

SERFF Tracking Number: META-128267463 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-23 JD (CC)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Group Accident & Health Insurance
 Project Name/Number: GCERT10-CI-sched-3/NY12-23 JD

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident & Health Insurance SERFF Tr Num: META-128267463 State: Arkansas

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

Sub-TOI: H07G.001 Critical Illness Co Tr Num: NY12-23 JD (CC) State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Disposition Date: 04/17/2012

Authors: Sandra Bennett, Ruth Rivera, Linda Williams, Cherise Crittenden, Andrea DeAlmeida

Date Submitted: 04/16/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: GCERT10-CI-sched-3

Project Number: NY12-23 JD

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Trust, Other

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Explanation for Other Group Market Type:

Labor Unions

Filing Status Changed: 04/17/2012

State Status Changed: 04/17/2012

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: Cherise Crittenden

Filing Description:

Please see our cover letter.

State Narrative:

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Company and Contact

Filing Contact Information

John ("Jack") David, Mgr.-Contract Compliance jdavid1@metlife.com
 LTC

MetLife 212-578-5954 [Phone]
 1095 Avenue of the Americas 212-578-3874 [FAX]
 New York, NY 10036-6796

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? Yes
 Fee Amount: \$650.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 12 = \$600.00
 \$50.00 per rate = \$50.00
 Total \$650.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$650.00	04/16/2012	58011648

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/17/2012	04/17/2012

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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	Filing Letter	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Form	Approved-Closed	Yes
Supporting Document	Red Lined Certificates	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Certificate Insert	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Rate	Rate Manual Pages	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GCERT10-CI-sched-3

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/17/2012	GPA12-CI-fp-2	Certificate Amendmen t, Insert	Certificate Insert	Initial		51.000	01 GCERT10-CI-fp-2 [NW].pdf
Approved-Closed 04/17/2012	GCERT10-CI-sched-3	Certificate Amendmen t, Insert	Certificate Insert	Initial		68.000	02 GCERT10-CI-sched-3 [NW].pdf
Approved-Closed 04/17/2012	GCERT10-CI-def-3	Certificate Amendmen t, Insert	Certificate Insert	Initial		51.000	03 GCERT10-CI-def-3 [NW].pdf
Approved-Closed 04/17/2012	GCERT10-CI-bene-3	Certificate Amendmen t, Insert	Certificate Insert	Initial		56.000	04 GCERT10-CI-bene-3 [NW].pdf
Approved-Closed 04/17/2012	GCERT10-CI-bene-eb-3	Certificate Amendmen t, Insert	Certificate Insert	Initial		60.000	05 GCERT10-CI-bene-eb-3 [NW].pdf

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Approved- Closed 04/17/2012	GCERT10- CI-wopr-3	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Certificate Insert	Initial	55.000	06 GCERT10- CI-wopr-3 [NW].pdf
Approved- Closed 04/17/2012	GCERT10- CI- excl/proof-3	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Certificate Insert	Initial	53.000	07 GCERT10- CI-exclproof-3 [NW].pdf
Approved- Closed 04/17/2012	GCERT10- CI-wp-2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Certificate Insert	Initial	56.000	08 GCERT10- CI-wp-2 [NW].pdf
Approved- Closed 04/17/2012	GCERT10- CI-prex-2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Certificate Insert	Initial	51.000	09 GCERT10- CI-prex-2 [NW].pdf
Approved- Closed 04/17/2012	GCERT10- CI-dr2ml-3	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Certificate Insert	Initial	54.000	10 GCERT10- CI-dr2ml-3 [NW].pdf
Approved- Closed 04/17/2012	GCERT10- CI-coi- eport-2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Certificate Insert	Initial	51.000	11 GCERT10- CI-coi-eport-2 [AR].pdf
Approved-	GPA12-CI-	Policy/Cont Policy Amendmen t	Policy Policy Amendment	Initial	51.000	12

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[NW].pdf



**METROPOLITAN LIFE INSURANCE COMPANY
[200 PARK AVENUE, NEW YORK], NEW YORK [10166-0188]**

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company (“MetLife”), a stock company, certifies that You [and Your Dependents] are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	[Any Company]
Group Policy Number:	[XXXXXXXXXX]
[Employee Name:	[John Doe]
Employee Number:	12345678
Effective Date of Insurance:	December 1, 2010]
[MetLife Toll Free Number(s):	
For Claim Information	1-800-XXX-YYYY
For General Information	1-800-XXX-YYYY]
[MetLife Email Address	www.metlife.com]

[We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your Enrollment Form. Your Enrollment Form is part of Your Certificate.]

Notice to Buyer: This is a critical illness insurance Certificate. Subject to the provisions of this Certificate, including limitations, exclusions and submission of Proof of a Covered Condition, this Certificate provides a limited benefit in the event You are Diagnosed with certain specified diseases[, or have certain surgical procedures performed]. Benefits provided are a supplement, and not a substitute for, Medical Coverage. You should have Medical Coverage when You enroll for this insurance.

[WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICES(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.]

SCHEDULE OF INSURANCE

This schedule shows the benefits that You have selected under the Group Policy. [You and Your Dependents will only be insured for benefits:

- for which You and Your Dependents become and remain eligible; and
- which are in effect under the Group Policy and this Certificate.

BENEFIT AMOUNT[‡]

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

MAJOR ORGAN TRANSPLANT BENEFIT AMOUNT

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

TOTAL BENEFIT AMOUNT

For You	[\$2,000 - \$1,000,000]*
For Your Spouse or Domestic Partner	[\$2,000 - \$1,000,000]*
For Your Dependent Child	[\$2,000 - \$1,000,000]

*BENEFIT REDUCTION DUE TO AGE

The Benefit Amount for You is reduced to:

- [**\$750 - \$375,000**] on the first of the month coincident with or next following the date You reach age 65; and
- [**\$500 - \$250,000**] on the first of the month coincident with or next following the date You reach age 70.

The Total Benefit Amount for You is reduced to:

- [**\$1,500 - \$750,000**] on the first of the month coincident with or next following the date You reach age 65; and
- [**\$1,000 - \$500,000**] on the first of the month coincident with or next following the date You reach age 70.

The Benefit Amount for Your Spouse or Domestic Partner is reduced to:

- [**\$750 - \$375,000**] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 65; and
- [**\$500 - \$250,000**] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 70.

The Total Benefit Amount for Your Spouse or Domestic Partner is reduced to:

- [**\$1,500 - \$750,000**] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 65; and
- [**\$1,000 - \$500,000**] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 70.

[‡]For Covered Conditions other than Major Organ Transplant.

SCHEDULE OF INSURANCE (continued)

BENEFITS FOR COVERED CONDITIONS

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	[50%-100%] of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	[50%-100%] of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	[12.5%-25%] of Benefit Amount
Heart Attack	100% of Benefit Amount	[50%-100%] of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	[50%-100%] of Benefit Amount]
Listed Conditions	25% of Benefit Amount	NONE**

**There may be a Recurrence Benefit for an Occurrence of rabies. Please see the RECURRENCE BENEFIT section of this Certificate for details.

Waiting Period: [30-90] days for Partial Benefit Cancer and Full Benefit Cancer
30 days for all other Covered Conditions]

IMPORTANT NOTE: This Certificate contains certain Proof requirements, exclusions, limitations and other provisions that may reduce benefits or prevent [a Covered Person] from receiving any benefits under this Certificate. PLEASE READ YOUR ENTIRE CERTIFICATE CAREFULLY.

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

[Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time or a Part-Time basis. This must be done at:

- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.]

[Activities of Daily Living means any of the following:

- Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Dressing: putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- Transferring: moving into or out of a bed, chair or wheelchair,
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- Contenance: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.]

[Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- anosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).]

Benefit Amount means the amount We use to determine the benefit payable for a Covered Condition.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the [180-365] day period following the date a Covered Condition, for which this Certificate pays a benefit, Occurs [with respect to a Covered Person].

Board Certified means a Physician has received certification in the appropriate medical specialty by [a member board of the American Board of Medical Specialties].

Certificate means this Certificate including any riders attached to it.

DEFINITIONS (continued)

[Clinical Diagnosis means a Diagnosis of Partial Benefit Cancer or Full Benefit Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Partial Benefit Cancer or Full Benefit Cancer only if the following conditions are met:

- under generally accepted medical standards, a pathological Diagnosis cannot be made because it would be medically inappropriate or life-threatening;
- medical diagnostic testing supports the Diagnosis; and
- a Physician who is a Board Certified oncologist is treating the Covered Person for Partial Benefit Cancer or Full Benefit Cancer.]

[Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.]

[Coronary Artery Bypass Graft means the undergoing of open heart Surgery performed by a Physician who is a Board Certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a Physician who is a Board Certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique.]

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

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

[Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.]

[Dependent means Your Spouse, Domestic Partner and/or Dependent Child.]

DEFINITIONS (continued)

[Dependent Child means the following:

Your biological, adopted, or step child who is [at least **[1-15]** days old,] under age **[18-26]**, unmarried and supported by You; and

Your biological, adopted or stepchild between ages **[18-25]** and **[19-26]** who is:

- unmarried;
- supported by You;
- not employed on a full-time basis; and
- a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The term does not include an unborn or stillborn child, or any person who;

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside of the United States for more than **[6-48]** consecutive months; or
- is insured under the Group Policy as an employee.

A person cannot be insured as a Dependent Child of more than one employee under the Group Policy. Your adopted child will not be a Dependent Child prior to the date the child is placed in Your home for adoption.]

[Dependent Insurance means insurance under this Certificate for Your Dependents.]

Diagnosis means the establishment of a Covered Condition by a Physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

[Disabled or Disability means that, solely due to a Covered Condition for which We have paid a benefit under this Certificate:

- while You are unemployed, You become and remain continuously unable to perform two or more Activities of Daily Living; or
- while You are employed, You become and remain continuously unable to perform any work for pay or benefits for which You are or become reasonably fitted by Your education, training or experience.]

DEFINITIONS (continued)

[Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 - 18 years of age or older;
 - unmarried;
 - the sole domestic partner of the other;
 - sharing a primary residence with the other;
 - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and signed by the employee.

The term "Domestic Partner" does not include any person who:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside the United States for more than **[6-48]** consecutive months.

No person can be insured under the Group Policy as both an employee and as a Domestic Partner.]

[Enrollment Form means the Written form provided by Us that You use to enroll for insurance under the Group Policy, including any amendments thereto.]

First Occurs or **First Occurrence** means[, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.]

DEFINITIONS (continued)

[Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician who is Board Certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- Surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.]

[Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.]

[Geriatrician means a Physician specializing in the assessment and treatment of elderly people. The Physician must be Board Certified in geriatric medicine by the American Board of Geriatric Medicine.]

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means [the employer named on the first page of this Certificate.]

[Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.]

[Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for Diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine and major surgery;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Hospitalized means:

- admission for inpatient care in a Hospital;
- receipt of care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receipt of the following treatment, wherever performed:
 - chemotherapy;
 - radiation therapy; or
 - dialysis.]

Initial Benefit means the benefit, as specified in the Schedule of Insurance, that We will pay for a Covered Condition that First Occurs while coverage is in effect under this Certificate.

DEFINITIONS (continued)

[Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a Physician who is a Board Certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such Physician to continue for at least 6 months; or
- a kidney transplant.]

[Listed Condition or Listed Conditions means any of the following diseases:

- Addison's disease (adrenal hypofunction);
- amyotrophic lateral sclerosis (Lou Gehrig's disease);
- cerebrospinal meningitis (bacterial);
- cerebral palsy;
- cystic fibrosis;
- diphtheria;
- encephalitis;
- Huntington's disease (Huntington's chorea);
- Legionnaire's disease;
- malaria;
- multiple sclerosis (definitive diagnosis);
- muscular dystrophy;
- myasthenia gravis;
- necrotizing fasciitis;
- osteomyelitis;
- poliomyelitis;
- rabies;
- sickle cell anemia (excluding sickle cell trait);
- systemic lupus erythematosus (SLE);
- systemic sclerosis (scleroderma);
- tetanus; and
- tuberculosis.]

[Lodging means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee.]

[Major Organ Transplant means:

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

DEFINITIONS (continued)

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Medical Coverage means coverage under Medicare or an insurance policy, health maintenance organization contract, or employer's plan of self-insurance providing benefits for hospital, surgical and medical expenses or treatment. Medical Coverage does not include Medicaid.

[Neurologist means a Physician who specializes in the diagnosis and treatment of disorders of the nervous system and who is Board Certified by the American Board of Psychiatry and Neurology, Inc.

Neuropsychologist means a psychologist who has completed special training in the neurological causes of brain disorders and who specializes in diagnosing and treating these illnesses using a predominantly medical approach and is Board Certified by the American Board of Professional Neuropsychology.]

Occurs or Occurrence means:

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

[Part-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 20 hours per week.]

[Partial Benefit Cancer means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that Surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who is Board Certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.]

DEFINITIONS (continued)

Physician means an individual who has received a degree of doctor of medicine (M.D.), or doctor of osteopathy (D.O.), and is acting within the scope of a valid license issued in the United States to Diagnose a Covered Condition or to perform the services required for a Covered Condition for which a claim is made. A Physician is not:

- You,
- Your [S]pouse[, Your Domestic Partner] or anyone to whom you are related by blood or marriage;
- anyone with whom you are residing;
- Your adopted or step-child;
- anyone with whom You share a business interest; or
- Your employee.

Practitioner of the Healing Arts means any person who holds a valid license in the United States to engage in the diagnosis or treatment of disease or any ailment of the human body.

[Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.]

Proof means Written evidence satisfactory to us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Recur or Recurrence means:

- [with respect to Coronary Artery Bypass Graft:
 1. an Occurrence of Coronary Artery Bypass Graft if We have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.
- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after We have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after We have already paid an Initial Benefit for the First Occurrence of Stroke.
- with respect to Listed Conditions:
 1. an Occurrence of rabies if We have already paid an Initial Benefit for a previous Occurrence of rabies.]

DEFINITIONS (continued)

[Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.]

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

[Spouse means Your lawful spouse. The term does not include any person who:

- is serving in the armed forces, or auxiliary units of the armed forces, of any country;
- lives outside the United States for more than **[6-48]** consecutive months; or
- is insured under the Group Policy as an employee.]

[Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which result in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extra-cranial source.]

[Supplemental Benefit(s) are the following:

- Health Screening Benefit;
- Lodging Benefit;
- Transportation Benefit;
- Evaluation Benefit; and
- NCI Cancer Center Benefit.]

Surgery means a procedure performed by a Physician involving the cutting of [the Covered Person's] skin or tissue that in and of itself is intended to be curative or palliative. Surgery does not include endoscopic procedures.

[TNM Staging means the classification standards for cancer developed by the American Joint Committee on Cancer.]

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

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

DEFINITIONS (continued)

[Treatment Center] means any of the following medical facilities where a Covered Person may receive treatment and which is located outside of a 100-mile radius of the Covered Person's Primary Residence:

- Hospital;
- radiation therapy center;
- chemotherapy center;
- oncology clinic; or
- specialized free-standing treatment center.]

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means [an employee] who is insured under the Group Policy for the insurance described in this Certificate.

CRITICAL ILLNESS BENEFITS FOR [ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, KIDNEY FAILURE, MAJOR ORGAN TRANSPLANT AND STROKE]

If any of the following Covered Conditions First Occurs for [a Covered Person], while [such Covered Person is] insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more [with respect to any Covered Person] than the Total Benefit Amount shown in the Schedule of Insurance.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occur [for a Covered Person] while [such Covered Person is] insured under this Certificate:

1. [Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Kidney Failure;
6. Major Organ Transplant; or
7. Stroke].

Payment of this benefit reduces the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

[CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for a Covered Person, while such Covered Person is insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more with respect to any Covered Person than the Total Benefit Amount shown in the Schedule of Insurance.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a Covered Person while such Covered Person is insured under this Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.]

[CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

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

100% of the Major Organ Transplant Benefit Amount is payable for Major Organ Transplant that First Occurs for a Covered Person while coverage is in effect under this Certificate.

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

Payment of this benefit does not reduce the Total Benefit Amount.]

RECURRENCE BENEFIT

We will pay the Recurrence Benefit shown in the Schedule of Insurance for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; [and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless [the Covered Person has] not, for a period of [**30-180**] days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.]

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

REDUCTION ON ACCOUNT OF PRIOR CLAIMS PAID

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

SUPPLEMENTAL BENEFITS

[HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while such Covered Person is insured under this Certificate and after Your insurance has been in effect for [1-12] months, We will pay a Health Screening Benefit upon submission of Proof that such measure was taken. When We receive such Proof, We will review it, and if We approve the claim, We will pay a Health Screening Benefit of [\$50-\$200].

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;

HEALTH SCREENING BENEFIT (continued)

- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

We will only pay one Health Screening Benefit per Covered Person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.]

[LODGING BENEFIT

If the Covered Person is Diagnosed with a Covered Condition and if the conditions of this provision are met, the Covered Person will be eligible for the Lodging Benefit. If the Covered Person receives treatment for the Covered Condition at a Treatment Center, while such Covered Person is insured under this Certificate and after Your insurance has been in effect for [1-12] months], We will pay the following benefit, subject to the limitations below:

- We pay \$[60-100] per day, up to a maximum of [60-180] days per calendar year, when a Covered Person stays in a Lodging while receiving treatment.

Limitations:

- We 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.
- You must submit Proof that the treatment was received.
- You must submit Proof that the Covered Person incurred an expense for staying at a Lodging.

Payment of this benefit will not reduce the Total Benefit Amount.]

