

SERFF Tracking Number: META-127117973 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48444
Company Tracking Number: NY09-21 JD (LW)
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertising
Project Name/Number: CI 125.11/NY09-21 JD

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Critical Illness Insurance Advertising SERFF Tr Num: META-127117973 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 48444

Sub-TOI: H07G.001 Critical Illness Co Tr Num: NY09-21 JD (LW) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth

Rivera, Linda Williams

Date Submitted: 04/08/2011

Disposition Date: 04/13/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CI 125.11

Project Number: NY09-21 JD

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 04/13/2011

State Status Changed: 04/13/2011

Created By: Linda Williams

Corresponding Filing Tracking Number:

Filing Description:

Metropolitan Life Insurance Company

501 Route 22, Bridgewater Township, NJ 08807

Tel: 908 253-2290 Fax: 908 253-2126

E-mail: wwilson@metlife.com

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Linda Williams

SERFF Tracking Number: META-127117973 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48444
Company Tracking Number: NY09-21 JD (LW)
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertising
Project Name/Number: CI 125.11/NY09-21 JD

Re: Critical Illness Insurance Advertisement

Our NAIC Company No. is 65978

Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose final printed copies of the group critical illness insurance advertising material described below for filing. This material is new and does not replace any material previously filed with the Department. It was developed for use in connection with group critical illness policies issued and delivered to employers (the GPNP07-CI group policy series and GCERT07-CI certificate series which were approved by your Department on February 8, 2007).

Form No. Description

CI 125.11 Marketing Communications Program. This is a flyer that will be circulated to employers to explain communications available to explain the availability of critical illness coverage.

We enclose the required filing fee.

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts, MSC 39087
1095 6th Avenue
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Sincerely,

William D. Wilson
Contract Analyst

Company and Contact

Filing Contact Information

SERFF Tracking Number: META-127117973 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48444
 Company Tracking Number: NY09-21 JD (LW)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Insurance Advertising
 Project Name/Number: CI 125.11/NY09-21 JD

William D. Wilson, Staff Analyst
 501 Route 22 908-253-2290 [Phone]
 Bridgewater, NJ 08807

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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	04/08/2011	46397306

SERFF Tracking Number: META-127117973 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48444
Company Tracking Number: NY09-21 JD (LW)
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertising
Project Name/Number: CI 125.11/NY09-21 JD

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/13/2011	04/13/2011

SERFF Tracking Number: META-127117973 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48444
 Company Tracking Number: NY09-21 JD (LW)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Insurance Advertising
 Project Name/Number: CI 125.11/NY09-21 JD

Form Schedule

Lead Form Number: CI 125.11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/13/2011	CI 125.11	Advertising	Marketing Communications Program Flyer	Initial			CI 125.11.pdf

