

SERFF Tracking Number: META-128347936 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: T12-46 (LW)
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: MBA.SpecAcc.2012/T12-46

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident & Health Insurance SERFF Tr Num: META-128347936 State: Arkansas

TOI: H02G Group Health - Accident Only SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: T12-46 (LW) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth Rivera, Linda Williams Disposition Date: 05/11/2012

Date Submitted: 05/09/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MBA.SpecAcc.2012

Project Number: T12-46

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Trust

Filing Status Changed: 05/11/2012

State Status Changed: 05/11/2012

Created By: Linda Williams

Corresponding Filing Tracking Number:

Filing Description:

This is a Group Accident and Health Insurance form filing. Please see the Cover Letter for a detailed description of this submission.

State Narrative:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Linda Williams

Company and Contact

Filing Contact Information

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Joseph Tigro, Senior Analyst jtigro@metlife.com
 1095 Avenue of the Americas 212-578-7995 [Phone]
 New York, NY 10036

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: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 Per Form submitted for Approval.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	05/09/2012	59051723

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2012	05/11/2012

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Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: MBA.SpecAcc.2012

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/11/2012	MBA.Spec Acc.2012	Certificate	Certificate	Initial		59.000	MBA.SpecAc c.2012_with EOVM.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 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.**

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

Policyholder: The MBA Group Insurance Benefit Trust

Group Policy Number: XXXXXXXXXXXX

Type of Insurance: [Life of Duty – Specified Accident Insurance]

Toll Free Number(s):
For General Information call
[Military Benefit Association] [1-800-336-0100]

[THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA.]

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

For Residents of North Dakota: If you are not satisfied with your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if you elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under your Certificate will not be covered.]

BENEFICIARY DESIGNATION MAY NOT APPLY IN THE EVENT OF ANNULMENT OR DIVORCE
Under Virginia law (Virginia Code § 20-111.1), a revocable beneficiary designation in a policy or group certificate held by one spouse that names the other spouse as beneficiary becomes void upon the entry of a decree of annulment or divorce, and the death benefit prevented from passing to a former spouse will be paid as if the former spouse predeceased the decedent. In the event of annulment or divorce proceeding, and if it is the intent of the parties that the beneficiary designation of the former spouse is to continue, you are advised to make certain that one of the following courses of action is taken prior to the entry of a decree of annulment or divorce: (i) execute a separate written agreement stating the intention of both parties that the beneficiary designation is to remain in effect beyond the date of entry of the decree or annulment or divorce; or (ii) make certain that the decree of annulment or divorce contains a provision stating that the beneficiary designation is not to be revoked pursuant to §20-111.1.

[NOTICE FOR RESIDENTS OF TEXAS

For Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll free telephone number for information or to make a complaint at

1-800-275-4638

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE: This notice is for information only and does not become a part or condition of the attached document.

Para Residentes de Texas:

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-275-4638

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU CERTIFICADO: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.]

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SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which You become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

Accident Insurance For You

[How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the Certificate states that We will pay benefits in "one sum" or a "single sum", We may pay the full benefit amount:

1. by check;
2. by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
3. by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.]

Life of Duty – Specified Accident Insurance for You

For **All Members** under age 62 at the time of enrollment

Purple Heart Lump Sum Death Benefit.....	\$25,000
Purple Heart Hospital Confinement Benefit.....	\$2,500
Combined Lifetime Benefit Maximum.....	\$27,500

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.

Beneficiary means the person(s) to whom We will pay insurance as determined in accordance with the General Provisions section.

Hospital means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

Hospital Confined means the insured has been ordered by a board certified military or civilian Physician to reside as an inpatient in a Hospital for the purpose of treating the wound or wounds for which the insured receives a Purple Heart, and the insured has resided while the Group Policy is in force, for a least thirty (30) consecutive days in such Hospital(s), without a break in residence except for transfer under such a Physician's order for the purpose of continuing medical care.

