

SERFF Tracking Number: META-128235741 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-7
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertisement
Project Name/Number: CI311.12/NY12-7

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Critical Illness Insurance SERFF Tr Num: META-128235741 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 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth Disposition Date: 04/05/2012

Rivera, Linda Williams

Date Submitted: 04/05/2012 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: CI311.12

Project Number: NY12-7

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 04/05/2012

State Status Changed: 04/05/2012

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 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 GPNP09-CI group policy series and GCERT10-CI certificate series, approved by your Department on October 8, 2010). Brackets denote variability.

Form No. / Description

CI311.12 Coming Soon Email

CI312.12 Reminder Email

CI313.12 Coming Soon Intranet

CI314.12 Kick Off Flyer

CI315.12 Kick Off Intranet

CI316.12 Kick Off Newsletter

CI317.12 Kick Off Personalized PURL Email

CI318.12 Kick Off Personalized PURL enrollment site

SERFF Tracking Number: META-128235741 State: Arkansas
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CI319.12 Kick Off Poster

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
State Narrative:

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

SERFF Tracking Number: META-128235741 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/05/2012	04/05/2012

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	04/05/2012	04/05/2012	Sandra Bennett	04/05/2012	04/05/2012

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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	Coming Soon Email	Approved-Closed	Yes
Form	Reminder Email	Approved-Closed	Yes
Form	Coming Soon Intranet	Approved-Closed	Yes
Form	Kick Off Flyer	Approved-Closed	Yes
Form	Kick Off Intranet	Approved-Closed	Yes
Form	Kick Off Newsletter	Approved-Closed	Yes
Form	Kick Off Personalized PURL Email	Approved-Closed	Yes
Form	Kick Off Personalized PURL enrollment site	Approved-Closed	Yes
Form	Kickoff Poster	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/05/2012
Submitted Date 04/05/2012

Respond By Date

Dear William D. Wilson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Coming Soon Email, CI 311.12 (Form)
- Reminder Email, CI312.12 (Form)
- Coming Soon Intranet, CI 313.12 (Form)
- Kick Off Flyer, CI 314.12 (Form)
- Kick Off Intranet, CI 315.12 (Form)
- Kick Off Newsletter, CI 316.12 (Form)
- Kick Off Personalized PURL Email, CI 317.12 (Form)
- Kick Off Personalized PURL enrollment site, CI 318.12 (Form)
- Kickoff Poster, CI 319.12 (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 \$450.00. Please submit an additional \$350.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing 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.

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/05/2012
Submitted Date 04/05/2012

Dear Rosalind Minor,

Comments:

In response to your request dated March 5, 2012.

Response 1

Comments: The additional filing fee has been submitted.

Related Objection 1

Applies To:

- Coming Soon Email, CI 311.12 (Form)
- Reminder Email, CI312.12 (Form)
- Coming Soon Intranet, CI 313.12 (Form)
- Kick Off Flyer, CI 314.12 (Form)
- Kick Off Intranet, CI 315.12 (Form)
- Kick Off Newsletter, CI 316.12 (Form)
- Kick Off Personalized PURL Email, CI 317.12 (Form)
- Kick Off Personalized PURL enrollment site, CI 318.12 (Form)
- Kickoff Poster, CI 319.12 (Form)

Comment:

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Changed Items:

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Form Schedule

Lead Form Number: C1312.12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/05/2012	CI 311.12	Advertising	Coming Soon Email	Initial			PacRe_CI 311.12_AR_C oming Soon First Email Communicati on.pdf
Approved-Closed 04/05/2012	CI312.12	Advertising	Reminder Email	Initial			PacRe_CI 312.12_AR_R eminder Email Communicati on.pdf
Approved-Closed 04/05/2012	CI 313.12	Advertising	Coming Soon Intranet	Initial			PacRe_CI 313.12_AR_C oming Soon Intranet Communicati on.pdf
Approved-Closed 04/05/2012	CI 314.12	Advertising	Kick Off Flyer	Initial			PacRe_CI 314.12_AR_K ick Off Flyer.pdf
Approved-Closed 04/05/2012	CI 315.12	Advertising	Kick Off Intranet	Initial			PacRe_CI 315.12_AR_K ick Off Intranet Communicati on.pdf
Approved-Closed	CI 316.12	Advertising	Kick Off Newsletter	Initial			PacRe_CI 316.12_AR_K

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04/05/2012

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 Newsletter
 Article.pdf
 PacRe_CI
 317.12_AR_K
 ick Off
 Personalized
 PURL
 Email.pdf
 PacRe_CI
 318.pdf

Approved- CI 317.12 Advertising Kick Off PersonalizedInitial
 Closed PURL Email
 04/05/2012

Approved- CI 318.12 Advertising Kick Off PersonalizedInitial
 Closed PURL enrollment site
 04/05/2012

Approved- CI 319.12 Advertising Kickoff Poster Initial
 Closed
 04/05/2012

PacRe_CI
 319.12_AR_K
 ickoff
 Poster.pdf

“Coming Soon” Email

Subject Line: Coming Soon to [XYZ Company] -- **Critical Illness Insurance from MetLife**

[MetLife][XYZ Company] would like to invite [XYZ Company] [employees/associates/members/colleagues] to learn more about an important [new] benefit: Critical Illness Insurance from MetLife.