Marketing Communications Program

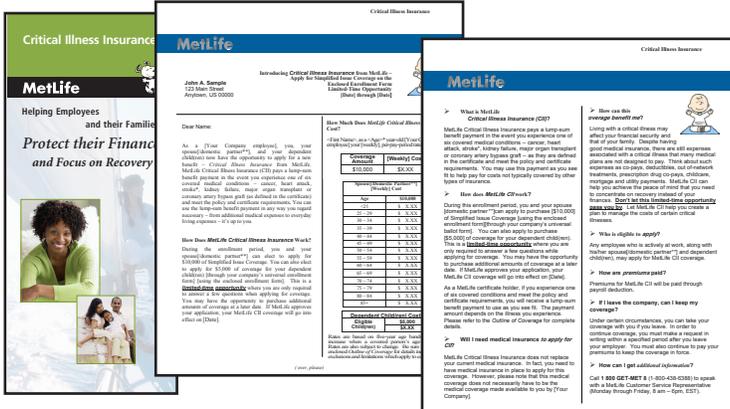
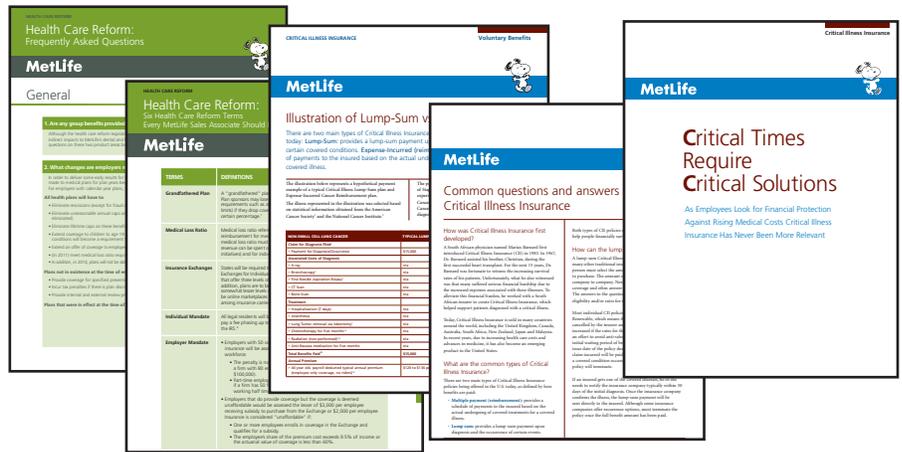
MetLife



We offer an array of educational communication materials designed to ensure that all employees and eligible family members can be reached in a manner that best suits their needs. We will look to you for input on what methods are best for your company and your employees. Our materials help employees and family members better understand the value of Critical Illness Insurance (CII), so they can make an informed decision about what is best for them.

Awareness and Education

Education is a key component in helping people better understand Critical Illness Insurance. MetLife provides you with a wide range of educational materials that can be used prior to and throughout your company's enrollment period.



Enrollment Announcement Materials

We work closely with you to determine which announcement materials best suit your company's culture. In all of our communications, we define the benefits and features of the MetLife CII product and highlight important enrollment deadlines.

Off-Cycle and Re-Enrollment Materials

Purchasing Critical Illness Insurance is a decision that some people need time to think about. Often, a life experience can make someone realize the importance of having coverage to help pay for the expenses of a critical illness. Our off-cycle and re-enrollment communications provide your eligible employees with valuable information on Critical Illness Insurance to remind them about this important benefit.



Supplemental Value-Added Communication

We provide you with additional support materials designed to help make this program a success:

At A Glance Flyer

Our At A Glance flyer provides answers to frequently asked questions and contact information to assist in employee education and enrollment.

MetLife

What is MetLife Critical Illness Insurance (CII)?
MetLife Critical Illness Insurance pays a lump-sum benefit payment in the event you experience one of six covered medical conditions – cancer, heart attack, stroke, kidney failure, major organ transplant or coronary artery bypass graft – as they are defined in the certificate and meet the policy and certificate requirements. You may use this payment as you see fit to help pay for costs not typically covered by other types of insurance.

How does MetLife CII work?
During this enrollment period, you and your spouse (domestic partner) can apply to purchase \$10,000 of Simplified Issue Coverage using the enclosed enrollment form through your company's universal benefit form. You can also apply to purchase \$5,000 of coverage for your dependent children. This is a **limited-time opportunity** where you are only required to answer a few questions while applying for coverage. You may have the opportunity to purchase additional amounts of coverage at a later date. MetLife approves your application. Your MetLife CII coverage will go into effect on [Date].

As a MetLife certificate holder, if you experience one of six covered conditions and meet the policy and certificate requirements, you will receive a lump-sum benefit payment to use as you see fit. The payment amount depends on the illness you experience. Please refer to the Outline of Coverage for complete details.

Will I need medical insurance to apply for CII?
MetLife Critical Illness Insurance does not replace your current medical insurance. In fact, you need to have medical insurance in place to apply for this coverage. However, please note that this medical coverage does not necessarily have to be the medical coverage made available to you by your Company.