Member means a person who is a member in good standing of the Military Benefit Association who is under age 62 at the time of enrollment and is in the:

- United States of America active duty military;
- National Guard, or
- Military Reserve.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

Proof means Written evidence satisfactory to Us that a person 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.

Proof must be provided at the claimant's expense.

Purple Heart means a Purple Heart, or Oak Leaf Cluster for a Purple Heart, awarded to You in accordance with the applicable United States of America Executive Orders, regulations and statutes in effect at the time of the Specified Accident.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Specified Accident means an event which results in You receiving a Purple Heart, for an injury or injuries suffered or incurred by an Insured while this insurance is in effect and while such Insured is serving under competent authority with one of the United State of America Armed Forces.

Spouse means Your lawful Spouse.

We, Us and **Our** mean [MetLife.]

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

You and **Your** mean a Member who is insured under the Group Policy for the insurance described in this certificate.

ELIGIBILITY AND ENROLLMENT

DATE YOU ARE ELIGIBLE FOR INSURANCE

If You are a Member on or after August 01, 2012, You will be eligible for insurance on the first day of the month following the date You become a Member. If You are eligible for insurance, You may enroll for such insurance by completing the required form.

DATE YOUR INSURANCE TAKES EFFECT

Your insurance will take effect on the first day of the month following the date You complete a Military Benefit Association application for membership form, if You are under age 62 at the time of enrollment, and are in the:

- United States of America active duty military;
- National Guard, or
- Military Reserve.

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the end of the period for which the last premium has been paid for You;
3. the premium due date that coincides with or next follows the date You attain age 70;
4. the last day of the calendar month You are no longer a Member of the Military Benefit Association;
5. the last day of the month You are no longer in the
 - United States of America active duty military;
 - National Guard, or
 - Military Reserve.

SPECIFIED ACCIDENT BENEFITS

If, as a result of a Specified Accident, You die or are Hospital Confined, Proof of death or confinement must be sent to [Us]. When [We] receive such Proof We will review the claim. If [We] approve the claim [We] will pay the insurance in effect on the date of the injury within 60 days of [Our] receipt of such Proof.

PURPLE HEART LUMP SUM DEATH BENEFIT

[We] will pay Your Beneficiary a Purple Heart Death benefit of \$25,000 if:

- Your death is a result of a Specified Accident which results in You receiving a Purple Heart; and
- Your death occurs within ninety (90) days of the date of the Specified Accident; and
- This benefit is in effect at the time of the Specified Accident.

PURPLE HEART HOSPITAL CONFINEMENT BENEFIT

Purple Heart One-Time Specified Accident Hospital Confinement Benefit

[We] will pay You \$2,500 if:

- You become Hospital Confined for thirty (30) consecutive days as a result of a Specified Accident which result in You receiving a Purple Heart, and
- Your first day of being Hospital Confined began no more than seven (7) days after incurring such Specified Accident; and
- This benefit is in effect at the time of the Specified Accident.

This Purple Heart One-Time Specified Accident Hospital Confinement Benefit will only be paid once during Your lifetime regardless of how many Purple Hearts You have received.

One-Time Specified Accident Hospital Confinement Benefit and Purple Heart Lump Sum

If You qualify for payment of the Purple Heart One-Time Specified Accident Hospital Confinement Benefit, and:

- You die as a result of a Specified Accident which results in You receiving a Purple Heart,
- Your death occurs within ninety (90) days of the first day of being Hospital Confined, and
- This benefit is in effect at the time of the Specified Accident,

[We] will pay Your Beneficiary a Purple Heart death benefit of \$25,000.

LIFETIME BENEFIT MAXIMUM

The combined Lifetime Benefit Maximum for the PURPLE HEART LUMP SUM DEATH BENEFIT and the PURPLE HEART HOSPITAL CONFINEMENT BENEFIT will not exceed \$27,500.

FILING A CLAIM

[Military Benefit Association (MBA)] should have a supply of claim forms. Obtain a claim form from [MBA] and fill it out carefully. Return the completed claim form with the required Proof to [MBA, who will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us].

