## Filing at a Glance

Company: Metropolitan Life Insurance Company

| | | |
|---|---|---|
| Product Name: Individual LTCI Advertising | SERFF Tr Num: META-126719751 | State: Arkansas |
| TOI: LTC03I Individual Long Term Care | SERFF Status: Closed-Filed | State Tr Num: 46202 |
| Sub-TOI: LTC03I.001 Qualified | Co Tr Num: G10-07 | State Status: Filed-Closed |
| Filing Type: Advertisement | | Reviewer(s): Marie Bennett, Harris Shearer |
| | Author: Cherise Crittenden | Disposition Date: 07/14/2010 |
| | Date Submitted: 07/13/2010 | Disposition Status: Filed |
| Implementation Date Requested: On Approval | | Implementation Date: |
| State Filing Description: | | |

## General Information

Project Name: Individual LTCI Advertising
Project Number: G10-07
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/14/2010

Deemer Date:
Submitted By: Cherise Crittenden
Filing Description:
Commissioner of Insurance
Arkansas Department of Insurance
1200 West 3rd St.
Little Rock, AR  72201-1904

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 07/14/2010
Created By: Cherise Crittenden
Corresponding Filing Tracking Number:

Re: Metropolitan Life Insurance Company ("MetLife")
Group Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. G10-07

Advertising Form Number Brief Description of Advertising Material
ADF#1183.03(Rev.06/10) Missing Piece Flash Presentation

Dear Sir/Madam

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

The advertising materials are new and do not replace materials previously filed with your Department. 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.

## Company and Contact


**Filing Contact Information**

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

**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
New York, NY 10036-6796
(212) 578-2211 ext. [Phone]


Group Name:

FEIN Number: 13-5581829

State ID Number:

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## 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 | 07/13/2010 | 37938804 |

# Correspondence Summary

## Dispositions

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

# Disposition

Disposition Date: 07/14/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *META-126719751* | *State:* | *Arkansas* |
| *Filing Company:* | *Metropolitan Life Insurance Company* | *State Tracking Number:* | *46202* |
| *Company Tracking Number:* | *G10-07* | | |
| *TOI:* | *LTC03I Individual Long Term Care* | *Sub-TOI:* | *LTC03I.001 Qualified* |
| *Product Name:* | *Individual LTCI Advertising* | | |
| *Project Name/Number:* | *Individual LTCI Advertising/G10-07* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | COVER LETTER | | Yes |
| **Supporting Document** | NAIC FORM | | Yes |
| **Supporting Document** | EXPLANATION OF VARIABLES | | Yes |
| **Form** | Missing Piece Flash Presentation | | Yes |

# Form Schedule

**Lead Form Number: ADF#1138.03(Rev.06/10)**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| | ADF#1138.03(Rev.06/10) | Advertising | Missing Piece Flash Presentation | Initial | | | ADF#1138.03(Rev0610)_Missing Piece Flash Presentation.pdf |

[ MetLife® ]

Metropolitan Life Insurance Company ("MetLife")

