

SERFF Tracking Number: META-127012421 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47846  
Company Tracking Number: NY11-8 KC  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: Group Accident & Health Insurance  
Project Name/Number: GCERT10-CI-MOT-2/NY11-8 KC

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident & Health Insurance SERFF Tr Num: META-127012421 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved State Tr Num: 47846

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: NY11-8 KC

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth Rivera, William Wilson

Disposition Date: 02/07/2011

Date Submitted: 01/31/2011

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: GCERT10-CI-MOT-2

Project Number: NY11-8 KC

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Trust, Other

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type: Union

Overall Rate Impact:

Filing Status Changed: 02/07/2011

State Status Changed: 02/07/2011

Deemer Date:

Created By: Sandra Bennett

Submitted By: Sandra Bennett

Corresponding Filing Tracking Number: NY11-8 KC

Filing Description:

Re: Group Accident & Health Insurance GCERT10-CI-MOT-2

Our NAIC Company No. is 65978

Our FEIN is 13-5581829

SERFF Tracking Number: META-127012421 State: Arkansas  
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Dear Sir/Madam:

The Department recently approved group accident and health insurance forms GCERT10-CI et al., (SERFF # META-126840677, approved on October 8, 2010). These forms were intended to provide group critical illness coverage on a lump sum basis. Unfortunately, we recently discovered that one of the forms included in that filing, GCERT10-CI-MOT, our Major Organ Transplant rider, contained two small errors. To that end, we would like to replace GCERT10-CI-MOT with the form described below. Please note that we have not issued GCERT10-CI-MOT, and that GCERT10-CI-MOT-2 is very similar to GCERT10-CI-MOT.

Form No. / Description

GCERT10-CI-MOT-2

Major Organ Transplant Rider. This rider will be used to provide a lump sum benefit for major organ transplant. The decision to include this rider will be made by the group policyholder as part of the plan design. Variable material in GCERT10-CI-MOT-2 is indicated by brackets.

The two errors were found in our definitions of "Covered Condition" and "Occurs and Occurrence." In GCERT10-CI-MOT's definition of "Covered Condition," "Heart Attack" and "Stroke" are listed together as one bulleted item. This is incorrect. GCERT10-CI-MOT-2 lists these as separate bulleted items.

The GCERT10-CI-MOT's definition of "Occurs and Occurrence" deviated from the corresponding definition found in GCERT10-CI, the group certificate with which this rider would be issued. This has been corrected in GCERT10-CI-MOT-2.

To assist your review, attached in the Supporting Documents tab is a redlined version of GCERT10-CI-MOT-2 showing the exact changes from GCERT10-CI-MOT. No other changes have been made other than those shown in the redlined version.

Filing Fee



SERFF Tracking Number: META-127012421 State: Arkansas  
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New York, NY 10036-6796

**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]		

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	01/31/2011	44249417

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Limited Benefit  
Product Name: Group Accident & Health Insurance  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Rosalind Minor	02/07/2011	02/07/2011



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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	ARCERTREG19	Approved-Closed	Yes
<b>Supporting Document</b>	NAIC Trans NY11-8 KC [AR]	Approved-Closed	Yes
<b>Supporting Document</b>	GCERT10-CI-MOT-2 REDLINE	Approved-Closed	Yes
<b>Form</b>	Major Organ Transplant Rider	Approved-Closed	Yes

SERFF Tracking Number: META-127012421 State: Arkansas  
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 Limited Benefit  
 Product Name: Group Accident & Health Insurance  
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## Form Schedule

**Lead Form Number: GCERT20-CI-MOT-2**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/07/2011	GCERT10-CI-MOT-2	Policy/Contract	Major Organ Transplant Rider	Initial		51.890	GCERT10-CI-MOT-2.pdf
			al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				



Metropolitan Life Insurance Company  
[200 Park Avenue], New York, New York [10010-3690]

### MAJOR ORGAN TRANSPLANT RIDER

**Group Policy No.:** [XXXXXX-G]

**Policyholder:** [ABC Company]

**Rider Effective Date:** [January 1, XXXX]

The Certificate is changed as follows.

