

SERFF Tracking Number: META-127188507 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 488902  
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 Advertisement  
Project Name/Number: CI130.11/NY09-21 JD

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Critical Illness Insurance SERFF Tr Num: META-127188507 State: Arkansas  
Advertisement

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 488902  
Limited Benefit Closed

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: 05/26/2011

Disposition Date: 07/15/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CI130.11

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: 07/15/2011

State Status Changed: 07/15/2011

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

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Re: Critical Illness Insurance Advertisement

Our NAIC Company No. is 65978

Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose final printed copy 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). Brackets denote variability.

Form No. Description

CI130.11 E-Mail Solicitation. This is a personalized email that is sent out to MetLife participants which gives them the opportunity to find out about the MetLife Critical Illness product as well as enroll online.

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.

Sincerely,

William D. Wilson  
Contract Analyst

SERFF Tracking Number: META-127188507 State: Arkansas  
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## Company and Contact

### Filing Contact Information

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? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 Per Advertisement.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	05/26/2011	48078178

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/15/2011	07/15/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/14/2011	06/14/2011	Linda Williams	07/06/2011	07/06/2011



<i>SERFF Tracking Number:</i>	<i>META-127188507</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>488902</i>
<i>Company Tracking Number:</i>	<i>NY09-21 JD (LW)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI130.11/NY09-21 JD</i>		

<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>Form (revised)</b>	E-Mail Solicitation	Approved-Closed	Yes
<b>Form</b>	E-Mail Solicitation	Replaced	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/14/2011  
Submitted Date 06/14/2011  
Respond By Date

Dear William D. Wilson,

This will acknowledge receipt of the captioned filing.

### Objection 1

- E-Mail Solicitation, CI130.11 (Form)

Comment: With respect to the use of "financial impact" on Page 1, this is to advise that Rule and Regulation 11, Appendix, Guideline 8(A)(1) 11 (e) states that....No advertisement shall employ devices which are designed to create undue fear or anxiety in the minds of those to whom they are directed. An unacceptable example is: (e) The use of phrases such as "financial disaster," "financial distress," "financial shock," or other phrases implying that financial ruin is likely without insurance....".

### Objection 2

- E-Mail Solicitation, CI130.11 (Form)

Comment: Under the Appendix, Guideline 8(C)(2), the phrase "no health questions" or words of similar import shall not be used if the policy excludes preexisting conditions.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/06/2011  
 Submitted Date 07/06/2011

Dear Rosalind Minor,

### Comments:

This will acknowledge and respond to the objection letter.

### Response 1

Comments: We do not believe that the term "financial impact" is in violation of Rule and Regulation 11. Virtually all insurance products are intended to protect insureds from the financial impact of unanticipated events. We do not believe that Form CI130.11 in any way inflames "undue fear or anxiety", nor is the term "impact" in any way comparable to the unacceptable examples cited by your guidelines, i.e. financial "disaster", financial "distress" or financial "shock". Nor do we believe that form CI130.11 in any way implies "that financial ruin is likely without insurance", and we respectfully request that you reconsider your objection.

### Related Objection 1

Applies To:

- E-Mail Solicitation, CI130.11 (Form)

Comment:

With respect to the use of "financial impact" on Page 1, this is to advise that Rule and Regulation 11, Appendix, Guideline 8(A)(1) 11 (e) states that....No advertisement shall employ devices which are designed to create undue fear or anxiety in the minds of those to whom they are directed. An unacceptable example is: (e) The use of phrases such as "financial disaster," "financial distress," "financial shock," or other phrases implying that financial ruin is likely without insurance....".

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
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SERFF Tracking Number: META-127188507 State: Arkansas  
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Data

E-Mail Solicitation CI130.11 Advertising Initial CI130.11.pdf

**Previous Version**

E-Mail Solicitation CI130.11 Advertising Initial CI130.11.pdf

No Rate/Rule Schedule items changed.

**Response 2**

Comments: We appreciate your concerns, and we have accordingly revised form CI130.11, by deleting all reference to "no health questions" and "no medical questions".

**Related Objection 1**

Applies To:

- E-Mail Solicitation, CI130.11 (Form)

Comment:

Under the Appendix, Guideline 8(C)(2), the phrase "no health questions" or words of similar import shall not be used if the policy excludes preexisting conditions.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
E-Mail Solicitation	CI130.11		Advertising	Initial			CI130.11.pdf
<b>Previous Version</b>							
E-Mail Solicitation	CI130.11		Advertising	Initial			CI130.11.pdf

No Rate/Rule Schedule items changed.





