

SERFF Tracking Number: META-128056551 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-7 I&R 3
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertisement
Project Name/Number: CI202.12/NY12-7 I&R 3

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Critical Illness Insurance SERFF Tr Num: META-128056551 State: Arkansas
Advertisement

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

Sub-TOI: H07G.001 Critical Illness Co Tr Num: NY12-7 I&R 3 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth
Rivera, Linda Williams Disposition Date: 02/02/2012

Date Submitted: 02/01/2012 Disposition Status: Approved-
Closed

Implementation Date Requested:
State Filing Description:

Implementation Date:

General Information

Project Name: CI202.12

Project Number: NY12-7 I&R 3

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 02/02/2012

State Status Changed: 02/02/2012

Created By: Sandra Bennett

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Insurance Department

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

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: Sandra Bennett

Re: Critical Illness Insurance Advertisement

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Our NAIC Company No. is 65978

Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose final printed copies of critical illness advertising material, which will be presented only to employees of the Metropolitan Life Insurance Company. Note that the disclaimer on these pieces indicates that a more detailed description of benefits, limitations and exclusions will be included in documents that are available at the time of enrollment.

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, and certificates issued and delivered to Metropolitan Life employees (The GPNP04-CI group policy series and GCERT04-CI certificate series were approved by your Department on November 8, 2004; the GPNP07-CI group policy series and GCERT07-CI certificate series were approved by your Department on February 8, 2007; and the GPNP09-CI group policy series and GCERT10-CI certificate series were approved by your Department on October 8, 2010). Brackets denote variability.

Form No. / Description

CI202.12

Launch Email introducing special enrollment for MetLife Critical Illness.

CI203.12

Reminder Email for special enrollment for MetLife Critical Illness.

We enclose the required filing fee.

We respectfully ask your Department to approve this submission at your earliest convenience.

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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

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: 241	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:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/02/2012	02/02/2012

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	02/01/2012	02/01/2012	John David	02/01/2012	02/01/2012

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	L-A&H NAIC Transmittal Document 1-1-2009	Approved-Closed	Yes
Form	Launch Email introducing special enrollment for MetLife Critical	Approved-Closed	Yes
Form	Reminder Email for special enrollment for MetLife Critical Illness	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/01/2012
Submitted Date 02/01/2012

Respond By Date

Dear William D. Wilson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Launch Email introducing special enrollment for MetLife Critical, CI202.12 (Form)
- Reminder Email for special enrollment for MetLife Critical Illness, CI203.12 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit the filing fee of \$100.00 for this submission.

We will begin our review of this submission upon receipt of the fee

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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 02/01/2012
Submitted Date 02/01/2012

Dear Rosalind Minor,

Comments:

Dear Ms. Minor -- We have submitted a filing fee via EFT of \$100 as per your request.

Response 1

Comments: We have submitted a filing fee via EFT of \$100 as per your request today (2/1/2012).

Related Objection 1

Applies To:

- Launch Email introducing special enrollment for MetLife Critical, CI202.12 (Form)
- Reminder Email for special enrollment for MetLife Critical Illness, CI203.12 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit the filing fee of \$100.00 for this submission.

We will begin our review of this submission upon receipt of the fee

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Form Schedule

Lead Form Number: CI202.12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/02/2012	CI202.12	Advertising	Launch Email introducing special enrollment for MetLife Critical	Initial			MET Launch Email_CI202.12.pdf
Approved-Closed 02/02/2012	CI203.12	Advertising	Reminder Email for special enrollment for MetLife Critical Illness	Initial			MET Reminder Email_CI203.12.pdf

MetLife Critical Illness Insurance – Launch Email

Subject Line – Special Enrollment from MetLife Critical Illness Insurance Begins Today

From [DATE], you have a **special opportunity** to enroll yourself and your eligible dependents in an enhanced voluntary Critical Illness Insurance (CII) program that includes:

- **Simplified Enrollment Process** - It only takes a few minutes to enroll on the *MyBenefits* website. Provided you are Actively At Work and have medical insurance, your CII application will be accepted.
- **Higher Coverage for your Financial Protection** - Enroll for a category benefit amount of \$15,000 for you and your spouse/domestic partner* and \$10,000 for your dependent children**

Current CII Certificateholders – A letter was mailed regarding enhancements to your current coverage. You could also enroll in this new CII program for additional coverage.