[TRANSPORTATION BENEFIT

If the Covered Person is Diagnosed with a Covered Condition and if the conditions of this provision are met, the Covered Person will be eligible for the Transportation Benefit. If the Covered Person receives treatment at a Treatment Center for the Covered Condition, while such Covered Person is insured under this Certificate and after Your insurance has been in effect for [1-12] months, We will pay the following benefit, subject to the limitations below:

- We will pay \$[0.25-1.00] per mile for a maximum of \$[1,000-2,500] per round trip, up to a maximum of \$5,000 per calendar year, for the Covered Person receiving benefits for the related Covered Condition. Mileage is measured from the Covered Person's Primary Residence to the Treatment Center.

Limitations:

- We will not pay more than \$5,000 in any calendar year for the Transportation Benefit.
- You must submit Proof that the treatment was received.

Payment of this benefit will not reduce the Total Benefit Amount.]

EVALUATION BENEFIT

For purposes of this section:

Evaluation Center means a facility that is:

- licensed or certified under the laws where it is located to provide diagnostic services for the Covered Condition for which evaluation is sought; and
- which has been recognized by the Group Policyholder in Writing as an evaluation center for purposes of the Evaluation Benefit].

If [a Covered Person is] Diagnosed with a Covered Condition [other than Listed Conditions], and if the conditions of this provision are met, [that Covered Person] will be eligible for the Evaluation Benefit. If [a Covered Person] receive[s] an evaluation at an Evaluation Center while [such Covered Person is] insured under this Certificate [and after Your insurance has been in effect for [1-12] months,] We will pay the following benefit, subject to the limitations below:

- \$[500-1,000] for the evaluation or consultation; and
- \$[250-500] if the Evaluation Center is more than 100 miles from [the Covered Person's] Primary Residence.

Limitations:

- This benefit is limited to one payment for each Initial Benefit or Recurrence Benefit received by [the Covered Person] for any Covered Condition [other than Listed Conditions] and only if an evaluation is received by [the Covered Person].
- We will only pay this benefit if We have already paid an Initial Benefit or Recurrence Benefit for the Covered Condition for which [the Covered Person is] receiving an evaluation.
- You must submit Proof that the evaluation was received.
- We will not pay for benefits under this section for more than [1-5] evaluations [per Covered Person] while coverage is in effect under this Certificate.

Payment of this benefit will not reduce the Total Benefit Amount.

WAIVER OF PREMIUMS

If You become Disabled while you are under age 70 and insured under this Certificate, and You remain Disabled continuously for [90-365] days, Proof of your Disability must be sent to us in order to submit a claim for Waiver of Premium. Such Proof must be sent to us during the [90-365] day period that follows the [ninetieth – three hundred sixty-fifth] day of Your continuous Disability or You will not be eligible for Waiver of Premiums. As part of such Proof, We may choose a Physician to examine You to verify that You are Disabled. If We do so, We will pay for such exam.

When we receive such Proof, we will review the claim and if we approve it, we will waive the premiums due for You and Your Dependents starting with the first premium that becomes due on or after the date You have been Disabled continuously for [90-365] days, subject to the following:

- We will not waive premiums for any period during which You are not under the care of a Physician for the Covered Condition that causes Your Disability;
- We will not waive premiums if you do not remain insured during the first [90-365] days of continuous Disability either under this Certificate [or under a certificate issued to You pursuant to the PORTABILITY OF COVERAGE section]; and
- We will not waive premiums if Your Disability is not solely caused by a Covered Condition for which We have paid a benefit under this Certificate.

If We waive any premium under this provision that has already been paid to Us, We will return the premium to whomever paid it to Us.

To verify that You continue to be Disabled without interruption after Our initial approval, We may periodically ask You to send Us Proof that You continue to be Disabled.

We will continue to waive premiums under this provision until the earliest of:

- the date You are no longer Disabled;
- Your seventieth birthday;
- the date You fail to send us Proof that You continue to be Disabled as required under this provision;
- [[1-5] years from the date We first began to waive premiums;] or
- the date Your insurance under this Certificate ends.

IMPORTANT NOTICE

[On the date Your insurance ends, We will not know whether You will be able to satisfy the Disability and Proof requirements specified above. For this reason, We urge You to consider taking the following steps:

Step 1 When Your insurance ends, ask the Group Policyholder if such insurance will be continued with premium payment by the Group Policyholder. If the answer is yes, ask if such continuation will be for at least [90-365] days. If the answer is yes, file a claim for Waiver of Premiums under this section at the end of [90-365] days of continuous Disability.

If the Group Policyholder will not continue insurance as described in Step 1, proceed to Step 2.

WAIVER OF PREMIUMS (continued)

Step 2. Read the section[s] titled [PORTABILITY OF COVERAGE and] CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. You may have the option to continue your insurance under the Group Policy [or under another policy issued by us for people exercising their portability option].

If the Group Policyholder does not continue Your insurance as described in Step 1 and You do not continue your insurance as described in Step 2 You will not be eligible for Waiver of Premiums because You will not have been continuously insured during the first **[90-365]** days of Disability.]

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS

[Alzheimer's Disease

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not diagnosed as Alzheimer's Disease.]

[Coronary Artery Bypass Graft

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).]

[Full Benefit Cancer

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

- any condition that is Partial Benefit Cancer;
- 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 cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.]

[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 cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.]

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS (continued)

[Major Organ Transplant

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.]

[Stroke

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.]

[Listed Conditions

We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.]

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION

[Alzheimer's Disease

Proof of Alzheimer's Disease requires a Diagnosis made in Writing by a Neurologist, Geriatrician, or Neuropsychologist and supported by all of the following:

- formal neuropsychological testing performed by a Neuropsychologist confirming dementia;
- laboratory tests have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease; and
- magnetic resonance imaging, computerized tomography or other reliable imaging techniques that have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease.

The Covered Condition for Alzheimer's Disease will be deemed to Occur on the date that the Diagnosis of Alzheimer's Disease is made and all other etiologies have been ruled out.]

[Coronary Artery Bypass Graft

Proof of Coronary Artery Bypass Graft requires submission of medical records evidencing that the Coronary Artery Bypass Graft:

- was determined to be medically necessary by a Physician who is Board Certified in cardiology;
- was supported by pre-operative angiographic evidence; and
- has been performed.

The Covered Condition for Coronary Artery Bypass Graft will be deemed to Occur on the date that the Coronary Artery Bypass Graft is performed.]

[Full Benefit Cancer

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Full Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissues or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Full Benefit Cancer will be deemed to Occur upon the date that the Diagnosis of Full Benefit Cancer is made.]

[Partial Benefit Cancer

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Partial Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissue or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Partial Benefit Cancer will be deemed to Occur upon the date the Diagnosis of Partial Benefit Cancer is made.]

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION (continued)

[Heart Attack

Diagnosis of Heart Attack must be made in Writing by a Physician and supported by medical records showing an elevation of enzymes, troponins or other biochemical cardiac markers, and two of the three following criteria associated with the Heart Attack for which a claim is being made:

1. typical chest pain characteristic of an acute myocardial infarction, requiring the Covered Person to be Hospitalized as an inpatient;
2. electrocardiograph (EKG) changes on one or a series of electrocardiograms taken at the time the Covered Person experiences the Heart Attack for which a claim is being made, which changes are indicative of an acute myocardial infarction, but, if the Covered Person had any prior electrocardiogram(s), the electrocardiogram(s) presented as Proof of Heart Attack must show changes from the Covered Person's last electrocardiogram, and such changes must be indicative of an acute myocardial infarction; or
3. confirmatory imaging studies such as thallium scans, or echocardiograms indicative of an acute myocardial infarction, but, if the Covered Person had any prior imaging studies, the imaging studies presented as Proof of Heart Attack must show changes from the Covered Person's last imaging studies, which changes must be indicative of a myocardial infarction.

The Covered Condition for Heart Attack will be deemed to Occur on the date the Diagnosis of Heart Attack is made.]

[Kidney Failure

Diagnosis of Kidney Failure must be made in Writing by a Physician who is Board Certified in nephrology, and must be supported by medical records. The Covered Condition for Kidney Failure will be deemed to Occur on the date the Diagnosis of Kidney Failure is made.]

[Major Organ Transplant

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

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

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

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

[Stroke

Diagnosis of Stroke must be made in Writing and be based upon medical records indicating objective evidence of significant neurological impairment that is functional, measurable and permanent as demonstrated by magnetic resonance imaging, computerized tomography or other reliable imaging techniques. Such neurological impairment must be confirmed in Writing no earlier than 30 days after the cerebrovascular accident or incident by a Physician who is Board Certified in neurology and be based upon objective evidence of significant neurological, motor or sensory impairment, which impairment must be present on the date that such Written confirmation is made. The Covered Condition for Stroke will be deemed to Occur on the date the Diagnosis of Stroke is made.]

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION (continued)

[Listed Conditions

Diagnosis of a Listed Condition must be made in Writing by a Physician and must be supported by medical records. The Covered Condition for a Listed Condition will be deemed to Occur on the date the Diagnosis of a Listed Condition is made.]

[LIMITATIONS (CONTINUED)]

WAITING PERIOD

On the date [a Covered Person's] insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if [the Covered Person]:

- experience[s] a Covered Condition during the waiting period; [or
- exhibit[s] symptoms, or any medical or physical conditions, during the waiting period 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.]

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void [with respect to a Covered Person] if [the Covered Person]:

- experience[s] a Covered Condition during the waiting period; [or
- exhibits symptoms, or any medical or physical conditions, during the waiting period 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 any insurance that is voided under this provision will be returned to You without interest[, except if Your Dependent Child is the Covered Person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, Contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under this Certificate. If You are the Covered Person whose insurance is void under this provision, and as a result You no longer have any insurance in effect under the Group Policy, insurance for Your Dependents will also be void.]

If a claim for a Covered Condition[, other than Full Benefit Cancer or Partial Benefit Cancer,] is denied under this *Waiting Period* provision, at Your option, We will exclude that Covered Condition and insurance that would otherwise be void under this *Waiting Period* provision will not be void. In order for You to exercise this option, You must notify Us in Writing within 30 days after We notify You that Your claim is denied under this *Waiting Period* provision.

[If a claim for Full Benefit Cancer or Partial Benefit Cancer is denied under this *Waiting Period* provision, at Your option, insurance that would otherwise be void under this *Waiting Period* provision will not be void and any subsequent Occurrence of a Separate & Unrelated Full Benefit Cancer or a Separate & Unrelated Partial Benefit Cancer will be treated as a First Occurrence.]

The length of the waiting period is shown in the Schedule of Insurance.

PREEXISTING CONDITION EXCLUSION

Preexisting Condition means a sickness or injury for which, in the [3-12] months before [a Covered Person] become[s] insured under this Certificate, or before any Benefit Increase with respect to [such Covered Person]:

- 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 Covered Conditions that are caused by or result from a Preexisting Condition if the Covered Condition Occurs during the first [3-12] months that [a Covered Person is] insured under this Certificate.

With respect to a Benefit Increase, We will not pay benefits for such Benefit Increase for Covered Conditions that are caused by or result from a Preexisting Condition if such Covered Condition Occurs during the first [3-12] months after such increase in the Total Benefit Amount.

[This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.]

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER GROUP CRITICAL ILLNESS INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER

The Group Policy is replacing another policy of group critical illness insurance that was issued to the Group Policyholder. This section explains how the replacement of that other group critical illness insurance policy will affect people who were covered under that policy.

In this section, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group critical illness insurance that was replaced by the New Policy.

[Each Covered Person who was insured under the Old Policy on the date that it ended and who is eligible for insurance under the New Policy] will be:

- insured under the New Policy on the date it takes effect; and
- credited for the time [such Covered Person] had been continuously insured under the Old Policy on the date it ended in determining:
 1. whether a Covered Condition is a Preexisting Condition under the Preexisting Condition Exclusion in this Certificate;
 2. the length of time insurance has been in effect for the purpose of determining whether the requirements for payment of Supplemental Benefits have been met;
 3. whether a Covered Condition is subject to the Benefit Suspension Period in this Certificate;and
 4. whether a Covered Condition is subject to the Waiting Period in this Certificate.]

To the extent that benefits were paid under the Old Policy with respect to [a Covered Person] for any Covered Condition:

- if that Covered Condition Occurs under the New Policy, it will be treated as a Recurrence provided that there is a Recurrence Benefit available under the New Policy for such Covered Condition; and
- the Total Benefit Amount with respect to [such Covered Person] under this Certificate will be reduced.

[The form that was used to enroll a Covered Person for insurance under the Old Policy will be used as the Enrollment Form for such Covered Person under the New Policy.]

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT [FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law, if such Dependent Child developed such physical or mental handicap prior to the attainment of age 19 and is chiefly dependent upon You for support and maintenance. Notice of such handicap must be sent to Us at Your expense, We may require Proof of such handicap at reasonable intervals while such handicap continues.

Except as stated in the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.]

FOR FAMILY AND MEDICAL LEAVE

[Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.]

[AT THE GROUP POLICYHOLDER'S OPTION

The Group Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. This election applies to Class 1 employees as defined in the section titled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU. If Your insurance is continued, You may also continue Dependent Insurance.

Insurance will continue for the following periods:

- for the period You cease Active Work in an eligible class due to injury or sickness, up to [1 – 60] months;
- for the period You cease Active Work in an eligible class due to part-time work, layoff or strike, up to [1 – 60] months;
- for the period You cease Active Work in an eligible class due to any other Group Policyholder approved leave of absence, up to [1 – 60] months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at that time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at that time, Your employment will be considered to end and Your insurance will end in accordance with the *Date Your Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.]

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (CONTINUED)

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as “Continued Insurance”. Evidence of insurability will not be required to obtain Continued Insurance. [If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance.] For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as “Group Billed Insurance”.

You may obtain Continued Insurance for You [and for Your Dependents] by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- [Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder.]

REQUEST PERIOD

To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

PREMIUMS FOR CONTINUED INSURANCE

The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the Employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

END OF CONTINUED INSURANCE

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- [the date the Total Benefit Amount has been paid for You;]
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made; [or]
- if the Group Policy ends, the date You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder[;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason;
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent; [or]
- with respect to a Dependent's insurance, the date the Total Benefit Amount has been paid for that Dependent].

[If Your insurance ends, Your Dependent Insurance will also end in accordance with the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.]

[IF YOU ARE DISABLED ON THE DATE YOUR EMPLOYMENT ENDS

If You are Disabled on the date Your employment ends and You elect to continue your insurance under this CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section, You may at a later date become approved to have Your premiums waived under the *Waiver of Premiums* provision of this Certificate. If You are so approved, all insurance continued under this CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section will end and We will return any premiums paid to whomever paid them for such insurance.]



Metropolitan Life Insurance Company
[200 Park Avenue,] New York, New York [10166-0188]

POLICY AMENDMENT

Group Policy No.: [XXXXXX]

Policyholder: [AnyCompany]

Effective Date: [April 1, 2012]

Metropolitan Life Insurance Company ("MetLife"), a stock company, issues this amendment to change the following:

Under circumstances described in the Exhibits, [Employees] may be entitled to elect to continue their insurance if this policy ends. If on or after the date the policy would otherwise end there are certificates in effect under which one or more [Employees] have elected to continue their insurance in accordance with the terms and conditions specified in their certificates, this policy will be deemed to continue in effect but only with respect to those [Employees].

This amendment is to be attached to and made a part of the policy. This amendment is subject to the terms and provisions of the policy.

To be completed by the Policyholder:

Signed at: _____
(City) (State)

Date: _____

(Signature of Policyholder's Legal Representative)

(Print Name and Title of Legal Representative)

(Signature of Witness)

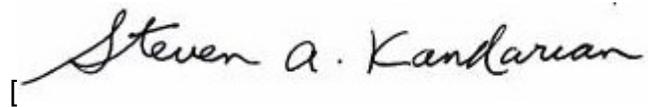
(Print Name of Witness)

To be completed by Metropolitan Life Insurance Company:

Signed at: _____
(City) (State)

Date: _____

(Signature of Authorized MetLife Representative)



Steven A. Kandarian
Chairman, President & CEO]

SERFF Tracking Number: META-128267463 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-23 JD (CC)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Group Accident & Health Insurance
 Project Name/Number: GCERT10-CI-sched-3/NY12-23 JD

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 04/17/2012	Rate Manual Pages	GCERT10-CI	New		Critical Illness Group 31 Rate Manual Section XXXVI(B) - AR_NextGen.pdf

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

I. A. Benefits for Covered Conditions

The group policy provides a lump-sum benefit amount, subject to the terms and conditions of the Group Policy, if a Covered Condition occurs while a Covered Person is insured under the Policy. Coverage, defined as the Benefit Amount, may be available under this form in amounts between \$1,000 and \$500,000.

Depending on the Covered Conditions, benefit paid on First Occurrence varies between 25% and 100% of the Benefit Amount. Benefit paid on Recurrence varies between 0% and 50% of the Benefit Amount. Maximum benefit that may be paid due to Covered Conditions is limited to the Total Benefit Amount, which may be available between \$2,000 and \$1,000,000.

Benefits for Covered Conditions are summarized as follows.

<u>Covered Condition</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Major Organ Transplant*	100% of Benefit Amount	NONE
Listed Conditions	25% of Benefit Amount	NONE**

*Depending on the plan design, Major Organ Transplant may be provided as one of covered conditions or as a rider

**There may be a Recurrence Benefit for an Occurrence of rabies.

Listed Conditions

Addison's disease (adrenal hypofunction)	amyotrophic lateral sclerosis (Lou Gehrig's disease)
cerebrospinal meningitis (bacterial)	cerebral palsy
cystic fibrosis	diphtheria
encephalitis	Huntington's disease (Huntington's chorea)
Legionnaire's disease	malaria
multiple sclerosis (definitive diagnosis)	muscular dystrophy
myasthenia gravis	necrotizing fasciitis
osteomyelitis	poliomyelitis
rabies	sickle cell anemia (excluding sickle cell trait)
systemic lupus erythematosus (SLE)	systemic sclerosis (scleroderma)
tetanus	tuberculosis

B. Supplemental Benefits

The following supplemental benefits may be provided:

- (a) Health Screening Benefit,
- (b) Lodging Benefit,

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

- (c) Transportation Benefit,
- (d) Evaluation Benefit, and
- (e) NCI Cancer Center Benefit.

