

SERFF Tracking Number: META-126623942 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45643
Company Tracking Number: G10-05
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/G10-05

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care Insurance Advertising SERFF Tr Num: META-126623942 State: Arkansas

Insurance Advertising

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 45643

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: G10-05

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett, Harris Shearer

Author: Cherise Crittenden

Disposition Date: 05/26/2010

Date Submitted: 05/12/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group LTCI Advertising

Project Number: G10-05

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/26/2010

Deemer Date:

Submitted By: Cherise Crittenden

Filing Description:

May 11, 2010

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: 05/26/2010

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Commissioner of Insurance

Arkansas Department of Insurance

1200 West 3rd St.

Little Rock, AR 72201-1904

Re: Metropolitan Life Insurance Company ("MetLife")

SERFF Tracking Number: META-126623942 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45643
Company Tracking Number: G10-05
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/G10-05

Individual Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. G10-05

Advertising Form Number Brief Description of Advertising Material
ADF#1484.05(Rev.04/10) Plan Proposal

Dear Sir/Madam

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

The advertising materials are new and do not replace materials previously filed with your Department. The advertising material is only at the request of the Employer for them to communicate the long-term care insurance benefit to their employees.

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

Company and Contact

Filing Contact Information

SERFF Tracking Number: META-126623942 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45643
 Company Tracking Number: G10-05
 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/G10-05

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]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	05/12/2010	36440741

SERFF Tracking Number: META-126623942 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45643
Company Tracking Number: G10-05
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/G10-05

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/26/2010	05/26/2010

SERFF Tracking Number: *META-126623942* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *45643*
Company Tracking Number: *G10-05*
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/G10-05*

Disposition

Disposition Date: 05/26/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126623942 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45643
 Company Tracking Number: G10-05
 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/G10-05

Form Schedule

Lead Form Number: ADF#1484.05(Rev.04/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1484.05(Rev.04/10)	Advertising Plan Proposal	Initial			ADF#1484.05 (Rev.0410)_Plan Proposal.pdf

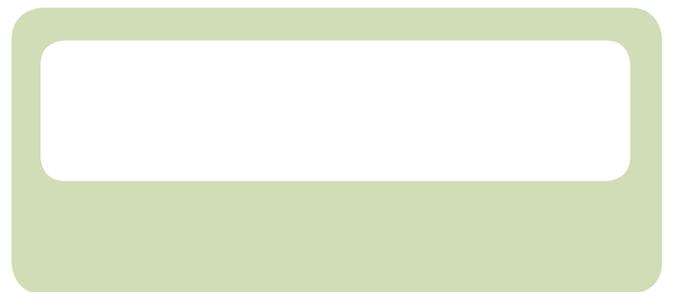
GROUP LONG-TERM CARE INSURANCE
Metropolitan Life Insurance Company ("MetLife")



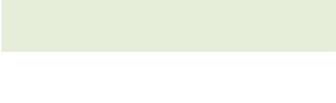
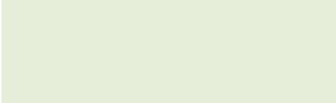
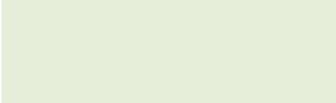
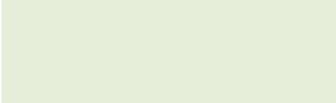
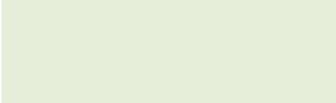
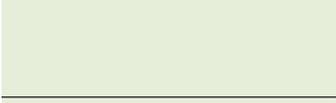
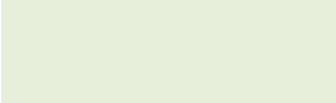
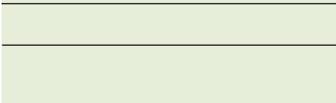
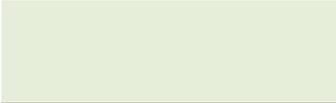
Sincerely,

A handwritten signature in black ink that reads "Michael A. Fradkin".

Michael Fradkin
Vice President
MetLife



Questions? Call toll-free: **[1-800-438-6388]**



Which plan should you buy?

- **Buy a coverage amount that fits your own personal approach to insurance.**

Some people believe in buying insurance to cover the maximum risk — it helps their peace of mind. Others prefer to carry a lesser amount of insurance — they want a “safety net” so they’re not completely exposed. Some strike a balance and settle on “the middle.” Whatever you decide, know this: Buying any amount is better than buying none at all if you’re concerned about protecting your savings.