## E-mail

Hi [First Name],  
[XYZ Company] is pleased to offer:

[An enhanced MetLife Critical Illness Insurance program  
from the plan you were previously offered.  
Enroll from [Date] to [Date]

OR

[Critical Illness Insurance,  
a *voluntary benefit* from MetLife.]

[Please ***do not forward this email*** – only you will be able to successfully enroll through this process.]

### **Could you withstand the financial impact of a critical illness in your family?**

MetLife's coverage would protect you from the unanticipated costs of a serious illness. Should you or a family member experience a covered condition, [MetLife will provide a lump-sum benefit payment that you can use for any expenses that arise during or after treatment – even costs not covered under standard health insurance, like travel expenses and childcare fees.]

You have until [DATE]\* to take advantage of this one-time enrollment period – without providing any additional medical information. Select “Choose Coverage” below to begin a simple, personalized election process.\*\*

### **CLICK HERE FOR MORE INFORMATION**

\*Enrollment period ends [DATE], but by providing your response today you will be removed from receiving further reminders.

\*\* Please do not forward this email – only you will be able to successfully enroll through this process.

[If you have any questions, please call 1 800 GET-MET 8 (1-800-438-6388).]

### Privacy Policy

[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 to 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 Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

[L0411172448[exp0612][xFL]

CII30.11

**Click Here to be removed from this list.**

**[Log in screen]**

Hi [First Name],

Critical Illness Insurance from MetLife

**[Limited-time Opportunity  
to Enroll for Coverage]**

For verification purposes, please enter [your 8 digit Employee ID]

➤ \_\_\_\_\_ [SUBMIT]

[If you have any questions, please call 1 800 GET-MET 8 (1-800-438-6388.)]

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

[ L0411172448[exp0612][xFL]

CI130.11

## Landing Page

[MetLife Logo]

[XYZ Company] Logo]

Critical Illness Insurance from MetLife

### [Limited-time Opportunity to Enroll for Coverage]

#### What is MetLife's Critical Illness Insurance?

[MetLife's Critical Illness Insurance is a voluntary benefit designed to complement but not replace your current medical coverage. Provided you are actively at work and have medical insurance, you can apply for this coverage.] The coverage provides you with a lump-sum benefit payment in the event that you or your covered dependent experience one of the covered conditions in the following three distinct categories and meet the policy and certificate requirements:

Category 1 incorporates certain cancer-related conditions: Full Benefit Cancer, Partial Benefit Cancer<sup>1</sup> and Bone Marrow Transplant.

Category 2 incorporates certain heart-related conditions: Heart Attack, Heart Transplant, Stroke<sup>2</sup> and Coronary Artery Bypass Graft<sup>1</sup>.

Category 3 incorporates certain other conditions: Major Organ Transplant (other than bone marrow and heart) and Kidney Failure.

[You can use the lump-sum payment as you see fit, including those costs that are not covered by your existing medical coverage, such as experimental treatments, travel expenses – even childcare fees.] Additionally, enrolling for this coverage does not require medical underwriting or the need to provide any additional medical information if you sign up during the [DATE] to [DATE] open enrollment period. You simply enroll or decline.

#### How do I obtain additional information?

[Call 1 800 GET-MET 8 (1-800-438-6388) to speak with a MetLife Customer Service Representative (Monday through Friday, 8:00 a.m. to 6:00 p.m, Eastern Time).]

#### What coverage can I enroll in?

You can select the following coverage amounts for you and your dependents:

- [Employee]: Category benefit amount of \$[XX,XXX]
- Spouse[/Domestic Partner<sup>\*1</sup>]: Category benefit amount of \$[XX,XXX] (provided the employee enrolls for coverage)

- Dependent Child(ren) \*\*: Category benefit amount of \$[XX,XXX] per dependent child (provided the employee enrolls for coverage)

## When is coverage effective and how do I pay?

Once you submit your election form, you and your dependent(s) are enrolled for coverage with [a/an] [DATE] effective date. Your Critical Illness Insurance coverage will be paid through payroll deduction.

### [RATE TABLE]

[Monthly] Cost														
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Employee \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Spouse/[Domestic Partner] \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Dependent Children \$XX,XXX	\$X.XX (Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.)													

\* Calculate your age as of [Date].

[Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change. Be sure to read the Disclosure Statement for more information including the exclusions and limitations which apply to coverage.]

### Privacy Policy

### Choose Coverage

[1For some types of cancer and a coronary artery bypass graft, you will receive 25% of the category benefit amount. The remaining 75% is available within that category should the employee experience another one of the covered conditions in that category while the certificate is in force.]

[2 In certain states the covered condition is severe stroke.]

