

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Filing at a Glance

Company: Metropolitan Life Insurance Company
Product Name: Group Long-Term Care Insurance – Premium Rate Schedule Increase Filing
State: Virginia
TOI: LTC03G Group Long Term Care
Sub-TOI: LTC03G.001 Qualified
Filing Type: Form/Rate
Date Submitted: 07/12/2016
SERFF Tr Num: META-130649751
SERFF Status: Closed-Approved
State Tr Num: META-130649751
State Status: Approved
Co Tr Num: CT14-76 (POST-RATE) (RESUB1) RW

Implementation
Date Requested:
Author(s): Cherise Livingston, Cory Johnson, Patricia Brabant
Reviewer(s): Greg Smith (primary), Bill Dismore
Disposition Date: 11/21/2019
Disposition Status: Approved
Implementation Date:

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

General Information

Project Name: G.LCUL
Project Number: CT14-76 (POST-RATE) (resub1) RW
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Group Market Size: Large
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Previous Filing Number: META-130076672
Group Market Type: Employer
Filing Status Changed: 11/21/2019
State Status Changed: 11/21/2019
Created By: Robert Waldron
Corresponding Filing Tracking Number:
State TOI: LTC03G Group Long Term Care

Deemer Date: 11/30/2019
Submitted By: Robert Waldron

Filing Description:
July 12, 2016

Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re:Group Long-Term Care Insurance – Premium Rate Schedule Increase Filing
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We are filing, for your review and approval, a request for a 45% premium rate schedule increase with respect to certain group long-term care insurance policies issued for delivery (sitused) in your state before July 1, 2010. This is a resubmission of SERFF # META-130076672. Prior objections have been addressed in the new materials.

Please note that the requested increase will not apply to any group long-term care insurance policy issued with rates that were based on the prospective premium rate schedule increase that was approved by your Department on December 4, 2009 (those group long-term care insurance policies were issued on or after July 1, 2010).

Please note that previously, a premium rate increase of 45% was previously disapproved by your Department on 5/17/14 for insureds in groups sitused in Virginia.

We are submitting a separate filing for pre-rate stabilization business.

We will only implement the premium rate schedule increase after we have received approval from your Department and will apply the increase to all certificates issued under group long-term care insurance policies sitused in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase approved by that state, whether it is higher or lower than the increase that your state approved for certificates

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
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issued under group policies situated in your state.

Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy situated in another state, we will implement their increases after we've satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining approval, if required) without regard to your review of this filing.

The premium rate schedule increase for which we are seeking approval will apply to the following group long-term care insurance policy forms:

- GPNP99-LTC approved by your Department on August 4, 1998 and certificates issued thereunder; and
- G.LTC2798 approved by your Department on August 4, 1998 and certificates issued thereunder.

Please note that these forms are currently not being marketed.

We are submitting an actuarial memorandum and rates in support of our request.

Requirement for Updated Projections

Please note that we do not intend to provide updated projections annually for the next three years.

Company Rate Information Provided on SERFF

Please note the following with respect to the information entered under Company Rate Information in the SERFF system:

"Written Premium Change for this Program" and "Written Premium for this Program" only reflects premium information for certificates issued to residents of your state under group policies issued from within and from outside of your state.

The "# of Policyholders Affected for this Program" only reflects the number of certificates issued to residents of your state under group policies issued in and outside of your state.

Notification to Certificateholders of Premium Rate Schedule Increase

We intend to provide certificateholders with a minimum of 60 days advance written notice prior to the first effective date of the premium rate schedule increase. In our written notification we will explain that:

- The amount of the increase requested in this filing and the amount of the increase approved by your Department;
- If the full amount of the requested increase is approved by your Department, a statement that the certificate may be subject to rate increases in the future. If the amount of the increase approved by your Department is less than the amount requested in this filing, the notice will include the same statement and may include an additional statement about the likelihood of MetLife making future rate increase requests on the certificate. The wording of this additional statement will depend on the degree of variance from the amount requested;
- The current premium rate and the premium rate after the increase is applied;
- A statement that the premium rate adjustment will be effective on the certificate's premium due date.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
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•Information regarding each premium rate increase on this certificate form or similar policy/certificate forms over the past ten (10) years for this state or any other state that identifies:

- 1.The policy/certificate forms for which premium rates have been increased;
- 2.The calendar years when the form was available for purchase; and
- 3.The percent range of each increase;

•The following options available to the certificateholder:

- 1.the certificateholder can continue his/her current coverage by paying the new premium amount when due;
- 2.the certificateholder can reduce his/her coverage to lessen the impact of the premium rate schedule increase if the current level of coverage permits a reduction;
- 3.if the certificateholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), that the certificateholder will have nonforfeiture coverage as follows:
 - a.if the certificateholder's coverage does not include a nonforfeiture feature we will issue the certificateholder the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") described below;
 - b.if the certificateholder's coverage includes a nonforfeiture feature, but that feature will provide no benefit or a lower benefit than LCUL (as determined by us), we will issue the certificateholder LCUL and pay benefits under LCUL rather than the nonforfeiture feature included in the certificateholder's coverage;
 - c.if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits equal to or greater than LCUL (as determined by us), we will provide nonforfeiture coverage under the feature already included in the certificateholder's coverage;
 - d.if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits that are different than the benefits provided under LCUL such that we determine that it would be appropriate to provide the certificateholder with a choice of retaining their existing nonforfeiture feature or electing LCUL, we will present LCUL as an option that the certificateholder can elect instead of the nonforfeiture feature included in the certificate. In this scenario, LCUL will only be issued and applied if specifically elected by the certificateholder instead of the nonforfeiture feature included in his/her certificate;
 - e.if the certificateholder qualifies for coverage under Contingent Benefit Upon Lapse as a result of the premium rate schedule increase, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse; and

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

We have included a copy of our certificateholder notification letter for informational purposes.

Limited Coverage Upon Lapse Following Premium Increase Endorsement

In connection with our request for approval of a premium rate schedule increase, we are filing the following forms for review

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
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and approval. Please refer to the section above titled Notification to Policyholders of Premium Rate Schedule Increase for information on how we intend to use these endorsements. These forms are new, do not replace another form and do not impact premium rates.

Form Number:Description:

G.LCULLIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to certificateholders whose coverage lapsed during the Election Period (described above) and (1) whose policies did not include a nonforfeiture benefit; or (2) who qualified for Contingent Benefit Upon Lapse as a result of the premium rate schedule increase.

G.LCUL-1LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to certificateholders whose coverage lapsed during the Election Period (described above) and whose policies included a nonforfeiture benefit that did not provide a benefit equal to or greater than that provided by the LCUL.

G.LCUL-2LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to certificateholders whose coverage lapsed during the Election Period (described above) and whose policies included a nonforfeiture benefit that will pay benefits different than the benefits provided under LCUL and who chose LCUL instead of the nonforfeiture benefit included in their coverage.

These endorsement forms achieve a Flesch score of 50.

The contact person for this filing is:

Gina Jisonna
1300 Hall Boulevard
Bloomfield, CT 06002
Telephone: 860-656-3809
gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Thomas G. Reilly
Director
Product Management & Compliance

Company and Contact

Filing Contact Information

Gina Jisonna, Sr. Product Consultant	gjisonna@metlife.com
1300 Hall Blvd	860-656-3809 [Phone]
Bloomfield, CT 06002	860-656-3815 [FAX]

SERFF Tracking #: META-130649751**State Tracking #:** META-130649751**Company Tracking #:** CT14-76 (POST-RATE)
(RESUB1) RW

State: Virginia**Filing Company:** Metropolitan Life Insurance Company**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing**Project Name/Number:** G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Filing Company Information

Metropolitan Life Insurance

CoCode: 65978

State of Domicile: New York

Company

Group Code: 241

Company Type: Life

MetLife

Group Name:

State ID Number:

1095 Avenue of the Americas

FEIN Number: 13-5581829

New York, NY 10036

(212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	11/21/2019	11/21/2019

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Greg Smith	04/29/2019	04/29/2019
Info has been requested from company	Bill Dismore	12/18/2018	12/18/2018
Info has been requested from company	Bill Dismore	11/06/2018	11/06/2018
Info has been requested from company	Bill Dismore	11/05/2018	11/05/2018
Info has been requested from company	Bill Dismore	10/15/2018	10/15/2018
Info has been requested from company	Bill Dismore	09/28/2018	09/28/2018
Disapproved	Janet Houser	12/01/2017	12/01/2017
Info has been requested from company	Janet Houser	04/06/2017	04/06/2017
Info has been requested from company	Janet Houser	03/29/2017	03/29/2017
Disapproved	Janet Houser	07/28/2016	07/28/2016
Info has been requested from company	Elsie Andy	07/19/2016	07/19/2016

Response Letters

Responded By	Created On	Date Submitted
Cory Johnson	10/31/2019	10/31/2019
Robert Waldron	01/14/2019	01/14/2019
Cherise Livingston	11/16/2018	11/16/2018
Robert Waldron	12/03/2018	12/03/2018
Robert Waldron	10/19/2018	10/19/2018
Robert Waldron	09/28/2018	09/28/2018
Robert Waldron	09/27/2018	09/27/2018
Robert Waldron	11/28/2017	11/28/2017
Robert Waldron	11/28/2017	11/28/2017
Robert Waldron	03/27/2017	03/27/2017
Robert Waldron	08/02/2016	08/02/2016

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
corrected filing status	Note To Reviewer	Robert Waldron	11/28/2017	11/28/2017
Withdrawn Forms	Note To Filer	Elsie Andy	08/06/2016	08/06/2016
VALR for LTCI Filings	Reviewer Note	Bill Dismore	07/18/2019	

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Disposition

Disposition Date: 11/21/2019

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	45.000%	45.000%	\$127,895	270	\$284,210	45.000%	45.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Optional Inflation Provision_Group	Received & Acknowledged	Yes
Supporting Document	Group Coverage Change Form FINAL 11-07-11	Received & Acknowledged	Yes
Supporting Document (revised)	VA Group (Post-Rate) Response to Objection Dated 2016-7-28	Received & Acknowledged	Yes
Supporting Document	Cost of Care	Received & Acknowledged	Yes
Supporting Document (revised)	VA Group Cert Letter 45 and EOv revised 2019-10-30	Received & Acknowledged	Yes
Supporting Document (revised)	LTC Rate Request Summary - VA CT14-76 (Post Rate)	Received & Acknowledged	Yes
Supporting Document	rate request summary	Received & Acknowledged	Yes
Supporting Document	Certificate and Policy approvals	Received & Acknowledged	Yes
Supporting Document	VA Group Objection Response Attachment	Received & Acknowledged	Yes
Supporting Document	Response Letter 11.16.18	Received & Acknowledged	Yes
Supporting Document (revised)	Revised Attachment 1	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Group Certholder Letter	Withdrawn	Yes
Supporting Document	VA Group (Post-Rate) Response to Objection Dated 2016-7-28	Withdrawn	Yes
Supporting Document	VA Group Cert Letter 45	Withdrawn	Yes
Supporting Document	VA Group Cert Letter 45	Withdrawn	Yes
Supporting Document	LTC Rate Request Summary - VA CT14-76 (Post Rate)	Withdrawn	Yes
Supporting Document	LTC Rate Request Summary - VA CT14-76 (Post Rate)	Withdrawn	Yes
Supporting Document	Response letter and Attachment 1	Withdrawn	No
Form (revised)	removed item	Received & Acknowledged	Yes
Form (revised)	removed item	Received & Acknowledged	Yes
Form (revised)	removed item	Received & Acknowledged	Yes
Form (revised)	REMOVED	Received & Acknowledged	Yes
Form	removed item	Withdrawn	Yes
Form	Endorsement	Withdrawn	Yes
Form	removed item	Withdrawn	Yes
Form	Endorsement	Withdrawn	Yes
Form	removed item	Withdrawn	Yes
Form	Endorsement	Withdrawn	Yes
Form	VA Group Cert Letter 45	Withdrawn	Yes
Rate (revised)	VA_Group_Rates_Generic_CURRENT_with_45%Increase	Approved	Yes
Rate	VA_Group_Rates_Generic_CURRENT_with_45%Increase	Withdrawn	Yes

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/29/2019
Submitted Date	04/29/2019
Respond By Date	

Dear Gina Jisonna,

Introduction:

One or more forms included within a related submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Further action on this filing is pending approval of necessary forms in a separate filing. Once related forms are approved, processing will continue with this filing.

Conclusion:

We shall be glad to reconsider this submission upon approval of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact me.

Thank you,

Greg Smith
Principal Examiner
804.371.9348

Sincerely,
Greg Smith

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/18/2018
Submitted Date	12/18/2018
Respond By Date	01/18/2019

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response letter and Attachment 1 (Supporting Document)

Comments: The projection provided in Attachment 1 submitted on 12/3/2018 does not meet our needs. Using the actual policies sold, please run the projection with the original premium rate scale and original assumptions for lapse, morbidity and mortality, both for the historical and the future portion of the projection; interest should be at the average valuation rate used in all other projections; another way to state this is that this would have been the projection produced at the time of original pricing except for the actual mix of business and the interest rate.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/06/2018
Submitted Date	11/06/2018
Respond By Date	11/15/2018

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: There is a conflict in the following two statements from the Actuarial Memorandum. On page 1, it states: In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued on or after October 1, 2003, the effective date of the rate stabilization rule for this state. Then on page 2, it states: In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state. The second statement is in accordance with the Bureaus position on how to determine proper application of pre/post-stability rules for group contracts based on the policy effective date rather than the certificate effective date. Please confirm that this is the method which the Company used to subdivide the business. Please also revise the Memorandum to modify the incorrect statement on page 1.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/05/2018
Submitted Date	11/05/2018
Respond By Date	12/05/2018

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide the active life reserve as of 12/31/2016 for the post-stability block underlying the nationwide projections.

2.Please provide a projection of the actual policies sold on a nationwide basis using all original assumptions and original premiums from inception and in the future (similar to Attachment 2 in the companion filing for the pre-stability block).

3.Please provide the issue date range of the certificates subject to this filing.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
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Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/15/2018
Submitted Date	10/15/2018
Respond By Date	

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide an A/E analysis on each assumption (morbidity, mortality, lapse), with expected on both original and current assumption basis.

2.We note that the average maximum valuation rate used in the projections is the same for this filing (4.48%) as for the pre-stability filing META-130649719. Wouldnt the different range of issue years produce a different average valuation rate for the two subsets of business?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
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Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/28/2018
Submitted Date	09/28/2018
Respond By Date	

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: In your most recent objection response, the Company submitted two different LTC Rate Request Summaries with different annual premium numbers for the same policy forms. Please review and provide the corrected version.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

Sincerely,
Bill Dismore

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 12/01/2017
Submitted Date 12/01/2017
Respond By Date

Dear Gina Jisonna,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Although the Actuarial Memorandum indicates the filing is for policies issued on or after October 1, 2003, please advise if any policies have been issued on or after September 1, 2015. 14VAC5-200-154, a new regulation made effective as of that date, revised the loss ratio test applicable to such policies issued on or after September 1, 2015. And as a result, the Company would need to demonstrate compliance with this regulation accordingly.

According to General Information, however, this rate increase is not applicable to any policies issued with rates that were based on prospective premium rate increase approved in our Department on December 4, 2009. Our records indicate this is SERFF tracking number META-126139118. Under that filing, the rates were specific to certificate numbers: G.LTC6297, G.LTC6197, and G.LTC.199. What certificates are applicable to this filing request for policy form GPNP99-LTC and G.LTC2798?

Is the experience for these forms included or excluded in the exhibits for the post stability block? The expectation is that the Company would provide all experience regardless of any certificate number in its exhibits, even those certificates the company has indicated the increase would not be applicable as noted above. The company should segregate that experience and projections by certificate number so that the filing may be reviewed in greater detail to support this rate increase request for a particular certificate number.

Lastly, please be aware that pursuant to 14VAC5-200-153 B 4, renewal premium rate schedules may not be greater than new business premium rate schedules except for differences attributable to benefits unless sufficient justification is provided to the commission. Although the Company indicates this block is now closed, it would appear those rates previously approved under the prior filing would be considered "new business" rates. Does the company not wish to keep the same differential between the two filings for those certificates?

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on Actuarial Memorandum this filing applies to two group policies: GPN99-LTC and G.LTC2798. We are able to confirm GPN99-LTC was approved in Virginia 8/13/99; we are unable, however, to confirm when policy form G.LTC2798 was approved. Please provide a copy of the approval by the Bureau of Insurance.

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Are both of these "policy" form numbers or is G.LTC2798 a certificate form number? The reason this is being questioned is that in a previous filing META-126139118, the filing has a similar form format for certificates. The heading in that actuarial memorandum states: "For Group Policy Form GPNP99-LTC When Issued With Certificate Forms: G.LTC6297, G.LTC6197, and G.LTC199."

Assuming these are both group policies, what certificates would be affected by this rate increase?

Objection 3

- VA_Group_Rates_Generic_CURRENT_with_45%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: The Company has provided the current rates with the 45% rate increase. Please attach to Supporting Documentation the Current rates prior to the rate increase.

Objection 4

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The number of policyholders affected on the LTC Rate Request Summary does not match the number of Virginia policyholders affected by this rate increase. Please resolve the discrepancy.

For our purposes, please provide certificate holders rather than policyholders when providing this information

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Experience has only been provided through 2014. Please update all exhibits to provide experience at least through 2016.

Please provide Virginia distribution of business as of September 30, 2017.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 04/06/2017
Submitted Date 04/06/2017
Respond By Date

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Our continued review of tis filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

Objection 1

Comments: After our recent discussion about extraterritorial jurisdiction, please address the following concerns:

1. The Company stated "We will only implement the premium rate schedule increase after we have received approval from your Department and will apply the increase to all certificates issued under group long-term care insurance policies sitused in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase approved by that state, whether it is higher or lower than the increase that your state approved for certificates issued under group policies sitused in your state."

Since the group policy was issued in Virginia, unless the other state exerts extraterritorial Jurisdiction, it would seem the Company would implement the rate increased approved in Virginia. Do you not agree?

2. The Company stated "Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy sitused in another state, we will implement their increases after weve satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining approval, if required) without regard to your review of this filing."

Since Virginia does not have any authority over group LTCI forms and rates issued under a group policy issued in another state, those rate increases do not need to be filed in Virginia and those filings, if any, should be withdrawn.

3. The Company stated Written Premium Change for this Program and Written Premium for this Program only reflects premium information for certificates issued to residents of your state under group policies issued from within and from outside of your state.

This should be reflective of all premium subject to Virginia authority. Please ensure the information in the Rate/Rule Schedule and Actuarial Memorandum are correct.

Objection 2

- VA Group Cert Letter 45, PH-LTR-GRP-VA (Form)

Comments: Since this letter will be used for both this filing and META-130649719, our objections has been submitted under META-130649719 which also includes the endorsement forms. Please remove the letter from the Form Schedule in this filing to Supporting Documentation.

Objection 3

- Long Term Care Insurance Rate Request Summary (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Comments: Although your previous response indicated a narrative had been added to the second page of the Rate Request Summary, we are unable to locate the document. Please reattach both page 1 and 2 to Supporting Documentation.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Filing Company: Metropolitan Life Insurance Company

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 03/29/2017
Submitted Date 03/29/2017
Respond By Date

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and/or questions. Concerns regarding the policyholder letter will be addressed separately and is currently under review.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to your response to item 1 in objection 1, attachment 1 displays the issue dates of the certificates. Attachment 1 included in the memorandum demonstrates the nationwide experience but does not provide the information requested. We apologize our objection was not clear. Please provide the beginning and ending calendar dates of the certificates issued in Virginia on or after 10/1/2003 for forms GPNP99-LTC, Certificate G.LTC2798.

Objection 2

Comments: Thank for your response to item 2 in objection 1, however, our objection has not resolved.

We have done further research regarding the statement in General Information that the rate increase will not apply to any group policy issued with rates based on prospective rate increase approved by your Department on 12/4/2009 for policies issued on or after July 1, 2010. We are assuming this relates to SERFF tracking # META-129138118. Is that correct? If so, please address the following:

- The prior filing was for rate increases for the Group policy GPNP99-LTC but only applied to certificates: G.LTC627, GLTC6197, and LTC199. This filing only includes certificate G.LTC2798. Are there other certificates associated with this Group policy GPN99-LTC. If so, please provide the form numbers and dates of approval.

- Please advise when form G.LTC2798 was approved in Virginia and the state tracking number.

- Please explain why G.LTC2798 was not previously included in META-126139118 and why the other three prior certificates are not included in this filing.

- Does the experience and projections provided nationwide and on a Virginia basis include all certificates associated with the group policy or just the experience based on certificate for G.LTC2798? If experience and projections have not been provided based on G.LTC2798 only, please provide.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Item 3 in objection 1 remains unresolved. Please confirm the number of current Virginia certificate holders issued under group policies issued in Virginia on or after October 1, 2003. Please update the Section 22 of the Actuarial Memorandum to

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

include this information including the annual premium change.

Objection 4

Comments: Thank you for your response to our objection 2. Please revise the statement in Item 4 in the memorandum which states the filing is applicable to inforce group long term care policies issued for delivery in our state before December 31, 2013 which is inaccurate and correct this to indicate it is applicable to policies issued on or after to 10/1/2003.

Please revise Section 20 of the memorandum to reflect a 75 day notice will be provided as confirmed in your response to objection 2.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: We are unable to locate a copy of the currently approved rates which the company indicated was included in Objection 2. Please re-attach to Supporting Documentation.

The response in Objection 2 also indicated the Actuarial Memorandum had been updated but it does not appear to be attached to the filing. Please re-attach to Supporting Documentation. If rider form numbers have been added to the filing, those forms and proposed rates should be attached to the Rate/Rule Schedule as well.

Objection 6

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Company indicated in Objection 3 a corrected Rate Request Summary was attached. Unfortunately, the form could not be found. Please re-attach to Supporting Documentation.

Objection 7

Comments: We are unable to locate the State Rate Action Summary which the Company indicated was attached in its response to objection 8. Please re-send.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 07/28/2016
Submitted Date 07/28/2016
Respond By Date

Dear Gina Jisonna,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

A preliminary review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

Objection 1

Comments: Please provide the following information:

- 1) Please provide the issue dates of the certificates for which a rate increase has been proposed.
- 2) Please explain the comment in General Information that states the increase will not apply to any group policy issued with rates that were based on prospective premium rate increase approved by our Department on 12/4/2009 for policies issued on or after July 1, 2010. Please provide the SERFF tracking number of this filing. This filing appears to be applicable to post-stability policies only and the increase would affect only certificates under those policies issued on or after to October 1, 2003.
- 3) General Information states the written premium change and written premium for this program reflects premium information for certificates issued to residents of your state under group policies issued from within and "from outside" of your state. As set forth in Section 38.2-316 A our authority for group policies is based on state of issue. Please make the appropriate changes in this information which should only reflect that data which is based on group policies issued in this state. This would also apply to the number of affected policyholders (certificate holders) in the Rate/Rule Schedule which should only reflect certificates issued under group policies issued in our state and not policies issued outside of the state of Virginia.
- 4) The company has stated it will not intend to provide updated projections annually for the next three years. In order for any rate increase to be approved, compliance with 14VAC5-200-153 D is required.

Objection 2

- VA_Group_Rates_Generic_CURRENT_with_45%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: Please remove the previous state filing number META-130076672 under the Rate Action Information column in the Rate/Rule Schedule since this filing was never approved.

Please attach a copy of the current rates to supporting documentation.

Are there any riders that will be affected by this rate increase? If so, the rider form numbers, exactly as approved, should be included in the Affected Form Numbers column with the appropriate rate attachments. Please amend the Actuarial Memorandum to also include the form numbers and description of benefits.

Objection 3

- Long Term Care Insurance Rate Request Summary (Supporting Document)

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Comments: An incorrect attachment has been included under the Long Term Care Insurance Rate Request Summary in Supporting Documentation. Attached is a the correct form to be completed. Please attach the narrative as a second page to the Rate Request Summary. The form and narrative will be placed on our website for consumers to access. Please explain in consumer friendly language what are the driving contributors for the rate increase. In other words, what assumptions have changed since the policy was originally priced, why have the changes occurred, and how are those changes impacting the long term care rates resulting in a rate increase.

Objection 4

- Group Certholder Letter (Supporting Document)

Comments: The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

1) For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower left-hand corner of the first page. The full and proper corporate name of the insurer shall prominently appear.

2) It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter. We are concerned, however, that the pre stability policyholder letter for this block of business submitted under SERFF tracking # META-130649719 is not the same as this letter. Please explain why different letters would be needed for the same policy forms.

3) For compliance with 14VAC5-200-75 D, please make the following changes:

a) An explanation that similar options will be available in the event of a future rate increase and benefit changes may occur at any time, not just at the time of a rate increase.

b) The insured has a right to a revised premium rate or rate schedule.

c) A disclosure that all options available may not be equal. As a disclosure, this information should be emphasized such as by bolding, highlighting or using larger print.

d) A disclosure that in the case of a partnership policy, some benefit reduction options may result in loss in partnership status that may reduce the policyholder protections. Again, this should be emphasized such as by bolding, highlighting or using larger print.

e) A clear identification of the driving factors of the premium rate increase. The letter currently states the decision was that your evaluation of the experience under the plan shows a variation in claims and other key actuarial assumptions did not materialize as expected. Please be more specific as to what assumptions were originally used in pricing the product, what affected those assumptions, how that impacted the rates and need for a rate increase.

f) Include the required wording as set forth in 14VAC5-200-75 D 4 and refer to "Virginia's State Corporation Commission" rather than Virginia Bureau of Insurance as currently stated in the letter.

4) As stated in our previous objections, the LCUL may not be necessary and any references to it should be removed from the letter.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

5) There is a section bracketed that states it is a placeholder for option for inflation offer. Please explain what this offer is. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

6) Insert paragraph E relates to an insured with paid-up coverage with a layer of non-paid up coverage. Please provide us an example of this type of situation and how it is administered.

7) There is a reference to an Optional Inflation Increase Provision; and if eligible, a separate communication will be sent. Please attach a copy of this provision and the communication to Supporting Documentation.

8) Please attach a copy of the Coverage Change/Cancellation Form to Supporting Documentation. Is this form attached to the certificate? The letter states the company must still receive this form even if the CBUL is elected. The CBUL is automatically in effect if the insured meets the trigger points and the certificate lapses within 120 days of the due of the premium so increased as set forth in 14VAC5-200-185 D3. A form is not required. Please amend the letter accordingly.

9) In two places this statement appears on page one of the letter but it is unclear what this means "[For certificateholders who get less than the requested % and due to the lower offer, we no longer certified". Please explain.

10) Please provide a copy of the cost of care chart that will be enclosed with the letter.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)
- Endorsement, G.LCUL (Form)
- Endorsement, G.LCUL-1 (Form)
- Endorsement, G.LCUL-2 (Form)

Comments: The company has attached three new endorsements to provide limited coverage upon lapse following the contribution increase endorsement. According to the memorandum, the certificateholder will have nonforefeiture coverage as follows:

1) If there is no nonforefeiture feature in the certificate, the company will offer the Limited Coverage Upon Lapse Premium Increase Endorsement (LCUL).

Why is this necessary since the company must provide a contingent benefit upon lapse (CBUL) as set forth in 14VAC5-200-75 D1 a?

2) If the certificate has the nonforefeiture feature, but it will provide no benefit or a lower benefit than the LCUL, the company will issue the LCUL.

Under what circumstance would the nonforefeiture feature not provide a benefit as set forth in 14VAC5-200-185 E 3?

3) If the certificate has the nonforefeiture feature and will pay benefit equal or greater than the LCUL, the nonforefeiture benefit will be provided.

The company has indicated the benefits under the LCUL are the same as CBUL. The benefits under the CBUL are also the same as what is available under the nonforefeiture benefit pursuant to 14VAC5-200-185 E 3.

4) If the certificate has the nonforefeiture feature that will pay different benefits than those under the LCUL, the insured would be given a choice to either receive benefits under the nonforefeiture benefit or the LCUL.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

As stated above benefits under the LCUL are the same as CBUL and would be the same under the nonforfeiture feature.

5) If the certificateholder qualifies for coverage under the CBUL, the company will issue the LCUL instead.

Again, it is unclear the purpose of the LCUL.

Please explain the purpose of the LCUL and why the CBUL is not sufficient.

Lastly, such forms may only be submitted for review and approval under one filing. Please withdraw duplicate requests; however, please respond to our concerns since this information is provided in the Actuarial Memorandum; and as such, may need to be revised accordingly.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise how the certificate is updated for such benefit changes. If the policy is revised or changed in any way, the certificate holder must first agree to the changes and the certificate must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60.

Forms for updating the certificate should only be submitted once for review and approval and may be used with multiple filings.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the company wishes to request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-150 C. If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly. Rate Schedules for each implementation period would need to be attached to the Rate/Rule Schedule.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the following:

1) For post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.

2) Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

3) Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

4) Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

5) Re-state the nationwide experience using Virginia approved rates.

6) Attachment 2 is labeled as Nationwide Experience Projection with 45% Future Increase. Should this not be Virginia Experience Projection with 45% Future Increase?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

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

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

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.

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 07/19/2016
Submitted Date 07/19/2016
Respond By Date

Dear Gina Jisonna,

Introduction:

Metropolitan Life Insurance Company

SERFF Tracking No: META-130649751

Form Nos.: G.LCUL, et al.

This is to acknowledge receipt of and thank you for the submission of the forms mentioned above; however, we need some additional information before we can begin our review.

Objection 1

- Endorsement, G.LCUL (Form)
- Endorsement, G.LCUL-1 (Form)
- Endorsement, G.LCUL-2 (Form)

Comments: Please confirm that the forms included in this filing are duplicates of the ones submitted under SERFF Tracking Number META-130649719. If so, please note that forms cannot be considered for approval under more than one filing. If these forms are duplicates, please withdraw them.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie Andy

Principal Insurance Market Examiner

Sincerely,

Elsie Andy

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/31/2019
Submitted Date	10/31/2019

Dear Greg Smith,

Introduction:

Response 1

Comments:

We have revised and attached the following documents below also located for approval under SERFF filing META-130649719.

Related Objection 1

Comments: Further action on this filing is pending approval of necessary forms in a separate filing. Once related forms are approved, processing will continue with this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Group Cert Letter 45 and EOV revised 2019-10-30
Comments:	Please see the attached revised VA Group Cert Letter 45 and Explanation of Variables also located for approval under SERFF filing META-130649719.
Attachment(s):	VA Group Cert Letter 45 FINAL 1-2019_NEEDS LD.pdf EOV_INSURED Letter_for VA GROUP.pdf
<i>Previous Version</i>	
Satisfied - Item:	VA Group Cert Letter 45
Comments:	Please see the attached revised VA Group Cert Letter 45
Attachment(s):	VA Group Cert Letter 45.pdf
<i>Previous Version</i>	
Satisfied - Item:	VA Group Cert Letter 45
Comments:	Please see the attached VA Group Cert Letter 45
Attachment(s):	VA Group Cert Letter 45.pdf

No Form Schedule items changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if anything additional would be required to assist in your review of our filings.

Thank you for your attention.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809

Sincerely,
Cory Johnson

SERFF Tracking #:	META-130649751	State Tracking #:	META-130649751	Company Tracking #:	CT14-76 (POST-RATE) (RESUB1) RW
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified				
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/14/2019
Submitted Date	01/14/2019

Dear Greg Smith,

Introduction:

Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130649751
Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Bill Dismore:

Thank you for your response dated December 18, 2018. Here are the answers to your questions:

Response 1

Comments:

Please see Revised Attachment 1 for nationwide experience based on original pricing assumptions and actual mix of business.