[Open/Special/Limited/One-Time] Enrollment. [Date - Date]

The medical headlines are filled with good news. The survival rate of patients who experience many critical illnesses is rising.¹ Many people are beating the odds and going on to live strong vital lives. But with the good comes the not so good:

Many Americans feel they just can't afford to get sick.

- [Did you know that in the first year alone, experiencing a critical illness can reduce a family's income by more than \$12,000?²]
- [In addition, the average out-of-pocket cost for those individuals who experience a critical illness such as a heart attack, stroke or cancer is over \$6,500?²]

[These are some of the reasons why [XYZ Company] is [adding/enhancing/offering] [**MetLife**] **Critical Illness Insurance** [to your benefit options.]

During the enrollment period, **[Date - Date]**, MetLife would like to offer you, your spouse[domestic partner]³ and dependent child[ren]⁴, the opportunity to **[enroll/apply]** for [this enhanced/this new] coverage [that includes a simplified enrollment process and higher coverage amounts]. **For coverage amounts from [\$XX,XXX to \$XX,XXX], your enrollment will be guaranteed.** If you would like to apply for coverage amounts from **[\$XX,XXX to \$XXX,XXX** (in \$X,XXX increments)], you will just need to complete an application **[For myBenefits/Company Website:** which must be completed online within [30] days from enrollment.][**For PURL/Company Website:** [which can be downloaded][which will be mailed to you] and must be returned to MetLife within [30] days from the closing date of enrollment.]

Coverage Options:

- **[Employee/Associate/Member/Colleague]:** Benefit of [\$X,XXX to \$XXX,XXX] (Your enrollment is guaranteed up to [\$XX,XXX] in coverage.)
- **Spouse/Domestic Partner³:** [50%] or [100%] of [employee's/associate's/member's/colleague's] benefit amount*
- **Dependent Child(ren)⁴:** [50%] or [100%] of [employee's/associate's/member's/colleague's] benefit amount*

What Are The Covered Conditions?

MetLife Critical Illness Insurance provides you with a lump-sum benefit payment in the event that you or your covered family member³ experience one of the covered conditions including full benefit cancer⁵, partial benefit cancer⁵, heart attack, stroke⁶,

coronary artery bypass graft, kidney failure, Alzheimer's disease⁷ and 22 other listed conditions⁸. You may use this lump-sum payment as you see fit to help keep your family finances on track should you experience a covered condition. This payment can be used for anything from co-pays and deductibles to mortgage payments and child care.

Where Can I Get Additional Information?

[For additional information about the product [and to enroll], please refer to the MetLife Critical Illness Insurance personalized enrollment site (PURL) which you will receive access to during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the [XYZ Company] [open enrollment] benefits website during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the MetLife myBenefits [open enrollment] website during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

If you have any questions, please call [**1 800 GET-MET 8** (1-800-438-6388), Monday through Friday, 8am – 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

[¹ American Heart Association, 2011 Heart Disease and Stroke Statistics Update; American Cancer Society, 2011 Cancer Facts and Figures.]

[² Critical Illness Financial Impact Survey, April 2010.]

[³ Eligible family member can be defined as spouse, domestic partner, civil union partner, reciprocal beneficiary or dependent child(ren). Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[⁴ Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[⁵ Please review the Disclosure Statement for specific information about cancer benefits. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for Partial Benefit Cancer.]

[⁶ In certain instances, the covered condition is severe stroke.]

[⁷ Please review the Outline of Coverage for specific information about Alzheimer's Disease.]

[⁸ MetLife Critical Illness insurance will pay 25% of the Selected Benefit Amount for 22 conditions listed in the group certificate.]

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

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

[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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166.]

[LEGAL NUMBER]

CI 311.12

“Reminder” Email

Subject Line: **REMINDER -- Critical Illness Insurance Enrollment [Date]!** You have [only X days] to take advantage of this offer.

[MetLife][XYZ Company] would like to remind our [XYZ Company] [employees/associates/members/colleagues] to enroll in Critical Illness Insurance from MetLife.

[Only X Days Left]

In this tough economy, fewer people appear to have the resources to cover unforeseen expenses. When faced with a critical illness, many individuals are surprised that their medical coverage may not fully address all of the financial consequences of certain critical illnesses. [Did you know that the average out-of-pocket expenses for those individuals who experience a critical illness such as a heart attack, stroke or cancer is over \$6,500?¹] Preparation is the key. A critical illness can occur when you least expect it. Think about your own day-to-day expenses and the average out-of-pocket expenses related to a critical illness.

Putting aside that much money may not fit with your current financial goals; however, by enrolling for critical illness insurance, you can help alleviate some of the financial burden should you experience one of the covered conditions and meet the policy and certificate requirements.

