Filing at a Glance

Company: Metropolitan Tower Life Insurance Company

Product Name: Personal Financial Information Supplement

SERFF Tr Num: METD-127783190

State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 50273

Sub-TOI: L08.000 Life - Other

Co Tr Num: EFIN-74-12 (TOWER)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Poor, Diane Palermo, Dale Bihlmeyer

Disposition Date: 11/17/2011

Date Submitted: 11/15/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PFI Supplement

Project Number: EFIN-74-12

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Diane Palermo

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/17/2011

State Status Changed: 11/17/2011

Created By: Diane Palermo

Corresponding Filing Tracking Number:

Filing Description:

Form: EFIN-74-12 Personal Financial Information Supplement

Individual Life filing for the following companies:

Metropolitan Life Insurance Company

NAIC # 241-65978 FEIN # 13-5581829

State of Domicile: New York

General American Life Insurance Company

NAIC # 241-63665 FEIN # 43-0285930
Sate of Domicile: Missouri

MetLife Investors USA Insurance Company
NAIC # 241-61050 FEIN # 54-0696644
State of Domicile: Delaware

MetLife Insurance Company of Connecticut
NAIC # 241-87726 FEIN # 06-0566090
State of Domicile: Connecticut

New England Life Insurance Company
NAIC # 241-91626 FEIN # 04-2708937
State of Domicile: Massachusetts

MetLife Investors Insurance Company
NAIC # 241-93513 FEIN # 43-1236042
State of Domicile: Missouri

Metropolitan Tower Life Insurance Company
NAIC #241-97136 FEIN #13-3114906
State of Domicile: Delaware

Dear Sir or Madam:

Enclosed is the above referenced form that is being filed on behalf of the companies listed above

The above supplemental application form is enclosed for your review and approval. This is a new form that will not replace any existing form. This form will be implemented once the computer data collection system is available. This 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 forms. However, it may appear in the policy single-sided especially if it is faxed to us.

We have bracketed as variable information the company names shown at the top of the form. This will allow us to remove a company that ceases to use this form 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 will 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 still in compliance with state regulations with only listing the company names on the form.

Personal Financial Information Supplement, form EFIN-74-12 is a supplement that requests financial information on the Proposed Insured and if different the person paying the premiums. This supplement will always be used in conjunction with an approved life application. This form will be required for all variable life sales and for traditional life sales where the face amount is $1 million dollars or above or where the Proposed Insured is age 55 or over. The financial information will be used in our suitability review. We are submitting this form to comply with FINRA 2111 that requires we formally collect this information for suitability review. Previously we did not collect this information on a filed form as it was not mandatory and did not become part of the contract.

We look forward to receiving your approval of this form. Thank you for your attention to this filing and if you have any questions or need further information, please contact me at the listed telephone number or e-mail address.

Sincerely,

Karen L. Poor

Enclosures: Readability Certificate; Certification; Statement of Variability

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

Metropolitan Tower Life Insurance Company	CoCode: 97136	State of Domicile: Delaware
200 Park Avenue	Group Code: 241	Company Type: Life
New York, NY 10166	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 13-3114906	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50 fee per application is required
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Tower Life Insurance Company	$50.00	11/15/2011	53758244

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/17/2011	11/17/2011

Disposition

Disposition Date: 11/17/2011
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	AR Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Personal Financial Information Supplement		Yes

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EFIN-74-12	Application/ Enrollment Form	Personal Financial Information Supplement	Initial		41.700	EFIN-74-12.pdf

MetLife

Policy Number ______________________

⚠ **To be completed for all variable life applications, for all applications when the amount of coverage is $1,000,000 and over, and for all applications when the insured is age 55 or over.**

Personal Financial Information Supplement

Company (Check the appropriate ONE.) The Company indicated in this section is referred to as "**the Company**".

☐ Metropolitan Life Insurance Company
☐ New England Life Insurance Company
☐ MetLife Investors Insurance Company
☐ Metropolitan Tower Life Insurance Company
☐ General American Life Insurance Company
☐ MetLife Investors USA Insurance Company
☐ MetLife Insurance Company of Connecticut

SECTION I - Income

Proposed Insured

First Name ______________ Last Name ______________

Annual Earned Income (in US dollars as reported to the IRS)

Salary or Draw $ ______________

Bonus/Commissions $ ______________

Other Earnings (if government assistance, please provide details) $ ______________

Source ______________

Total Earned Income $ ______________

Spouse's Income $ ______________

Annual Unearned Income (in US dollars)

Dividends/Interest $ ______________

Net Rentals $ ______________

Other Unearned Income $ ______________

Source ______________

Total Unearned Income $ ______________

Owner or Premium Payor (if other than Insured)

First Name ______________ Last Name ______________

Annual Earned Income (in US dollars as reported to the IRS)

Salary or Draw $ ______________

Bonus/Commissions $ ______________

Other Earnings (if government assistance, please provide details) $ ______________

Source ______________

Total Earned Income $ ______________

Spouse's Income $ ______________

Annual Unearned Income (in US dollars)