Related Objection 1

Applies To:

- Response letter and Attachment 1 (Supporting Document)

Comments: The projection provided in Attachment 1 submitted on 12/3/2018 does not meet our needs. Using the actual policies sold, please run the projection with the original premium rate scale and original assumptions for lapse, morbidity and mortality, both for the historical and the future portion of the projection; interest should be at the average valuation rate used in all other projections; another way to state this is that this would have been the projection produced at the time of original pricing except for the actual mix of business and the interest rate.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Revised Attachment 1
Comments:	Please see the attached revised Attachment 1
Attachment(s):	VA CT14-76 (Post-Rate) Obj Response_2018-12-18_Revised Attachment 1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response letter and Attachment 1</i>
Comments:	<i>Please see the attached Response letter and Attachment 1</i>
Attachment(s):	<i>VA CT14-76 (Post-Rate) Objection Response -2018-11-05 (META-130649751).pdf VA CT14-76 (Post-Rate) Objection Response - Attachment 1.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions. You can reach me directly by e-mail at mark.newton@metlife.com

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/16/2018
Submitted Date	11/16/2018

Dear Greg Smith,

Introduction:

Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130649751
Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Bill Dismore:

Thank you for your response dated November 6, 2018. Here are the answers to your questions:

Response 1

Comments:

We confirm that this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state. The Actuarial Memorandum has been revised and attached with this response.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: There is a conflict in the following two statements from the Actuarial Memorandum. On page 1, it states: In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued on or after October 1, 2003, the effective date of the rate stabilization rule for this state. Then on page 2, it states: In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state. The second statement is in accordance with the Bureaus position on how to determine proper application of pre/post-stability rules for group contracts based on the policy effective date rather than the certificate effective date. Please confirm that this is the method which the Company used to subdivide the business. Please also revise the Memorandum to modify the incorrect statement on page 1.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_RS_Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached revised ACT Memo</i>
Attachment(s):	<i>VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability (REV).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Memo</i>
Attachment(s):	<i>VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_RS_Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached revised ACT Memo</i>
Attachment(s):	<i>VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability (REV).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Memo</i>
Attachment(s):	<i>VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf</i>

Satisfied - Item:	Response Letter 11.16.18
Comments:	Attached is the Response Letter 11.16.18
Attachment(s):	VA CT14-76 Post-Rate Objection Response.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/03/2018
Submitted Date	12/03/2018

Dear Greg Smith,

Introduction:

Mr. Bill Dismore

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130649751

Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Bill Dismore:

Thank you for your response dated November 5, 2018. Here are the answers to your questions:

Response 1

Comments:

Please see the complete response and corresponding Attachment 1 on the supporting documentation tab due to formatting limitations here.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide the active life reserve as of 12/31/2016 for the post-stability block underlying the nationwide projections.

2.Please provide a projection of the actual policies sold on a nationwide basis using all original assumptions and original premiums from inception and in the future (similar to Attachment 2 in the companion filing for the pre-stability block).

3.Please provide the issue date range of the certificates subject to this filing.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response letter and Attachment 1
Comments:	Please see the attached Response letter and Attachment 1
Attachment(s):	VA CT14-76 (Post-Rate) Objection Response -2018-11-05 (META-130649751).pdf VA CT14-76 (Post-Rate) Objection Response - Attachment 1.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions. You can reach me directly by e-mail at mark.newton@metlife.com

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Robert Waldron

SERFF Tracking #:	META-130649751	State Tracking #:	META-130649751	Company Tracking #:	CT14-76 (POST-RATE) (RESUB1) RW
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified				
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/19/2018
Submitted Date	10/19/2018

Dear Greg Smith,

Introduction:

Mr. Bill Dismore

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:Objection Letter Dated October 15, 2018

SERFF/STATE Tracking #: META-130649751

Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Bill Dismore:

Thank you for your response dated April 16, 2018. Here are the answers to your questions:

Response 1

Comments:

Objection 1

Please provide an A/E analysis on each assumption (morbidity, mortality, lapse), with expected on both original and current assumption basis.

MetLife Response: Please see Attachment 4 for A/E analysis on mortality, lapse and morbidity. The policy forms were priced based on a combination of industry LTC data and MetLifes experience in other LTC business at the time. The product was priced using legacy pricing system, so some details of the assumptions used in pricing are no longer available, in this case, morbidity.

Objection 2

We note that the average maximum valuation rate used in the projections is the same for this filing (4.48%) as for the post-stability filing META-130649751. Wouldnt the different range of issue years produce a different average valuation rate for the two subsets of business?

MetLife Response: The rate 4.48% is a weighted-average maximum valuation rate calculated on a Nationwide basis for the entire Group LTC business. The valuation rates for pre-stability and post-stability policies are 4.68% and 4.20% respectively.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide an A/E analysis on each assumption (morbidity, mortality, lapse), with expected on both original and current assumption basis.

2.We note that the average maximum valuation rate used in the projections is the same for this filing (4.48%) as for the pre-stability filing META-130649719. Wouldnt the different range of issue years produce a different average valuation rate for the two subsets of business?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Group Objection Response Attachment
Comments:	VA Group Objection Response Attachment
Attachment(s):	VA Group Obj Response Attachment.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Robert Waldron

SERFF Tracking #:	META-130649751	State Tracking #:	META-130649751	Company Tracking #:	CT14-76 (POST-RATE) (RESUB1) RW
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified				
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/28/2018
Submitted Date	09/28/2018

Dear Greg Smith,

Introduction:

Mr. Bill Di Mr. Bill Dismore
 Virginia Bureau of Insurance
 P.O. Box 1157
 Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130649751
 Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Dismore:

Response 1

Comments:

Please note we have removed the previous version and left only the updated version.

Related Objection 1

Comments: In your most recent objection response, the Company submitted two different LTC Rate Request Summaries with different annual premium numbers for the same policy forms. Please review and provide the corrected version.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the attached Rate Request Summary
Attachment(s):	VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA-lhgrpltc.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the attached Rate Request Summary
Attachment(s):	VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA-lhgrpltc.pdf</i>

Satisfied - Item:	LTC Rate Request Summary - VA CT14-76 (Post Rate)
Comments:	Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)
Attachment(s):	LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Request Summary - VA CT14-76 (Post Rate)</i>
Comments:	<i>Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)</i>
Attachment(s):	<i>LTCRate Request Summary - VA CT14-76 (Post Rate).pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Request Summary - VA CT14-76 (Post Rate)</i>
Comments:	<i>Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)</i>
Attachment(s):	<i>LTCRate Request Summary - VA CT14-76 (Post Rate).pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing

SERFF Tracking #:	META-130649751	State Tracking #:	META-130649751	Company Tracking #:	CT14-76 (POST-RATE) (RESUB1) RW
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Sincerely,
Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/27/2018
Submitted Date	09/27/2018

Dear Greg Smith,

Introduction:

Mr. Bill Di Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130649751
Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Dismore:

Thank you for your response dated December 1, 2017. Here are the answers to your questions:

Response 1

Comments:

No new policies have been issued on or after September 1, 2015.

Certificates G.LTC6297, G.LTC6197, and G.LTC.199 are certificate forms that are issued under the group policy forms G.LTC2798 or GPNP99-LTC and are applicable to this filing request.

The experience for the entire Group business is included in the exhibits submitted in this filing.

While there is new business premium rate schedule in the Group business, there were no insureds under the new business premium rate schedule in Virginia. This requested increase will match the new business premium rate schedule.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Comments: Although the Actuarial Memorandum indicates the filing is for policies issued on or after October 1, 2003, please advise if any policies have been issued on or after September 1, 2015. 14VAC5-200-154, a new regulation made effective as of that date, revised the loss ratio test applicable to such policies issued on or after September 1, 2015. And as a result, the Company would need to demonstrate compliance with this regulation accordingly.

According to General Information, however, this rate increase is not applicable to any policies issued with rates that were based on prospective premium rate increase approved in our Department on December 4, 2009. Our records indicate this is SERFF tracking number META-126139118. Under that filing, the rates were specific to certificate numbers: G.LTC6297, G.LTC6197, and G.LTC.199. What certificates are applicable to this filing request for policy form GPNP99-LTC and G.LTC2798?

Is the experience for these forms included or excluded in the exhibits for the post stability block? The expectation is that the Company would provide all experience regardless of any certificate number in its exhibits, even those certificates the company has indicated the increase would not be applicable as noted above. The company should segregate that experience and projections by certificate number so that the filing may be reviewed in greater detail to support this rate increase request for a particular certificate number.

Lastly, please be aware that pursuant to 14VAC5-200-153 B 4, renewal premium rate schedules may not be greater than new business premium rate schedules except for differences attributable to benefits unless sufficient justification is provided to the commission. Although the Company indicates this block is now closed, it would appear those rates previously approved under the prior filing would be considered "new business" rates. Does the company not wish to keep the same differential between the two filings for those certificates?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate and Policy approvals
Comments:	Please see the attached Certificate and Policy approvals
Attachment(s):	GLTC199 Cert approved 10-14-99.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998 -2.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate and Policy approvals
Comments:	Please see the attached Certificate and Policy approvals
Attachment(s):	GLTC199 Cert approved 10-14-99.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998 -2.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998.pdf
Satisfied - Item:	VA Group Cert Letter 45
Comments:	Please see the attached revised VA Group Cert Letter 45
Attachment(s):	VA Group Cert Letter 45.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>VA Group Cert Letter 45</i>
Comments:	<i>Please see the attached VA Group Cert Letter 45</i>
Attachment(s):	<i>VA Group Cert Letter 45.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Your department approved policy G.LTC2798 on 5/20/1998. A copy of the VA approval disposition has been included in Supporting Documentation.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on Actuarial Memorandum this filing applies to two group policies: GPN99-LTC and G.LTC2798. We are able to confirm GPN99-LTC was approved in Virginia 8/13/99; we are unable, however, to confirm when policy form G.LTC2798 was approved. Please provide a copy of the approval by the Bureau of Insurance.

Are both of these "policy" form numbers or is G.LTC2798 a certificate form number? The reason this is being questioned is that in a previous filing META-126139118, the filing has a similar form format for certificates. The heading in that actuarial memorandum states: "For Group Policy Form GPNP99-LTC When Issued With Certificate Forms: G.LTC6297, G.LTC6197, and G.LTC199."

Assuming these are both group policies, what certificates would be affected by this rate increase?

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate and Policy approvals
Comments:	Please see the attached Certificate and Policy approvals
Attachment(s):	GLTC199 Cert approved 10-14-99.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998 -2.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

This was provided in the response to objection dated 7/28/2016. Please see attached.

Related Objection 3

Applies To:

- VA_Group_Rates_Generic_CURRENT_with_45%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: The Company has provided the current rates with the 45% rate increase. Please attach to Supporting Documentation the Current rates prior to the rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Group (Post-Rate) Response to Objection Dated 2016-7-28
Comments:	Please see the attached response from 2016-07-28 with the rates
Attachment(s):	VA Group (Post-Rate) Response to Objection Dated 2016-7-28.pdf VA_Group_Rates_Generic_CURRENT.pdf
<i>Previous Version</i>	
Satisfied - Item:	VA Group (Post-Rate) Response to Objection Dated 2016-7-28
Comments:	Please see the attached response
Attachment(s):	VA Group (Post-Rate) Response to Objection Dated 2016-7-28.pdf

No Form Schedule items changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

No Rate/Rule Schedule items changed.

Response 4

Comments:

The Rate Request Summary has been updated and reflects number of certificateholders.

Related Objection 4

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The number of policyholders affected on the LTC Rate Request Summary does not match the number of Virginia policyholders affected by this rate increase. Please resolve the discrepancy.

For our purposes, please provide certificate holders rather than policyholders when providing this information

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Request Summary - VA CT14-76 (Post Rate)
Comments:	Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)
Attachment(s):	LTCRate Request Summary - VA CT14-76 (Post Rate).pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Request Summary - VA CT14-76 (Post Rate)</i>
Comments:	<i>Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)</i>
Attachment(s):	<i>LTCRate Request Summary - VA CT14-76 (Post Rate).pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

All exhibits are updated to reflect data through December 31, 2016. Please note that the projections have also been updated to reflect the current best estimate assumptions, however, our rate increase request remains the same as submitted previously.

Please see Attachment 7 for the Virginia distribution of business as of 9/30/2017.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Experience has only been provided through 2014. Please update all exhibits to provide experience at least through 2016.

Please provide Virginia distribution of business as of September 30, 2017.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

*Gina Jisonna
Manager – Product Development*

*Sincerely,
Robert Waldron*

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/28/2017
Submitted Date	11/28/2017

Dear Greg Smith,

Introduction:

November 15, 2017

Ms. Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated April 6, 2017
SERFF/STATE Tracking #: META-130649751
Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Ms. Houser:

Thank you for your response dated April 6, 2017. Here are the answers to your questions:

Response 1

Comments:

We agree that this is true for certificates issued under group policies that are situated in Virginia. If a state does not exert extraterritorial jurisdiction, MetLife would implement the rate increase approved in Virginia. However, since Virginia is not a state that exercises extraterritorial jurisdiction for certificates issued in Virginia that are situated in other states, those policies will follow the rate increase approved by the situs state.

Related Objection 1

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Comments: After our recent discussion about extraterritorial jurisdiction, please address the following concerns:

1. The Company stated "We will only implement the premium rate schedule increase after we have received approval from your Department and will apply the increase to all certificates issued under group long-term care insurance policies situated in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase approved by that state, whether it is higher or lower than the increase that your state approved for certificates issued under group policies situated in your state."

Since the group policy was issued in Virginia, unless the other state exerts extraterritorial Jurisdiction, it would seem the Company would implement the rate increased approved in Virginia. Do you not agree?

2. The Company stated "Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy situated in another state, we will implement their increases after weve satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining approval, if required) without regard to your review of this filing."

Since Virginia does not have any authority over group LTCI forms and rates issued under a group policy issued in another state, those rate increases do not need to be filed in Virginia and those filings, if any, should be withdrawn.

3. The Company stated Written Premium Change for this Program and Written Premium for this Program only reflects premium information for certificates issued to residents of your state under group policies issued from within and from outside of your state.

This should be reflective of all premium subject to Virginia authority. Please ensure the information in the Rate/Rule Schedule and Actuarial Memorandum are correct.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

MetLife has not submitted any LTC rate increase filing to Virginia for rates issued under a group policy issued in another state.

Related Objection 2

Applies To:

- VA Group Cert Letter 45, PH-LTR-GRP-VA (Form)

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Comments: Since this letter will be used for both this filing and META-130649719, our objections has been submitted under META-130649719 which also includes the endorsement forms. Please remove the letter from the Form Schedule in this filing to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Group Cert Letter 45
Comments:	Please see the attached VA Group Cert Letter 45
Attachment(s):	VA Group Cert Letter 45.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	REMOVED	REMOVED	OTH	Other	REMOVED	0.000		Date Submitted: 11/28/2017 By: Robert Waldron
<i>Previous Version</i>								
1	VA Group Cert Letter 45	PH-LTR-GRP-VA	CERA	Other	Certificateholder Letter	0.000	VA Group Cert Letter 45.pdf	Date Submitted: 03/27/2017 By: Robert Waldron

No Rate/Rule Schedule items changed.

Response 3

Comments:

The following Rate Increase narrative was added as the second page of the attachment LTCRate Request Summary - VA CT14-76 (Post Rate). It is located in Supporting Documentation.

Rate Increase Narrative (included as page 2 of the LTCRate Request Summary)

Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 3

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Although your previous response indicated a narrative had been added to the second page of the Rate Request Summary, we are unable to locate the document. Please reattach both page 1 and 2 to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cost of Care
Comments:	Please see the attached Cost of Care
Attachment(s):	Cost of Care 2016-FINAL - Old logo.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cost of Care
Comments:	Please see the attached Cost of Care
Attachment(s):	Cost of Care 2016-FINAL - Old logo.pdf

Satisfied - Item:	VA Group Cert Letter 45
Comments:	Please see the attached VA Group Cert Letter 45
Attachment(s):	VA Group Cert Letter 45.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	REMOVED	REMOVED	OTH	Other	REMOVED	0.000		Date Submitted: 11/28/2017 By: Robert Waldron
<i>Previous Version</i>								
1	VA Group Cert Letter 45	PH-LTR-GRP-VA	CERA	Other	Certificateholder Letter	0.000	VA Group Cert Letter 45.pdf	Date Submitted: 03/27/2017 By: Robert Waldron

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

*Gina Jisonna
Manager – Product Development*

*Sincerely,
Robert Waldron*

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/28/2017
Submitted Date	11/28/2017

Dear Greg Smith,

Introduction:

November 28, 2017

Ms. Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Response 1

Comments:

revised Act memo attached

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to your response to item 1 in objection 1, attachment 1 displays the issue dates of the certificates. Attachment 1 included in the memorandum demonstrates the nationwide experience but does not provide the information requested. We apologize our objection was not clear. Please provide the beginning and ending calendar dates of the certificates issued in Virginia on or after 10/1/2003 for forms GPNP99-LTC, Certificate G.LTC2798.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability (REV).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Memo</i>
Attachment(s):	<i>VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

addressed in 04/06/2017 objection response

Related Objection 2

Comments: Thank for your response to item 2 in objection 1, however, our objection has not resolved.

We have done further research regarding the statement in General Information that the rate increase will not apply to any group policy issued with rates based on prospective rate increase approved by your Department on 12/4/2009 for policies issued on or after July 1,2010. We are assuming this relates to SERFF tracking # META-129138118. Is that correct? If so, please address the following:

- The prior filing was for rate increases for the Group policy GPNP99-LTC but only applied to certificates: G.LTC627, GLTC6197, and LTC199. This filing only includes certificate G.LTC2798. Are there other certificates associated with this Group policy GPN99-LTC. If so, please provide the form numbers and dates of approval.

- Please advise when form G.LTC2798 was approved in Virginia and the state tracking number.

- Please explain why G.LTC2798 was not previously included in META-126139118 and why the other three prior certificates are not included in this filing.

- Does the experience and projections provided nationwide and on a Virginia basis include all certificates associated with the group policy or just the experience based on certificate for G.LTC2798? If experience and projections have not been provided based on G.LTC2798 only, please provide.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

revised ACT memo attached

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Item 3 in objection 1 remains unresolved. Please confirm the number of current Virginia certificate holders issued under group policies issued in Virginia on or after October 1, 2003. Please update the Section 22 of the Actuarial Memorandum to include this information including the annual premium change.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability (REV).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

revised act memo attached

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 4

Comments: Thank you for your response to our objection 2. Please revise the statement in Item 4 in the memorandum which states the filing is applicable to inforce group long term care policies issued for delivery in our state before December 31, 2013 which is inaccurate and correct this to indicate it is applicable to policies issued on or after to 10/1/2003.

Please revise Section 20 of the memorandum to reflect a 75 day notice will be provided as confirmed in your response to objection 2.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability (REV).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

revised act memo attached

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: We are unable to locate a copy of the currently approved rates which the company indicated was included in Objection 2. Please re-attach to Supporting Documentation.

The response in Objection 2 also indicated the Actuarial Memorandum had been updated but it does not appear to be attached to the filing. Please re-attach to Supporting Documentation. If rider form numbers have been added to the filing, those forms and proposed rates should be attached to the Rate/Rule Schedule as well.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability (REV).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Memo</i>
Attachment(s):	<i>VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Long Term Care Insurance Rate Request Summary atatched

Related Objection 6

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Company indicated in Objection 3 a corrected Rate Request Summary was attached. Unfortunately, the form could not be found. Please re-attach to Supporting Documentation.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA-lhgrpltc.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA-lhgrpltc.pdf</i>

Satisfied - Item:	LTC Rate Request Summary - VA CT14-76 (Post Rate)
Comments:	Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)
Attachment(s):	LTCRate Request Summary - VA CT14-76 (Post Rate).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

summary attached

Related Objection 7

Comments: We are unable to locate the State Rate Action Summary which the Company indicated was attached in its response to objection 8. Please re-send.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	rate request summary
Comments:	Please see the attached rate request summary
Attachment(s):	TIAA Status - 2017-11-28.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

Sincerely,
Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/27/2017
Submitted Date	03/27/2017

Dear Greg Smith,

Introduction:

Janet Houser

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:State Tracking #: META-130649751

Company Tracking #: CT14-76 (POST-RATE) (RESUB) RW

Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Dear Ms. Houser:

Thank you for your response dated July 27, 2016. Here are the answers to your questions:

Response 1

Comments:

Please see the complete response in the Supporting Documentation tab due to character limits

Related Objection 1

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Comments: Please provide the following information:

- 1) Please provide the issue dates of the certificates for which a rate increase has been proposed.
- 2) Please explain the comment in General Information that states the increase will not apply to any group policy issued with rates that were based on prospective premium rate increase approved by our Department on 12/4/2009 for policies issued on or after July 1, 2010. Please provide the SERFF tracking number of this filing. This filing appears to be applicable to post-stability policies only and the increase would affect only certificates under those policies issued on or after to October 1, 2003.
- 3) General Information states the written premium change and written premium for this program reflects premium information for certificates issued to residents of your state under group policies issued from within and "from outside" of your state. As set forth in Section 38.2-316 A our authority for group policies is based on state of issue. Please make the appropriate changes in this information which should only reflect that data which is based on group policies issued in this state. This would also apply to the number of affected policyholders (certificate holders) in the Rate/Rule Schedule which should only reflect certificates issued under group policies issued in our state and not policies issued outside of the state of Virginia.
- 4) The company has stated it will not intend to provide updated projections annually for the next three years. In order for any rate increase to be approved, compliance with 14VAC5-200-153 D is required.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Optional Inflation Provision_Group
Comments:	Please see the attached Optional Inflation Provision_Group
Attachment(s):	Optional Inflation Provision_Group.pdf
<i>Previous Version</i>	
Satisfied - Item:	Group Certholder Letter
Comments:	Please see the attached Group certificateholder Letter
Attachment(s):	VA Group Certificateholder Letter_FINAL w LD.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedule Item Changes

Satisfied - Item:	Optional Inflation Provision_Group
Comments:	Please see the attached Optional Inflation Provision_Group
Attachment(s):	Optional Inflation Provision_Group.pdf

Previous Version

Satisfied - Item:	Group Certholder Letter
Comments:	Please see the attached Group certificateholder Letter
Attachment(s):	VA Group Certificateholder Letter_FINAL w LD.pdf

Satisfied - Item:	Group Coverage Change Form FINAL 11-07-11
Comments:	Please see the attached Group Coverage Change Form FINAL 11-07-11
Attachment(s):	Group Coverage Change Form FINAL 11-07-11.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Optional Inflation Provision_Group
Comments:	Please see the attached Optional Inflation Provision_Group
Attachment(s):	Optional Inflation Provision_Group.pdf

Previous Version

Satisfied - Item:	Group Certholder Letter
Comments:	Please see the attached Group certificateholder Letter
Attachment(s):	VA Group Certificateholder Letter_FINAL w LD.pdf

Satisfied - Item:	Group Coverage Change Form FINAL 11-07-11
Comments:	Please see the attached Group Coverage Change Form FINAL 11-07-11
Attachment(s):	Group Coverage Change Form FINAL 11-07-11.pdf

Satisfied - Item:	VA Group (Post-Rate) Response to Objection Dated 2016-7-28
Comments:	Please see the attached response
Attachment(s):	VA Group (Post-Rate) Response to Objection Dated 2016-7-28.pdf

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	removed item	G.LCUL	CERA	Other	Duplicate form removed	0.000		Date Submitted: 03/27/2017 By: Robert Waldron
Previous Version								
1	removed item	G.LCUL	POLA	Other	Duplicate form removed	0.000		Date Submitted: 08/02/2016 By: Robert Waldron
Previous Version								
1	Endorsement	G.LCUL	POLA	Initial		50.000	G-LCUL.pdf	Date Submitted: 07/12/2016 By: Robert Waldron
2	removed item	G.LCUL-1	CERA	Other	Duplicate form removed	0.000		Date Submitted: 03/27/2017 By: Robert Waldron
Previous Version								
2	removed item	G.LCUL-1	POLA	Other	Duplicate form removed	0.000		Date Submitted: 08/02/2016 By: Robert Waldron
Previous Version								
2	Endorsement	G.LCUL-1	POLA	Initial		50.000	G-LCUL-1 (Lower NF) (8-16-11).pdf	Date Submitted: 07/12/2016 By: Robert Waldron
3	removed item	G.LCUL-2	CERA	Other	Duplicate form removed	0.000		Date Submitted: 03/27/2017 By: Robert Waldron
Previous Version								
3	removed item	G.LCUL-2	POLA	Other	Duplicate form removed	0.000		Date Submitted: 08/02/2016 By: Robert Waldron
Previous Version								

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	removed item	G.LCUL	CERA	Other	Duplicate form removed	0.000		Date Submitted: 03/27/2017 By: Robert Waldron
3	Endorsement	G.LCUL-2	POLA	Initial		50.000	G-LCUL-2 (Choice) (8-16-11).pdf	Date Submitted: 07/12/2016 By: Robert Waldron
4	VA Group Cert Letter 45	PH-LTR-GRP-VA	CERA	Other	Certificateholder Letter	0.000	VA Group Cert Letter 45.pdf	Date Submitted: 03/27/2017 By: Robert Waldron

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_Group_Rates_Gen eric_CURRENT_with_45%Increase	GPNP99-LTC, G.LTC2798	Revised	Previous State Filing Number: Percent Rate Change Request: 45	VA_Group_Rates_Gen eric_CURRENT_with_45%Increase.pdf,	03/27/2017 By: Robert Waldron
Previous Version						
1	VA_Group_Rates_Gen eric_CURRENT_with_45%Increase	GPNP99-LTC, G.LTC2798	Revised	Previous State Filing Number: META-130076672 Percent Rate Change Request: 45	VA_Group_Rates_Gen eric_CURRENT_with_45%Increase.pdf,	07/12/2016 By: Robert Waldron

Response 2

Comments:

Please see the complete response in the Supporting Documentation tab due to character limits

Related Objection 2

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Applies To:

- VA_Group_Rates_Generic_CURRENT_with_45%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: Please remove the previous state filing number META-130076672 under the Rate Action Information column in the Rate/Rule Schedule since this filing was never approved.

Please attach a copy of the current rates to supporting documentation.

Are there any riders that will be affected by this rate increase? If so, the rider form numbers, exactly as approved, should be included in the Affected Form Numbers column with the appropriate rate attachments. Please amend the Actuarial Memorandum to also include the form numbers and description of benefits.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_Group_Rates_Generic_CURRENT_with_45%Increase	GPNP99-LTC, G.LTC2798	Revised	Previous State Filing Number: Percent Rate Change Request: 45	VA_Group_Rates_Generic_CURRENT_with_45%Increase.pdf,	03/27/2017 By: Robert Waldron
<i>Previous Version</i>						
1	VA_Group_Rates_Generic_CURRENT_with_45%Increase	GPNP99-LTC, G.LTC2798	Revised	Previous State Filing Number: META-130076672 Percent Rate Change Request: 45	VA_Group_Rates_Generic_CURRENT_with_45%Increase.pdf,	07/12/2016 By: Robert Waldron

Response 3

Comments:

Please see the complete response in the Supporting Documentation tab due to character limits

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 3

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: An incorrect attachment has been included under the Long Term Care Insurance Rate Request Summary in Supporting Documentation. Attached is a the correct form to be completed. Please attach the narrative as a second page to the Rate Request Summary. The form and narrative will be placed on our website for consumers to access. Please explain in consumer friendly language what are the driving contributors for the rate increase. In other words, what assumptions have changed since the policy was originally priced, why have the changes occurred, and how are those changes impacting the long term care rates resulting in a rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the complete response in the Supporting Documentation tab due to character limits

Related Objection 4

Applies To:

- Group Certholder Letter (Supporting Document)

SERFF Tracking #:	META-130649751	State Tracking #:	META-130649751	Company Tracking #:	CT14-76 (POST-RATE) (RESUB1) RW
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified				
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW				

Comments: The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

1) For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower left-hand corner of the first page. The full and proper corporate name of the insurer shall prominently appear.

2) It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter. We are concerned, however, that the pre stability policyholder letter for this block of business submitted under SERFF tracking # META-130649719 is not the same as this letter. Please explain why different letters would be needed for the same policy forms.

3) For compliance with 14VAC5-200-75 D, please make the following changes:

a) An explanation that similar options will be available in the event of a future rate increase and benefit changes may occur at any time, not just at the time of a rate increase.

b) The insured has a right to a revised premium rate or rate schedule.

c) A disclosure that all options available may not be equal. As a disclosure, this information should be emphasized such as by bolding, highlighting or using larger print.

d) A disclosure that in the case of a partnership policy, some benefit reduction options may result in loss in partnership status that may reduce the policyholder protections. Again, this should be emphasized such as by bolding, highlighting or using larger print.

e) A clear identification of the driving factors of the premium rate increase. The letter currently states the decision was that your evaluation of the experience under the plan shows a variation in claims and other key actuarial assumptions did not materialize as expected. Please be more specific as to what assumptions were originally used in pricing the product, what affected those assumptions, how that impacted the rates and need for a rate increase.

f) Include the required wording as set forth in 14VAC5-200-75 D 4 and refer to "Virginia's State Corporation Commission" rather than Virginia Bureau of Insurance as currently stated in the letter.

4) As stated in our previous objections, the LCUL may not be necessary and any references to it should be removed from the letter.

5) There is a section bracketed that states it is a placeholder for option for inflation offer. Please explain what this offer is. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

6) Insert paragraph E relates to an insured with paid-up coverage with a layer of non-paid up coverage. Please provide us an example of this type of situation and how it is administered.

7) There is a reference to an Optional Inflation Increase Provision; and if eligible, a separate communication will be sent. Please attach a copy of this provision and the communication to Supporting Documentation.

8) Please attach a copy of the Coverage Change/Cancellation Form to Supporting Documentation. Is this form attached to the certificate? The letter states the company must still receive this form even if the CBUL is elected. The CBUL is automatically in effect if the insured meets the trigger points and the certificate lapses within 120 days of the due of the premium so increased as set forth in 14VAC5-200-185 D3. A form is not required. Please amend the letter accordingly.

9) In two places this statement appears on page one of the letter but it is unclear what this means "[For certificateholders who get less than the requested % and due to the lower offer, we no longer certified". Please explain.

10) Please provide a copy of the cost of care chart that will be enclosed with the letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Optional Inflation Provision_Group
Comments:	Please see the attached Optional Inflation Provision_Group
Attachment(s):	Optional Inflation Provision_Group.pdf
<i>Previous Version</i>	
Satisfied - Item:	Group Certholder Letter
Comments:	Please see the attached Group certificateholder Letter
Attachment(s):	VA Group Certificateholder Letter_FINAL w LD.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the complete response in the Supporting Documentation tab due to character limits

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 5

Applies To:

- Endorsement, G.LCUL (Form)
- Endorsement, G.LCUL-1 (Form)
- Endorsement, G.LCUL-2 (Form)
- L&H Actuarial Memorandum (Supporting Document)

Comments: The company has attached three new endorsements to provide limited coverage upon lapse following the contribution increase endorsement. According to the memorandum, the certificateholder will have nonforfeiture coverage as follows:

1) If there is no nonforfeiture feature in the certificate, the company will offer the Limited Coverage Upon Lapse Premium Increase Endorsement (LCUL).

Why is this necessary since the company must provide a contingent benefit upon lapse (CBUL) as set forth in 14VAC5-200-75 D1 a?

2) If the certificate has the nonforfeiture feature, but it will provide no benefit or a lower benefit than the LCUL, the company will issue the LCUL.

Under what circumstance would the nonforfeiture feature not provide a benefit as set forth in 14VAC5-200-185 E 3?

3) If the certificate has the nonforfeiture feature and will pay benefit equal or greater than the LCUL, the nonforfeiture benefit will be provided.

The company has indicated the benefits under the LCUL are the same as CBUL. The benefits under the CBUL are also the same as what is available under the nonforfeiture benefit pursuant to 14VAC5-200-185 E 3.

4) If the certificate has the nonforfeiture feature that will pay different benefits than those under the LCUL, the insured would be given a choice to either receive benefits under the nonforfeiture benefit or the LCUL.

As stated above benefits under the LCUL are the same as CBUL and would be the same under the nonforfeiture feature.

5) If the certificateholder qualifies for coverage under the CBUL, the company will issue the LCUL instead.

Again, it is unclear the purpose of the LCUL.