New York, NY

sound on
music on

# Put a potentially important piece of your financial plan in place

1

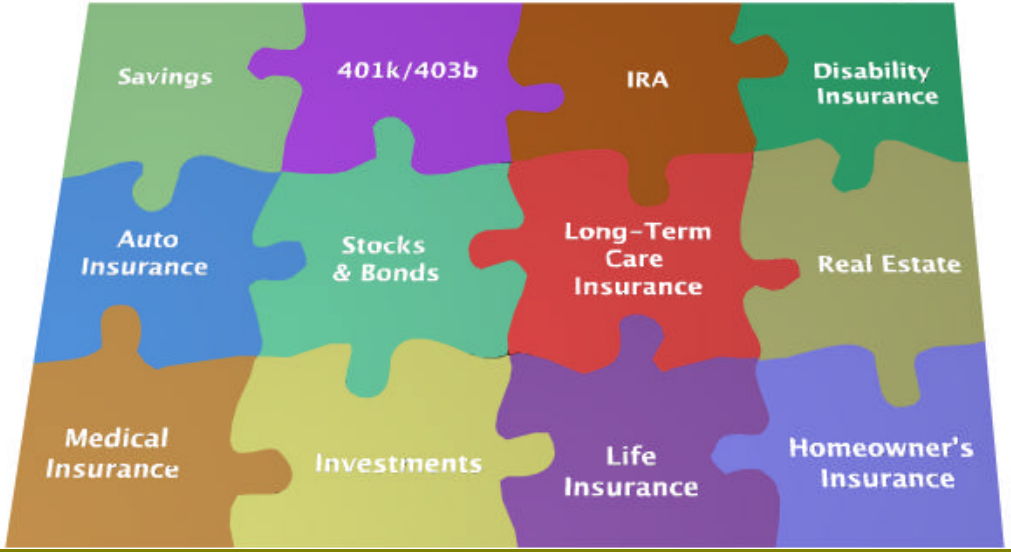
2

[URL] [[Enroll] by [DATE] for [Guaranteed] Coverage*] [PHONE]

# Long-term care insurance

2

## helps [fill] a need that is generally not covered by anything else



sound on
music on

No matter what stage of life you are in, you have probably thought about, or put a plan in place, for your financial security. And while you probably have savings, [a 401(k) plan], life insurance and other insurance products, you may not be aware that a potentially important piece could be missing from your plan - long-term care insurance. 3

continue

# Here are the facts:

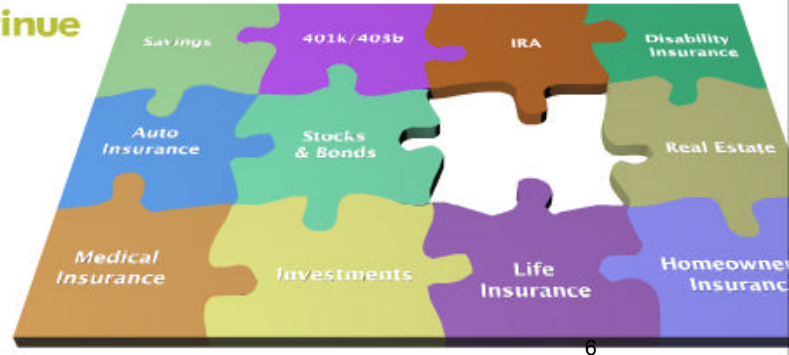
- Long-term care is the type of care you would need if you required assistance with simple, everyday activities you may now take for granted, like eating, bathing or dressing.

continue

# Here are the facts:

- The need for long-term care can occur at any age. The idea that it is only for the elderly is a [common] misconception. Sporting accidents, disabling events such as spinal cord injuries, and illnesses such as Multiple Sclerosis, and Parkinson's Disease can happen to anyone.

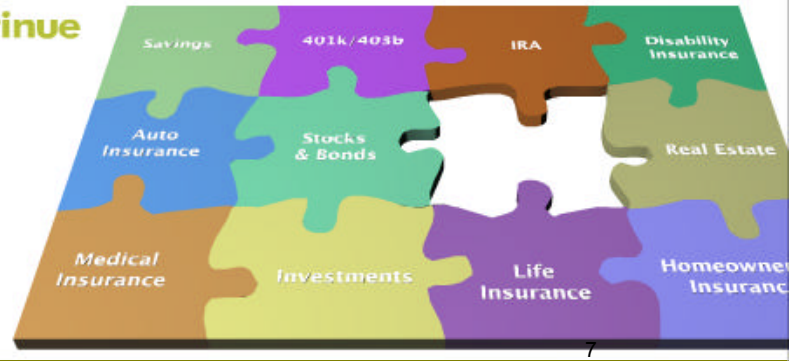
continue



# Here are the facts:

- Long-term care services typically are not covered by other types of insurance, such as medical and disability income insurance, because these plans were not designated to pay for this type of care.