Reminder -- During the enrollment period, **[Date - Date]**, MetLife would like to offer you, your spouse[domestic partner]² and dependent child[ren]³, the opportunity to **[enroll/apply]** for [this enhanced/this new] coverage [that includes a simplified enrollment process and higher coverage amounts]. **For coverage amounts from [\$XX,XXX to \$XX,XXX], your enrollment will be guaranteed [if you are actively at work][if you meet eligibility requirements].** If you would like to apply for coverage amounts from **[\$XX,XXX to \$XXX,XXX (in \$X,XXX increments)]**, you will just need to complete an application [**For myBenefits/Company Website:** which must be completed online.][**For PURL/Company Website:** [which can be downloaded][which will be mailed to you] and must be returned to MetLife within [30] days your initial request.]

Remember – the best time to ask yourself if you could afford to get sick is when you're healthy!

Questions?

[For additional information about the product [and to enroll], please refer to the MetLife Critical Illness Insurance personalized enrollment site which you will receive access to during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the [XYZ Company] [open enrollment] benefits website during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the MetLife myBenefits [open enrollment] website during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

If you have any questions, please call [**1 800 GET-MET 8** (1-800-438-6388), Monday through Friday, 8am – 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

¹ MetLife Critical Illness Financial Impact of a Critical Illness Study, April 2010

² Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

³ Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

[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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

[Metropolitan Life Insurance Company, New York, New York 10166.]

L0312246268[exp0513][xCA,CO,FL,HI,NH,NJ,NY]

CI 312.12

“Coming Soon” Intranet

[Subject Line: Coming Soon: Critical Illness Insurance from MetLife]

[MetLife][XYZ Company] would like to invite [XYZ Company] [employees/associates/members/colleagues] to [enroll][apply] for [\$XX,XXX] of Critical Illness Insurance from MetLife.

[Special/Limited/One-Time] Enrollment Period. [Date - Date]

Although not a replacement for traditional medical or [disability] income insurance, MetLife Critical Illness Insurance provides a lump-sum payment in the event that you or a covered family member¹ experience one of the following medical conditions and meet the policy and certificate requirements: Full Benefit Cancer², Partial Benefit Cancer², Heart Attack, Stroke³, Coronary Artery Bypass Graft, Kidney Failure, Alzheimer's Disease⁴ and 22 other listed conditions⁵.

From co-pays and deductibles to mortgage payments and child care, you can use the lump-sum payment as you see fit to help protect your family's finances so you can focus on recovery!

[Take advantage of this offer and [enroll][apply] now to protect your financial safety net against a critical illness.]

How Do I Enroll?

[During this [Open/Special/Limited/One-Time] enrollment period, **[Date - Date]**, you can [enroll][apply] for coverage for you, your spouse/domestic partner¹ and dependent child(ren)¹ [by logging onto the XYZ Company's enrollment benefits website.][the MetLife myBenefits website.][by using the personalized enrollment site that will be provided by MetLife.]

[Click on the “Enroll Now” button below to begin a simple, personalized election process. If you have any questions, please call **[1 800 GET-MET 8 (1-800-438-6388)**, Monday through Friday, 8am – 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

[¹Covered Family Members" means all Covered Persons as defined in the Certificate. Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[Please contact MetLife for more information.]

[² Please review the Disclosure Statement for specific information about cancer benefits. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for Partial Benefit Cancer.]

[³ In certain instances, the covered condition is severe stroke.]

[⁴ Please review the Outline of Coverage for specific information about Alzheimer's Disease.]

[⁵ MetLife Critical Illness insurance will pay 25% of the Selected Benefit Amount for 22 conditions listed in the group certificate.]

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

[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 preexisting condition exclusion. 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.]

Metropolitan Life Insurance Company, New York, NY 10166.
L0000000000[expXXXX][xFL]

CI 313.12

FREQUENTLY ASKED QUESTIONS

Critical Illness Insurance

What is MetLife Critical Illness Insurance (CII)?

MetLife Critical Illness Insurance provides you with a lump-sum benefit in the event you or your eligible family members are diagnosed with one of the following medical conditions (as they are defined by the group certificate):

- Full Benefit Cancer¹
- Partial Benefit Cancer¹
- Heart Attack
- Stroke²
- Coronary Artery Bypass Graft
- Kidney Failure
- Alzheimer's Disease³
- 22 other Listed Conditions⁴

[A Major Organ Transplant Benefit is also included.

You will receive an additional lump sum payment of 100% of your Selected Benefit Amount for Major Organ Transplant. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned covered conditions.]

How can this coverage benefit me?

Despite having comprehensive medical insurance, there are still expenses associated with a critical illness that many medical plans may not be designed to pay, such as co-pays, deductibles, out-of-network treatments, prescription drug co-pays, childcare, mortgage and utility payments.

How does MetLife CII work?

If you are diagnosed with one of the covered conditions and meet all the group certificate requirements, you will receive an Initial Benefit equal to 100% of the Selected Benefit Amount for the covered condition.