Payment of the supplemental benefits does not reduce the Total Benefit Amount.

C. Waiver of Premiums Provision

A Waiver of Premiums provision may be provided. Under this provision, if an employee who becomes Disabled and meets the terms and conditions as specified in the Certificate while coverage is in effect, premiums of Covered Persons on the same certificate will be waived.

D. Major Organ Transplant Rider

A Major Organ Transplant may be provided as a rider if the group policyholder chooses to exclude it from the covered conditions. The Major Organ Transplant Benefit Amount will be paid on First Occurrence for a Covered Person while coverage is in effect under this rider. Payment of this benefit does not reduce the Total Benefit Amount.

Coverage may be subject to a waiting period, a benefit suspension period, and/or pre-existing condition exclusions for all Covered Conditions in accordance with the terms of the Group Policy and Certificate.

Coverage may be offered on a non-contributory basis with premiums paid by the group policyholder or on a contributory basis with premiums paid by group certificate holders. Coverage may also be provided for dependent spouses and dependent children of employees.

II. Policies Providing Benefits with Premiums to be Paid by the Group Policyholder

A. Standard Monthly Premium Rates for Employee Coverage

The standard monthly premium rates per \$1,000 of coverage for each group applicable to policyholder paid employee coverage will be computed based on the demographics of the group, the principal industry of employment of the group, the underwriting method, and other relevant factors according to the following algorithm.

- (a) Determine monthly premium rate per \$1,000 of coverage for Covered Conditions

Step a1: Sum the base monthly premiums rate per \$1,000 of coverage for each Covered Conditions, shown in Table XXXVI(B).1 to Table XXXVI(B).9. Name the base monthly premiums rate per \$1000 of coverage for all Covered Conditions as Table A.

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

- Step a2: Multiply the base monthly premium rates Table A from Step a1 by appropriate Underwriting Adjustment Factors shown in Table XXXVI(B).10. Name this adjusted monthly premium rates table as Table B.
- Step a3: Cross multiply Table B from Step a2 with the applicable proposed coverage amounts (in thousands) determined using a complete census of the insured classes of employees or eligible classes of employees provided by the group policyholder. Sum the result obtained for each age and gender cell across all age and gender cells.
- Step a4: Sum the total proposed coverage amounts across the entire census used in Step a3.
- Step a5: Divide the result of Step a3 by the result of Step a4. This is the baseline monthly premium rate per \$1,000 of coverage for Covered Conditions.
- Step a6. Multiply the result of Step a5 by the applicable Waiting Period Adjustment Factor from Table XXXVI(B).11.
- Step a7. Multiply the result of Step a6 by the applicable Pre-existing Condition Exclusion Adjustment Factor from Table XXXVI(B).12.
- Step a8: Multiply the result of Step a7 by the applicable Industry Adjustment Factor from Table XXXVI(B).13.
- Step a9: Based on the ratio between Total Benefit Amount and Benefit amount, determine the Recurrence Benefit Premium Adjustment Factor from Table XXXVI(B).14. Interpolate if necessary. Multiply the result from Step a8 by this factor.
- Step a10: Adjust the result from Step a9 to reflect an increasing trend in claim cost. The premium rate derived from Step a9 will be multiplied by $(\text{Trend Factor})^T$, where T is the elapsed time (measured in years) from 7/1/2007 to the mid-point of the prospective policy period. The applicable Trend Factor is shown in Table XXXVI(B).44 of this section.
- If a particular plan selects both a “0/0” pre-existing condition and a “0” waiting period for the covered conditions, use a single adjustment factor 1.25 instead of the adjustment factors in Table XXXVI(B). 11 and Table XXXVI(B). 12. Follow Step a1-a10, multiply the result of Step a5 by 1.25 and skip Step a6 and Step a7.
- (b) Determine monthly premium rate per \$1,000 of coverage for Supplemental Benefits

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Step b1: Determine annual premiums for the Health Screening Benefit from Table XXXVI(B).15. Interpolate if necessary. Multiply the result by the applicable Waiting Period Adjustment Factor from Table XXXVI(B).16.

Step b2: Determine annual premiums for the Lodging Benefit from Table XXXVI(B).17. Interpolate if necessary.

Step b3: Determine annual premiums for the Transportation Benefit from Table XXXVI(B).18. Interpolate if necessary.

Step b4: Determine annual premiums for the Evaluation Center Benefit from Table XXXVI(B).19. Interpolate if necessary.

Step b5: Determine annual premiums for the NCI Cancer Center Benefit from Table XXXVI(B).20. Interpolate if necessary.

Step b6: Sum the results in Steps b1-b5, then divide by coverage amount (in thousand) and by 12 (twelve). This is the monthly premium rate per thousand for Supplemental Benefits.

Premium rates in Table XXXVI(B).15 to Table XXXVI(B).20 were derived based on typical benefit utilization assumptions. If utilization information of these supplemental benefits is available for a specific group, use the following formula instead of tabular amounts in Table XXXVI(B).15 to Table XXXVI(B).20 in Steps b1-b5.

Annual Premiums = Annual Benefit Amount * Utilization / Pricing Loss Ratio

(c) Determine monthly premium rate per \$1,000 of coverage for Major Organ Transplant benefit if provided as a rider

Step c1: Repeat Steps a1-a10 to determine the monthly premium rate per \$1,000 coverage for the Major Organ Transplant if provided as a rider. Use the monthly premium rates for Major Organ Transplant, Table XXXVI(B).9, instead of Table A in Step a1. Also, skip Step a9 since there is no Recurrence benefit for the Major Organ Transplant rider.

(d) Determine total premium rates per \$1,000 of coverage for all benefits

Step d1: If Major Organ Transplant provided as one of covered conditions, sum premium rates in Steps a10 and b6. If Major Organ Transplant provided as a rider, sum premium rates in Steps a10 and b6 and c1.

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Step d2: If Waiver of Premiums benefit is provided, multiply the results from Step d1 by the Premiums Adjustment Factor from Table XXXVI(B).21.

Step d3: Multiply the results from Step d2 by the Premiums Adjustment Factor from Table XXXVI(B).22 for the number of years with premium rate guarantee. Interpolate if necessary.

Step d4: Multiply the result of Step d3 by the appropriate Volume Adjustment Factor from Table XXXVI(B).23. In determining total annual premiums, premiums for Employee coverage, premiums for dependent spouses coverage (if provided, see Section II.B) and premiums for dependent children coverage (if provided, see Section II.C) are combined.

Step d5: Broker commissions payable in accordance with Table XXXVI(B).45 of this section will be included in the final premium rates if applicable.

Step d6: Round the result of Step d5 to 3 decimal places to determine the final result.

B. Standard Monthly Premium Rates for Dependent Spouses Coverage

Repeat Steps a1-d6 in Section II.A to determine the per \$1,000 monthly premium rates for dependent spouses. Use dependent spouses census, instead of employee census, in Step a3.

In the event a dependent spouses census is not available, an employee census may be used. In such instances, assume that

- 40% of employees have spouses,
- spouse is of the opposite sex of the employee, and
- female spouses are three (3) years younger than male employees, and male spouses are three (3) years older than female employees.

C. Standard Monthly Premium Rates for Dependent Children Coverage

Repeat Steps a1-d6 in Section II.A to determine the per \$1,000 monthly premium rates for dependent children. Use monthly premium rates for Dependent Child, Table XXXVI(B).43, instead of Table A in Step a1, and, use dependent children census instead of employee census, in Step a3. Also skip Step a8 (Industry Adjustment).

If dependent children census is not available, assume 30% of employees have dependent children.

III. Policies Providing Voluntary Benefits with Premiums to be Paid by the Participants

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

A. Monthly Premium Rates for Employee Coverage

Uni-sex rates per \$1,000 of voluntary coverage will be developed by smoking status in 5-year age brackets for each group policy. The premiums charged to Covered Persons will be based on the actual amount of coverage elected by the Covered Person, the Covered Person's attained age, and the Covered Person's smoking status. A schedule of uni-smoker rates may also be available.

A premium schedule of monthly unisex rates per \$1,000 of coverage for each group applicable to voluntary employee coverage will be computed based on the demographics of the group, the principal industry of employment of the group, the underwriting method, and other relevant factors according to the following algorithm.

(a) Determine monthly premium rates per \$1,000 of coverage for Covered Conditions

Step a1: Sum the base monthly premiums rate per \$1,000 of coverage for each Covered Conditions, shown in Table XXXVI(B).24 to Table XXXVI(B).32 . Name the base monthly premiums rate per \$1000 of coverage for all Covered Conditions as Table C.

Step a2: Determine the expected distribution of employee coverage between male and female employees. If a group specific employee census is available, the percentage of males and females within the overall group should be determined directly from the data. If no census is available, the expected overall percentage of male employees should be determined by using the factors in Table XXXVI(B).13 and the Standard Industrial Classification ("SIC") code of the group. The percentage of female employees is then calculated by subtracting the percentage of male employees thus determined from 1.

Step a3: Using the male and female percentages determined in Step a2, blend the male and female non-smoker base rates from Table C from Step a1 within each 5-year age bracket using the following formula:

for each age bracket i
Blended Non Smoker ("NS") Base Rate;
 $= (\% \text{ male}) \times (\text{male NS base rate})_i + (\% \text{ female}) \times (\text{female NS base rate})_i$.

Step a4: Using the male and female percentages determined in Step a2, blend the male and female smoker base rates from Table C from Step a1 within each 5-year age bracket using the following formula:

for each age bracket i
Blended Smoker ("S") Base Rate;
 $= (\% \text{ male}) \times (\text{male S base rate})_i + (\% \text{ female}) \times (\text{female S base rate})_i$.

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Step a5: Adjust the blended 5-yr bracket rates in Step a3 and Step a4 by the appropriate Underwriting Adjustment Factors, as shown in Table XXXVI(B).42, based on anticipated participation rate and underwriting method.

Steps a6-a10: Follow Steps a6-a10 in Section II.A to determine the final monthly premium rates per \$1,000 coverage. In each of the steps, apply adjustments to smoker and non-smoker blended 5-yr bracket rates instead of to a single premium rate as in Section II.A.

(b) Determine monthly premium rates per \$1,000 of coverage for Supplemental Benefits

Follow Steps b1-b6 in Section II.A to determine monthly premium rates per \$1,000 of coverage for Supplemental Benefits.

(c) Determine monthly premium rates per \$1,000 of coverage for Major Organ Transplant if provided as a rider

Follow Step c1 in Section II.A to determine monthly premium rates per \$1,000 of coverage for Major Organ Transplant as a rider.

(d) Determine total premium rates per \$1,000 of coverage for all benefits

Follow Steps d1-d6 in Section II.A to determine the final monthly premium rates per \$1,000 of coverage. In each of the steps, apply adjustments to smoker and non-smoker blended 5-yr bracket rates instead of to a single premium rate as in Section II.A.

When participation level and smoker/non-smoker percentage are needed in estimating total annual premiums or underwriting selection effect, use the current actual participation and non-smoker/smoker percentage for existing groups if credible. For brand new prospects, assume 10%-25 % participation for guaranteed issue cases, 5%-15% for simplified issue cases, and 1%-3% for full underwriting cases. Also assume non-smokers represent 75% of the group, and smokers represent 25% of the group. Underwriters may use discretion in modifying the participation assumption if more reliable information is available for any particular group.

If the group policyholder prefers a uni-smoker rate structure, a schedule of uni-smoker rates can be developed. Smokers and non-smokers rates from Step d6 can be blended based on anticipated smokers/non-smokers participant ratio.

B. Monthly Premium Rates for Dependent Spouses Coverage

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

The steps to compute 5-year bracket rates for dependent spouses are the same as Steps a1-d6 in Section III.A, except the following:

- Use dependent spouses census instead of employee census. If dependent spouses census is not available, use employee census and assume spouses are of the opposite sex of the employees. Also assume 40% of employees have dependent spouses.
- Use Table XXXVI(B).33 to Table XXXVI(B).41 instead of Table XXXVI(B).24 to Table XXXVI(B).32 in Step a1.

C. Standard Monthly Premium Rates for Dependent Children Coverage

Repeat Steps a1-d6 in Section III.A to determine the per \$1,000 monthly premiums for dependent children. Use monthly premium rates for Dependent Child Table XXXVI(B).43 instead of Table C, and, use dependent children census instead of employee census, in Step a3. Also skip Step a8 (Industry Adjustment).

If dependent children census is not available, assume 30% of employees have dependent children.

- IV. For administration ease, premium rates developed in Section III may be expressed in different (but equivalent) forms as follows.

A. Premium rates based on employees' ages

Premium rates developed in Section III are 5-year age bracket rates, separate for employees and dependent spouses, based on the covered person's age. Premium rates for dependent spouses may also be expressed to be based on employees' ages as follows.

If a census of the dependent spouses is available, use the census to determine the average age difference between employees and dependent spouses. Re-bracket dependent spouses age bands to be the same as employees' age bands by interpolating linearly premium rates for dependent spouses at the new age bands based on employees' ages.

If a census for dependent spouses is not available, assume spouses are of the opposite sex of the employees, and that female spouses are three (3) years younger than male employees, and male spouses are three (3) years older than female employees in carrying out the calculations.

B. Premium rates based on number of dependents

Premium rates developed in Section III may also be expressed as 5-year age bracket rates for employee only (i.e., no dependent), employee plus one dependent, employee plus two dependents, and employee plus family (three or more dependents).

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

If a census for dependent spouses and dependent children is available, the census will be used to develop composite rates between dependent spouses and children after translating spouses rates to be based on employees' ages as described in Section IV.A.

If a census is not available, assume the composition of covered persons as follows in developing composite rates for number of dependents.

- employee only: 50%
- employee with dependent spouse: 20%
- employee with dependent children: 10%
- employee with dependent spouse and children: 20%

Also assume 50% of dependent children coverage cases covers one child, and, 50% of dependent children coverage cases covers two or more children.

C. Premium rates blended between different underwriting methods

Coverage may be offered to a covered person on different underwriting basis (e.g., guaranteed issue for the first \$10,000 coverage and full underwriting for the next \$20,000 coverage). Premium rates developed based on different underwriting methods may be blended based on the average coverage amount with respect to each underwriting method for administration ease.

- V. To convert monthly premiums developed in this section to a mode other than monthly, multiply the final rates developed in accordance with this section by the factors from Table XXXVI(B).46 of this rate manual.
- VI. The provisions of a particular employer's plan may call for variations in approved benefit designs not explicitly outlined. Appropriate interpolation or extrapolation methods will be used to determine premium rates for plans or benefits with specifications different from those shown in this section.
- VII. Premium rates may also be adjusted by up to fifteen percent based upon an overall risk and expense assessment of the group. Any such assessment would include such items as insured gender composition, participation, employee turnover, group persistency, relevant claims experience, payroll administration and taxes, included but not limited to the potential imposition of an annual fee on health insurance providers under section 9010 of the United States Patient Protection and Affordable Care Act.
- VIII. When group insurance coverage not presently in force with MetLife is transferred to MetLife from another carrier, the premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with the prior carrier to the extent that such carrier's experience data is reliable and credible. The

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

completeness, format, and consistency of all available information will be considered in determining the reliability of the prior carrier's experience.

- IX. This coverage may be subject to prospective experience rating. The premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with MetLife.