CII Provides Additional Financial Support When You Need it Most

Chances are that someone you know has suffered a critical illness, such as cancer, a heart attack, or a stroke¹. When diagnosed with a critical illness, you have medical insurance to pay for many of the expenses. However, there are additional non-medical costs you could face during treatment and recovery such as:

- Maintaining a household
- Transportation to medical facilities
- Additional child care

These expenses can add up quickly, and MetLife CII could help by paying you a lump sum amount should you experience a covered Critical Illness and meet the policy and certificate requirements.

Limited-time Opportunity to Enroll in this Enhanced Benefit on the *MyBenefits* website now through [DATE]:

- **Administrative Associates:** Go to [MyMetLife](#) and select [Associate Information Center](#). Log in. Under Quick Links, click on *MyBenefits* website.
- **Field Associates:** Access the AIC by going to [imetlife.metlife.com](#) > Resources > Associate Resources > [Associate Information Center](#). Log in. Under Quick Links, click on *MyBenefits* website.

Questions?

If you have any questions, you can call toll-free **1 800 GET-MET 8** (1-800-438-6388) and speak with a MetLife Critical Illness Insurance Customer Service Representative (Monday through Friday, 8am - 6pm., ET). Be sure to mention “Critical Illness” when prompted and press or say 1 when connected.

¹ 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 available at the time of enrollment. Please contact MetLife for more information.]

These communications and the MyBenefits website, with respect to Critical Illness Insurance, are provided by MetLife as the seller of insurance products and not from MetLife as your employer or employee benefit plan sponsor.

[L0112231966[exp1212][All States][DC,PR,VI]

CI202.12

MetLife Critical Illness Insurance – Reminder Email

Subject Line – Reminder – Last Days to Enroll in MetLife Critical Illness Insurance

***Special Enrollment* from MetLife Critical Illness Insurance (CII) ends [DATE].**

You have a **limited-time** to take advantage of this **special opportunity** to enroll in the enhanced CII program that includes a simplified enrollment process and higher coverage. Current CII certificateholders could also enroll in this new CII program for additional coverage.

Additional Financial Support When You Need it Most

While recovering from a critical illness, you may have extra household, transportation and child care costs. MetLife CII could help alleviate some these financial concerns by paying you a lump sum amount should you experience a covered Critical Illness and meet the policy and certificate requirements.

Enroll on the *MyBenefits* website by {DATE}:

- **Administrative Associates:** Go to [MyMetLife](#) and select [Associate Information Center](#). Log in. Under Quick Links, click on *MyBenefits* website.
- **Field Associates:** Access the AIC by going to [imetlife.metlife.com](#) > Resources > Associate Resources> [Associate Information Center](#). Log in. Under Quick Links, click on *MyBenefits* website.

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If you have any questions, you can call toll-free **1 800 GET-MET 8** (1-800-438-6388) and speak with a MetLife Critical Illness Insurance Customer Service Representative (Monday through Friday, 8am - 6pm., ET). Be sure to mention “Critical Illness” when prompted and press or say 1 when connected.

* 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 30-90 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 available at the time of enrollment. Please contact MetLife for more information.

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L0112231964[exp1212][All States][DC,PR,VI]
C1203.12

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	02/02/2012
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	02/02/2012
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	L-A&H NAIC Transmittal Document 1-1-2009	Approved-Closed	02/02/2012
Comments:	L-A&H NAIC Transmittal Document 1-1-2009		
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
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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) 253-2126	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): _____
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6.	Company Tracking Number	NY12-7
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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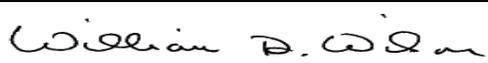
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	H07G Group Health – Specified Disease – Limited Benefit
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10.	Sub-Type of Insurance (Sub-TOI)	H07G.001 Critical Illness
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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 _____
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12.	Filing Submission Date	February 1, 2012
13.	Filing Fee (If required)	Amount _____ Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input 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></u> Date: <u>February 1, 2012</u>

17.	Form Filing Attachment			
This filing transmittal is part of company tracking number			NY12-7	
This filing corresponds to rate filing company tracking number				
	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	E-Mail Launch	CI202.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	e-Mail			
02	E-Mail Reminder	CI203.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	e-Mail			
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 _____	
11			<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