Dividends/Interest $ ______________

Net Rentals $ ______________

Other Unearned Income $ ______________

Source ______________

Total Unearned Income $ ______________

SECTION II - Assets, Liabilities, and Expenses

Proposed Insured

Assets (in US dollars)

Cash/Cash Equivalents $ ______________

Real Estate $ ______________

Business Equity $ ______________

Stocks $ ______________

Bonds $ ______________

Annuities $ ______________

Mutual Funds $ ______________

CD/Money Markets $ ______________

Foreign Assets (Note: if more than 20% of total assets are outside the US, supporting documentation may be requested.) $ ______________

Other Assets (Artwork and other personal property must have written appraisals available.) $ ______________

Total Assets $ ______________

Owner or Premium Payor (if other than Insured)

Assets (in US dollars)

Cash/Cash Equivalents $ ______________

Real Estate $ ______________

Business Equity $ ______________

Stocks $ ______________

Bonds $ ______________

Annuities $ ______________

Mutual Funds $ ______________

CD/Money Markets $ ______________

Foreign Assets (Note: if more than 20% of total assets are outside the US, supporting documentation may be requested.) $ ______________

Other Assets (Artwork and other personal property must have written appraisals available.) $ ______________

Total Assets $ ______________

Proposed Insured (cont.)

Liabilities (in US dollars)

Mortgages $ ______

Personal Loans $ ______

Other $ ______

Total Liabilities $ ______

Net Worth (Total Assets minus Total Liabilities) $ ______

Liquid Net Worth:
(The amount of cash (including checking, savings, etc.), and assets that can be turned into cash quickly and easily. Include the amount of the initial premium payment and/or lump sum payment for this coverage. Exclude personal property, personal residence, real estate, business equity, home furnishings, autos and assets subject to substantial penalties/ sales charges.) $ ______

Expenses

Annual Recurring Expenses (e.g., rent, mortgage, long-term debts, utilities, alimony or child support, etc.) $ ______

"Special Expenses" (if any) (e.g., future, non-recurring expenses, such as home purchase/ remodeling, car purchase or repairs, education, medical expenses, etc.) (Blank fields for Special Expenses will be assumed to be $0.) $ ______

Timeframe for Special Expenses (within how many years) (e.g., 1 year for home remodeling, 4 years for education, etc.) ______

Tax Bracket (%) ______

Owner or Premium Payor (if other than Insured) (cont.)

Liabilities (in US dollars)

Mortgages $ ______

Personal Loans $ ______

Other $ ______

Total Liabilities $ ______

Net Worth (Total Assets minus Total Liabilities) $ ______

Liquid Net Worth:
(The amount of cash (including checking, savings, etc.), and assets that can be turned into cash quickly and easily. Include the amount of the initial premium payment and/or lump sum payment for this coverage. Exclude personal property, personal residence, real estate, business equity, home furnishings, autos and assets subject to substantial penalties/ sales charges.) $ ______

Expenses

Annual Recurring Expenses (e.g., rent, mortgage, long-term debts, utilities, alimony or child support, etc.) $ ______

"Special Expenses" (if any) (e.g., future, non-recurring expenses, such as home purchase/ remodeling, car purchase or repairs, education, medical expenses, etc.) (Blank fields for Special Expenses will be assumed to be $0.) $ ______

Timeframe for Special Expenses (within how many years) (e.g., 1 year for home remodeling, 4 years for education, etc.) ______

Tax Bracket (%) ______

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
Readability (TOWER).pdf

Item Status: **Status Date:**

Bypassed - Item: Application
Bypass Reason: N/A. Does not apply to this filing.
Comments:

Item Status: **Status Date:**

Satisfied - Item: AR Certification
Comments:
Attachment:
AR Certification of Compliance (TOWER).pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
Statement of Variability _EFIN_.pdf

Metropolitan Tower Life Insurance Company
200 Park Avenue, New York, NY 10166

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.

Form Number(s)	**Flesch Score(s)**
EFIN-74-12	41.7

Karen A Johnson

Karen A. Johnson, Vice President

11/15/2011

Date

Metropolitan Tower Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Certification

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

Karen A Johnson

Karen A. Johnson, Assistant Vice President

11/15/2011

Date

STATEMENT OF VARIABILITY

Application for Life Insurance – EFIN-74-12

11/15/11

Variable material is denoted by brackets in the form.	
Company Names	This will allow us to remove a company that ceases to sell new business without refilling. 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.
Liquid Net Worth Definition [(The amount of cash (including checking, savings, etc.), and assets that can be turned into cash quickly and easily. Include the amount of the initial premium payment and/or lump sum payment for this coverage. Exclude personal property, personal residence, real estate, business equity, home furnishings, autos and assets subject to substantial penalties/sales charges.)]	The definition of Liquid Net Worth is being taken from the FINRA 2111 requirements. The definition is bracketed so we can update the text if FINRA changes the definition in the future.
Special Expenses Definition [(e.g., future, non-recurring expenses, such as home purchase/remodeling, car purchase or repairs, education, medical expenses, etc.)]	The definition of Special Expenses is being taken from the FINRA 2111 requirements. The definition is bracketed so we can update the text if FINRA changes the definition in the future.