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).1 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Full Benefit Cancer

Age	Male	Female	Age	Male	Female
17	0.019	0.018	59	0.791	0.624
18	0.020	0.021	60	0.868	0.663
19	0.022	0.024	61	0.945	0.701
20	0.024	0.027	62	1.022	0.738
21	0.026	0.030	63	1.121	0.783
22	0.028	0.033	64	1.222	0.828
23	0.030	0.037	65	1.323	0.873
24	0.032	0.042	66	1.428	0.917
25	0.034	0.046	67	1.674	1.029
26	0.036	0.050	68	1.762	1.068
27	0.039	0.054	69	1.852	1.107
28	0.041	0.062	70	1.944	1.146
29	0.044	0.070	71	2.037	1.185
30	0.046	0.078	72	2.132	1.225
31	0.049	0.086	73	2.207	1.260
32	0.051	0.094	74	2.283	1.296
33	0.055	0.104	75	2.361	1.331
34	0.059	0.115	76	2.420	1.364
35	0.063	0.125	77	2.510	1.410
36	0.066	0.135	78	2.566	1.445
37	0.070	0.145	79	2.624	1.482
38	0.078	0.160	80	2.683	1.518
39	0.087	0.176	81	2.744	1.556
40	0.094	0.190	82	2.807	1.594
41	0.102	0.204	83	2.807	1.594
42	0.109	0.218	84	2.808	1.594
43	0.127	0.238	85	2.809	1.594
44	0.144	0.257	86	2.810	1.594
45	0.160	0.276	87	2.811	1.594
46	0.177	0.295	88	2.811	1.594
47	0.196	0.317	89	2.812	1.594
48	0.232	0.339	90	2.812	1.594
49	0.267	0.360	91	2.812	1.594
50	0.301	0.381	92	2.812	1.594
51	0.335	0.402	93	2.812	1.594
52	0.369	0.422	94	2.812	1.594
53	0.423	0.448	95	2.812	1.594
54	0.476	0.473	96	2.812	1.594
55	0.529	0.498	97	2.812	1.594
56	0.584	0.523	98	2.812	1.594
57	0.638	0.548	99	2.812	1.594
58	0.715	0.586	100	2.812	1.594

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).2 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Heart Attack**

Age	Male	Female	Age	Male	Female
17	0.001	0.001	59	0.555	0.239
18	0.002	0.001	60	0.587	0.259
19	0.002	0.001	61	0.620	0.282
20	0.003	0.002	62	0.654	0.307
21	0.004	0.003	63	0.692	0.336
22	0.005	0.003	64	0.730	0.365
23	0.005	0.003	65	0.767	0.394
24	0.006	0.004	66	0.804	0.423
25	0.007	0.004	67	0.898	0.475
26	0.007	0.004	68	0.939	0.506
27	0.008	0.005	69	1.009	0.570
28	0.009	0.005	70	1.108	0.667
29	0.011	0.006	71	1.236	0.798
30	0.016	0.007	72	1.393	0.962
31	0.023	0.009	73	1.574	1.157
32	0.031	0.011	74	1.755	1.350
33	0.042	0.013	75	1.935	1.543
34	0.052	0.016	76	2.115	1.735
35	0.062	0.018	77	2.313	1.940
36	0.071	0.021	78	2.521	2.152
37	0.081	0.023	79	2.732	2.367
38	0.090	0.025	80	2.947	2.585
39	0.101	0.028	81	3.127	2.766
40	0.114	0.033	82	3.272	2.909
41	0.130	0.038	83	3.350	2.991
42	0.147	0.044	84	3.389	3.031
43	0.167	0.052	85	3.389	3.031
44	0.187	0.060	86	3.389	3.031
45	0.206	0.067	87	3.389	3.031
46	0.224	0.074	88	3.389	3.031
47	0.246	0.082	89	3.389	3.031
48	0.265	0.089	90	3.389	3.031
49	0.285	0.097	91	3.389	3.031
50	0.308	0.108	92	3.389	3.031
51	0.332	0.120	93	3.389	3.031
52	0.359	0.133	94	3.389	3.031
53	0.387	0.148	95	3.389	3.031
54	0.415	0.163	96	3.389	3.031
55	0.443	0.178	97	3.389	3.031
56	0.471	0.192	98	3.389	3.031
57	0.498	0.207	99	3.389	3.031
58	0.526	0.221	100	3.389	3.031

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).3 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Stroke**

Age	Male	Female	Age	Male	Female
17	0.001	0.001	59	0.249	0.194
18	0.001	0.002	60	0.270	0.211
19	0.002	0.002	61	0.295	0.230
20	0.003	0.004	62	0.322	0.253
21	0.004	0.005	63	0.353	0.279
22	0.005	0.006	64	0.384	0.304
23	0.006	0.007	65	0.413	0.328
24	0.007	0.009	66	0.441	0.351
25	0.008	0.010	67	0.487	0.386
26	0.009	0.011	68	0.516	0.409
27	0.010	0.012	69	0.548	0.437
28	0.011	0.014	70	0.584	0.471
29	0.012	0.015	71	0.624	0.509
30	0.014	0.017	72	0.668	0.551
31	0.016	0.019	73	0.714	0.597
32	0.019	0.021	74	0.761	0.644
33	0.022	0.024	75	0.810	0.692
34	0.025	0.026	76	0.862	0.742
35	0.027	0.029	77	0.920	0.797
36	0.030	0.031	78	0.985	0.858
37	0.033	0.033	79	1.052	0.922
38	0.035	0.035	80	1.121	0.992
39	0.039	0.038	81	1.191	1.064
40	0.044	0.042	82	1.261	1.139
41	0.050	0.047	83	1.323	1.211
42	0.057	0.052	84	1.385	1.282
43	0.065	0.059	85	1.444	1.352
44	0.073	0.065	86	1.504	1.421
45	0.080	0.070	87	1.563	1.491
46	0.087	0.075	88	1.611	1.546
47	0.093	0.080	89	1.646	1.588
48	0.099	0.084	90	1.670	1.615
49	0.107	0.090	91	1.682	1.629
50	0.117	0.097	92	1.682	1.629
51	0.129	0.106	93	1.682	1.629
52	0.143	0.116	94	1.682	1.629
53	0.158	0.127	95	1.682	1.629
54	0.174	0.138	96	1.682	1.629
55	0.188	0.149	97	1.682	1.629
56	0.203	0.160	98	1.682	1.629
57	0.217	0.170	99	1.682	1.629
58	0.231	0.180	100	1.682	1.629

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).4 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Kidney Failure

Age	Male	Female	Age	Male	Female
17	0.003	0.002	59	0.058	0.042
18	0.004	0.003	60	0.064	0.046
19	0.004	0.004	61	0.069	0.050
20	0.005	0.005	62	0.075	0.054
21	0.006	0.006	63	0.080	0.057
22	0.006	0.006	64	0.085	0.061
23	0.006	0.006	65	0.090	0.064
24	0.006	0.006	66	0.095	0.068
25	0.006	0.005	67	0.105	0.074
26	0.006	0.005	68	0.111	0.079
27	0.006	0.005	69	0.118	0.083
28	0.008	0.006	70	0.124	0.088
29	0.010	0.007	71	0.131	0.093
30	0.011	0.008	72	0.138	0.098
31	0.013	0.009	73	0.138	0.097
32	0.015	0.011	74	0.137	0.097
33	0.015	0.010	75	0.137	0.097
34	0.014	0.010	76	0.137	0.097
35	0.014	0.010	77	0.138	0.097
36	0.014	0.010	78	0.143	0.101
37	0.014	0.010	79	0.149	0.105
38	0.017	0.012	80	0.154	0.109
39	0.019	0.014	81	0.160	0.112
40	0.021	0.015	82	0.165	0.116
41	0.023	0.017	83	0.161	0.113
42	0.025	0.018	84	0.156	0.110
43	0.025	0.018	85	0.151	0.106
44	0.025	0.018	86	0.147	0.103
45	0.025	0.018	87	0.142	0.100
46	0.024	0.017	88	0.138	0.097
47	0.024	0.017	89	0.133	0.093
48	0.029	0.021	90	0.133	0.093
49	0.034	0.024	91	0.133	0.093
50	0.039	0.028	92	0.133	0.093
51	0.043	0.031	93	0.133	0.093
52	0.048	0.034	94	0.133	0.093
53	0.048	0.034	95	0.133	0.093
54	0.047	0.034	96	0.133	0.093
55	0.047	0.034	97	0.133	0.093
56	0.047	0.033	98	0.133	0.093
57	0.047	0.033	99	0.133	0.093
58	0.052	0.037	100	0.133	0.093

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).5 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Partial Benefit Cancer

Age	Male	Female	Age	Male	Female
17	0.000	0.000	59	0.008	0.024
18	0.000	0.001	60	0.009	0.024
19	0.000	0.001	61	0.009	0.025
20	0.000	0.001	62	0.010	0.026
21	0.000	0.001	63	0.011	0.026
22	0.000	0.001	64	0.012	0.026
23	0.000	0.001	65	0.013	0.027
24	0.000	0.002	66	0.014	0.027
25	0.000	0.002	67	0.017	0.030
26	0.000	0.002	68	0.018	0.030
27	0.000	0.002	69	0.019	0.030
28	0.001	0.002	70	0.020	0.030
29	0.001	0.003	71	0.021	0.030
30	0.001	0.003	72	0.022	0.030
31	0.001	0.003	73	0.023	0.030
32	0.001	0.003	74	0.024	0.030
33	0.001	0.004	75	0.025	0.030
34	0.001	0.004	76	0.026	0.030
35	0.001	0.005	77	0.028	0.030
36	0.002	0.005	78	0.028	0.030
37	0.002	0.006	79	0.028	0.030
38	0.002	0.007	80	0.028	0.030
39	0.002	0.008	81	0.029	0.030
40	0.002	0.009	82	0.029	0.029
41	0.002	0.011	83	0.028	0.028
42	0.001	0.012	84	0.028	0.026
43	0.002	0.013	85	0.027	0.024
44	0.002	0.013	86	0.027	0.022
45	0.002	0.014	87	0.026	0.020
46	0.003	0.015	88	0.026	0.018
47	0.003	0.016	89	0.025	0.016
48	0.004	0.017	90	0.025	0.016
49	0.004	0.018	91	0.025	0.016
50	0.004	0.019	92	0.025	0.016
51	0.005	0.020	93	0.025	0.016
52	0.005	0.021	94	0.025	0.016
53	0.006	0.021	95	0.025	0.016
54	0.006	0.022	96	0.025	0.016
55	0.006	0.022	97	0.025	0.016
56	0.007	0.022	98	0.025	0.016
57	0.007	0.023	99	0.025	0.016
58	0.008	0.023	100	0.025	0.016

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).6 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Coronary Artery Bypass Graft

Age	Male	Female	Age	Male	Female
17	0.000	0.000	59	0.197	0.083
18	0.001	0.000	60	0.212	0.089
19	0.001	0.001	61	0.227	0.095
20	0.002	0.001	62	0.241	0.101
21	0.002	0.001	63	0.256	0.107
22	0.003	0.001	64	0.271	0.114
23	0.004	0.002	65	0.286	0.120
24	0.004	0.002	66	0.300	0.126
25	0.005	0.002	67	0.330	0.137
26	0.006	0.002	68	0.346	0.144
27	0.006	0.003	69	0.363	0.150
28	0.007	0.003	70	0.379	0.157
29	0.008	0.003	71	0.380	0.158
30	0.008	0.003	72	0.382	0.158
31	0.015	0.006	73	0.382	0.159
32	0.021	0.009	74	0.383	0.159
33	0.028	0.012	75	0.384	0.159
34	0.034	0.014	76	0.385	0.159
35	0.040	0.017	77	0.388	0.161
36	0.046	0.019	78	0.392	0.162
37	0.052	0.022	79	0.396	0.164
38	0.057	0.024	80	0.400	0.165
39	0.063	0.026	81	0.368	0.152
40	0.068	0.028	82	0.336	0.138
41	0.072	0.030	83	0.301	0.124
42	0.077	0.032	84	0.267	0.110
43	0.082	0.034	85	0.232	0.096
44	0.087	0.036	86	0.198	0.081
45	0.091	0.038	87	0.163	0.067
46	0.096	0.040	88	0.128	0.053
47	0.101	0.042	89	0.094	0.039
48	0.106	0.044	90	0.085	0.035
49	0.110	0.046	91	0.077	0.032
50	0.115	0.048	92	0.068	0.028
51	0.119	0.050	93	0.060	0.025
52	0.124	0.052	94	0.051	0.021
53	0.128	0.054	95	0.043	0.018
54	0.133	0.056	96	0.034	0.014
55	0.137	0.057	97	0.026	0.011
56	0.152	0.064	98	0.017	0.007
57	0.167	0.070	99	0.009	0.004
58	0.182	0.076	100	0.000	0.000

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).7 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Alzheimer’s Disease

Age	Male	Female	Age	Male	Female
17	0.000	0.000	59	0.034	0.034
18	0.000	0.000	60	0.038	0.049
19	0.000	0.000	61	0.040	0.054
20	0.000	0.000	62	0.048	0.061
21	0.000	0.000	63	0.058	0.067
22	0.000	0.000	64	0.064	0.084
23	0.000	0.000	65	0.076	0.089
24	0.000	0.000	66	0.090	0.113
25	0.000	0.000	67	0.129	0.150
26	0.000	0.000	68	0.159	0.202
27	0.000	0.000	69	0.200	0.261
28	0.000	0.000	70	0.262	0.335
29	0.000	0.000	71	0.360	0.421
30	0.000	0.000	72	0.423	0.563
31	0.000	0.000	73	0.532	0.720
32	0.000	0.000	74	0.629	0.956
33	0.000	0.000	75	0.509	0.795
34	0.000	0.000	76	0.562	0.946
35	0.000	0.000	77	0.744	1.133
36	0.000	0.000	78	0.919	1.333
37	0.000	0.000	79	1.186	1.613
38	0.000	0.000	80	1.406	1.953
39	0.000	0.000	81	1.833	2.415
40	0.000	0.000	82	2.193	2.857
41	0.000	0.000	83	2.448	3.344
42	0.000	0.000	84	2.912	3.805
43	0.000	0.002	85	3.401	4.214
44	0.000	0.002	86	3.682	4.601
45	0.000	0.002	87	4.042	4.873
46	0.002	0.004	88	4.472	5.116
47	0.005	0.007	89	4.780	5.319
48	0.009	0.008	90	5.027	5.424
49	0.011	0.008	91	5.178	5.587
50	0.012	0.009	92	5.333	5.755
51	0.018	0.009	93	5.493	5.927
52	0.022	0.009	94	5.658	6.105
53	0.022	0.009	95	5.828	6.288
54	0.025	0.009	96	6.003	6.477
55	0.025	0.009	97	6.183	6.671
56	0.027	0.016	98	6.368	6.871
57	0.028	0.021	99	6.559	7.077
58	0.029	0.028	100	6.756	7.290

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).8 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For 22 Listed Conditions**

22 Listed Conditions	Age	Male	Female
Adrenal Hypofunction (Addison's Disease)	All	0.001	0.001
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	All	0.001	0.001
*Cerebral Palsy (CP)	All	0.000	0.000
*Cerebrospinal Meningitis (bacterial)	All	0.000	0.000
*Cystic Fibrosis (CF)	All	0.000	0.000
*Diphtheria	All	0.000	0.000
*Encephalitis	All	0.000	0.000
Huntington's Disease (Chorea)	All	0.001	0.001
Legionnaire's Disease	All	0.001	0.001
Malaria	All	0.001	0.001
Multiple Sclerosis (MS)	All	0.001	0.001
*Muscular Dystrophy	All	0.000	0.000
Myasthenia Gravis	All	0.001	0.001
Necrotizing Fasciitis	All	0.001	0.001
Osteomyelitis	All	0.006	0.006
Poliomyelitis	All	0.001	0.001
Rabies	All	0.001	0.001
Sickle Cell Anemia	All	0.001	0.001
Systemic Lupus	All	0.001	0.001
Systemic Sclerosis (Scleroderma)	All	0.001	0.001
Tetanus	All	0.001	0.001
Tuberculosis (TB)	All	0.001	0.001

*Child only conditions

**Table XXXVI(B).9 – Monthly Premium Rates per \$1,000 Benefit Amount
For Non-Contributory Coverage
For Major Organ Transplant**

Age	Male	Female
All Ages	0.007	0.004

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).10 – Non-Contributory Coverage
Underwriting Adjustment Factors**

Age	Guaranteed Issue	Simplified Issue	Full Underwriting
<25	1.03	1.00	0.90
25 - 29	1.03	1.00	0.90
30 - 34	1.03	1.00	0.90
35 - 39	1.03	1.00	0.90
40 - 44	1.09	1.00	0.90
45 - 49	1.14	1.00	0.90
50 - 54	1.15	1.00	0.90
55 - 59	1.16	1.00	0.90
60 - 64	1.17	1.00	0.90
65 - 69	1.18	1.00	0.90
70 - 74	1.22	1.00	0.90
75 - 79	1.27	1.00	0.90
80 - 84	1.30	1.00	0.90
85+	1.32	1.00	0.90

Table XXXVI(B).11 – Waiting Period Adjustment Factors

Other Covered Conditions	Full and Partial Benefit Cancers			
	0 Days	30 Days	60 Days	90 Days
0 Days	1.012	N/A	N/A	N/A
30 Days	N/A	1.000	0.990	0.980
60 Days	N/A	0.995	0.983	0.973
90 Days	N/A	0.987	0.977	0.967

Table XXXVI(B).12 – Pre-Existing Condition Exclusion Adjustment Factors

Limitation in Months (number of months before / after the effective date of coverage)	Adjustment Factor
0 / 0	1.08
3 / 6	1.05
6 / 6	1.03
3 / 12	1.03
6 / 12	1.02
9 / 12	1.01
12 / 12	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).13 – Industry Adjustment Factors

SIC*	Industry Description	Typical Male Percentage	Factors
100	Agricultural Production, Crops	75%	1.05
200	Agricultural Production, Livestock	75%	1.05
700	Agricultural Services, N.E.C	60%	1.05
800	Forestry	75%	1.00
900	Fishing, Hunting, And Trapping	90%	1.00
1000	Metal Mining	90%	1.20
1100	Anthracite Mining	90%	1.20
1200	Coal Mining	90%	1.20
1220	Bituminous Coal	90%	1.20
1230	Anthracite Mining	90%	1.20
1300	Oil And Gas Extraction	85%	1.20
1400	Nonmetallic Mining And Quarrying, Except Fuel	85%	1.05
1500	General Building Contractors	90%	1.10
1600	Heavy Construction Contractors	90%	1.25
1700	Special Trade Contractors	90%	1.05
2000	Food And Kindred Products	70%	1.00
2100	Tobacco Manufacturers	65%	1.25
2200	Textile Mill Products	55%	1.20
2300	Apparel And Other Finished Textile Products	30%	1.00
2400	Lumber And Wood Products, Except Furniture	85%	1.20
2500	Furniture And Fixtures	70%	1.00
2600	Paper And Allied Products	75%	1.00
2700	Printing, Publishing, And Allied Products	55%	1.00
2710	Newspaper Publishing And Printing	50%	1.00
2750	Commercial Printing	60%	1.00
2800	Chemicals And Allied Products	70%	0.90
2900	Petroleum And Coal Products	90%	1.05
3000	Rubber And Miscellaneous Plastics Products	70%	1.00
3100	Leather And Leather Products	50%	1.00
3140	Footwear, Except Rubber And Plastic	45%	1.00
3200	Stone, Clay, Glass, And Concrete Products	80%	1.20
3290	Miscellaneous Nonmetallic Mineral And Stone Products	80%	1.20
3300	Primary Metal Industries	85%	1.20
3310	Blast Furnaces, Steelworks, Rolling, And Finishing Mills	90%	1.20
3320	Iron And Steel Foundries	90%	1.25
3400	Fabricated Metal Industries	75%	1.20
3440	Fabricated Structural Metal Products	85%	1.20
3500	Machinery And Computing Equipment	75%	1.00
3530	Construction And Material Handling Machines	85%	1.00
3540	Metal Working Machinery	85%	1.05
3550	Machinery And Computing Equipment	75%	1.00
3560	General Industrial Machinery	75%	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