[\* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[\*\* Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[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 to 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 Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

[L0411172448[exp0612][xFL]]

CII30.11

# Benefit Election Form

Critical Illness  
Insurance from MetLife

1 Please select your MetLife Critical Illness Insurance enrollment option below:

- Enroll coverage for yourself
- Decline coverage for yourself

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Select State

Zip \_\_\_\_\_

SSN (format xxx-xx-xxxx):

Date of Birth (format MM/DD/YYYY):

2 Please select your MetLife Critical Illness Insurance enrollment option below for your spouse[/domestic partner\*]:

- Enroll coverage for your spouse[/domestic partner]
- Decline coverage for your spouse[/domestic partner]

Spouse[/Domestic Partner]'s First Name:

Spouse[/Domestic Partner]'s Last Name:

Spouse[/Domestic Partner]'s Date of Birth (format MM/DD/YYYY)

3 Please select your MetLife Critical Illness enrollment option below for your children\*\*:

The [ bi-weekly] cost of \$[X.XX] covers all of your children regardless of how many children you have.

- Enroll coverage for child(ren)
- Decline coverage for child(ren)

How many child(ren) do you wish to have coverage?

- Select One

First Child's First Name

First Child's Last Name

First Child's Date of Birth (format MM/DD/YYYY)

Second Child's First Name

Second Child's Last Name

Second Child's Date of Birth (format MM/DD/YYYY)

[RATE TABLE]

[Monthly] Cost														
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Employee \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Spouse/[Domestic Partner] \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Dependent Children \$XX,XXX	\$X.XX (Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.)													

\* Calculate your age as of [Date].

[Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change. ]

[By clicking the "Submit" button below, I declare that I am actively at work on the date of this enrollment and that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses. If I am not actively at work on the certificate effective date, I understand that coverage will not take effect until I return to the actively at work status.]

Be sure to read the [Disclosure Statement](#) for the exclusions, limitations, waiting period and terms applicable to the coverage before electing coverage.

**SUBMIT**

Privacy Policy

[\* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[\*\*Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[Spouse/[Domestic Partner] and Dependent Child coverage is only available if the employee is enrolled for coverage.]

[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 to 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 Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

CI130.11

[L0411172448[exp0612][xFL]

## Thank You/Confirmation Page

Critical Illness  
Insurance from MetLife

Thank you for your Critical Illness  
Insurance enrollment selection:

- **Yourself** \$[XX,XXX]
- **Spouse[/Domestic Partner]** \$[XX,XXX]
- **Child(ren)** \$[XX,XXX]

[Any questions, please call 1 800-GET-MET 8 (1-800-438-6388).]

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

CI130.11

[L0411172448[exp0612]][xFL]

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 Limited Benefit  
 Product Name: Critical Illness Insurance Advertisement  
 Project Name/Number: CI130.11/NY09-21 JD

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	07/15/2011
<b>Bypass Reason:</b>	Not Applicable to this type of filing submission.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	07/15/2011
<b>Bypass Reason:</b>	Not Applicable to this type of filing submission.		
<b>Comments:</b>			



## E-mail

Hi [First Name],  
[XYZ Company] is pleased to offer:

[An enhanced MetLife Critical Illness Insurance program from the plan you were previously offered. Enroll from [Date] to [Date] with no health questions.]

OR

[Critical Illness Insurance, a *voluntary benefit* from MetLife.]

[Please ***do not forward this email*** – only you will be able to successfully enroll through this process.]

### **Could you withstand the financial impact of a critical illness in your family?**

MetLife's coverage would protect you from the unanticipated costs of a serious illness. Should you or a family member experience a covered condition, [MetLife will provide a lump-sum benefit payment that you can use for any expenses that arise during or after treatment – even costs not covered under standard health insurance, like travel expenses and childcare fees.]

You have until [DATE]\* to take advantage of this one-time enrollment period – without providing any additional medical information. Select “Choose Coverage” below to begin a simple, personalized election process.\*\*

### **CLICK HERE FOR MORE INFORMATION**

\*Enrollment period ends [DATE], but by providing your response today you will be removed from receiving further reminders.

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[If you have any questions, please call 1 800 GET-MET 8 (1-800-438-6388).]

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Metropolitan Life Insurance Company, New York, NY 10166

[L0411172448[exp0612][xFL]

**Click Here to be removed from this list.**

**[Log in screen]**

Hi [First Name],

Critical Illness Insurance from MetLife

**[Limited-time Opportunity  
to Enroll for Coverage  
Without any Medical Questions]**

For verification purposes, please enter [your 8 digit Employee ID]

➤ \_\_\_\_\_ [SUBMIT]

[If you have any questions, please call 1 800 GET-MET 8 (1-800-438-6388.)]

