

SERFF Tracking Number: META-126727653 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46242
Company Tracking Number: B10-31 BH (LW)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life and Accident and Health Insurance
Project Name/Number: GCERT2000 Series/B10-31 BH

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Term Life and Accident and Health Insurance SERFF Tr Num: META-126727653 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 46242

Sub-TOI: L08.000 Life - Other

Co Tr Num: B10-31 BH (LW)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Disposition Date: 07/22/2010

Date Submitted: 07/19/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GCERT2000 Series

Project Number: B10-31 BH

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/22/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Other

Explanation for Other Group Market Type: Labor Union

State Status Changed: 07/22/2010

Created By: Linda Williams

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Linda Williams

Filing Description:

Metropolitan Life Insurance Company

501 U.S. Highway 22 West

Bridgewater, NJ 08807

Tel 908 253-1239 Fax 908 253-2528

bhilden@metlife.com

SERFF Tracking Number: *META-126727653* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *46242*
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TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Group Term Life and Accident and Health Insurance*
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Re: Metropolitan Life Insurance Company
GCERT2000 Series- Group Term Life and Accident and Health Insurance Forms
Revised Pages of the Explanation of Variable Material for GCERT2000, et al.
Our NAIC No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the group life and health insurance material described below.

When the GCERT2000 group insurance certificate series was filed, we filed a loose-leaf binder with the Explanation of Variable Material (EOV), which your department approved on July 24, 2001 (with respect to Term Life, AD&D and Disability Income) and on January 08, 2003 (with respect to Dental Insurance).

The purpose of this filing is to amend pages 8 and 8a of the previously approved EOV binder and add page 8b to that binder to revise the definition of "Child". This revision will provide additional flexibility to meet customer demands by allowing us to align the child definition under our life, accidental death and dismemberment and dental insurance with the child definition under the customer's medical plans

We have included an additional set of Explanations of Variable Material where all changes that we are making to the previously filed EOV are highlighted for your ease of review.

The enclosed filing will not be marketed with an illustration.

Please direct any questions, comments or correspondence regarding this filing to me. My telephone and fax numbers and email address appear in the letterhead above. I look forward to hearing from you.

Sincerely,

Beatriz C. Hilden
Sr. Contract Analyst

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Company and Contact

Filing Contact Information

Beatriz Hilden, Senior Contract Analyst bhilden@metlife.com
 501 Route 22, 908-253-1239 [Phone] 1239 [Ext]
 Bridgewater Township, NJ 08807 908-253-2126 [FAX]

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: \$50.00 Per Filing of Explanation of Variable Material.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	07/19/2010	38131992

SERFF Tracking Number: META-126727653 State: Arkansas
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Product Name: Group Term Life and Accident and Health Insurance
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2010	07/22/2010

SERFF Tracking Number: *META-126727653* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *46242*
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Disposition

Disposition Date: 07/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126727653 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Explanation of Variable Material		Yes
Supporting Document	Highlighted copy of Explanation of Variable Material		Yes
Supporting Document	NAIC Transmittal Document		Yes

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Explanation of Variable Material

Comments:

Attached is the Explanation of Variable Material.

Attachment:

Child definition EOV AR nonhighlighted.pdf

Item Status: **Status**
Date:

Satisfied - Item: Highlighted copy of Explanation of
Variable Material

Comments:

Attached is the highlighted copy of the Explanation of Variable Material to reflect the changes.

Attachment:

Child definition EOV AR highlighted.pdf

Item Status: **Status**
Date:

Satisfied - Item: NAIC Transmittal Document

Comments:

Attached is the NAIC Transmittal Document.

Attachment:

L-A&H NAIC Transmittal Document 1-1-2009 AR.pdf

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def pages	DEFINITIONS		This section will always be included in the certificate. Definitions may be organized alphabetically or in some other order such as by coverage. Other definitions may be added if needed for the SCHEDULE OF BENEFITS, DEFINITIONS, EVIDENCE OF INSURABILITY or ELIGIBILITY sections in accordance with the Policyholder's plan. For example, we may add definitions of basic annual earnings, commissions and bonus to explain illustrative material and reflect the Policyholder's plan specifications for such material. If a definition listed is not applicable to a Policyholder's plan, it may be omitted.
def	Actively at Work/Active Work	(1)	Item will appear as shown or it may vary to reflect the actively at work requirement of the Policyholder's plan. Otherwise, item may be omitted.
	Appropriate Care and Treatment	(2)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
	Child	(3)	<p>If the Policyholder's plan includes insurance for children as Dependents, item will appear as shown, the upper age limit for dependent children may be extended beyond age 26, or the definition may vary to:</p> <ul style="list-style-type: none"> • have coverage specific definitions; • eliminate the waiting period for newborns by deleting the text: "who is at least 1-15 days old"; • state the waiting period in terms of "weeks" or "months" instead of days. The time range if stated in terms of "weeks" or "months" is 1-15 weeks or months; • eliminate the requirement that the child be "unmarried" for all or specific classes of dependent children; • eliminate the requirement that the child be "supported by you;" • eliminate the phrase "not employed on a full-time basis;" • eliminate the requirement that the child be "a full-time student" for all or specific classes of dependent children or modify the requirement so that coverage could be extended to either full-time or part-time students or to students who are enrolled for a specified number of course or credit hours; • extend the wording about students to add in provisions allowing continuation of coverage while students are on leaves of absence or other temporary absences from school • vary the description of school to meet the Policyholder's plan requirements;

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<ul style="list-style-type: none">• extend coverage to the employee's grandchildren (if grandchildren are covered, residency with the employee may or may not be required and if financial support is required, the amount of financial support required may vary,• extend such coverage to children who reside with the employee and are fully supported by the employee;• eliminate the requirement that the dependent child not be employed on a full time basis;• for coverages other than Dental insurance, extend coverage to children for whom the employee is the legally appointed guardian if the ward resides with and is supported by the employee (if such children are covered, the amount of financial support required may vary);• for Dental insurance, extend coverage to children for whom the employee is the legally appointed guardian - if extended, this coverage may require that the ward resides with and/or is supported by the employee (if such children are covered and financial support is required, the amount of financial support required may vary);• extend coverage to include coverage for children on whom the employee has initiated an application for adoption;• extend coverage to children who are blood relatives of the employee, reside with and are supported by the employee (either generally or by specific relationship, i.e. niece, nephew, sibling, etc.,) reside with and are supported by the employee (if such children are covered, the amount of financial support required may vary), custodianship and/or legal guardianship may also be required;• If the Policyholder's plan includes Dental Insurance for adopted Children, the definition of Child for purposes of such insurance will include any minor child for whom the Employee has filed a petition to adopt. The definition of Child will be extended to include from birth, any child for whom the Employee files a petition to adopt within 60 days of such Child's birth.• for Dental insurance, extend coverage to foster children;• for Life or AD&D insurance extend coverage to foster children who reside with and are supported by the employee• restrict coverage for stepchildren to stepchildren living with the employee;

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<ul style="list-style-type: none"> eliminate coverage for stepchildren; any of the bulleted exclusions following the lead in “the term does not include” may be omitted or changed to reflect the Policyholder’s plan. <p>If the Policyholder’s plan does not include insurance for children as Dependents but a definition for “Child” is needed, the item may appear as shown or may be replaced by the following text:</p> <p>“Child means Your natural or adopted child” or “Child means Your natural or adopted child or stepchild” or “Child means Your natural or adopted child or stepchild or grandchild”</p>
			<p>Otherwise, item may be omitted.</p>
def-2	Common Carrier	(1)	<p>Item will appear as shown or it may vary to meet the Policyholder’s plan requirements. Otherwise, item may be omitted.</p>
	Consumer Price Index	(2)	<p>Item will appear as shown. Otherwise, item may be omitted.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def pages	DEFINITIONS		This section will always be included in the certificate. Definitions may be organized alphabetically or in some other order such as by coverage. Other definitions may be added if needed for the SCHEDULE OF BENEFITS, DEFINITIONS, EVIDENCE OF INSURABILITY or ELIGIBILITY sections in accordance with the Policyholder's plan. For example, we may add definitions of basic annual earnings, commissions and bonus to explain illustrative material and reflect the Policyholder's plan specifications for such material. If a definition listed is not applicable to a Policyholder's plan, it may be omitted.
def	Actively at Work/Active Work	(1)	Item will appear as shown or it may vary to reflect the actively at work requirement of the Policyholder's plan. Otherwise, item may be omitted.
	Appropriate Care and Treatment	(2)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
	Child	(3)	<p>If the Policyholder's plan includes insurance for children as Dependents, item will appear as shown, the upper age limit for dependent children may be extended beyond age 26, or the definition it may vary to:</p> <ul style="list-style-type: none"> • have coverage specific definitions; • eliminate the waiting period for newborns by deleting the text: "who is at least 1-15 days old"; • state the waiting period in terms of "weeks" or "months" instead of days. The time range if stated in terms of "weeks" or "months" is 1-15 weeks or months; • eliminate the requirement that the child be "unmarried" for all or specific classes of dependent children; • eliminate the requirement that the child be "supported by you;" • eliminate the phrase "not employed on a full-time basis;" • eliminate the requirement that the child be "a full-time student" for all or specific classes of dependent children or modify the requirement so that coverage could be extended to either full-time or part-time students or to students who are enrolled for a specified number of course or credit hours; • extend the wording about students to add in provisions allowing continuation of coverage while students are on leaves of absence or other temporary absences from school • vary the description of school to meet the Policyholder's plan requirements;