Please explain the purpose of the LCUL and why the CBUL is not sufficient.

Lastly, such forms may only be submitted for review and approval under one filing. Please withdraw duplicate requests; however, please respond to our concerns since this information is provided in the Actuarial Memorandum; and as such, may need to be revised accordingly.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6**Comments:**

Please see the complete response in the Supporting Documentation tab due to character limits

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise how the certificate is updated for such benefit changes. If the policy is revised or changed in any way, the certificate holder must first agree to the changes and the certificate must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60.

Forms for updating the certificate should only be submitted once for review and approval and may be used with multiple filings.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7**Comments:**

Please see the complete response in the Supporting Documentation tab due to character limits

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the company wishes to request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-150 C. If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly. Rate Schedules for each implementation period would need to be attached to the Rate/Rule Schedule.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see the complete response in the Supporting Documentation tab due to character limits

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Comments: Please provide the following:

- 1) For post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.
- 2) Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.
- 3) Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.
- 4) Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.
- 5) Re-state the nationwide experience using Virginia approved rates.
- 6) Attachment 2 is labeled as Nationwide Experience Projection with 45% Future Increase. Should this not be Virginia Experience Projection with 45% Future Increase?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/02/2016
Submitted Date	08/02/2016

Dear Greg Smith,

Introduction:

Dear Janet Houser,

Response 1

Comments:

We confirm that endorsements G.LCUL G.LCUL-1 and G.LCUL-2 are duplicates of the ones submitted under SERFF Tracking Number META-130649719. We are withdrawing these endorsements from this filing, per the departments request.

Related Objection 1

Applies To:

- Endorsement, G.LCUL (Form)
- Endorsement, G.LCUL-1 (Form)
- Endorsement, G.LCUL-2 (Form)

Comments: Please confirm that the forms included in this filing are duplicates of the ones submitted under SERFF Tracking Number META-130649719. If so, please note that forms cannot be considered for approval under more than one filing. If these forms are duplicates, please withdraw them.

Changed Items:

No Supporting Documents changed.

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	removed item	G.LCUL	POLA	Other	Duplicate form removed	0.000		Date Submitted: 08/02/2016 By: Robert Waldron
Previous Version								
1	Endorsement	G.LCUL	POLA	Initial		50.000	G-LCUL.pdf	Date Submitted: 07/12/2016 By: Robert Waldron
2	removed item	G.LCUL-1	POLA	Other	Duplicate form removed	0.000		Date Submitted: 08/02/2016 By: Robert Waldron
Previous Version								
2	Endorsement	G.LCUL-1	POLA	Initial		50.000	G-LCUL-1 (Lower NF) (8-16-11).pdf	Date Submitted: 07/12/2016 By: Robert Waldron
3	removed item	G.LCUL-2	POLA	Other	Duplicate form removed	0.000		Date Submitted: 08/02/2016 By: Robert Waldron
Previous Version								
3	Endorsement	G.LCUL-2	POLA	Initial		50.000	G-LCUL-2 (Choice) (8-16-11).pdf	Date Submitted: 07/12/2016 By: Robert Waldron

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing.

Sincerely,

Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Note To Reviewer

Created By:

Robert Waldron on 11/28/2017 12:32 PM

Last Edited By:

Robert Waldron

Submitted On:

11/28/2017 12:32 PM

Subject:

corrected filing status

Comments:

please see the update Group filing status. In the previous response the TIAA summary was attached erroneously.

Metropolitan Life Insurance Company
Group Premium Rate Schedule Increase Filings - Filing Status as of 3/27/17

State	Date of Initial Submission	Increase Requested	Filing Status of Initial Submission	Date of Second Submission	Increase Requested	Filing Status of Second Submission
Alabama	8/11/2011	45%	Filed as revised- 25%	8/14/2014	16%	Filed-16%
Alaska	8/5/2011	45%	Authorized			
Arizona	8/16/2011	45%	Exempt			
Arkansas	8/4/2011	45%	Approved - 15%			
California pre-rate	1/18/2012	45%	Closed			Approved 20% (3 year rate guarantee)
California post-rate	1/18/2012	45%	Closed	8/1/2014	45%	Approved 15% (3 year rate guarantee)
Colorado	7/18/2011	45%	Filed	8/1/2014	45%	To Be Filed
Connecticut	9/1/2011	45%	Disapproved		45%	
				12/5/2014	45%	Disapproved
				2/24/16-3rd submission	45%	Disapproved
Delaware	8/12/2011	45%	Filed - 20%			
						Filed-20.83% (Phased over 2 years)
District of Columbia	11/29/2011	45%	Approved - 10%	8/13/2014	20.83%	
			Approved - 31.81% (to be phased over a period of 3 years)	9/24/2014	31.81%	Disapproved
Florida	9/26/2011	45%	Approved - % varies by age	9/23/16 (3rd submission)	31.81%	Approved
						Approved; % varies by age & phased in over 3 years
Georgia	9/6/2011	45%	Approved - 20%	2/2/2016	20.09	Approved as Amended - 12%
Hawaii	7/15/2011	45%	Acknowledged	8/12/2014	20.83%	
Idaho	8/16/2011	45%	Filed - 25%	10/16/2014	16%	Filed-16%
Illinois	8/22/2011	45%	Filed			
Indiana	9/1/2011	45%	Disapproved	10/22/2014	45%	Approved-11%
Iowa	7/15/2011	45%	Not Reviewed - Informational Purposes Only			
Kansas	9/1/2011	45%	Filed - 20%			
				9/8/2016	20.83%	Filed-4 yr rate guarantee
Kentucky	9/9/2011	45%	Approved - 45% ♣			
Louisiana	9/27/2011	45%	Approved - 22.5%			Approved- 18.36%
				1/20/2015	18.36%	
Maine	7/15/2011	45%	Filed for Information			
Maryland	7/15/2011	45%	Closed (Informational only)			
Massachusetts	7/18/2011	45%	Closed (informational only)			
Michigan	9/9/2011	45%	Filed			
Minnesota	9/12/2011	45%	Disapproved			Approved- 15% (3 year rate guarantee)
				10/15/2014	45%	
Mississippi	9/28/2011	45%	Acknowledged and Filed - 25%			Acknowledged & Filed - 6%
				8/29/2014	16%	
Missouri	9/9/2011	45%	Filed			
Montana	9/14/2011	45%	Filed for Information			

Metropolitan Life Insurance Company
Group Premium Rate Schedule Increase Filings - Filing Status as of 3/27/17

State	Date of Initial Submission	Increase Requested	Filing Status of Initial Submission	Date of Second Submission	Increase Requested	Filing Status of Second Submission
Nebraska	9/13/2011	45%	Approved - 20%	8/8/2014	20.83%	Approved - 20.83%
Nevada	7/18/2011	45%	For Informational Purposes Only - Filed			
New Hampshire	9/6/2011	45%	Approved			
New Jersey	8/5/2011	45%	Forms Approved. Rates Informational			
New Mexico	9/6/2011	45%	Disapproved	3/19/2015	45%	Pending
New York	8/22/2011	45%	Withdrawn	10/16/2015	45%	Pending
North Carolina	9/27/2011	45%	Approved			
North Dakota	7/18/2011	45%	Informational			
Ohio	8/4/2011	45%	Filed			
Ohio (Trust)	9/22/2011	45%	Filed			
Oklahoma	8/24/2011	45%	Approved - 25%	8/14/2014	16%	Approved - 16%
Oregon	9/23/2011	45%	Informational			
Pennsylvania	8/26/2011	45%	Acknowledged			
Puerto Rico	9/26/2011	45%	Received and Filed			
Rhode Island	7/15/2011	45%	File for Informational Purposes			
South Carolina	7/13/2011	45%	Closed For Informational Purposes Only			
South Dakota	9/29/2011	45%	Approved			
Tennessee	10/26/2011	45%	Approved			
Texas	1/18/2012	45%	Approved 39% and 45%			
Utah	10/2/2011	45%	Filed For Use			
Vermont	Not Yet Filed		Not Yet Filed			
Virginia	11/3/2011	45%	Disapproved	5/27/2015	45%	Pending
Virgin Islands	9/22/2011	45%	No Filing Required			
Washington	9/29/2011	45%	Filed			
West Virginia	9/15/2011	45%	Approved			
Wisconsin	10/10/2011	45%	Filed			
Wyoming	7/18/2011	45%	Filed			

♣ For age 70, increase approved is 40% and decreases by 5% for each issue age above 70
e.g. (for age 71 increase approved is 35%; for age 72 increase approved is 30%, etc.)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Note To Filer

Created By:

Elsie Andy on 08/06/2016 11:43 AM

Last Edited By:

Elsie Andy

Submitted On:

08/06/2016 11:43 AM

Subject:

Withdrawn Forms

Comments:

Metropolitan Life Insurance Company
SERFF Tracking No: META-130649751
Form Nos.: G.LCUL, et al.

Per your request, we have withdrawn forms G.LCUL, G.LCUL-1 and G.LCUL-2 from further consideration under this filing at this time. Should you need clarification of the information contained in this letter, please contact the undersigned.

Sincerely,

Elsie Andy

Principal Insurance Market Examiner

SERFF Tracking #: META-130649751

State Tracking #: META-130649751

Company Tracking #: CT14-76 (POST-RATE)
(RESUB1) RW

State: Virginia

Filing Company: Metropolitan Life Insurance Company

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing

Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Reviewer Note

Created By:

Bill Dismore on 07/18/2019 06:32 AM

Last Edited By:

Bill Dismore

Submitted On:

07/19/2019 01:38 PM

Subject:

VALR for LTCI Filings

Comments:

Comments and status from the VA BOI's review MetLife's resistance to recalculate the policy reserve.

From: [Bob Grissom](#)
To: [Bill Dismore](#); [Elsie Andy](#)
Cc: [Greg Smith](#)
Subject: FW: MetLife comments re: VALR for LTCI filings
Date: Wednesday, July 17, 2019 7:18:44 PM
Attachments: [MetLife comments regarding VALR.pdf](#)

I know that Greg is out until Monday, but let me know if either of you have any questions or suggestions regarding the below.

Alison, we've now completed our review of the attached, in which the company questioned the Bureau of Insurance's use of the active life reserves in the determination of the future loss ratio for long term care rate increases. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

Previously the company was given the opportunity to recalculate the policy reserve but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies in force on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts.

In the next couple of weeks we'll be reviewing all of the pending forms and rates. So, if it's decided to provide the revised active life reserves as noted above, then please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

14VAC5-100-50 2

The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ [38.2-316](#) and [38.2-3725](#) of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual

insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

From: Kelly, Alison <alison.kelly@metlife.com>
Sent: Thursday, May 16, 2019 4:28 PM
To: Scott White <Scott.White@scc.virginia.gov>
Cc: Bob Grissom <Bob.Grissom@scc.virginia.gov>
Subject: MetLife comments re: VALR for LTCI filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCI). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCI hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCI generally. We welcome a discussion on this topic as well as our pending LTCI filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,
Alison

Alison Kelly | Assistant Vice President | State Advocacy & Supervision | MetLife
200 Park Avenue, New York, NY 10166 | T. 212-578-7911 | M. 347-334-2261 |
alison.kelly@metlife.com

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EXECUTIVE SUMMARY

The Virginia Bureau of Insurance has adopted the NAIC model regulations for Long Term Care Insurance. Those regulations include the following language:

“In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:

...

11. Policy reserves;”

Virginia’s interpretation and application of this language in evaluating applications for inforce rate increases is unique to our knowledge.

The standard for evaluation of rate increases is compliance with the minimum lifetime loss ratio (LLR) which is typically defined as the present value of all past and future claims divided by all past and future premiums. No other parameters are included such as expenses, capital, profits or policy reserves.

Virginia has required carriers calculate and provide a “Virginia anticipated loss ratio” (VALR) which (1) ignores history and depends only on the projected future premium and claims and (2) includes a reduction for the current policy reserves.

Both of these items materially distort the analysis that leads to a non-level playing field amongst carriers and their policyholders. Effectively, carriers with more conservative (higher) reserves will have lower approvals and carriers with more aggressive reserves (lower) will receive higher approvals. This effectively rewards carriers (and punishes consumers) who have the lowest reserves. This practice also incentivizes behavior such as attempts to game reserve allocations or even take on balance sheet risks – neither of which is in anyone’s interest. Virginia’s approach is also highly leveraged because it spreads experience deviations over the policies’ future lifetime, not their entire lifetime.

Using the standard metric of the LLR is the most equitable and transparent method for analyzing rate increases.

NUMERICAL EXAMPLES

- Three companies all used the same original pricing projections and targeted a 60% pricing loss ratio.

	Original Pricing		
	Premium	Claims	PLLR
Past	\$3,400	\$300	60%
Future	<u>\$1,100</u>	<u>\$2,400</u>	
Lifetime	\$4,500	\$2,700	

- These companies now seek a rate increase in Virginia (based on VALR) and other states (based on PLLR).
- Company A reflects actual experience and utilizes projections based on new assumptions.

COMPANY A	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,500	\$400		\$3,200	92%	54%	67%
Current							
Future	<u>\$1,300</u>	<u>\$4,400</u>					
Lifetime	\$4,800	\$4,800	100%			\$700	\$867

- Company B has experience & projections identical to Company A, but it has 10% lower reserves.

COMPANY B	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,500	\$400		\$2,880	117%	95%	67%
Current							
Future	<u>\$1,300</u>	<u>\$4,400</u>					
Lifetime	\$4,800	\$4,800	100%			\$1,233	\$867

- Company C has different experience & projections than Company A, but it has an identical PLLR.

COMPANY C	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,600	\$200		\$3,200	118%	97%	67%
Current							
Future	<u>\$1,100</u>	<u>\$4,500</u>					
Lifetime	\$4,700	\$4,700	100%			\$1,261	\$867

- The PLLR for all companies is identical, resulting in a 67% rate increase in most states. However, even though the reserve difference between company A and company B is small, Virginia's approach gives company B a 95% higher rate increase, much higher than company A. Even though the premium and claim differences between company A and company C are also small, Virginia's approach gives company C a 97% higher rate increase, also much higher than A.

DOCUMENT

When reviewing LTCI rate increase requests on pre-rate-stability business, Virginia has required carriers calculate and provide a “Virginia anticipated loss ratio” (VALR), which presumably helps determine how much rate increase, if any, can be approved. While this metric has some similarities to the projected lifetime loss ratio (PLLR) used in other states, there are significant differences – (1) the VALR depends only on the projected future premium and claims, whereas the PLLR also includes the block’s historical premium and claims, and (2) the VALR metric includes a reduction that varies based on the current policy reserves.

MetLife has concerns with using the VALR instead of the PLLR for LTCI rate increase analysis:

- A) **The PLLR metric is well established and understood.** This metric is used by other states that have adopted statutes and regulations similar to Virginia. Depending on the circumstances, the VALR may be lower or higher than the PLLR. However, using the VALR is concerning because it is different from the approach used by other states, complicating a carrier’s approach to rate increases in a way that does not seem helpful to carriers, Virginia consumers in Virginia, or consumers in other states. Encouraging carriers to request lower or higher rate increases in Virginia than in other states is inappropriate. So is encouraging carriers to request increases in Virginia when they are not requesting increases in other states – or vice versa. Most carriers manage their LTCI blocks on a nationwide basis, but Virginia’s approach forces carriers to make entirely different rate analyses and business decisions for Virginia.
- B) **Using policy reserves in the VALR leads to counterintuitive outcomes.** For instance, when a 60% VALR metric is targeted, every additional \$1 of policy reserves translates into a rate increase that is \$1.67 smaller in present value (and every reduction of \$1 to policy reserves translates into a rate increase that is \$1.67 larger in present value). This creates inequitable treatment and illogical incentives from both a rate increase perspective and a reserving perspective. Virginia’s approach encourages carriers to search for blocks with low policy reserves on which to request rate increases, in order to offset the blocks with higher policy reserves on which Virginia will cut back or reject requests.
- C) **Statutory reserve margins further distort the VALR formula.** Carriers include such margins in base policy reserve assumptions to provide for adverse deviation. As a result, the VALR is expected to go below the pricing loss ratio in the very early policy years even for carriers with no such adverse deviation. By the time rate increases are typically requested, their VALR will have dropped significantly and the margins in their reserves will have grown very large in dollar terms. Thus, the VALR formula is a misleading metric for describing a single carrier’s financial experience over time.
- D) **Virginia’s approach is highly leveraged.** When experience projections evolve and when the impact of reserves, including reserve margins, is considered, the impact on the VALR is usually significantly larger than the impact on the PLLR.

This outcome results directly from Virginia's use of a loss ratio based on future premium and not all lifetime premium

E) Carriers with similar premium and claim experience should not be treated differently by Virginia simply due to differences in current policy reserves.

Using the policy reserves in the VALR is unfair when applied across a broad array of carriers. For instance:

- **Carriers have different policy reserve assumptions based on their unique philosophies.** As an example, regulations for LTCI reserves usually do not explicitly specify the morbidity basis, so valuation actuaries often determine a margin for conservatism that they apply to pricing assumptions. Carriers who hold policy reserves based on aggressive assumptions should not be rewarded with higher rate increase approvals. Because conservative reserves are generally beneficial to consumers, carriers who choose to fund reserves conservatively should not be penalized. These unintended results are not useful.
- **Carriers have policy reserves that are regulated by their state of domicile.** States often dictate specific levels of conservatism for reserve assumptions, so the VALR does not provide a "level playing field" between carriers from different states. Carriers who are required by law to hold a larger policy reserve due to external reserve requirements should not be penalized, and that penalty should not become exponentially larger as the level of conservatism increases. These unintended results are unfair.
- **Carriers combine contracts differently for reserving purposes than for pricing purposes.** Unlike rate increase requests, statutory reserve regulations and appointed actuary opinions generally apply to an entire statutory entity or a specific line of business. While the exact dividing point for contract groupings varies from company to company, rate increase requests are generally applied at a lower level, such as a specific policy form. Virginia mandates a level even lower when requiring carriers to make rate increase requests for pre-rate-stability and post-rate-stability business in separate rate filings. Furthermore, Virginia requests VALR calculations for both the entire nation and for Virginia policyholders, but most reserve analyses and opinions cover all policyholders nationwide.
- **Reserves from asset adequacy testing introduce more concerns.** Many LTCI carriers have established such reserves in addition to base reserves. Since the specific margins required under tested scenarios are mandated by each state of domicile and are also impacted by the appointed actuary's opinion, concerns about base reserves apply to any asset adequacy reserves included in the VALR also. In addition, the level of asset adequacy reserves can depend on the aggregation of multiple lines of business. Also, carriers that establish asset adequacy reserves before requesting a rate increase from Virginia will be unfairly treated versus those that first request the rate increase. Finally, carriers that changing base policy reserve assumptions as a result of asset adequacy concerns would be even further disadvantaged –

since base reserves automatically grow over time – compared to those that establish a separately identifiable asset adequacy reserve.

F) **Experience deviations affect the VALR quite differently than the PLLR; this causes unintended inequities when using the VALR to evaluate rate increase requests.** For LTCI, many assumptions are used and experience deviating from original assumptions will emerge over a long period of time, with the timing of such deviation varying dramatically for different assumptions. Regardless of when the experience deviates or which assumption is affected, the PLLR measures the impact of deviations similarly - in the context of a lifetime loss ratio.

- **The VALR does not treat experience deviations for different assumptions (i.e., claim cost, persistency) similarly.** When lapse and mortality experience emerges worse than assumed, higher policy reserves are held since they automatically increase to reflect the number of inforce lives is greater than expected. On the other hand, unfavorable morbidity developments have a greater impact on future claims than on past claims, and often do not impact base policy reserves at all. Unlike the PLLR, the VALR does not treat these losses similarly.
- **The impact of experience deviations on the VALR also depends on when those deviations are recognized.** As policies mature, experience emerges and carriers revise their assumptions about the future. Since the VALR considers only future premium and claims, assumption revisions recognized later in time generate a larger rate increase percentage. PLLR revisions are less affected by timing, because it considers the entire lifetime of the policies.
- **The combination of many different assumptions that can deviate at many different points in time creates a variety of circumstances that the VALR does not treat reasonably and fairly.** Consider a carrier that initially has favorable lapse experience and unfavorable morbidity, so that these deviations offset from a lifetime (PLLR) perspective. While other states grant no increase, Virginia looks favorably on an increase since the policy reserves are lower than expected. Alternatively, consider a carrier that initially has unfavorable lapse experience and favorable morbidity that offset over the lifetime, but the policy reserves are higher than expected. Should the morbidity later revert to original expectations (or even worse), the high reserves unreasonably limit the Virginia rate increase.
- **Even when actual claim costs do not vary from expected, deviations in lapse and mortality can produce unintended VALR results.** Consider a carrier that initially experiences favorable lapse rates, and thus holds lower policy reserves than expected. Yet the deviation is expected to affect only early policy durations, so the assumed ultimate lapse remains unchanged. If they also have reduced their mortality assumption since pricing in a way that offsets the initial lapse experience over the entire lifetime, their PLLR would remain unchanged. In this situation, most states would reject a rate increase request, but the low current reserves will drive up the VALR and would more likely lead to a Virginia approval.

14VAC5-200-150. Premium Rate Increases for Policies Issued Before October 1, 2003.

A. This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.

B. Benefits under long-term care insurance policies shall be deemed reasonable in relation to premiums provided **the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule**

plus:

- (i) 80% applied to any premium rate increase for individual policy forms
or
- (ii) 75% applied to any premium rate increase on group policy forms.

In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:

1. Statistical credibility of incurred claims experience and earned premiums;
2. The period for which rates are computed to provide coverage;
3. Experienced and projected trends;
4. Concentration of experience within early policy duration;
5. Expected claim fluctuation;
6. Experience refunds, adjustments or dividends;
7. Renewability features;
8. All appropriate expense factors;
9. Interest;
10. Experimental nature of the coverage;
11. **Policy reserves;**

12. Mix of business by risk classification; and

13. Product features such as long elimination periods, high deductibles and high maximum limits.

Notwithstanding the provisions of [14VAC5-130-50](#) with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms ([14VAC5-130](#)). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § [38.2-1371](#) of the Code of Virginia.

14VAC5-130-40. Definitions.

- "Anticipated loss ratio" means the ratio of the present value of the future benefits to the present value of the future premiums of a policy form **over the entire period for which rates are computed to provide coverage.**

From: [Kelly, Alison](#)
To: [Bob Grissom](#)
Cc: [Bill Dismore](#); [Greg Smith](#); [Elsie Andy](#)
Subject: Re: MetLife comments re: VALR for LTCI filings
Date: Friday, July 19, 2019 2:21:10 PM

Hi Bob,

Thank you so much for following up with the write up. I will share it internally and reach out with our response next week. We are very appreciative of the Bureau's continued willingness to work with us on these filings. Enjoy your weekend!

Thanks,
Alison

On Jul 19, 2019, at 2:02 PM, Bob Grissom <Bob.Grissom@scc.virginia.gov> wrote:

Alison, as we discussed this morning, we've completed our review of the attached. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

To address the issue of conservatism, the company was previously given the opportunity to recalculate the policy reserve, but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies in force on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts. In the next couple of weeks we'll be reviewing all of the pending forms and rates and will let you know what, if any, objections remain. So, if it's decided to provide the revised active life reserves as noted above, please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

14VAC5-100-50 2

The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ [38.2-316](#) and [38.2-3725](#) of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

From: Kelly, Alison <alison.kelly@metlife.com>
Sent: Thursday, May 16, 2019 4:28 PM
To: Scott White <Scott.White@scc.virginia.gov>
Cc: Bob Grissom <Bob.Grissom@scc.virginia.gov>
Subject: MetLife comments re: VALR for LTCL filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCL). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCL hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCL generally. We welcome a discussion on this topic as well as our pending LTCL filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,

Alison

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<MetLife comments regarding VALR.pdf.attachctrl>

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Post Submission Update Request Processed On 11/29/2017

Status: Allowed
Created By: Robert Waldron
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:Metropolitan Life Insurance Company

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$127895	\$131192
Number of Policy Holders Affected for this Program	270	307
Written Premium for this Program	\$284210	\$291538

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Form Schedule

Lead Form Number: G.LCUL								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Received & Acknowledged 11/21/2019	removed item	G.LCUL	CERA	Other	Duplicate form removed	0.000	
2	Received & Acknowledged 11/21/2019	removed item	G.LCUL-1	CERA	Other	Duplicate form removed	0.000	
3	Received & Acknowledged 11/21/2019	removed item	G.LCUL-2	CERA	Other	Duplicate form removed	0.000	
4	Received & Acknowledged 11/21/2019	REMOVED	REMOVED	OTH	Other	REMOVED	0.000	

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	NAP	Network Access Plan
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
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	45.000%	45.000%	\$127,895	270	\$284,210	45.000%	45.000%

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA_Group_Rates_Generic_CURRENT_with_45%Increase	GPNP99-LTC, G.LTC2798	Revised	Previous State Filing Number: Percent Rate Change Request: 45	VA_Group_Rates_Generic_CURRENT_with_45%Increase.pdf,

Group Long-Term Care Insurance Nursing Home Benefits

Monthly Premium Rates per \$100 Daily Benefits

Current Annual Rates with Proposed 45% Increase

Plans with Optional Inflation Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$1.81	\$1.36	\$3.35	\$2.62
31	\$1.99	\$1.49	\$3.65	\$2.86
32	\$2.16	\$1.62	\$3.99	\$3.12
33	\$2.36	\$1.78	\$4.35	\$3.41
34	\$2.60	\$1.94	\$4.74	\$3.71
35	\$2.83	\$2.13	\$5.18	\$4.05
36	\$3.10	\$2.32	\$5.66	\$4.41
37	\$3.39	\$2.54	\$6.16	\$4.81
38	\$3.71	\$2.77	\$6.73	\$5.25
39	\$4.05	\$3.03	\$7.34	\$5.73
40	\$4.44	\$3.32	\$8.02	\$6.24
41	\$4.83	\$3.61	\$8.70	\$6.77
42	\$5.26	\$3.93	\$9.45	\$7.35
43	\$5.73	\$4.28	\$10.28	\$7.98
44	\$6.24	\$4.67	\$11.17	\$8.66
45	\$6.80	\$5.08	\$12.12	\$9.40
46	\$7.40	\$5.52	\$13.17	\$10.19
47	\$8.06	\$6.02	\$14.31	\$11.06
48	\$8.79	\$6.55	\$15.54	\$12.01
49	\$9.57	\$7.13	\$16.89	\$13.04
50	\$10.43	\$7.77	\$18.34	\$14.14
51	\$11.48	\$8.56	\$20.14	\$15.50
52	\$12.64	\$9.43	\$22.11	\$16.99
53	\$13.92	\$10.38	\$24.29	\$18.65
54	\$15.34	\$11.43	\$26.65	\$20.45
55	\$16.91	\$12.59	\$29.26	\$22.42
56	\$18.62	\$13.86	\$32.13	\$24.58
57	\$20.50	\$15.27	\$35.28	\$26.94
58	\$22.59	\$16.81	\$38.73	\$29.55
59	\$24.88	\$18.52	\$42.51	\$32.39
60	\$27.42	\$20.39	\$46.68	\$35.53
61	\$30.35	\$22.56	\$51.48	\$39.12
62	\$33.61	\$24.97	\$56.78	\$43.08
63	\$37.21	\$27.62	\$62.63	\$47.43
64	\$41.19	\$30.57	\$69.06	\$52.24
65	\$45.62	\$33.83	\$76.18	\$57.52
66	\$50.34	\$37.31	\$83.80	\$63.18
67	\$55.56	\$41.14	\$92.18	\$69.38
68	\$61.34	\$45.36	\$101.40	\$76.18
69	\$67.69	\$50.03	\$111.53	\$83.67
70	\$74.70	\$55.16	\$122.70	\$91.89
71	\$82.24	\$60.65	\$134.65	\$100.66
72	\$90.54	\$66.69	\$147.78	\$110.26
73	\$99.66	\$73.33	\$162.18	\$120.79
74	\$109.71	\$80.63	\$177.99	\$132.33
75	\$120.77	\$88.67	\$195.34	\$144.96
76	\$132.30	\$97.02	\$213.34	\$158.01
77	\$144.93	\$106.17	\$232.99	\$172.23
78	\$158.75	\$116.17	\$254.45	\$187.73
79	\$173.90	\$127.12	\$277.88	\$204.62
80	\$190.49	\$139.11	\$303.49	\$223.05
81	\$205.32	\$149.42	\$326.08	\$238.84
82	\$221.28	\$160.50	\$350.33	\$255.77
83	\$238.50	\$172.41	\$376.42	\$273.88
84	\$257.06	\$185.19	\$404.43	\$293.28
85	\$277.05	\$198.91	\$434.54	\$314.06
86	\$298.61	\$213.67	\$466.89	\$336.30
87	\$321.84	\$229.51	\$501.63	\$360.11
88	\$346.88	\$246.53	\$538.97	\$385.61
89	\$373.87	\$264.80	\$579.09	\$412.93
90	\$402.96	\$284.43	\$622.18	\$442.18

Plans with Automatic Inflation Protection Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$11.79	\$9.03	\$21.79	\$17.18
31	\$12.46	\$9.54	\$23.01	\$18.13
32	\$13.17	\$10.08	\$24.29	\$19.14
33	\$13.91	\$10.66	\$25.64	\$20.20
34	\$14.69	\$11.25	\$27.07	\$21.32
35	\$15.53	\$11.89	\$28.58	\$22.49
36	\$16.40	\$12.56	\$30.17	\$23.74
37	\$17.33	\$13.27	\$31.84	\$25.06
38	\$18.31	\$14.01	\$33.63	\$26.45
39	\$19.34	\$14.80	\$35.50	\$27.91
40	\$20.43	\$15.63	\$37.47	\$29.45
41	\$21.59	\$16.52	\$39.54	\$31.06
42	\$22.81	\$17.46	\$41.72	\$32.76
43	\$24.10	\$18.43	\$44.01	\$34.55
44	\$25.46	\$19.47	\$46.44	\$36.44
45	\$26.91	\$20.58	\$49.00	\$38.43
46	\$28.43	\$21.74	\$51.71	\$40.53
47	\$30.04	\$22.95	\$54.55	\$42.73
48	\$31.74	\$24.26	\$57.57	\$45.07
49	\$33.52	\$25.62	\$60.74	\$47.53
50	\$35.42	\$27.07	\$64.09	\$50.13
51	\$37.67	\$28.77	\$68.01	\$53.14
52	\$40.05	\$30.58	\$72.17	\$56.36
53	\$42.57	\$32.51	\$76.57	\$59.75
54	\$45.27	\$34.55	\$81.26	\$63.37
55	\$48.13	\$36.73	\$86.22	\$67.19
56	\$51.17	\$39.05	\$91.50	\$71.25
57	\$54.40	\$41.50	\$97.09	\$75.55
58	\$57.84	\$44.11	\$103.02	\$80.11
59	\$61.49	\$46.89	\$109.33	\$84.94
60	\$65.38	\$49.84	\$116.01	\$90.07
61	\$69.89	\$53.26	\$123.70	\$95.95
62	\$74.72	\$56.91	\$131.89	\$102.18
63	\$79.88	\$60.81	\$140.64	\$108.84
64	\$85.39	\$64.97	\$149.96	\$115.93
65	\$91.29	\$69.43	\$159.91	\$123.48
66	\$97.72	\$74.25	\$170.69	\$131.63
67	\$104.59	\$79.40	\$182.21	\$140.32
68	\$111.94	\$84.93	\$194.50	\$149.58
69	\$119.81	\$90.83	\$207.61	\$159.46
70	\$128.24	\$97.14	\$221.62	\$169.97
71	\$137.43	\$103.97	\$236.83	\$181.32
72	\$147.29	\$111.29	\$253.07	\$193.44
73	\$157.83	\$119.13	\$270.43	\$206.36
74	\$169.16	\$127.53	\$288.99	\$220.15
75	\$181.28	\$136.50	\$308.81	\$234.86
76	\$194.16	\$146.00	\$329.67	\$250.20
77	\$207.94	\$156.15	\$351.94	\$266.55
78	\$222.71	\$167.01	\$375.71	\$283.98
79	\$238.53	\$178.64	\$401.08	\$302.54
80	\$255.48	\$191.07	\$428.19	\$322.31
81	\$271.08	\$201.93	\$452.65	\$339.49
82	\$287.64	\$213.41	\$478.50	\$357.58
83	\$305.20	\$225.55	\$505.83	\$376.64
84	\$323.84	\$238.38	\$534.73	\$396.71
85	\$343.62	\$251.94	\$565.28	\$417.85
86	\$364.62	\$266.26	\$597.57	\$440.10
87	\$386.89	\$281.40	\$631.71	\$463.57
88	\$410.51	\$297.41	\$667.80	\$488.26
89	\$435.58	\$314.32	\$705.95	\$514.29
90	\$462.19	\$332.20	\$746.29	\$541.69