- **Determine the amount of long-term care costs you want your insurance to cover — and plan to pay for the rest from your own savings.**

It’s called “share the risk/share the cost.” Let’s say you were originally planning to cover 100% of your long-term care costs out of your savings. Instead, you could plan to pay for 50% of your long-term care costs from savings and buy insurance to cover the other 50%. That way, you protect (and keep) more of the money you set aside for your retirement.

- **For a guideline: consider the average cost of care in your area.**



[Note:

[Discounts are available for this plan. Please see your Rate Sheet for a listing of discounts that may apply to your coverage.]

Questions?

Call toll-free at [1-800-438-6388].

[You may also visit the website at www.metlife.com/mybenefits]

MetLife[®]

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[MONTHLY] RATES

Use this chart to find the rate for yourself [, a spouse or eligible family member].
 [Rates are based in part on the applicant's age on the date coverage becomes effective.]

	[PLAN A] [(Facilities Only Option)]	[PLAN B] [(Comprehensive Option)]	[PLAN C] [(Comprehensive Option)]						
[Total Lifetime Benefit] This is the [total] amount your plan will pay for covered services. This is equal to the [Daily Benefit Amount] multiplied by the number of years benefits can be paid.	[\$109,500]	[\$164,250]	[\$365,000]						
[Daily Benefit Amount] This is the maximum [daily] amount your plan will pay.	[\$100] [a day]	[\$150] [a day]	[\$200] [a day]						
How long benefits can be paid If you received the maximum benefit amount per day, this is how long your coverage would last.	[3 years]	[3 years]	[5 years]						
[Discount(s) Available: Spousal and Marital Discounts: A [%] discount will be applied to each individual premium when both you and your spouse [or domestic partner] are accepted for coverage, for as long as both certificates remain in force.	Inflation Periodic [Automatic]		Inflation Periodic [Automatic]		Inflation Periodic [Automatic]				
	30	\$0.00	\$0.00	30	\$0.00	\$0.00	30	\$0.00	\$0.00
Multiple Member Discount: A [%] discount is available when two or more relatives [(excluding children)] of an Eligible Employee apply and are approved for coverage.	31	0.00	0.00	31	0.00	0.00	31	0.00	0.00
	32	0.00	0.00	32	0.00	0.00	32	0.00	0.00
Payroll/Pension Discount: A [%] discount is available for all [employees/spouses/retirees] paying premium through [payroll/pension deduction].	33	0.00	0.00	33	0.00	0.00	33	0.00	0.00
	34	0.00	0.00	34	0.00	0.00	34	0.00	0.00
Modal Premium Adjustment: Your individual premium may be adjusted an additional [%] based on the payment method/frequency you choose.]	35	0.00	0.00	35	0.00	0.00	35	0.00	0.00
	36	0.00	0.00	36	0.00	0.00	36	0.00	0.00
For rates on custom designed plans, to confirm availability in your state or obtain a rate for an age not shown, [call 1-800-438-6388.]	37	0.00	0.00	37	0.00	0.00	37	0.00	0.00
	38	0.00	0.00	38	0.00	0.00	38	0.00	0.00
[You may also access the web site at www.metlife.com/mybenefits.1	39	0.00	0.00	39	0.00	0.00	39	0.00	0.00
	40	0.00	0.00	40	0.00	0.00	40	0.00	0.00
ADF#1484.05(Rev.04/10)	41	0.00	0.00	41	0.00	0.00	41	0.00	0.00
	42	0.00	0.00	42	0.00	0.00	42	0.00	0.00
	43	0.00	0.00	43	0.00	0.00	43	0.00	0.00
	44	0.00	0.00	44	0.00	0.00	44	0.00	0.00
	45	0.00	0.00	45	0.00	0.00	45	0.00	0.00
	46	0.00	0.00	46	0.00	0.00	46	0.00	0.00
	47	0.00	0.00	47	0.00	0.00	47	0.00	0.00
	48	0.00	0.00	48	0.00	0.00	48	0.00	0.00
	49	0.00	0.00	49	0.00	0.00	49	0.00	0.00
	50	0.00	0.00	50	0.00	0.00	50	0.00	0.00
	51	0.00	0.00	51	0.00	0.00	51	0.00	0.00
	52	0.00	0.00	52	0.00	0.00	52	0.00	0.00
	53	0.00	0.00	53	0.00	0.00	53	0.00	0.00
	54	0.00	0.00	54	0.00	0.00	54	0.00	0.00
	55	0.00	0.00	55	0.00	0.00	55	0.00	0.00
	56	0.00	0.00	56	0.00	0.00	56	0.00	0.00
	57	0.00	0.00	57	0.00	0.00	57	0.00	0.00
	58	0.00	0.00	58	0.00	0.00	58	0.00	0.00
	59	0.00	0.00	59	0.00	0.00	59	0.00	0.00
	60	0.00	0.00	60	0.00	0.00	60	0.00	0.00
	61	0.00	0.00	61	0.00	0.00	61	0.00	0.00
	62	0.00	0.00	62	0.00	0.00	62	0.00	0.00
	63	0.00	0.00	63	0.00	0.00	63	0.00	0.00
	64	0.00	0.00	64	0.00	0.00	64	0.00	0.00
	65	0.00	0.00	65	0.00	0.00	65	0.00	0.00