continue

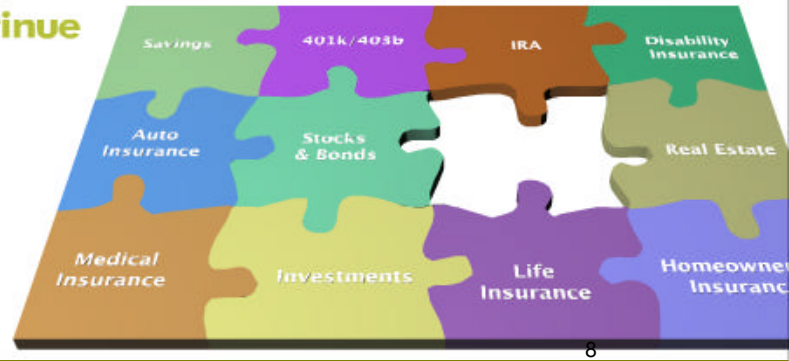


# Here are the facts:

- [Generally, Medicare doesn't pay for long-term care. Medicare pays only for medically necessary skilled nursing facility or home health care. However, you must meet certain conditions for Medicare to pay for these types of care.*

  *http://www.medicare.gov/LongTermCare/Static/Home.asp March 25, 2009.]

continue



# Here are the facts:

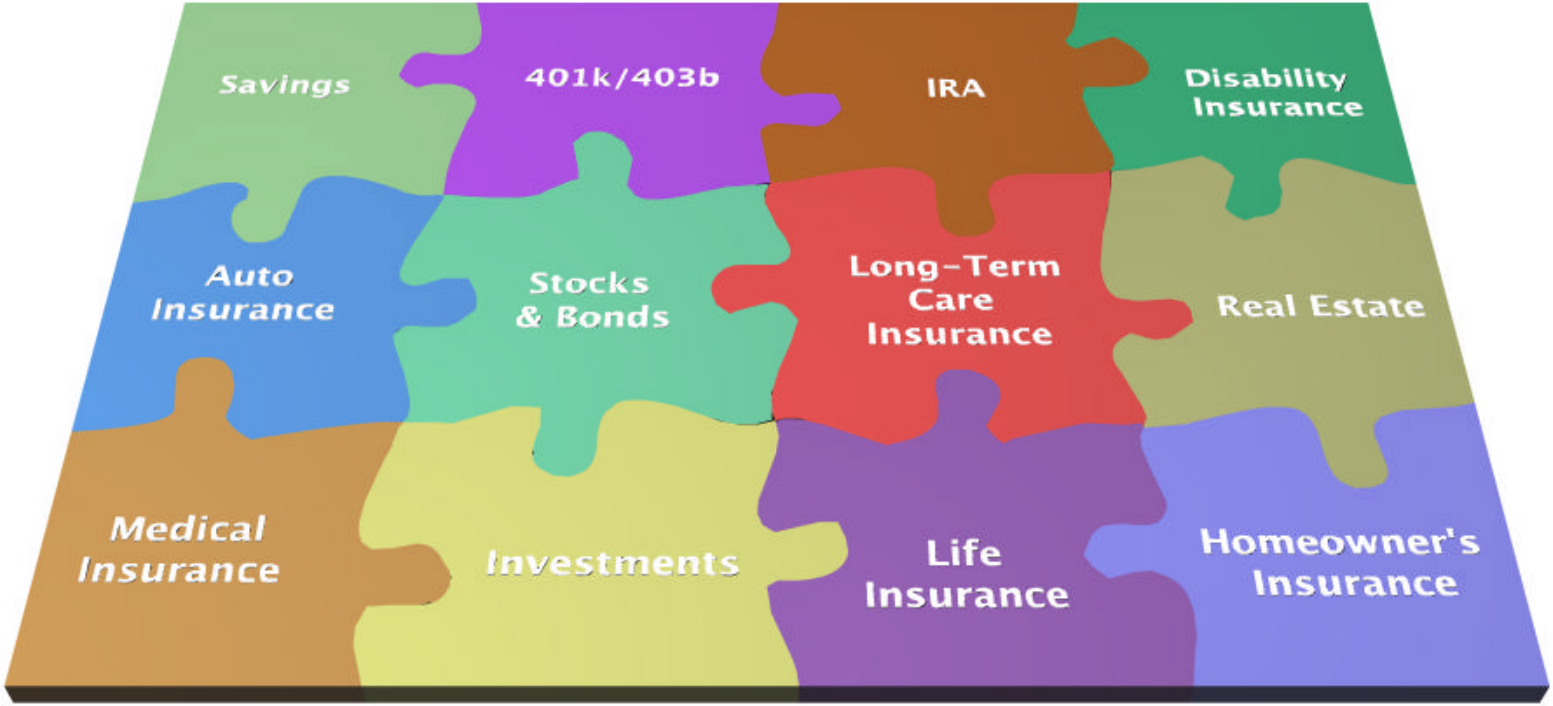
- [Annually,] the national average cost of nursing home care is [over] [$72,000[1]] for a semi-private room and [annually,] the national average cost for a home health aide is [over] [$27,000 (that's $21/hour, 5 hours per day, 5 days a week for a home health aide).] Could you afford to pay these costs out of your savings if you or a loved one needed care?