How can this coverage benefit me?
Living with a critical illness may affect your financial security and that of your family. Despite having good medical insurance, there are still expenses associated with a critical illness that many medical plans are not designed to pay. Think about such expenses as co-pay, deductibles, out-of-network treatments, prescription drug, co-care, childcare, mortgage and utility payments. MetLife CII can help you achieve the peace of mind that you need to take control of the recovery instead of just finances. **Don't let this limited-time opportunity pass you by!** Let MetLife CII help you create a plan to manage the costs of certain critical illnesses.

Who is eligible to apply?
Any employee who is actively at work, along with his/her spouse/domestic partner and dependent children, may apply for MetLife CII coverage.

How are premiums paid?
Premiums for MetLife CII will be paid through payroll deduction.

If I leave the company, can I keep my coverage?
Under certain circumstances, you can take your coverage with you if you leave. In order to continue coverage, you must make a request in writing within a specified period after you leave your employer. You must also continue to pay your premiums to keep the coverage in force.

How can I get additional information?
Call 1 800 GET-MET at 1-800-438-6388 to speak with a MetLife Customer Service Representative (Monday through Friday, 8 am – 6pm, EST).

MetLife

serco
Bringing services to life

OPEN ENROLLMENT FOR CRITICAL ILLNESS INSURANCE BEGINS NOVEMBER 1ST

HOW TO ENROLL
Please check your SERCO email inbox for a benefit election email, and instructions on how to enroll in Critical Illness Insurance. For more information or if you need help, please contact your HR contact.

John DeCarina
MetLife
200 Park Ave. 2nd Fl. New York, NY 10037
MetLife@serco.com

Postcards

During the enrollment period, postcards can be utilized if needed for “coming soon” or “reminder” notices and may include enrollment and contact information.

Welcome to MetLife

Once an individual is enrolled, we send a “Welcome Letter,” an insurance certificate and contact information. We urge all Critical Illness Insurance certificate holders to keep this information in a safe place that is easy to access should they need to reference their certificate.

MetLife

Employee Welcome Letter – Long Version

MetLife

John A. Sample
123 Main Street
Anytown, US 00000

VERY IMPORTANT!
Help! Notify Your Personal Safety Net
Critical Illness Insurance From MetLife –
Enrollment deadline: [DATE]

Dear “First Name”:

Many employees expect to have health insurance through their employer. This is why the last thing that you want to think about is dipping into your savings to pay for health care. You’ve worked hard to earn your money and you would like to keep your financial picture on track. What if there was a coverage that could help pay for some of the financial pressures you may expect if you experience a critical illness? It’s now available for employees of [Company]. **Critical Illness Insurance (CII) from MetLife.** This coverage could protect you from having to tap your savings to help already on track.

How Does MetLife Critical Illness Insurance Work?
MetLife Critical Illness Insurance will help you. You can apply to a group benefit amount of \$10,000. There are three separate categories – heart conditions, cancer-related conditions and other conditions. If you experience a critical condition within any category and meet all the policy and certificate requirements, you will receive a lump-sum benefit payment to use as you see fit.

Can You Tell Me More About the Offer?
As a [Company] employee, you have the opportunity to apply for a group benefit – Critical Illness Insurance from MetLife. During the enrollment period you and your spouse/domestic partner can apply for Simplified Issue Coverage through your company’s universal benefit form using the following information:

- Employee:** Category Benefit Amount of \$10,000
- Spouse/Domestic Partner:** \$10,000. Choice option is coverage provided for employee but optional for and optional for spouse.
- Dependent Children:** \$10,000 – provided the employee has qualified for and enrolled for coverage.

This is a **limited-time opportunity**, when you are only required to answer a few questions while applying for coverage. You may have the opportunity to purchase additional amounts of coverage at a later date. MetLife approves your application. Your CII coverage will go into effect on [Date].

Call 1 800 GET-MET at 1-800-438-6388 to obtain our information for your spouse and dependent children.

