

SERFF Tracking Number: META-126732402 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
Company Tracking Number: G10-07  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care Insurance Advertising SERFF Tr Num: META-126732402 State: Arkansas

TOI: LTC03G Group Long Term Care SERFF Status: Closed-Filed State Tr Num: 46290  
Sub-TOI: LTC03G.001 Qualified Co Tr Num: G10-07 State Status: Closed  
Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris Shearer  
Author: Cherise Crittenden Disposition Date: 07/28/2010  
Date Submitted: 07/22/2010 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Group Long-Term Care Insurance Advertising  
Project Number: G10-07  
Requested Filing Mode:  
Explanation for Combination/Other:  
Submission Type: Resubmission

Group Market Size: Small and Large  
Group Market Type: Employer  
Explanation for Other Group Market Type:  
State Status Changed: 07/28/2010  
Created By: Cherise Crittenden  
Corresponding Filing Tracking Number:  
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: Group  
Previous Filing Number:  
ADF#1138.03(Rev.06/10)  
Overall Rate Impact:  
Filing Status Changed: 07/28/2010  
Deemer Date:  
Submitted By: Cherise Crittenden

Re: Metropolitan Life Insurance Company ("MetLife")

SERFF Tracking Number: META-126732402 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
Company Tracking Number: G10-07  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

## 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.

This advertising material was previously approved on July 14, 2010 with the SERFF tracking number META-126719751 and the state tracking number 46202. The reason for this resubmission is that it was filed under the incorrect TOI and sub-TOI in the initial SERFF filing. This is a Group Long-Term Care filing.

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      ccrittenden@metlife.com

SERFF Tracking Number: META-126732402 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
 Company Tracking Number: G10-07  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Advertising  
 Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

**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	07/22/2010	38211934

SERFF Tracking Number: META-126732402 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
Company Tracking Number: G10-07  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/28/2010	07/28/2010

*SERFF Tracking Number:*      *META-126732402*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company*              *State Tracking Number:*      *46290*  
*Company Tracking Number:*      *G10-07*  
*TOI:*                      *LTC03G Group Long Term Care*                      *Sub-TOI:*                      *LTC03G.001 Qualified*  
*Product Name:*              *Group Long-Term Care Insurance Advertising*  
*Project Name/Number:*      *Group Long-Term Care Insurance Advertising/G10-07*

## **Disposition**

Disposition Date: 07/28/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126732402 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
 Company Tracking Number: G10-07  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Advertising  
 Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	NAIC Transmittal Form		Yes
Supporting Document	Explanation of Variables		Yes
Form	Missing Piece Flash Presentation		Yes

SERFF Tracking Number: META-126732402 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
 Company Tracking Number: G10-07  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Advertising  
 Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

## 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



Metropolitan Life Insurance Company ("MetLife")

New York, NY

**Put a vital piece of your financial plan in place**

**Long-term care insurance  
helps fill a gap that's  
generally not covered  
by anything else**



No matter what stage of life you're in, you've probably put a plan in place for your financial security - now and for the future. And while you probably have savings, a 401(k) plan, life insurance and other insurance products, you're probably not aware that an important piece could be missing from your plan- long-term care insurance.