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			<ul style="list-style-type: none"> • extend coverage to the employee's grandchildren (if grandchildren are covered, residency with the employee may or may not be required and if financial support is required, the amount of financial support required may vary, • extend such coverage to children who reside with the employee and are fully supported by the employee; • eliminate the requirement that the dependent child not be employed on a full time basis; • extend coverage to children for whom the employee is the legally appointed guardian provided the ward resides with and is supported by the employee (if such children are covered, the amount of financial support required may vary); • for coverages other than Dental insurance, extend coverage to children for whom the employee is the legally appointed guardian if the ward resides with and is supported by the employee (if such children are covered, the amount of financial support required may vary); • for Dental insurance, extend coverage to children for whom the employee is the legally appointed guardian - if extended, this coverage may require that the ward resides with and/or is supported by the employee (if such children are covered and financial support is required, the amount of financial support required may vary); • extend coverage to include coverage for children on whom the employee has initiated an application for adoption; • extend coverage to children who are blood relatives of the employee, reside with and are supported by the employee (either generally or by specific relationship, i.e. niece, nephew, sibling, etc.,) reside with and are supported by the employee (if such children are covered, the amount of financial support required may vary), custodianship and/or legal guardianship may also be required; • If the Policyholder's plan includes Dental Insurance for adopted Children, the definition of Child for purposes of such insurance will include any minor child for whom the Employee has filed a petition to adopt. The definition of Child will be extended to include from birth, any child for whom the Employee files a petition to adopt within 60 days of such Child's birth. • for Dental insurance, extend coverage to foster children; • for Life or AD&D insurance extend coverage to foster children who reside with and are supported by the employee • restrict coverage for stepchildren to stepchildren living with the employee;

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<ul style="list-style-type: none"> eliminate coverage for adopted or stepchildren or both; any of the bulleted exclusions following the lead in “the term does not include” may be omitted or changed to reflect the Policyholder’s plan. <p>If the Policyholder’s plan does not include insurance for children as Dependents but a definition for “Child” is needed, the item may appear as shown or may be replaced by the following text:</p> <p>“Child means Your natural or adopted child” or “Child means Your natural or adopted child or stepchild” or “Child means Your natural or adopted child or stepchild or grandchild”</p> <p>Otherwise, item may be omitted.</p>
def-2	Common Carrier	(1)	Item will appear as shown or it may vary to meet the Policyholder’s plan requirements. Otherwise, item may be omitted.
	Consumer Price Index	(2)	Item will appear as shown. Otherwise, item may be omitted.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Co. Institutional Contracts, MSC 39087 1095 6th Ave New York, NY 10036-6796	NY	LIFE and ACCIDENT & HEALTH	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Beatriz Hilden Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Twncsp, NJ 08807	(908) 253-1239	(908) 253-2528	bhilden@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): _____
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6.	Company Tracking Number	B10-31 BH
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: <u>Labor Union</u>
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9.	Type of Insurance (TOI)	L04G Group Life - Term H03G - Group Health – AD&D, H10G.000 Health - Dental
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10.	Sub-Type of Insurance (Sub-TOI)	L04G.500 - Other H03G - Group Health – AD&D, H10G.000-Health – Dental
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11.	Submitted Documents	<input checked="" 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 type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other <u>Revised Explanation of Variable Material</u> 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 _____
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12.	Filing Submission Date	July 19, 2010
13	Filing Fee (If required)	Amount <u> \$50.00 (SERFF EFT) </u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Concurrently being filed in all states, including in all domicile state.
15.	Filing Description:	
<p>PLEASE SEE COVER LETTER</p>		

16.	Certification (If required)	
<p>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 <u>Arkansas</u>.</p>		
Print Name <u> Beatriz Hilden </u>		Title <u> Sr. Contracts Analyst </u>
Signature <u>  </u>		Date: <u> July 19, 2010 </u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		B10-31 BH
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Revised Explanation of Variable Material for GCERT2000 Series		<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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		N/A		
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