This is only a summary of the long-term care insurance plan underwritten by Metropolitan Life Insurance Company, New York, NY 10166. It does not cover all the details. The Certificate of Insurance that is issued to you if you become insured contains a complete statement of terms and conditions of your insurance coverage.

Exclusions

This plan does not include limitations for pre-existing conditions.

The Group Long-Term Care Insurance Policy does **not** provide benefits for any of the following:

- Care specifically provided for detoxification of or rehabilitation for alcohol or drug abuse (chemical dependency), except drug abuse sustained at the hands of or while being treated by a physician for an injury or sickness.
- [● Any service or supply received outside the U.S. or its territories.]
- Illness, treatment or medical condition arising out of:
 - war or an act of war (whether declared or undeclared);
 - participation in a felony, riot, or insurrection;
 - service in the armed forces or auxiliary units;
 - attempted suicide (while sane or insane) or intentionally self-inflicted injury[; or
 - aviation (this applies only to non-fare paying passengers)].
- [● Treatment in a government facility, unless otherwise required by law.]
- [● Mental or emotional disorders without demonstrable organic disease. This includes but is not limited to neurosis, psychoneurosis, psychopathy and psychosis. This exclusion does not apply to Alzheimer's disease or to any other organically caused brain disorders.]
- Any care provided while in a hospital, except for confinement in a distinct part of a hospital that is licensed as a nursing home or hospice facility.
- Any service provided by your immediate family[, unless the service is a covered service from an informal caregiver].
- Any service or supply to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance or copayment amount. This exclusion will not apply in those instances where Medicare is determined to be secondary payor under applicable law.
- Services for which no charge is normally made in the absence of insurance.

This Long-Term Care Insurance Plan is underwritten by Metropolitan Life Insurance Company, New York, NY 10166. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class-basis. Coverage may not be cancelled due to your individual age or a change in health. This plan has a [90-day] [waiting period]. Eligibility may be subject to medical evaluation. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date.

RatesNCNF-[SEMI-MO][CODE]-CW

SERFF Tracking Number: META-126623942 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45643
Company Tracking Number: G10-05
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Advertising
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: COVER LETTER Comments: Attachment: AR_Cover Letter.pdf		
Satisfied - Item: NAIC FORM Comments: Attachment: AR _ NAIC__Group.pdf		
Satisfied - Item: EXPLANATION OF VARIABLES Comments: Attachment: EOV ADF#1484.05(Rev.0410)_Plan Proposal.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

May 11, 2010

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

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. **G10-05**

Advertising Form Number	Brief Description of Advertising Material
ADF#1484.05(Rev.04/10)	Plan Proposal

Dear Sir/Madam

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

The advertising materials are new and do not replace materials previously filed with your Department. The advertising material is only at the request of the Employer for them to communicate the long-term care insurance benefit to their employees.

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

A handwritten signature in cursive script that reads "Cherise Crittenden".

Cherise Crittenden
Consultant-Compliance/Mtkg-AD

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	
4.	Contact Name & Address	Telephone #		Fax #	E-mail Address		
	Cherise Crittenden Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.6594		203.221.6573	ccrittenden@metlife.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number: G10-05						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large X Small and Large Group <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: _____					
9.	Type of Insurance	LTC03G Group Long-Term Care Insurance					
10.	Product Coding Matrix Filing Code	LTC03G.001- Qualified					

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	May 7, 2010
13.	Filing Fee (If required)	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>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
<p>I HEREBY CERTIFY 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> May 7, 2010</p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		G10-05
This filing corresponds to rate filing company tracking number		NA

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01	Plan Proposal	ADF#1484.05(Rev. 04/10)	<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 CONTRACT
REVISED PLAN PROPOSAL EOV
FORM NUMBER: ADF#1484.05(Rev.04/10)**

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

1. Illustrative material; and
2. Specific variable material

ILLUSTRATIVE MATERIAL

Illustrative material consists of entries such as logos, numbers, names, signatures, titles, company names, group numbers, phone numbers (which may include prompting instructions), addresses, website addresses, rates, percentages, ages, dollar amounts, enrollment periods, eligible classes, 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.