SIC*	Industry Description	Typical Male Percentage	Factors
3570	Computers And Related Equipment	65%	0.90
3580	Service Industry Machines	65%	1.05
3600	Electrical Machinery, Equipment, And Supplies	65%	1.00
3610	Electrical Test and Distributing Equipment	65%	1.00
3620	Electrical Industrial Apparatus	65%	1.00
3630	Household Appliances	65%	1.00
3660	Radio, T.V., And Communication Equipment	65%	0.90
3670	Electrical Machinery, Equipment, And Supplies, N.E.C. And Not Specified	65%	1.00
3700	Transportation Equipment	75%	1.05
3710	Motor Vehicles And Motor Vehicle Equipment	75%	1.10
3720	Aircraft And Parts	75%	1.05
3800	Professional And Photographic Equipment, And Watches	70%	1.00
3900	Miscellaneous And Not Specified Manufacturing Industries	60%	1.00
4000	Railroads	90%	1.00
4100	Bus Service And Urban Transit	70%	1.25
4200	Trucking & Warehousing	85%	1.10
4210	Trucking, Local & Long Distance	85%	1.25
4300	U.S. Postal Service	60%	1.00
4400	Water Transportation	80%	1.20
4500	Air Transportation	65%	1.05
4600	Gas And Steam Supply Systems	75%	1.00
4700	Services Incidental To Transportation	40%	1.05
4800	Communications	55%	1.00
4900	Utilities And Sanitary Services	80%	1.00
4910	Electric Light And Power	80%	1.00
4920	Gas And Steam Supply Systems	75%	1.00
4930	Electric and gas, and other combinations	75%	1.00
5000	Durable Goods	70%	1.00
5100	Non-Durable Goods	70%	1.00
5110	Paper and Paper Products	55%	1.00
5120	Drugs and Druggists' Sundries	55%	0.90
5130	Apparel, Piece Goods and Notions	50%	1.00
5190	Miscellaneous Non-Durable Goods	65%	1.00
5200	Lumber And Building Material Retailing	70%	1.10
5300	Miscellaneous General Merchandise Stores	45%	1.00
5310	Department Stores	35%	1.00
5400	Food Stores, N.E.C	50%	1.00
5410	Grocery Stores	50%	1.00
5500	Motor Vehicle Dealers	80%	1.00
5600	Apparel And Accessory Stores, Except Shoe Stores	25%	1.00
5660	Shoe Stores	40%	1.00
5700	Furniture And Home Furnishings Stores	65%	1.00
5800	Eating And Drinking Places	50%	1.05

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

SIC*	Industry Description	Typical Male Percentage	Factors
5900	Drug Stores	35%	0.90
6000	Banking	30%	0.90
6010	Federal Reserve Banks	30%	0.90
6020	Commercial & Stock Savings Banks	30%	0.90
6100	Credit Agencies, N.E.C	40%	0.90
6200	Security, Commodity Brokerage, And Investment Companies	60%	0.90
6300	Insurance Carriers	40%	0.90
6400	Insurance Agents, Brokers, & Services	40%	0.90
6500	Real Estate, Including Real Estate-Insurance Offices	55%	0.90
6600	Combination Real Estate, Insurance, Etc.	65%	1.00
6700	Holding And Other Investment Offices	60%	0.90
7000	Hotels And Motels	45%	1.00
7200	Personal Services, Except Private Household	35%	1.05
7300	Business, Automobile, And Repair Services	65%	1.00
7370	Computer And Data Processing Services	65%	0.90
7500	Automotive Repair And Related Services	90%	1.20
7600	Miscellaneous Repair Services	85%	1.00
7800	Theaters And Motion Pictures	60%	1.00
7840	Video Tape Rental Stores	40%	1.00
7900	Entertainment And Recreation Services	55%	1.00
8000	Professional And Related Services	30%	0.90
8100	Legal Services	45%	0.90
8200	Educational Services	30%	0.90
8210	Elementary And Secondary Schools	25%	0.90
8220	Colleges And Universities	50%	0.90
8300	Social Services, N.E.C	30%	1.00
8400	Museums, Art Galleries, And Zoos	40%	1.00
8600	Membership Organizations, N.E.C	30%	0.90
8610	Business Associations	30%	0.90
8630	Labor Unions	60%	1.20
8660	Religious Organizations	50%	0.90
8700	Engineering/Accounting/R & D	80%	0.90
8710	Engineering & Architectural Services	80%	0.90
8720	Accounting, Auditing, And Bookkeeping Services	40%	0.90
8730	Research, Development, And Testing Services	55%	0.90
8800	Private Households	10%	1.00
8900	Miscellaneous Professional And Related Services	45%	0.90
8910	Engineering & Architectural Services	80%	0.90
8920	Non-Commercial Research	55%	0.90
8930	Accounting And Auditing	40%	0.90
9100	Executive And Legislative Offices	35%	0.90
9200	Justice, Public Order, And Safety	70%	1.10
9300	Public Finance, Taxation, And Monetary Policy	35%	1.00
9400	Administration Of Human Resources Programs	35%	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

SIC*	Industry Description	Typical Male Percentage	Factors
9500	Administration Of Environmental Quality And Housing Programs	60%	1.00
9600	Administration Of Economic Programs	55%	1.00
9700	National Security And International Affairs	60%	0.90
9900	Non-Classifiable Establishments	60%	1.00

* The appropriate NAICS Code may be used in lieu of the SIC Code

Table XXXVI(B).14 – Recurrence Benefit Premium Adjustment Factors

Total Benefit Amount divided by Benefit Amount	Adjustment Factor
100%	1.000
150%	1.050
200%	1.100
250%	1.145
300%	1.185

Table XXXVI(B).15 – Health Screening Benefit Annual Premiums

Annual Benefit Amount	Annual Premiums
\$50	\$12.50
\$75	\$20.00
\$100	\$28.33
\$150	\$47.50
\$200	\$70.00

Table XXXVI(B).16 – Health Screening Benefit Waiting Period Adjustment Factors

Waiting Period in Months	Adjustment Factor
0	1.60
3	1.40
6	1.20
9	1.10
12	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).17 – Lodging Benefit Annual Premiums

Lodging Benefit Amount per Day	Annual Premiums
\$100	\$3.10

Table XXXVI(B).18 –Transportation Benefit Annual Premiums

Maximum Amount per Round Trip	Annual Premiums
\$1000	\$2.80
\$1200	\$3.37
\$1500	\$4.10
\$2000	\$5.20
\$2500	\$6.25

Table XXXVI(B).19 –Evaluation Benefit Annual Premiums

Benefit Amount (Consultation Benefit / Mileage Benefit)	Annual Premiums
\$500 / \$250	\$7.5
\$1000 / \$500	\$15.0

Table XXXVI(B).20 – NCI Cancer Center Benefit Annual Premiums

Benefit Amount (Consultation Benefit / Mileage Benefit)	Annual Premiums
\$500 / \$250	\$5.0
\$1000 / \$500	\$10.0

Table XXXVI(B).21 – Waiver of Premiums Benefit Premium Adjustment Factors

Months Continuously Disabled before Benefit Available	Premium Adjustment Factor
3	1.12
6	1.10
12	1.08

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).22 – Rate Guarantee
Premium Adjustment Factors**

Number of Years Guaranteed	Premium Adjustment Factor
1	1.00
5	1.05

Table XXXVI(B).23 – Volume Adjustment Factors

Annual Premiums	Volume Adjustment Factor Non-Contributory	Volume Adjustment Factor Contributory
\$30,000 or less	1.16	1.43
\$30,001 to \$50,000	1.01	1.24
\$50,001 to \$100,000	0.96	1.19
\$100,001 to \$250,000	0.90	1.11
\$250,001 to \$500,000	0.86	1.06
\$500,001 to \$1,000,000	0.84	1.04
\$1,000,001 to \$3,000,000	0.83	1.02
\$3,000,001 to \$5,000,000	0.82	1.01
\$5,000,001 to \$10,000,000	0.81	1.00
\$10,000,001 or more	0.81	1.00

Footnotes to Table XXXVI(B).23:

- 1.) For the following additional expense items, the increase to premium would fall in the range of 0.1% to 1.5% for each item.
 - a.) Customized marketing material
 - b.) Customized proposals
 - c.) More complex administrative structure (due to multiple separations, etc.)
 - d.) Customized quotation and underwriting tools
 - e.) Customized legal and contractual arrangements
 - f.) Customized billing and collections procedures
 - g.) Special customer reporting
 - h.) Special customer meetings
 - i.) Special customer service requirements
 - j.) Special printing requirements
 - k.) Customized administration manuals
 - l.) Special solicitation materials
 - m.) Performance guarantees

- 2.) MetLife may enter into agreements with third parties under which the allowance, if any, paid to the third party for performing certain functions is less than the corresponding allowance implied by the factors above. MetLife may reduce the premium up to 1.5% for each of the following performed by a third party.
 - a.) Billing and collection
 - b.) Preparation of quotes
 - c.) Payment of claims
 - d.) Payment of broker commissions
 - e.) Marketing and promotion
 - f.) Issuance of certificates

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).24 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Full Benefit Cancer**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.027	0.055	0.037	0.073
25 to 29	0.031	0.062	0.043	0.086
30 to 34	0.041	0.082	0.075	0.150
35 to 39	0.056	0.112	0.116	0.231
40 to 44	0.087	0.175	0.174	0.349
45 to 49	0.157	0.314	0.254	0.508
50 to 54	0.295	0.590	0.338	0.676
55 to 59	0.511	1.021	0.438	0.876
60 to 64	0.817	1.634	0.591	1.182
65 to 69	1.339	2.678	0.824	1.647
70 to 74	1.705	3.411	0.980	1.959
75 to 79	2.008	4.016	1.128	2.256
80 to 85	2.245	4.490	1.276	2.551
> 85	2.250	4.500	1.276	2.551

**Table XXXVI(B).25 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Heart Attack**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.006	0.010	0.003	0.006
25 to 29	0.007	0.012	0.004	0.007
30 to 34	0.027	0.045	0.009	0.016
35 to 39	0.069	0.118	0.019	0.033
40 to 44	0.125	0.213	0.038	0.065
45 to 49	0.209	0.357	0.069	0.118
50 to 54	0.305	0.521	0.113	0.193
55 to 59	0.423	0.723	0.175	0.300
60 to 64	0.556	0.950	0.261	0.446
65 to 69	0.762	1.304	0.403	0.689
70 to 74	1.183	2.022	0.817	1.397
75 to 79	1.965	3.360	1.648	2.818
80 to 85	2.779	4.752	2.471	4.225
> 85	2.878	4.921	2.574	4.402

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).26 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Stroke**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.007	0.010	0.009	0.013
25 to 29	0.009	0.013	0.011	0.016
30 to 34	0.017	0.024	0.019	0.027
35 to 39	0.030	0.042	0.030	0.042
40 to 44	0.052	0.073	0.048	0.067
45 to 49	0.084	0.119	0.072	0.102
50 to 54	0.129	0.182	0.105	0.148
55 to 59	0.197	0.277	0.154	0.217
60 to 64	0.292	0.412	0.229	0.323
65 to 69	0.442	0.623	0.350	0.493
70 to 74	0.606	0.854	0.500	0.705
75 to 79	0.835	1.177	0.723	1.020
80 to 85	1.143	1.612	1.033	1.456
> 85	1.493	2.106	1.440	2.031

**Table XXXVI(B).27 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Kidney Failure**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.006	0.008	0.005	0.007
25 to 29	0.006	0.008	0.004	0.006
30 to 34	0.013	0.020	0.009	0.014
35 to 39	0.013	0.019	0.009	0.014
40 to 44	0.023	0.034	0.016	0.024
45 to 49	0.022	0.032	0.015	0.023
50 to 54	0.043	0.064	0.030	0.046
55 to 59	0.041	0.062	0.030	0.044
60 to 64	0.067	0.100	0.048	0.072
65 to 69	0.093	0.139	0.066	0.099
70 to 74	0.122	0.184	0.087	0.130
75 to 79	0.122	0.184	0.087	0.130
80 to 85	0.147	0.220	0.103	0.155
> 85	0.118	0.177	0.083	0.125

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).28 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Partial Benefit Cancer**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.000	0.001	0.001	0.003
25 to 29	0.000	0.001	0.002	0.003
30 to 34	0.001	0.001	0.003	0.005
35 to 39	0.001	0.003	0.005	0.009
40 to 44	0.001	0.002	0.009	0.019
45 to 49	0.002	0.005	0.013	0.026
50 to 54	0.004	0.009	0.017	0.033
55 to 59	0.006	0.011	0.018	0.036
60 to 64	0.008	0.016	0.020	0.041
65 to 69	0.013	0.027	0.024	0.047
70 to 74	0.018	0.036	0.024	0.048
75 to 79	0.022	0.044	0.024	0.048
80 to 85	0.023	0.046	0.024	0.047
> 85	0.020	0.040	0.013	0.026

**Table XXXVI(B).29 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Coronary Artery Bypass Graft**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.004	0.007	0.002	0.003
25 to 29	0.006	0.008	0.002	0.004
30 to 34	0.019	0.028	0.008	0.012
35 to 39	0.046	0.069	0.019	0.029
40 to 44	0.069	0.103	0.029	0.043
45 to 49	0.090	0.135	0.038	0.057
50 to 54	0.110	0.165	0.046	0.069
55 to 59	0.149	0.223	0.062	0.093
60 to 64	0.214	0.321	0.090	0.135
65 to 69	0.294	0.440	0.122	0.183
70 to 74	0.339	0.509	0.141	0.211
75 to 79	0.345	0.517	0.143	0.214
80 to 85	0.299	0.448	0.123	0.184
> 85	0.083	0.125	0.034	0.051

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).30 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Alzheimer’s Disease**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
< 25	0.000	0.000	0.000	0.000
25 to 29	0.000	0.000	0.000	0.000
30 to 34	0.000	0.000	0.000	0.000
35 to 39	0.000	0.000	0.000	0.000
40 to 44	0.000	0.000	0.000	0.000
45 to 49	0.004	0.008	0.006	0.012
50 to 54	0.017	0.035	0.007	0.014
55 to 59	0.022	0.044	0.017	0.034
60 to 64	0.038	0.076	0.049	0.097
65 to 69	0.103	0.206	0.120	0.240
70 to 74	0.338	0.677	0.451	0.901
75 to 79	0.595	1.191	0.906	1.812
80 to 85	1.754	3.509	2.285	4.571
> 85	3.824	7.648	4.255	8.510

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

**Table XXXVI(B).31 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For 22 Listed Conditions**

22 Listed Conditions	Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
Adrenal Hypofunction (Addison's Disease)	All	0.001	0.001	0.001	0.001
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	All	0.001	0.001	0.001	0.001
*Cerebral Palsy (CP)	All	0.000	0.000	0.000	0.000
*Cerebrospinal Meningitis (bacterial)	All	0.000	0.000	0.000	0.000
*Cystic Fibrosis (CF)	All	0.000	0.000	0.000	0.000
*Diphtheria	All	0.000	0.000	0.000	0.000
*Encephalitis	All	0.000	0.000	0.000	0.000
Huntington's Disease (Chorea)	All	0.001	0.001	0.001	0.001
Legionnaire's Disease	All	0.001	0.001	0.001	0.001
Malaria	All	0.001	0.001	0.001	0.001
Multiple Sclerosis (MS)	All	0.001	0.001	0.001	0.001
*Muscular Dystrophy	All	0.000	0.000	0.000	0.000
Myasthenia Gravis	All	0.001	0.001	0.001	0.001
Necrotizing Fasciitis	All	0.001	0.001	0.001	0.001
Osteomyelitis	All	0.006	0.006	0.006	0.006
Poliomyelitis	All	0.001	0.001	0.001	0.001
Rabies	All	0.001	0.001	0.001	0.001
Sickle Cell Anemia	All	0.001	0.001	0.001	0.001
Systemic Lupus	All	0.001	0.001	0.001	0.001
Systemic Sclerosis (Scleroderma)	All	0.001	0.001	0.001	0.001
Tetanus	All	0.001	0.001	0.001	0.001
Tuberculosis (TB)	All	0.001	0.001	0.001	0.001

*Child only conditions

**Table XXXVI(B).32 – Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Employees
For Major Organ Transplant**

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
All Ages	0.007	0.007	0.004	0.004

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).33 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Full Benefit Cancer

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.037	0.073	0.027	0.055
25 to 29	0.043	0.086	0.031	0.062
30 to 34	0.075	0.150	0.041	0.082
35 to 39	0.116	0.231	0.056	0.112
40 to 44	0.174	0.349	0.087	0.175
45 to 49	0.254	0.508	0.157	0.314
50 to 54	0.338	0.676	0.295	0.590
55 to 59	0.438	0.876	0.511	1.021
60 to 64	0.591	1.182	0.817	1.634
65 to 69	0.824	1.647	1.339	2.678
70 to 74	0.980	1.959	1.705	3.411
75 to 79	1.128	2.256	2.008	4.016
80 to 85	1.276	2.551	2.245	4.490
> 85	1.276	2.551	2.250	4.500

