number of consecutive days of Spousal Catastrophic Disability that must elapse before benefits for Spousal Catastrophic Disability become payable. No benefits are payable under this rider for the Elimination Period for Spousal Catastrophic Disability. The Elimination Period for Spousal Catastrophic Disability is shown on page 3 of Your policy. If Your Spouse is Catastrophically Disabled under item 1 of the definition of Spousal Catastrophic Disability, this Elimination Period will be waived.

Hemiparesis means partial paralysis affecting both limbs on one side of the body.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.

Spouse's Age 67 means the first premium due date that occurs on or after your Spouse's 67th birthday.

Your Spouse means your lawful husband or wife named by You on Your application.

Spousal Catastrophic Disability Benefit

After the Elimination Period for Spousal Catastrophic Disability has been satisfied, and while Your Spouse is Catastrophically Disabled, We will pay You the Monthly Benefit for Spousal Catastrophic Disability shown on page 3 of Your policy. For the first 12 months for which benefits are payable for Spousal Catastrophic Disability, the benefit will be paid at 120% of the Monthly Benefit for Spousal Catastrophic Disability. These benefits will be paid until the earlier of:

1. The date Your Spouse is no longer Catastrophically Disabled; or
2. The date the Maximum Benefit Period for Spousal Catastrophic Disability, shown on page 3 of Your policy, ends.

Recurrent Spousal Catastrophic Disability

If, after the end of a period of Spousal Catastrophic Disability, as described in item 3 of the definition of Spousal Catastrophic Disability, for which Spousal Catastrophic Disability benefits have been paid, Your Spouse becomes Catastrophically Disabled again, the later period of Spousal Catastrophic Disability will be deemed a Recurrent Spousal Catastrophic Disability, which is a continuation of the preceding period of Spousal Catastrophic Disability, unless:

1. The later period of Spousal Catastrophic Disability starts at least 6 months after the end of the preceding period of Spousal Catastrophic Disability; or
2. The later period of Spousal Catastrophic Disability is due to a different or unrelated cause.

If either 1 or 2 applies, the later period of Spousal Catastrophic Disability will be deemed a new period of Spousal Catastrophic Disability. A new Elimination Period must be satisfied before benefits start again, and a new Maximum Benefit Period will apply.

If the later period of Spousal Catastrophic Disability is deemed a Recurrent Spousal Catastrophic Disability, then it is not necessary for Your Spouse to satisfy a new Elimination Period. However, Spousal Catastrophic Disability benefits paid for a Recurrent Spousal Catastrophic Disability are considered a continuation of the preceding period of Spousal Catastrophic Disability and will be subject to the Maximum Benefit Period that started with the preceding period of Spousal Catastrophic Disability. If the Maximum Benefit Period had ended with respect to the preceding period of Spousal Catastrophic Disability, no benefits will be payable for a recurrence of that Spousal Catastrophic Disability.

Rider: Spousal Catastrophic Disability Benefit (Continued)

Maximum Benefit Period The Maximum Benefit Period for this rider is shown on page 3. However, if the Maximum Benefit Period selected is 5 years, the Maximum Benefit Period will vary depending on Your Spouse's Age when Spousal Catastrophic Disability begins, as follows:

<u>Your Spouse's Age When Spousal Catastrophic Disability Begins</u>	<u>Maximum Benefit Period</u>
Before age 63	60 months
At age 63, before age 64	48 months
At age 64, before age 65	42 months
At age 65, before age 66	36 months
At age 65, before age 67	30 months

General Exclusions We will not pay benefits for a Spousal Catastrophic Disability under this rider:

1. Due to an act of war, whether declared or undeclared;
2. Due to Your Spouse's committing, or attempting to commit, a felony;
3. Existing while Your Spouse is legally incarcerated or detained; or
4. Caused by Your Spouse's intentionally self-inflicted injury.

Preexisting Conditions Exclusion We will not pay benefits for a Spousal Catastrophic Disability under this rider that starts during the first 3 years after the Effective Date if it was due to a Preexisting Condition, as defined in Your policy. This exclusion does not apply to any condition that was disclosed, and that was not misrepresented, in the Application for this rider and was not excluded by name or specific description.

