

SERFF Tracking Number: META-126706010 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
Company Tracking Number: I08-03 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: Individual LTCI Advertising/I08-03 A

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual LTCI Advertising SERFF Tr Num: META-126706010 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 46135
Sub-TOI: LTC03I.001 Qualified Co Tr Num: I08-03 A State Status: Closed
Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris Shearer
Author: Cherise Crittenden Disposition Date: 07/14/2010
Date Submitted: 07/06/2010 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual LTCI Advertising Status of Filing in Domicile: Authorized
Project Number: I08-03 A Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 07/14/2010 Explanation for Other Group Market Type:
State Status Changed: 07/14/2010

Deemer Date:
Submitted By: Cherise Crittenden Created By: Cherise Crittenden
Filing Description: 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")
Individual Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. I08-03 A

SERFF Tracking Number: META-126706010 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
Company Tracking Number: I08-03 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: Individual LTCL Advertising/I08-03 A

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material
ADF1841.07REV0610 Print Ad – Far Off

Dear Sir/Madam

We enclose for filing electronic copies of the Individual long-term care advertising material described above. The materials are intended for use with the following approved individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department.

Please note the ad is for placement in a newspaper and in a 4x6 format.

We consider the material Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$50.00 filing fee.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

SERFF Tracking Number: META-126706010 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
Company Tracking Number: I08-03 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: Individual LTCL Advertising/I08-03 A
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	07/06/2010	37759953

SERFF Tracking Number: META-126706010 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
Company Tracking Number: I08-03 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCl Advertising
Project Name/Number: Individual LTCl Advertising/I08-03 A

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/14/2010	07/14/2010

SERFF Tracking Number: META-126706010 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
Company Tracking Number: I08-03 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: Individual LTCL Advertising/I08-03 A

Disposition

Disposition Date: 07/14/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126706010

State: Arkansas

Filing Company: Metropolitan Life Insurance Company

State Tracking Number: 46135

Company Tracking Number: I08-03 A

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Product Name: Individual LTCL Advertising

Project Name/Number: Individual LTCL Advertising/I08-03 A

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	COVER LETTER		Yes
Supporting Document	NAIC FORM		Yes
Form	PRINT AD "Far Off"		Yes

SERFF Tracking Number: META-126706010 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
 Company Tracking Number: I08-03 A
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCL Advertising
 Project Name/Number: Individual LTCL Advertising/I08-03 A

Form Schedule

Lead Form Number: ADF#1841.07REV0610

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1841.07REV0610	Advertising	PRINT AD "Far Off"	Initial			ADF1841.07REV0610_Some lfs ConsumerAd REV0610_6.0 2.10.pdf

Some **ifs** in **life** may seem far off.
That doesn't mean you shouldn't
prepare for them.



Long-Term Care Insurance from Metropolitan Life Insurance Company.

It may be one **if** in **life** you haven't thought about.
Talk to MetLife about Long-Term Care Insurance to
help you be prepared.

**For more information, contact your representative
or visit www.metlife.com.**

For the **if** in **life**®

MetLife

ADF1841.07REV0610

© 2010 MetLife, Inc. This long-term care insurance solicitation describes coverage offered by Metropolitan Life Insurance Company ("MetLife"), New York, NY. MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most long-term care insurance policies, MetLife policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in force. **If you contact a MetLife Representative/Insurance Agent/Producer to discuss the complete costs and details an agent will contact you.**

©UFS L0210088846[exp0211][All States][DC] 1001-0280

SERFF Tracking Number: META-126706010 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46135
Company Tracking Number: I08-03 A
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: Individual LTCL Advertising/I08-03 A

Supporting Document Schedules

Item Status: **Status
Date:**

Satisfied - Item: COVER LETTER

Comments:

Attachment:

AR_Cover Letter.pdf

Item Status: **Status
Date:**

Satisfied - Item: NAIC FORM

Comments:

Attachment:

AR_NAIC_LA&H Transmittal.pdf

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

July 1, 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. **108-03 A**

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
ADF1841.07REV0610	Print Ad – Far Off

Dear Sir/Madam

We enclose for filing electronic copies of the Individual long-term care advertising material described above. The materials are intended for use with the following approved individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department.

Please note the ad is for placement in a newspaper and in a 4x6 format.

We consider the material Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$50.00 filing fee.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely

Cherise Crittenden
Consultant-Compliance/Mtkg-AD

Life, Accident & Health, Annuity, Credit Transmittal Document

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 Rd Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Cherise Crittenden Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Rd Westport, CT 06881-9909	203.221.6594	203.221.6573	ccrittenden@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

6.	Company Tracking Number	I08-03 A
-----------	--------------------------------	-----------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--	-----------------------

8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	--

9.	Type of Insurance (TOI)	LTC031 Individual Long-Term Care Insurance
-----------	--------------------------------	---

10.	Sub-Type of Insurance (Sub-TOI)	LTC031.001 - 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/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
------------	----------------------------	---

12.	Filing Submission Date	July 2, 2010
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)	
	PLEASE SEE COVER LETTER	

16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of ARKANSAS __.	
Print Name	<u>Cherise Crittenden</u> Title <u>Consultant-Compliance Mtkg/AD</u>
Signature	<u><i>Cherise Crittenden</i></u> Date: <u>July 2, 2010</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-03 A
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Print AD – Far Off	ADF#1841.07REV0610	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

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

LH RFA-1