-- Under this plan, you can also receive a Recurrence Benefit⁵ equal to 50% of the Initial Benefit if you are diagnosed with another occurrence of certain covered conditions and MetLife has already paid the Initial Benefit for that covered condition.

-- Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached. Your Total Benefit Amount is [XXX]. (See Payment Example)

Payment Examples

The example below illustrates that during the life of the Critical Illness Insurance certificate, where the [employee/associate/member/colleague] has selected a [\$20,000 Benefit Amount]. The Total Benefit Amount for this example is [300%] of the [\$20,000] Benefit Amount or [\$60,000]. Until you reach the Total Benefit Amount, you can continue to receive both Initial Benefit payments and Recurrence Benefit payments.

A covered [employee/ associate/member/ colleague] has a heart attack.	MetLife would pay an Initial Benefit [100% of the benefit amount you selected = [\$20,000]. The [employee/ associate/member/colleague] would still have [200%] of the Total Benefit Amount = [\$40,000] available if he or she is diagnosed with another covered condition.
Two years later, the [employee/ associate/member/ colleague] has another heart attack.	MetLife would pay a Recurrence Benefit [50%] of the Initial Benefit = [\$10,000]. The [employee/associate/member/colleague] would still have [150%] of the Total Benefit Amount = [\$30,000] available if he or she is diagnosed with another covered condition.

Please refer to [Disclosure Statement/Outline of Coverage] for more information including the exclusions and limitation which apply to coverage.]

Coverage Options

[Employee/Associate/Member/Colleague]: Benefit of [\$X,XXX to \$XXX,XXX, in increments of \$X,XXX](Your enrollment will be guaranteed up to \$XX,XXX in coverage [if you are actively at work][if you meet eligibility requirements.]

[Spouse/Domestic Partner]*: [50%] or [100%] of [employee's/associate's/member's/colleague's] benefit amount*.

[Dependent Child(ren)]:** [50%] or [100%] of [employee's/associate's/member's/colleague's] benefit amount*.

Does MetLife CII offer any other [Supplemental] Benefits?

[Yes], MetLife provides coverage for [a Health Screening Benefit.] [the supplemental benefits outlined in the list below.] This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned covered conditions.

[Health Screening Benefit⁶]

[Evaluation Benefit⁷] or [NCI Cancer Center Benefit⁸]

[Transportation Benefit⁹]

[Lodging Benefit¹⁰]

Please review the Disclosure Statement for specific information about these benefits.

+ Provided the employee/associate/member/colleague has qualified and enrolled for coverage

[Questions]

Please call [1.800.GET.MET8 (1.800.438.6388), Monday through Friday, 8 am to 11 pm, EST] and a MetLife Customer Service Representative will be happy to help. Individuals with a TTY may call [800.855.2880].

[*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.]

[1 MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for Partial Benefit Cancer.]

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

[3 Please review the Disclosure Statement for specific information about Alzheimer's Disease.]

[4 MetLife Critical Illness insurance will pay 25% of the initial benefit amount for 22 conditions listed in the group certificate.]

[5 A Recurrence Benefit payment is subject to a 180 day benefit suspension period. Please see the Disclosure Statement for details. A Recurrence Benefit is available for the following conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer.]

[6 For a list of specific tests included in your health screening benefit, please see your Disclosure Statement. Not available for New Hampshire-situated cases or to New Hampshire residents.]

[7 If a covered person is diagnosed with a covered condition other than Listed Conditions, and if the conditions of the group certificate are met, the covered person will be eligible for the Evaluation Benefit for an evaluation received at a certified center while insured under the certificate. MetLife will only pay this benefit if it has already paid an Initial Benefit payment or Recurrence Benefit payment for the covered condition for which the covered person is receiving an evaluation.]

[8 If a covered person is diagnosed with either Full Benefit Cancer or Partial Benefit Cancer and if the conditions of the group certificate are met, they will be eligible for the NCI Cancer Center Benefit for an evaluation at an NCI Cancer Center. MetLife will only pay this benefit if it has already paid an Initial Benefit payment or Recurrence Benefit payment for Full Benefit Cancer or Partial Benefit Cancer for which the covered person is receiving an evaluation.]

[9 If a covered person is diagnosed with a covered condition and receives treatment for the covered condition at a treatment center and if the conditions of the group certificate are met, the covered person will be eligible for the transportation benefit while insured under the certificate. MetLife will not pay more than \$5,000 in any calendar year for this benefit.]

[10 If a covered person is diagnosed with a covered condition and receives treatment for the covered condition at a treatment center and if the conditions of the group certificate are met, the covered person will be eligible for the lodging benefit while insured under the certificate. MetLife will only pay a lodging benefit for the 24 hours prior to the covered person's receipt of treatment and for the 24 hours following the receipt of treatment.]

[This is a solicitation for insurance. A MetLife Representative may contact you.]

