

SERFF Tracking Number: META-128515717 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: CY 2011 ANNUAL REPORTS DUE 2012_MLIC (CC)
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTCI Annual Reports/I12-02

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Long Term Care

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

SERFF Tr Num: META-128515717 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: RPT-LTC 2011
For Informational Purposes

Co Tr Num: CY 2011 ANNUAL State Status: Closed-Accepted for
REPORTS DUE 2012_MLIC (CC) Informational Purposes

Authors: Cherise Crittenden,
Andrea DeAlmeida

Date Submitted: 06/28/2012

Reviewer(s): Donna Lambert

Disposition Date: 06/28/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: LTCI Annual Reports

Project Number: I12-02

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 06/28/2012

State Status Changed: 06/28/2012

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Filing Description:

Annual Compliance Reports, please see cover letter.

State Narrative:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Cherise Crittenden

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com

MKTG

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57 Green Farms Road 203-221-6594 [Phone]
 Westport, CT 06880

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	06/28/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/28/2012	06/28/2012

SERFF Tracking Number: *META-128515717* *State:* *Arkansas*
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Disposition

Disposition Date: 06/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter	Accepted for Informational Purposes	No
Supporting Document	Denied Claims	Accepted for Informational Purposes	No
Supporting Document	Lapse & Replacements	Accepted for Informational Purposes	No
Supporting Document	Suitability	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not applicable for this filing Comments:		
Bypassed - Item: Application Bypass Reason: Not applicable for this filing Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable for this filing Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable for this filing Comments:		
Satisfied - Item: Cover Letter Comments: Attached is the Cover Letter Attachment: AR_Denied Claims Cover Letter due June 2012 for CY2011_MLIC.pdf	Accepted for Informational Purposes	06/28/2012

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Item Status: **Status**
Date:
Satisfied - Item: Denied Claims Accepted for Informational 06/28/2012
 Purposes

Comments:

Attached is the Denied Claims

Attachments:

AR_Denied Claims Report due June 2012 for CY2011_MLIC (Individual).pdf
 AR_Denied Claims Report due June 2012 for CY2011_MLIC (Group).pdf

Item Status: **Status**
Date:
Satisfied - Item: Lapse & Replacements Accepted for Informational 06/28/2012
 Purposes

Comments:

Attached is the Lapse & Replacements

Attachment:

AR_Lapse & Replacement Report due June 2012 for CY2011_MLIC.pdf

Item Status: **Status**
Date:
Satisfied - Item: Suitability Accepted for Informational 06/28/2012
 Purposes

Comments:

Attached is the Suitability Suitability

Attachment:

AR_Suitability Report due June 2012 for CY2011_MLIC.pdf

Metropolitan Life Insurance Company
Long-Term Care
PO Box 937, Westport, CT 06881-0937



June 30, 2012

The Honorable Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2011:

- Denied Claims
- Lapse & Replacements
- Suitability

Respectfully,

A handwritten signature in black ink, reading "Thomas G. Reilly". The signature is written in a cursive style with a large initial "T" and "R".

Thomas G. Reilly
Director of Product Management & Compliance

Enclosure(s)

**CLAIMS DENIAL REPORTING FORMS
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR OF 2011
Due 2012**

Company Name: Metropolitan Life Insurance Company **Due:** June 30 annually

Company Address: 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6553
P.O. Box 937, Westport, CT 06881-9909
(for mailing only)

Company NAIC Number: 65978

Contact Person: Thomas G. Reilly

Line of Business: Individual

Instructions:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies.

Indicate the manner of reporting by checking one of the boxes below:

- Per Claimant - counts each individual who makes one or a series of claim requests
- Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA¹
1.	Total Number of Long-Term Care Claim Reported	95	20002
2.	Total Number of Long-Term Care Claims Denied/Not Paid	4	2503
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting (<i>Elimination</i>) Period not met	2	963
5.	Net Number of Long-Term Care Claims Denied for Reporting purposes (<i>Line 2, Minus Line 3, Minus Line 4</i>)	2	1540

6.	Percentage of Long-Term Case Claim Denied of Those Reported (<i>Line 5 divided by Line 1</i>)	2.11%	7.70%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy ²	1	106
9.	• Provider/Facility Not Qualified under the Policy ³	0	219
10	• Benefit Eligibility Criteria Not Met ⁴	0	118
11	• Other ⁵	1	1097

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.

**CLAIMS DENIAL REPORTING FORMS
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR OF 2011
Due 2012**

Company Name: Metropolitan Life Insurance Company **Due:** June 30 annually

Company Address: 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6553
P.O. Box 937, Westport, CT 06881-9909
(for mailing only)

Company NAIC Number: 65978

Contact Person: Thomas G. Reilly

Line of Business: Group

Instructions:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies.

Indicate the manner of reporting by checking one of the boxes below:

- Per Claimant - counts each individual who makes one or a series of claim requests
- Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA¹
1.	Total Number of Long-Term Care Claim Reported	515	100250
2.	Total Number of Long-Term Care Claims Denied/Not Paid	55	12639
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting <i>(Elimination)</i> Period not met	13	3042
5.	Net Number of Long-Term Care Claims Denied for Reporting purposes <i>(Line 2, Minus Line 3, Minus Line 4)</i>	42	9597

6.	Percentage of Long-Term Case Claim Denied of Those Reported (<i>Line 5 divided by Line 1</i>)	8.16%	9.57%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy ²	2	437
9.	• Provider/Facility Not Qualified under the Policy ³	2	657
10	• Benefit Eligibility Criteria Not Met ⁴	3	270
11	• Other ⁵	35	8233

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2011

Company Name: Metropolitan Life Insurance Company

Due: June 30th annually, June 2012

Company Address: Long-Term Care Group
57 Greens Farms Road
Westport, CT 06880

Company NAIC Number: **65978**

Contact Person: Thomas G. Reilly, Director of Product Management & Compliance

Phone Number: (203) 221-6553

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Replaced by this Agent	Number of Replacements as % of Number Sold by this Agent
Adamson, Craig	0	1	0%

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Lapsed by this Agent	Number of Lapses as % of Number Sold by this Agent
Carano, Patricia	0	3	0%
Lee, Ronald S.	0	2	0%
Skiens, Mike W.	0	2	0%

Company Totals: (Individual & Group Business)

Percentage of Replacement Policies Sold to Total Annual Sales 13.04%
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.13%

Percentage of Lapsed Policies Sold to Total Annual Sales 113.10%
 Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the preceding calendar year) 4.01%

**LONG-TERM CARE INSURANCE
SUITABILITY REPORT
Group & Individual Business**

**For the CALENDAR YEAR 2011
Due: June 30, 2012**

For the State of: **Arkansas**

Company Name: Metropolitan Life Insurance Company
NAIC #: 65978
Company Address: Long-Term Care
 57 Greens Farms Road
 Westport, CT 06880
Contact Person: Thomas G. Reilly, Director of Product Management & Compliance
Phone Number: (203) 221-6553

• TOTAL APPLICATIONS RECEIVED	19
• NUMBER OF THOSE WHO DECLINED TO PROVIDE INFORMATION ON THE PERSONAL WORKSHEET	0
• NUMBER OF APPLICANTS WHO DID NOT MEET SUITABILITY STANDARDS	0
• NUMBER OF APPLICANTS WHO CHOSE TO CONFIRM AFTER RECEIVING SUITABILITY LETTER	1