

**State:** Arkansas **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Group Accident and Health Insurance  
**Project Name/Number:** CR07-CI-MSU-OEI/NY12-82

## Filing at a Glance

Company: Metropolitan Life Insurance Company  
Product Name: Group Accident and Health Insurance  
State: Arkansas  
TOI: H07G Group Health - Specified Disease - Limited Benefit  
Sub-TOI: H07G.001 Critical Illness  
Filing Type: Form  
Date Submitted: 08/03/2012  
SERFF Tr Num: META-128615327  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: NY12-82 JD (CC)  
  
Implementation: On Approval  
Date Requested:  
Author(s): Sandra Bennett, Ruth Rivera, Linda Williams, Cherise Crittenden, Susan Britto  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 08/07/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas Filing Company: Metropolitan Life Insurance Company  
 TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
 Product Name: Group Accident and Health Insurance  
 Project Name/Number: CR07-CI-MSU-OEI/NY12-82

**General Information**

Project Name: CR07-CI-MSU-OEI Status of Filing in Domicile:  
 Project Number: NY12-82 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Large  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 08/07/2012 Deemer Date:  
 State Status Changed: 08/07/2012 Submitted By: Cherise Crittenden  
 Created By: Cherise Crittenden  
 Corresponding Filing Tracking Number:

Filing Description:  
 Please see cover letter

**Company and Contact**

**Filing Contact Information**

Thomas F. O'Connor, Sr, Analyst-Contracts tocnnor1@metlife.com  
 Dev.  
 57 GREENS FARMS ROAD 203-221-3834 [Phone]  
 WESTPORT, CT 06880 203-221-3348 [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? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 for form filing  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$50.00	08/03/2012	61423029

SERFF Tracking #:

META-128615327

State Tracking #:

Company Tracking #:

NY12-82 JD (CC)

State:

Arkansas

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Group Accident and Health Insurance

Project Name/Number:

CR07-CI-MSU-OEI/NY12-82

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/07/2012	08/07/2012

**State:** Arkansas **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Group Accident and Health Insurance  
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## Disposition

Disposition Date: 08/07/2012

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Form	Approved-Closed	Yes
Supporting Document	Certification Regulation 19	Approved-Closed	Yes
Form	Certificate Rider	Approved-Closed	Yes

**State:** Arkansas **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Group Accident and Health Insurance  
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## Form Schedule

### Lead Form Number: CR07-CI-MSU-OEI

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/07/2012	CR07-CI-MSU-OEI	CERA	Certificate Rider	Initial:	50.000	Cert Rider CR07-CI-MSU-OEI.pdf

### Form Type Legend:

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



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

## Certificate Rider

Group Policy No.: [#####]

Policyholder: Michigan State University

Effective Date: [January 1, 2013]

The Certificate is changed as follows:

1. The following definition is added to the DEFINITIONS section of the Certificate:

**Other Eligible Individual** means a person who is designated by You as Your Other Eligible Individual on a form provided by the Group Policyholder, subject to all of the following:

- You do not have a Spouse eligible to enroll for coverage under the Certificate;
- You and the person designated as Your Other Eligible Individual share a common residence and have done so for at least the last 18 continuous months;
- You may only have one Other Eligible Individual covered under the Certificate at any one time;
- the person designated as Your Other Eligible Individual cannot be claimed by You as a dependent on your federal tax return;
- the person designated as Your Other Eligible Individual is not eligible to inherit from You under the laws of intestate succession in the state of Michigan; and
- the person designated as Your Other Eligible Individual is not:
  - Your Spouse;
  - Your natural or adopted child, or a descendant of Your natural or adopted child;
  - Your parent;
  - Your grandparent or a descendant of Your grandparent;
  - Your renter, boarder or tenant; or
  - a person from whom You are a renter, boarder or tenant.

The term "Other Eligible Individual" does not include any person who:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

2. The words "or Other Eligible Individual" shall be added to the Certificate wherever the word "Spouse" appears, other than in the definition of "Spouse" or in the definition of "Other Eligible Individual."
3. Your Other Eligible Individual's child who is qualified and claimed as a dependent by Your Other Eligible Individual on his or her federal tax return will be deemed to be Your stepchild under the Certificate.