SECTION	ITEM	EXPLANATION
General	Throughout	<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) will 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(s)" may appear as is or may be revised to show "apply(ies)" if guaranteed issue is not offered/available.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to "today" or "now" which may precede or follow "enroll" or "apply" may be omitted or may alternate.</p> <p><i>This is determined on a case by case basis.</i></p>

SECTION	ITEM	EXPLANATION
General	Throughout	<p>References to “enrollment” and/or “enrollment form” may appear as is or may be revised to show “application” if guaranteed issue is not offered/available.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “enrolling” may appear as is or may be revised to show “applying” if guaranteed issue is not offered/available.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “guaranteed”, “guaranteed coverage” and “guaranteed issue” may appear as is, may be revised to remove “guaranteed” or may be revised to reflect the appropriate underwriting available/offered to a group.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “active work”, “actively at work” may appear as is or may be omitted if guaranteed issue is not offered/available.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “waiting [period(s)/deadline(s)]” may be revised to show “elimination [period(s)/deadline(s)]”.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to time frames (i.e., years) may be revised to show such alternate time frames (i.e., months, days).</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to specific ages may be revised to the average age group for a client.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “full” may appear as is or may be omitted.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “medical questions” may appear as is or may be revised to read “underwriting”.</p> <p><i>This is determined on a case by case basis.</i></p> <p>The term “Daily Benefit Amount (DBA)” may appear as is or may be revised to read “Monthly Benefit Amount (MBA)” – if “Monthly Benefit Amount (MBA)” is used “MBA” will replace “DBA” and “month” will replace “day” throughout. The Daily Benefit Amounts (DBAs) listed will be specific to a clients plan design.</p> <p><i>This is determined on a case by case basis.</i></p>

SECTION	ITEM	EXPLANATION
General	Throughout	<p>The references to the color of enrollment forms/applications will show the actual color of the forms available.</p> <p><i>This is determined on a case by case basis.</i></p> <p>The term "Total Lifetime Benefit ("TLB")" may appear as is, may be revised to read "Benefit Duration", "Benefit Period", "Total Benefit Amount" or "Maximum Lifetime Benefit" or item may be deleted. The Total Lifetime Benefits (TLBs) listed will be specific to a clients plan design.</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to "[Initial] Waiting Period(s)" will appear as is, or may be revised to omit "initial" or may be revised to show "Elimination Period(s)"</p>
Page 1 (Letter Portion)	1	<p>Item may appear as is or may be omitted. Item may also be revised to read:</p> <p>"[In addition,] as an active [employee], you [can/may] [enroll/apply] now with [guaranteed coverage/limited health questions [asked]/abbreviated health questions [asked]]"</p> <p>OR</p> <p>"[In addition,] as an [employee], you [can/may] [enroll/apply] now with [guaranteed coverage/limited health questions [asked]/abbreviated health questions [asked]]"</p> <p><i>Item may also include actual number of health questions that may be required.</i></p> <p><i>This is determined on a case by case basis.</i></p>
	2	<p>Item may appear as is or may be omitted. Item may also be revised to read:</p> <p>"The cost of"</p> <p>OR</p> <p>"At your current age, the cost of"</p> <p>OR</p> <p>"At your current age, the cost of our most popular plan"</p>
	3	<p>Item will vary to show a current plan name which is available to an eligible.</p> <p><i>Available plans are determined on a case by case basis.</i></p>
	4	<p>This section may vary to include a third step. If an additional step is added, the number of steps will be updated to reflect the actual number of steps.</p>
		<p>Example of additional step:</p> <p>[Eligible Class], please complete the [White] [Enrollment Form/Application] by following the instructions on the [form/application].</p>
	5	<p>Item may appear as is or may vary to show a Mail By date, New Hire deadline or other date appropriate for a specific Employer Group. If outside an open enrollment period, item will read "Complete the [COLOR] Application [Form] by the Response Date: XX/XX/XX."</p>