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

[ L0411172448[exp0612][xFL]

CI130.11

## Landing Page

[MetLife Logo]

[XYZ Company] Logo]

Critical Illness Insurance from MetLife

### [Limited-time Opportunity to Enroll for Coverage Without any Medical Questions]

#### What is MetLife's Critical Illness Insurance?

[MetLife's Critical Illness Insurance is a voluntary benefit designed to complement but not replace your current medical coverage. Provided you are actively at work and have medical insurance, you can apply for this coverage.] The coverage provides you with a lump-sum benefit payment in the event that you or your covered dependent experience one of the covered conditions in the following three distinct categories and meet the policy and certificate requirements:

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Category 2 incorporates certain heart-related conditions: Heart Attack, Heart Transplant, Stroke<sup>2</sup> and Coronary Artery Bypass Graft<sup>1</sup>.

Category 3 incorporates certain other conditions: Major Organ Transplant (other than bone marrow and heart) and Kidney Failure.

[You can use the lump-sum payment as you see fit, including those costs that are not covered by your existing medical coverage, such as experimental treatments, travel expenses – even childcare fees.] Additionally, enrolling for this coverage does not require medical underwriting or the need to provide any additional medical information if you sign up during the [DATE] to [DATE] open enrollment period. You simply enroll or decline.

#### How do I obtain additional information?

[Call 1 800 GET-MET 8 (1-800-438-6388) to speak with a MetLife Customer Service Representative (Monday through Friday, 8:00 a.m. to 6:00 p.m, Eastern Time).]

#### What coverage can I enroll in?

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- Dependent Child(ren) \*\*: Category benefit amount of \$[XX,XXX] per dependent child (provided the employee enrolls for coverage)

## When is coverage effective and how do I pay?

Once you submit your election form, you and your dependent(s) are enrolled for coverage with [a/an] [DATE] effective date. Your Critical Illness Insurance coverage will be paid through payroll deduction.

### [RATE TABLE]

[Monthly] Cost														
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Employee \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Spouse/[Domestic Partner] \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Dependent Children \$XX,XXX	\$X.XX (Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.)													

\* Calculate your age as of [Date].

[Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change. Be sure to read the Disclosure Statement for more information including the exclusions and limitations which apply to coverage.]

### Privacy Policy

### Choose Coverage

[1For some types of cancer and a coronary artery bypass graft, you will receive 25% of the category benefit amount. The remaining 75% is available within that category should the employee experience another one of the covered conditions in that category while the certificate is in force.]

[2 In certain states the covered condition is severe stroke.]

[\* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[\*\* Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[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 to 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 Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

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CII30.11

# Benefit Election Form

Critical Illness  
Insurance from MetLife

1 Please select your MetLife Critical Illness Insurance enrollment option below:

- Enroll coverage for yourself
- Decline coverage for yourself

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Select State

Zip \_\_\_\_\_

SSN (format xxx-xx-xxxx):

Date of Birth (format MM/DD/YYYY):

2 Please select your MetLife Critical Illness Insurance enrollment option below for your spouse[/domestic partner\*]:

- Enroll coverage for your spouse[/domestic partner]
- Decline coverage for your spouse[/domestic partner]

Spouse[/Domestic Partner]'s First Name:

Spouse[/Domestic Partner]'s Last Name:

Spouse[/Domestic Partner]'s Date of Birth (format MM/DD/YYYY)

3 Please select your MetLife Critical Illness enrollment option below for your children\*\*:

The [ bi-weekly] cost of \$[X.XX] covers all of your children regardless of how many children you have.

- Enroll coverage for child(ren)
- Decline coverage for child(ren)

How many child(ren) do you wish to have coverage?

- Select One

First Child's First Name

First Child's Last Name

First Child's Date of Birth (format MM/DD/YYYY)

Second Child's First Name

Second Child's Last Name

Second Child's Date of Birth (format MM/DD/YYYY)

[RATE TABLE]

[Monthly] Cost														
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Employee \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Spouse/[Domestic Partner] \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Dependent Children \$XX,XXX	\$X.XX (Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.)													

\* Calculate your age as of [Date].

[Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change. ]

[By clicking the "Submit" button below, I declare that I am actively at work on the date of this enrollment and that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses. If I am not actively at work on the certificate effective date, I understand that coverage will not take effect until I return to the actively at work status.]

Be sure to read the [Disclosure Statement](#) for the exclusions, limitations, waiting period and terms applicable to the coverage before electing coverage.

**SUBMIT**

Privacy Policy

[\* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[\*\*Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[Spouse/[Domestic Partner] and Dependent Child coverage is only available if the employee is enrolled for coverage.]

