

SERFF Tracking Number: META-128439663 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: B11-101 BH (CW)
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCERT2000 Series
Project Name/Number: Group Term Life and Accident and Health/B11-101 BH (CW)

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: GCERT2000 Series

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: META-128439663 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num:

For Informational Purposes

Co Tr Num: B11-101 BH (CW)

Authors: Sandra Bennett, Ruth
Rivera, Cathy Weldon, Linda
Williams

Date Submitted: 06/01/2012

State Status: Closed-Accepted for
Informational Purposes

Reviewer(s): Linda Bird

Disposition Date: 06/06/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Group Term Life and Accident and Health

Project Number: B11-101 BH (CW)

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Other

Overall Rate Impact:

Deemer Date:

Submitted By: Cathy Weldon

Filing Description:

Arkansas Department of Insurance

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Concurrently being
filed in all states, including NY our domicile
state.

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:
Labor Union

Filing Status Changed: 06/06/2012

State Status Changed: 06/06/2012

Created By: Cathy Weldon

Corresponding Filing Tracking Number:

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Re: Revised Pages of the Explanation of Variable Material for GCERT2000, et al.
Group Life and Accident Insurance
Our NAIC No. is 65978
Our FEIN is 13-5581829

Dear Ms. Blrd:

Thank you for your respond to my email message. Per your note we are submitting this for information purposes and no filing fee will be required.

We enclose for filing final printed copies of the group Term Life and Accident Insurance material described below.

When the GCERT2000 group insurance certificate series was filed, we filed a loose-leaf binder with the Explanations of Variable Material (EOV), which your department approved on July 24, 2001 (with respect to Term Life, AD&D and Disability Income) and on January 08, 2003 (with respect to Dental Insurance). There was a subsequent installment filing approved by your department on November 05, 2004 and another installment filing approved on September 25, 2009 (both of these subsequent installments were filed for Term Life and AD&D).

The purpose of this filing is to amend pages 14, 32, 33, 67a, 67b, 108, 109 and 110 and add page 110a of the previously approved EOV binder. These revisions will provide additional flexibility in meeting customer demands.

We have included an additional set of Explanations of Variable Material where all changes that we are making to the previously filed EOV are highlighted for your ease of review.

These forms are being filed concurrently in our domicile state, New York.

The enclosed filing will not be marketed with an illustration.

Please direct any questions, comments or correspondence regarding this filing to me. My telephone and fax numbers and email address appear in the letterhead above. I look forward to hearing from you.

Sincerely,

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Beatriz C. Hilden
 Sr. Contract Analyst
 State Narrative:

Company and Contact

Filing Contact Information

Beatriz Hilden, Senior Contract Analyst bhilden@metlife.com
 501 Route 22, 908-253-1239 [Phone] 1239 [Ext]
 Bridgewater Township, NJ 08807 908-253-2126 [FAX]

Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York
 MetLife Group Code: 241 Company Type: Life
 1095 Avenue of the Americas Group Name: State ID Number:
 New York, NY 10036-6796 FEIN Number: 13-5581829
 (212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$0.00	06/01/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		06/06/2012	06/06/2012

SERFF Tracking Number: *META-128439663* *State:* *Arkansas*
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Disposition

Disposition Date: 06/06/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-128439663 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Explanation of Variable Material		Yes
Supporting Document	Highlighted copy of amended Explanation of Variable Material.		Yes
Supporting Document	Arkansas Certification		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This filing is only to revise Explanation of Variable Material, not a form filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable for this type of filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variable Material		
Comments: Attached is a copy of the Explanation of Variable Material.		
Attachment: Compiled EOVS Life AD&D 2012 Enhance AR NonHighlighted.pdf		

	Item Status:	Status Date:
Satisfied - Item: Highlighted copy of amended Explanation of Variable Material.		
Comments: Attached is a highlighted copy of the amended Explanation of Variable Material.		
Attachment: Compiled EOVS Life AD&D 2012 Enhance AR Highlighted.pdf		

	Item Status:	Status Date:
Satisfied - Item: Arkansas Certification		

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Comments:

Attachment:

ARCERTREG19.pdf

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def-6 (con't)	Signed	(4)	<p>Item may appear as shown or it may vary to include reference to telephonic and other durable media. This will only be done if such inclusion is consistent with applicable law and the parties are prepared to administer various policy terms and provisions via such media.</p> <p>Item may be omitted. In this case, we will lower case the "s" in the term "signed" throughout the certificate.</p>
def-7	Spouse	(1)	Item will appear as shown it may vary to reflect the Policyholder's plan requirements, or item may be omitted.
	Written or Writing	(2)	<p>Item may appear as shown or it may vary to include reference to telephonic or other durable media. This will only be done if such inclusion is consistent with applicable law and the parties are prepared to administer various policy terms and provisions via such media.</p> <p>Item may be omitted. In this case, we will lower case the "w" in the terms "written" and "writing" throughout the certificate.</p>
	You and Your	(3)	Item will appear as shown or the term "member", "certificateholder", "participant", "associate", "retired employee" or words of similar import may be substituted.
def-8	Cast Restoration	(1)	Item will appear as shown or other services may be included or omitted to reflect the requirements of the Policyholder's plan. Otherwise, item may be omitted.
	Co-Payment	(2)	<p>If "Co-Payment" applies only to some services, the definition may vary to indicate the services to which it applies. If the term is not used in the certificate, item may be omitted. The term</p> <p>Co-Pay may be used instead of Co-Payment. The wording may state that "These amounts will be listed in the attached rider."</p>
	Covered Percentage	(3)	<p>Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. For example, the term Reasonable and Customary Charge could be replaced with Maximum Allowed Charge. Furthermore, if "Covered Percentage" only applies to some services or to certain classes of insureds, the wording may be adjusted accordingly.</p> <p>If a Covered Percentage is not used to determine the amount we will pay, the item may be omitted.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
add pages	ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE		This section will appear if the Policyholder elects Accidental Death and Dismemberment insurance. This section will appear with or without Dependent Insurance. In addition, the Additional Covered Losses and Benefits may appear according to Policyholder specifications.
		(1)	Wherever item appears in the ADD pages it will appear as shown, or we may substitute "Death" or Dismemberment."
		(2)	Item will appear as shown, it may set forth different time frames for different covered losses such as 24 months for loss of life and 12 months for all other Covered Losses or it may be omitted.
		(3)	Item will appear as shown or it may be omitted.
	Presumption of Death	(4)	Item will appear as shown or it may be omitted.
	Exclusions	(5)	Item will appear as shown or "contributed to" may be omitted and/or ":1." may be omitted.
		(6)	Listed items will appear as shown, or may be included or excluded in any combination to reflect Policyholder plan specifications. In addition, individual exclusions may vary as follows: Exclusion 5 shall read as follows: "5. service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country." The above text may be modified, as follows: <ul style="list-style-type: none"> to remove references to "other than weekend or summer training"., to reflect Policyholder's specifications, and to specifically identify all military branches In exclusion 6 the first bullet may appear as shown or may vary to reflect Policyholder plan specifications. Otherwise, item may be omitted. in exclusion 7, the phrase "a felony" may be replaced with "a crime"; in exclusion 8, the bulleted item "alcohol in combination with any drug, medication or sedative;" may be omitted; and; the items referenced in exclusion 9 may be included or excluded in any combination.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
add-2	Exclusion for Intoxication	(1)	Item will appear as shown or it may be omitted. If omitted here, this exclusion may be added to either of the following sections: ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE-ADDITIONAL BENEFIT: AIR BAG USE or ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE-ADDITIONAL BENEFIT: SEAT BELT USE
	Common Disaster	(2)	Item will appear as shown, may vary to include a time period within which both deaths must occur, or may be omitted. The range for such time period is 30-365 days.
add-3	Benefit Payment	(3)	Item will appear as shown or it may be omitted if Accidental Dismemberment Insurance only is provided.
		(4)	Item will appear as shown or it may be omitted if Accidental Death Insurance on the employee's life only is provided. If insurance for Dependents is not provided, item may vary to read as follows: For any other loss sustained by You, We will pay benefits to You. If only Accidental Death Insurance on the employees and their Dependents is provided, item may vary to read as follows: For loss of a Dependent's life, We will pay benefits to You. The following language may be added to this item: If your Dependent Child sustains a Covered Loss for which the benefit shown in the SCHEDULE OF BENEFITS is in excess of the Full Amount and sustains other Covered Losses due to the same accident, the amount We will pay on behalf of any such injured person will not exceed [twice the Full Amount]. If added, "twice the Full Amount" may be changed according to the Policyholder's plan specifications.
	Applicability of Provisions	(6)	Item will appear as shown or may be omitted if no AD&D Additional Benefits are included in the Policyholder's plan.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
life/claim 07/09	FILING A CLAIM		This section will be included when there is life insurance being provided under the group policy.
		(1)	First 3 sentences may be modified to reflect customer's plan specifications. The term "Recordkeeper" will appear as shown or we may substitute the name of another entity to whom notification must be given in place of the "Recordkeeper", such as "Us" or "the Policyholder". If such substitution is made here, all references throughout this Section will vary accordingly. Phone number may vary to reflect the accurate phone number or to reflect reference to telephonic or other durable media.
		(2)	Item will appear as shown or may be omitted if the term "Recordkeeper" is not used.
		(3)	Item will appear as shown, or may be omitted.
			In addition, the following may be included as the final paragraph per plan specifications:

"When a claimant files a claim to continue Life Insurance on account of Total Disability, notice and Proof should be sent to Us as soon as reasonably possible, but in any event must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
add/claim 07/09	FILING A CLAIM		This section will be included when there is Accidental Death and Dismemberment insurance being provided under the group policy.
		(1)	First 3 sentences may be modified to reflect customer's plan specifications. The term "Recordkeeper will appear as shown or we may substitute the name of another entity to whom notification must be given in place of the "Recordkeeper", such as "Us" or "the Policyholder". If such substitution is made here, all references throughout this Section will vary accordingly. Phone number may vary to reflect the accurate phone number or to reflect reference to telephonic or other durable media.
		(2)	Item will appear as shown or may be omitted.
		(3)	Item will appear as shown, or may be omitted per plan specifications.
			In addition, the following may be included as the final paragraph per plan specifications:

"When a claimant files a claim to continue Accidental Death and Dismemberment Insurance on account of Total Disability, notice and Proof should be sent to Us as soon as reasonably possible, but in any event must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all	ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED		This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted.
		(1)	The wording may be omitted or may be replaced by the titles of the affected insurance coverages.
		(2)	The words Total Disability or Totally Disabled may be changed to Total and Permanent Disability and Totally and Permanently Disabled respectively or to Full Disability and Fully Disabled respectively. If the terms are changed, they will be changed throughout the form.
		(3)	Coverage names may be added or deleted to reflect the plan specifications. The area may be modified to specify that the employee belong to a specified class of employees. The area may be modified to include a requirement that the onset of total disability occur after a specified waiting period or before a change in employment status.
		(4)	Item may be deleted or the age may be increased.
		(5)	The phrase "without interruption" may be changed to say here and associated places "without interruption longer than 2 weeks" or words of similar import and the length of time may be revised to fit policyholder specifications. The reference to a Continuation Waiting Period may be eliminated. If it is eliminated, references to it elsewhere will be omitted.
			Item may be replaced with the following wording to meet the Policyholder's request for a return to work option:

Your Total Disability must continue without interruption from the date You became Totally Disabled through the end of the Continuation Waiting Period, except as follows. If You return to Active Work after completing part or all of the Continuation Waiting Period and later cease Active Work due to the same or a related Total Disability while Your Continuation Eligible Insurance is still in effect, You will be given credit for the prior partial or total completion of the Continuation Waiting Period and it will be considered a continuation of the original Total Disability. For example, if You complete the Continuation Waiting Period in the original period of Total Disability, You will not need to complete another Continuation Waiting Period. You must notify Us of the later period of Total Disability within 12 months of when that period began. The amount of insurance being continued will be the same as during the original period of Total Disability, subject to any reductions in coverage amount due to age. However, if (a) You increase Your Continuation Eligible Insurance after returning to Active Work and as part of the process provide evidence of insurability which satisfies Us, or (b) the amount of Continuation Eligible Insurance increases due to a change in Your earnings, that increase will be taken into account in determining the amount of insurance being continued.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all	ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED		<p>If the paragraph above is used, item may vary as follows:</p> <p>Item may be modified so that it applies only to ceasing active work due to the same Total Disability;</p> <p>The words “ after completing part or all of the continuation waiting period” may be replaced by “after completing the continuation waiting period”, in which case the words “prior partial or total completion” will be replaced by “prior total completion”;</p> <p>The words “ after completing part or all of the continuation waiting period” may be replaced by “after completing part of the continuation waiting period”, in which case the words “prior partial or total completion” will be replaced by “prior partial completion” and the words “For example, if You complete the Continuation Waiting Period in the original period of Total Disability, You will not need to complete another Continuation Waiting Period.” will be deleted;</p> <p>The words “return to Active Work” may be changed to “return to Active Work on a full-time basis” or other change based on policyholder specifications.</p> <p>Reference to reductions in coverage amount due to age may be removed;</p> <p>Reference to increases due to a change in earnings may be removed or may be modified to increases or decreases due to a change in earnings..</p>
	Definitions	(6)	<p>Item may be modified:</p> <ul style="list-style-type: none"> • to delete references to inapplicable coverages; • to add or omit requirements that a person must have been insured under a certain coverage for some specified period of time between 6 and 12 months; • to add, modify or delete requirements that a person must continue a specified coverage in order to be able to continue another coverage; or • to limit the amount to be continued to a fixed dollar amount, multiple of salary or all insurance in excess of a certain dollar amount.
		(7)	<p>Bulleted items may be omitted or modified to reflect the titles of the relevant provisions.</p>
		(8)	<p>Item may vary to meet the Policyholder’s plan specifications.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all (con't)		(9)	The definition of disability may be modified such as: "due to an injury or sickness: • You are expected never again to be able to do your job; and • You are expected never again to be able to do any work at all for wage or profit." OR "due to an injury or a sickness either: • You lose, entirely and irrecoverably, the use of both eyes, both feet, both hands, or one hand and one foot; or • You are expected never again to be able to do: • Your job; and • Any other job for which You are fit by education, training or experience."
	Total Disability and Proof Requirements	(10)	The Item may be modified to require that there be no interruption during the waiting period or to specify a maximum permissible length of interruption other than 2 weeks. The time frame within which the claim must be submitted may be specified here, but in no case will it be less favorable to the insured than a period of 12 months and it will not apply in the case of legal incapacity of the insured employee.
		(11)	An alternate method for selecting the physician or physicians may be stated here.
		(12)	This sentence may be deleted.
	If You or Your Dependent Die or Sustain a Loss Covered by the Continued Insurance During Continuation	(13)	Reference to dependents may be deleted here and elsewhere in the form if dependent insurance is not included in this provision. References to loss may be deleted if accidental death and dismemberment insurance and accidental dismemberment insurance are not included in this provision.
	Effect of Previous Conversion	(14)	The item may be omitted if life insurance is not one of the coverages subject to continuation.
	Effect of Previous Election to Port Coverage	(15)	The item may be omitted if life insurance is one of the coverages subject to continuation.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all (con't)	Date Continuation Ends	(16)	The item may be modified to delete references to age reductions or accelerated benefits.
		(17)	The item may be replaced by the word "the" or to refer to the physicians.
		(18)	Any of the numbered items may be omitted or may be modified to reflect that the continuation end at a different age. The numbered items may be modified to specify that the age at which continuation will end will depend on the age at which disability started. In no case will the continuation end due to age before age 65.
	Option to Convert Your Continuation Eligible Life Insurance	(19)	The item may be omitted if life insurance is not one of the coverages subject to continuation.
	Option to Port Your Continuation Eligible Insurance	(20)	The item may be omitted if portability is not a feature of the insurance subject to continuation.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def-6 (con't)	Signed	(4)	<p>Item may appear as shown or it may vary to include reference to telephonic and other durable media. This will only be done if such inclusion is consistent with applicable law and the parties are prepared to administer various policy terms and provisions via such media.</p> <p>Item may be omitted. In this case, we will lower case the “s” in the term “signed” throughout the certificate.</p>
def-7	Spouse	(1)	Item will appear as shown it may vary to reflect the Policyholder’s plan requirements, or item may be omitted.
	Written or Writing	(2)	<p>Item may appear as shown or it may vary to include reference to telephonic or other durable media. This will only be done if such inclusion is consistent with applicable law and the parties are prepared to administer various policy terms and provisions via such media.</p> <p>Item may be omitted. In this case, we will lower case the “w” in the terms “written” and “writing” throughout the certificate.</p>
	You and Your	(3)	Item will appear as shown or the term “member”, “certificateholder”, “participant”, “associate”, “retired employee” or words of similar import may be substituted for “employee” for union groups.
def-8	Cast Restoration	(1)	Item will appear as shown or other services may be included or omitted to reflect the requirements of the Policyholder’s plan. Otherwise, item may be omitted.
	Co-Payment	(2)	<p>If “Co-Payment” applies only to some services, the definition may vary to indicate the services to which it applies. If the term is not used in the certificate, item may be omitted. The term</p> <p>Co-Pay may be used instead of Co-Payment. The wording may state that “These amounts will be listed in the attached rider.”</p>
	Covered Percentage	(3)	<p>Item will appear as shown or it may vary to reflect the requirements of the Policyholder’s plan. For example, the term Reasonable and Customary Charge could be replaced with Maximum Allowed Charge. Furthermore, if “Covered Percentage” only applies to some services or to certain classes of insureds, the wording may be adjusted accordingly.</p> <p>If a Covered Percentage is not used to determine the amount we will pay, the item may be omitted.</p>