SECTION	ITEM	EXPLANATION
Page 1 (Letter Portion)	6	Item will appear as shown or will vary to show either option (phone or web) independently and will always be consistent with enrollment options available in an Employer's plan design. <i>This is determined on a case by case basis.</i>
	7	Item will appear as is, may be omitted if there are no other eligible classes or may be revised to show a list of eligible classes or may be revised to read: "Your family members [list of eligible classes] are also eligible to [apply] for coverage with evidence of insurability." <i>This is determined on a case by case basis.</i>
	8	Item may appear as is or refer to a Mail By date, New Hire deadline or other date appropriate for a specific Employer Group. If outside an open enrollment period, item will read "Please Respond By:" <i>This is determined on a case by case basis.</i>
	9	Item may appear as is, may be omitted or may be revised to as shown in the "General", "Throughout" sections above. <i>This is determined on a case by case basis.</i>
	10	Item will appear as shown or will vary to show any of the options (phone, web or mail) independently and will always be consistent with enrollment options available in an Employer's plan design. Item may also appear as: P.S. Please return your [[enrollment] form/application] by [Date/Deadline/Response Date] OR P.S. Please respond by [your/the] [[enrollment] form/application] by [Date/Deadline/Response Date] Item may also vary to show a Mail By date, New Hire deadline or other date appropriate for a specific Employer Group. <i>This is determined on a case by case basis.</i>
	11	Item may appear as is, may be omitted or may be revised to reflect underwriting applicable to a specific Group Employer. <i>This is determined on a case by case basis.</i>

PAGES 2 - PLANS

General

Items on these pages may appear as shown or may be omitted. Items may also vary to fully describe the benefits and/or features of a specific Employer Group Plan. Items may also be rearranged to appear in a different order. Benefit amounts (including Daily Benefit Amounts, amounts payable and percentages) and benefit durations shown will appear as is or may vary to be consistent with the underwriting applicable for a specific Group Employer. Items may also vary to show accurate premiums which will be consistent with a Group Employer's billing cycle (i.e., bi-weekly, weekly, semi-monthly, etc). Items will be consistent with the underwriting applicable to each Group Employer.

Checkmarks will vary to be consistent with underwriting applicable to each plan offered.

This is determined on a case by case basis.

Page 2
(Plans)

12 Item may appear as shown, may be omitted or may be tailored as appropriate for a specific Group Employer.

Examples:

"Illustrated Insurance Plan Options"

OR

"Highlighted Insurance Plans".

OR

"Highlighted Insurance Plans – Rates for Your Age".

13 Item may appear as shown or may be omitted if no other amounts of coverage are available.

This is determined on a case by case basis.

14 Plan names and types may appear as shown or may vary to be consistent with a specific Group Employer. Types (i.e., Facilities Only or Comprehensive) will be consistent with the applicable underwriting. Item will also vary to show the correct amount of pre-packaged plans offered by the Group Employer.

This is determined on a case by case basis.

15 Item may appear as shown or may be omitted if not part of the plan, or may be varied to describe the respite feature applicable to a specific group. Item may also be varied to include "This benefit is available [before/prior to] [fulfilling/completing] the [waiting period/elimination period]."

16 Item may appear as shown or may be omitted if not offered as part of the Group Employer's plan. Item may also vary to describe the informal care feature applicable to a specific group.

17 Item may appear as is or may be removed if Plan A is a Comprehensive Plan.

PAGE 3 - BENEFITS

General Items on these pages may appear as shown or may be omitted. Items may also vary to fully describe the benefits and/or features of a specific Employer Group Plan. Items may also be rearranged to appear in a different order. Benefit amounts (including Daily Benefit Amounts, amounts payable and percentages) and benefit durations shown will appear as is or may vary to be consistent with the underwriting applicable for a specific Group Employer. Items may also vary to show accurate premiums which will be consistent with a Group Employer's billing cycle (i.e., bi-weekly, weekly, semi-monthly, etc). Items will be consistent with the underwriting applicable to each Group Employer.

Checkmarks will vary to be consistent with underwriting applicable to each plan offered.

This is determined on a case by case basis.

Page 3
(Benefits)

18 Item may appear as shown, may be omitted or may be tailored as appropriate for a specific Group Employer.

Examples:

"[[Summary/Overview] of] Benefits & Features"

OR

"[[Summary/Overview] of] Benefits Options"

OR

"Benefits [Summary/Overview]"

OR

"[[Summary/Overview] of] Benefits"

19 Item may appear is, may be omitted or may be revised to show a Group Employer's name.

20 Item may appear as is, may be omitted or may be revised to show:

"And this plan allows you to do that, by providing coverage for in-home care."