Proof of Spouse's Disability Written proof of loss satisfactory to Us must be sent to Us within 90 days after the end of each monthly period for which You claim benefits for Spousal Catastrophic Disability. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. As often as is reasonably necessary, We may require as part of the proof of loss financial proof such as personal and business income tax returns, income statements and other proof acceptable to Us.

We may also require on a monthly basis that Your Spouse and Your Spouse's treating Physician complete and Sign supplemental statements of claim.

Authorizations We may require, as often as is reasonably necessary, that You and/or Your Spouse provide authorizations for Us to obtain medical information, financial information, and any other information pertinent to a claim for Spousal Catastrophic Disability.

Examinations At Our expense, as often as is reasonably necessary, We may require Your Spouse to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may require an audit of all Your Spouse's business and financial records, by a financial examiner of Our choice. This may include examination of business and financial records for any business in which Your Spouse has an ownership interest.

At Our expense, as often as is reasonably necessary, We may have Our representative conduct telephone or in-person interviews regarding a claim for Spousal Catastrophic Disability.

Rider: Spousal Catastrophic Disability Benefit (Continued)

**Misstatement
of Age and
Sex**

If Your Spouse's age or sex is not stated correctly on Our records, the benefits under the policy will be those that the Premium You paid would have bought at Your Spouse's correct age and sex.

**Time Limit on
Certain
Defenses**

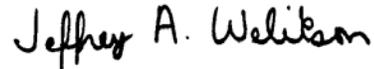
After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You or Your Spouse on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Spousal Catastrophic Disability starting more than 3 years from the Effective Date of this rider.

No claim for Spousal Catastrophic Disability starting after 3 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after your 67th birthday; or
3. The first Premium Due Date on or after Your Spouse's 67th birthday; or
4. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson
Senior Vice-President and Corporate
Secretary

Metropolitan Life Insurance Company

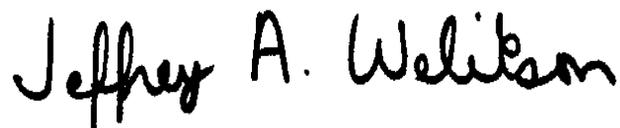
Endorsement

This endorsement is a part of the policy to which it is attached.

1. The provisions on page 1 captioned:
 - **Noncancelable and Guaranteed Renewable to Age 65**; and
 - **Renewal Privilege After Age 65 With Limited Benefit Period**are revised as follows:
 - a. "Age 67" is substituted for "Age 65"; and
 - b. "67th birthday" is substituted for "65th birthday".
2. The **Table of Contents** on page 4 is revised as follows:

"Renewal Privilege if Employed After Age 67" is substituted for "Renewal Privilege if Employed After Age 65"
3. The following is added to the **Definitions** section on page 5:

"Age 67 means the first Premium Due Date that occurs on or after Your 67th birthday."
4. The **Renewal Privilege if Employed After Age 65** provision on page 9 is revised as follows:
 - a. "Age 67" is substituted for "Age 65" in the caption; and
 - b. "67th birthday" is substituted for "65th birthday" in the first paragraph.
5. The **Premium and Reinstatement** section starting on page 9 is revised as follows:
 - a. "67th birthday" is substituted for "65th birthday" in the second paragraph of the **Premium Payment** provision;
 - b. "Age 67" is substituted for "Age 65" in the second paragraph of the **Premium Payment** provision;
 - c. "67th birthday" is substituted for "65th birthday" in the second paragraph of the **Suspension During Military Service** provision; and
 - d. "67th birthday" is substituted for "65th birthday" in the next-to-last paragraph of the **Suspension During Unemployment** provision.
6. In any and all riders that are included in this policy, any reference in the **Termination** provision to "65th birthday" is changed to "67th birthday". This change does not apply to any riders that do not refer to "65th birthday" in their **Termination** provision.
7. If the **Lifetime Monthly Benefit for Total Disability** benefit rider is included in this policy, the table in the **Amount of Benefit** provision is revised as follows:
 - a. The words "64 or 65" are changed to "64 to 67"; and
 - b. "67th birthday" is substituted for "65th birthday".