The following sections are added:

#### Major Organ Transplant Benefit Amount

For You:	[\$1,000-\$500,000]
For Your Spouse or Domestic Partner:	[\$1,000-\$500,000]
For Your Dependent Child:	[\$1,000-\$500,000]

#### CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for [a Covered Person], while [such Covered Person is] insured under this rider, Proof of Major Organ Transplant must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit Amount shown above is payable for Major Organ Transplant that First Occurs [for a Covered Person] while coverage is in effect under this rider.

We will only pay for one Major Organ Transplant [per Covered Person] while coverage is in effect under this rider.

Payment of this benefit does NOT reduce the Total Benefit Amount.

#### Exclusions that Apply to Major Organ Transplant

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;

- involving stem cell generated transplants; or
- involving islet cell transplants.

### **Additional Proof Requirements for Major Organ Transplant**

Proof of Major Organ Transplant requires submission of medical records evidencing that the Major Organ Transplant was deemed medically necessary by a Physician who is Board Certified in a medical specialty that is appropriate for the organ involved, and that either:

- [the Covered Person] has been placed on the Transplant List; or
- the Major Organ Transplant has been performed.

The Covered Condition for Major Organ Transplant will be deemed to Occur on the earlier of:

- [the date the Covered Person] is placed on the Transplant List; or
- the date that the Major Organ Transplant is performed.

### **Impact on Other Certificate Provisions**

The following Certificate provisions and/or requirements are changed by this rider:

The “Definitions” section of the Certificate is changed as follows:

The definition of “Covered Condition” is deleted and replaced with the following:

**Covered Condition** means the following, as they are defined in the Certificate:

- Alzheimer’s Disease;
- Coronary Artery Bypass Graft;
- Full Benefit Cancer;
- Partial Benefit Cancer;
- Heart Attack;
- Kidney Failure;
- Major Organ Transplant;
- Stroke; or
- any of the Listed Conditions.

The following definition of “Major Organ Transplant” is added:

**Major Organ Transplant** means:

- the irreversible failure of [a Covered Person’s] heart, lung, pancreas, entire kidney or any combination thereof, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is

- medically necessary, and either [such Covered Person has] been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of [a Covered Person's] liver for which a Physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a Physician and either [such Covered Person has] been placed on the Transplant List or such procedure has been performed; or
  - the replacement of [a Covered Person's] bone marrow with bone marrow from [the Covered Person] or another human donor, which replacement is determined to be medically necessary by a Physician who is Board Certified in hematology or oncology in order to treat irreversible failure of [such Covered Person's] bone marrow.

The definition of "Occurs or Occurrence" is deleted and replaced with the following:

**Occurs or Occurrence** means:

- with respect to Full Benefit Cancer, Partial Benefit Cancer, Heart Attack, Kidney Failure, Stroke, or any of the Listed Conditions that [the Covered Person]:
  1. experience[s] such Covered Condition; and
  2. [is] Diagnosed with such Covered Condition.
- with respect to Coronary Artery Bypass Graft, that [the Covered Person] undergo[es] a Coronary Artery Bypass Graft.
- with respect to Major Organ Transplant, that [the Covered Person]
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.
- with respect to Alzheimer's Disease that [the Covered Person]:
  1. experience[s] such Covered Condition;
  2. [is] Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a Neurologist, Geriatrician or a Neuropsychologist.

The definition of "Total Benefit Amount" is deleted and replaced with the following:

**Total Benefit Amount** means the maximum aggregate amount, as specified in the Schedule of Insurance, that We Will pay for any and all Covered Conditions combined[, per Covered Person, per lifetime,] as provided under this Certificate [or any Certificate it replaces]. The Total Benefit Amount does not include [Supplemental Benefits or] the Major Organ Transplant Benefit Amount.