[1. "The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs," MetLife Mature Market Institute, October 2009.] Actual costs may vary by geographical location.

continue

sound on
music on

# Fill in the missing piece with long-term care insurance from MetLife






[URL] [[Enroll] by [DATE] for [Guaranteed] Coverage*] [PHONE]

[sound on
[music on

4

# Don't Miss This [Enrollment] Opportunity

5 **[No health questions for [employees] that [enroll] by [DATE].]**

6 [If you [enroll] by [this date], you are [guaranteed coverage] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your effective date of coverage.] [All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided.]

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

sound on
music on

play again?
quit

8 **[Visit [URL]**

**[to [enroll] online or] to view additional information**

**OR** **]**

# Call toll-free [PHONE]

**for more information, to [enroll/apply] or to request an [information kit** 9
**and enrollment form] [for yourself [or an eligible family member]].** 10

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. 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. Call MetLife at 1-800-438-6388 for cost and complete details. 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. Metropolitan Life Insurance Company, New York, New York 10166.

MetLife®

12

**[URL]** **[[Enroll] by [DATE] for [Guaranteed] Coverage*]** **[PHONE]**

# 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__Group.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** EXPLANATION OF VARIABLES

**Comments:**

**Attachment:**

EOV ADF#1138.03(Rev0610)_Missing Piece Flash Presentation.pdf

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-6594 Fax 203 221-6573
ccrittenden@metlife.com

**Cherise Crittenden**
Long-Term Care

July 12, 2010

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

Re: **Metropolitan Life Insurance Company ("MetLife")**
Group Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. **G10-07**

| **Advertising Form Number** | **Brief Description of Advertising Material** |
|---|---|
| ADF#1183.03(Rev.06/10) | Missing Piece Flash Presentation |

Dear Sir/Madam

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

The advertising materials are new and do not replace materials previously filed with your Department. 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

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<br>Long-Term Care Insurance Division<br>57 Greens Farms Road<br>Westport, CT 06881-9909 | New York | A&H | 241 | 65978 | 13-5581829 | |

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

| 5. | Requested Filing Mode | ☒ Review & Approval ☐ File & Use ☐ Informational<br>☐ Combination (please explain): _____<br>☐ Other (please explain): _____ |
|---|---|---|