**Your best-laid plans could be exposed to unnecessary risk**

continue



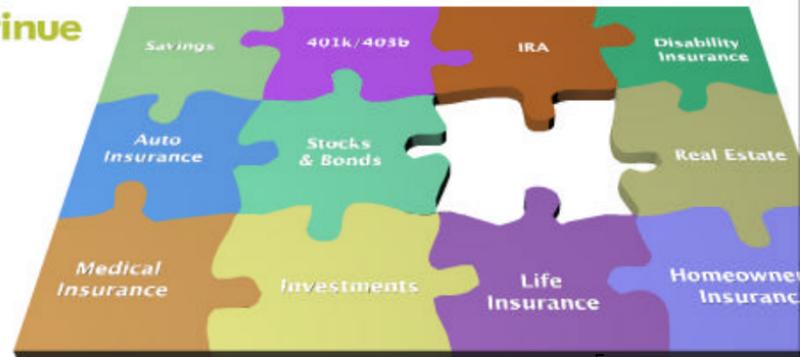


sound on  
music on

## Here are the facts:

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

continue



url

phone



sound on  
music on

## Here are the facts:

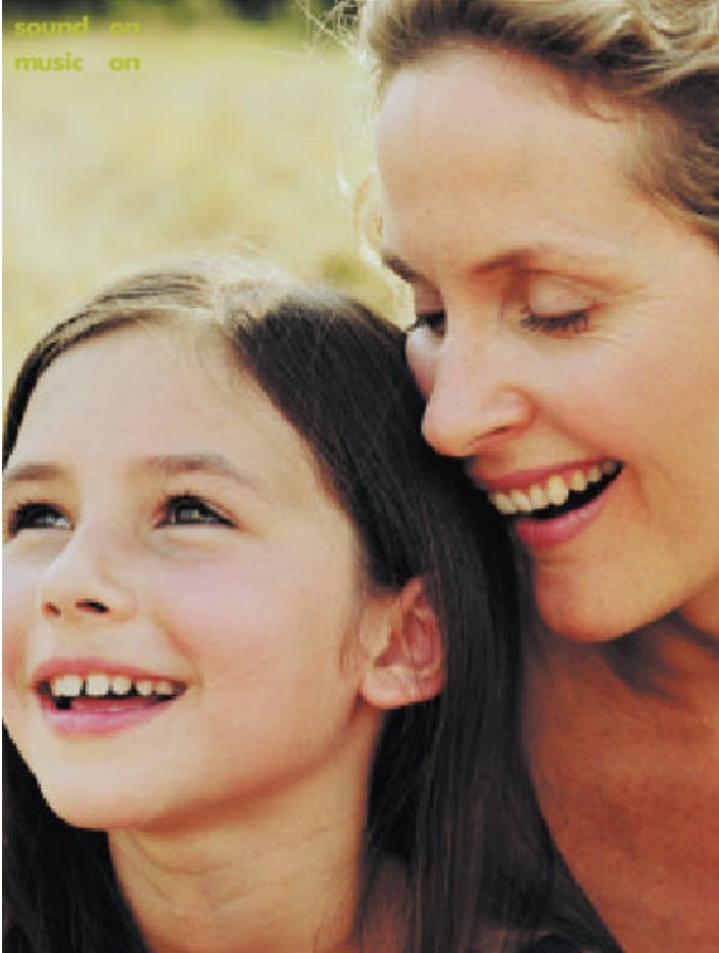
- ▶ The need for long-term care can (and does) occur at any age. The idea that it is only for the elderly is a popular misconception. Sporting accidents, disabling events such as strokes or spinal cord injuries, and disabling illnesses such as Multiple Sclerosis, Lou Gehrig's Disease and Parkinson's Disease can happen to anyone.

continue



url

phone

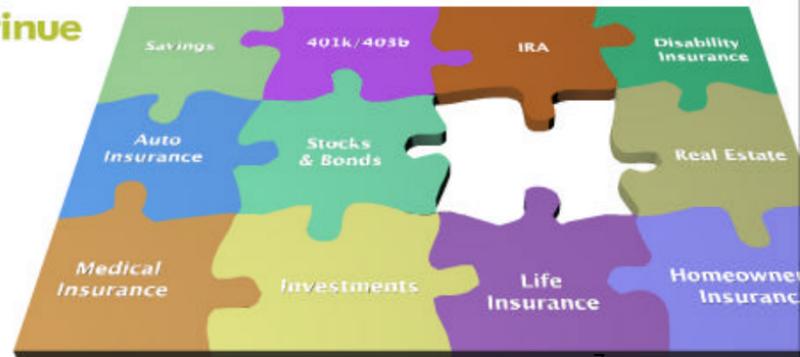


sound on  
music on

## Here are the facts:

- ▶ Long-term care services typically **aren't covered by other types of insurance**, such as medical (including HMOs) and disability income insurance, because these plans were not designed to pay for this type of care.