Senior Vice President and Corporate Secretary

Metropolitan Life Insurance Company

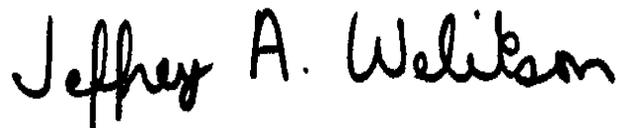
Endorsement

This endorsement is a part of the policy to which it is attached.

1. The provisions on page 1 captioned:
 - **Noncancelable and Guaranteed Renewable to Age 65, or for Five Policy Years if Later;** and
 - **Renewal Privilege After Age 65 With Limited Benefit Period**are revised as follows:
 - a. "Age 67" is substituted for "Age 65"; and
 - b. "67th birthday" is substituted for "65th birthday".
2. The **Table of Contents** on page 4 is revised as follows:

"Renewal Privilege if Employed After Age 67" is substituted for "Renewal Privilege if Employed After Age 65"
3. The following is added to the **Definitions** section on page 5:

"Age 67 means the first Premium Due Date that occurs on or after Your 67th birthday."
4. The **Renewal Privilege if Employed After Age 65** provision on page 9 is revised as follows:
 - a. "Age 67" is substituted for "Age 65" in the caption; and
 - b. "67th birthday" is substituted for "65th birthday" in the first paragraph.
5. The **Premium and Reinstatement** section starting on page 10 is revised as follows:
 - a. "67th birthday" is substituted for "65th birthday" in the second paragraph of the **Premium Payment** provision;
 - b. "Age 67" is substituted for "Age 65" in the second paragraph of the **Premium Payment** provision;
 - c. "67th birthday" is substituted for "65th birthday" in the second paragraph of the **Suspension During Military Service** provision; and
 - d. "67th birthday" is substituted for "65th birthday" in the next-to-last paragraph of the **Suspension During Unemployment** provision.
6. In any and all riders that are included in this policy, any reference in the **Termination** provision to "65th birthday" is changed to "67th birthday". This change does not apply to any riders that do not refer to "65th birthday" in their **Termination** provision.
7. If the **Lifetime Monthly Benefit for Total Disability** benefit rider is included in this policy, the table in the **Amount of Benefit** provision is revised as follows:
 - a. The words "64 or 65" are changed to "64 to 67"; and
 - b. "67th birthday" is substituted for "65th birthday".



Senior Vice President and Corporate Secretary

ADDENDUM TO THE REQUIRED OUTLINE OF COVERAGE (continued)

^{A-6}On each option date (every policy anniversary up to the expiry date) you may buy more long term disability income coverage, up to the unit of increase. The amount applied for must be a multiple of \$50, and at least \$200. You must meet the earnings standards and not be disabled at the time. You may carry over the unused part of a unit of increase, but only to the next option date. You also have the option, until the later of the third option date or the option date on or after your 40th birthday, to purchase up to the maximum total increase.

^{A-7} This benefit is payable during the first year of total disability beginning after the elimination period has been met. Thereafter, if total disability continues, any legislated benefits (Social Security, workers' compensation, etc.) you receive are deducted from this benefit.

Metropolitan Life Insurance Company

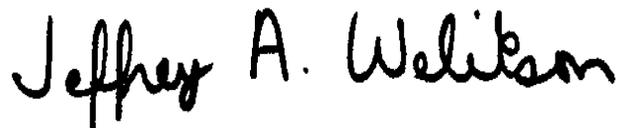
Endorsement

This endorsement is a part of the policy to which it is attached.

1. The provisions on page 1 captioned:
 - **Guaranteed Renewable to Age 65, or for Five Policy Years if Later**; and
 - **Renewal Privilege After Age 65 With Limited Benefit Period**are revised as follows:
 - a. "Age 67" is substituted for "Age 65"; and
 - b. "67th birthday" is substituted for "65th birthday".
2. The **Table of Contents** on page 4 is revised as follows:

"Renewal Privilege if Employed After Age 67" is substituted for "Renewal Privilege if Employed After Age 65"
3. The following is added to the **Definitions** section on page 5:

"Age 67 means the first Premium Due Date that occurs on or after Your 67th birthday."
4. The **Renewal Privilege if Employed After Age 65** provision on page 9 is revised as follows:
 - a. "Age 67" is substituted for "Age 65" in the caption; and
 - b. "67th birthday" is substituted for "65th birthday" in the first paragraph.
5. The **Premium and Reinstatement** section starting on page 10 is revised as follows:
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 - b. "Age 67" is substituted for "Age 65" in the second paragraph of the **Premium Payment** provision;
 - c. "67th birthday" is substituted for "65th birthday" in the second paragraph of the **Suspension During Military Service** provision; and
 - d. "67th birthday" is substituted for "65th birthday" in the next-to-last paragraph of the **Suspension During Unemployment** provision.
6. In any and all riders that are included in this policy, any reference in the **Termination** provision to "65th birthday" is changed to "67th birthday". This change does not apply to any riders that do not refer to "65th birthday" in their **Termination** provision.
7. If the **Lifetime Monthly Benefit for Total Disability** benefit rider is included in this policy, the table in the **Amount of Benefit** provision is revised as follows:
 - a. The words "64 or 65" are changed to "64 to 67"; and
 - b. "67th birthday" is substituted for "65th birthday".



Senior Vice President and Corporate Secretary

SERFF Tracking Number: META-126570035 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
 Company Tracking Number: B09-99 RW SB
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: IDIPR09-01/B09-99 RW sb

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/08/2010
Comments:	Flesch Certification		
Attachment:	ARCERTREAD.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	04/08/2010
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	04/08/2010
Bypass Reason:	Robert Winograd Senior Contract Analyst Group and SBC Contracts & Compliance Department		

April 2, 2010

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

Re: Filing No. B09-99 RW
 Individual Disability Income Riders and Endorsements
 Our NAIC Company No. is 65978
 Our FEIN is 13-5581829

SERFF Tracking Number: META-126570035 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
Company Tracking Number: B09-99 RW SB
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb

Dear Sir/Madam:

We enclose for filing the Individual Disability Income rider and endorsement forms described below.

Form Number Brief Description

IDIPR09-01 Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-3, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department February 26, 2009.

IDIPR09-02 Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-4, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPR09-03 Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-7, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

SERFF Tracking Number: META-126570035 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
Company Tracking Number: B09-99 RW SB
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: IDIPR09-01/B09-99 RW sb

Page 2

IDIPE09-12 Rider: Transitional Your Occupation Benefit. This rider is intended to be used with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001. in place of rider IDIPE07-1, approved by your Department November 28, 2007. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.

IDIPR09-04 Rider: Social Insurance Offset Benefit. This rider is similar to rider IDI2000-PR/SIO, approved by your Department January 8, 2001, except that it reflects our intention, as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make our Individual Disability Income insurance policies renewable to the first premium due date on or after the insured's 67th birthday. Formerly these policies were renewable to the first premium due date on or after the insured's 65th birthday.

This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPR09-05 Rider: Spousal Catastrophic Disability Benefit. This rider is similar to rider IDIPR07-1, approved by your Department November 28, 2007, except that it reflects our intention, as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make our Individual Disability Income insurance policies renewable to the first premium due date on or after the insured's 67th birthday. Formerly these policies were renewable to the first premium due date on or after the insured's 65th birthday.

This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPE09-07 Endorsement. This endorsement modifies policy IDI2000-P/NC, approved by your

SERFF Tracking Number: META-126570035 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45347
 Company Tracking Number: B09-99 RW SB
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: IDIPR09-01/B09-99 RW sb

Please direct any questions, comments or correspondence regarding this filing to 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,

Robert Winograd
 Senior Contract Analyst

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	04/08/2010
Comments:	Outline of Coverage		
Attachment:	IDIOOC-ADD09-01.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	04/08/2010
Comments:			
Attachment:	Cover Letter - AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	ARCERTREG19	Approved-Closed	04/08/2010
Comments:	ARCERTREG19		
Attachment:	ARCERTREG19.pdf		



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
IDIPR09-01	Rider	51.04
IDIPR09-02	Rider	50.84
IDIPR09-03	Rider	53.01
IDIPR09-04	Rider	51.48
IDIPR09-05	Rider	56.15
IDIPE09-12	Rider	50.58
IDIPE09-07	Endorsement	66.98
IDIPE09-08	Endorsement	65.90
IDIPE09-09	Endorsement	67.27
IDIOOC-ADD09-01	Addendum to Outline of Coverage	50.86