MetLife
57 Green Farms Road
Westport, CT, 06880

Coverage (Weekly)	Weekly	Monthly	Annual
Employee	\$XXX	\$XXX	\$XXX
Spouse	\$XXX	\$XXX	\$XXX
Child	\$XXX	\$XXX	\$XXX

OR (Optional Recessed Premium) (Weekly)	Weekly	Monthly	Annual
Employee	\$XXX	\$XXX	\$XXX
Spouse	\$XXX	\$XXX	\$XXX
Child	\$XXX	\$XXX	\$XXX

MetLife

DATE _____
NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
Customer Number: [XXXXXXXXXXXX]

FIRST-CLASS MAIL
US POSTAGE
PAID
APLS
98765

Critical Illness Insurance coverage. We have accepted liability of insurance.

Shown on the first page of your group Critical Illness certificate as work on that date.

Apply for your Critical Illness Insurance coverage, please refer to the enclosed enrollment form and we will be happy to send you a beneficiary certificate.

For more information, please call a MetLife Critical Illness Insurance Customer Service Representative at 1-800-438-6388 Monday through Friday. We will be happy to help.

Contact Information:
Customer Service Representative
MetLife
57 Green Farms Road
Westport, CT, 06880

Look Inside:
Information about colleague benefits from MetLife!

Service Call Center

Our knowledgeable, trained representatives are available to answer questions about our Critical Illness Insurance product over the phone. Additional information can also be made available online.

MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
metlife.com

1101-0265 L0211163241 [exp0312][xFL]
© 2011 METLIFE, INC.
PEANUTS © 2011 Peanuts Worldwide

Electronic Communication

Increasingly, employees are turning to the Web and a variety of online resources for information about their benefits. A coordinated electronic communications campaign can provide customized information to employees and can help facilitate the enrollment process.

MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30–90 day waiting period after the effective date of coverage and a preexisting condition exclusion. In some states there is a benefit suspension period between covered conditions in different categories or a limit on the total benefit payments per calendar year. A more detailed description of the benefits, limitations and exclusions applicable to you can be found in the Disclosure Document or Outline of Coverage. Please contact MetLife for more information.

SERFF Tracking Number: META-127117973 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48444
 Company Tracking Number: NY09-21 JD (LW)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Insurance Advertising
 Project Name/Number: CI 125.11/NY09-21 JD

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	04/13/2011
Bypass Reason:	Not Applicable to this type of filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	04/13/2011
Bypass Reason:	Not Applicable to this type of filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	NAIC T ransmittal Document	Approved-Closed	04/13/2011
Comments:	Attached is the NAIC Transmittal Document.		
Attachment:	L-A&H NAIC Transmittal Document 1-1-2009.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	William D. Wilson MetLife Institutional Contracts 501 Route 22 Bridgewater Twncsp., NJ 08807	(908) 253-2290	(908) 253-2528	wwilson@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): _____
-----------	------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6.	Company Tracking Number	NY09-21 JD
-----------	--------------------------------	------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--------------------------------------------------------------------------------------------------------	-----------------------

8.	Market	<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 checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9.	Type of Insurance (TOI)	H07G Group Health – Specified Disease – Limited Benefit
-----------	--------------------------------	---------------------------------------------------------

10.	Sub-Type of Insurance (Sub-TOI)	H07G.001 Critical Illness
------------	----------------------------------------	---------------------------

11.	Submitted Documents	<input 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 checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other 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 _____
------------	----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

12.	Filing Submission Date	April 8, 2011	
13	Filing Fee (If required)	Amount <u>\$50.00</u>	Check Date <u>(EFT SERFF)</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
Please see our filing letter for details concerning this filing.			

16.	Certification (If required)
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>	
Print Name <u>William D. Wilson</u>	Title <u>Contract Analyst</u>
Signature <u><i>William D. Wilson</i></u>	Date: <u>April 8, 2011</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY09-21 JD
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Marketing Communications Program Flyer	CI 125.11	<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 _____	

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 Description	Affected Form Numbers		Previous State Filing Number
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