continue



url

phone



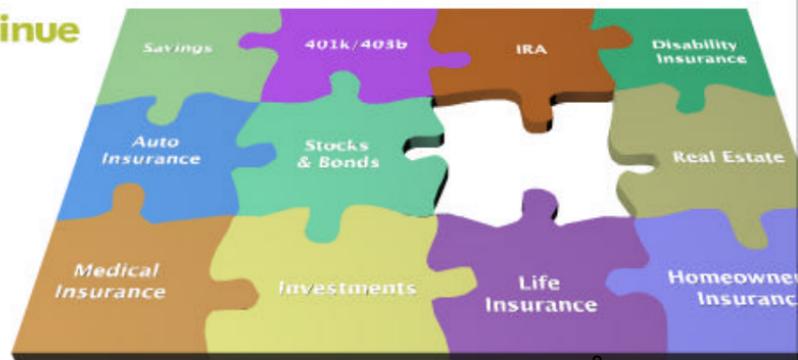
sound on  
music on

## Here are the facts:

▶ Long-term care services covered by Medicare are very limited. Medicaid is a State and Federal Government program that pays for certain health services and nursing home care for older people with low incomes and limited assets. In most states, Medicaid also pays for some long-term care services at home and in the community. Who is eligible and what services are covered vary from state to state. Most often, eligibility is based on your income and personal resources.

(<http://www.medicare.gov/LongTermCare/Static/Home.asp> as of April 2007)

continue



url

phone

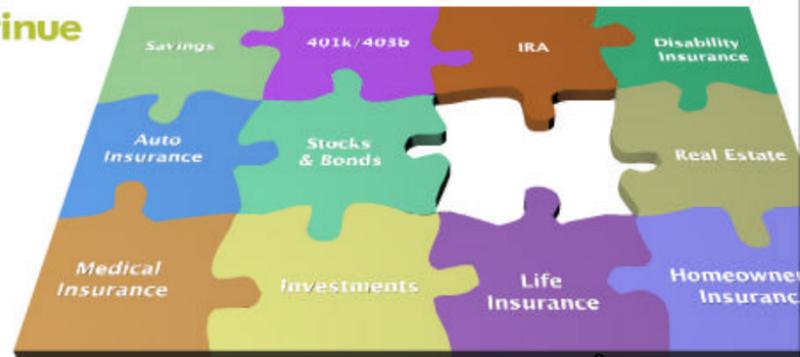


sound on  
music on

## Here are the facts:

► The national average annual cost of a nursing home (nationwide) is over \$69,000 a year and the national average annual cost of home health care is \$26,000 per year. ("The MetLife Market Survey of Nursing Home and Assisted Living Costs," MetLife Mature Market Institute, October 2008. "The MetLife Market Survey of Adult Day Services and Home Care Costs," MetLife Mature Market Institute, September 2008. Actual costs will vary by geographical area.) And consider this – there is over a 70% chance that Americans 65 and older will need some form of long-term care. ("Americans Fail to Act on Long-Term Care Needs," American Society on Aging, May 2003.)