| 6. | Company Tracking Number: G10-07 | | |
|---|---|---|---|
| 7. | ☒ New Submission ☐ Resubmission ☐ Previous file # | | |
| | | | |
| 8. | Market | ☐ Individual ☐ Franchise | |
| | | Group | ☐ Small ☐ Large X Small and Large |
| | | | X Employer ☐ Association ☐ Blanket<br>☐ Discretionary ☐ Trust<br>☐ Other: _____ |
| 9. | Type of Insurance | LTC03G Group Long-Term Care Insurance | |
| 10. | Product Coding Matrix Matrix Filing Code | LTC03G.001- Qualified | |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| | | |
|---|---|---|
| 11. | **Submitted Documents** | ☐ **FORMS**<br>☐ Policy ☐ Outline of Coverage ☐ Certificate<br>☐ Application ☐ Rider/Endorsement ☒ Advertising<br>☐ Schedule of Benefits ☐ Other<br><br>☐ **RATES**<br>☐ New Rate ☐ Revised Rate<br><br>☐ **FILING OTHER THAN FORM OR RATES:**<br>Please explain:<br><br>**SUPPORTING DOCUMENTATION**<br>☐ Articles of Incorporation ☐ Third Party Authorization<br>☐ Association Bylaws ☐ Trust Agreements<br>☐ Statement of Variability ☐ Certifications<br>☐ Actuarial Memorandum<br>☐ Other: |
| 12. | **Filing Submission Date** | **July 13, 2010** |
| 13. | **Filing Fee (If required)** | Amount $50.00 . Check Date See EFT transaction<br>Retaliatory ☐ Yes ☒ No Check Number See EFT transaction |
| 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)** |

**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 **ARKANSAS**

Print Name Cherise Crittenden Title: Consultant-Compliance/Marketing/AD

Original Signature Cherise Crittenden July 13, 2010


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| 17. | Form Filing Attachment |
|---|---|
| This filing transmittal is part of company tracking number | G10-07 |
| This filing corresponds to rate filing company tracking number | NA |

| | Document Name / Description | Form Number | | Replace Form Number / Previous State Filing Number |
|---|---|---|---|---|
| 01 | Missing Piece Flash Presentation | ADF#1138.03(Rev. 06/10) | ☒ Initial<br>☐ Revised<br>☐ Other _____ | |
| 02 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 03 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 04 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 05 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 06 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 07 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 08 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 09 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 10 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 11 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 12 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |

**LH FFA-1**

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| **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**<br>**Description** | **Affected Form Numbers** | | **Previous State Filing Number** |
| 01 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 02 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 03 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 04 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 05 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 06 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 07 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 08 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 09 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |

LH RFA-1

Metropolitan Life Insurance Company
NAIC: 241-65978

**EXPLANATION OF VARIABLE MATERIAL**

**INVITATION TO INQUIRE**

**"MISSING PIECE" FLASH PRESENTATION**

**FORM NUMBER: ADF#1138.03(REV.06/10)**

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, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

**SPECIFIC VARIABLE MATERIAL**

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

| Section | Item | Explanation |
|---|---|---|
| General | Throughout | MetLife logo may or may not be used, or may vary with Customer, or no logo may be used.<br><br>All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information.<br><br>References to "Employee[s]" may appear as is or may be revised to show how a client refers to their employees (i.e., members, associates, etc.) Item may also be revised to show a list of participants that may be eligible for coverage (i.e., retirees[s], adult child[ren]).<br><br>*This is determined on a case by case basis.*<br><br>References to "Enroll" may appear as is, may be omitted or may be revised to read "Apply" when guaranteed issue is not available or offered.<br><br>This is determined on a case by case basis. |

| Section | Item | Explanation |
|---|---|---|
| General | Throughout | References to “Enrollment” may appear as is, may be omitted or may appear as is, may be omitted or may be revised to show “Application” when guaranteed issue is not available or offered.<br><br>*This is determined on a case by case basis.*<br><br>References to “Enrollment Period[s]” may appear as is, may be omitted or may be revised to show, “Deadline Date[s]”, “Deadline”, “Application Period[s]” when guaranteed issue is not available or offered. If deadline date[s] are used, references to “during this”, “after this”, “ends” which may precede or follow “enrollment period[s]” may be omitted or may be revised to show, “[by/after/during] [the/this] [[enrollment period] [ends/deadline/MMDDYYYY]”.<br><br>*This is determined on a case by case basis*<br><br>References to “Guaranteed Coverage” and/or “Guaranteed Issue” may appear as is, may be omitted or may be revised to show the underwriting available for a group (i.e., simplified issue, full underwriting).<br><br>*This is determined on a case by case basis.*<br><br>References to “on your effective date of coverage”, “effective date”, “this date” may appear as is, may be omitted, or may be revised to show:<br><br>[Month/Day/Year] – The date format may vary.<br><br>Or<br><br>“on the [effective date] of the plan who [enroll] during the [initial] [enrollment/application] period for all options“<br><br>Or<br><br>“for [new] [employees] within [90 days] of [hire/eligibility]”<br><br>Or, may include:<br><br>“Active [employees] who are not actively at work on [the/their] [effective date] may [enroll/apply] [with guaranteed issue/by submitting an application with/answer/provide an application with] [limited/abbreviated/X number of] [health questions/underwriting] to qualify, with coverage to become effective the 1st of the month following their return to active [employment/work/duty], as long as they are actively at work on their [effective date].<br><br>*This is determined on a case by case basis.*<br><br>References to “common” may appear as is, may be omitted or may be revised to read “popular”. |
| Slide 2 and the banners throughout | 1 | This item may appear as is or may be omitted. Item may also vary to read:<br><br>“[Enroll] by [Date] for Coverage”<br><br>Or<br><br>“[Apply] by [Date] with [limited/abbreviated] [health questions/underwriting]” |