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

[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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

[Metropolitan Life Insurance Company, New York, NY 10166]

L0312246549[exp0613][xCA,CO,FL,HI,NH,NJ,NY]

CI 314.12

Pac Re

“Kick-Off” Updated Intranet

Critical Illness Insurance Can Complement Your Medical and [Disability] Plan [Open/Special/Limited] Enrollment. [Date – Date]

MetLife Critical Illness Insurance (CII) is a voluntary benefit designed to complement, but not replace your current medical and [disability income] coverage.

The coverage pays a lump-sum benefit if you meet all group policy and certificate requirements and experience one of the covered conditions including: full benefit cancer⁺, partial benefit cancer⁺, heart attack, stroke⁺⁺, coronary artery bypass graft, kidney failure, Alzheimer’s Disease⁺⁺⁺ and the 22 other listed conditions . You may use this lump-sum payment as you see fit to help keep your family finances on track should you experience a covered condition and meet the policy and certificate requirements.

During the enrollment period, [Date - Date], MetLife would like to offer you, your spouse[domestic partner]^{**} and dependent child[ren]^{***}, the opportunity to [enroll/apply] for [this enhanced/this new] coverage [that includes a simplified enrollment process and higher coverage amounts]. **For coverage amounts from [\$XX,XXX to \$XX,XXX], your enrollment will be guaranteed if you are actively at work.** If you would like to apply for coverage amounts from [\$XX,XXX to \$XXX,XXX (in \$X,XXX increments)], you will just need to complete an application [For myBenefits/Company Website: which must be completed online.][For PURL/Company Website: [which can be downloaded][which will be mailed to you] and must be returned to MetLife within [30] days after your initial request.]

It’s really up to you how you use the payment. Assuming you and your covered family members are approved for coverage, meet the policy and certificate requirements and experience a covered condition, you can use the lump-sum payment to help pay for additional expenses that may not be covered by your medical insurance or for any day-to-day living expenses, such as:

Medical plan co-pays and deductibles	Additional childcare or domestic help
Prescription drug co-pays and deductibles	Mortgage and rent payments
Out-of-network treatments	Car payments
Experimental treatments	Utility payments

The lump-sum payment offers financial flexibility. For example, it can be used to help offset the cost of seeing specialists in other geographic locations, pursuing alternative therapies or to enable a relative to take time off from work to assist during treatment and recovery.

[For additional information about the product [and to enroll], please refer to the MetLife Critical Illness Insurance personalized enrollment site which you will receive access to during the [open/special/limited] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the [XYZ Company] [open enrollment] benefits website during the [open/special/limited] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the MetLife myBenefits [open enrollment] website during the [open/special/limited] enrollment period.] **OR**

If you have any questions, please call [1 **800 GET-MET 8** (1-800-438-6388), Monday through Friday, 8am – 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call 800-855-2880.

[+ Please review the Disclosure Statement for specific information about cancer benefits. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for Partial Benefit Cancer.]

[++ In certain instances, the covered condition is severe stroke.]

[+++Please review the Outline of Coverage for specific information about Alzheimer's Disease.]

[* MetLife Critical Illness insurance will pay 25% of the Selected Benefit Amount for 22 conditions listed in the group certificate.]

[** 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.]

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

[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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

[Metropolitan Life Insurance Company, New York, NY 10166]

L0312247374[exp0613][xCA,CO,FL,HI,NH,NJ,NY]

CI 315.12

“Kick-Off” Newsletter Article

Critical Illness Insurance Helps Prepare You for the Unexpected!! [Open/Special/Limited] Enrollment. [Date - Date]

Many people feel it is important to set aside money in case of an emergency. However, not everyone is in the financial position to set aside a chunk of money for a “rainy day.” Preparation is the key. The unexpected can happen when you least expect it – especially when it comes to a critical illness.

Now from MetLife...a product that can help give [employees/associates/members/colleagues] the peace of mind needed to concentrate on recovery instead of finances – **Critical Illness Insurance (CII)**. Think about these expenses:

Medical plan co-pays and deductibles	Additional childcare or domestic help
Prescription drug co-pays and deductibles	Mortgage and rent payments
Out-of-network treatments	Car payments
Experimental treatments	Utility payments

By themselves, these expenses may not seem significant but together they can add up. [In fact, the average out-of-pocket expenses for individuals who experience a critical illness such as a heart attack, stroke or cancer is over \$6,500¹.]

The coverage pays a lump-sum benefit if you meet all group certificate requirements and experience one of the covered conditions including: Full Benefit Cancer², Partial Benefit Cancer², Heart Attack, Stroke³, Coronary Artery Bypass Graft, Kidney Failure, Alzheimer’s Disease⁴ and the 22 Other Listed Conditions⁵. You may use this lump-sum payment as you see fit to help keep your family finances on track should you experience a covered condition.

During the enrollment period, [Date - Date], MetLife would like to offer you, your spouse[domestic partner]⁶ and dependent child[ren]⁷, the opportunity to [enroll/apply] for [this enhanced/this new] coverage [that includes a simplified enrollment process and higher coverage amounts]. **For coverage amounts from [\$XX,XXX to \$XX,XXX], your enrollment will be guaranteed [if you are actively at work][if you meet eligibility requirements]**. If you would like to apply for coverage amounts from [\$XX,XXX to \$XXX,XXX (in \$X,XXX increments)], you will just need to complete an application [For myBenefits/Company Website: which must be completed online.][For PURL/Company Website: [which can be downloaded][which will be mailed to you] and must be returned to MetLife within [30] days from your initial request.]