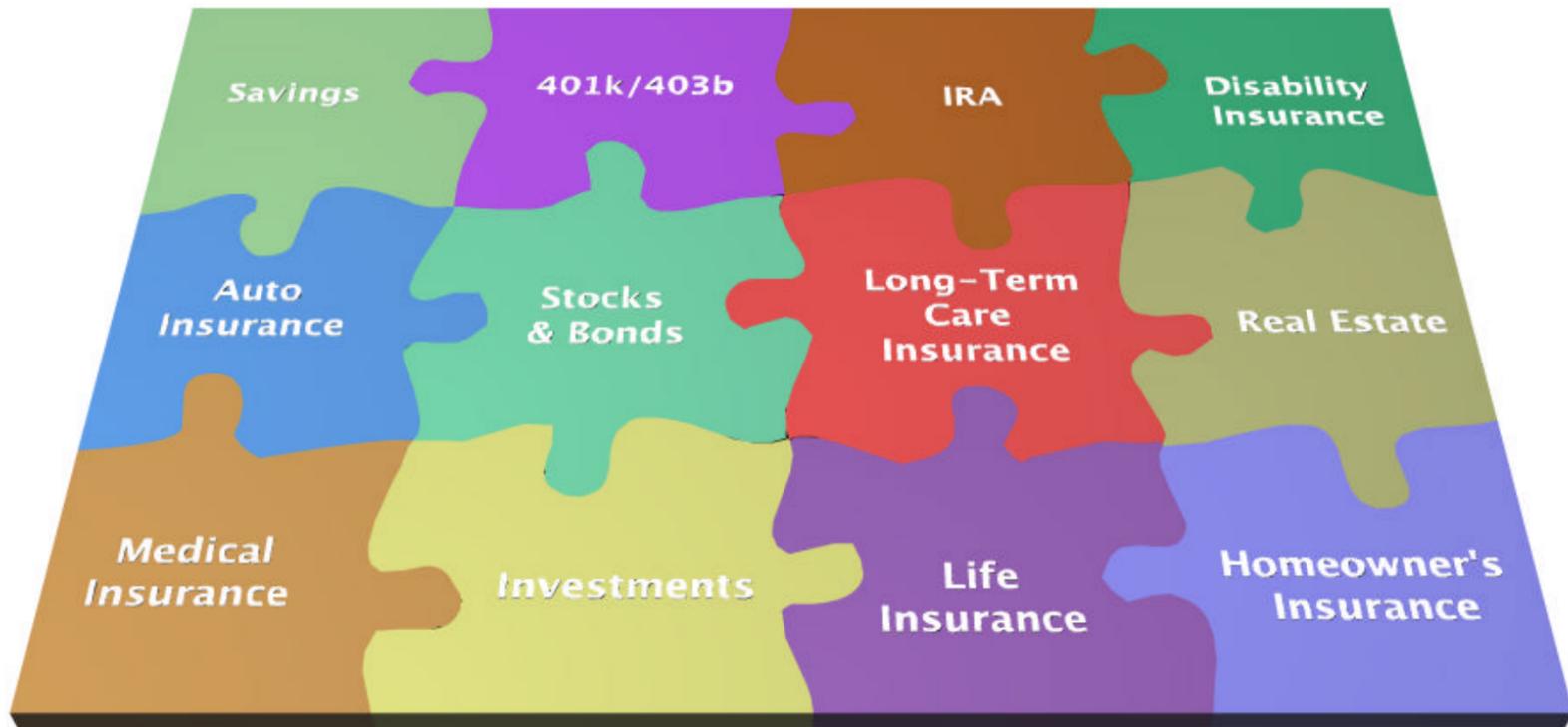
continue



url

phone

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



## **Don't Miss This Special Enrollment Opportunity**

### **No health questions for employees that enroll by DATE.**

If you enroll by this date, you are guaranteed coverage as long as you are actively at work (not absent due to disability, leave or illness) on your effective date.

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

**continue**

## Visit url

to view additional information

OR

## Call toll-free phone

for more information or to request an information kit and application  
for yourself or an eligible family member.

Like most long-term care policies, this long-term care insurance policy contains certain exclusions, limitations and terms for keeping coverage in force. Policy numbers: G.LTC197, G.LTC1597 and GPNP99-LTC.

**MetLife**<sup>®</sup>  
have you met life today?<sup>SM</sup>

SERFF Tracking Number: META-126732402 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46290  
Company Tracking Number: G10-07  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-07

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> AR_Cover Letter_RS.pdf		
<b>Satisfied - Item:</b> NAIC Transmittal Form <b>Comments:</b> <b>Attachment:</b> AR _ NAIC__Group.pdf		
<b>Satisfied - Item:</b> Explanation of Variables <b>Comments:</b> <b>Attachment:</b> 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 22, 2010

Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> 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.