Group Long-Term Care Insurance - Comprehensive and Dual Level Reimbursement Benefits

Monthly Premium Rates per \$100 Daily Benefits

Current Annual Rates with Proposed 45% Increase

Plans with Optional Inflation Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$4.55	\$3.38	\$6.63	\$4.97	\$6.18	\$4.73	\$9.56	\$7.24
31	\$4.87	\$3.61	\$7.03	\$5.28	\$6.63	\$5.08	\$10.19	\$7.73
32	\$5.19	\$3.86	\$7.48	\$5.61	\$7.11	\$5.44	\$10.86	\$8.24
33	\$5.54	\$4.12	\$7.95	\$5.96	\$7.63	\$5.84	\$11.57	\$8.79
34	\$5.92	\$4.41	\$8.44	\$6.34	\$8.18	\$6.28	\$12.34	\$9.38
35	\$6.29	\$4.68	\$8.96	\$6.74	\$8.76	\$6.74	\$13.15	\$10.01
36	\$6.73	\$5.02	\$9.51	\$7.15	\$9.41	\$7.24	\$14.02	\$10.67
37	\$7.16	\$5.35	\$10.12	\$7.61	\$10.09	\$7.77	\$14.96	\$11.38
38	\$7.66	\$5.71	\$10.74	\$8.08	\$10.82	\$8.34	\$15.95	\$12.14
39	\$8.16	\$6.10	\$11.41	\$8.60	\$11.60	\$8.95	\$16.99	\$12.95
40	\$8.70	\$6.51	\$12.12	\$9.14	\$12.43	\$9.60	\$18.13	\$13.82
41	\$9.38	\$7.02	\$13.02	\$9.82	\$13.43	\$10.37	\$19.50	\$14.88
42	\$10.12	\$7.58	\$13.99	\$10.54	\$14.49	\$11.19	\$21.00	\$16.02
43	\$10.90	\$8.18	\$15.02	\$11.34	\$15.65	\$12.09	\$22.59	\$17.24
44	\$11.75	\$8.82	\$16.14	\$12.19	\$16.89	\$13.06	\$24.30	\$18.56
45	\$12.67	\$9.51	\$17.34	\$13.11	\$18.26	\$14.11	\$26.17	\$20.00
46	\$13.64	\$10.27	\$18.62	\$14.09	\$19.71	\$15.24	\$28.17	\$21.52
47	\$14.70	\$11.08	\$20.01	\$15.15	\$21.27	\$16.46	\$30.32	\$23.17
48	\$15.86	\$11.95	\$21.49	\$16.28	\$22.97	\$17.76	\$32.63	\$24.95
49	\$17.08	\$12.88	\$23.08	\$17.50	\$24.81	\$19.20	\$35.12	\$26.85
50	\$18.43	\$13.89	\$24.81	\$18.82	\$26.77	\$20.74	\$37.80	\$28.93
51	\$20.04	\$15.14	\$26.85	\$20.39	\$29.20	\$22.61	\$41.02	\$31.39
52	\$21.81	\$16.47	\$29.09	\$22.10	\$31.81	\$24.64	\$44.52	\$34.08
53	\$23.71	\$17.94	\$31.51	\$23.95	\$34.70	\$26.85	\$48.30	\$36.98
54	\$25.81	\$19.53	\$34.12	\$25.96	\$37.82	\$29.28	\$52.42	\$40.12
55	\$28.07	\$21.26	\$36.95	\$28.13	\$41.24	\$31.91	\$56.88	\$43.56
56	\$30.54	\$23.16	\$40.01	\$30.49	\$44.94	\$34.81	\$61.73	\$47.27
57	\$33.23	\$25.20	\$43.31	\$33.05	\$49.01	\$37.95	\$66.99	\$51.30
58	\$36.13	\$27.45	\$46.92	\$35.82	\$53.42	\$41.37	\$72.69	\$55.68
59	\$39.31	\$29.88	\$50.81	\$38.82	\$58.23	\$45.10	\$78.88	\$60.44
60	\$42.78	\$32.54	\$55.03	\$42.06	\$63.48	\$49.16	\$85.59	\$65.58
61	\$46.79	\$35.61	\$59.84	\$45.76	\$69.56	\$53.85	\$93.22	\$71.41
62	\$51.19	\$38.99	\$65.09	\$49.81	\$76.20	\$58.97	\$101.51	\$77.78
63	\$55.98	\$42.66	\$70.79	\$54.20	\$83.49	\$64.61	\$110.56	\$84.69
64	\$61.25	\$46.69	\$77.01	\$58.97	\$91.47	\$70.76	\$120.39	\$92.22
65	\$67.00	\$51.10	\$83.75	\$64.18	\$100.21	\$77.50	\$131.12	\$100.43
66	\$73.28	\$55.88	\$91.13	\$69.83	\$109.63	\$84.74	\$142.59	\$109.17
67	\$80.16	\$61.12	\$99.19	\$75.98	\$119.94	\$92.66	\$155.08	\$118.70
68	\$87.67	\$66.85	\$107.94	\$82.68	\$131.23	\$101.31	\$168.65	\$129.04
69	\$95.89	\$73.09	\$117.45	\$89.96	\$143.56	\$110.78	\$183.41	\$140.30
70	\$104.88	\$79.95	\$127.83	\$97.86	\$157.06	\$121.12	\$199.48	\$152.53
71	\$114.81	\$87.45	\$139.32	\$106.56	\$171.74	\$132.28	\$216.73	\$165.60
72	\$125.67	\$95.64	\$151.83	\$116.01	\$187.75	\$144.51	\$235.48	\$179.81
73	\$137.59	\$104.62	\$165.47	\$126.32	\$205.28	\$157.83	\$255.85	\$195.24
74	\$150.61	\$114.43	\$180.34	\$137.52	\$224.45	\$172.41	\$277.99	\$212.00
75	\$164.88	\$125.16	\$196.53	\$149.73	\$245.38	\$188.30	\$302.05	\$230.19
76	\$180.83	\$137.04	\$214.76	\$163.33	\$268.53	\$205.64	\$328.76	\$250.10
77	\$198.33	\$150.03	\$234.67	\$178.15	\$293.86	\$224.58	\$357.83	\$271.74
78	\$217.53	\$164.27	\$256.43	\$194.30	\$321.60	\$245.25	\$389.46	\$295.26
79	\$238.57	\$179.86	\$280.20	\$211.93	\$351.93	\$267.84	\$423.88	\$320.81
80	\$261.65	\$196.91	\$306.17	\$231.16	\$385.12	\$292.51	\$461.35	\$348.57
81	\$286.22	\$214.18	\$334.31	\$251.05	\$419.46	\$316.83	\$501.03	\$376.62
82	\$313.07	\$232.96	\$365.05	\$272.66	\$456.85	\$343.17	\$544.10	\$406.91
83	\$342.45	\$253.39	\$398.61	\$296.10	\$497.58	\$371.71	\$590.90	\$439.65
84	\$374.58	\$275.60	\$435.26	\$321.60	\$541.94	\$402.61	\$641.71	\$475.03
85	\$409.74	\$299.77	\$475.27	\$349.26	\$590.24	\$436.09	\$696.88	\$513.27
86	\$448.18	\$326.06	\$518.96	\$379.31	\$642.86	\$472.34	\$756.81	\$554.57
87	\$490.23	\$354.66	\$566.67	\$411.95	\$700.18	\$511.60	\$821.89	\$599.20
88	\$536.24	\$385.77	\$618.77	\$447.38	\$762.58	\$554.13	\$892.56	\$647.40
89	\$586.55	\$419.60	\$675.66	\$485.88	\$830.57	\$600.21	\$969.31	\$699.49
90	\$641.60	\$456.40	\$737.76	\$527.68	\$904.63	\$650.12	\$1,052.67	\$755.77

Plans with Automatic Inflation Protection Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$20.56	\$15.73	\$24.07	\$18.55	\$30.94	\$24.30	\$36.02	\$28.25
31	\$21.56	\$16.50	\$25.22	\$19.43	\$32.49	\$25.55	\$37.79	\$29.67
32	\$22.59	\$17.31	\$26.40	\$20.36	\$34.15	\$26.85	\$39.64	\$31.13
33	\$23.69	\$18.15	\$27.65	\$21.33	\$35.87	\$28.22	\$41.60	\$32.67
34	\$24.84	\$19.05	\$28.94	\$22.34	\$37.70	\$29.67	\$43.65	\$34.27
35	\$26.06	\$19.97	\$30.32	\$23.40	\$39.59	\$31.18	\$45.81	\$35.99
36	\$27.30	\$20.95	\$31.76	\$24.52	\$41.60	\$32.76	\$48.07	\$37.77
37	\$28.64	\$21.98	\$33.25	\$25.68	\$43.70	\$34.42	\$50.43	\$39.64
38	\$30.03	\$23.07	\$34.81	\$26.91	\$45.92	\$36.18	\$52.91	\$41.62
39	\$31.48	\$24.19	\$36.45	\$28.19	\$48.24	\$38.02	\$55.52	\$43.66
40	\$33.00	\$25.38	\$38.18	\$29.54	\$50.68	\$39.95	\$58.25	\$45.83
41	\$34.71	\$26.69	\$40.12	\$31.04	\$53.35	\$42.05	\$61.29	\$48.23
42	\$36.51	\$28.09	\$42.15	\$32.63	\$56.16	\$44.28	\$64.47	\$50.74
43	\$38.41	\$29.57	\$44.31	\$34.31	\$59.12	\$46.62	\$67.82	\$53.36
44	\$40.38	\$31.10	\$46.56	\$36.06	\$62.23	\$49.07	\$71.33	\$56.13
45	\$42.49	\$32.73	\$48.92	\$37.89	\$65.51	\$51.66	\$75.04	\$59.04
46	\$44.69	\$34.44	\$51.42	\$39.85	\$68.96	\$54.38	\$78.94	\$62.12
47	\$46.99	\$36.22	\$54.03	\$41.89	\$72.60	\$57.25	\$83.04	\$65.35
48	\$49.43	\$38.12	\$56.77	\$44.02	\$76.42	\$60.26	\$87.35	\$68.74
49	\$52.00	\$40.12	\$59.65	\$46.27	\$80.45	\$63.44	\$91.89	\$72.31
50	\$54.69	\$42.21	\$62.68	\$48.65	\$84.68	\$66.77	\$96.66	\$76.08
51	\$57.81	\$44.63	\$66.18	\$51.37	\$89.61	\$70.64	\$102.17	\$80.40
52	\$61.12	\$47.20	\$69.88	\$54.24	\$94.83	\$74.75	\$108.01	\$85.00
53	\$64.61	\$49.92	\$73.76	\$57.30	\$100.34	\$79.10	\$114.20	\$89.84
54	\$68.30	\$52.78	\$77.88	\$60.51	\$106.18	\$83.68	\$120.73	\$94.96
55	\$72.18	\$55.81	\$82.23	\$63.90	\$112.36	\$88.54	\$127.61	\$100.38
56	\$76.31	\$59.02	\$86.81	\$67.48	\$118.90	\$93.68	\$134.91	\$106.10
57	\$80.66	\$62.42	\$91.64	\$71.25	\$125.82	\$99.12	\$142.64	\$112.14
58	\$85.27	\$66.00	\$96.76	\$75.27	\$133.14	\$104.86	\$150.79	\$118.52
59	\$90.15	\$69.80	\$102.17	\$79.47	\$140.90	\$110.97	\$159.40	\$125.29
60	\$95.29	\$73.81	\$107.87	\$83.94	\$149.10	\$117.41	\$168.50	\$132.43
61	\$101.20	\$78.42	\$114.36	\$89.02	\$158.49	\$124.74	\$178.89	\$140.53
62	\$107.47	\$83.29	\$121.23	\$94.38	\$168.48	\$132.54	\$189.92	\$149.15
63	\$114.13	\$88.45	\$128.54	\$100.06	\$179.09	\$140.84	\$201.62	\$158.27
64	\$121.21	\$93.96	\$136.30	\$106.11	\$190.37	\$149.65	\$214.05	\$167.95
65	\$128.72	\$99.80	\$144.49	\$112.52	\$202.36	\$159.02	\$227.26	\$178.23
66	\$137.03	\$106.23	\$153.58	\$119.54	\$215.41	\$169.16	\$241.57	\$189.34
67	\$145.88	\$113.04	\$163.26	\$127.02	\$229.30	\$179.95	\$256.81	\$201.14
68	\$155.30	\$120.29	\$173.54	\$134.95	\$244.11	\$191.43	\$272.99	\$213.69
69	\$165.33	\$128.04	\$184.45	\$143.39	\$259.85	\$203.64	\$290.19	\$227.00
70	\$176.02	\$136.26	\$196.07	\$152.35	\$276.60	\$216.62	\$308.47	\$241.15
71	\$187.98	\$145.36	\$209.12	\$162.33	\$294.97	\$230.75	\$328.48	\$256.51
72	\$200.75	\$155.09	\$223.04	\$172.96	\$314.55	\$245.80	\$349.75	\$272.86
73	\$214.43	\$165.49	\$237.89	\$184.30	\$335.41	\$261.84	\$372.43	\$290.25
74	\$229.00	\$176.57	\$253.72	\$196.36	\$357.69	\$278.92	\$396.59	\$308.75
75	\$244.57	\$188.38	\$270.63	\$209.22	\$381.41	\$297.12	\$422.28	\$328.43
76	\$262.32	\$201.65	\$290.06	\$223.82	\$408.06	\$317.19	\$451.44	\$350.38
77	\$281.33	\$215.88	\$310.88	\$239.44	\$436.57	\$338.63	\$482.63	\$373.78
78	\$301.75	\$231.09	\$333.21	\$256.16	\$467.06	\$361.51	\$515.97	\$398.75
79	\$323.64	\$247.37	\$357.14	\$274.04	\$499.68	\$385.93	\$551.59	\$425.39
80	\$347.13	\$264.81	\$382.79	\$293.16	\$534.59	\$412.00	\$589.70	\$453.82
81	\$373.61	\$283.32	\$412.38	\$314.00	\$572.56	\$438.76	\$632.19	\$483.81
82	\$402.10	\$303.12	\$444.28	\$336.33	\$613.22	\$467.23	\$677.74	\$515.78
83	\$432.77	\$324.29	\$478.65	\$360.22	\$656.75	\$497.57	\$726.58	\$549.87
84	\$465.80	\$346.96	\$515.66	\$385.83	\$703.40	\$529.87	\$778.94	\$586.21
85	\$501.32	\$371.20	\$555.55	\$413.25	\$753.35	\$564.27	\$835.07	\$624.95
86	\$539.56	\$397.14	\$598.52	\$442.63	\$806.84	\$600.91	\$895.24	\$666.26
87	\$580.73	\$424.89	\$644.80	\$474.09	\$864.14	\$639.91	\$959.76	\$710.28
88	\$625.02	\$454.59	\$694.68	\$507.78	\$925.49	\$681.46	\$1,028.92	\$757.23
89	\$672.70	\$486.36	\$748.40	\$543.88	\$991.21	\$725.71	\$1,103.06	\$807.27
90	\$724.01	\$520.33	\$806.29	\$582.54	\$1,061.60	\$772.82	\$1,182.53	\$860.63

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	please see the attached certification
Attachment(s):	VACERTCOMP-forms.pdf
Item Status:	Received & Acknowledged
Status Date:	03/29/2017

Satisfied - Item:	Product Checklist
Comments:	please see the attached signed checklists for rate and rider
Attachment(s):	VA-lhgrpltc.pdf VA-lhgrpltcrider.pdf
Item Status:	Received & Acknowledged
Status Date:	03/29/2017

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA_Group_2015_ActMemo_States with Situs Groups_RS_Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the attached Rate Request Summary
Attachment(s):	VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019

Satisfied - Item:	L&H Readability - Health
Comments:	Please see the attached readability cert
Attachment(s):	VACERTREAD Group.pdf
Item Status:	Received & Acknowledged
Status Date:	03/29/2017

Satisfied - Item:	Optional Inflation Provision_Group
Comments:	Please see the attached Optional Inflation Provision_Group
Attachment(s):	Optional Inflation Provision_Group.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Item Status:	Received & Acknowledged
Status Date:	04/06/2017

Satisfied - Item:	Group Coverage Change Form FINAL 11-07-11
Comments:	Please see the attached Group Coverage Change Form FINAL 11-07-11
Attachment(s):	Group Coverage Change Form FINAL 11-07-11.pdf
Item Status:	Received & Acknowledged
Status Date:	04/06/2017

Satisfied - Item:	VA Group (Post-Rate) Response to Objection Dated 2016-7-28
Comments:	Please see the attached response from 2016-07-28 with the rates
Attachment(s):	VA Group (Post-Rate) Response to Objection Dated 2016-7-28.pdf VA_Group_Rates_Generic_CURRENT.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019

Satisfied - Item:	Cost of Care
Comments:	Please see the attached Cost of Care
Attachment(s):	Cost of Care 2016-FINAL - Old logo.pdf
Item Status:	Received & Acknowledged
Status Date:	12/01/2017

Satisfied - Item:	VA Group Cert Letter 45 and EOV revised 2019-10-30
Comments:	Please see the attached revised VA Group Cert Letter 45 and Explanation of Variables also located for approval under SERFF filing META-130649719.
Attachment(s):	VA Group Cert Letter 45 FINAL 1-2019_NEEDS LD.pdf EOV_INSURED Letter_for VA GROUP.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019

Satisfied - Item:	LTC Rate Request Summary - VA CT14-76 (Post Rate)
Comments:	Please see the attached LTC Rate Request Summary - VA CT14-76 (Post Rate)
Attachment(s):	LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019

Satisfied - Item:	rate request summary
Comments:	Please see the attached rate request summary

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	G.LCUL/CT14-76 (POST-RATE) (resub1) RW		

Attachment(s):	TIAA Status - 2017-11-28.pdf
Item Status:	Received & Acknowledged
Status Date:	12/01/2017
Satisfied - Item:	Certificate and Policy approvals
Comments:	Please see the attached Certificate and Policy approvals
Attachment(s):	GLTC199 Cert approved 10-14-99.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998 -2.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019
Satisfied - Item:	VA Group Objection Response Attachment
Comments:	VA Group Objection Response Attachment
Attachment(s):	VA Group Obj Response Attachment.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019
Satisfied - Item:	Response Letter 11.16.18
Comments:	Attached is the Response Letter 11.16.18
Attachment(s):	VA CT14-76 Post-Rate Objection Response.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019
Satisfied - Item:	Revised Attachment 1
Comments:	Please see the attached revised Attachment 1
Attachment(s):	VA CT14-76 (Post-Rate) Obj Response_2018-12-18_Revised Attachment 1.pdf
Item Status:	Received & Acknowledged
Status Date:	11/21/2019



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

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

A handwritten signature in dark ink, appearing to read "William P. Bigelow".

Date: July 12, 2016

William P. Bigelow, FSA, MAAA
Vice President and Actuary

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Forms		
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy form which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If an application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insured Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply to Virginia or may disclose states where applicable.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in bold print .
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Policy Provisions		
Contents of Contracts	§38.2-305 A	Parties to policies/certificates named; subject of insurance; risks insured against; insurance takes effect; conditions pertaining to insurance.
Group A&S Definitions	§ 38.2-3521.1	This section provides that no policy or group accident and sickness insurance shall be delivered in this Commonwealth unless it conforms to one of the listed definitions.
Non-Defined Groups	§ 38.2-3522.1	Group A&S insurance offered to a resident of this Commonwealth under a policy issued to a group other than one described in Section 38.2-3521.1 shall be subject to certain requirements for policies issued in Virginia or in other states.
Policies Issued Outside of Virginia	§ 38.2-3523.2	Policies issued outside of this Commonwealth, providing coverage to residents of this Commonwealth, that do not qualify under Sections 38.2-3521.1 or 38.2-3522.1 shall be subject to the statutory requirements of this title.
Entire Contract	§ 38.2-3529	Each policy shall contain a provision that the policy, any application of the policyowner, and any individual applications of persons shall constitute the entire contract. It shall state that a copy of the application of the policyowner shall be attached to policy when issued, that all statements made by the policyowner and insureds shall be deemed representations and not warranties and that no written statement made by any person insured shall be used in any contest unless a copy of the statement is furnished to the person, his beneficiary or personal representative.
Grace Period	§ 38.2-3527	Each policy shall contain a provision that the policyholder is entitled to a grace period of not less than 31 days for the payment of any premium due, except for the first premium.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	14 VAC 5-200-65 B	Reinstatement in the event of lapse if due to cognitive impairment or had a loss of functional capacity.
Misstatement of age	§ 38.2-3532	Each policy shall contain a provision that an equitable adjustment of premiums, benefits, or both, shall be made if the age of a person insured has been misstated.
Individual Certificates	§ 38.2-3533	Each policy shall contain a provision that the insurer will issue to the policyholder for delivery to each person insured a certificate of insurance.
Notice of Claim	§ 38.2-3534	Each policy shall contain a provision that written notice of a claim shall be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy.
Claim Forms	§ 38.2-3535	Each policy shall contain a provision that the insurer shall furnish forms for filing proof of loss within 15 days after the insurer has received notice of any claim.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Proof of Loss	§ 38.2-3536	Each policy shall contain a provision that written proof of loss shall be furnished to the insurer within 90 days after the date of loss.
Time Payment of Claims	§ 38.2-3537	Each policy shall contain a provision that all benefits payable under the policy other than benefits for a loss of time shall be payable within 60 days after receipt of proof of loss.
Payment of Claims	§ 38.2-3538	Each policy shall contain a provision that benefits for loss of life of the person insured shall be payable to the beneficiary designated by the person insured. If policy contains family status conditions, beneficiary may be the family member specified by the policy.
Physical Examinations and Autopsy	§ 38.2-3539	Each policy shall contain a provision that the insurer shall have the right to examine the policy for whom a claim is made, when and as often as it may reasonably require during the pendency of a claim or make an autopsy where it is not prohibited by law.
Legal Actions	§ 38.2-3540	Each policy shall contain a provision that no action at law or in equity shall be brought to recover on a policy within 60 days after proof of loss has been filed in accordance with policy requirements and that no such action shall be brought after the expiration of 3 years from the time that proof of loss was required to be filed.
Claims Experience (Applies to employer groups only)	§ 38.2-3540.1	Each policy shall contain a provision that a complete record of the policyholders' claim experience shall be provided, upon request. This record shall be made available not less than 30 days prior to the date upon which premiums or contractual terms of policy may be amended.
Continuation or Conversion	14 VAC 5-200-60 D	Mandatory except for reasons stated.
Discontinuance and Replacement	14 VAC 5-200-60 E	Coverage and premium requirements under the replacement policy.
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Termination Notice	§ 38.2-3542	Written notice of termination must be provided to certain employers prior to termination of coverage.
Prohibited Provisions	§ 38.2-5203	Specified provisions prohibited.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included and labeled as "Preexisting Condition Limitations".
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.

Comment [SCC1]: Incorporated into Disclosure section on next page.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
UCR Defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
Extension of Benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the certificateholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	
Readability Certification	14 VAC 5-110-60	Readability certification is required if policy issued to a group with fewer than 10 members.
LTC Personal Worksheet	14 VAC 5-200-175-C 2	Must be in no less than 12-point type and include the information and in the format as shown in Form A.
Rates	§ 38.2-316	
Policy issued out-of-state covering residents of VA	14 VAC 5-200-155	Must submit proof that the group policy or certificate has been approved by a state having statutory or regulatory long-term insurance requirements similar to those in VA.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.
Disclosures		
	38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	Prominent disclosure identifying a certificate as a qualified or federally tax-qualified plan.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
	§ 38.2-5207 2 c	Statement that group master policy should be consulted to determine governing contractual provisions.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section handles group long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached group long-term care filing and determined that it is in compliance with the group long-term checklist.

Signed: Gina Jisonna

Name (please print): Gina Jisonna

Company Name: Metropolitan Life Insurance Company Date: 7/12/16

Phone No: (860) 656-3809 FAX No: (860) 656-3809

E-Mail Address: gjisonna@metlife.com

Review Requirements Checklist
GROUP LONG-TERM CARE RIDER

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<i>General Filing Requirements</i>		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if company wants a “stamped” copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
<i>Forms</i>		
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14 VAC 5-100-50 2	Full and proper corporate name (including “Inc.”) must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in “John Doe” fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy form which is to be issued with an attached application, must be filed with a copy of the application completed in “John Doe” fashion to indicate its intended use. (If an application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insured Code does not define “Insurance Fraud.” Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply to Virginia or may disclose states where applicable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in bold print .

Review Requirements Checklist
GROUP LONG-TERM CARE RIDER

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
Disclosure of Tax Consequences	14 VAC 5-200-70 F	Receipt of accelerated benefits for long-term care services may be taxable and a tax advisor should be consulted.
General Policy Provisions		
Contents of Contracts	§38.2-305 A	Parties to policies/certificates named; subject of insurance; risks insured against; insurance takes effect; conditions pertaining to insurance.
Group A&S Definitions	§ 38.2-3521.1	This section provides that no policy or group accident and sickness insurance shall be delivered in this Commonwealth unless it conforms to one of the listed definitions.
Non-Defined Groups	§ 38.2-3522.1	Group A&S insurance offered to a resident of this Commonwealth under a policy issued to a group other than one described in Section 38.2-3521.1 shall be subject to certain requirements for policies issued in Virginia or in other states.
Policies Issued Outside of Virginia	§ 38.2-3523.2	Policies issued outside of this Commonwealth, providing coverage to residents of this Commonwealth, that do not qualify under Sections 38.2-3521.1 or 38.2-3522.1 shall be subject to the statutory requirements of this title.
Grace period	§ 38.2-3527	Each policy shall contain a provision that the policyholder is entitled to a grace period of not less than 31 days for the payment of any premium due, except for the first premium.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	14 VAC 5-200-65 B	Reinstatement in the event of lapse if due to cognitive impairment or had a loss of functional capacity.
Misstatement of age	§ 38.2-3532	Each policy shall contain a provision that an equitable adjustment of premiums, benefits, or both, shall be made if the age of a person insured has been misstated.
Individual Certificates	§ 38.2-3533	Each policy shall contain a provision that the insurer will issue to the policyholder for delivery to each person insured a certificate of insurance.
Notice of Claim	§ 38.2-3534	Each policy shall contain a provision that written notice of a claim shall be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy
Claim Forms	§ 38.2-3535	Each policy shall contain a provision that the insurer shall furnish forms for filing proof of loss within 15 days after the insurer has received notice of any claim.
Proof of Loss	§ 38.2-3536	Each policy shall contain a provision that written proof of loss shall be furnished to the insurer within 90 days after the date of loss.
Time Payment of Claims	§ 38.2-3537	Each policy shall contain a provision that all benefits payable under the policy other than benefits for a loss of time shall be payable within 60 days after receipt of proof of loss.
Payment of Claims	§ 38.2-3538	Each policy shall contain a provision that benefits for loss of life of the person insured shall be payable to the beneficiary designated by the person insured. If policy contains family status conditions, beneficiary may be the family member specified by the policy.

Review Requirements Checklist
GROUP LONG-TERM CARE RIDER

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Physical Examinations and Autopsy	§ 38.2-3539	Each policy shall contain a provision that the insurer shall have the right to examine the person for whom a claim is made, when and as often as it may reasonably require during the pendency of the claim or make an autopsy where it is not prohibited by law.
Legal Actions	§ 38.2-3540	Each policy shall contain a provision that no action at law or in equity shall be brought to recover on a policy within 60 days after proof of loss has been filed in accordance with policy requirements and that no such action shall be brought after the expiration of 3 years from the time proof of loss was required to be filed.
Claims Experience (Applies to employer groups only)	§ 38.2-3540.1	Each policy shall contain a provision that a complete record of the policyholder's claim experience shall be provided, upon request. This record shall be made available not less than 30 days prior to the date upon which premiums or contractual terms of policy may be amended.
Continuation or Conversion	14 VAC 5-200-60 D	Mandatory except for reasons stated.
Discontinuance and Replacement	14 VAC 5-200-60 E	Coverage and premium requirements under the replacement policy.
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Termination Notice	§ 38.2-3542	Written notice of termination must be provided to certain employers prior to termination of coverage.
Prohibited Provisions	§ 38.2-5203	Specified provision prohibited.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included and labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR Defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
Extension of Benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the certificateholder to reduce coverage and lower the premium.

Review Requirements Checklist
GROUP LONG-TERM CARE RIDER

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Readability Certification	14 VAC 5-110-60	Readability certification is required if policy issued to a group with fewer than 10 members.
LTC Personal Worksheet	14 VAC 5-200-175-C 2	Must be in no less than 12-point type and include the information and in the format as shown in Form A.
Disclosures		
	38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	Prominent disclosure identifying a certificate as a qualified or federally tax-qualified plan.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
	§ 38.2-5207 2 c	Statement that group master policy should be consulted to determine governing contractual provisions.
Policies that Include Issue Ages of 65 or Higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates	§ 38.2-316	
Policy Issued Out-of-State Covering Residents of VA	14 VAC 5-200-155	Must submit proof that the group policy or certificate has been approved by a state having statutory or regulatory long-term insurance requirements similar to those in VA.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section handles group long-term care riders. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist

GROUP LONG-TERM CARE RIDER

I hereby certify that I have reviewed the attached group long-term care rider filing and determined that it is in compliance with the group long-term rider checklist.

Signed: Gina Sison

Name (please print): Gina Jisonna

Company Name: Metropolitan Life Insurance Company Date: 7/12/16

Phone No: (860) 656-3809 FAX No: (860) 656-3809

E-Mail Address: gjisonna@metlife.com

METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

Actuarial Memorandum

November 13, 2018

This actuarial memorandum pertains to long-term care insurance provided under group policies issued to cover eligible employees of an employer, and at the option of the employer, retirees and/or family members of eligible employees who meet eligibility requirements.

Policy Forms

The premium rate schedule increase for which we are seeking approval will apply to the following group long-term care insurance policy forms:

- GPNP99-LTC approved by your Department and certificates issued thereunder
- G.LTC2798 approved by your Department and certificates issued thereunder

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

The group policy forms listed above provide either comprehensive or facilities only coverage. Benefits under the group long-term care policies are payable if an insured is unable to perform a certain number of activities of daily living or suffers cognitive impairment in accordance with the applicable terms and conditions of the group policy. There are optional benefits, including, but not limited to, nonforfeiture and inflation protection.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This filing is applicable to enforce group long-term care insurance policies issued for delivery (situated) in your state before December 31, 2013.

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New York, NY

Actuarial Memorandum

November 13, 2018

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state.

We will only implement the premium rate schedule increase after we have received approval from your Department and will apply the increase to all certificates issued under group long-term care insurance policies situated in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase approved by that state, whether it is higher or lower than the increase that your state approved for certificates issued under group policies situated in your state.

Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy situated in another state, we will implement their increases after we've satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining approval, if required) without regard to your review of this filing.

These forms are not currently being marketed to new group policyholders.