The following definition of "Transplant List" is added:

**Transplant List** means the Organ Procurement and Transportation Network (OPTN) list.

The "Reduction on Account of Prior Claims Paid" provision is changed as follows:

**REDUCTION ON ACCOUNT OF PRIOR CLAIMS PAID**

We will reduce what We pay for a claim so that the amount We pay, when combined with amounts for all claims We have previously paid [for the same Covered Person], does not exceed the Total Benefit Amount that was in effect for that Covered Person on the date of the most recent Covered Condition. This provision does not apply to [claim payments for Supplemental Benefits or] payment of the Major Organ Transplant Benefit Amount.

**Termination of this Rider:**

This rider will end on the earlier of: (1) the date insurance under Your Certificate ends; or (2) the date the Major Organ Transplant Benefit Amount has been paid [for all Covered Persons].

**Effective Date of this Rider:**

This rider takes effect on the Rider Effective Date shown above.

**In all other respects, the provisions and conditions of the Certificate remain the same. This rider is subject to the terms and provisions of the Certificate. It is to be attached to and made a part of the Certificate.**

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 Project Name/Number: GCERT10-CI-MOT-2/NY11-8 KC

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	02/07/2011
<b>Comments:</b>	Flesch Certification		
<b>Attachment:</b>	ARCERTREAD.pdf		
<b>Bypassed - Item:</b>	Application	Approved-Closed	02/07/2011
<b>Bypass Reason:</b>	The requirement listed above is not applicable for this filing submission.		
<b>Comments:</b>			
<b>Satisfied - Item:</b>	ARCERTREG19	Approved-Closed	02/07/2011
<b>Comments:</b>	ARCERTREG19		
<b>Attachment:</b>	ARCERTREG19.pdf		
<b>Satisfied - Item:</b>	NAIC Trans NY11-8 KC [AR]	Approved-Closed	02/07/2011
<b>Comments:</b>	NAIC Trans NY11-8 KC [AR]		
<b>Attachment:</b>	NAIC Trans NY11-8 KC [AR].pdf		
		Item Status:	Status

SERFF Tracking Number: META-127012421 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 47846  
Company Tracking Number: NY11-8 KC  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: Group Accident & Health Insurance  
Project Name/Number: GCERT10-CI-MOT-2/NY11-8 KC

**Satisfied - Item:** GCERT10-CI-MOT-2 REDLINE

Approved-Closed

**Date:**  
02/07/2011

**Comments:**

GCERT10-CI-MOT-2 REDLINE

**Attachment:**

GCERT10-CI-MOT-2 REDLINE.pdf



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

**ARKANSAS FLESCH CERTIFICATION**

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
GCERT10-CI-MOT-2	Major organ transplant rider	51.89

Michael F. Tietz  
Vice President



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

**ARKANSAS CERTIFICATION**  
**Rule and Regulation 19**  
**Unfair Sex Discrimination in the Sale of Insurance**

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Michael F. Tietz", is written in a cursive style.