| Section | Item | Explanation |
|---|---|---|
| Slide 3 | 2 | Item may appear as is or may be revised to read:<br>fulfill<br>OR<br>meet |
| Slide 4 | 3 | Item will appear as shown or may be revised to include any of the following: assets, income, savings, 401k, 403b, investments and/or retirement plans. |
| Slide 11 | 4 | This slide may appear as is or may be omitted. This slide may also be revised as shown in items 21 – 24 on this EOV.<br>*This is determined on a case by case basis.* |
| | 5 | Item may appear as is or may be omitted; item may also be revised to reflect language applicable to a specific Group's underwriting::<br>"[Enroll] by [Date] for Coverage"<br>Or<br>"[Apply] by [DATE] with [limited/abbreviated] [health questions/underwriting]"<br>Or<br>"[Limited/Abbreviated/Reduced] [health questions/underwriting] for [employees] that [apply/submit an application] by [DATE]." |
| | 6 | Item may appear as is, may be omitted or may be revised to reflect a specific Group's underwriting:<br>"[If you [enroll] by [this date/the deadline/MM/DD/YY], you have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided."<br>Or<br>"[Employees] who [apply] by [this date/the deadline/MM/DD/YY] have the opportunity to [apply] [for/with] [simplified coverage/simplified issue] as long as you are actively at work and able to perform all the usual and customary duties of your occupation (not absent from work due to sickness, injury or medical leave of absence) on your [effective date of coverage].] All other eligible family members must complete an application with full medical questions, and acceptance is based on the information provided."<br>Or<br>"[If you [enroll] by [this date/the deadline/MM/DD/YY], you'll also get the benefit of [simplified coverage/simplified issue], which means you only have to answer [Limited/Abbreviated/Reduced] [health questions/underwriting] to qualify. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability]."<br>Or<br>"[Limited/Abbreviated/Reduced] [health questions/underwriting] is available to active [employees] [during this enrollment period]. If you wait until [after this enrollment period], you will [need/be required] to [submit a full statement of health/provide evidence of insurability]." |

| Section | Item | Explanation |
|---|---|---|
| Page 11 | 7 | Item may appear as is, may be omitted or may be revised to show: |
| Continued… | | "[By/After/During] [the/this] [enrollment period ends/deadline/MMDDYYYY,] [employees] will be required to [submit an application with/answer/provide an application with] full [medical/health] [questions/underwriting] to qualify and acceptance will be on the information provided.]" |
| Page 12 | 8 | Item may appear as is, may be omitted if no website is available for a group or may be revised to show a groups specific website address. Item may also be revised to omit "to enroll online or" if online enrollment is not available for a group.<br><br>*This is determined on a case by case basis.* |
| | 9 | Item may appear as is or may be revised to read:<br><br>"information package and [application]"<br><br>Or<br><br>"[enrollment] package" |
| | 10 | Item may be appear as is, may be omitted or may be revised to omit "or an eligible family member". Item may also be varied to list eligible classes. |