

State: Arkansas Filing Company: Metropolitan Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: Application for Temporary Life Insurance Coverage
Project Name/Number: MTEMPSBR-76-12/MTEMPSBR-76-12

Filing at a Glance

Company: Metropolitan Life Insurance Company
Product Name: Application for Temporary Life Insurance Coverage
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life
Filing Type: Form
Date Submitted: 07/13/2012
SERFF Tr Num: METD-128501202
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: MTEMPSBR-76-12
Implementation: On Approval
Date Requested:
Author(s): Karen Poor, Albert Dubreuil, Diane Palermo, Dale Bihlmeyer
Reviewer(s): Linda Bird (primary)
Disposition Date: 07/18/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

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General Information

Project Name: MTEMPSTR-76-12 Status of Filing in Domicile: Pending
Project Number: MTEMPSTR-76-12 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 07/18/2012
State Status Changed: 07/18/2012
Deemer Date: Created By: Dale Bihlmeyer
Submitted By: Dale Bihlmeyer Corresponding Filing Tracking Number:

Filing Description:
RE: Metropolitan Life Insurance Company
NAIC # 241-65978 FEIN # 13-5581829
Individual Life Application Filing
Form: MTEMPSTR-76-12 Application for Temporary Life Insurance Coverage

The above application form is enclosed for your review and approval. This is a new form that will not replace any existing form. The form will be implemented once the computer data collection system for the form is available. The form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing. The application form is being submitted as a duplex form. However, it may appear in the policy single-sided especially if it is faxed to us.

Application for Temporary Life Insurance Coverage, form MTEMPSTR-76-12, provides temporary coverage for individuals who are promoted out of a group plan or who are new hires and will be applying for an employer sponsored individual life policy. This provides coverage while we are waiting for them to fill out their individual life application. We have bracketed the following references in order to provide flexibility in updating these areas without refilling: the Guaranteed Issue limit; the timeframes in the Actively at Work Information section and the final termination date.

If you have any questions or need further information, please contact me at the number or e-mail address below.

Sincerely,

Karen L. Poor
Enclosures: Compliance and Readability Certifications

Company and Contact

Filing Contact Information

Karen Poor, Senior Contract Consultant KPoor@metlife.com
501 Boylston Street 617-578-4730 [Phone]
Boston, MA 02116 617-578-5505 [FAX]

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: L041 Individual Life - Term/L041.203 Specified Age or Duration - Single Premium - Single Life
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Filing Company Information

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
(617) 578-2000 ext. [Phone]

CoCode: 65978
Group Code: 241
Group Name: MetLife Group
FEIN Number: 13-5581829

State of Domicile: New York
Company Type: Life
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 fee per application filing; there is no fee in our domicile state of NY
Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$50.00	07/13/2012	60878496

SERFF Tracking #:	METD-128501202	State Tracking #:		Company Tracking #:	MTEMPSBR-76-12
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/18/2012	07/18/2012

SERFF Tracking #:	METD-128501202	State Tracking #:		Company Tracking #:	MTEMPSBR-76-12
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Disposition

Disposition Date: 07/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance		Yes
Form	Application for Temporary Life Insurance		Yes

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
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Form Schedule

Lead Form Number: MTEMPSTR-76-12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		MTEMPSTR-76-12	AEF	Application for Temporary Life Insurance	Initial:	52.300	MTEMPSTR-76-12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Application for Temporary Life Insurance Coverage

[ABC CORPORATION] (referred to as "the Employer")

Metropolitan Life Insurance Company (referred to as "**the Company**") agrees to provide temporary life insurance on the life of the Proposed Insured listed below subject to the following terms and conditions. The temporary life insurance will be owned by the entity designated on the Proposed Insured's Application for Life Insurance.

SECTION I - What Does Temporary Life Insurance Provide?

For those eligible, Temporary Life Insurance provides for a death benefit upon receipt of proof of death of the Proposed Insured. Temporary life insurance on each Proposed Insured will start on the earlier of the Interim Term Effective Date or the Policy Effective Date shown below. The temporary life insurance on the Proposed Insured is the Face Amount shown below but not to exceed the Guaranteed Issue Limit of [\$1,000,000]. However, the liability of the Company for death by suicide will be limited to refund of the premium paid.

Death proceeds paid under this Application will be paid to the beneficiary or beneficiaries designated on the application for the Proposed Insured under the Employer's group life insurance plan. In the event that the deceased Proposed Insured was not covered or did not designate a beneficiary under such plan, death proceeds paid under this Application will be paid to either: (a) the estate of the deceased Proposed Insured for an employee owned plan; or (b) the Employer for an employer owned plan.

SECTION II - Who is Eligible for Temporary Life Insurance?

The Proposed Insured is eligible for Temporary Life Insurance, if EACH of the following is true:

1. The Proposed Insured is currently engaged in active work on a full-time basis performing all duties of his/her regular occupation at his/her customary place of employment. A person will be deemed to be actively at work during weekends or Employer approved vacations, holidays or business closures if such person was actively at work on the last scheduled workday preceding such time off; **AND**
2. The Proposed Insured during the [90] days immediately prior to the date of this application, has not been hospitalized or otherwise absent from work (for example, due to illness, accident or medical treatment but excluding vacations, holidays or other business closures) for more than [five] consecutive days.

SECTION III - When Does Temporary Life Insurance End?

Temporary Life Insurance will end on the earliest of the following:

1. When any check or wire payment for the Interim Premium or Annual Premium is returned for insufficient funds.
2. When coverage under a policy issued by the Company on the basis of an Application for Life Insurance for the Proposed Insured takes effect. Such coverage will take effect if: (a) the Proposed Insured is living when the policy is delivered to the Owner named in the Application for Life Insurance for the policy; and (b) the Owner accepts the policy; and (c) the premium then due is paid.
3. When a policy issued by the Company on the basis of an Application for Life Insurance for the Proposed Insured is not accepted and paid for at the time of delivery.
4. When the Company terminates the temporary life insurance before the death of the Proposed Insured by notice of termination to the Employer and refund of any payment received under this Application to the payor.
5. When the Employer terminates the temporary life insurance on the Proposed Insured by giving written notice to the Company at its Administrative Office. Termination of the temporary life insurance will be effective immediately upon receipt by the Company of the notice. Any payment received under this Application will be returned to the payor.
6. [Ninety (90)] days from the date the Proposed Insured signs this Application.

SECTION IV - Limitations on Authority

No one but the President, Vice-President or the Secretary of the Company may change or waive the terms of this Application.



SECTION V - Proposed Insured Information

First Name	Middle Name	Last Name		
_____	_____	_____		
Social Security Number	Date of Birth	Product		
_____	_____	_____		
Face Amount of Life Insurance	Interim Term Effective Date	Interim Term Premium	Policy Effective Date	Annual Premium
_____	_____	_____	_____	_____
Policy Death Benefit Option				

Signatures

Signature of Proposed Insured	Date
▶ _____	_____
Print Name of Proposed Insured	

Signature of Payor if not Proposed Insured	Date
▶ _____	_____
Print Name of Payor if not Proposed Insured	



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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Read Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
AR Compliance Cert.pdf			

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)
MTEMPSTR-76-12

Flesch Score(s)
52.3



Karen A. Johnson, Vice President

7/13/2012

Date

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen A. Johnson, Vice President

7/13/2012

Date