[For additional information about the product [and to enroll], please refer to the MetLife Critical Illness Insurance personalized enrollment site which you will receive access to during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the [XYZ Company] [open enrollment] benefits website during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

[For additional information about the product [and to enroll], please visit the MetLife myBenefits [open enrollment] website during the [Open/Special/Limited/One-Time] enrollment period.] **OR**

If you have any questions, please call [1 800 GET-MET 8 (1-800-438-6388), Monday through Friday, 8am – 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call 800-855-2880.

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

[¹ MetLife Critical Illness Financial Impact of a Critical Illness Study, April 2010.]

[² Please review the Disclosure Statement for specific information about cancer benefits. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for Partial Benefit Cancer.]

[³ In certain instances, the covered condition is severe stroke.]

[⁴ Please review the Outline of Coverage for specific information about Alzheimer's Disease.]

[⁵ MetLife Critical Illness insurance will pay 25% of the Selected Benefit Amount for 22 conditions listed in the group certificate.]

[⁶ Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[⁷ Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[⁸ Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

[MetLife Critical Illness Insurance (CI) is a limited group policy. Like most group accident and health insurance policies, MetLife's CI 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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

[Metropolitan Life Insurance Company, New York, NY 10166]

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CI 316.12

“Kick-Off” Purl Email

Introducing a [new] [enhanced] MetLife Critical Illness Insurance plan.
[Enroll/Apply] from [Date] to [Date].

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

Hello [First Name],
[XYZ Company] [employees/associates/members/colleagues]:

Critical Illness Insurance can help protect you from the unanticipated costs of a serious illness such as cancer, heart attack or stroke. Despite having comprehensive medical [and disability income] insurance many costs may still not be covered like co-pays, deductibles, and unplanned childcare.

If you are diagnosed with one of the covered conditions and meet the policy and certificate requirements, the MetLife Critical Illness Insurance plan will provide a lump sum benefit payment that can be used as you see fit. For example, if your illness results in a disability leave, the CII lump sum payment could help narrow the gap between your reduced income and the increased out-of-pocket expenses often associated with a critical illness – use it to help pay your mortgage, car payments or utilities. **And the cost for Critical Illness Insurance may be less than you think.**

A lump sum payment of [\$XX,XXX] (a standard MetLife benefit amount) for someone aged [XX-XX] could cost less than [\$X] a month or [\$X] a week* [Go to the Enrollment Section to get your own personalized rate].

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. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

You have until [DATE] to take advantage of this [Open/Special/Limited] enrollment period. You have the opportunity to choose from coverage amounts up to [\$XXX,XXX] in [\$XX,XXX] increments.

Guaranteed Enrollment:

- If you are actively at work and enroll for a coverage amount between [\$X,XXX to \$XX,XXX], your enrollment will be guaranteed.

Additional Coverage Available:

- If you choose a coverage amount between [\$XX,XXX to \$XXX,XXX] you will need to complete an application [which will be mailed to you by MetLife /can be

downloaded] and will need to be returned to MetLife via [fax/mail] within [30] days of your initial request.

[Click on the “Enroll Now” button below to begin a simple, personalized election process. If you have any questions, please call [1 800 GET-MET 8 (1-800-438-6388), Monday through Friday, 8am – 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

ENROLL NOW

Click here if you do not wish to receive any future communication about this opportunity to enroll for the Critical Illness Insurance coverage.

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.

Metropolitan Life Insurance Company, New York, New York

L0312247378[exp0613][xCA,CO,FL,HI,NH,NJ,NY]

CI 317.12

Log in screen

Hello [First Name],
[XYZ Company][employees/associates/members/colleagues]

Critical Illness Insurance from MetLife

[Open/Special/Limited] Opportunity to Enroll for Coverage [Date] to [Date]

For verification purposes, please enter [your 8 digit
[Employee/Associate/Member/Colleague] ID]

➤ _____ [SUBMIT]

If you have any questions, please call [1 800 GET-MET 8 (1-800-438-6388), Monday through Friday, 8 am to 11 pm, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166
L0312247396[exp0613][xCA,CO,FL,HI,NH,NJ,NY]
CI 318.12

Landing Page

MetLife Logo

[XYZ Company] Logo

Hello [First Name],
[XYZ Company][employees/associates/members/colleagues]

Critical Illness Insurance from MetLife

[Open/Special/Limited] Opportunity to Enroll for Coverage [Date] to [Date]

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 [and disability income] plans. This coverage provides you with a lump-sum benefit payment in the event that you or a covered family member* experience a covered condition such as cancer, heart attack or stroke and meet the policy and certificate requirements. Use it to help keep your finances on track during a difficult time!