5. Actuarial Assumptions

- a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through June 2014.
- b. Voluntary Termination Rates vary by issue age and duration as developed from actual experience through June 2014 and are shown in the following table:

Duration	Issue Age					
	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	over 59
1	15.6%	10.2%	7.6%	6.5%	6.1%	3.3%
2	12.3%	7.6%	5.8%	4.7%	3.9%	2.9%
3	10.0%	7.3%	5.4%	4.9%	3.7%	2.2%
4	7.9%	5.7%	4.1%	3.5%	2.9%	2.0%
5	7.1%	5.1%	3.8%	3.3%	2.6%	1.5%
6	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
7	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%

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8	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
9	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
10	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
11	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
12	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
13	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
*14+	2.5%	1.7%	1.0%	0.9%	0.8%	0.8%

* Ultimate lapse rates grades down to 0.80% for all ages

In the year of rate increase implementation, it is assumed that an additional 0.5% of policies lapse and there is 5.5% net reduction to premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates.

- c. Mortality 97% of Annuity 2000 Basic Table with selection consistent with experience.
- d. Expenses Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual inforce experience of MetLife and are deemed reasonable for these particular policy forms. The assumptions used in this filing were developed from the actual experience on these forms and supplemented, as needed, based on the experience of other forms.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

These policy forms were issued to provide coverage to eligible employees and retirees pursuant to an employer's sponsored benefits package. Family members of eligible employees and retirees were also eligible. The typical marketing methods utilized direct mail and call center support.

7. Underwriting Description

Several underwriting methods were used. These include Guaranteed Issue, Simplified Issue, and Full Underwriting. Guaranteed Issue applies only to those eligible employees who are actively at work. For those insureds that were not eligible for Guaranteed Issue, underwriting

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was performed by means of questions, including medical questions, and contacting health care providers for medical records as needed.

8. Premiums

Premium rates are level premiums from the date of issue, while payable, except when Periodic or Optional Inflation Additions are taken. The rates for each group policy reflect the specific group's risk profile. Premiums vary by the age of the insured at issue, the plan design and payment mode/method.

9. Issue Age Range

The minimum issue age for these forms was 18.

10. Area Factors

Area factors are not used for this product.

11. Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2013 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2013 have been allocated to a calendar year of incurral and included in historical incurred claims.

12. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

13. Past and Future Policy Experience

Nationwide experience for all policy forms combined is shown in Exhibit I. While the financial projections in Exhibit I include tax-qualified policy forms and other non-tax-qualified policy forms that were issued prior to the enactment of the Health Insurance Portability and Accountability Act (HIPAA), we are currently only requesting a rate increase on the tax-qualified policy forms listed above.

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the weighted average maximum

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valuation interest rate for contract reserves which is 4.48%. Incurred but not reported reserves were allocated based on a historical analysis of claim development pattern.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2014 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the weighted average maximum valuation interest rate for contract reserves, which is 4.48%.

14. Projected Earned Premiums and Incurred Claims

Earned premiums for projection years 2015 through 2095 are developed by multiplying each prior period's earned premium (starting with December 31, 2014 actual earned premium) by a persistency factor. For a year in which the rate increase is effective, the earned premium prior to the increase is multiplied by 1 plus the rate increase percent and an effectiveness factor for all policies shown in Exhibit I.

Each projection year claim amount is calculated by multiplying incidence, continuance and utilization factors by the policy and rider benefits on a seriatim basis.

Present and accumulated values in the lifetime projections in Exhibit I are determined at the average maximum valuation interest rate for contract reserves applicable to LTC business issued in the years in which the applicable business of this filing were issued. The maximum valuation interest rate averages 4.48%.

The assumptions used in the projections in Exhibit I were developed from the company's LTC insurance experience.

Projections in Exhibit II provide a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%;
2. 85% of the accumulated value of prior premium rate schedule increases;
3. Present value of future projected initial earned premium times 58%; and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

15. History of Previous Inforce Rate Increases

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There have been no previous inforce rate increases on the policy forms situated in VA.

16. Requested Rate Increase

The company is requesting an increase of 45% for the policy forms listed above. In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state.

Corresponding rate tables reflecting the 45% increase are included with this filing. Please note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms.

17. Analysis Performed

The initial premium schedule was based on pricing assumptions believed to be appropriate, given the information available at the time the initial rate schedule was developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

- a. Incidence and continuance rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications. Home health care incidence and continuance rates were based on the nursing home care rates with modifications.
- b. Voluntary termination rates by duration were assumed to be 5.5% in year one, grading down to 4.5% in year ten and thereafter.
- c. Mortality was based on the 1983 Group Annuity Mortality Table, adjusted to remove loading. These rates vary by age and sex.

As part of the inforce management of the business, MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements.

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The experience analysis, management's view of when a change to the original rate schedule may be considered and the seriatim inforce and claim data used in developing the projections in Exhibit I have been relied upon by the actuary in the development of this memorandum.

18. Loss Ratio Requirement Compliance Demonstration

Projected experience assuming the increase is implemented is shown in Exhibit I. As shown in Exhibit I, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio requirements.

19. Average Annual Premium

The average December 31, 2015 annualized premium for all premium-paying policies before and after the current requested increase of 45% are:

Before increase:	\$1,142
After current requested 45% increase:	\$1,656

The average December 31, 2015 annualized premiums for all premium-paying policies issued in VA, before and after the current requested increase of 45% are:

Before increase:	\$ 950
After current requested 45% increase:	\$1,377

20. Proposed Effective Date

The rate increase will become effective on the first day of the month following at least a 75 day advance written notification to the certificateholder.

21. Nationwide Distribution of Business as of December 31, 2015 (based on premium-paying policies inforce count)

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By Issue Age:

Issue Age	Percent
<45	21%
45-49	17%
50-54	22%
55-59	20%
60-64	12%
65-69	5%
70-74	2%
75+	1%
Total	100%

By Benefit Period:

Benefit Period (Days)	Percent
730	1%
1095	21%
1250	2%
1460	1%
1800	0%
1825	67%
2000	3%
2190	1%
2555	2%
2920	1%
3650	0%
5000	0%
Lifetime	2%
Total	100%

By Inflation Option:

Inflation	Percent
Optional	89%
Auto	11%
Total	100%

By Home Care Percentage:

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Home Care %	Percent
0% (FC Only)	3%
50%	26%
60%	33%
65%	1%
70%	0%
75%	32%
80%	2%
100%	4%
Total	100%

By Gender:

Gender	Percent
Female	55%
Male	45%
Total	100%

22. Number of Certificateholders

As of December 31, 2015, the number of premium-paying policies inforce and premiums that will be affected by this increase are:

Issued On or After Rate Stability Regulation Effective Date		
	Number of Insured	12/31/2015 Annualized Premium
VA	307	\$291,538
Nationwide	58,948	\$67,325,421

23. New Nonforfeiture Feature

Concurrent with this rate filing is a form filing for a nonforfeiture feature (the Limited Coverage Upon Lapse Following Contribution Increase Endorsement) that will provide limited coverage to certificateholders whose certificates do not currently provide a substantially equivalent nonforfeiture feature in the event they lapse their coverage within 120 days of the first due date of the increased premium for their coverage.

METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

Actuarial Memorandum

November 13, 2018

24. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of VA.

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience. For the 307 certificates issued on or after rate stability regulation effective date only, I certify that (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect moderately adverse conditions are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are interpreted as those conditions where aggregate experience deviates unfavorably from the aggregate experience assumptions used in determining the lifetime projections, such that the value of the deviation is equal to 5% of gross premiums or more.

I further certify that:

- the analysis described in Section 17 of this memorandum was used in determining the need for a rate increase;
- the policy design, underwriting and claims adjudication practices have been taken into consideration in this rate increase request;
- the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because we are no longer marketing new business.



Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Forms		
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy form which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If an application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insured Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply to Virginia or may disclose states where applicable.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in bold print .
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Policy Provisions		
Contents of Contracts	§38.2-305 A	Parties to policies/certificates named; subject of insurance; risks insured against; insurance takes effect; conditions pertaining to insurance.
Group A&S Definitions	§ 38.2-3521.1	This section provides that no policy or group accident and sickness insurance shall be delivered in this Commonwealth unless it conforms to one of the listed definitions.
Non-Defined Groups	§ 38.2-3522.1	Group A&S insurance offered to a resident of this Commonwealth under a policy issued to a group other than one described in Section 38.2-3521.1 shall be subject to certain requirements for policies issued in Virginia or in other states.
Policies Issued Outside of Virginia	§ 38.2-3523.2	Policies issued outside of this Commonwealth, providing coverage to residents of this Commonwealth, that do not qualify under Sections 38.2-3521.1 or 38.2-3522.1 shall be subject to the statutory requirements of this title.
Entire Contract	§ 38.2-3529	Each policy shall contain a provision that the policy, any application of the policyowner, and any individual applications of persons shall constitute the entire contract. It shall state that a copy of the application of the policyowner shall be attached to policy when issued, that all statements made by the policyowner and insureds shall be deemed representations and not warranties and that no written statement made by any person insured shall be used in any contest unless a copy of the statement is furnished to the person, his beneficiary or personal representative.
Grace Period	§ 38.2-3527	Each policy shall contain a provision that the policyholder is entitled to a grace period of not less than 31 days for the payment of any premium due, except for the first premium.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	14 VAC 5-200-65 B	Reinstatement in the event of lapse if due to cognitive impairment or had a loss of functional capacity.
Misstatement of age	§ 38.2-3532	Each policy shall contain a provision that an equitable adjustment of premiums, benefits, or both, shall be made if the age of a person insured has been misstated.
Individual Certificates	§ 38.2-3533	Each policy shall contain a provision that the insurer will issue to the policyholder for delivery to each person insured a certificate of insurance.
Notice of Claim	§ 38.2-3534	Each policy shall contain a provision that written notice of a claim shall be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy.
Claim Forms	§ 38.2-3535	Each policy shall contain a provision that the insurer shall furnish forms for filing proof of loss within 15 days after the insurer has received notice of any claim.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Proof of Loss	§ 38.2-3536	Each policy shall contain a provision that written proof of loss shall be furnished to the insurer within 90 days after the date of loss.
Time Payment of Claims	§ 38.2-3537	Each policy shall contain a provision that all benefits payable under the policy other than benefits for a loss of time shall be payable within 60 days after receipt of proof of loss.
Payment of Claims	§ 38.2-3538	Each policy shall contain a provision that benefits for loss of life of the person insured shall be payable to the beneficiary designated by the person insured. If policy contains family status conditions, beneficiary may be the family member specified by the policy.
Physical Examinations and Autopsy	§ 38.2-3539	Each policy shall contain a provision that the insurer shall have the right to examine the policy for whom a claim is made, when and as often as it may reasonably require during the pendency of a claim or make an autopsy where it is not prohibited by law.
Legal Actions	§ 38.2-3540	Each policy shall contain a provision that no action at law or in equity shall be brought to recover on a policy within 60 days after proof of loss has been filed in accordance with policy requirements and that no such action shall be brought after the expiration of 3 years from the time that proof of loss was required to be filed.
Claims Experience (Applies to employer groups only)	§ 38.2-3540.1	Each policy shall contain a provision that a complete record of the policyholders' claim experience shall be provided, upon request. This record shall be made available not less than 30 days prior to the date upon which premiums or contractual terms of policy may be amended.
Continuation or Conversion	14 VAC 5-200-60 D	Mandatory except for reasons stated.
Discontinuance and Replacement	14 VAC 5-200-60 E	Coverage and premium requirements under the replacement policy.
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Termination Notice	§ 38.2-3542	Written notice of termination must be provided to certain employers prior to termination of coverage.
Prohibited Provisions	§ 38.2-5203	Specified provisions prohibited.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included and labeled as "Preexisting Condition Limitations".
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.

Comment [SCC1]: Incorporated into Disclosure section on next page.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
UCR Defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
Extension of Benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the certificateholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	
Readability Certification	14 VAC 5-110-60	Readability certification is required if policy issued to a group with fewer than 10 members.
LTC Personal Worksheet	14 VAC 5-200-175-C 2	Must be in no less than 12-point type and include the information and in the format as shown in Form A.
Rates	§ 38.2-316	
Policy issued out-of-state covering residents of VA	14 VAC 5-200-155	Must submit proof that the group policy or certificate has been approved by a state having statutory or regulatory long-term insurance requirements similar to those in VA.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.
Disclosures		
	38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	Prominent disclosure identifying a certificate as a qualified or federally tax-qualified plan.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
	§ 38.2-5207 2 c	Statement that group master policy should be consulted to determine governing contractual provisions.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section handles group long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached group long-term care filing and determined that it is in compliance with the group long-term checklist.

Signed: Gina Jisonna

Name (please print): Gina Jisonna

Company Name: Metropolitan Life Insurance Company Date: 7/12/16

Phone No: (860) 656-3809 FAX No: (860) 656-3809

E-Mail Address: gjisonna@metlife.com

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-130649751
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$1052.63
Average Requested Percentage Rate Change Per Member:	45
Minimum Requested Percentage Rate Change Per Member:	45
Maximum Requested Percentage Rate Change Per Member:	45
Number of Policy Holders Affected :	270

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

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

Rate Increase Narrative

Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.



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

**VIRGINIA
READABILITY COMPLIANCE CERTIFICATION**

Title of Form: Limited Coverage Upon Lapse Following Premium Increase Endorsement

Policy Form Number: G-LCUL, G-LCUL-1, G-LCUL-2

I hereby certify that the Flesch reading ease score of the above policy form is the following:

Policy Form #	Words	Sentences	Syllables	Flesch Score
G-LCUL	602	38	1005	50
G-LCUL-1	572	38	956	50
G-LCUL-2	573	38	962	50

The type size of the text of the policy form is at least 10 point type.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

William P. Bigelow, FSA, MAAA
Vice President and Actuary

Date: July 12, 2016



Metropolitan Life Insurance Company

A. Optional Inflation Increase (*available only if shown in SCHEDULE OF BENEFITS*)

At least once every 2 years, We will offer You the option to request an Optional Inflation Increase. If You accept this offer, Your Nursing Home Benefit will increase at a rate of at least 5% compounded annually for the period from the effective date of the previous Optional Inflation Increase offer and extending until the effective date of the current Optional Inflation Increase offer. All other Benefits (including the Total Lifetime Benefit) that are computed either as a percentage or multiple of the Nursing Home Benefit will also increase at the same percentage rate as Your Nursing Home Benefit increases. However, if You have received any Benefits, only the remaining portion of the Total Lifetime Benefit and Transition Expense Benefit will increase by that same percentage rate.

You are eligible to request an Optional Inflation Increase without providing proof of good health only if You accepted Our offer for an Optional Inflation Increase at least once during the last two consecutive times this offer was made to You. We may waive this requirement, at Our sole discretion, without prejudice to our right to enforce it at a future date.

The Optional Inflation Increase offer will be made by Us without regard to Your age, claim status, claim history or length of time You have been Covered under This Plan.

An Optional Inflation Increase will take effect on the date specified in the Optional Inflation Increase Offer.



[AM/APIus variable material in yellow; BTS variable material in gray and red/bracketed/bold.]

Long-Term Care Insurance Coverage Change / Cancellation Form

[First Name] [Last Name]

[Leave out for insureds on Waiver of Contributions:]

Increased Premium Amount Date: [Effective Date of Increase]

Group Name: [Group Name]

Group No.: [Group No.]

If you intend to maintain your current coverage at the new increased premium, there is no need to complete this form.

Please use this form to request a decrease in your long-term care insurance coverage, if available, or to cancel your coverage. We recommend that you review the enclosed information on the current cost of long-term care before making any decisions. If you have any questions, you can speak with our customer service team at 1-800-438-6388, available between the hours of [8:00 a.m. and 11:00 p.m.], Eastern Time, Monday through Friday.

[A. Insert only for insureds who are provided decrease options:]

Coverage Decrease Option(s)

[A1.] [Insert only for insureds who have the option to reduce their DBA:]

☐ Reduce my Nursing Home [Daily][Monthly] Benefit Amount from [Current DBA] to [Reduced DBA]. This will change my premium from [Current Premium]/[mode] to [New Premium1]/[mode].

[A2.] [Insert only for insureds who have the option to reduce their TLB:]

☐ Reduce my Total Lifetime Benefit by adjusting my benefit duration from [Current years/days] to [Reduced years/days]. This will change my premium from [Current Premium]/[mode] to [New Premium2]/[mode].

You may call the customer service team at the phone number provided above to explore other possible decrease options. Our customer service team will take you through any available options and provide you with instructions on how to complete the section below. **Please do not select the Other Coverage Change option if you have not discussed your options with our customer service team.**

☐ Other Coverage Change (Our customer service team will provide instruction on how to complete this section): _____

[B. Insert for insureds who are NOT provided decrease options:]

Possible Coverage Decrease Option(s)

You may call the customer service team to explore possible decrease options. Please be aware that in some situations—for example, if your coverage is already at the lowest available level—

you will not be able to decrease your coverage. Our customer service team will take you through any available options and provide you with instructions on how to complete the section below. **Please do not complete this section if you have not discussed your options with our customer service team.**

- ☐ Coverage Change (Our customer service team will provide instruction on how to complete this section): _____

Coverage Cancellation Option

[A. or B. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL) OR insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]

- ☐ Please CANCEL my coverage. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"). *As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.*

[C. Insert for insureds who will be provided with a choice between their current nonforfeiture feature and LCUL:]

- ☐ Please CANCEL my coverage and apply the limited coverage under the **nonforfeiture feature** that is included in my certificate. *As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.*
- ☐ Please CANCEL my coverage and apply the **Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL")**. I understand in making this selection that I waive my rights under any other nonforfeiture feature. *As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.*

[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]

- ☐ Please CANCEL my coverage. I understand that this will trigger coverage under the nonforfeiture feature that is included in my certificate. *As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.*

[E. Insert for insureds with paid-up coverage with a layer of non-paid-up coverage:]

- ☐ Please CANCEL the portion of my coverage that is not paid-up. I understand that I will retain the portion of my coverage that is paid-up, and the portion of my coverage on which I am making premium payments will end. *Please note that the portion of your coverage that is paid-up is **not** subject to the premium increase.*

Signature: _____

Date: _____

Please sign, date and return this form to the address listed below by [Coverage Change Receipt Date].

**Metropolitan Life Insurance Company
Long-Term Care
PO Box 14634
Lexington, KY 40512-9938**

Phone: [1-800-438-6388]

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002
Tel 860-656-3809
gjisonna@metlife.com



Gina Jisonna
Sr. Product Consultant

March 13, 2017

Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: State Tracking #: META-130649751
Company Tracking #: CT14-76 (POST-RATE) (RESUB) RW
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Dear Ms. Houser:

Thank you for your response dated July 27, 2016. Here are the answers to your questions:

Objection 1

1. Please provide the issue dates of the certificates for which a rate increase has been proposed.
[Attachment 1 displays the issue dates of the certificates.](#)
2. Please explain the comment in General Information that states the increase will not apply to any group policy issued with rates that were based on prospective premium rate increase approved by our Department on 12/4/2009 for policies issued on or after July 1, 2010. Please provide the SERFF tracking number of this filing. This filing appears to be applicable to post-stability policies only and the increase would affect only certificates under those policies issued on or after to October 1, 2003.
[The SERFF tracking number of the filing applicable to pre-stability policies is: META-130649719.](#)
3. General Information states the written premium change and written premium for this program reflects premium information for certificates issued to residents of your state under group policies issued from within and "from outside" of your state. As set forth in Section 38.2-316 A our authority for group policies is based on state of issue. Please make the appropriate changes in this information which should only reflect that data which is based on group policies issued in this state. This would also apply to the number of affected policyholders (certificate holders) in the Rate/Rule Schedule which should only reflect certificates issued under group policies issued in our state and not policies issued outside of the state of Virginia.

Please see Section 22 in the Actuarial Memorandum. The premium change is \$131,192.

4. The company has stated it will not intend to provide updated projections annually for the next three years. In order for any rate increase to be approved, compliance with 14VAC5-200-153 D is required.

MetLife will provide the updated projections as required.

Objection 2: VA_Group_Rates_Generic

1. Please remove the previous state filing number META-130076672 under the Rate Action Information column in the Rate/Rule Schedule since this filing was never approved.

The filing number has been removed.

2. Please attach a copy of the current rates to supporting documentation.

A copy of the current approved rates is included with this filing.

3. Are there any riders that will be affected by this rate increase? If so, the rider form numbers, exactly as approved, should be included in the Affected Form Numbers column with the appropriate rate attachments. Please amend the Actuarial Memorandum to also include the form numbers and description of benefits.

The Actuarial Memorandum has been updated with the affected form numbers.

Objection 3: Long Term Care Insurance Rate Request Summary

1. Supporting Documentation. Attached is the correct form to be completed. Please attach the narrative as a second page to the Rate Request Summary. The form and narrative will be placed on our website for consumers to access. Please explain in consumer friendly language what are the driving contributors for the rate increase. In other words, what assumptions have changed since the policy was originally priced, why have the changes occurred, and how are those changes impacting the long term care rates resulting in a rate increase.

A narrative has been added as the second page of the Rate Request Summary.

Objection 4: Group Certholder Letter

The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

1. For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower left-hand corner of the first page. The full and proper corporate name of the insurer shall prominently appear.

The full name & form number has been added to policyholder letter.

2. It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter. We are concerned, however, that the pre stability policyholder letter for this block of business submitted under SERFF tracking # META-130649719 is not the same as this letter. Please explain why different letters would be needed for the same policy forms.

We prefer to submit one letter. A statement of variability is included with our response.

3. For compliance with 14VAC5-200-75 D, please make the following changes:
 - a. An explanation that similar options will be available in the event of a future rate increase and benefit changes may occur at any time, not just at the time of a rate increase.

The sentence has been revised as follows:

“In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate. Please note that an insured may be at the minimum benefit and may not receive any options on their letter. They will be able to call Customer Service to explore what options may be available to them.

- b. The insured has a right to a revised premium rate or rate schedule.

The following language was added to the insured letter:

Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time.

- c. A disclosure that all options available may not be equal. As a disclosure, this information should be emphasized such as by bolding, highlighting or using larger print. The disclosure was added.

- d. A disclosure that in the case of a partnership policy, some benefit reduction options may result in loss in partnership status that may reduce the policyholder protections. Again, this should be emphasized such as by bolding, highlighting or using larger print. A partnership policy does not apply to our group business.

- e. A clear identification of the driving factors of the premium rate increase. The letter currently states the decision was that your evaluation of the experience under the plan shows a variation in claims and other key actuarial assumptions did not materialize as expected. Please be more specific as to what assumptions were originally used in pricing the product, what affected those assumptions, how that impacted the rates and need for a rate increase.

The sentence has been revised.

- f. Include the required wording as set forth in 14VAC5-200-75 D 4 and refer to "Virginia's State Corporation Commission" rather than Virginia Bureau of Insurance as currently stated in the letter.

The required wording has been added to the letter.

4. As stated in our previous objections, the LCUL may not be necessary and any references to it should be removed from the letter.

The LCUL language is included in the letter and while it may not be necessary, we feel it's important that the insured be aware that in the event he/she lapses their certificate due to the rate increase they will receive limited coverage under the LCUL.

5. There is a section bracketed that states it is a placeholder for option for inflation offer. Please explain what this offer is. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

We have removed the Placeholder for Inflation Offer from the insured letter. Inflation offers are scheduled separately for those insureds that have an optional inflation feature in their certificate. Optional inflation offers are made at least once every 2 years. If the insured accepts the offer, their Nursing Home Benefit will increase at a rate of at least 5% compounded annually for the period from the effective date of the previous Optional Inflation Increase offer and extending until the effective date of the current Optional Inflation Increase offer. All other Benefits (including the Total Lifetime Benefit) that are computed either as a percentage or multiple of the Nursing Home Benefit will also increase at the same percentage rate as their Nursing Home Benefit increases. If the insured has received any Benefits, only the remaining portion of the Total Lifetime Benefit and Transition Expense Benefit will increase by that same percentage rate. No underwriting is required if the insured accepts an Optional Inflation Increase at least once during the last two consecutive times the offer was made. As it relates to landing spots, we are willing to discuss this issue with you, but wish to point out that the automatic inflation feature is not a significant part of our group long-term care business.

6. Insert paragraph E relates to an insured with paid-up coverage with a layer of non-paid up coverage. Please provide us an example of this type of situation and how it is administered.

Partially Paid Up Example: Insured bought original coverage 6/1/1995 for \$100 DBA for \$50/month and has a 20 year paid up provision. On 6/1/2001 insured increased DBA through the Optional Inflation Offer and increased DBA to \$115 for an additional \$10/month (total premium now \$60/month). The \$100 DBA would become fully paid up on 6/1/2015 and premium would decrease to \$10/month. As we look to increase premiums, the rate increase would only impact the \$10/month still owed. A 42% increase would increase amount owed \$14.20/month. Insured would pay \$14.20 until 6/1/2021 at which time the coverage would become fully paid up (assuming no additional coverage increases are requested).

7. There is a reference to an Optional Inflation Increase Provision; and if eligible, a separate communication will be sent. Please attach a copy of this provision and the communication to Supporting Documentation.

Included with this response is the Optional Inflation Increase Provision, and a sample of the communication (under supporting documentation).

8. Please attach a copy of the Coverage Change/Cancellation Form to Supporting Documentation. Is this form attached to the certificate? The letter states the company must still receive this form even if the CBUL is elected. The CBUL is automatically in effect if the insured meets the trigger points and the certificate lapses within 120 days of the due of the premium so increased as set forth in 14VAC5-200-185 D3. A form is not required. Please amend the letter accordingly.
Sample Coverage Form is included with this response.
9. In two places this statement appears on page one of the letter but it is unclear what this means "[For certificateholders who get less than the requested % and due to the lower offer, we no longer certified". Please explain.
Text was removed from the paragraphs. However, there are 2 paragraphs – one for insureds that are on premium waiver, and one for insureds that are not on premium waiver.
10. Please provide a copy of the cost of care chart that will be enclosed with the letter.
Chart is attached with this response.

Objection 5: L&H Actuarial Memorandum, Endorsements G.LCUL, G.LCUL-1, G.LCUL-2
The company has attached three new endorsements to provide limited coverage upon lapse following the contribution increase endorsement. According to the memorandum, the certificateholder will have nonforfeiture coverage as follows:

1. If there is no nonforfeiture feature in the certificate, the company will offer the Limited Coverage Upon Lapse Premium Increase Endorsement (LCUL). Why is this necessary since the company must provide a contingent benefit upon lapse (CBUL) as set forth in 14VAC5-200-75 D1 a?
The age restriction is removed from the LCUL feature. Therefore, any insured that lapses between the date of the letter and 120 days following the first due date of the increased premium, regardless of their age and the rate increase, will receive LCUL.
2. If the certificate has the nonforfeiture feature, but it will provide no benefit or a lower benefit than the LCUL, the company will issue the LCUL. Under what circumstance would the nonforfeiture feature not provide a benefit as set forth in 14VAC5-200-185 E 3?
The most common reason why the nonforfeiture feature would not provide a benefit is that the insured did not have their nonforfeiture benefit for the minimum amount of time required to vest.
3. If the certificate has the nonforfeiture feature and will pay benefit equal or greater than the LCUL, the nonforfeiture benefit will be provided. The company has indicated the benefits under the LCUL are the same as CBUL. The benefits under the CBUL are also the same as what is available under the nonforfeiture benefit pursuant to 14VAC5-200-185 E 3.
As stated in number 1 above, the difference is that the age restriction is removed from the LCUL feature. Therefore, any insured that lapses between the date of the letter and 120

days following the first due date of the increased premium, regardless of their age and the rate increase, will receive LCUL.

4. If the certificate has the nonforfeiture feature that will pay different benefits than those under the LCUL, the insured would be given a choice to either receive benefits under the nonforfeiture benefit or the LCUL. As stated above benefits under the LCUL are the same as CBUL and would be the same under the nonforfeiture feature.

If MetLife is unable to determine which would Nonforfeiture would better benefit the insured, MetLife will provide a choice of Nonforfeiture options; their existing Nonforfeiture or LCUL.

5. If the certificateholder qualifies for coverage under the CBUL, the company will issue the LCUL instead. Again, it is unclear the purpose of the LCUL. Please explain the purpose of the LCUL and why the CBUL is not sufficient. Lastly, such forms may only be submitted for review and approval under one filing. Please withdraw duplicate requests; however, please respond to our concerns since this information is provided in the Actuarial Memorandum; and as such, may need to be revised accordingly.

As stated in number 1 above, the age restriction is removed from the LCUL feature.

Therefore, any insured that lapses between the date of the letter and 120 days following the first due date of the increased premium, regardless of their age and the rate increase, will receive LCUL.

Additionally, we have removed the LCUL from this filing. Please continue your review of the LCUL under META-130649719.

Objection 6: L&H Actuarial Memorandum

Please advise how the certificate is updated for such benefit changes. If the policy is revised or changed in any way, the certificate holder must first agree to the changes and the certificate must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60.

Forms for updating the certificate should only be submitted once for review and approval and may be used with multiple filings.

If an insured requests changes to their policy, a new Schedule of Benefits page is sent with a cover letter. The Schedule of benefits is part of the policy that was approved by the department in 2002 and reflects the effective date of the change. A copy of the policy has been provided. The Schedule of Benefits is located on page 3.

Objection 7: L&H Actuarial Memorandum

Please advise if the company wishes to request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-150 C. If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly. Rate schedules for each implementation period would need to be attached to the Rate/Rule Schedule. The Company requests a single rate action for this block.

Objection 8: L&H Actuarial Memorandum

Please provide the following:

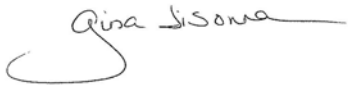
1. For post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.
All exhibits use the valuation rates specified by Virginia Code. The exhibits presented merely simplify the presentation by using a weighted average of the required rates which changed during the time the policy was offered.
2. Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.
A State Rate Action Summary is included with this response.
3. Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.
Please see Attachment 2.
4. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.
Attachment 2 includes a detailed projection of the loss ratios requested, plus a summary of historical and projected loss ratios in the totals at the bottom.
5. Re-state the nationwide experience using Virginia approved rates.
Exhibit 1 from the original filing, top and bottom (Virginia approved rates and Virginia rates with the requested rate action, respectively) reflect the numbers requested.

6. Attachment 2 is labeled as Nationwide Experience Projection with 45% Future Increase. Should this not be Virginia Experience Projection with 45% Future Increase?

Correct. We apologize for the mislabeling.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Gina Jisonna". The signature is fluid and cursive, with a large initial "G" and a horizontal line extending to the right.