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		(1)	Wherever item appears in the ADD pages it will appear as shown, or we may substitute "Death" or Dismemberment."
		(2)	Item will appear as shown, it may set forth different time frames for different covered losses such as 24 months for loss of life and 12 months for all other Covered Losses or it may be omitted.
		(3)	Item will appear as shown or it may be omitted.
	Presumption of Death	(4)	Item will appear as shown or it may be omitted.
	Exclusions	(5)	Item will appear as shown or "contributed to" may be omitted and/or ":1." may be omitted.
		(6)	Listed items will appear as shown, or may be included or excluded in any combination to reflect Policyholder plan specifications. In addition, individual exclusions may vary as follows: Exclusion 5 shall read as follows: "5. service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country." The above text may be modified, as follows: <ul style="list-style-type: none"> to remove references to "other than weekend or summer training"., to reflect Policyholder's specifications, and to specifically identify all military branches In exclusion 6 the first bullet may appear as shown or may vary to reflect Policyholder plan specifications. Otherwise, item may be omitted. in exclusion 7, the phrase "a felony" may be replaced with "a crime"; in exclusion 8, the bulleted item "alcohol in combination with any drug, medication or sedative;" may be omitted; and; the items referenced in exclusion 9 may be included or excluded in any combination.

EXPLANATION OF VARIABLE MATERIAL (Continued)

