

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963553

Effective Date: On Approval

(Projected) Number of Insureds Affected: 357

New Rates
Average Annual Premium Per Member: 2,193

Revised Rates

Average Annual Premium Per Member: 2,741

Average Requested Percentage Rate Change Per Member: 25.0%

Minimum Requested Percentage Rate Change Per Member: 25.0%

Maximum Requested Percentage Rate Change Per Member: 25.0%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC3JQ H-5AI H-COLI H-NF3-6 H-IBOR	Long Term Care Annual 5% Compound Benefit Inflation Rider Cost of Living (CPI) Benefit Inflation Rider Nonforfeiture Benefit Rider Increased Benefits Option Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.