Gina Jisonna

Group Long-Term Care Insurance Nursing Home Benefits

Monthly Premium Rates per \$100 Daily Benefits

ORIGINAL with no increase applied

Plans with Optional Inflation Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$1.25	\$0.94	\$2.31	\$1.81
31	1.37	1.03	2.52	1.97
32	1.49	1.12	2.75	2.15
33	1.63	1.23	3.00	2.35
34	1.79	1.34	3.27	2.56
35	1.95	1.47	3.57	2.79
36	2.14	1.60	3.90	3.04
37	2.34	1.75	4.25	3.32
38	2.56	1.91	4.64	3.62
39	2.79	2.09	5.06	3.95
40	3.06	2.29	5.53	4.30
41	3.33	2.49	6.00	4.67
42	3.63	2.71	6.52	5.07
43	3.95	2.95	7.09	5.50
44	4.30	3.22	7.70	5.97
45	4.69	3.50	8.36	6.48
46	5.10	3.81	9.08	7.03
47	5.56	4.15	9.87	7.63
48	6.06	4.52	10.72	8.28
49	6.60	4.92	11.65	8.99
50	7.19	5.36	12.65	9.75
51	7.92	5.90	13.89	10.69
52	8.72	6.50	15.25	11.72
53	9.60	7.16	16.75	12.86
54	10.58	7.88	18.38	14.10
55	11.66	8.68	20.18	15.46
56	12.84	9.56	22.16	16.95
57	14.14	10.53	24.33	18.58
58	15.58	11.59	26.71	20.38
59	17.16	12.77	29.32	22.34
60	18.91	14.06	32.19	24.50
61	20.93	15.56	35.50	26.98
62	23.18	17.22	39.16	29.71
63	25.66	19.05	43.19	32.71
64	28.41	21.08	47.63	36.03
65	31.46	23.33	52.54	39.67
66	34.72	25.73	57.79	43.57
67	38.32	28.37	63.57	47.85
68	42.30	31.28	69.93	52.54
69	46.68	34.50	76.92	57.70
70	51.52	38.04	84.62	63.37
71	56.72	41.83	92.86	69.42
72	62.44	45.99	101.92	76.04
73	68.73	50.57	111.85	83.30
74	75.66	55.61	122.75	91.26
75	83.29	61.15	134.72	99.97
76	91.24	66.91	147.13	108.97
77	99.95	73.22	160.68	118.78
78	109.48	80.12	175.48	129.47
79	119.93	87.67	191.64	141.12
80	131.37	95.94	209.30	153.83
81	141.60	103.05	224.88	164.72
82	152.61	110.69	241.61	176.39
83	164.48	118.90	259.60	188.88
84	177.28	127.72	278.92	202.26
85	191.07	137.18	299.68	216.59
86	205.94	147.36	321.99	231.93
87	221.96	158.28	345.95	248.35
88	239.23	170.02	371.70	265.94
89	257.84	182.62	399.37	284.78
90	277.90	196.16	429.09	304.95

Plans with Automatic Inflation Protection Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$8.13	\$6.23	\$15.03	\$11.85
31	8.59	6.58	15.87	12.50
32	9.08	6.95	16.75	13.20
33	9.59	7.35	17.68	13.93
34	10.13	7.76	18.67	14.70
35	10.71	8.20	19.71	15.51
36	11.31	8.66	20.81	16.37
37	11.95	9.15	21.96	17.28
38	12.63	9.66	23.19	18.24
39	13.34	10.21	24.48	19.25
40	14.09	10.78	25.84	20.31
41	14.89	11.39	27.27	21.42
42	15.73	12.04	28.77	22.59
43	16.62	12.71	30.35	23.83
44	17.56	13.43	32.03	25.13
45	18.56	14.19	33.79	26.50
46	19.61	14.99	35.66	27.95
47	20.72	15.83	37.62	29.47
48	21.89	16.73	39.70	31.08
49	23.12	17.67	41.89	32.78
50	24.43	18.67	44.20	34.57
51	25.98	19.84	46.90	36.65
52	27.62	21.09	49.77	38.87
53	29.36	22.42	52.81	41.21
54	31.22	23.83	56.04	43.70
55	33.19	25.33	59.46	46.34
56	35.29	26.93	63.10	49.14
57	37.52	28.62	66.96	52.10
58	39.89	30.42	71.05	55.25
59	42.41	32.34	75.40	58.58
60	45.09	34.37	80.01	62.12
61	48.20	36.73	85.31	66.17
62	51.53	39.25	90.96	70.47
63	55.09	41.94	96.99	75.06
64	58.89	44.81	103.42	79.95
65	62.96	47.88	110.28	85.16
66	67.39	51.21	117.72	90.78
67	72.13	54.76	125.66	96.77
68	77.20	58.57	134.14	103.16
69	82.63	62.64	143.18	109.97
70	88.44	66.99	152.84	117.22
71	94.78	71.70	163.33	125.05
72	101.58	76.75	174.53	133.41
73	108.85	82.16	186.50	142.32
74	116.66	87.95	199.30	151.83
75	125.02	94.14	212.97	161.97
76	133.90	100.69	227.36	172.55
77	143.41	107.69	242.72	183.83
78	153.59	115.18	259.11	195.85
79	164.50	123.20	276.61	208.65
80	176.19	131.77	295.30	222.28
81	186.95	139.26	312.17	234.13
82	198.37	147.18	330.00	246.61
83	210.48	155.55	348.85	259.75
84	223.34	164.40	368.78	273.59
85	236.98	173.75	389.85	288.17
86	251.46	183.63	412.12	303.52
87	266.82	194.07	435.66	319.70
88	283.11	205.11	460.55	336.73
89	300.40	216.77	486.86	354.68
90	318.75	229.10	514.68	373.58

Group Long-Term Care Insurance - Comprehensive and Dual Level Reimbursement Benefits

Monthly Premium Rates per \$100 Daily Benefits

ORIGINAL with no increase applied

Plans with Optional Inflation Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$3.14	\$2.33	\$4.57	\$3.43	\$4.26	\$3.26	\$6.59	\$4.99
31	3.36	2.49	4.85	3.64	4.57	3.50	7.03	5.33
32	3.58	2.66	5.16	3.87	4.90	3.75	7.49	5.68
33	3.82	2.84	5.48	4.11	5.26	4.03	7.98	6.06
34	4.08	3.04	5.82	4.37	5.64	4.33	8.51	6.47
35	4.34	3.23	6.18	4.65	6.04	4.65	9.07	6.90
36	4.64	3.46	6.56	4.93	6.49	4.99	9.67	7.36
37	4.94	3.69	6.98	5.25	6.96	5.36	10.32	7.85
38	5.28	3.94	7.41	5.57	7.46	5.75	11.00	8.37
39	5.63	4.21	7.87	5.93	8.00	6.17	11.72	8.93
40	6.00	4.49	8.36	6.30	8.57	6.62	12.50	9.53
41	6.47	4.84	8.98	6.77	9.26	7.15	13.45	10.26
42	6.98	5.23	9.65	7.27	9.99	7.72	14.48	11.05
43	7.52	5.64	10.36	7.82	10.79	8.34	15.58	11.89
44	8.10	6.08	11.13	8.41	11.65	9.01	16.76	12.80
45	8.74	6.56	11.96	9.04	12.59	9.73	18.05	13.79
46	9.41	7.08	12.84	9.72	13.59	10.51	19.43	14.84
47	10.14	7.64	13.80	10.45	14.67	11.35	20.91	15.98
48	10.94	8.24	14.82	11.23	15.84	12.25	22.50	17.21
49	11.78	8.88	15.92	12.07	17.11	13.24	24.22	18.52
50	12.71	9.58	17.11	12.98	18.46	14.30	26.07	19.95
51	13.82	10.44	18.52	14.06	20.14	15.59	28.29	21.65
52	15.04	11.36	20.06	15.24	21.94	16.99	30.70	23.50
53	16.35	12.37	21.73	16.52	23.93	18.52	33.31	25.50
54	17.80	13.47	23.53	17.90	26.08	20.19	36.15	27.67
55	19.36	14.66	25.48	19.40	28.44	22.01	39.23	30.04
56	21.06	15.97	27.59	21.03	30.99	24.01	42.57	32.60
57	22.92	17.38	29.87	22.79	33.80	26.17	46.20	35.38
58	24.92	18.93	32.36	24.70	36.84	28.53	50.13	38.40
59	27.11	20.61	35.04	26.77	40.16	31.10	54.40	41.68
60	29.50	22.44	37.95	29.01	43.78	33.90	59.03	45.23
61	32.27	24.56	41.27	31.56	47.97	37.14	64.29	49.25
62	35.30	26.89	44.89	34.35	52.55	40.67	70.01	53.64
63	38.61	29.42	48.82	37.38	57.58	44.56	76.25	58.41
64	42.24	32.20	53.11	40.67	63.08	48.80	83.03	63.60
65	46.21	35.24	57.76	44.26	69.11	53.45	90.43	69.26
66	50.54	38.54	62.85	48.16	75.61	58.44	98.34	75.29
67	55.28	42.15	68.41	52.40	82.72	63.90	106.95	81.86
68	60.46	46.10	74.44	57.02	90.50	69.87	116.31	88.99
69	66.13	50.41	81.00	62.04	99.01	76.40	126.49	96.76
70	72.33	55.14	88.16	67.49	108.32	83.53	137.57	105.19
71	79.18	60.31	96.08	73.49	118.44	91.23	149.47	114.21
72	86.67	65.96	104.71	80.01	129.48	99.66	162.40	124.01
73	94.89	72.15	114.12	87.12	141.57	108.85	176.45	134.65
74	103.87	78.92	124.37	94.84	154.79	118.90	191.72	146.21
75	113.71	86.32	135.54	103.26	169.23	129.86	208.31	158.75
76	124.71	94.51	148.11	112.64	185.19	141.82	226.73	172.48
77	136.78	103.47	161.84	122.86	202.66	154.88	246.78	187.41
78	150.02	113.29	176.85	134.00	221.79	169.14	268.59	203.63
79	164.53	124.04	193.24	146.16	242.71	184.72	292.33	221.25
80	180.45	135.80	211.15	159.42	265.60	201.73	318.17	240.39
81	197.39	147.71	230.56	173.14	289.28	218.50	345.54	259.74
82	215.91	160.66	251.76	188.04	315.07	236.67	375.24	280.63
83	236.17	174.75	274.90	204.21	343.16	256.35	407.52	303.21
84	258.33	190.07	300.18	221.79	373.75	277.66	442.56	327.61
85	282.58	206.74	327.77	240.87	407.06	300.75	480.61	353.98
86	309.09	224.87	357.90	261.59	443.35	325.75	521.94	382.46
87	338.09	244.59	390.81	284.10	482.88	352.83	566.82	413.24
88	369.82	266.05	426.74	308.54	525.92	382.16	615.56	446.48
89	404.52	289.38	465.97	335.09	572.81	413.94	668.49	482.41
90	442.48	314.76	508.80	363.92	623.88	448.36	725.98	521.22

Plans with Automatic Inflation Protection Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$14.18	\$10.85	\$16.60	\$12.79	\$21.34	\$16.76	\$24.84	\$19.48
31	14.87	11.38	17.39	13.40	22.41	17.62	26.06	20.46
32	15.58	11.94	18.21	14.04	23.55	18.52	27.34	21.47
33	16.34	12.52	19.07	14.71	24.74	19.46	28.69	22.53
34	17.13	13.14	19.96	15.41	26.00	20.46	30.10	23.65
35	17.97	13.77	20.91	16.14	27.30	21.50	31.59	24.82
36	18.83	14.45	21.90	16.91	28.69	22.59	33.15	26.05
37	19.75	15.16	22.93	17.71	30.14	23.74	34.78	27.34
38	20.71	15.91	24.01	18.56	31.67	24.95	36.49	28.70
39	21.71	16.68	25.14	19.44	33.27	26.22	38.29	30.11
40	22.76	17.50	26.33	20.37	34.95	27.55	40.17	31.61
41	23.94	18.41	27.67	21.41	36.79	29.00	42.27	33.26
42	25.18	19.37	29.07	22.50	38.73	30.54	44.46	34.99
43	26.49	20.39	30.56	23.66	40.77	32.15	46.77	36.80
44	27.85	21.45	32.11	24.87	42.92	33.84	49.19	38.71
45	29.30	22.57	33.74	26.13	45.18	35.63	51.75	40.72
46	30.82	23.75	35.46	27.48	47.56	37.50	54.44	42.84
47	32.41	24.98	37.26	28.89	50.07	39.48	57.27	45.07
48	34.09	26.29	39.15	30.36	52.70	41.56	60.24	47.41
49	35.86	27.67	41.14	31.91	55.48	43.75	63.37	49.87
50	37.72	29.11	43.23	33.55	58.40	46.05	66.66	52.47
51	39.67	30.78	45.64	35.43	61.80	48.72	70.46	55.45
52	42.15	32.55	48.19	37.41	65.40	51.55	74.49	58.62
53	44.56	34.43	50.87	39.52	69.20	54.55	78.76	61.96
54	47.10	36.40	53.71	41.73	73.23	57.71	83.26	65.49
55	49.78	38.49	56.71	44.07	77.49	61.06	88.01	69.23
56	52.63	40.70	59.87	46.54	82.00	64.61	93.04	73.17
57	55.63	43.05	63.20	49.14	86.77	68.36	98.37	77.34
58	58.81	45.52	66.73	51.91	91.82	72.32	103.99	81.74
59	62.17	48.14	70.46	54.81	97.17	76.53	109.93	86.41
60	65.72	50.90	74.39	57.89	102.83	80.97	116.21	91.33
61	69.79	54.08	78.87	61.39	109.30	86.03	123.37	96.92
62	74.12	57.44	83.61	65.09	116.19	91.41	130.98	102.86
63	78.71	61.00	88.65	69.01	123.51	97.13	139.05	109.15
64	83.59	64.80	94.00	73.18	131.29	103.21	147.62	115.83
65	88.77	68.83	99.65	77.60	139.56	109.67	156.73	122.92
66	94.50	73.26	105.92	82.44	148.56	116.66	166.60	130.58
67	100.61	77.96	112.59	87.60	158.14	124.10	177.11	138.72
68	107.10	82.96	119.68	93.07	168.35	132.02	188.27	147.37
69	114.02	88.30	127.21	98.89	179.21	140.44	200.13	156.55
70	121.39	93.97	135.22	105.07	190.76	149.39	212.74	166.31
71	129.64	100.25	144.22	111.95	203.43	159.14	226.54	176.90
72	138.45	106.96	153.82	119.28	216.93	169.52	241.21	188.18
73	147.88	114.13	164.06	127.10	231.32	180.58	256.85	200.17
74	157.93	121.77	174.98	135.42	246.68	192.36	273.51	212.93
75	168.67	129.92	186.64	144.29	263.04	204.91	291.23	226.50
76	180.91	139.07	200.04	154.36	281.42	218.75	311.34	241.64
77	194.02	148.88	214.40	165.13	301.08	233.54	332.85	257.78
78	208.10	159.37	229.80	176.66	322.11	249.32	355.84	275.00
79	223.20	170.60	246.30	188.99	344.61	266.16	380.41	293.37
80	239.40	182.63	263.99	202.18	368.68	284.14	406.69	312.98
81	257.66	195.39	284.40	216.55	394.87	302.59	435.99	333.66
82	277.31	209.05	306.40	231.95	422.91	322.23	467.41	355.71
83	298.46	223.65	330.10	248.43	452.93	343.15	501.09	379.22
84	321.24	239.28	355.63	266.09	485.10	365.43	537.20	404.28
85	345.74	256.00	383.14	285.00	519.55	389.15	575.91	431.00
86	372.11	273.89	412.77	305.26	556.44	414.42	617.41	459.49
87	400.50	293.03	444.69	326.96	595.96	441.32	661.90	489.85
88	431.05	313.51	479.09	350.19	638.27	469.97	709.60	522.23
89	463.93	335.42	516.14	375.09	683.59	500.49	760.73	556.74
90	499.32	358.85	556.06	401.75	732.14	532.98	815.54	

Summary of 2016 Long Term Care Costs

MetLife

Take a look at the chart for the **average annual cost of long term care** in your area*.

You may discover it is more expensive than you thought.

Region ¹	State	Average Annual Rates		
		Nursing Home Semi-Private Room	Assisted Living Facility ²	Home Care ³
Anchorage	AK	\$168,280	\$60,658	\$37,037
Montgomery	AL	\$75,752	\$46,613	\$22,659
Little Rock-North Little Rock	AR	\$64,817	\$52,242	\$25,519
Tucson	AZ	\$76,843	\$54,484	\$30,459
Phoenix-Mesa	AZ	\$94,290	\$52,463	\$30,082
Los Angeles-Orange County	CA	\$98,776	\$61,074	\$29,575
San Francisco-Oakland	CA	\$122,983	\$64,203	\$34,047
San Diego	CA	\$101,269	\$57,957	\$30,771
Colorado Springs	CO	\$90,973	\$56,869	\$31,694
Hartford	CT	\$153,183	\$70,121	\$31,889
Bridgeport-Stamford-Norwalk	CT	\$167,966	\$79,784	\$33,475
District of Columbia-Baltimore	DC	\$124,034	\$71,861	\$29,471
Wilmington-Atlantic City-Philadelphia	DE	\$130,185	\$71,114	\$29,900
Miami-Fort Lauderdale	FL	\$101,612	\$47,792	\$22,984
Orlando	FL	\$105,160	\$49,094	\$26,403
Atlanta	GA	\$76,668	\$53,991	\$25,831
Honolulu	HI	\$123,107	\$70,629	\$32,799
Des Moines	IA	\$80,986	\$52,894	\$31,837
Boise City	ID	\$94,374	\$48,175	\$28,444
Chicago-Gary-Kenosha	IL	\$100,196	\$65,301	\$29,926
Springfield	IL	\$68,255	\$63,165	\$26,975
Indianapolis	IN	\$88,166	\$53,302	\$28,119
Wichita	KS	\$73,639	\$54,958	\$35,815
Lexington	KY	\$77,281	\$50,130	\$28,197
Shreveport-Bossier City	LA	\$62,079	\$39,696	\$24,427
Baton Rouge	LA	\$62,568	\$44,389	\$25,428
Boston-Worcester-Lawrence	MA	\$144,920	\$75,689	\$34,476
Baltimore-District of Columbia	MD	\$124,034	\$71,861	\$29,471
Portland	ME	\$126,359	\$80,876	\$32,357
Grand Rapids-Muskegon-Holland	MI	\$96,908	\$58,219	\$29,861
Detroit-Ann Arbor-Flint	MI	\$99,094	\$59,173	\$28,041
Minneapolis-St. Paul	MN	\$108,306	\$53,251	\$39,195

*Please note these are Annual Costs. Your Coverage is based on Daily or Monthly Benefit Amount

Average Annual Rates

Region ¹	State	Nursing Home Semi-Private Room	Assisted Living Facility ²	Home Care ³
St. Louis	MO	\$69,894	\$56,076	\$28,184
Kansas City	MO	\$75,183	\$55,341	\$28,041
Jackson	MS	\$70,748	\$40,103	\$23,595
Billings	MT	\$85,465	\$46,595	\$33,150
Charlotte-Gastonia-Rock Hill	NC	\$84,304	\$59,457	\$27,326
Raleigh-Durham-Chapel Hill	NC	\$92,630	\$64,977	\$27,261
Fargo-Moorhead	ND	\$96,513	\$36,302	\$36,439
Omaha	NE	\$92,312	\$51,598	\$30,979
Manchester-Nashua	NH	\$115,314	\$68,312	\$32,149
Northern New Jersey-New York-Long Island	NJ	\$137,952	\$79,771	\$30,498
Albuquerque	NM	\$94,488	\$50,886	\$28,860
Las Vegas	NV	\$79,928	\$47,170	\$28,028
Albany-Schenectady-Troy	NY	\$129,049	\$58,272	\$31,590
Syracuse	NY	\$131,437	\$54,045	\$36,049
New York-Long Island-Northern New Jersey	NY	\$137,952	\$79,771	\$30,498
Columbus	OH	\$87,480	\$61,084	\$29,003
Cleveland-Akron	OH	\$92,378	\$60,447	\$26,533
Tulsa	OK	\$56,677	\$57,807	\$30,355
Oklahoma City	OK	\$64,696	\$47,487	\$27,313
Portland-Salem	OR	\$108,033	\$56,223	\$32,357
Pittsburgh	PA	\$111,325	\$50,800	\$29,003
Philadelphia-Wilmington-Atlantic City	PA	\$130,185	\$71,114	\$29,900
Providence-Fall River-Warwick	RI	\$112,734	\$64,494	\$33,917
Columbia	SC	\$90,724	\$51,994	\$24,674
Sioux Falls	SD	\$81,943	\$48,250	\$30,953
Rapid City	SD	\$81,578	\$41,486	\$33,527
Memphis	TN	\$72,022	\$53,796	\$24,427
Nashville	TN	\$81,315	\$50,233	\$26,702
Dallas-Fort Worth	TX	\$61,181	\$54,471	\$27,846
Houston-Galveston-Brazoria	TX	\$62,349	\$60,592	\$29,003
Salt Lake City-Ogden	UT	\$84,377	\$50,019	\$32,188
Richmond-Petersburg	VA	\$90,440	\$60,135	\$27,248
Burlington	VT	\$113,909	\$61,220	\$34,502
Seattle-Tacoma-Bremerton	WA	\$116,789	\$63,580	\$35,698
Madison	WI	\$99,736	\$57,656	\$35,165
Milwaukee-Racine	WI	\$124,053	\$58,446	\$32,474
Charleston	WV	\$115,179	\$57,094	\$25,714
Casper	WY	\$83,768	\$46,890	\$33,579
Cheyenne	WY	\$93,060	\$60,276	\$30,654

1 – Geographical regions defined by the US Census Bureau Office of Management and Budget.

2 – Assisted Living Facilities based on 1 Bedroom

3 – Home Care based on 5 hours of care per day, 5 days per week.

Source:
LTCG 2016 Cost of Care Study,
Release date January 2017

These costs reflect 2016 prevailing market costs.

MetLife

Metropolitan Life Insurance Company
New York, NY 10166

L0217490726[exp0218]



Metropolitan Life Insurance Company
Long-Term Care
[PO Box 990028, Hartford, CT 06199-0028]

[Date of Letter]

[First Name][Last Name]

[Address]

[Address2]

[City, State Zip]

Group Name: [Group Name]

Group No.: [Group No.]

Re: Notice of Long-Term Care Insurance Premium Increase

Dear [First Name][Last Name]:

When you purchased your long-term care insurance certificate from Metropolitan Life Insurance Company ("MetLife"), you made a responsible decision to protect yourself and your family from the potential cost of needing long term care, which can be significant. Part of our commitment to you as our customer is to pay future benefits under your policy in the event you become eligible to receive them, and that the policies are priced at an appropriate level.

[Insert this paragraph for insureds who ARE NOT on premium waiver:]

This letter is to inform you that we are implementing a [XX%] premium (contribution) increase on your long-term care insurance certificate scheduled to take place on [Date], ("Effective Date of Increase"). Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.

[Insert this paragraph for insureds who ARE on premium waiver:]

This letter is to inform you that we are implementing a [XX%] premium (contribution) increase on your long-term care insurance certificate. While the increase is scheduled to take place on [Date], ("Effective Date of Increase"), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.

The increase impacts a broad group of certificateholders and is not based on any individual's personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly and was driven by changes to actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include

PH-LTR-GRP-VA

persistence (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.]

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at www.scc.virginia.gov/BOI.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **WE RESERVE THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

[Please note that because the percentage approved is less than what we requested, it is likely that we will request an additional increase, and if that increase were approved, we would implement the additional increase no sooner than one year from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia State Corporation Commission.]

Your current and increased premium amounts

[Insert for insureds who ARE NOT on premium waiver:]

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount beginning on the EFFECTIVE DATE OF INCREASE

[\$0.00]/[mode]

[Insert for insureds who ARE on premium waiver:]

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount

[\$0.00]/[mode]

Options to consider

As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History.

- 1. Continue your current coverage by paying the increased premium amount when due**
No action is required by you.

[A. Insert for insureds who are provided decrease options:]

2. Reduce your coverage

We are providing you with an opportunity to modify your coverage to reduce the impact of the increased premium:

[A1.] [Insert this paragraph for insureds who have the option to reduce their DBA:] Reduce your Nursing Home [Monthly] [Daily] Benefit Amount from [\$Current DBA] to [\$Reduced DBA]. This will bring you to a revised premium of [\$New Premium1]/[mode]. Please be aware that reducing your Nursing Home Daily Benefit will impact your Total Lifetime Benefit as well as the level of benefits you are eligible to receive for other services covered under your certificate, such as Home Care and Care in an Assisted Living Facility.

[A2.] [Insert this paragraph for insureds who have the option to reduce their TLB:] Reduce your Total Lifetime Benefit by adjusting your benefit duration from [Current years/days] to [Reduced years/days]. This will bring you to a revised premium of [\$New Premium2]/[mode]. Please be aware that reducing your benefit duration will impact the overall amount your plan will pay for covered services.

If you wish to discuss other possible coverage decrease options, please call our customer service team at 1-800-438-6388. **Please note that all options available to the policyholder may not be of equal value.**

[B. Insert for insureds who are NOT provided decrease options:]

2. Call our customer service team to explore possible options

Please be aware that in some situations—for example, if your coverage is already at the lowest available level—you will not be able to decrease your coverage. If you wish to discuss possible options, please call our customer service team at 1-800-438-6388. We also ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter.

3. End your coverage

[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days from the effective date of the rate increase, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, we are providing you a choice between the nonforfeiture

coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

You may call the customer service team at [1-800-438-6388] between the hours of [8:00 a.m. and 8:00 p.m.] Eastern Time, Monday through Friday, to discuss your options in more detail.

[Insert this section if an inflation offer either coincides with or occurs within [x] months of the insured's effective date of their rate increase:]

Please note that if your certificate includes an Optional Inflation Increase provision and you are eligible to receive an offer, you will receive a separate communication regarding this offer at the appropriate time.

Next Steps

As you consider any coverage changes available to you, it is important that you review the current cost of long-term care in your area. We have enclosed information to help you with this process.

- If you choose to maintain your current coverage at the increased premium, you do not need to take any action at this time. Simply pay your increased premium when it becomes due.

If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of

Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time. No response is required if you are not making any changes.

Please note that all options available to the certificateholder may not be of equal value.

[Insert next sentence only for insureds with End Your Coverage options A or B:]

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, we will still need to receive your completed Coverage Change / Cancellation Form by **[Coverage Change Receipt Date]** if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

[Insert next sentence only for insureds with End Your Coverage option C:]

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by **[Coverage Change Receipt Date]** if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time. We want to thank you for choosing to plan for your future long-term care insurance needs.

Sincerely,

[



]

[Thomas G. Reilly
Assistant Vice President, Product Management & Compliance]

Encl: Coverage Change / Cancellation Form
Business Reply Envelope



NAIC Company No. is 65978

STATEMENT OF VARIABILITY

Insured Notification Letter

- First page, header: The company address is bracketed, in the event it changes in the future.
- First page, Letter date [Date of Letter] is dependent upon when VA approves the rate filing and the implementation process begins.
- First page: Insured name/address, Group name and number is variable and customized for each insured.
- There are specific paragraphs that will be inserted dependent upon whether the insured is on premium waiver (1st and 2nd page on the letter.)
- The bracketed [XX%] fields within the second and third paragraphs on the first page is dependent on the increase that VA approves.
- The bracketed [DATE] fields within the second and third paragraphs on the first page are variable and customized for each insured.
- Last sentence on the first page, continues on the second page: The language that begins with “Over time....and ends with than initially expected,” is variable Should revisions to the language become necessary, we will revise the insured letter and statement of variability and file for review with the Bureau prior to implementing the revised language.
- Second page, fourth paragraph - If the full requested percentage is not approved, this paragraph will be included in the letter. The paragraph will include the percentage approved by VA (in brackets) and gives notice to the insured of our intent to request an additional rate increase.
- Page 2, Current Premium Amount \$0.00/mode, Increased Premium Amount \$0.00/mode – will be customized for each insured. Please note there are specific paragraphs that will be inserted dependent upon whether the insured is on premium waiver.
- Please note the insertion instructions on pages 3- 6 are for internal use only and will NOT be included on the insured's letter.
- Page 3, Section A: Bracketed paragraphs will appear for insureds receiving a decrease offer.
 - Page 3, Section A1: Reduce your Nursing Home [Monthly] [Daily] Benefit Amount from [\$Current DBA] to [\$Reduced DBA] – this section will appear and be customized for insureds receiving an offer to reduce their Monthly or Daily Benefit amount.
 - Page 3, Section A2: Reduce your Total Lifetime Benefit by adjusting your benefit duration from [Current years/days] to [Reduced years/days] – this section will appear and be customized for insureds receiving an offer to reduce their Total Lifetime Benefit.
- Page 3, Section B2: This paragraph will be included if the insured's coverage is already at the lowest available level. If the insured would like to discuss possible options, they are directed to call our customer service team at 1-800-438-6388.
- Page 3, Section 3A - **End Your Coverage** – The two paragraphs will appear for insureds with no nonforfeiture.
- Page 4, Section 3B – **End Your Coverage** – The two paragraphs will appear for insureds with

nonforfeiture benefits that will pay benefits less than those of Limited Coverage Upon Lapse (LCUL).

- Page 4-5, Section 3C – **End Your Coverage** – The four paragraphs will appear for those insureds who will be provided a choice between their current nonforfeiture and LCUL.
- Page 5, Section 3D – **End Your Coverage** – The paragraph will appear for those insureds with a nonforfeiture value that is greater than or equal to the value of LCUL.
- Page 5, Section 3E – **End Your Coverage** – The paragraph will appear for those insureds with paid up coverage with a layer of non-paid up coverage.
- Page 5, paragraph under 3E – Call Center telephone number and hours are bracketed, in the event they change in the future.
- Page 5, paragraph after Call Center number/hours – The paragraph will appear if an inflation offer either coincides with or occurs within [x] months of the insured's effective date of their rate increase. [x] will noted upon approval of the rate increase by VA.
- Page 5, **Next Steps** – Bracketing around Coverage Change Receipt Date - the date that will appear will be 30 days from the date of the insured letter.
- Page 6 – the two paragraphs with insert instructions – for internal use only and will NOT appear on the insured's letter. The appropriate paragraph will appear for those insureds that end their coverage with options A, B or C (noted on the insured letter.). Coverage Change Receipt Date - the date that will appear will be 30 days from the date of the insured letter.
- Page 6 – The signature, name and title on the letter is bracketed, in the event it changes in the future.

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-130649751
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$1052.63
Average Requested Percentage Rate Change Per Member:	45
Minimum Requested Percentage Rate Change Per Member:	45
Maximum Requested Percentage Rate Change Per Member:	45
Number of Policy Holders Affected :	270

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

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

Rate Increase Narrative

Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

% Req/Appr		STATUS			
State/Product		APPROVED	DENIED	Open/ Pending	SCHEDULED
Alabama					
MET		22.69			
TC-Life		22.69			
TIAA		22.69			
Arizona					
MET		22.69			
TC-Life		22.69			
TIAA		22.69			
Arkansas					
MET		25			
TC-Life		25			
TIAA		25			
California					
MET-post rate		20			
MET-pre rate		20			
TC-Life-post rate		20			
TIAA-post rate		20			
TIAA-pre rate		20			
Colorado					
MET			38.4		
TIAA			38.4		
Connecticut					
MET		22.68			
TC-Life		22.68			
TIAA		22.68			
Delaware					
MET		25			
TC-Life		25			
TIAA		25			
District of Columbia					
MET		41.2			
TC-Life		41.2			
TIAA		41.2			
Florida					
TC-Life		55			
TIAA		55			
Hawaii					
MET				73	
TC-Life				73	
TIAA				73	
Idaho					
MET		12			
TC-Life		12			
TIAA		12			
Illinois					
MET		22.69			
TC-Life		22.69			
TIAA		22.69			

% Req/Appr		STATUS		
State/Product	APPROVED	DENIED	Open/ Pending	SCHEDULED
Indiana				
MET	9.5	50.43		
TC-Life	9.5	50.43		
TIAA	9.5	50.43		
Iowa				
MET	17.5			
TC-Life	17.5			
TIAA	0			
Kansas				
MET	40			
TC-Life	40			
TIAA	40			
Louisiana				
MET			0	
TIAA			0	
Maine				
MET	22.71			
TC-Life	22.71			
TIAA	22.71			
Maryland				
MET	15			
TC-Life	15			
TIAA	15			
Massachusetts				
MET		73		
TC-Life		73		
Michigan				
MET		50.43		
TIAA		53.09		
Minnesota				
MET	45			
TC-Life	45			
TIAA	45			
Montana				
MET	6.85			
TC-Life	6.85			
TIAA	6.85			
Nebraska				
MET	20			
TC-Life	20			
TIAA	20			
Nevada				
MET	38.4			
TC-Life	38.4			
TIAA	38.4			
New Hampshire				
MET		123.43		
TIAA		123.43		0

% Req/Appr		STATUS		
State/Product	APPROVED	DENIED	Open/ Pending	SCHEDULED
New Jersey				
MET	58.56			
TC-Life	43.56			
TIAA	58.56			
New Mexico				
TIAA				73
New York				
MET	15			
TC-Life	15			
TIAA	15			
North Carolina				
MET	22.69			
TC-Life	22.69			
TIAA	22.69			
North Dakota				
MET	15			
TIAA	15			
Ohio				
MET	15			
TC-Life	15			
TIAA	15			
Oklahoma				
MET	25			
TC-Life	25			
Oregon				
MET	10			
TC-Life	10			
TIAA	10			
Pennsylvania				
MET	33.58			
TC-Life	33.58			
Rhode Island				
MET			73	
TC-Life			73	
TIAA			73	
South Carolina				
MET	20			
TC-Life	20			
TIAA	20			
Tennessee				
MET	37.69			
TC-Life	22.69			
TIAA	15			
Texas				
MET-post rate		73		
MET-pre rate		73		
TC-Life-post rate	73			
TC-Life-pre rate	73			

% Req/Appr		STATUS		
State/Product	APPROVED	DENIED	Open/ Pending	SCHEDULED
TIAA-pre rate	73			
Utah				
MET		22.69		
TC-Life		22.69		
TIAA		22.69		22.69
Virginia				
MET		50.43	73	
TC-Life			73	
TIAA		53.09		
Washington				
MET	22.69			
TC-Life	22.69			
TIAA	22.69			
West Virginia				
MET	50.43			
TC-Life	50.43			
TIAA				50.43

Institutional Contracts



050215000290

IContract_FormNumber : 'G.LTC199, G.LTC199/OOC, CR1-G.LTC297/397, CR2-G.LTC297/397, CR3-G.LTC297/397, CR-G.LTC297, PA99-LTC, END99-LTC, CR99-LTC'

IContract_State : 'VA'

IContract_ApprovalDate : '10/14/1999'

IContract_ClientProductName : 'LTC Hybrid Certificate Filing'

IContract_FilingInstallmentNumber : 'W99-2 KL'

IContract_FormType : 'endorsement, policy amendment, certificate rider, certificate, outline of coverage'

IContract_OfficeLocation : 'Westport, CT'

Doc Type : 'APPR'



Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-6537 Fax 203 221-3348
jbreslin1@metlife.com

Jerome D. Breslin
Group and SBC Contracts & Compliance Division

KAREN LEDDY
OCT 22 1999

MetLife®
RECEIVED

OCT 20 1999

Group and SBC Contracts
& Compliance Division
FILING UNIT

September 13, 1999

APPROVED

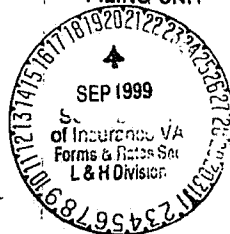
Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

Ms. Althelia P. Battle
Senior Insurance Market Examiner
Bureau of Insurance
Commonwealth of Virginia
Tyler Building, 1300 East Main Street
Richmond, Virginia 23219

DATE
BY

10/14/99

ARB



Re: Our Filing No. W99-2 KL Dated June 14, 1999
Group Long-Term Care Insurance
Your letter dated August 19, 1999

Dear Ms. Battle:

This letter will respond to the objections listed in your letter of August 19, 1999.