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	Common Disaster	(2)	Item will appear as shown, may vary to include a time period within which both deaths must occur, or may be omitted. The range for such time period is 30-365 days.
add-3	Benefit Payment	(3)	Item will appear as shown or it may will be omitted if Accidental Dismemberment Insurance only is provided.
		(4)	Item will appear as shown or it may will be omitted if Accidental Death Insurance on the employee's life only is provided. If insurance for Dependents is not provided, item may vary to read as follows: For any other loss sustained by You, We will pay benefits to You. If only Accidental Death Insurance on the employees and their Dependents is provided, item may vary to read as follows: For loss of a Dependent's life, We will pay benefits to You. The following language may be added to this item: If your Dependent Child sustains a Covered Loss for which the benefit shown in the SCHEDULE OF BENEFITS is in excess of the Full Amount and sustains other Covered Losses due to the same accident, the amount We will pay on behalf of any such injured person will not exceed [twice the Full Amount]. If added, "twice the Full Amount" may be changed according to the Policyholder's plan specifications.
	Applicability of Provisions	(6)	Item will appear as shown or may be omitted if no AD&D Additional Benefits are included in the Policyholder's plan.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
life/claim 07/09	FILING A CLAIM		This section will be included when there is life insurance being provided under the group policy.
		(1)	First 3 sentences may be modified to reflect customer's plan specifications. The term "Recordkeeper" will appear as shown or we may substitute the name of another entity to whom notification must be given in place of the "Recordkeeper", such as "Us" or "the Policyholder". If such substitution is made here, all references throughout this Section will vary accordingly. Phone number may vary to reflect the accurate phone number or to reflect reference to telephonic or other durable media.
		(2)	Item will appear as shown or may be omitted if the term "Recordkeeper" is not used.
		(3)	Item will appear as shown, or may be omitted.
			In addition, the following may be included as the final paragraph per plan specifications:

"When a claimant files a claim to continue Life Insurance on account of Total Disability ~~with being Totally Disabled~~, notice and Proof should be sent to Us as soon as reasonably possible, but in any event must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
add/claim 07/09	FILING A CLAIM		This section will be included when there is Accidental Death and Dismemberment insurance being provided under the group policy.
		(1)	<p>First 3 sentences may be modified to reflect customer's plan specifications. The term "Recordkeeper will appear as shown or we may substitute the name of another entity to whom notification must be given in place of the "Recordkeeper", such as "Us" or "the Policyholder". If such substitution is made here, all references throughout this Section will vary accordingly. Phone number may vary to reflect the accurate phone number or to reflect reference to telephonic or other durable media. Item will appear as shown or we may substitute the name of another entity to whom notification must be given in place of the "Recordkeeper", such as "Us" or "the Policyholder". If such substitution is made here, all references throughout this Section will vary accordingly. Item may also vary to reflect the accurate phone number or to reflect reference to telephonic or other durable media.</p>
		(2)	Item will appear as shown or may be omitted.
		(3)	Item will appear as shown, or may be omitted per plan specifications.
			In addition, the following may be included as the final paragraph per plan specifications:

"When a claimant files a claim to continue Accidental Death and Dismemberment Insurance on account of Total Disability ~~with being Totally Disabled~~, notice and Proof should be sent to Us as soon as reasonably possible, but in any event must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all	ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED		This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted.
		(1)	The wording may be omitted or may be replaced by the titles of the affected insurance coverages.
		(2)	The words Total Disability or Totally Disabled may be changed to Total and Permanent Disability and Totally and Permanently Disabled respectively or to Full Disability and Fully Disabled respectively. If the terms are changed, they will be changed throughout the form.
		(3)	Coverage names may be added or deleted to reflect the plan specifications. The area may be modified to specify that the employee belong to a specified class of employees. The area may be modified to include a requirement that the onset of total disability occur after a specified waiting period or before a change in employment status.
		(4)	Item may be deleted or the age may be increased.
		(5)	The phrase "without interruption" may be changed to say here and associated places "without interruption longer than 2 weeks" or words of similar import and the length of time may be revised to fit policyholder specifications. The reference to a Continuation Waiting Period may be eliminated. If it is eliminated, references to it elsewhere will be omitted.

Item may be replaced with the following wording to meet the Policyholder's request for a return to work option:

Your Total Disability must continue without interruption from the date You became Totally Disabled through the end of the Continuation Waiting Period, except as follows. If You return to Active Work after completing part or all of the Continuation Waiting Period and later cease Active Work due to the same or a related Total Disability while Your Continuation Eligible Insurance is still in effect, You will be given credit for the prior partial or total completion of the Continuation Waiting Period and it will be considered a continuation of the original Total Disability. For example, if You complete the Continuation Waiting Period in the original period of Total Disability, You will not need to complete another Continuation Waiting Period. You must notify Us of the later period of Total Disability within 12 months of when that period began. The amount of insurance being continued will be the same as during the original period of Total Disability, subject to any reductions in coverage amount due to age. However, if (a) You increase Your Continuation Eligible Insurance after returning to Active Work and as part of the process provide evidence of insurability which satisfies Us, or (b) the amount of Continuation Eligible Insurance increases due to a change in Your earnings, that increase will be taken into account in determining the amount of insurance being continued.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all	ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED		<p>If the paragraph above is used, item may vary as follows:</p> <p>Item may be modified so that it applies only to ceasing active work due to the same Total Disability;</p> <p>The words “ after completing part or all of the continuation waiting period” may be replaced by “after completing the continuation waiting period”, in which case the words “prior partial or total completion” will be replaced by “prior total completion”;</p> <p>The words “ after completing part or all of the continuation waiting period” may be replaced by “after completing part of the continuation waiting period”, in which case the words “prior partial or total completion” will be replaced by “prior partial completion” and the words “For example, if You complete the Continuation Waiting Period in the original period of Total Disability, You will not need to complete another Continuation Waiting Period.” will be deleted;</p> <p>The words “return to Active Work” may be changed to “return to Active Work on a full-time basis” or other change based on policyholder specifications.</p> <p>Reference to reductions in coverage amount due to age may be removed;</p> <p>Reference to increases due to a change in earnings may be removed or may be modified to increases or decreases due to a change in earnings..</p>
	Definitions	(6)	<p>Item may be modified:</p> <ul style="list-style-type: none"> • to delete references to inapplicable coverages; • to add or omit requirements that a person must have been insured under a certain coverage for some specified period of time between 6 and 12 months; • to add, modify or delete requirements that a person must continue a specified coverage in order to be able to continue another coverage; or • to limit the amount to be continued to a fixed dollar amount, multiple of salary or all insurance in excess of a certain dollar amount.
		(7)	<p>Bulleted items may be omitted or modified to reflect the titles of the relevant provisions.</p>
		(8)	<p>Item may vary to meet the Policyholder’s plan specifications.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all (con't)		(9)	The definition of disability may be modified such as: "due to an injury or sickness: • You are expected never again to be able to do your job; and • You are expected never again to be able to do any work at all for wage or profit." OR "due to an injury or a sickness either: • You lose, entirely and irrecoverably, the use of both eyes, both feet, both hands, or one hand and one foot; or • You are expected never again to be able to do: • Your job; and • Any other job for which You are fit by education, training or experience."
	Total Disability and Proof Requirements	(10)	The Item may be modified to require that there be no interruption during the waiting period or to specify a maximum permissible length of interruption other than 2 weeks. The time frame within which the claim must be submitted may be specified here, but in no case will it be less favorable to the insured than a period of 12 months and it will not apply in the case of legal incapacity of the insured employee.
		(11)	An alternate method for selecting the physician or physicians may be stated here.
		(12)	This sentence may be deleted.
	If You or Your Dependent Die or Sustain a Loss Covered by the Continued Insurance During Continuation	(13)	Reference to dependents may be deleted here and elsewhere in the form if dependent insurance is not included in this provision. References to loss may be deleted if accidental death and dismemberment insurance and accidental dismemberment insurance are not included in this provision.
	Effect of Previous Conversion	(14)	The item may be omitted if life insurance is not one of the coverages subject to continuation.
	Effect of Previous Election to Port Coverage	(15)	The item may be omitted if life insurance is one of the coverages subject to continuation.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
cp/all (con't)	Date Continuation Ends	(16)	The item may be modified to delete references to age reductions or accelerated benefits.
		(17)	The item may be replaced by the word "the" or to refer to the physicians.
		(18)	Any of the numbered items may be omitted or may be modified to reflect that the continuation end at a different age. The numbered items may be modified to specify that the age at which continuation will end will depend on the age at which disability started. In no case will the continuation end due to age before age 65.
	Option to Convert Your Continuation Eligible Life Insurance	(19)	The item may be omitted if life insurance is not one of the coverages subject to continuation.
	Option to Port Your Continuation Eligible Insurance	(20)	The item may be omitted if portability is not a feature of the insurance subject to continuation.



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, reading "Howard Koransky". The signature is written in a cursive style with a long, sweeping tail that extends to the right.

Howard Koransky
Vice President