

SERFF Tracking Number: METD-126964653 State: Arkansas  
 Filing Company: MetLife Insurance Company of Connecticut State Tracking Number: 47685  
 Company Tracking Number: EMASBR-62-10-1 (MICC)  
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
 Product Name: SBR Application for Life Insurance  
 Project Name/Number: SBR Applications Correction Filing/EMASBR-62-10-1

## Filing at a Glance

Company: MetLife Insurance Company of Connecticut

Product Name: SBR Application for Life Insurance SERFF Tr Num: METD-126964653 State: Arkansas

TOI: L06I Individual Life - Variable SERFF Status: Closed-Approved- Closed State Tr Num: 47685

Sub-TOI: L06I.002 Single Life - Flexible Premium Co Tr Num: EMASBR-62-10-1 State Status: Approved-Closed (MICC)

Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Karen Poor, Diane Palermo Disposition Date: 01/18/2011

Date Submitted: 01/12/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: SBR Applications Correction Filing  
 Project Number: EMASBR-62-10-1  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/18/2011

State Status Changed: 01/18/2011

Created By: Diane Palermo

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Diane Palermo

Filing Description:

RE: Metropolitan Life Insurance Company

NAIC # 241-65978 FEIN # 13-5581829

MetLife Insurance Company of Connecticut

NAIC # 241-87726 FEIN # 06-0566090

Individual Life Application Filing

SERFF Tracking Number: METD-126964653 State: Arkansas  
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TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
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Project Name/Number: SBR Applications Correction Filing/EMASBR-62-10-1  
Forms: EMASBR-62-10-1 Master Application for Life Insurance

Dear Sir or Madam,

The above application form is enclosed for your review and approval. This form will replace form EMASBR-62-10 approved on 6/14/2010 in SERFF Filing Number METD-126534010. We are correcting two errors that were found in the form: the words "is received by the Company" were missing from the bullet on when insurance takes effect in the Agreement/Disclosure section; and the period was missing from the end of the last sentence in the Owner Representations section. The application form that is being replaced has not been implemented and was never used.

The corrected application form will be implemented once the computer data collection system is available. The form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing. The application form is being submitted as a duplex form. However, it may appear in the policy single-sided especially if it is faxed to us.

Master Application for Life Insurance, form EMASBR-62-10-1, will be used when applying for life insurance in the corporate owned life insurance market. It can be used to apply for insurance on multiple insureds using an Appendix to gather the required information on each insured. We have bracketed the following references in order to provide flexibility in updating these areas without refilling: the reference to Federal law and special needs clients in Section III; the riders/benefits in Section IV; the timeframes in the Actively at Work Information section; the fraud warnings under the Fraud Warnings section as states add or revise fraud warning requirements; and the definition of Guaranteed Issue Non-Smoker at the bottom of Schedule A.

It is a multi-company form where we have listed all of the company names that will use the form. We have included instructions where the agent will check off the appropriate company name. This identical form is being filed separately for each applicable company. We have bracketed as variable information the company names. This will allow us to remove a company that ceases to sell new business without refilling the form. We assure you that the only variability to the list of companies is the ability to remove a company name; no new insurer will be added to the application without refilling the application for all companies.

This form will always be attached to a policy and will never be a stand alone form nor would it be given to the applicant unless attached to a policy. According to state regulations the policy cover page must include the company name and address. Since the form will always be attached to a policy, we feel that we are in compliance with state regulations with only listing the company names on the form. If you have any questions or need further information, please contact me at the number or e-mail address below.

Sincerely,

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Karen L. Poor

Enclosures: Readability Certificate; Certification

## Company and Contact

### Filing Contact Information

Karen Poor, Senior Contract Consultant KPoor@metlife.com  
 501 Boylston Street 617-578-4730 [Phone]  
 Boston, MA 02116 617-578-5505 [FAX]

### Filing Company Information

MetLife Insurance Company of Connecticut	CoCode: 87726	State of Domicile: Connecticut
1300 Hall Boulevard	Group Code: 241	Company Type: Life
Bloomfield, CT 06002	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 06-0566090	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: CT is our Domiciliary State and they do not have a fee so we are sending Arkansas's fee of \$50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Insurance Company of Connecticut	\$50.00	01/12/2011	43694542

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/18/2011	01/18/2011

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## Disposition

Disposition Date: 01/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Certification of Compliance		Yes
Form	Master Application for Life Insurance		Yes

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## Form Schedule

**Lead Form Number: EMASBR-62-10-1**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EMASBR-62-10-1	Application/Master Application Enrollment for Life Insurance Form	Revised	Replaced Form #: EMASBR-62-10 Previous Filing #: METD-126534010	51.200	EMASBR-62-10-1 FINAL.pdf



## Master Application For Life Insurance

**Company** (Check the appropriate ONE)

The Company indicated in this section is referred to as **"the Company"**.