* "Covered Family Members" means all Covered Persons as defined in the Certificate.

How do I obtain additional information?

Click here for more specific product features and benefits about the MetLife Critical Illness Insurance product: ([Link to CII Product Flyer](#))

Or, call [1 800 GET-MET 8 (1-800-438-6388)] [(Monday through Friday, 8:00 a.m. to 11:00 p.m, EST)] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

What coverage can I enroll in?

The Benefit Election Form on the next page is simple to fill out and takes just a few minutes. You can select the following coverage amounts for you and your eligible family members:

- [Employee/Associate/Member/Colleague]: Benefit amount of \$[XX,XXX] of coverage with guaranteed enrollment, provided you are actively at work[Above \$XX,XXX to \$XXX – application must be approved by MetLife]
- Spouse[/Domestic Partner*]: [50% or 100%] of the [Employee's/Associate's/Member's/Colleague] Benefit Amount⁺ of \$[XX,XXX]
- Dependent Child(ren)**: [50% or 100%] of the Employee's/Associate's/Member's/Colleague] Benefit Amount⁺ of \$[XX,XXX]

When is coverage effective and how do I pay?

Once you submit your Benefit Election Form, you and your covered family members are enrolled for coverage with [a/an] [DATE] effective date. Your Critical Illness Insurance coverage will be paid through payroll deduction. Be sure to read the Disclosure Statement for more information including the exclusions and limitations which apply to coverage.

[XYZ Employees/Associates/Members/Colleagues] Please click here to find personalized rates for you, your spouse/[domestic partner] and dependent child(ren).

(MUST BE POSTED WHENEVER RATES ARE SHOWN) 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. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

[Privacy Policy](#)

[Choose Coverage](#)

[* 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.]

[† Provided the [employee/associate/member/colleague] has enrolled for coverage.]

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

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[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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166
LO312247396[exp0613][xCA,CO,FL,HI,NH,NJ,NY]
CI 318.12

Benefit Election Form

Critical Illness
Insurance from MetLife

1 Please select your MetLife Critical Illness Insurance enrollment option below:
o Enroll coverage for yourself

For coverage amounts up to [XX,XXX], enrollment will be guaranteed.

XX,XXX XX,XXX (if you chose GI amount, form takes you to fill-in information)

Other Amount (takes you to drop-down box)

MetLife must approve your application for coverage amounts over XX,XXX*

- [\$40,000]
- [\$50,000]
- [\$60,000]
- [\$70,000]
- [\$80,000]
- [\$90,000]
- [\$100,000]

oDecline 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 If applicable, please select your MetLife Critical Illness Insurance enrollment option below for your spouse[/domestic partner*]:

- oEnroll coverage for your spouse[/domestic partner]
- oDecline coverage for your spouse[/domestic partner]

[XYZ
Employees/Associates/Mem
bers/Colleagues]: your
spouse[domestic partner] is
eligible to receive [50%] or
[100%] of the employee's
benefit amount

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

3 If applicable, 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.

- oEnroll coverage for child(ren)
- oDecline 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)

[XYZ
Employees/Associates/M
embers/Colleagues]:
your child(ren) is eligible
to receive [50%] or
[100%] of the employee's
benefit amount

[XYZ Employees/Associates/Members/Colleagues] Please click here to find personalized rates for you, your spouse/[domestic partner] and dependent child(ren).

(MUST BE POSTED WHENEVER RATES ARE SHOWN) Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

FOR GI ONLY

[By clicking the "Submit" button below, I declare that I am actively at work on the date of this enrollment. If I am not actively at work on the certificate effective date, I understand that coverage will not take effect until I return to actively at work status.][**For the states of CA and NJ please use the language below instead:** By clicking the "Submit" button below, I declare that I am actively at work on the date of this enrollment and that all person 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 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.

FOR GI PLUS ADDITIONAL COVERAGE

I agree that even if my application for additional amounts of Critical Illness Insurance coverage is not approved, I will be enrolled for a minimum amount of coverage. If I chose higher coverage amounts for my spouse[domestic partner] and dependent

child[ren] and they are not approved for higher amounts of coverage, they will be enrolled in the minimum amount of critical illness insurance coverage. I must be enrolled for coverage in order for Dependent(s) (Spouse/Domestic Partner and/or Dependent Child[ren]) to be eligible. [add check box here]

[By clicking the “Submit” button below, I declare that I am actively at work on the date of this enrollment. If I am not actively at work on the certificate effective date, I understand that coverage will not take effect until I return to actively at work status.][**For the states of CA and NJ please use the language below instead:** By clicking the “Submit” button below, I declare that I am actively at work on the date of this enrollment and that all person 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 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/associate/member/colleague] is enrolled for coverage.

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

[MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.]

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Metropolitan Life Insurance Company, New York, NY 10166

L0312247396[exp0613][xCA,CO,FL,HI,NH,NJ,NY]
CI 318.12

Application Page

Hello [First Name],
[XYZ Company][employees/associates/members/colleagues]

Critical Illness Insurance from MetLife

Select a State

To ensure that we provide you personalized, relevant information, please select your state of residence from the drop-down menu.