Herbert B. Brown Jr.
Vice President

METROPOLITAN LIFE INSURANCE COMPANY

P. O. Box 30591, Tampa, FL 33630

DISABILITY INCOME PROTECTION COVERAGE

ADDENDUM TO THE REQUIRED OUTLINE OF COVERAGE

This addendum is intended to accompany your required outline of coverage. It is a continuation of section (3) of your required outline of coverage captioned "Benefits of Your Policy." It gives you a brief description of additional important features of your policy. Only the actual policy provisions will control. You should READ YOUR POLICY CAREFULLY!

Optional Benefits (continued)

	<u>Amount</u>	<u>Elimination Period (Days)</u>	<u>Maximum Benefit Period</u>
<input type="checkbox"/> Endorsement for Retirement Savings Protection (Form IDIPE06-6) ^{A-1}	XXXX	XXXX	XXXX
<input type="checkbox"/> Spousal Catastrophic Disability Benefit (Form IDIPR09-05) ^{A-2}	\$ _____	XXX	
<input type="checkbox"/> Transitional Your Occupation Benefit (Form IDIPE07-1) ^{A-3}	Same as Base Policy	Same as Base Policy	
<input type="checkbox"/> Transitional Your Occupation Benefit (Form IDIPE09-12) ^{A-3}	Same as Base Policy	Same as Base Policy	
<input type="checkbox"/> Cost-of-Living Adjustment for Disability Benefits (with Benefit Purchase Option) ^{A-5} (Form IDIPR08-2)	A-4	XXX	Same as Base Policy
<input type="checkbox"/> Cost-of-Living Adjustment for Disability Benefits (Form IDIPR09-01)	A-4	XXX	Same as Base Policy
<input type="checkbox"/> Cost-of-Living Adjustment for Disability Benefits (Form IDIPR09-02)	A-4	XXX	Same as Base Policy
<input type="checkbox"/> Cost-of-Living Adjustment for Disability Benefits (Form IDIPR09-03)	A-4	XXX	Same as Base Policy
<input type="checkbox"/> Guaranteed Insurability Benefit ^{A-6} (Form IDIPR08-1)			Expiry date is
Unit of Increase	\$ _____	XXX	_____
Maximum Total Increase	\$ _____	XXX	
<input type="checkbox"/> Social Insurance Offset Benefit ^{A-7} (Form IDIPR09-04)	\$ _____	_____	Same as Base Policy

^{A-1} All monthly benefits payable under the policy will be paid to the named trustee of your retirement benefit trust for deposit into your retirement benefit trust. You will receive no payments until the assets of the trust are distributed, in accordance with its terms, when you reach age 65, or on your retirement date if later, or on such other date permitted under the terms of the trust.

^{A-2} An additional indemnity will be paid if your spouse is catastrophically disabled, which is defined as loss of sight, hearing, speech or limbs; or such conditions as Alzheimer's Disease, aphasia or paralysis; or inability to perform activities of daily living.

^{A-3} You will be considered totally disabled if you are unable to perform the material and substantial duties of your regular occupation, even if you are gainfully employed in another occupation.

^{A-4} On each anniversary of the start of a continuous period of disability (called a review date) we will adjust your monthly benefit for total disability based on the Consumer Price Index (computed each June). The maximum increase in any one year is 10%, and, if the Consumer Price Index does not increase, or decreases, the adjusted monthly benefit will not be decreased from the previous year's amount.

^{A-5} After a period of disability ends, you may, within 90 days, add the amount of the last adjustment for that period to your base benefit by paying the attained age premium for the increased coverage; otherwise the base benefit will not include this adjustment.

ADDENDUM TO THE REQUIRED OUTLINE OF COVERAGE (continued)

^{A-6}On each option date (every policy anniversary up to the expiry date) you may buy more long term disability income coverage, up to the unit of increase. The amount applied for must be a multiple of \$50, and at least \$200. You must meet the earnings standards and not be disabled at the time. You may carry over the unused part of a unit of increase, but only to the next option date. You also have the option, until the later of the third option date or the option date on or after your 40th birthday, to purchase up to the maximum total increase.