When [MBA] receives the claim form and Proof, [MBA] will review the claim and, if it is approved, benefits will be paid subject to the terms and provisions of this certificate and the Group Policy.

CLAIMS FOR INSURANCE BENEFITS

When a claimant files a claim for insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to MBA within 90 days of the date of a loss.

Notice of claim and Proof may also be given to MBA by following the steps set forth below:

Step 1

A claimant may give MBA notice by calling the toll free number shown in the Certificate Face Page within 20 days of the date of a loss.

Step 2

MBA will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving MBA notice of claim.

Step 3

When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form. If the claimant does not receive a claim form within 15 days after giving MBA notice of claim, Proof may be sent using any form sufficient to provide MBA with the required Proof.

Step 4

The claimant must give MBA Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Time Limit on Legal Actions. A legal action on a claim may only be brought against MBA or MetLife during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Beneficiary

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to the [Policyholder] using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the [Policyholder] within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary to be one or more of the following who survive You:

1. Your Spouse;
2. Your Child(ren);
3. Your parent(s); or
4. Your siblings(s)

Instead of making payment to any of the above, we may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.

If a Beneficiary or payee is a minor or incompetent to receive payment, We will pay that person's guardian.

Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder application attached to the Group Policy; and
3. any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You, Your Beneficiary or Your personal representative.

We will not use Your statements which relate to insurability to contest insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

Physical Exams

If a claim is submitted for insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

[NOTICE FOR RESIDENTS OF VIRGINIA

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Customer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-275-4638

You may also contact Military Benefit Association at 1-800-336-0100

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209
1-877-310-6560 - toll-free
1-804-371-9032 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)

3600 West Broad St
Suite 216
Richmond, VA 23230
1-800-955-1819

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

NOTICE FOR RESIDENTS OF ARKANSAS

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494

NOTICE FOR RESIDENTS OF CALIFORNIA

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

**DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357**

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF ILLINOIS

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

NOTICE FOR RESIDENTS OF NORTH CAROLINA

Read your Certificate Carefully.

IMPORTANT CANCELLATION INFORMATION

Please Read The Provisions Entitled

DATE YOUR INSURANCE ENDS, found on page [x]

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

- (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND
- (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values

- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

NOTICE FOR RESIDENTS OF THE STATE OF WASHINGTON

Domestic Partner means each of two people, one of whom is an Employee of the Policyholder, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Spouse means Your lawful spouse. Wherever the term "Spouse" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

NOTICE FOR RESIDENTS OF WEST VIRGINIA

FREE LOOK PERIOD:

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166-0188
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.]

FRAUD WARNINGS

[If You have applied for insurance under a policy issued in one of the following states, or if You reside in one of the following states, note the following applicable warning:

For Residents of New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For Residents of Massachusetts

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

For Residents of New Jersey

Any person who includes any false or misleading information on an application for an insurance policy or who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Residents of Kansas, Oregon, and Vermont

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

For Residents of Puerto Rico

Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented, a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be

penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000), or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of Virginia and Washington

It is a crime to provide knowingly false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of All Other States

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

SERFF Tracking Number: META-128347936 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: T12-46 (LW)
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accident & Health Insurance
 Project Name/Number: MBA.SpecAcc.2012/T12-46

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: Attached is the required certifications.</p> <p>Attachments: ARCERTREAD.pdf ARCERTREG19.pdf</p>	Approved-Closed	05/11/2012
<p>Bypassed - Item: Application</p> <p>Bypass Reason: Not Applicable to this type of filing submission.</p> <p>Comments:</p>	Approved-Closed	05/11/2012
<p>Satisfied - Item: Explanation of Variable Material for Form MBA.SpecAcc.2012</p> <p>Comments: Attached is the Explanation of Variable Material MBA.SpecAcc.2012.</p> <p>Attachment: EOVM MBA.SpecAcc.2012.pdf</p>	Approved-Closed	05/11/2012
<p>Satisfied - Item: Cover Letter</p> <p>Comments: Attached is the Cover Letter.</p> <p>Attachment: Cover letter.pdf</p>	Approved-Closed	05/11/2012



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
MBA.SpecAcc.2012	Life of Duty – Specified Accident Insurance	59

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", is positioned above the printed name.