State of Residence: [List of States] [Submit Button]

To apply for higher amounts of coverage:

- 1) Please print out the application that you downloaded from this personalized enrollment site.
- 2) Complete the application in its entirety. Sign and date at the bottom of the form and send back to MetLife within 30 days from your initial request.
- 3) [Fax the form back to MetLife at the following number: 1-866-268-2621][Mail the form back to MetLife at the following address: MetLife – Critical Illness Service Center, P.O. Box 6120, Scranton, PA 18505-9972].
- 4) MetLife will contact you to let you know the status of your application.
- 5) If your application for additional amount of Critical Illness Insurance coverage is not approved, you will be enrolled for a minimum amount of coverage.

Be sure to read the **Disclosure Statement** for the exclusions, limitations, waiting period and terms applicable to the coverage before electing coverage.

Thank You/Confirmation Page for GI

Hello [First Name],
[XYZ Company][employees/associates/members/colleagues]

Congratulations, you have successfully enrolled for MetLife Critical Illness Insurance by selecting the following amounts:

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

Please call [1 800 GET-MET 8 (1-800-438-6388) Monday through Friday, 8:00 a.m. to 11:00 p.m, EST] and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call [800-855-2880].

Please print and save this page for your records.

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

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[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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.]

L0312247396[exp0613][xCA,CO,FL,HI,NH,NJ,NY]
CI 318.12

Thank You/Confirmation Page for Higher Amounts

Hello [First Name],
[XYZ Company][employees/associates/members/colleagues]

Thank you for applying for MetLife's Critical Illness Insurance. You have selected the following coverage amounts:

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

To finalize the application for higher coverage, you must complete the application form that you downloaded from your personalized enrollment site and return it to MetLife within 30 days from your initial request.

If your application for additional amounts of Critical Illness Insurance coverage is not approved, you will be enrolled for a minimum amount of coverage.

Please call 1 800 GET-MET 8 (1-800-438-6388), Monday through Friday, 8:00 a.m. to 11:00 p.m, EST and a MetLife Customer Service Representative will be happy to assist you. Individuals with a TTY may call 800-855-2880.

Please print and save this page for your records.

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

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L0312247396[exp0613][xCA,CO,FL,HI,NH,NJ,NY]

CI 318.12

Kick-Off (Poster)

MetLife Critical Illness Insurance

Protect your financial safety net!

Critical Illness Insurance from **MetLife** is designed to give [XYZ COMPANY][employees/associates/members/colleagues] the peace of mind needed to concentrate on recovery instead of finances.

[COMING SOON / [OPEN/SPECIAL/LIMITED/ONE-TIME] ENROLLMENT] OR [OPEN/SPECIAL/LIMITED/ONE-TIME] ENROLLMENT HAS BEGUN]

Enrollment Period:

[Date] to [Date]

[MetLife Critical Illness Insurance Personalized URL][MetLife MyBenefits Website][XYZ Company] Enrollment Site]:

[When: On-site Date and Time]

[Where: On-site Location]

Questions?

Please call [1 800 GET-MET 8 (1-800-438-6388)] to speak with a MetLife Critical Illness Insurance Customer Service Representative Monday through Friday, 8 am to 11 pm, EST] and a MetLife Critical Customer Service Representative will be happy to assist you. Individuals with a TTY may call 800-855-2880.

**[This is a solicitation for insurance.
A MetLife Representative may contact you.]**

MetLife's Critical Illness Insurance is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

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 preexisting condition exclusion. There is a benefit suspension period between recurrences of the same covered condition. 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 time of enrollment. Please contact MetLife for more information.

L0312244856[exp0613][xCA,CO,FL,HI,NH,NJ,NY]
CI 319.12

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SERFF Tracking Number: META-128235741 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-7
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Insurance Advertisement
 Project Name/Number: CI311.12/NY12-7

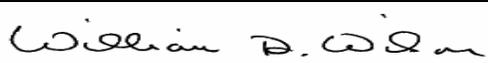
Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	04/05/2012
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	04/05/2012
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	04/05/2012
Comments:	L-A&H NAIC Transmittal Document 1-1-2009		
Attachment:	L-A&H NAIC Transmittal Document 1-1-2009.pdf		

12.	Filing Submission Date	April 4, 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>Arizona</u>	
Print Name	<u>William D. Wilson</u> Title <u>Contract Analyst</u>
Signature	<u></u> Date: <u>April 4, 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	Coming Soon First Email	CI311.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Email			
02	Reminder Email	CI312.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Email			
03	Coming Soon Intranet	CI313.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Intranet			
04	Kick Off Flyer	CI314.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Flyer			
05	Kick Off Intranet	CI315.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Intranet			
06	Kick Off Newsletter	CI316.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Newsletter			
07	Kick Off Personalized PURL	CI317.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Email			
08	Kick Off Personalized PURL	CI318.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Enrollment Site			
09	Kick Off Poster	CI319.12	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Poster			

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