**This rider is to be attached to and made a part of the Certificate.**

SERFF Tracking #:

META-128615327

State Tracking #:

Company Tracking #:

NY12-82 JD (CC)

State:

Arkansas

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Group Accident and Health Insurance

Project Name/Number:

CR07-CI-MSU-OEI/NY12-82

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/07/2012
Comments:	Attached is the Flesch Certification		
Attachment(s):			
ARCERTREAD.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/07/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Filing Letter	Approved-Closed	08/07/2012
Comments:	Attached is the Filing Letter		
Attachment(s):			
Filing Letter OEI Riderr.pdf			

		Item Status:	Status Date:
Satisfied - Item:	NAIC Transmittal Form	Approved-Closed	08/07/2012
Comments:	Attached is the NAIC Transmittal Form		
Attachment(s):			
NAIC Trans.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification Regulation 19	Approved-Closed	08/07/2012
Comments:	Attached is the Certification Regulation 19		
Attachment(s):			
ARCERTREG19.pdf			



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

**ARKANSAS FLESCH CERTIFICATION**

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

<b>Form No.</b>	<b>Form Description</b>	<b>Flesch Score</b>
CR07-CI-MSU-OEI	Certificate Rider	50.00

Howard Koransky  
Vice President

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-3834 Fax 203 221-3348  
[loconnor1@metlife.com](mailto:loconnor1@metlife.com)



**Thomas F. O'Connor**  
Senior Analyst, Contract Development.  
Insurance Products Contracts

August 3, 2012

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

**Re:** Filing No.: NY12-82 (JD)  
Group Accident & Health Insurance  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the group accident and health insurance form described below. This form is new and does not replace any form(s) previously filed with the Department.

<b>Form Number</b>	<b>Description</b>
CR07-CI-MSU-OEI	The rider provides for the definition of an Other Eligible Individual. The rider is being filed on a one case basis for our policyholder, Michigan State University, under a group policy situated in Michigan. We are submitting this rider to your Department for your Department's review since some of the insureds may reside in Arkansas

Coverage is provided under the GCERT10-CI certificate series providing critical illness (specified disease coverage) which was previously approved by your Department on October 8, 2010 (SERFF tracking number META-126840677), with supplemental forms approved on June 7, 2011, (SERFF tracking number META-127181337).

The enclosed form does not impact rates.

Readability Certification

The officer signing below certifies that the enclosed form achieves a Flesch Reading Ease Score of

<b>Form No.</b>	<b>Readability Score:</b>
CR07-CI-MSU-OEI	50.00

**NY12-82 (JD)**

**Filing Fee**

We enclose the required filing fee.

**Correspondence Instructions**

Please address all correspondence regarding this filing as follows:

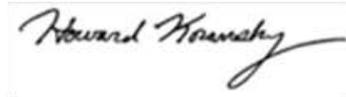
Metropolitan Life Insurance Company  
Insurance Products Contracts – MSC #39.087  
1095 Avenue of the Americas  
New York, NY 10036

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter)

Sincerely,



Thomas F. O'Connor  
Senior Analyst, Contract Development



Howard Koransky  
Vice President

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance 1095 Avenue of the Americas New York, NY 10036	NY	Life and Health	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Thomas F. O'Connor Metropolitan Life Insurance Co. 57 Greens Farms Toad Westport, CT 06880	203-221-3834	203-221-3348	toconnor1@metlife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	NY12-82 (JD)
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance (TOI)</b>	H07G – Group Health – Specified Disease – Limited Benefit
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	H07G.001 – Critical Illness
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<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	<b>Filing Submission Date</b>	<b>August 3, 2012</b>	
13	<b>Filing Fee (If required)</b>	Amount <u>    \$50.00    </u>	Check Date <u>    EFT Submission    </u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>                    </u>
14.	<b>Date of Domiciliary Approval</b>		
15.	<b>Filing Description:</b>		
<p><b>PLEASE SEE OUR SUBMISSION LETTER</b></p>			

16.	<b>Certification (If required)</b>		
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>			
Print Name <u>    Thomas F. O'Connor    </u>		Title <u>    Senior Analyst, Contract Development    </u>	
Signature <u>                    </u>		Date: <u>    August 3, 2012    </u>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>NY12-82 (JD)</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	GCERT-10-CI Certificate Rider	CR07-CI-MSU-OEI	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

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

LH RFA-1



Metropolitan Life Insurance Company  
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", is written over a light gray horizontal line. The signature is in a cursive style with a long, sweeping tail on the letter "y".

Howard Koransky  
Vice President