Michael F. Tietz
Vice President



Metropolitan Life Insurance Company

EXPLANATION OF VARIABLE MATERIAL CERTIFICATE FORM MBA.SpecAcc.2012

Certificate form MBA.SpecAcc.2012 includes illustrative variable material. Illustrative material consists of entries such as names, dates, addresses, phone numbers, web address and may be varied. In addition, the certificate may vary as follows:

FACE PAGE

The type of insurance may be revised to reflect some other name. The entity who should be called for "General Information" may vary. Since this benefit is intended to be provided in fifty-five jurisdictions, for ease of administration, we intend to provide any required notices in the certificate form and provide one certificate to all covered persons. As a result, the notices included here may vary to reflect updated jurisdictional requirements.

SCHEDULE OF BENEFITS

The section "How We Will Pay Benefits" may vary to read:

"How We Will Pay Benefits

When the certificate states that We will pay benefits in "one sum" or a "single sum," We will pay the full benefit amount by check.

Other modes of payment may be available upon request."

DEFINITIONS

We may revise the definition of "We, Us and Our mean MetLife." to include MBA, a third party administrator, or other organization that may administer the plan.

SPECIFIED ACCIDENT BENEFITS

We may revise the entity to whom Proof must be sent to and who will review it and pay the claim. For example, it may be sent to MBA, a third party administrator, or other organization that may administer the plan.

FILING A CLAIM

We may revise the entity to whom Proof must be sent to and who will review it and pay the claim. For example, it may be sent to MBA, a third party administrator, or other organization that may administer the plan.

GENERAL PROVISIONS - Beneficiary

We may revise "Policyholder" to another entity. For example, it may be sent to MBA, a third party administrator, or other organization that may administer the plan.

IMPORTANT NOTICES AND FRAUD WARNINGS

Since this benefit is intended to be provided in fifty-five jurisdictions, for ease of administration, we intend to provide any required notices in the certificate form and provide one certificate to all covered persons. As a result, the notices and fraud warnings included here may vary to reflect updated jurisdictional requirements, as well as contact information.

Metropolitan Life Insurance Company
1095 Avenue of the Americas
New York, New York 10036
Tel 212-578-7995
INTERNET ADDRESS jtigro@metlife.com



Joseph Tigro
Group and SBC Contracts & Compliance Division

May 9, 2012

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Group Accident & Health Insurance
Our NAIC Company No. is 65978
Our FEIN is 13-5581829
Our License Number is 7700289
Our Filing No. is T12-46

Dear Sir or Madam:

We enclose for filing final printed copies of the enclosed group specified accident certificate form. This form is new and does not replace any form previously filed.

Certificate form MBA.SpecAcc.2012 is being filed on a single case basis, for use only with a single policyholder. The certificate describes certain specified accident benefits provided to Military Benefit Association members who are in the U.S. armed forces, military reserve or national guard and who receive a Purple Heart. The covered persons will reside in fifty-five jurisdictions, including in Arkansas. This form is being filed concurrently in all fifty-five jurisdictions, including our domiciliary state, New York.

MetLife will be issuing a group policy to the MBA Group Insurance Benefit Trust. The policy is situated in Virginia.

We have enclosed an explanation of variable material in support of this filing. For the few variations that are identified in the certificate, we request the extension of previously-approved certificate rider form CR2000 (approved July 24, 2001) for use with this certificate form.

If you have any questions or comments regarding this filing, please feel free to contact me via telephone (212-578-7995) or e-mail (jtigro@metlife.com).

Very truly yours

A handwritten signature in black ink, appearing to read "Joseph Tigro". The signature is written in a cursive, flowing style.

Joseph Tigro
Senior Analyst – Group Contracts Development