Michael F. Tietz  
Vice President

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

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Ins. Co. 1095 6 <sup>th</sup> Ave, MSC 39042 New York, NY 10036	NY	Life & Health	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	John David Metropolitan Life Ins. Co. 1095 6 <sup>th</sup> Ave, MSC 39042 New York, NY 10036	212-578-5954	212-578-3874	j david1@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): _____
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<b>6.</b>	<b>Company Tracking Number</b>	NY11-8 KC
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: _____ Union
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<b>9.</b>	<b>Type of Insurance (TOI)</b>	H07G Group Health – Specified Disease – Limited Benefit
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	H07G.001 Critical Illness
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<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <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 checked="" type="checkbox"/> Other _____ <b>Redline Copy</b> _____
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12.	<b>Filing Submission Date</b>	<b>January 31, 2001</b>
13	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	<b>n/a</b>
15.	<b>Filing Description:</b>	
<p>The Department recently approved group accident and health insurance forms GCERT10-CI et al., (SERFF # META-126840677, approved on October 8, 2010). These forms were intended to provide group critical illness coverage on a lump sum basis. Unfortunately, we recently discovered that one of the forms included in that filing, GCERT10-CI-MOT, our Major Organ Transplant rider, contained two small errors. To that end, we would like to replace GCERT10-CI-MOT with the form described below. Please note that we have not issued GCERT10-CI-MOT, and that GCERT10-CI-MOT-2 is very similar to GCERT10-CI-MOT.</p> <p><i>GCERT10-CI-MOT-2</i> is a Major Organ Transplant Rider. This rider will be used to provide a lump sum benefit for major organ transplant. The decision to include this rider will be made by the group policyholder as part of the plan design. Variable material in <i>GCERT10-CI-MOT-2</i> is indicated by brackets.</p> <p>The two errors were found in our definitions of "Covered Condition" and "Occurs and Occurrence." In GCERT10-CI-MOT's definition of "Covered Condition," "Heart Attack" and "Stroke" are listed together as one bulleted item. This is incorrect. GCERT10-CI-MOT-2 lists these as separate bulleted items.</p> <p>The GCERT10-CI-MOT's definition of "Occurs and Occurrence" deviated from the corresponding definition found in GCERT10-CI, the group certificate with which this rider would be issued. This has been corrected in GCERT10-CI-MOT-2.</p> <p>To assist your review, attached in the Supporting Documents tab is a redlined version of GCERT10-CI-MOT-2 showing the exact changes from GCERT10-CI-MOT. No other changes have been made other than those shown in the redlined version.</p> <p><b>Filing Fee</b></p> <p>We enclose the required filing fee.</p> <p><b>Actuarial Information</b></p> <p>These changes do not affect the actuarial information submitted and approved as part of our previous filing.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> 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> <p>Print Name <u>John B. David</u> Title <u>Manager</u></p> <p>Signature  Date: <u>1-31-2011</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		NY11-8 KC
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Major organ transplant rider certificate rider	GCERT10-CI-MOT-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT10-CI-MOT 46939
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				
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



Metropolitan Life Insurance Company  
[200 Park Avenue], New York, New York [10010-3690]

### MAJOR ORGAN TRANSPLANT RIDER

**Group Policy No.:** [XXXXXX-G]

**Policyholder:** [ABC Company]

**Rider Effective Date:** [January 1, XXXX]

The Certificate is changed as follows.

The following sections are added:

#### Major Organ Transplant Benefit Amount

For You:	[\$1,000-\$500,000]
For Your Spouse or Domestic Partner:	[\$1,000-\$500,000]
For Your Dependent Child:	[\$1,000-\$500,000]

#### CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for [a Covered Person], while [such Covered Person is] insured under this rider, Proof of Major Organ Transplant must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit Amount shown above is payable for Major Organ Transplant that First Occurs [for a Covered Person] while coverage is in effect under this rider.

We will only pay for one Major Organ Transplant [per Covered Person] while coverage is in effect under this rider.

Payment of this benefit does NOT reduce the Total Benefit Amount.

#### Exclusions that Apply to Major Organ Transplant

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;

- involving stem cell generated transplants; or
- involving islet cell transplants.

### **Additional Proof Requirements for Major Organ Transplant**

Proof of Major Organ Transplant requires submission of medical records evidencing that the Major Organ Transplant was deemed medically necessary by a Physician who is Board Certified in a medical specialty that is appropriate for the organ involved, and that either:

- [the Covered Person] has been placed on the Transplant List; or
- the Major Organ Transplant has been performed.

The Covered Condition for Major Organ Transplant will be deemed to Occur on the earlier of:

- [the date the Covered Person] is placed on the Transplant List; or
- the date that the Major Organ Transplant is performed.