1. You requested the removal of the automobile no-fault provision in the Exclusion section on page EXCL pursuant to section 38.2-3405 B. We have made this change and are submitting G.LTC199 replacement page EXCL.
2. You noted that we should review the Outline of Coverage form G.LTC199/OOC to confirm that it has the same sequential order as prescribed in 14 VAC 5-200-200 of the Administrative Code. Accordingly, we have revised the sequential order of the Outline of Coverage form G.LTC199/OOC are submitting a revised copy for your records. We are also submitting a revised Explanation of Variable Material for form G.LTC199/OOC.

Ms. Battle, we sincerely appreciate all the help you have given in the review of this filing. We anticipate that we have addressed all your remaining concerns and look forward to your approval.

Very truly yours,

Jerome D. Breslin, JD
Contract Analyst

W99-2 KL

050308019975

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-6533 Fax 203 221-3348
kleddy@metlife.com

Karen W. Leddy
Group and SBC Contracts & Compliance Division

MetLife®

050308019975

June 14, 1999

State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Filing No. W99-2 KL (FORMS)
Group Long-Term Care 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 long-term care insurance forms listed below. These forms are new and do not replace any forms previously filed with your Department.

Form Number		Description						
G.LTC199	VA	Group Certificate providing a comprehensive long-term care insurance plan design that provides two levels of benefits that is intended to be federally tax qualified. This form will be used with group policy form G.LTC2798 that was approved by your Department on May 20, 1998 [File #007-0000008401]. The certificate is being filed for use with group policy form G.LTC2798 when both are issued for delivery in your jurisdiction						
G.LTC199/OOC	VA	Outline of Coverage to be used with G.LTC199. The following Certificate Rider forms are being filed for use with one or both of the following group long-term care insurance certificate forms that were previously approved by the Department: Certificate forms filed for use with G.LTC2798 (Single Employer Policy): <table><tr><td>G.LTC6197</td><td>Comprehensive Plan</td><td>approved May 20, 1998 [File #007-0000008401]</td></tr><tr><td>G.LTC6297</td><td>Nursing Home Plan</td><td>approved May 20, 1998 [File #007-0000008401]</td></tr></table>	G.LTC6197	Comprehensive Plan	approved May 20, 1998 [File #007-0000008401]	G.LTC6297	Nursing Home Plan	approved May 20, 1998 [File #007-0000008401]
G.LTC6197	Comprehensive Plan	approved May 20, 1998 [File #007-0000008401]						
G.LTC6297	Nursing Home Plan	approved May 20, 1998 [File #007-0000008401]						

W99-2 KL

050308019975

Page 2

Form Number	Description
CR1-G.LTC297/397	Certificate Rider for use with group long-term care insurance certificate forms G.LTC6197 and G.LTC6297. This Rider changes certain definitions and exclusions. The variable material on page 1 is indicated by brackets and is illustrative.
CR2-G.LTC297/397	Certificate Rider for use with group long-term care insurance certificate forms G.LTC6197 and G.LTC6297. This Rider changes the definition of "Chronically III". The variable material is indicated by brackets and is illustrative.
CR3-G.LTC297/397	Certificate Rider for use with group long-term care insurance certificate forms G.LTC6197 and G.LTC6297. This Rider changes an exclusion. The variable material is indicated by brackets and is illustrative.
CR-G.LTC297	Certificate Rider for use with group long-term care insurance certificate form G.LTC6197. This Rider changes the definition of "Informal Caregiver" and adds a definition of "Private Aide". The variable material is indicated by brackets and is illustrative.
PA99-LTC	Policy Amendment to be used to amend previously approved variable material in the previously approved group long-term care insurance policy forms listed below. The variable material is indicated by brackets and is illustrative.
	G.LTC2798 Single Employer Policy approved May 20, 1998 [File #007-0000008401]
	G.LTC1697 AARP Policy approved August 3, 1997 [File #007-0000008176]
END99-LTC	Policy Endorsement to be used to endorse changes to previously approved group long-term care insurance policy forms listed below. The changes that would be made are those that do not require the signature of the Group Policyholder, such as mandated benefits required by law or regulation. The variable material is indicated by brackets and is illustrative.
	G.LTC2798 Single Employer Policy approved May 20, 1998 [File #007-0000008401]
	G.LTC1697 AARP Policy approved August 3, 1997 [File #007-0000008176]
CR99-LTC	Certificate Rider to be used to change previously approved variable material in the previously approved group long-term care insurance certificate forms listed below. The variable material is indicated by brackets and is illustrative.
	G.LTC 199 Comprehensive Plan concurrently being filed
	Certificate forms filed for use with G.LTC2798 (Single Employer Policy):
	G.LTC6197 Comprehensive Plan approved May 20, 1998 [File #007-0000008401]
	G.LTC6297 Nursing Home Plan approved May 20, 1998 [File #007-0000008401]

W99-2 KL

Form Number	Description
Certificate forms filed for use with G.LTC1697 (AARP Policy):	
G.LTC1497	AARP Comprehensive Plan approved August 3, 1997 [File #007-0000008176]
G.LTC 1797	AARP Nursing Home Plan approved August 3, 1997 [File #007-0000008176]

050308019975

Re: Domiciliary Approval

The forms included in this filing were approved by New York for use outside of New York on March 29, 1999.

Re: Alternate Certificate Insert Pages

Certificate G.LTC199 contains alternate insert pages for the following sections:

- Waiting Period: the alternate insert pages are paginated WAITPD/REIM and WAITPD/DIS.
- Return of Contributions: the alternate insert pages are paginated ROC/OPT1 and ROC/OPT2.
- Nonforfeiture Coverage: the alternate insert pages are paginated NF/SBP1 and NF/SBP2.

Only one alternate insert page may be included for each of these sections. Return of Contributions and/or Nonforfeiture Coverage may be omitted from the certificate based upon the decision of the Group Policyholder.

Re: Description of G.LTC199 Plan of Benefits

The plan of benefits described in form G.LTC199 ("Plan") is intended to provide qualified long-term care insurance coverage under Section 7702B(b) of the Internal Revenue Code. The Plan provides flexibility to Covered Persons by providing the same daily benefit level for Home Care services provided by a Formal Caregiver and care in a Nursing Home and certain other facilities. This provides Covered Persons with the option to remain at home for as long as possible. The services covered are Type I and Type II Covered Services.

Type I Covered Services may include:

- Initial Care Advisory Visit
- Transition Expense Benefit

Type II Covered Services may include:

- Nursing Home
- Hospice Facility
- Assisted Living Facility
- Home Care
- Care Advisory Services
- Hospice Care at Home
- Adult Day Care
- Informal Care
- Respite Services

For an insured who is Eligible for Benefits (as defined in the certificate), the Plan provides two levels of coverage for Type II Covered Services, except Hospice Home Care and Adult Day Care, as follows:

- Level One Benefits for a Covered Person who is unable to perform 2 of 6 Activities of Daily Living; or
- Level Two Benefits for a Covered Person who is unable to perform 3 (or more) of 6 Activities of Daily Living or who has Severe Cognitive Impairment.

Level One and Level Two Benefits are specified in the Schedule of Benefits.

Re: Comparison of G.LTC 199 with G.LTC6197

While we developed certificate form G.LTC199 based upon certificate form G.LTC6197, which was previously approved by your Department, the new form is significantly different from the previous form. As such, a comparison of the two forms is not provided.

Re: Variable Material

Text that is subject to variation has been indicated by brackets. Variable material will be modified in accordance with the Explanation of Variable Material that is enclosed for the following forms:

G.LTC199	VA	Group Certificate
G.LTC199/OOC		Outline of Coverage

Re: Readability Certification

The officer signing below certifies that the forms listed below achieve the Flesch Reading Ease Score shown:

G.LTC199	VA	56.06
G.LTC199/OOC	VA	50.43
CR1-G.LTC297/397		51.00
CR2-G.LTC297/397		58.79
CR3-G.LTC297/397		58.74
CR-G.LTC297		57.52
PA99-LTC		74.54
END99-LTC		73.55
CR99-LTC		72.37

Re: Filing Correspondence Instructions

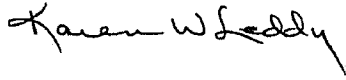
Please address all correspondence regarding the above filing to:

Metropolitan Life Insurance Company
Attn: Ms. Sandra Bennett, Contract Filing Unit
One Madison Avenue, Area 4G
New York, New York 10160-0365

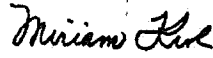
Page 5

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).

Very truly yours,



Karen W. Leddy



Miriam Krol
Vice President

050308019975

W99-2 KL

Institutional Contracts



050215000074

**IContract_FormNumber : 'G.LTC2798, G.LTC6197, G.LTC6297, G.4980-3, EF.997(VA),
EF.997-1(VA), EF.997-2(VA), EF.997-3(VA), EF.997-4(VA), RN.LTC197'**

IContract_State : 'VA'

IContract_ApprovalDate : '05/20/1998'

IContract_ClientProductName : 'LTC-Employer Group HIPAA Filing'

IContract_FilingInstallmentNumber : ''

**IContract_FormType : 'policy, certificate, application and enrollment form, outline of
coverage'**

IContract_OfficeLocation : 'Westport, CT'

Doc Type : 'APPR'

STATE: Virginia
PRODUCT: HIPAA True Group

050307049007

Submitted	07/25/97	
Approved	05/20/98	
Andrews Communications	See History File	
Filing Fee	No	
Readability Certification	Basic	
Special Certifications	No	
Actuarial Memorandum	Basic	
Special Actuarial Items	No	
Rate Manual	No	
Explanation of Variables	Yes	
Suitability et. al.	No	
Advertising	No	
Group Policy	G.LTC2798	
Group Policy Application	G.4980-3	
Comprehensive Certificate	G.LTC6197	
Nursing Home Certificate	G.LTC6297	
Comprehensive Outline	G.LTC6197 (filed without form number)	
Nursing Home Outline	G.LTC6297 (filed without form number)	
Enrollment Forms	EF. 997 (VA); EF. 997-1 (VA), EF. 997-2 (VA)	
Reinstatement Form	EF. 997-3 (VA)	
Transfer Form	EF. 997-4 (VA)	
Replacement Notice	RN.LTC197	
Special Riders	No	
Miscellaneous	No	



May 5, 1998

Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance
1300 E. Main Street
Richmond, VA 23219

ATTN: Althea P. Battle

Re: Metropolitan Life Insurance Company
Submission No: 007 000009401
ACS Reference Filing #: MET/3
Forms: GLTC197 et al
Your letter of March 26, 1998

Dear Ms Battle:

This letter is intended to address the comments you have raised in connection with the MetLife long term care filing. Our response to each of those comments is noted below. Please find enclosed duplicate copies of the master policy, form GLTC2798 which is intended to replace the master policy which was contained with our resubmission dated March 17, 1998. We have reviewed all forms to assure we are in compliance with your requirements.

1. The Entire Contract provision of the Policy has been amended to refer to the copy being furnished to the person's "beneficiary or personal representative". The policy is only for policies situated in Virginia.
2. The Grace Period provision of the Policy has been amended to refer to the provision not applying to the first premium and also that the Policy will remain in force during the grace period unless the Policyholder has sent written notice of termination.

2811 Madison Road, Cincinnati, Ohio 45208 Phone: 513.533.4444 Fax: 513.533.4468
e-mail: nvanover@andrewsconsulting.com



APPROVED

Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

DATE 5/24/98
BY GJB

050307049007

May 5, 1998
Page 2

3. Per your letter of May 1, 1998, the enrollment forms in final printed copies were received in your office on April 20, 1998.

With these changes, we trust the forms may now be considered for final approval.

Sincerely,

Nancy Vanover
Project Manager

NV/sc

050307049007

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Results - Lapse
Group Business

Lapse					
Policy Duration	Actual	Expected¹(Current)	Expected (Original)	A/E% (Current)	A/E% (Original)
1	294	240	183	122.4%	160.7%
2	322	271	268	119.0%	120.3%
3	501	496	509	101.1%	98.4%
4	1,001	574	715	174.5%	139.9%
5	1,448	702	998	206.3%	145.0%
6	1,286	834	1,531	154.1%	84.0%
7	1,534	1,186	2,143	129.4%	71.6%
8	1,958	1,059	2,323	185.0%	84.3%
9	1,472	1,150	2,474	128.0%	59.5%
10	2,236	1,444	3,022	154.8%	74.0%
11	1,819	1,133	2,814	160.5%	64.6%
12	1,109	1,173	2,785	94.5%	39.8%
13+	4,405	4,066	18,172	108.3%	24.2%

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Results - Mortality
Group Business

Mortality					
Policy Duration	Actual	Expected¹(Current)	Expected (Original)	A/E% (Current)	A/E% (Original)
1	791	930	1,412	85.0%	56.02%
2	966	1,111	1,700	87.0%	56.82%
3	1,098	1,237	1,909	88.8%	57.53%
4	1,160	1,368	2,127	84.8%	54.54%
5	1,294	1,509	2,360	85.8%	54.83%
6	1,317	1,659	2,609	79.4%	50.47%
7	1,437	1,823	2,882	78.8%	49.87%
8	1,365	1,722	2,727	79.3%	50.05%
9	1,430	1,750	2,786	81.7%	51.32%
10	1,349	1,738	2,777	77.6%	48.58%
11	1,349	1,637	2,628	82.4%	51.32%
12	1,243	1,552	2,500	80.1%	49.71%
13+	13,147	14,534	22,596	90.5%	58.18%

¹ Experience based on most recent five years only. The majority of the remaining policies are in their 13th duration or later, as a result, the results for duration 12 and before are no longer relevant.

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Results - Incidence
Group Business

Group												
Calendar Year	Female						Male					
	Facility Care			Home Care			Facility Care			Home Care		
	Actual Claims ¹	Expected Claims ²	A/E%	Actual Claims ¹	Expected Claims ²	A/E%	Actual Claims ¹	Expected Claims ²	A/E%	Actual Claims ¹	Expected Claims ²	A/E%
2007	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75	77	98%
2008	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	113	89	126%
2009	N/A	N/A	N/A	115	118	98%	N/A	N/A	N/A	97	104	93%
2010	N/A	N/A	N/A	123	136	90%	N/A	N/A	N/A	103	119	87%
2011	N/A	N/A	N/A	134	149	90%	190	201	95%	113	129	88%
2012	N/A	N/A	N/A	150	153	98%	218	210	104%	137	130	106%
2013	365	344	106%	163	159	102%	217	224	97%	139	133	104%
2014	374	366	102%	161	171	94%	251	238	106%	154	142	109%
2015	377	389	97%	188	184	102%	268	252	106%	148	150	99%
Total	1,116	1,099	102%	1,034	1,071	97%	1,144	1,125	102%	1,079	1,072	101%

¹ Based on actual experience through 6/30/2016 including adjustments for incurred but not reported claims.

² The expected claims are based on current best estimate assumptions.

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Results - Claim Termination
Group Business

Claim Duration (Months)	Non AARP-Pru Block						
	Actual Deaths	Expected Deaths ¹	Actual Recoveries	Expected Recoveries ¹	Deaths A/E%	Recoveries A/E%	Total A/E%
1	774	482	59	75	160%	78%	149%
2	703	1,197	156	233	59%	67%	60%
3	746	1,036	218	222	72%	98%	77%
4	834	1,139	294	252	73%	116%	81%
5	831	934	262	206	89%	127%	96%
6	726	816	196	179	89%	110%	93%
7	623	676	174	148	92%	118%	97%
8	561	582	131	122	96%	107%	98%
9	546	510	104	103	107%	101%	106%
10	465	459	114	88	101%	130%	106%
11	443	423	73	76	105%	96%	103%
12	469	397	80	67	118%	119%	118%
13+	11,666	10,750	1,254	1,365	109%	92%	107%
Total	19,387	19,402	3,115	3,137	100%	99%	100%

¹ The expected deaths and recoveries are based on current best estimate assumptions.

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-768-0331
Email: mark.newton@metlife.com



Mark D. Newton, FSA, MAAA

November 16, 2018

Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: SERFF/STATE Tracking #: META-130649751
Company Tracking #: CT14-76 (POST-RATE) (RESUB1) RW

Dear Mr. Bill Dismore:

Thank you for your response dated November 6, 2018. Here are the answers to your questions:

Objection 1

Comments: There is a conflict in the following two statements from the Actuarial Memorandum. On page 1, it states: In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued on or after October 1, 2003, the effective date of the rate stabilization rule for this state. Then on page 2, it states: In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state. The second statement is in accordance with the Bureaus position on how to determine proper application of pre/post-stability rules for group contracts based on the policy effective date rather than the certificate effective date. Please confirm that this is the method which the Company used to subdivide the business. Please also revise the Memorandum to modify the incorrect statement on page 1.

MetLife Response: We confirm that this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state. The Actuarial Memorandum has been revised and attached with this response.

Sincerely,

A handwritten signature in black ink that reads 'Mark D. Newton' in a cursive, flowing script.

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Attachment 1 (Revised)
Metropolitan Life Insurance Company
Nationwide Experience Based on Actual Sales
Group Policies with Effective Dates On or After October 1, 2003

	Actual / Projected Experience ¹			Expected Pricing Experience ²			G = C / F Actual to Expected Ratio	Interest Factor
	A	B	C = B / A	D	E	F = E / D		
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio		
2003	765,279	149,962	19.6%	765,279	42,189	5.5%	3.55	1.7295
2004	10,225,826	897,561	8.8%	10,714,945	638,599	6.0%	1.47	1.6553
2005	25,769,954	4,389,180	17.0%	21,868,449	1,914,052	8.8%	1.95	1.5843
2006	40,088,026	4,376,636	10.9%	29,114,478	3,542,550	12.2%	0.90	1.5164
2007	53,209,390	8,229,516	15.5%	33,618,318	5,346,710	15.9%	0.97	1.4514
2008	58,749,798	9,874,011	16.8%	33,744,879	7,203,503	21.3%	0.79	1.3891
2009	62,424,619	12,069,068	19.3%	33,740,753	9,333,390	27.7%	0.70	1.3296
2010	63,270,310	8,344,253	13.2%	31,952,042	11,389,630	35.6%	0.37	1.2726
2011	63,852,892	9,908,336	15.5%	30,255,589	13,097,499	43.3%	0.36	1.2180
2012	61,861,620	13,881,342	22.4%	28,175,877	14,559,758	51.7%	0.43	1.1658
2013	58,727,270	17,243,698	29.4%	26,137,353	15,721,016	60.1%	0.49	1.1158
2014	57,282,264	15,515,804	27.1%	24,195,336	16,656,761	68.8%	0.39	1.0679
2015	57,093,254	19,261,933	33.7%	22,353,596	17,510,229	78.3%	0.43	1.0222
2016	55,097,241	21,327,160	38.7%	20,603,319	18,281,730	88.7%	0.44	0.9783
2017	53,196,184	23,590,760	44.3%	18,943,149	18,929,696	99.9%	0.44	0.9364
2018	51,365,281	26,011,606	50.6%	17,368,954	19,560,048	112.6%	0.45	0.8962
2019	49,593,655	28,660,676	57.8%	15,883,109	20,083,764	126.4%	0.46	0.8578
2020	47,861,801	31,568,761	66.0%	14,486,205	20,483,835	141.4%	0.47	0.8210
2021	46,148,017	34,789,260	75.4%	13,175,636	20,844,523	158.2%	0.48	0.7858
2022	44,447,915	38,371,242	86.3%	11,952,861	21,097,895	176.5%	0.49	0.7521
2023	42,745,953	42,327,257	99.0%	10,815,149	21,205,856	196.1%	0.51	0.7199
2024	41,026,913	46,682,356	113.8%	9,761,483	21,215,453	217.3%	0.52	0.6890
2025	39,290,844	51,444,598	130.9%	8,789,594	21,099,516	240.1%	0.55	0.6595
2026	37,544,690	56,609,579	150.8%	7,894,770	20,858,120	264.2%	0.57	0.6312
2027	35,781,332	62,175,647	173.8%	7,076,106	20,600,611	291.1%	0.60	0.6041
2028	34,003,262	68,107,150	200.3%	6,329,615	20,314,098	320.9%	0.62	0.5782
2029	32,220,896	74,358,423	230.8%	5,650,595	19,978,369	353.6%	0.65	0.5534
2030	30,434,313	80,875,661	265.7%	5,034,762	19,689,472	391.1%	0.68	0.5297
2031	28,644,334	87,524,295	305.6%	4,477,244	19,415,721	433.7%	0.70	0.5070
2032	26,865,037	94,172,920	350.5%	3,976,268	19,136,532	481.3%	0.73	0.4852
2033	25,098,299	100,723,707	401.3%	3,528,011	18,890,233	535.4%	0.75	0.4644
2034	23,351,769	107,104,432	458.7%	3,125,212	18,597,490	595.1%	0.77	0.4445
2035	21,637,216	113,122,936	522.8%	2,764,065	18,248,988	660.2%	0.79	0.4255
2036	19,959,372	118,583,222	594.1%	2,439,477	17,902,914	733.9%	0.81	0.4072
2037	18,326,895	123,416,054	673.4%	2,148,553	17,538,190	816.3%	0.82	0.3898
2038	16,746,992	127,510,834	761.4%	1,891,199	17,155,748	907.1%	0.84	0.3730
2039	15,229,445	130,673,322	858.0%	1,661,209	16,783,184	1010.3%	0.85	0.3570
2040	13,781,232	132,865,463	964.1%	1,455,656	16,413,760	1127.6%	0.86	0.3417
2041	12,408,091	134,077,945	1080.6%	1,271,966	16,047,100	1261.6%	0.86	0.3271
2042	11,114,621	134,278,138	1208.1%	1,107,660	15,708,639	1418.2%	0.85	0.3131
2043	9,904,576	133,458,829	1347.4%	962,920	15,365,948	1595.8%	0.84	0.2996
2044	8,780,509	131,681,855	1499.7%	834,311	14,974,625	1794.8%	0.84	0.2868
2045	7,743,307	129,004,346	1666.0%	720,489	14,561,843	2021.1%	0.82	0.2745
2046	6,792,637	125,474,168	1847.2%	619,825	14,114,620	2277.2%	0.81	0.2627
2047	5,927,103	121,212,868	2045.1%	531,347	13,633,792	2565.9%	0.80	0.2515
2048	5,143,279	116,337,792	2261.9%	453,662	13,143,995	2897.3%	0.78	0.2407
2049	4,439,910	110,910,654	2498.0%	386,725	12,626,227	3264.9%	0.77	0.2304
2050	3,813,117	105,066,186	2755.4%	328,498	12,091,216	3680.8%	0.75	0.2205
2051	3,257,548	98,937,045	3037.2%	276,534	11,553,892	4178.1%	0.73	0.2110
2052	2,767,983	92,540,602	3343.3%	232,102	11,009,548	4743.4%	0.70	0.2020
2053	2,340,023	86,026,895	3676.3%	193,991	10,434,101	5378.7%	0.68	0.1933
2054	1,968,263	79,506,188	4039.4%	161,199	9,594,733	5952.1%	0.68	0.1850
2055	1,647,309	73,060,424	4435.1%	133,604	8,518,369	6375.8%	0.70	0.1771
2056	1,371,830	66,767,587	4867.0%	109,991	7,359,362	6690.8%	0.73	0.1695
2057	1,136,775	60,682,759	5338.1%	90,600	6,212,475	6857.1%	0.78	0.1622
2058	937,250	54,873,742	5854.8%	74,344	5,195,617	6988.6%	0.84	0.1553
2059	769,300	49,363,954	6416.7%	61,038	4,294,749	7036.2%	0.91	0.1486
2060	628,716	44,176,866	7026.5%	50,059	3,539,308	7070.2%	0.99	0.1422
2061	511,492	39,340,560	7691.3%	41,048	2,904,555	7076.1%	1.09	0.1361
2062	414,090	34,852,721	8416.7%	33,657	2,381,896	7077.0%	1.19	0.1303
2063	333,811	30,725,865	9204.6%	27,597	1,953,023	7077.0%	1.30	0.1247
2064	268,022	26,949,155	10054.8%	22,628	1,601,371	7077.0%	1.42	0.1194
2065	214,299	23,514,029	10972.5%	18,553	1,313,035	7077.0%	1.55	0.1143
2066	170,597	20,404,827	11960.9%	15,213	1,076,616	7077.0%	1.69	0.1094
2067	135,222	17,610,259	13023.2%	12,474	882,766	7077.0%	1.84	0.1047
2068	106,723	15,121,929	14169.3%	10,228	723,819	7077.0%	2.00	0.1002
2069	83,855	12,906,098	15391.0%	8,386	593,491	7077.0%	2.17	0.0959
2070	65,582	10,956,378	16706.3%	6,876	486,630	7077.0%	2.36	0.0918
Lifetime³	1,377,718,811	1,580,025,615	114.7%	578,306,739	493,269,222	85.3%		

¹ Projections based on current best estimate assumptions using experience data as of through 6/30/2014.

² The Group LTC business was priced using legacy system, so details of certain pricing assumptions are no longer available. The results presented here are reproduced using the pricing expected premiums/claims vectors adjusted for actual sales.

³ Lifetime Loss Ratio are determined as of December 31, 2015 using the weighted-average maximum valuation rate of 4.48%.

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing

Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/27/2018	Withdrawn 11/21/2019	Supporting Document	VA Group Cert Letter 45	10/31/2019	VA Group Cert Letter 45.pdf (Superceded)
09/27/2018	Withdrawn 11/21/2019	Supporting Document	LTC Rate Request Summary - VA CT14-76 (Post Rate)	09/28/2018	LTCRate Request Summary - VA CT14-76 (Post Rate).pdf (Superceded) LTCRate Request Summary - VA CT14-76 (Post Rate).pdf (Superceded)
11/28/2017	Withdrawn 11/21/2019	Supporting Document	Long Term Care Insurance Rate Request Summary	09/28/2018	VA-lhgrpltc.pdf LTCRate Request Summary - VA CT14-76 (Post Rate).pdf (Superceded)
11/28/2017	Withdrawn 11/21/2019	Supporting Document	VA Group Cert Letter 45	09/27/2018	VA Group Cert Letter 45.pdf (Superceded)
11/28/2017	Withdrawn 11/21/2019	Supporting Document	LTC Rate Request Summary - VA CT14-76 (Post Rate)	09/27/2018	LTCRate Request Summary - VA CT14-76 (Post Rate).pdf
03/27/2017	Withdrawn 11/21/2019	Supporting Document	VA Group (Post-Rate) Response to Objection Dated 2016-7-28	09/27/2018	VA Group (Post-Rate) Response to Objection Dated 2016-7-28.pdf
03/27/2017	Withdrawn 11/13/2019	Form	VA Group Cert Letter 45	11/28/2017	VA Group Cert Letter 45.pdf (Superceded)
08/02/2016	Withdrawn 08/06/2016	Form	removed item	03/27/2017	
08/02/2016	Withdrawn 08/06/2016	Form	removed item	03/27/2017	
08/02/2016	Withdrawn 08/06/2016	Form	removed item	03/27/2017	
07/12/2016	Withdrawn 03/29/2017	Form	Endorsement	08/02/2016	G-LCUL.pdf (Superceded)
07/12/2016	Withdrawn 03/29/2017	Form	Endorsement	08/02/2016	G-LCUL-1 (Lower NF) (8-16-11).pdf (Superceded)
07/12/2016	Withdrawn 03/29/2017	Form	Endorsement	08/02/2016	G-LCUL-2 (Choice) (8-16-11).pdf (Superceded)

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/CT14-76 (POST-RATE) (resub1) RW

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/12/2016	Withdrawn 03/29/2017	Rate	VA_Group_Rates_Generic_CURRENT_with_45%Increase	03/27/2017	VA_Group_Rates_Generic_CURRENT_with_45%Increase.pdf
07/12/2016	Withdrawn 12/01/2017	Supporting Document	L&H Actuarial Memorandum	11/28/2017	VA_Group_2015_ActMemo_States with Situs Groups_NOT ET_POST_RateStability.pdf (Superceded)
07/12/2016	Withdrawn 12/01/2017	Supporting Document	Long Term Care Insurance Rate Request Summary	11/28/2017	VA-lhgrpltc.pdf
07/12/2016	Withdrawn 03/29/2017	Supporting Document	Group Certholder Letter	03/27/2017	VA Group Certificateholder Letter_FINAL w LD.pdf (Superceded)

Metropolitan Life Insurance Company
Long-Term Care
PO Box 990028, Hartford, CT 06199-0028

[Date of Letter]

[First Name][Last Name]

[Address]

[Address2]

[City, State Zip]

Group Name: [Group Name]

Group No.: [Group No.]

Re: Notice of Long-Term Care Insurance Premium Increase

Dear [First Name][Last Name]:

When you purchased your long term care insurance certificate from Metropolitan Life Insurance Company ("MetLife"), you made a responsible decision to protect yourself and your family from the potential cost of needing long term care, which can be significant. Part of our commitment to you as our customer is to pay future benefits under your policy in the event you become eligible to receive them. It is critical that policies are priced at an appropriate level.