Table XXXVI(B).34 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Heart Attack

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.003	0.006	0.006	0.010
25 to 29	0.004	0.007	0.007	0.012
30 to 34	0.009	0.016	0.027	0.045
35 to 39	0.019	0.033	0.069	0.118
40 to 44	0.038	0.065	0.125	0.213
45 to 49	0.069	0.118	0.209	0.357
50 to 54	0.113	0.193	0.305	0.521
55 to 59	0.175	0.300	0.423	0.723
60 to 64	0.261	0.446	0.556	0.950
65 to 69	0.403	0.689	0.762	1.304
70 to 74	0.817	1.397	1.183	2.022
75 to 79	1.648	2.818	1.965	3.360
80 to 85	2.471	4.225	2.779	4.752
> 85	2.574	4.402	2.878	4.921

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).35 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Stoke

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.009	0.013	0.007	0.010
25 to 29	0.011	0.016	0.009	0.013
30 to 34	0.019	0.027	0.017	0.024
35 to 39	0.030	0.042	0.030	0.042
40 to 44	0.048	0.067	0.052	0.073
45 to 49	0.072	0.102	0.084	0.119
50 to 54	0.105	0.148	0.129	0.182
55 to 59	0.154	0.217	0.197	0.277
60 to 64	0.229	0.323	0.292	0.412
65 to 69	0.350	0.493	0.442	0.623
70 to 74	0.500	0.705	0.606	0.854
75 to 79	0.723	1.020	0.835	1.177
80 to 85	1.033	1.456	1.143	1.612
> 85	1.440	2.031	1.493	2.106

Table XXXVI(B).36 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Kidney Failure

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.005	0.007	0.006	0.008
25 to 29	0.004	0.006	0.006	0.008
30 to 34	0.009	0.014	0.013	0.020
35 to 39	0.009	0.014	0.013	0.019
40 to 44	0.016	0.024	0.023	0.034
45 to 49	0.015	0.023	0.022	0.032
50 to 54	0.030	0.046	0.043	0.064
55 to 59	0.030	0.044	0.041	0.062
60 to 64	0.048	0.072	0.067	0.100
65 to 69	0.066	0.099	0.093	0.139
70 to 74	0.087	0.130	0.122	0.184
75 to 79	0.087	0.130	0.122	0.184
80 to 85	0.103	0.155	0.147	0.220
> 85	0.083	0.125	0.118	0.177

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).37 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Partial Benefit Cancer

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.001	0.003	0.000	0.001
25 to 29	0.002	0.003	0.000	0.001
30 to 34	0.003	0.005	0.001	0.001
35 to 39	0.005	0.009	0.001	0.003
40 to 44	0.009	0.019	0.001	0.002
45 to 49	0.013	0.026	0.002	0.005
50 to 54	0.017	0.033	0.004	0.009
55 to 59	0.018	0.036	0.006	0.011
60 to 64	0.020	0.041	0.008	0.016
65 to 69	0.024	0.047	0.013	0.027
70 to 74	0.024	0.048	0.018	0.036
75 to 79	0.024	0.048	0.022	0.044
80 to 85	0.024	0.047	0.023	0.046
> 85	0.013	0.026	0.020	0.040

Table XXXVI(B).38 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Coronary Artery Bypass Graft

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.002	0.003	0.004	0.007
25 to 29	0.002	0.004	0.006	0.008
30 to 34	0.008	0.012	0.019	0.028
35 to 39	0.019	0.029	0.046	0.069
40 to 44	0.029	0.043	0.069	0.103
45 to 49	0.038	0.057	0.090	0.135
50 to 54	0.046	0.069	0.110	0.165
55 to 59	0.062	0.093	0.149	0.223
60 to 64	0.090	0.135	0.214	0.321
65 to 69	0.122	0.183	0.294	0.440
70 to 74	0.141	0.211	0.339	0.509
75 to 79	0.143	0.214	0.345	0.517
80 to 85	0.123	0.184	0.299	0.448
> 85	0.034	0.051	0.083	0.125

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).39 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Alzheimer’s Disease

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
< 25	0.000	0.000	0.000	0.000
25 to 29	0.000	0.000	0.000	0.000
30 to 34	0.000	0.000	0.000	0.000
35 to 39	0.000	0.000	0.000	0.000
40 to 44	0.000	0.000	0.000	0.000
45 to 49	0.006	0.012	0.004	0.008
50 to 54	0.007	0.014	0.017	0.035
55 to 59	0.017	0.034	0.022	0.044
60 to 64	0.049	0.097	0.038	0.076
65 to 69	0.120	0.240	0.103	0.206
70 to 74	0.451	0.901	0.338	0.677
75 to 79	0.906	1.812	0.595	1.191
80 to 85	2.285	4.571	1.754	3.509
> 85	4.255	8.510	3.824	7.648

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).40 – Base Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For 22 Listed Conditions

22 Listed Conditions	Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
Adrenal Hypofunction (Addison's Disease)	All	0.001	0.001	0.001	0.001
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	All	0.001	0.001	0.001	0.001
*Cerebral Palsy (CP)	All	0.000	0.000	0.000	0.000
*Cerebrospinal Meningitis (bacterial)	All	0.000	0.000	0.000	0.000
*Cystic Fibrosis (CF)	All	0.000	0.000	0.000	0.000
*Diphtheria	All	0.000	0.000	0.000	0.000
*Encephalitis	All	0.000	0.000	0.000	0.000
Huntington's Disease (Chorea)	All	0.001	0.001	0.001	0.001
Legionnaire's Disease	All	0.001	0.001	0.001	0.001
Malaria	All	0.001	0.001	0.001	0.001
Multiple Sclerosis (MS)	All	0.001	0.001	0.001	0.001
*Muscular Dystrophy	All	0.000	0.000	0.000	0.000
Myasthenia Gravis	All	0.001	0.001	0.001	0.001
Necrotizing Fasciitis	All	0.001	0.001	0.001	0.001
Osteomyelitis	All	0.006	0.006	0.006	0.006
Poliomyelitis	All	0.001	0.001	0.001	0.001
Rabies	All	0.001	0.001	0.001	0.001
Sickle Cell Anemia	All	0.001	0.001	0.001	0.001
Systemic Lupus	All	0.001	0.001	0.001	0.001
Systemic Sclerosis (Scleroderma)	All	0.001	0.001	0.001	0.001
Tetanus	All	0.001	0.001	0.001	0.001
Tuberculosis (TB)	All	0.001	0.001	0.001	0.001

*Child only conditions

Table XXXVI(B).41 – Monthly Premium Rates per \$1,000 Benefit Amount
For Voluntary Coverage of Dependent Spouses
For Major Organ Transplant

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
All Ages	0.004	0.004	0.007	0.007

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).42 – Contributory Coverage
Underwriting Adjustment Factors

Age \ Participation	Guaranteed Issue						Simplified Issue	Full UW
	< 5%	[5, 10%)	[10-15%)	[15-20%)	[20-30%)	>= 30%		
<25	1.07	1.04	1.03	1.03	1.03	1.03	1.00	0.90
25 - 29	1.07	1.04	1.03	1.03	1.03	1.03	1.00	0.90
30 - 34	1.07	1.04	1.03	1.03	1.03	1.03	1.00	0.90
35 - 39	1.08	1.04	1.04	1.04	1.03	1.03	1.00	0.90
40 - 44	1.21	1.12	1.10	1.10	1.09	1.09	1.00	0.90
45 - 49	1.33	1.19	1.16	1.15	1.14	1.14	1.00	0.90
50 - 54	1.36	1.21	1.18	1.17	1.16	1.15	1.00	0.90
55 - 59	1.38	1.22	1.19	1.18	1.17	1.16	1.00	0.90
60 - 64	1.41	1.24	1.20	1.19	1.18	1.17	1.00	0.90
65 - 69	1.44	1.26	1.22	1.20	1.19	1.18	1.00	0.90
70 - 74	1.53	1.31	1.26	1.25	1.24	1.22	1.00	0.90
75 - 79	1.65	1.38	1.32	1.30	1.29	1.27	1.00	0.90
80 - 84	1.72	1.42	1.36	1.33	1.32	1.30	1.00	0.90
85+	1.77	1.45	1.38	1.36	1.34	1.32	1.00	0.90

Table XXXVI(B).43 – Base Monthly Premium Rates per \$1,000 Benefit Amount
for Dependent Child Coverage

Dependent Child Definition	Monthly Premium Rate per \$1,000 – From the 15 th Day of Life	Monthly Premium Rate per \$1,000 – From Birth
To age 18	0.113	0.133
To age 19	0.114	0.135
To age 20	0.115	0.136
To age 21	0.116	0.138
To age 22	0.117	0.139
To age 23	0.118	0.141
To age 24	0.119	0.142
To age 25	0.119	0.142
To age 26	0.120	0.144

METROPOLITAN LIFE INSURANCE COMPANY
Rate Manual – Section XXXVI(B)
Group Specified Disease Insurance
Certificate Series GCERT10-CI

Table XXXVI(B).44 – Annual Trend

Time Period	Annual Trend Factor
7/1/2007+	1.005

Table XXXVI(B).45 – Commissions

The commission agreed upon by MetLife & the policyholder, and based on premium received and earned for the policy period:	Percentage of Premium
Minimum	0%
Standard	15%
Maximum	25%

Table XXXVI(B).46 – Modal Premium Factors

To Convert to:	Multiply By:
Quarterly	2.985
Semi-Annual	5.956
Annual	11.823

SERFF Tracking Number: META-128267463 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-23 JD (CC)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Group Accident & Health Insurance
 Project Name/Number: GCERT10-CI-sched-3/NY12-23 JD

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attached is the Flesch Certification Attachment: ARCERTREAD.pdf	Approved-Closed	04/17/2012

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable for this filing Comments:	Approved-Closed	04/17/2012

	Item Status:	Status Date:
Satisfied - Item: Filing Letter Comments: Attached is the Filing Letter Attachment: Transmittal Letter [AR] NY12-23.pdf	Approved-Closed	04/17/2012

	Item Status:	Status Date:
Satisfied - Item: Certification Comments: Attached is the Certification Attachment: AR Compliance Cert.pdf	Approved-Closed	04/17/2012

	Item Status:	Status
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SERFF Tracking Number: META-128267463 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-23 JD (CC)
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Group Accident & Health Insurance
 Project Name/Number: GCERT10-CI-sched-3/NY12-23 JD

Satisfied - Item: NAIC Transmittal Form Approved-Closed **Date:** 04/17/2012
Comments:
 Attached is the NAIC Transmittal Form
Attachment:
 L-A&H NAIC Transmittal Document 1-1-2009.pdf

Item Status: **Status**
Date:

Satisfied - Item: Red Lined Certificates Approved-Closed **Date:** 04/17/2012
Comments:
 Attached is the Red Lined Certificates
Attachments:
 1. GCERT10-CI-fp-2 REDLINE.pdf
 2. GCERT10-CI-sched-3 REDLINE.pdf
 3. GCERT10-CI-def-3 REDLINE.pdf
 4. GCERT10-CI-bene-3 REDLINE.pdf
 5. GCERT10-CI-bene-eb-3 REDLINE.pdf
 6. GCERT10-CI-wopr-3 REDLINE.pdf
 7. GCERT10-CI-exclproof-3 REDLINE.pdf
 8. GCERT10-CI-wp-2 REDLINE.pdf
 9. GCERT10-CI-prex-2 REDLINE.pdf
 10. GCERT10-CI-dr2ml-3 REDLINE.pdf
 11. GCERT10-CI-coi-eport-2 REDLINE.pdf

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Memorandum Approved-Closed **Date:** 04/17/2012
Comments:
 Attached is the Actuarial Memorandum
Attachment:
 Critical Illness Group 31 Actuarial Memorandum_Generic.pdf



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

ARKANSAS FLESCH CERTIFICATION

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

Form No.	Form Description	Flesch Score
GCERT10-CI-fp-2	Certificate of Insurance	51
GCERT10-CI-sched-3	Schedule of Insurance	68
GCERT10-CI-def-3	Certificate Definitions	51
GCERT10-CI-bene-3	Insurance Benefits	56
GCERT10-CI-bene-eb-3	Evaluation Benefit	60
GCERT10-CI-wopr-3	Waiver of Premiums	56
GCERT10-CI-exclproof-3	Exclusions	53
GCERT10-CI-wp-2	Waiting Period	55
GCERT10-CI-prex-2	Preexisting Condition Exclusions	51
GCERT10-CI-dr2ml-3	Rules for Previously Insured	51
GCERT10-CI-coi-eport-2	Continuation with Premium Pay	54
GPA12-CI-CONT	Group Policy Amendment	53

Michael F. Tietz
Vice President

The Metropolitan Life Insurance Company
Institutional Products Contracts **MSC39.042**,
1095 Avenue of the Americas
New York, NY 10036
Tel 212-578-5954 Fax 212-578-3874
j david1@metlife.com

MetLife[®]

John B. David
Manager
Insurance Products Contracts

April 16, 2012

Arkansas Department of Insurance
1200 West 3rd St.
Little Rock, AR 72201-1904

Re: Group Accident & Health Insurance (GCERT10-CI-fp-2, et.al.)
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing, final printed copies of the group accident and health insurance forms described below. These forms will be part of a certificate series which provides group critical illness coverage on a lump sum, non-expense incurred basis. These forms are new and do not replace any forms previously filed with the Department. These forms consist of a policy amendment form and various new certificate insert forms that will be used with a previously approved series of certificate insert forms. The primary purpose of this filing is to: incorporate a major organ transplant benefit that was previously approved by your Department as certificate rider form GCERT10-CI-MOT-3 approved on June 7, 2011, (SERFF tracking number META-127181337) into our certificate insert forms, to modify certain areas of variability and to provide an extension for the continuation of coverage by insureds on a direct billed basis.

To facilitate your review, we are also including redlined copies of the certificate forms listed below, which delineate the changes we have made to these forms from our previously-approved forms.

Group Certificate Insert Forms

The following forms will be used with the GCERT10-CI certificate series, which was approved by your Department on October 8, 2010 (SERFF tracking number META-126840677), with supplemental forms approved on June 7, 2011, (SERFF tracking number META-127181337).

GCERT10-CI-fp-2 is the face page of the GCERT10-CI Certificate and is an alternate to the previously approved face page GCERT10-CI-fp. We have made minor changes to the variability of this form.

GCERT10-CI-sched-3 is the schedule of insurance for the GCERT10-CI certificate. It is an alternate for the previously-approved GCERT10-CI-sched and GCERT10-CI-sched-2 forms. We have added the Major Organ Transplant Benefit to the schedule and included benefit ranges for various Covered Conditions.

GCERT10-CI-def-3 is the Definitions section of the GCERT10-CI certificate. It is an alternate for the previously-approved GCERT10-CI-def and GCERT10-CI-def-2 forms. We have added definitions of Major Organ Transplant and Transplant List and modified the definitions of Covered Condition, Occurs or Occurrence and Total Benefit Amount to accommodate the Major Organ Transplant Benefit. We have also made some minor changes in variability.

NY11-42 KC

GCERT10-CI-bene-3 is the benefits section of the certificate. It is an alternate for our previously-approved GCERT10-CI-bene and GCERT10-CI-bene-2 forms, and it includes our new Major Organ Transplant Benefit. We have also made some minor changes to the variability of this form.

GCERT10-CI-bene-eb-3 provides an Evaluation Center benefit. It is an alternate for our previously-approved GCERT10-CI-bene-eb and GCERT10-CI-bene-eb-2 forms. The filed form modifies the limitations section of the form regarding the number of evaluations covered under a plan to a limit of between one and five.

GCERT10-CI-wopr-3 provides an optional Waiver of Premiums benefit. It is an alternate for our previously-approved GCERT10-CI-wopr and GCERT10-CI-wopr-2 forms. In this form we have modified the provision that describes conditions under which a waiver of premiums will end.

GCERT10-CI-exclproof-3 is a form that describes the specific exclusions and proof requirements for each Covered Condition. It is an alternate for our previously approved GCERT10-CI-excl/proof and GCERT10-CI-excl/proof-2 forms. We have modified the Full Benefit Cancer and Partial Benefit Cancer lists of exclusions and added a list of exclusions and proof requirements for the Major Organ Transplant benefit. We have also made some minor changes to the variability of this form.

GCERT10-CI-wp-2 is a form that describes the effect of the waiting period on coverage. It is an alternate for our previously approved GCERT10-CI-wp form. This form adds language to address the applicability of the waiting period to Full Benefit Cancer and Partial Benefit Cancer occurrences.

GCERT10-CI-prex-2 is a form that describes the effect of pre-existing conditions on coverage. It is an alternate for our previously approved GCERT10-CI-prex form. This form adds variability to the last sentence of the form.

GCERT10-CI-dr2ml-3 will be used when a group is transferring from another carrier to MetLife. It is an alternate for the previously-approved GCERT10-CI-dr2ml and GCERT10-CI-dr2ml-2 forms. The changes incorporated in the form were primarily made to better clarify the intent of the modified provisions. We have also made some minor changes to the variability of this form.

GCERT10-CI-coi-eport-2 describes when and how coverage may be continued with premium payment. It is an alternate for the previously-approved GCERT10-CI-coi-eport form. The changes made to this form have been incorporated to facilitate an insured's continuation, under certain circumstances, of coverage that would otherwise end.