### **Impact on Other Certificate Provisions**

The following Certificate provisions and/or requirements are changed by this rider:

The “Definitions” section of the Certificate is changed as follows:

The definition of “Covered Condition” is deleted and replaced with the following:

**Covered Condition** means the following, as they are defined in the Certificate:

- Alzheimer’s Disease;
- Coronary Artery Bypass Graft;
- Full Benefit Cancer;
- Partial Benefit Cancer;
- Heart Attack-~~or Stroke~~;
- Kidney Failure;
- Major Organ Transplant;
- Stroke; or
- any of the Listed Conditions.

The following definition of “Major Organ Transplant” is added:

**Major Organ Transplant** means:

- the irreversible failure of [a Covered Person’s] heart, lung, pancreas, entire kidney or any combination thereof, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is

- medically necessary, and either [such Covered Person has] been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of [a Covered Person's] liver for which a Physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a Physician and either [such Covered Person has] been placed on the Transplant List or such procedure has been performed; or
  - the replacement of [a Covered Person's] bone marrow with bone marrow from [the Covered Person] or another human donor, which replacement is determined to be medically necessary by a Physician who is Board Certified in hematology or oncology in order to treat irreversible failure of [such Covered Person's] bone marrow.

The definition of "Occurs or Occurrence" is deleted and replaced with the following:

**Occurs or Occurrence** means:

- ~~with respect to Full Benefit Cancer that [the Covered Person]~~
  - ~~1. experience[s] such Covered Condition;~~
  - ~~2. [is] Diagnosed with such Covered Condition; and~~
  - ~~3. such Diagnosis of Full, Partial Benefit Cancer is NOT a metastasis of a previously Diagnosed Full Benefit Cancer.~~
- ~~with respect to,~~ Heart Attack ~~or Stroke~~, Kidney Failure, ~~Partial Benefit Cancer, Stroke,~~ or any of the Listed Conditions that [the Covered Person]:
  1. experience[s] such Covered Condition; and
  2. [is] Diagnosed with such Covered Condition.
- with respect to Coronary Artery Bypass Graft, that [the Covered Person] undergo[es] a Coronary Artery Bypass Graft.
- with respect to Major Organ Transplant, that [the Covered Person]
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.
- with respect to Alzheimer's Disease that [the Covered Person]:
  1. experience[s] such Covered Condition;
  2. [is] Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a Neurologist, Geriatrician or a Neuropsychologist.

The definition of "Total Benefit Amount" is deleted and replaced with the following:

**Total Benefit Amount** means the maximum aggregate amount, as specified in the Schedule of Insurance, that We Will pay for any and all Covered Conditions combined[, per Covered Person, per lifetime,] as provided under this Certificate [or any Certificate it replaces]. The Total Benefit Amount does not include [Supplemental Benefits or] the Major Organ Transplant Benefit Amount.

The following definition of "Transplant List" is added:

**Transplant List** means the Organ Procurement and Transportation Network (OPTN) list.

The "Reduction on Account of Prior Claims Paid" provision is changed as follows:

**REDUCTION ON ACCOUNT OF PRIOR CLAIMS PAID**

We will reduce what We pay for a claim so that the amount We pay, when combined with amounts for all claims We have previously paid [for the same Covered Person], does not exceed the Total Benefit Amount that was in effect for that Covered Person on the date of the most recent Covered Condition. This provision does not apply to [claim payments for Supplemental Benefits or] payment of the Major Organ Transplant Benefit Amount.

**Termination of this Rider:**

This rider will end on the earlier of: (1) the date insurance under Your Certificate ends; or (2) the date the Major Organ Transplant Benefit Amount has been paid [for all Covered Persons].

**Effective Date of this Rider:**

This rider takes effect on the Rider Effective Date shown above.

**In all other respects, the provisions and conditions of the Certificate remain the same. This rider is subject to the terms and provisions of the Certificate. It is to be attached to and made a part of the Certificate.**