^{A-7} This benefit is payable during the first year of total disability beginning after the elimination period has been met. Thereafter, if total disability continues, any legislated benefits (Social Security, workers' compensation, etc.) you receive are deducted from this benefit.

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel 908 253-2288 Fax 908 253-2528
rwinograd@metlife.com



Robert Winograd
Senior Contract Analyst
Group and SBC Contracts & Compliance Department

April 2, 2010

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

Re: Filing No. B09-99 RW
Individual Disability Income Riders and Endorsements
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing the Individual Disability Income rider and endorsement forms described below.

Form Number	Brief Description
IDIPR09-01	<p>Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-3, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.</p> <p>This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department February 26, 2009.</p>
IDIPR09-02	<p>Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-4, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.</p> <p>This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.</p>
IDIPR09-03	<p>Rider: Cost-of-Living Adjustment. This rider is intended to be used in place of rider IDIPR08-7, approved by your Department February 26, 2009. It is identical to that rider, except that item 2 of the Termination provision includes the words "or the fifth policy anniversary, if later." This wording is needed to make this rider usable with policies issued at ages 61 and older.</p> <p>This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.</p>

B09-99 RW

IDIPE09-12 **Rider: Transitional Your Occupation Benefit.** This rider is intended to be used with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001. in place of rider IDIPE07-1, approved by your Department November 28, 2007. It is identical to that rider, except that item 2 of the Termination provision includes the words “or the fifth policy anniversary, if later.” This wording is needed to make this rider usable with policies issued at ages 61 and older.

IDIPR09-04 **Rider: Social Insurance Offset Benefit.** This rider is similar to rider IDI2000-PR/SIO, approved by your Department January 8, 2001, except that it reflects our intention, as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make our Individual Disability Income insurance policies renewable to the first premium due date on or after the insured’s 67th birthday. Formerly these policies were renewable to the first premium due date on or after the insured’s 65th birthday.

This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPR09-05 **Rider: Spousal Catastrophic Disability Benefit.** This rider is similar to rider IDIPR07-1, approved by your Department November 28, 2007, except that it reflects our intention, as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make our Individual Disability Income insurance policies renewable to the first premium due date on or after the insured’s 67th birthday. Formerly these policies were renewable to the first premium due date on or after the insured’s 65th birthday.

This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department January 8, 2001.

IDIPE09-07 **Endorsement.** This endorsement modifies policy IDI2000-P/NC, approved by your Department January 8, 2001, to reflect our intention as stated in our most recent premium rate scale filing, which was approved by your Department November 28, 2007 to make this policy form renewable to the first premium due date on or after the insured’s 67th birthday. Formerly this policy form was renewable to the first premium due date on or after the insured’s 65th birthday.

IDIPE09-08 **Endorsement.** This endorsement modifies policy IDI2000-P/NC/ML, approved by your Department January 8, 2001, to reflect our intention as stated in our most recent premium rate scale filing, which was approved by your Department November 28, 2007. to make this policy form renewable to the first premium due date on or after the insured’s 67th birthday. Formerly this policy form was renewable to the first premium due date on or after the insured’s 65th birthday.

IDIPE09-09 **Endorsement.** This endorsement modifies policy IDI2000-P/GR, approved by your Department January 8, 2001, to reflect our intention as stated in our most recent premium rate scale filing, which was approved by your Department May 15, 2009. to make this policy form renewable to the first premium due date on or after the insured’s 67th birthday. Formerly this policy form was renewable to the first premium due date on or after the insured’s 65th birthday.

Outlines of Coverage

IDIOOC-ADD09-01

Outline of Coverage Addendum - This form is a revised version of the addendum filed February 26, 2009 for use with Outlines of Coverage AH 1354, AH 1355 and AH 1356.

The above filing does not impact premium rates

Filing Correspondence Instructions

Please direct any questions, comments or correspondence regarding this filing to 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,

A handwritten signature in black ink that reads "Robert Winograd". The signature is written in a cursive style with a large, sweeping initial "R".

Robert Winograd
Senior Contract Analyst



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Herbert B. Brown Jr.", written in a cursive style.

Herbert B. Brown Jr.
Vice President