Group Policy Amendment

The following form will be used with the group policy GPNP07-CI series and the GPNP09-CI group policy form series, which were previously approved by your Department on February 8, 2007 (SERFF tracking number META-125078788 and January 8, 2010 (SERFF tracking number META-126423829) respectively.

GPA12-CI-CONT will be used to amend group policies to provide for the continuation of the group policy for the benefit of insureds who are continuing critical illness insurance under the policy on a direct billed basis.

Filing Fee

We enclose the required filing fee.

Marketing Information

The principal market for the forms in this submission is employer groups. Some employers may create single employer trusts to act as policyholder. We may also market these forms to unions and trusts.

Actuarial Information

Enclosed is actuarial information in support of this filing. The enclosed information contains formulas and other information that are proprietary trade secrets of MetLife. Disclosure of this information would cause substantial injury to MetLife's competitive position. Therefore, we request that the Department treat these materials as confidential, and not release them or their contents to any third parties. We further request that the Department notify Jonathan Trend, Vice-President & Actuary, at 908-253-1443, so that MetLife has the opportunity to oppose any request for disclosure, if necessary.

Foreign Translations

The enclosed certificate forms may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the forms, as translated, are an accurate representation of the English language versions. The non-English version of the certificate form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

Readability Certification

The officer signing below certifies that the enclosed forms achieve a Flesch Reading Ease Score of:

Form No.	Readability Score
GCERT10-CI-fp-2	51
GCERT10-CI-sched-3	68
GCERT10-CI-def-3	51
GCERT10-CI-bene-3	56
GCERT10-CI-bene-eb-3	60
GCERT10-CI-wopr-3	56
GCERT10-CI-exclproof-3	53
GCERT10-CI-wp-2	55
GCERT10-CI-prex-2	51
GCERT10-CI-dr2ml-3	51
GCERT10-CI-coi-eport-2	54
GPA12-CI-CONT	53

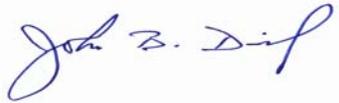
Filing Correspondence Instructions

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.087
1095 Avenue of the Americas
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 page 1 of this letter).

Very truly yours,



John B. David
Manager



Michael F. Tietz
Vice-President



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

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

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

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz
Vice President

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 MSC# 39.087 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	John David Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	212-578-5954	212-578-3874	j david1@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	NY12-23
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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 checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: Labor Unions _____
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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 checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other Policy Amendment Rates <input checked="" 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 checked="" type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY12-23
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Schedule of Insurance	GCERT10-CI-sched-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
02	Definitions	GCERT10-CI-def-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
03	Benefit Provisions	GCERT10-CI-bene-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
04	Evaluation Center Benefit Provision	GCERT10-CI-bene-eb-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
05	Waiting Period Provision	GCERT10-CI-bene-wp-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
06	Specific exclusion/proof requirements	GCERT10-CI-excl/proof-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
07	Preexisting Conditions Exclusions	GCERT10-CI-prex-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
08	Waiver of Premiums	GCERT10-CI-wopr-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
09	Discontinuance and replacement	GCERT10-CI-dr2ml-3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
10	Continuation of Insurance	GCERT10-CI-coi-eport-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
11	Certificate Face Page	GCERT10-CI-fp-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			

Effective January 1, 2009

12	Continuation of Insurance	GPA12-CI-CONT	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Policy Amendment			

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		NY12-23		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Rate Manual Pages	GCERT10-CI Certificate Series	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02	Actuarial memorandum	GCERT10-CI Certificate Series	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



**METROPOLITAN LIFE INSURANCE COMPANY
[200 PARK AVENUE, NEW YORK], NEW YORK [10166-0188]**

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company (“MetLife”), a stock company, certifies that You [and Your Dependents] are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	[Any Company]
Group Policy Number:	[XXXXXXXXXX]
[Employee Name:	[John Doe]
Employee Number:	12345678
Effective Date of Insurance:	December 1, 2010]
[MetLife Toll Free Number(s):	
For Claim Information	1-800-XXX-YYYY
For General Information	1-800-XXX-YYYY]
[MetLife Email Address	www.metlife.com]

[We have issued this Certificate to You in consideration of the payment of the [Contribution] [and the statements made in Your Enrollment Form. Your Enrollment Form is part of Your Certificate].]

[Notice to Buyer: This is a critical illness insurance Certificate. Subject to the provisions of this Certificate, including limitations, exclusions and submission of Proof of a Covered Condition, this Certificate provides a limited benefit in the event You are Diagnosed with certain specified diseases[, or have certain surgical procedures performed]. Benefits provided are a supplement, and not a substitute for, Medical Coverage. You should have Medical Coverage when You enroll for this insurance.]

[WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICES(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.]

SCHEDULE OF INSURANCE

This schedule shows the benefits that You have selected under the Group Policy. You and Your Dependents will only be insured for benefits:

- for which You and Your Dependents become and remain eligible; and
- which are in effect under the Group Policy and this Certificate.

BENEFIT AMOUNT[‡]

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

MAJOR ORGAN TRANSPLANT BENEFIT AMOUNT

<u>For You</u>	<u>[\$1,000 - \$500,000]</u>
<u>For Your Spouse or Domestic Partner</u>	<u>[\$1,000 - \$500,000]</u>
<u>For Your Dependent Child</u>	<u>[\$1,000 - \$500,000]</u>

TOTAL BENEFIT AMOUNT

For You	[\$2,000 - \$1,000,000]*
For Your Spouse or Domestic Partner	[\$2,000 - \$1,000,000]*
For Your Dependent Child	[\$2,000 - \$1,000,000]

*BENEFIT REDUCTION DUE TO AGE

The Benefit Amount for You is reduced to:

- [\$750 - \$375,000] on the first of the month coincident with or next following the date You reach age 65; and
- [\$500 - \$250,000] on the first of the month coincident with or next following the date You reach age 70.

The Total Benefit Amount for You is reduced to:

- [\$1,500 - \$750,000] on the first of the month coincident with or next following the date You reach age 65; and
- [\$1,000 - \$500,000] on the first of the month coincident with or next following the date You reach age 70.

The Benefit Amount for Your Spouse or Domestic Partner is reduced to:

- [\$750 - \$375,000] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 65; and
- [\$500 - \$250,000] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 70.

The Total Benefit Amount for Your Spouse or Domestic Partner is reduced to:

- [\$1,500 - \$750,000] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 65; and
- [\$1,000 - \$500,000] on the first of the month coincident with or next following the date Your Spouse or Domestic Partner reaches age 70.

‡For Covered Conditions other than Major Organ Transplant.

~~*Please see the Benefit Reduction Due to Age provision.~~

SCHEDULE OF INSURANCE (continued)

BENEFITS FOR COVERED CONDITIONS

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	[50%-100%] of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	[50%-100%] of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	[12.5%-25%] of Benefit Amount
Heart Attack	100% of Benefit Amount	[50%-100%] of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	[50%-100%] of Benefit Amount]
Listed Conditions	25% of Benefit Amount	[NONE]**]

~~**There may be a Recurrence Benefit for an Occurrence of rabies. Please see the RECURRENCE BENEFIT section of this Certificate for details.]~~

~~**Waiting Period:** [30-90] days for Partial Benefit Cancer and Full Benefit Cancer
30 days for all other Covered Conditions]~~

IMPORTANT NOTE: This Certificate contains certain Proof requirements, exclusions, limitations and other provisions that may reduce benefits or prevent [a Covered Person] from receiving any benefits under this Certificate. PLEASE READ YOUR ENTIRE CERTIFICATE CAREFULLY.

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

[Actively at Work or Active Work means {that You are performing all of the usual and customary duties of Your job {on a Full-Time or a Part-Time basis}. This must be done at:

- {the Group Policyholder's} place of business;
- an alternate place approved by {the Group Policyholder}; or
- a place to which {the Group Policyholder's} business requires You to travel.

You will be deemed to be Actively at Work during weekends or {Group Policyholder} approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.}]

[Activities of Daily Living means any of the following:

- Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Dressing: putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- Transferring: moving into or out of a bed, chair or wheelchair,
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- Contenance: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.]

[Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).]

Benefit Amount means the amount We use to determine the benefit payable for a Covered Condition.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the [180-365] day period following the date a Covered Condition, for which this Certificate pays a benefit, Occurs [with respect to a Covered Person].

Board Certified means a Physician has received certification in the appropriate medical specialty by [a member board of the American Board of Medical Specialties].

Certificate means this Certificate including any riders attached to it.

DEFINITIONS (continued)

Clinical Diagnosis means a Diagnosis of Partial Benefit Cancer or Full Benefit Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Partial Benefit Cancer or Full Benefit Cancer only if the following conditions are met:

- under generally accepted medical standards, a pathological Diagnosis cannot be made because it would be medically inappropriate or life-threatening;
- medical diagnostic testing supports the Diagnosis; and
- a Physician who is a Board Certified oncologist is treating [the Covered Person] for Partial Benefit Cancer or Full Benefit Cancer.]

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.]

Coronary Artery Bypass Graft means the undergoing of open heart Surgery performed by a Physician who is a Board Certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a Physician who is a Board Certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique.]

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

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

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.]

Dependent means Your Spouse, Domestic Partner and/or Dependent Child.]

DEFINITIONS (continued)

[**Dependent Child** means the following:

Your biological, adopted, or step child who is [at least [1-15] days old,] under age [18-26], unmarried and supported by You; and

Your biological, adopted or stepchild between ages [18-25] and [19-26] who is:

- unmarried;
- supported by You;
- not employed on a full-time basis; and
- a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The term does not include an unborn or stillborn child, or any person who;

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside of the United States for more than [6-48] consecutive months; or
- is insured under the Group Policy as an employee.

| A **Dependent Childperson** cannot be insured as a Dependent Child of more than one employee under the Group Policy. Your adopted child will not be a Dependent Child prior to the date the child is placed in Your home for adoption.]

[**Dependent Insurance** means insurance under this Certificate for Your Dependents.]

Diagnosis means the establishment of a Covered Condition by a Physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

[**Disabled** or **Disability** means that, solely due to a Covered Condition for which We have paid a benefit under this Certificate:

- while You are unemployed, You become and remain continuously unable to perform two or more Activities of Daily Living; or
- while You are employed, You become and remain continuously unable to perform any work for pay or benefits for which You are or become reasonably fitted by Your education, training or experience.]

DEFINITIONS (continued)

[Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 - 18 years of age or older;
 - unmarried;
 - the sole domestic partner of the other;
 - sharing a primary residence with the other;
 - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and signed by the employee.

The term "Domestic Partner" does not include any person who:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside the United States for more than [6-48] consecutive months.

No person can be insured under the Group Policy as both an employee and as a Domestic Partner.]

[Enrollment Form means the Written form provided by Us that You use to enroll for insurance under the Group Policy, including any amendments thereto.]

First Occurs or First Occurrence means[, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that ~~that~~ such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.]

DEFINITIONS (continued)

[Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician who is Board Certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- Surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.]

[Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.]

[Geriatrician means a Physician specializing in the assessment and treatment of elderly people. The Physician must be Board Certified in geriatric medicine by the American Board of Geriatric Medicine.]

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means [the employer named on the first page of this Certificate.]

[Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.]

[Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for Diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine and major surgery;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Hospitalized means:

- admission for inpatient care in a Hospital;
- receipt of care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receipt of the following treatment, wherever performed:
 - chemotherapy;
 - radiation therapy; or
 - dialysis.]

Initial Benefit means the benefit, as specified in the Schedule of Insurance, that We will pay for a Covered Condition that First Occurs while coverage is in effect under this Certificate.

DEFINITIONS (continued)

[Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a Physician who is a Board Certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such Physician to continue for at least 6 months; or
- a kidney transplant.]

[Listed Condition or Listed Conditions means any of the following diseases:

- Addison's disease (adrenal hypofunction);
- amyotrophic lateral sclerosis (Lou Gehrig's disease);
- cerebrospinal meningitis (bacterial);
- cerebral palsy;
- cystic fibrosis;
- diphtheria;
- encephalitis;
- Huntington's disease (Huntington's chorea);
- Legionnaire's disease;
- malaria;
- multiple sclerosis (definitive diagnosis);
- muscular dystrophy;
- myasthenia gravis;
- necrotizing fasciitis;
- osteomyelitis;
- poliomyelitis;
- rabies;
- sickle cell anemia (excluding sickle cell trait);
- systemic lupus erythematosus (SLE);
- systemic sclerosis (scleroderma);
- tetanus; and
- tuberculosis.]

[Lodging means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee.]

[Major Organ Transplant means:

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

DEFINITIONS (continued)

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Medical Coverage means coverage under Medicare or an insurance policy, health maintenance organization contract, or employer's plan of self-insurance providing benefits for hospital, surgical and medical expenses or treatment. Medical Coverage does not include Medicaid.

Neurologist means a Physician who specializes in the diagnosis and treatment of disorders of the nervous system and who is Board Certified by the American Board of Psychiatry and Neurology, Inc.

Neuropsychologist means a psychologist who has completed special training in the neurological causes of brain disorders and who specializes in diagnosing and treating these illnesses using a predominantly medical approach and is Board Certified by the American Board of Professional Neuropsychology.]

Occurs or Occurrence means:

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

[Part-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 20 hours per week.]

[Partial Benefit Cancer means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that Surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who is Board Certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.]

DEFINITIONS (continued)

Physician means an individual who has received a degree of doctor of medicine (M.D.), or doctor of osteopathy (D.O.), and is acting within the scope of a valid license issued in the United States to Diagnose a Covered Condition or to perform the services required for a Covered Condition for which a claim is made. A Physician is not:

- You,
- Your [S]pouse[, Your Domestic Partner] or anyone to whom you are related by blood or marriage;
- anyone with whom you are residing;
- Your adopted or step-child;
- anyone with whom You share a business interest; or
- Your employee.

Practitioner of the Healing Arts means any person who holds a valid license in the United States to engage in the diagnosis or treatment of disease or any ailment of the human body.

[Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.]

Proof means Written evidence satisfactory to us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Recur or Recurrence means:

- [with respect to Coronary Artery Bypass Graft:
 1. an Occurrence of Coronary Artery Bypass Graft if We have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.
- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after We have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after We have already paid an Initial Benefit for the First Occurrence of Stroke.
- [with respect to Listed Conditions:
 1. an Occurrence of rabies if We have already paid an Initial Benefit for a previous Occurrence of rabies.]

DEFINITIONS (continued)

[Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.]

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

[Spouse means Your lawful spouse. The term does not include any person who:

- is serving in the armed forces, or auxiliary units of the armed forces, of any country;
- lives outside the United States for more than **[6-48]** consecutive months; or
- is insured under the Group Policy as an employee.]

[Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which result in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extra-cranial source.]

[Supplemental Benefit(s) are the following:

- Health Screening Benefit;
- Lodging Benefit;
- Transportation Benefit;
- ~~[Evaluation Benefit;]~~ and
- ~~[NCI Cancer Center Benefit]-.~~]

Surgery means a procedure performed by a Physician involving the cutting of [the Covered Person's] skin or tissue that in and of itself is intended to be curative or palliative. Surgery does not include endoscopic procedures.

[TNM Staging means the classification standards for cancer developed by the American Joint Committee on Cancer.]

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

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

DEFINITIONS (continued)

[**Treatment Center** means any of the following medical facilities where {a Covered Person} may receive treatment and which is located outside of a 100-mile radius of {the Covered Person's} Primary Residence:

- Hospital;
- radiation therapy center;
- chemotherapy center;
- oncology clinic; or
- specialized free-standing treatment center.]

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means [an employee] who is insured under the Group Policy for the insurance described in this Certificate.

CRITICAL ILLNESS BENEFITS FOR [ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, KIDNEY FAILURE, MAJOR ORGAN TRANSPLANT AND STROKE]

If any of the following Covered Conditions First Occurs for [a Covered Person], while [such Covered Person is] insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more [with respect to any Covered Person] than the Total Benefit Amount shown in the Schedule of Insurance.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occur [for a Covered Person] while [such Covered Person is] insured under this Certificate:

1. [Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Kidney Failure;
6. Major Organ Transplant; or
- ~~6-7.~~ Stroke].

Payment of this benefit reduces the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

[CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for [a Covered Person], while [such Covered Person is] insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more [with respect to any Covered Person] than the Total Benefit Amount shown in the Schedule of Insurance.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur [for a Covered Person] while [such Covered Person is] insured under this Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.]

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

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

100% of the Major Organ Transplant Benefit Amount is payable for Major Organ Transplant that First Occurs for a Covered Person while coverage is in effect under this Certificate.

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

Payment of this benefit does not reduce the Total Benefit Amount.]

RECURRENCE BENEFIT

We will pay the Recurrence Benefit shown in the Schedule of Insurance for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; [and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless [the Covered Person] has] not, for a period of [30-180] days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.]

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

REDUCTION ON ACCOUNT OF PRIOR CLAIMS PAID

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

SUPPLEMENTAL BENEFITS

[HEALTH SCREENING BENEFIT

If {a Covered Person} takes one of the screening/prevention measures listed below while {such Covered Person is} insured under this Certificate {and after Your insurance has been in effect for [1-12] months,} We will pay a Health Screening Benefit upon submission of Proof that such measure was taken. When We receive such Proof, We will review it, and if We approve the claim, We will pay a Health Screening Benefit of [\$50-\$200].

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- {annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;

| **HEALTH SCREENING BENEFIT (continued)**

- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.†

| We will only pay one Health Screening Benefit †per Covered Person† per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.]