<input type="checkbox"/>	Metropolitan Life Insurance Company
<input type="checkbox"/>	MetLife Insurance Company of Connecticut

### SECTION I – Corporation Information

Name of Corporation		Corporation Tax ID #	
Address of Corporation	City	State	Zip

### SECTION II – Owner Information

**OWNER:**  Check here if same as Corporation.

For Owners who are **NOT** the Corporation, please complete below.

Name of Owner		Owner Tax ID #	
Address of Owner	City	State	Zip

If Trust Owner, complete Trust Certification Form.

### SECTION III – Beneficiary / Beneficiaries Information

Federal law states that if someone with special needs has assets over \$2,000 they may lose eligibility for government benefits.

**BENEFICIARY:**  Check here if the Owner is the Primary Beneficiary.

For Primary Beneficiaries who are **NOT** the Owner, please complete below.

Primary: Name

### SECTION IV – Proposed Coverage Information

#### Metropolitan Life Insurance Company:

Variable Universal Life Policy:

Product Name: \_\_\_\_\_

<input type="checkbox"/>	Term Rider
<input type="checkbox"/>	Interim Term Insurance Benefit (ITB)
<input type="checkbox"/>	Enhanced Cash Surrender Value Rider (ECSV)
<input type="checkbox"/>	Other _____

Universal Life Policy

Product Name: \_\_\_\_\_

<input type="checkbox"/>	Interim Term Insurance Benefit (ITB)
<input type="checkbox"/>	Other _____

#### MetLife Insurance Company of Connecticut:

Variable Universal Life Policy:

Product Name: \_\_\_\_\_

<input type="checkbox"/>	Term Rider
<input type="checkbox"/>	Cash Value Enhancement
<input type="checkbox"/>	Other _____

Premium Payment Mode:  Single  Annual If other please specify: \_\_\_\_\_

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance?

Yes  No

 If **YES**, complete **Replacement Questionnaire** AND any other state required replacement forms or 1035 exchange forms.

### SECTION V – Special Instructions

If more space is needed, attach additional sheet(s).

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### SECTION VI – Actively At Work Information

As of the date you sign the application, have the Proposed Insured(s) listed on the attached Schedule A:

- a. been currently engaged in active work on a full-time basis performing all duties of their regular occupation at their customary place of employment? A person will be deemed to be actively at work during weekends or corporation approved vacations, holidays or business closures if such person was actively at work on the last scheduled workday preceding such time off.

Yes  No

If **NO**, please explain. \_\_\_\_\_

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- b. during the [90] days immediately prior to the date of this application, been hospitalized or otherwise absent from work (for example, due to illness, accident or medical treatment but excluding vacations, holidays or other business closures) for more than [five] consecutive days?

Yes  No

If **YES**, please explain. \_\_\_\_\_

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### Additional Information:

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### Agreement / Disclosure

I, the Owner, have read this application for life insurance, including the attached Schedule A, including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- My statements in this application, including the attached Schedule A, and any amendment(s) and supplement(s) are the basis of any policy issued.
- This application, including the attached Schedule A, and any amendment(s) and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, including the attached Schedule A and supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract or insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- No insurance will take effect until the required documentation is received by the Company and the full first premium due is paid.
- I understand that paying my insurance premiums more frequently than annually may result in different cash values.
- **If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.**
- **I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.**
- All or part of the information, records and data that the Company receives may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.

## Fraud Warnings

### Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

### Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

### District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

## Owner Representations

(For Corporate, Trust and other Owners)

The Owner hereby represents to the Company that based upon applicable law, it has sufficient insurable interest in the lives of the Proposed Insured(s) to support issuance of the life insurance Policy(ies) applied for. The Owner further represents that it has sought legal counsel with respect to the facts and issues surrounding such issuance. The Owner has obtained the written consent of each Proposed Insured and has complied with all applicable laws. The Owner acknowledges that the Company is issuing the life insurance Policy(ies) applied for in reliance on these representations.

## Signatures

Print Name of Authorized Signatory of Corporation/Trust

Signature of Authorized Signatory of Corporation/Trust

Date

Signed at City, State

Title

Print Name of Witness

Witness Signature

Date



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## Supporting Document Schedules

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

**Satisfied - Item:**              Flesch Certification

**Comments:**

**Attachment:**

AR Readability Cert (MICC).pdf

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

**Satisfied - Item:**              Certification of Compliance

**Comments:**

**Attachment:**

AR Certification (MICC).pdf

MetLife Insurance Company of Connecticut  
1300 Hall Boulevard, Bloomfield, CT 06002

## State of Arkansas

### Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

<b>Form Number(s)</b>	<b>Flesch Score(s)</b>
EMASBR-62-10-1	51.2



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Karen Johnson, Assistant Vice President

1/7/2011

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Date

MetLife Insurance Company of Connecticut  
1300 Hall Boulevard, Bloomfield, CT 06002

## State of Arkansas

### Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



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Karen Johnson, Assistant Vice President

1/7/2011

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Date