**This advertising material was previously approved on July 14, 2010 with the SERFF tracking number META-126719751 and the state tracking number 46202. The reason for this resubmission is that it was filed under the incorrect TOI and sub-TOI in the initial SERFF filing. This is a Group Long-Term Care filing.**

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

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	ARKANSAS					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>STATE #</b>
	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	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>			
	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			
<b>5.</b>	<b>Requested Filing Mode</b>	<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): _____					
<b>6.</b>	<b>Company Tracking Number: G10-07</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large      X Small and Large <b>Group</b> <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: _____					
<b>9.</b>	<b>Type of Insurance</b>	LTC03G Group Long-Term Care Insurance					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	LTC03G.001- Qualified					

<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <span style="margin-left: 150px;"><input type="checkbox"/> Outline of Coverage</span> <span style="margin-left: 100px;"><input type="checkbox"/> Certificate</span> <input type="checkbox"/> Application <span style="margin-left: 100px;"><input type="checkbox"/> Rider/Endorsement</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Advertising</span> <input type="checkbox"/> Schedule of Benefits <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <span style="margin-left: 50px;"><input type="checkbox"/> Revised Rate</span>  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____ Please explain:  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <span style="margin-left: 100px;"><input type="checkbox"/> Third Party Authorization</span> <input type="checkbox"/> Association Bylaws <span style="margin-left: 100px;"><input type="checkbox"/> Trust Agreements</span> <input type="checkbox"/> Statement of Variability <span style="margin-left: 100px;"><input type="checkbox"/> Certifications</span> <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
<b>12.</b>	<b>Filing Submission Date</b>	<b>July 13, 2010</b>
<b>13.</b>	<b>Filing Fee (If required)</b>	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>
<b>14.</b>	<b>Date of Domiciliary Approval</b>	<b>NA New York does not require LTCI advertising to be filed.</b>
<b>15.</b>	<b>Filing Description: GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)</b>  <b>PLEASE SEE COVER LETTER</b>	

**View Complete Filing Description**

<b>16.</b>	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> 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> <span style="margin-left: 200px;"><u>July 13, 2010</u></span></p>		

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

	<b>Document Name</b>	<b>Form Number</b>		<b>Replace Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Missing Piece Flash Presentation	<b>ADF#1138.03(Rev. 06/10)</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
12			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	

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 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.

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
General	Throughout	<p>MetLife logo may or may not be used, or may vary with Customer, or no logo may be used.</p> <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]” 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]).</p> <p><i>This is determined on a case by case basis.</i></p> <p>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.</p> <p>This is determined on a case by case basis.</p>

Section	Item	Explanation
General	Throughout	<p>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.</p> <p><i>This is determined on a case by case basis.</i></p> <p>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]”.</p> <p><i>This is determined on a case by case basis</i></p> <p>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).</p> <p><i>This is determined on a case by case basis.</i></p> <p>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:</p> <p>[Month/Day/Year] – The date format may vary.</p> <p>Or</p> <p>“on the [effective date] of the plan who [enroll] during the [initial] [enrollment/application] period for all options“</p> <p>Or</p> <p>“for [new] [employees] within [90 days] of [hire/eligibility]”</p> <p>Or, may include:</p> <p>“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].</p> <p><i>This is determined on a case by case basis.</i></p> <p>References to “common” may appear as is, may be omitted or may be revised to read “popular”.</p>
Slide 2 and the banners throughout	1	<p>This item may appear as is or may be omitted. Item may also vary to read:</p> <p>“[Enroll] by [Date] for Coverage”</p> <p>Or</p> <p>“[Apply] by [Date] with [limited/abbreviated] [health questions/underwriting]”</p>

<b>Section</b>	<b>Item</b>	<b>Explanation</b>
Slide 3	2	Item may appear as is or may be revised to read: fulfill OR 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. <i>This is determined on a case by case basis.</i>
	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:: “[Enroll] by [Date] for Coverage” Or “[Apply] by [DATE] with [limited/abbreviated] [health questions/underwriting]” Or “[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: “[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.” Or “[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.” Or “[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].” Or “[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 Continued...	7	<p>Item may appear as is, may be omitted or may be revised to show:</p> <p>“[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.”</p>
Page 12	8	<p>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.</p> <p><i>This is determined on a case by case basis.</i></p>
	9	<p>Item may appear as is or may be revised to read:</p> <p>“information package and [application]”</p> <p>Or</p> <p>“[enrollment] package”</p>
	10	<p>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.</p>