[LODGING BENEFIT

If [the Covered Person] is Diagnosed with a Covered Condition and if the conditions of this provision are met, the Covered Person will be eligible for the Lodging Benefit. If [the Covered Person] receives treatment for the Covered Condition at a Treatment Center, while [such Covered Person] is insured under this Certificate [and after Your insurance has been in effect for [1-12] months], We will pay the following benefit, subject to the limitations below:

- We pay \$[60-100] per day, up to a maximum of [60-180] days per calendar year, when [a Covered Person] stays in a Lodging while receiving treatment.

Limitations:

- We 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.
- You must submit Proof that the treatment was received.
- You must submit Proof that [the Covered Person] incurred an expense for staying at a Lodging.

Payment of this benefit will not reduce the Total Benefit Amount.]

[TRANSPORTATION BENEFIT

If [the Covered Person] is Diagnosed with a Covered Condition and if the conditions of this provision are met, [the Covered Person] will be eligible for the Transportation Benefit. If [the Covered Person] receives treatment at a Treatment Center for the Covered Condition, while [such Covered Person] is insured under this Certificate [and after Your insurance has been in effect for [1-12] months], We will pay the following benefit, subject to the limitations below:

- We will pay \$[0.25-1.00] per mile for a maximum of \$[1,000-2,500] per round trip, up to a maximum of \$5,000 per calendar year, for [the Covered Person] receiving benefits for the related Covered Condition. Mileage is measured from [the Covered Person's] Primary Residence to the Treatment Center.

Limitations:

- We will not pay more than \$5,000 in any calendar year for the Transportation Benefit.
- You must submit Proof that the treatment was received.

Payment of this benefit will not reduce the Total Benefit Amount.]

EVALUATION BENEFIT

For purposes of this section:

Evaluation Center means a facility that is:

- licensed or certified under the laws where it is located to provide diagnostic services for the Covered Condition for which evaluation is sought; and
- which has been recognized by the Group Policyholder in Writing as an evaluation center for purposes of the Evaluation Benefit].

| If [a Covered Person is] Diagnosed with a Covered Condition [other than Listed Conditions], and if the conditions of this provision are met, [that Covered Person] will be eligible for the Evaluation Benefit. If [a Covered Person] receive[s] an evaluation at an Evaluation Center while [such Covered Person is] insured under this Certificate [and after Your insurance has been in effect for [1-12] months,] We will pay the following benefit, subject to the limitations below:

- \$[500-1,000] for the evaluation or consultation; and
- \$[250-500] if the Evaluation Center is more than 100 miles from [the Covered Person's] Primary Residence.

Limitations:

- This benefit is limited to one payment for each Initial Benefit or Recurrence Benefit received by [the Covered Person] for any Covered Condition [other than Listed Conditions] and only if an evaluation is received by [the Covered Person].
- We will only pay this benefit if We have already paid an Initial Benefit or Recurrence Benefit for the Covered Condition for which [the Covered Person is] receiving an evaluation.
- You must submit Proof that the evaluation was received.
- We will not pay for benefits under this section for more than [1-5] evaluations [per Covered Person] while coverage is in effect under this Certificate.

Payment of this benefit will not reduce the Total Benefit Amount.

WAIVER OF PREMIUMS

If You become Disabled while you are under age 70 and insured under this Certificate, and You remain Disabled continuously for [90-365] days, Proof of your Disability must be sent to us in order to submit a claim for Waiver of Premium. Such Proof must be sent to us during the [90-365] day period that follows the [ninetieth – three hundred sixty-fifth] day of Your continuous Disability or You will not be eligible for Waiver of Premiums. As part of such Proof, We may choose a Physician to examine You to verify that You are Disabled. If We do so, We will pay for such exam.

When we receive such Proof, we will review the claim and if we approve it, we will waive the premiums due for You and Your Dependents starting with the first premium that becomes due on or after the date You have been Disabled continuously for [90-365] days, subject to the following:

- We will not waive premiums for any period during which You are not under the care of a Physician for the Covered Condition that causes Your Disability;
- We will not waive premiums if you do not remain insured during the first [90-365] days of continuous Disability either under this Certificate [or under a certificate issued to You pursuant to the PORTABILITY OF COVERAGE section]; and
- We will not waive premiums if Your Disability is not solely caused by a Covered Condition for which We have paid a benefit under this Certificate.

If We waive any premium under this provision that has already been paid to Us, We will return the premium to whomever paid it to Us.

To verify that You continue to be Disabled without interruption after Our initial approval, We may periodically ask You to send Us Proof that You continue to be Disabled.

We will continue to waive premiums under this provision until the earliest of:

- the date You are no longer Disabled;
- Your seventieth birthday;
- the date You fail to send us Proof that You continue to be Disabled as required under this provision;
- [[1-5] years from the date We first began to waive premiums;] or
- the date ~~the Group Policy ends~~Your insurance under this Certificate ends.

IMPORTANT NOTICE

[On the date Your insurance ends, We will not know whether You will be able to satisfy the Disability and Proof requirements specified above. For this reason, We urge You to consider taking the following steps:

Step 1 When Your insurance ends, ask the Group Policyholder if such insurance will be continued with premium payment by the Group Policyholder. If the answer is yes, ask if such continuation will be for at least [90-365] days. If the answer is yes, file a claim for Waiver of Premiums under this section at the end of [90-365] days of continuous Disability.

If the Group Policyholder will not continue insurance as described in Step 1, proceed to Step 2.

WAIVER OF PREMIUMS (continued)

Step 2. Read the section[s] titled [PORTABILITY OF COVERAGE and] CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. You may have the option to continue your insurance under the Group Policy [or under another policy issued by us for people exercising their portability option].

If the Group Policyholder does not continue Your insurance as described in Step 1 and You do not continue your insurance as described in Step 2 You will not be eligible for Waiver of Premiums because You will not have been continuously insured during the first **[90-365]** days of Disability.]

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS

[Alzheimer's Disease

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not diagnosed as Alzheimer's Disease.]

[Coronary Artery Bypass Graft

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).]

[Full Benefit Cancer

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

- any condition that is Partial Benefit Cancer;
- 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 cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV~~any tumor in the presence of human immuno-deficiency virus;~~
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.]

[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 cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV~~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.]

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS (continued)

[Major Organ Transplant

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.]

[Stroke

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.]

[Listed Conditions

We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.]

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION

[Alzheimer's Disease

Proof of Alzheimer's Disease requires a Diagnosis made in Writing by a Neurologist, Geriatrician, or Neuropsychologist and supported by all of the following:

- formal neuropsychological testing performed by a Neuropsychologist confirming dementia;
- laboratory tests have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease; and
- magnetic resonance imaging, computerized tomography or other reliable imaging techniques that have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease.

The Covered Condition for Alzheimer's Disease will be deemed to Occur on the date that the Diagnosis of Alzheimer's Disease is made and all other etiologies have been ruled out.]

[Coronary Artery Bypass Graft

Proof of Coronary Artery Bypass Graft requires submission of medical records evidencing that the Coronary Artery Bypass Graft:

- was determined to be medically necessary by a Physician who is Board Certified in cardiology;
- was supported by pre-operative angiographic evidence; and
- has been performed.

The Covered Condition for Coronary Artery Bypass Graft will be deemed to Occur on the date that the Coronary Artery Bypass Graft is performed.]

[Full Benefit Cancer

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Full Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissues or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Full Benefit Cancer will be deemed to Occur upon the date that the Diagnosis of Full Benefit Cancer is made.]

[Partial Benefit Cancer

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Partial Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissue or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Partial Benefit Cancer will be deemed to Occur upon the date the Diagnosis of Partial Benefit Cancer is made.]

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION (continued)

Heart Attack

Diagnosis of Heart Attack must be made in Writing by a Physician and supported by medical records showing an elevation of enzymes, troponins or other biochemical cardiac markers, and two of the three following criteria associated with the Heart Attack for which a claim is being made:

1. typical chest pain characteristic of an acute myocardial infarction, requiring [the Covered Person] to be Hospitalized as an inpatient;
2. electrocardiograph (EKG) changes on one or a series of electrocardiograms taken at the time [the Covered Person] experiences the Heart Attack for which a claim is being made, which changes are indicative of an acute myocardial infarction, but, if [the Covered Person] had any prior electrocardiogram(s), the electrocardiogram(s) presented as Proof of Heart Attack must show changes from the [Covered Person's] last electrocardiogram, and such changes must be indicative of an acute myocardial infarction; or
3. confirmatory imaging studies such as thallium scans, or echocardiograms indicative of an acute myocardial infarction, but, if the [Covered Person] had any prior imaging studies, the imaging studies presented as Proof of Heart Attack must show changes from [the Covered Person's] last imaging studies, which changes must be indicative of a myocardial infarction.

The Covered Condition for Heart Attack will be deemed to Occur on the date the Diagnosis of Heart Attack is made.]

Kidney Failure

Diagnosis of Kidney Failure must be made in Writing by a Physician who is Board Certified in nephrology, and must be supported by medical records. The Covered Condition for Kidney Failure will be deemed to Occur on the date the Diagnosis of Kidney Failure is made.]

Major Organ Transplant

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

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

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

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

Stroke

Diagnosis of Stroke must be made in Writing and be based upon medical records indicating objective evidence of significant neurological impairment that is functional, measurable and permanent as demonstrated by magnetic resonance imaging, computerized tomography or other reliable imaging techniques. Such neurological impairment must be confirmed in Writing no earlier than 30 days after the cerebrovascular accident or incident by a Physician who is Board Certified in neurology and be based upon objective evidence of significant neurological, motor or sensory impairment, which impairment must be present on the date that such Written confirmation is made. The Covered Condition for Stroke will be deemed to Occur on the date the Diagnosis of Stroke is made.]

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION (continued)

Listed Conditions

Diagnosis of a Listed Condition must be made in Writing by a Physician and must be supported by medical records. The Covered Condition for a Listed Condition will be deemed to Occur on the date the Diagnosis of a Listed Condition is made.

[LIMITATIONS (CONTINUED)]

WAITING PERIOD

On the date [a Covered Person's] insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if [the Covered Person]:

- experience[s] a Covered Condition during the waiting period; [or
- exhibit[s] symptoms, or any medical or physical conditions, during the waiting period 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.]

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void [with respect to a Covered Person] if [the Covered Person]:

- experience[s] a Covered Condition during the waiting period; [or
- exhibits symptoms, or any medical or physical conditions, during the waiting period 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 any insurance that is voided under this provision will be returned to You without interest[, except if Your Dependent Child is the Covered Person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, Contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under this Certificate. If You are the Covered Person whose insurance is void under this provision, and as a result You no longer have any insurance in effect under the Group Policy, insurance for Your Dependents will also be void.]

If a claim for a Covered Condition[, other than Full Benefit Cancer or Partial Benefit Cancer,] is denied under this *Waiting Period* provision, at Your option, We will exclude that Covered Condition and insurance that would otherwise be void under this *Waiting Period* provision will not be void. In order for You to exercise this option, You must notify Us in Writing within 30 days after We notify You that Your claim is denied under this *Waiting Period* provision.

[If a claim for Full Benefit Cancer or Partial Benefit Cancer is denied under this *Waiting Period* provision, at Your option, insurance that would otherwise be void under this *Waiting Period* provision will not be void and any subsequent Occurrence of a Separate & Unrelated Full Benefit Cancer or a Separate & Unrelated Partial Benefit Cancer will be treated as a First Occurrence.]

The length of the waiting period is shown in the Schedule of Insurance.

PREEXISTING CONDITION EXCLUSION

Preexisting Condition means a sickness or injury for which, in the [3-12] months before [a Covered Person] become[s] insured under this Certificate, or before any Benefit Increase with respect to [such Covered Person]:

- 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 Covered Conditions that are caused by or result from a Preexisting Condition if the Covered Condition Occurs during the first [3-12] months that [a Covered Person is] insured under this Certificate.

With respect to a Benefit Increase, We will not pay benefits for such Benefit Increase for Covered Conditions that are caused by or result from a Preexisting Condition if such Covered Condition Occurs during the first [3-12] months after such increase in the Total Benefit Amount.

[This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.]

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER GROUP CRITICAL ILLNESS INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER

The Group Policy is replacing another policy of group critical illness insurance that was issued to the Group Policyholder. This section explains how the replacement of that other group critical illness insurance policy will affect people who were covered under that policy.

In this section, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group critical illness insurance that was replaced by the New Policy.

[Each Covered Person who was insured under the Old Policy on the date that it ended and who is eligible for insurance under the New Policy] will be:

- insured under the New Policy on the date it takes effect; and
- credited for the time [such Covered Person] had been continuously insured under the Old Policy on the date it ended in determining:
 1. ~~{whether a Covered Condition is a Preexisting Condition under the Preexisting Condition Exclusion in this Certificate;}~~
 2. the length of time insurance has been in effect for the purpose of determining whether the requirements for payment of Supplemental Benefits have been met;
 3. whether a Covered Condition is subject to the Benefit Suspension Period in this Certificate;~~{and~~
 - 2.4. whether a Covered Condition is subject to the Waiting Period in this Certificate.]

To the extent that benefits were paid under the Old Policy with respect to [a Covered Person] for any Covered Condition:

- if that Covered Condition Occurs under the New Policy, it will be treated as a Recurrence provided that there is a Recurrence Benefit available under the New Policy for such Covered Condition; and
- the Total Benefit Amount with respect to [such Covered Person] under this Certificate will be reduced.

[The form that was used to enroll ~~{a Covered Person}~~ for insurance under the Old Policy will be used as the Enrollment Form for ~~{such Covered Person}~~ under the New Policy.]

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

[FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law, if such Dependent Child developed such physical or mental handicap prior to the attainment of age 19 and is chiefly dependent upon You for support and maintenance. Notice of such handicap must be sent to Us at Your expense, We may require Proof of such handicap at reasonable intervals while such handicap continues.

Except as stated in the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.]

FOR FAMILY AND MEDICAL LEAVE

[Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.]

[AT THE GROUP POLICYHOLDER'S OPTION

The Group Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. This election applies to Class 1 employees as defined in the section titled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU. If Your insurance is continued, You may also continue Dependent Insurance.

Insurance will continue for the following periods:

- for the period You cease Active Work in an eligible class due to injury or sickness, up to [1 – 60] months;
- for the period You cease Active Work in an eligible class due to part-time work, layoff or strike, up to [1 – 60] months;
- for the period You cease Active Work in an eligible class due to any other Group Policyholder approved leave of absence, up to [1 – 60] months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at that time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at that time, Your employment will be considered to end and Your insurance will end in accordance with the *Date Your Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.]

~~[IF YOU ARE DISABLED ON THE DATE YOUR EMPLOYMENT ENDS~~

~~If You are Disabled on the date Your employment ends and You elect to continue your insurance under this CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section, You may at a later date become approved to have Your premiums waived under the *Waiver of Premiums* provision of this Certificate. If You are so approved, all insurance continued under this CONTINUATION OF~~

~~INSURANCE section will end and We will return any premiums paid to whomever paid them for such insurance.]~~

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (CONTINUED)

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. [If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance.] For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You [and for Your Dependents] by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends **because except as described below**:

Continued Insurance is not available if:

~~— [Your Group Billed insurance ends due to Your failure to make a required Contribution; or~~
~~• Your premiums are currently being waived pursuant to the Waiver of Premiums provision; or~~
~~— Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder.]~~

- ~~• Your employment ends; or~~
- ~~• You cease to be in a class that is eligible for Group Billed Insurance.~~

~~However, You cannot obtain Continued Insurance if Group Billed Insurance:~~

- ~~• ends for all employees;~~
- ~~• ends for the class of employees that You are in;~~
- ~~• ends for the class of employees that You were last in before Your Group Billed Insurance ends;~~
- ~~• ends because You failed to pay a required Contribution; or~~
- ~~• ends on a date preceding which You have not been continuously insured for at least 90 days under the Group Policy.~~

REQUEST PERIOD

To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

PREMIUMS FOR CONTINUED INSURANCE

The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the Employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

END OF CONTINUED INSURANCE

Continued Insurance will end on the earliest of the following dates:

- ~~•the date Group Billed insurance ends for all employees;~~
- ~~•the date Group Billed insurance ends for the class of employees that You are in;~~
- ~~•the date Group Billed insurance ends for the class of employees You were last in before obtaining Continued Insurance;~~
- the date You die;
- [the date the Total Benefit Amount has been paid for You;]
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made; [or]
- if the Group Policy ends, the date You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason;
- ~~•with respect to Dependent Insurance, the date Dependent Insurance ends under the Group Policy for all employees;~~
- ~~•with respect to Dependent Insurance, the date Dependent Insurance ends under the Group Policy for the class of employees that You are in~~
- ~~•with respect to Dependent Insurance, the date Dependent Insurance ends for the class of employees that You were last in before obtaining Continued Insurance;~~
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent; or
- with respect to a Dependent's insurance, the date the Total Benefit Amount has been paid for that Dependent].

~~At the end of any of the continuation periods listed above, Your insurance will be affected as follows:~~

- ~~•if You resume Active Work in an eligible class at that time, You will continue to be insured under the Group Policy;~~
- ~~•if You do not resume Active Work in an eligible class at that time, Your employment will be considered to end and Your insurance will end in accordance with the Date Your Insurance Ends provision of the section titled WHEN INSURANCE ENDS.~~

[If Your insurance ends, Your Dependent Insurance will also end in accordance with the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.]

[IF YOU ARE DISABLED ON THE DATE YOUR EMPLOYMENT ENDS

If You are Disabled on the date Your employment ends and You elect to continue your insurance under this CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section, You may at a later date become approved to have Your premiums waived under the *Waiver of Premiums* provision of this Certificate. If You are so approved, all insurance continued under this CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section will end and We will return any premiums paid to whomever paid them for such insurance.]