[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 to 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 Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

CI130.11

[L0411172448[exp0612][xFL]

## Thank You/Confirmation Page

Critical Illness  
Insurance from MetLife

Thank you for your Critical Illness  
Insurance enrollment selection:

- **Yourself** \$[XX,XXX]
- **Spouse[/Domestic Partner]** \$[XX,XXX]
- **Child(ren)** \$[XX,XXX]

[Any questions, please call 1 800-GET-MET 8 (1-800-438-6388).]

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

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## Critical Illness Insurance Policy Exclusions and Limitations:

**1. First Occurs** means, with respect to Kidney Failure, Heart Attack, Stroke, Full Benefit Cancer, or Partial Benefit Cancer, the first time ever in a covered person's lifetime that:

1. the covered person experiences such Covered Condition; and
2. the covered person is diagnosed with such Covered Condition.

- With respect to Coronary Artery Bypass Graft, First Occurs means the first time ever in the covered person's lifetime that the covered person undergoes a Coronary Artery Bypass Graft.
- With respect to Major Organ Transplant, First Occurs means the first time ever in the covered person's lifetime that the covered person undergoes a Major Organ Transplant.

### **2. Exclusions Related to Covered Conditions:**

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 (other than bone marrow transplant); or
- involving islet cell transplants.

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging;
- Chronic Lymphocytic Leukemia (CLL), less than Stage III, as defined by RAI classification; or
- any condition that is Partial Benefit Cancer.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Coronary Artery Bypass Graft performed outside the United States.

### **3. General Exclusions:**

We will not pay benefits for Covered Conditions caused or contributed to by a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal activity;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits under a Certificate for any Covered Condition that does not First Occur for a covered person while the covered person is insured under that Certificate.

### **4. Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is Intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

CI126.11

#### **5. Preexisting Condition Exclusion**

A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a Certificate:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition first occurs during the first 12 months that a covered person is insured under the Certificate. However, a Preexisting Condition does not include any sickness or injury for which there is no evidence that the sickness or injury actually existed before the Covered Person is insured under this Policy.

PLEASE NOTE: Each Certificate issued to an employee has its own Preexisting Condition Exclusion. If a person is covered under more than one Certificate, the Preexisting Condition Exclusion period applicable to one Certificate may or may not run simultaneously with the Preexisting Condition Exclusion period applicable to any other Certificate. The Preexisting Condition Exclusion period for each Certificate begins on the effective date of coverage under that Certificate.

#### **6. Reduction of Benefits On Account of Prior Claims Paid**

For each covered person, benefits payable under a Certificate for all Covered Conditions combined will not exceed the Total Benefit Amount under that Certificate that applies to that covered person. We will reduce what we pay for a claim so that the amount that we pay, when combined with amounts for all claims we have previously paid for the same covered person under the same Certificate, does not exceed the Total Benefit Amount that was in effect under that Certificate for the covered person on the date of the most recent covered condition.

#### **7. Waiting Period**

The Waiting Period applicable to each Certificate is:

- 90 days for Full Benefit Cancer and Partial Benefit Cancer;
- 30 days for all other Covered conditions.

All insurance under a Certificate with respect to a covered person will be void if the covered person:

- experiences a Covered Condition during the Waiting Period applicable to that Certificate; or
- exhibits symptoms, or any medical or physical conditions, during the Waiting Period applicable to that Certificate that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is Diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions You have paid for insurance under a Certificate that is voided under this section will be returned to You without interest, except if Your Dependent Child is the covered person whose insurance is void under this section, in which case contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under the same certificate. If You are the covered person whose insurance is void under this provision, any insurance for Your Dependents under the same Certificate will also be void.

PLEASE NOTE: Each Certificate issued to an employee has its own Waiting Period. If a person is covered under more than one Certificate, the Waiting Period applicable to one Certificate may or may not run simultaneously with the Waiting Period applicable to any other Certificate. The Waiting period for each Certificate begins on the effective date of coverage under that Certificate.

#### **8. DATE YOUR INSURANCE ENDS:**

##### **THE EARLIEST OF:**

Your insurance under a Certificate will end on the earliest of:

- the date the Group Policy under which that Certificate was issued ends;
- the date You die;
- the date insurance ends for Your class;
- the date the Total Benefit Amount under that Certificate has been paid for You;
- the end of the period for which the last full premium for that Certificate has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

**9. PREMIUM RATES CHANGE BASED ON AGE.** Premium Rates for You and Your Dependents are also subject to change at other times as stated in each of the Group Policies.

The Group Policies are **LIMITED POLICIES**.