21 Item will appear as shown or will be removed if the facilities only option is not available to the specific Employer Group.

22 Items may appear as is, or may list benefits which would be payable at for percentages shown.

23 Item may appear as is or may be revised to show:

Examples:

"Your Plan [also] includes these very important benefits"

OR

"Your Plan [also] includes these very important benefits and features"

PAGE 3 - BENEFITS

Page 3
(Benefits)

- 24 Item may include waiting/elimination periods for other benefits.
- Example:**
- “or 10 calendar days for hospice care”
- 25 Item will appear as shown or will be varied to properly describe this feature under a specific Employer’s plan or will be omitted if feature is not included in the plan.
- 26 Item may appear as shown or will be varied to properly describe this feature under a specific Employer’s plan or will be omitted if feature is not included in the plan.
- 27 Item may appear as shown, will be varied to properly describe this feature under a specific Employer’s plan or will be omitted if Restoration of Benefits is not included in the plan.
- 28 Item will appear as shown or will be revised to read “Your Insurance Plan Offers This Optional Feature:” if only one option is available. This banner and text may also be removed if all features are included in a group’s plan.
- 29 Item may appear as is, may be omitted, or may be revised to show either
- “Select one of the following:”
- OR
- “Two options are available:”
- 30 Item may appear as shown or will be omitted if Automatic Inflation is not an option in the plan.
- 31 Item may appear as shown or will be varied to properly describe this feature under a specific Employer’s plan.
- 32 Item may appear as shown or will be varied to properly describe this feature under a specific Employer’s plan. Item may be omitted if Automatic Inflation is not an option in the plan.
- 33 Item will appear as shown or will be varied to properly describe this feature under a specific Employer’s plan. Item may also be moved to the prior section (directly above) where “Included Features” are listed if Nonforfeiture is included in an Employer’s plan (not an optional feature).

PAGE 4 - BACK

- Page 4 (Back) 34 Item may appear as shown or will be omitted if discounts are not available under a specific Employer's plan.
- 35 Item may appear as shown or will be omitted if a customer does not have a website. Website address will always be consistent with a specific Employer's Plan.

RATE INSERT

- General Throughout The term "Daily Benefit Amount (DBA)" may appear as is or may be revised to read "Monthly Benefit Amount (MBA)" – if "Monthly Benefit Amount (MBA)" is used "MBA" will replace "DBA" and "month" will replace "day" throughout. The Daily Benefit Amounts (DBAs) listed will be specific to a clients plan design.

This is determined on a case by case basis.

The term "Total Lifetime Benefit ("TLB")" may appear as is, may be revised to read "Benefit Duration", "Benefit Period", "Total Benefit Amount" or "Maximum Lifetime Benefit" or item may be deleted. The Total Lifetime Benefits (TLBs) listed will be specific to a clients plan design.

This is determined on a case by case basis.

References to "waiting [period(s)/deadline(s)]" may be revised to show "elimination [period(s)/deadline(s)]".

This is determined on a case by case basis.

- Front Page 1 Item may appear as is, or may be revised to show weekly, bi-weekly, semi-monthly, monthly or other billing cycles which will be consistent with a specific Employer's plan.
- 2 Item may appear as is, may be revised to show a list of eligible classes or may be omitted.
- 3 Item may appear as shown or may vary to be consistent with a specific Employer's plan.

Example:

"Rates are based in part on your age the day we receive your enrollment form."

- 4 Plan names and types may appear as shown or may vary to be consistent with a specific Group Employer. Types (i.e., Facilities Only or Comprehensive) will be consistent with the applicable underwriting. Item will also vary to show the correct amount of pre-packaged plans offered by the Group Employer.

This is determined on a case by case basis.

- 5 References to Automatic Inflation may appear as shown or may be omitted if Automatic Inflation is not part of an Employer's Plan.
- 6 Discounts available may vary based on a specific Employer's plan and will be selected from those listed. All references will be omitted if no discounts are available.
- 7 Item may appear as shown or will be omitted if a customer does not have a website. Website address will always be consistent with a specific Employer's Plan.

RATE INSERT

Back Page

8- 12

Items will always be consistent with state regulations.

Items may appear as is or may be omitted and will be consistent with an Employer's plan design.

13

The "Waiting Period" may appear as is, or may be revised to reflect the applicable waiting/elimination period for each Employer.