[Insert this paragraph for insureds who ARE NOT on premium waiver:]

This letter is to inform you that we are implementing a 45% premium (contribution) increase on your long-term care insurance certificate scheduled to take place on [Date], ("Effective Date of Increase"). Please note that we requested a 45% increase on your certificate and received authority from the Virginia insurance regulator to implement the 45% increase on your certificate. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

[Insert this paragraph for insureds who ARE on premium waiver:]

This letter is to inform you that we are implementing a 45% premium (contribution) increase on your long-term care insurance certificate. Please note that we requested a 45% increase on your certificate and received authority from the Virginia insurance regulator to implement the 45% increase on your certificate. While the increase is scheduled to take place on [Date], ("Effective Date of Increase"), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

It impacts a broad group of certificateholders and is not based on any individual's personal factors such as age, health status or claims history. We understand how important your long-

term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly and was driven by changes to actuarial assumptions since the initial pricing. Our past experience and current assumptions differ from the initial assumptions used to price these certificates. Some of these assumptions include persistency (how many certificateholders keep their certificates), morbidity (the number of certificateholders who become chronically ill) and mortality (how long certificateholders live).

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE RESERVES THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

Your current and increased premium amounts

[Insert for insureds who ARE NOT on premium waiver:]

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount beginning on the EFFECTIVE DATE OF INCREASE

[\$0.00]/[mode]

[Insert for insureds who ARE on premium waiver:]

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount

[\$0.00]/[mode]

Options to consider

As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History.

- 1. Continue your current coverage by paying the increased premium amount when due**
No action is required by you.

[A. Insert for insureds who are provided decrease options:]

2. Reduce your coverage

We are providing you with an opportunity to modify your coverage to reduce the impact of the increased premium:

[A1.] [Insert this paragraph for insureds who have the option to reduce their DBA:]

Reduce your Nursing Home [Monthly] [Daily] Benefit Amount from [Current DBA] to [Reduced DBA]. This will bring you to a revised premium of [New Premium1]/[mode].

Please be aware that reducing your Nursing Home Daily Benefit will impact your Total Lifetime Benefit as well as the level of benefits you are eligible to receive for other services covered under your certificate, such as Home Care and Care in an Assisted Living Facility.

[A2.] [Insert this paragraph for insureds who have the option to reduce their TLB:]

Reduce your Total Lifetime Benefit by adjusting your benefit duration from [Current years/days] to [Reduced years/days]. This will bring you to a revised premium of [New Premium2]/[mode]. Please be aware that reducing your benefit duration will impact the overall amount your plan will pay for covered services.

If you wish to discuss other possible coverage decrease options, please call our customer service team at 1-800-438-6388. We ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter, before making any changes to your coverage. Please note that all options available to the policyholder may not be of equal value.

[B. Insert for insureds who are NOT provided decrease options:]

2. Call our customer service team to explore possible options

Please be aware that in some situations—for example, if your coverage is already at the lowest available level—you will not be able to decrease your coverage. If you wish to discuss possible options, please call our customer service team at 1-800-438-6388. We also ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter.

3. End your coverage

[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature (“CBUL”) as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit

that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days from the effective date of the rate increase, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, we are providing you a choice between the nonforfeiture coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different

than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

You may call the customer service team at 1-800-438-6388 between the hours of [8:00 a.m. and 11:00 p.m.] Eastern Time, Monday through Friday, to discuss your options in more detail.

[Insert this section if an inflation offer either coincides with or occurs within [x] months of the insured's effective date of their rate increase:]

Please note that if your certificate includes an Optional Inflation Increase provision and you are eligible to receive an offer, you will receive a separate communication regarding this offer at the appropriate time.

Next Steps

As you consider any coverage changes available to you, it is important that you review the current cost of long-term care in your area. We have enclosed information to help you with this process.

- If you choose to maintain your current coverage at the increased premium, you do not need to take any action at this time. Simply pay your increased premium when it becomes due.

If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time. No response is required if you are not making any changes.

Please note that all options available to the certificateholder may not be of equal value.

[Insert next sentence only for insureds with End Your Coverage options A or B:]

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

[Insert next sentence only for insureds with End Your Coverage option C:]

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time. We want to thank you for choosing to plan for your future long-term care insurance needs.

Sincerely,



Thomas G. Reilly
Assistant Vice President, Product Management & Compliance

Encl: Cost of Care Chart
Coverage Change / Cancellation Form
Business Reply Envelope

L1016480765[exp1017][VA]

MetLife's Long-Term Care Inforce Rate Increase History

PH-LTR-GRP-VA

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016	0-18% 0-58% 0-65% ****
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-42% 0-102% 0-116.28% ****
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2011	2013 2016	0-88% 0-77.03% ****
Individual LTC	LTC2007	2008-2011	2013 2016	0-58% 0-45.47% ****
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015	0-41% 0-73% ****
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015	0-41% 0-73% ****
Individual LTC	LTC-TCL-04	2000-2004	2012 2015	0-41% 0-73% ****
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0- 45%

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

****Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

L0617495937[exp0618][All States][DC]

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-130649751
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$ 950
Average Requested Percentage Rate Change Per Member:	45
Minimum Requested Percentage Rate Change Per Member:	45
Maximum Requested Percentage Rate Change Per Member:	45
Number of Policy Holders Affected :	307

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

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

Rate Increase Narrative

Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-130649751
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$1052.63
Average Requested Percentage Rate Change Per Member:	45
Minimum Requested Percentage Rate Change Per Member:	45
Maximum Requested Percentage Rate Change Per Member:	45
Number of Policy Holders Affected :	270

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

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

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-130649751
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$ 950
Average Requested Percentage Rate Change Per Member:	45
Minimum Requested Percentage Rate Change Per Member:	45
Maximum Requested Percentage Rate Change Per Member:	45
Number of Policy Holders Affected :	307

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

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Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.



[Date of Letter]

[First Name][Last Name]

[Address]

[Address2]

[City, State Zip]

Group Name: [Group Name]

Group No.: [Group No.]

Re: Notice of Long-Term Care Insurance Premium Increase

Dear [First Name][Last Name]:

When you purchased your long term care insurance certificate from Metropolitan Life Insurance Company ("MetLife"), you made a responsible decision to protect yourself and your family from the potential cost of needing long term care, which can be significant. Part of our commitment to you as our customer is to pay future benefits under your policy in the event you become eligible to receive them. It is critical that policies are priced at an appropriate level.

[Insert this paragraph for insureds who ARE NOT on premium waiver:]

This letter is to inform you that we are implementing a 45% premium (contribution) increase on your long-term care insurance certificate scheduled to take place on [Date], ("Effective Date of Increase"). Please note that we requested a 45% increase on your certificate and received authority from the Virginia insurance regulator to implement the 45% increase on your certificate. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

[Insert this paragraph for insureds who ARE on premium waiver:]

This letter is to inform you that we are implementing a 45% premium (contribution) increase on your long-term care insurance certificate. Please note that we requested a 45% increase on your certificate and received authority from the Virginia insurance regulator to implement the 45% increase on your certificate. While the increase is scheduled to take place on [Date], ("Effective Date of Increase"), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

It impacts a broad group of certificateholders and is not based on any individual's personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly and was driven by changes to actuarial assumptions since the initial pricing. Our past experience and current assumptions

differ from the initial assumptions used to price these certificates. Some of these assumptions include persistency (how many certificateholders keep their certificates), morbidity (the number of certificateholders who become chronically ill) and mortality (how long certificateholders live).

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE RESERVES THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

Your current and increased premium amounts

[Insert for insureds who ARE NOT on premium waiver:]

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount beginning on the EFFECTIVE DATE OF INCREASE

[\$0.00]/[mode]

[Insert for insureds who ARE on premium waiver:]

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount

[\$0.00]/[mode]

Options to consider

As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History

- 1. Continue your current coverage by paying the increased premium amount when due**
No action is required by you.

[A. Insert for insureds who are provided decrease options:]

- 2. Reduce your coverage**

We are providing you with an opportunity to modify your coverage to reduce the impact of the increased premium:

[A1.] [Insert this paragraph for insureds who have the option to reduce their DBA:] Reduce your Nursing Home [Monthly] [Daily] Benefit Amount from [\$Current DBA] to [\$Reduced DBA]. This will bring you to a revised premium of [\$New Premium1]/[mode]. Please be aware that reducing your Nursing Home Daily Benefit will impact your Total Lifetime Benefit as well as the level of benefits you are eligible to receive for other services covered under your certificate, such as Home Care and Care in an Assisted Living Facility.

[A2.] [Insert this paragraph for insureds who have the option to reduce their TLB:] Reduce your Total Lifetime Benefit by adjusting your benefit duration from [Current years/days] to [Reduced years/days]. This will bring you to a revised premium of [\$New Premium2]/[mode]. Please be aware that reducing your benefit duration will impact the overall amount your plan will pay for covered services.

If you wish to discuss other possible coverage decrease options, please call our customer service team at 1-800-438-6388. We ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter, before making any changes to your coverage. Please note that all options available to the policyholder may not be of equal value.

[B. Insert for insureds who are NOT provided decrease options:]

2. Call our customer service team to explore possible options

Please be aware that in some situations—for example, if your coverage is already at the lowest available level—you will not be able to decrease your coverage. If you wish to discuss possible options, please call our customer service team at 1-800-438-6388. We also ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter.

3. End your coverage

[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature (“CBUL”) as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days from the effective date of the rate increase, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, we are providing you a choice between the nonforfeiture coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide

coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

You may call the customer service team at 1-800-438-6388 between the hours of [8:00 a.m. and 11:00 p.m.] Eastern Time, Monday through Friday, to discuss your options in more detail.

[Insert this section if an inflation offer either coincides with or occurs within [x] months of the insured's effective date of their rate increase:]

Please note that if your certificate includes an Optional Inflation Increase provision and you are eligible to receive an offer, you will receive a separate communication regarding this offer at the appropriate time.

Next Steps

As you consider any coverage changes available to you, it is important that you review the current cost of long-term care in your area. We have enclosed information to help you with this process.

- If you choose to maintain your current coverage at the increased premium, you do not need to take any action at this time. Simply pay your increased premium when it becomes due.
- If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time.

Please note that all options available to the certificateholder may not be of equal value.

[Insert next sentence only for insureds with End Your Coverage options A or B:]

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter

and 120 days from the effective date of the rate increase, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

[Insert next sentence only for insureds with End Your Coverage option C:]

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time. We want to thank you for choosing to plan for your future long-term care insurance needs.

Sincerely,



Thomas Reilly,
Director, Product Management & Compliance

Encl: Cost of Care Chart
Coverage Change / Cancellation Form
Business Reply Envelope

L1016480765[exp1017][VA]

MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

PH-LTR-GRP-VA

Policy Type	Individual Policy Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016	0-18% 0-58% 0-65% ****
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-42% 0-102% 0-70% ****
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2011	2013 2016	0-88% 0-60% ****
Individual LTC	LTC2007	2008-2011	2013 2016	0-58% 0-42% ****
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015	0-41% 0-73% ****
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015	0-41% 0-73% ****
Individual LTC	LTC-TCL-04	2000-2004	2012 2015	0-41% 0-73% ****
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0- 45%

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

****Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

L0816473556[exp0817][All States][DC]



[Date of Letter]

[First Name][Last Name]

[Address]

[Address2]

[City, State Zip]

Group Name: [Group Name]

Group No.: [Group No.]

Re: Notice of Long-Term Care Insurance Premium Increase

Dear [First Name][Last Name]:

When you purchased your long term care insurance certificate from Metropolitan Life Insurance Company ("MetLife"), you made a responsible decision to protect yourself and your family from the potential cost of needing long term care, which can be significant. Part of our commitment to you as our customer is to pay future benefits under your policy in the event you become eligible to receive them. It is critical that policies are priced at an appropriate level.

[Insert this paragraph for insureds who ARE NOT on premium waiver:]

This letter is to inform you that we are implementing a 45% premium (contribution) increase on your long-term care insurance certificate scheduled to take place on [Date], ("Effective Date of Increase"). Please note that we requested a 45% increase on your certificate and received authority from the Virginia insurance regulator to implement the 45% increase on your certificate. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

[Insert this paragraph for insureds who ARE on premium waiver:]

This letter is to inform you that we are implementing a 45% premium (contribution) increase on your long-term care insurance certificate. Please note that we requested a 45% increase on your certificate and received authority from the Virginia insurance regulator to implement the 45% increase on your certificate. While the increase is scheduled to take place on [Date], ("Effective Date of Increase"), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

This premium increase was filed by MetLife and approved by the appropriate state regulator, where required. It impacts a broad group of certificateholders and is not based on any individual's personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly and was

driven by changes to actuarial assumptions since the initial pricing. Our past experience and current assumptions differ from the initial assumptions used to price these certificates. Some of these assumptions include persistency (how many certificateholders keep their certificates), morbidity (the number of certificateholders who become chronically ill) and mortality (how long certificateholders live).

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE RESERVES THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

Your current and increased premium amounts

[Insert for insureds who ARE NOT on premium waiver:]

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount beginning on the EFFECTIVE DATE OF INCREASE

[\$0.00]/[mode]

[Insert for insureds who ARE on premium waiver:]

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount

[\$0.00]/[mode]

Options to consider

As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History

1. Continue your current coverage by paying the increased premium amount when due

No action is required by you.

[A. Insert for insureds who are provided decrease options:]

2. Reduce your coverage

We are providing you with an opportunity to modify your coverage to reduce the impact of the increased premium:

[A1.] [Insert this paragraph for insureds who have the option to reduce their DBA:] Reduce your Nursing Home [Monthly] [Daily] Benefit Amount from [\$Current DBA] to [\$Reduced DBA]. This will bring you to a revised premium of [\$New Premium1]/[mode]. Please be aware that reducing your Nursing Home Daily Benefit will impact your Total Lifetime Benefit as well as the level of benefits you are eligible to receive for other services covered under your certificate, such as Home Care and Care in an Assisted Living Facility.

[A2.] [Insert this paragraph for insureds who have the option to reduce their TLB:] Reduce your Total Lifetime Benefit by adjusting your benefit duration from [Current years/days] to [Reduced years/days]. This will bring you to a revised premium of [\$New Premium2]/[mode]. Please be aware that reducing your benefit duration will impact the overall amount your plan will pay for covered services.

If you wish to discuss other possible coverage decrease options, please call our customer service team at 1-800-438-6388. We ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter, before making any changes to your coverage. Please note that all options available to the policyholder may not be of equal value.

[B. Insert for insureds who are NOT provided decrease options:]

2. Call our customer service team to explore possible options

Please be aware that in some situations—for example, if your coverage is already at the lowest available level—you will not be able to decrease your coverage. If you wish to discuss possible options, please call our customer service team at 1-800-438-6388. We also ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter.

3. End your coverage

[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature (“CBUL”) as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days following the first due date of the increased premium, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days following the first due date of the increased premium, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days following the first due date of the increased premium, we are providing you a choice between the nonforfeiture coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days following the first due date of the increased premium and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

You may call the customer service team at 1-800-438-6388 between the hours of [8:00 a.m. and 11:00 p.m.] Eastern Time, Monday through Friday, to discuss your options in more detail.

[Insert this section if an inflation offer either coincides with or occurs within [x] months of the insured's effective date of their rate increase:]

Please note that if your certificate includes an Optional Inflation Increase provision and you are eligible to receive an offer, you will receive a separate communication regarding this offer at the appropriate time.

Next Steps

As you consider any coverage changes available to you, it is important that you review the current cost of long-term care in your area. We have enclosed information to help you with this process.

- If you choose to maintain your current coverage at the increased premium, you do not need to take any action at this time. Simply pay your increased premium when it becomes due.
- If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time.

Please note that all options available to the certificateholder may not be of equal value.

[Insert next sentence only for insureds with End Your Coverage options A or B:]

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

[Insert next sentence only for insureds with End Your Coverage option C:]

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time. We want to thank you for choosing to plan for your future long-term care insurance needs.

Sincerely,



Thomas Reilly,
Director, Product Management & Compliance

Encl: Cost of Care Chart
Coverage Change / Cancellation Form
Business Reply Envelope

L1016480765[exp1017][VA]

MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016	0-18% 0-58% 0-30% ****
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-42% 0-102% 0-59.60% ****
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2011	2013 2016	0-88% 0-56.66% ****
Individual LTC	LTC2007	2008-2011	2013 2016	0-58% 0-30% ****
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015	0-41% 0-73% ****
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015	0-41% 0-73% ****
Individual LTC	LTC-TCL-04	2000-2004	2012 2015	0-41% 0-73% ****
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0- 45%

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters "ML."

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

****Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

METROPOLITAN LIFE INSURANCE COMPANY
[New York, N.Y.]

LIMITED COVERAGE UPON LAPSE FOLLOWING CONTRIBUTION INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date We provide You with written notification of the Contribution Increase and ends 120 days following the first due date of the Contribution Increase.

Lapse means the termination of Your Coverage due to nonpayment of Contribution or written cancellation.

Contribution Increase means the increase in Your Contribution as a result of the premium rate schedule increase implemented by Us following any required regulatory approval. The term Contribution Increase does not include an increase in premium or in Your Contribution due to:

- an increase in Your Benefits under the terms of Your Coverage;
- a change in Your Coverage made at Your request;
- a change in Your payment arrangements; or
- the end or reduction of any applicable discount.

Nonforfeiture Feature means any of the following, if applicable to Your Coverage, that provide for reduced or limited coverage in the event that Your Coverage Lapses: a Certificate provision; this Endorsement; or a Rider.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to You because Your Coverage Lapsed during the Election Period. Due to the Lapse of Your Coverage during the Election Period, Your Coverage is converted to paid-up status, effective as of the date of Lapse, as described below.

If You are Eligible for Contingent Benefit Upon Lapse

This Endorsement pays the same Benefits that would be payable if You are eligible for and meet the requirements for payment of Benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL"). We will not pay Benefits under both CBUL and this Endorsement. Since the Benefits payable are the same under both CBUL and this Endorsement, We will pay Benefits under this Endorsement and You will not be eligible for payment of Benefits under CBUL.

PAID-UP STATUS

We will pay the same Benefits that were in effect under Your Coverage immediately prior to the date it was converted to paid-up status, except as described below:

- Your Total Lifetime Benefit will be the greater of:
 - the sum of all paid and waived Contributions; or
 - 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to Lapse;

- You will not be eligible for the Transition Expense Benefit, if that Benefit is included in Your Coverage;
- You will not be able to receive a return of any Contributions under the Return of Contribution provision if that provision is included in Your Coverage; and
- No further Contributions will be due, You may no longer change Your Benefit amounts and You will no longer receive increases under any inflation coverage option that is part of Your Coverage.

The total Benefits that We will pay after Your Coverage is converted to paid-up status will not exceed the remaining Total Lifetime Benefit in effect immediately prior to Lapse.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

If Your Coverage ends for any reason other than Lapse following Contribution Increase, this Endorsement will end when Your Coverage ends.

If You reinstate Your Coverage after this Endorsement has gone into effect (in accordance with the reinstatement provisions of Your Certificate), this Endorsement will end on the date Coverage under Your Certificate is reinstated.

We will not provide Coverage following Lapse under this Endorsement and another Nonforfeiture Feature.

This Endorsement will not take effect if Your Coverage does not Lapse during the Election Period.

In all other respects, the provisions and conditions of Your Certificate remain the same. This Endorsement is subject to the terms and provisions of Your Certificate. It is to be attached to and made a part of Your Certificate.

[



Christine M. DeBiase
Vice President & Secretary]

Endorsement Effective Date: [insert date of Lapse]

METROPOLITAN LIFE INSURANCE COMPANY
[New York, N.Y.]

LIMITED COVERAGE UPON LAPSE FOLLOWING CONTRIBUTION INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date We provide You with written notification of the Contribution Increase and ends 120 days following the first due date of the Contribution Increase.

Lapse means the termination of Your Coverage due to nonpayment of Contribution or written cancellation.

Contribution Increase means the increase in Your Contribution as a result of the premium rate schedule increase implemented by Us following any required regulatory approval. The term Contribution Increase does not include an increase in premium or in Your Contribution due to:

- an increase in Your Benefits under the terms of Your Coverage;
- a change in Your Coverage made at Your request;
- a change in Your payment arrangements; or
- the end or reduction of any applicable discount.

Nonforfeiture Feature means any of the following, if applicable to Your Coverage, that provide for reduced or limited coverage in the event that Your Coverage Lapses: a Certificate provision; this Endorsement; or a Rider.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to You because:

- Your Coverage included a Nonforfeiture Feature;
- Your Coverage Lapsed during the Election Period; and
- Your Benefits under the Nonforfeiture Feature included in Your Coverage would be less than the Benefits provided by this Endorsement.

As a result of your Coverage under this Endorsement, the Nonforfeiture Feature included in Your Coverage no longer applies.

Due to the Lapse of Your Coverage during the Election Period, Your Coverage is converted to paid-up status, effective as of the date of Lapse, as described below.

PAID-UP STATUS

We will pay the same Benefits that were in effect under Your Coverage immediately prior to the date it was converted to paid-up status, except as described below:

- Your Total Lifetime Benefit will be the greater of:
 - the sum of all paid and waived Contributions; or
 - 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to Lapse;

- You will not be eligible for the Transition Expense Benefit if that Benefit is included in Your Coverage;
- You will not be able to receive a return of any Contributions under the Return of Contribution provision if that provision is included in Your Coverage; and
- No further Contributions will be due, You may no longer change Your Benefit amounts and You will no longer receive increases under any inflation coverage option that is part of Your Coverage.

The total Benefits that We will pay after Your Coverage is converted to paid-up status will not exceed the remaining Total Lifetime Benefit in effect immediately prior to Lapse.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

If Your Coverage ends for any reason other than Lapse following Contribution Increase, this Endorsement will end when Your Coverage ends.

If You reinstate Your Coverage after this Endorsement has gone into effect (in accordance with the reinstatement provisions of Your Certificate), this Endorsement will end on the date Coverage under Your Certificate is reinstated.

We will not provide Coverage following Lapse under this Endorsement and another Nonforfeiture Feature.

This Endorsement will not take effect if Your Coverage does not Lapse during the Election Period.

In all other respects, the provisions and conditions of Your Certificate remain the same. This Endorsement is subject to the terms and provisions of Your Certificate. It is to be attached to and made a part of Your Certificate.

[



Christine M. DeBiase
Vice President & Secretary]

Endorsement Effective Date: [insert date of Lapse]

METROPOLITAN LIFE INSURANCE COMPANY
[New York, N.Y.]

LIMITED COVERAGE UPON LAPSE FOLLOWING CONTRIBUTION INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date We provide You with written notification of the Contribution Increase and ends 120 days following the first due date of the Contribution Increase.

Lapse means the termination of Your Coverage due to nonpayment of Contribution or written cancellation.

Contribution Increase means the increase in Your Contribution as a result of the premium rate schedule increase implemented by Us following any required regulatory approval. The term Contribution Increase does not include an increase in premium or in Your Contribution due to:

- an increase in Your Benefits under the terms of Your Coverage;
- a change in Your Coverage made at Your request;
- a change in Your payment arrangements; or
- the end or reduction of any applicable discount.

Nonforfeiture Feature means any of the following, if applicable to Your Coverage, that provide for reduced or limited coverage in the event that Your Coverage Lapses: a Certificate provision; this Endorsement; or a Rider.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to You because:

- Your Coverage included a Nonforfeiture Feature;
- Your Coverage Lapsed during the Election Period; and
- You elected to receive Coverage under this Endorsement instead of the Nonforfeiture Feature included in Your Coverage.

As a result of your election of Coverage under this Endorsement, the Nonforfeiture Feature included in Your Coverage no longer applies.

Due to the Lapse of Your Coverage during the Election Period, Your Coverage is converted to paid-up status, effective as of the date of Lapse, as described below.

PAID-UP STATUS

We will pay the same Benefits that were in effect under Your Coverage immediately prior to the date it was converted to paid-up status, except as described below:

- Your Total Lifetime Benefit will be the greater of:
 - the sum of all paid and waived Contributions; or
 - 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to Lapse;
- You will not be eligible for the Transition Expense Benefit if that Benefit is included in Your Coverage;
- You will not be able to receive a return of any Contributions under the Return of Contribution provision if that provision is included in Your Coverage; and
- No further Contributions will be due, You may no longer change Your Benefit amounts and You will no longer receive increases under any inflation coverage option that is part of Your Coverage.

The total Benefits that We will pay after Your Coverage is converted to paid-up status will not exceed the remaining Total Lifetime Benefit in effect immediately prior to Lapse.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

If Your Coverage ends for any reason other than Lapse following Contribution Increase, this Endorsement will end when Your Coverage ends.

If You reinstate Your Coverage after this Endorsement has gone into effect (in accordance with the reinstatement provisions of Your Certificate), this Endorsement will end on the date Coverage under Your Certificate is reinstated.

We will not provide Coverage following Lapse under this Endorsement and another Nonforfeiture Feature.

This Endorsement will not take effect if Your Coverage does not Lapse during the Election Period.

In all other respects, the provisions and conditions of Your Certificate remain the same. This Endorsement is subject to the terms and provisions of Your Certificate. It is to be attached to and made a part of Your Certificate.

[



Christine M. DeBiase
Vice President & Secretary]

Endorsement Effective Date: [insert date of Lapse]

July 1, 2016

Re: GPNP99-LTC, G.LTC2798 with certificate issued on or after October 1, 2003
Issued by Metropolitan Life Insurance Company (MetLife)

Attached is the filing for the captioned forms. This letter provides an overview of the filing and notes on some of the content. After a careful review of earlier filings, we have endeavored to reflect in this filing additional content based on all the questions submitted by your Department. Hopefully, this will make your review easier and more effective.

Filing Overview

In addition to this Overview, this filing consists of the Actuarial Memorandum and supporting Attachments based on earlier reviews. These documents are outlined and summarized here for your convenience.

Actuarial Memorandum – Background for rate action request, Actuarial Certification
Exhibit I – Lifetime Loss Ratio (“LLR”)
Earned Premium and Incurred Claims
Nationwide experience, Statutory valuation rate
LLR without rate increase – 115.0%; with rate increase – 95.6%

Title	Description
Actuarial Memorandum Exhibit I	Lifetime Loss Ratio (“LLR”) illustration with/without proposed rate increase of 45%, Earned Premium and Incurred Claims, <i>Nationwide</i> experience and weighted average statutory discount rate of 4.48% LLR without rate increase – 115.0%; with rate increase – 95.6%
Exhibit II	Demonstration of rate action meeting compliance with 14VAC5-200-153
Review of Prior Correspondence Attachment 1	Lifetime Loss Ratio (“LLR”) illustration with/without proposed rate increase of 45%, Earned Premium and Incurred Claims, <i>Nationwide</i> experience and pricing discount rate of 6.00% LLR without rate increase – 90.0% with rate increase – 76.2%
Attachment 2	Lifetime Loss Ratio (“LLR”) illustration with/without proposed rate increase of 45%, Earned Premium and Incurred Claims, <i>Virginia</i> experience and original pricing discount rate of 6.00% LLR without rate increase – 78.5% with rate increase – 65.5%

Attachment 3	Incurred Loss Ratios with Historical Changes in Active Life Reserves
Attachment 4	Comparison of Assumptions
Attachment 5	Lifetime Loss Ratio (“LLR”) illustration with proposed rate increase of 45% applied since inception using <i>Nationwide</i> experience and original pricing discount rate of 6.00% LLR with lifetime restatement – 62.0%
Attachment 6	Lifetime Loss Ratio (“LLR”) illustration with proposed rate increase of 45% applied since inception using <i>Virginia</i> experience and original pricing discount rate of 6.00% LLR with lifetime restatement – 54.2%

Additional Notes

MetLife requests the rate action based on deviations from anticipated experience outlined in the Actuarial Memorandum and the supporting attachments. Lifetime Loss Ratios exceed all minimum requirements in Virginia as well as the application of rate stability standards even at the full requested rate action.

We note that, despite the rate action requested, the experience of the block does not fully return to pricing levels. In general, the rate action addresses primarily future experience and does not seek to recover historical losses. We will continue, of course, to monitor and adjust experience assumptions and reserve the right to update those in the future along with requesting any resulting changes in premium rates.

Thank you for your consideration. I look forward to hearing from you.



Mark D. Newton, FSA, MAAA

Director and Actuary, Metropolitan Life Insurance Company

METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

Actuarial Memorandum

July 1, 2016

This actuarial memorandum pertains to long-term care insurance provided under group policies issued to cover eligible employees of an employer, and at the option of the employer, retirees and/or family members of eligible employees who meet eligibility requirements.

Policy Forms

The premium rate schedule increase for which we are seeking approval will apply to the following group long-term care insurance policy forms:

- GPNP99-LTC approved by your Department and certificates issued thereunder
- G.LTC2798 approved by your Department and certificates issued thereunder

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued on or after October 1, 2003, the effective date of the rate stabilization rule for this state.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

The group policy forms listed above provide either comprehensive or facilities only coverage. Benefits under the group long-term care policies are payable if an insured is unable to perform a certain number of activities of daily living or suffers cognitive impairment in accordance with the applicable terms and conditions of the group policy. There are optional benefits, including, but not limited to, nonforfeiture and inflation protection.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce group long-term care insurance policies issued for delivery (situated) in your state before December 31, 2013.

METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

Actuarial Memorandum

July 1, 2016

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state.

We will only implement the premium rate schedule increase after we have received approval from your Department and will apply the increase to all certificates issued under group long-term care insurance policies situated in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase approved by that state, whether it is higher or lower than the increase that your state approved for certificates issued under group policies situated in your state.

Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy situated in another state, we will implement their increases after we've satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining approval, if required) without regard to your review of this filing.

These forms are not currently being marketed to new group policyholders.

5. Actuarial Assumptions

- a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through June 2014.
- b. Voluntary Termination Rates vary by issue age and duration as developed from actual experience through June 2014 and are shown in the following table:

Duration	Issue Age					
	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	over 59
1	15.6%	10.2%	7.6%	6.5%	6.1%	3.3%
2	12.3%	7.6%	5.8%	4.7%	3.9%	2.9%
3	10.0%	7.3%	5.4%	4.9%	3.7%	2.2%
4	7.9%	5.7%	4.1%	3.5%	2.9%	2.0%
5	7.1%	5.1%	3.8%	3.3%	2.6%	1.5%
6	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
7	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%

METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

Actuarial Memorandum

July 1, 2016

8	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
9	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
10	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
11	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
12	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
13	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
*14+	2.5%	1.7%	1.0%	0.9%	0.8%	0.8%

* Ultimate lapse rates grades down to 0.80% for all ages

In the year of rate increase implementation, it is assumed that an additional 0.5% of policies lapse and there is 5.5% net reduction to premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates.

- c. Mortality 97% of Annuity 2000 Basic Table with selection consistent with experience.
- d. Expenses Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual inforce experience of MetLife and are deemed reasonable for these particular policy forms. The assumptions used in this filing were developed from the actual experience on these forms and supplemented, as needed, based on the experience of other forms.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

These policy forms were issued to provide coverage to eligible employees and retirees pursuant to an employer's sponsored benefits package. Family members of eligible employees and retirees were also eligible. The typical marketing methods utilized direct mail and call center support.

7. Underwriting Description

Several underwriting methods were used. These include Guaranteed Issue, Simplified Issue, and Full Underwriting. Guaranteed Issue applies only to those eligible employees who are actively at work. For those insureds that were not eligible for Guaranteed Issue, underwriting

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was performed by means of questions, including medical questions, and contacting health care providers for medical records as needed.

8. Premiums

Premium rates are level premiums from the date of issue, while payable, except when Periodic or Optional Inflation Additions are taken. The rates for each group policy reflect the specific group's risk profile. Premiums vary by the age of the insured at issue, the plan design and payment mode/method.

9. Issue Age Range

The minimum issue age for these forms was 18.

10. Area Factors

Area factors are not used for this product.

11. Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2013 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2013 have been allocated to a calendar year of incurral and included in historical incurred claims.

12. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

13. Past and Future Policy Experience

Nationwide experience for all policy forms combined is shown in Exhibit I. While the financial projections in Exhibit I include tax-qualified policy forms and other non-tax-qualified policy forms that were issued prior to the enactment of the Health Insurance Portability and Accountability Act (HIPAA), we are currently only requesting a rate increase on the tax-qualified policy forms listed above.

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the weighted average maximum

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valuation interest rate for contract reserves which is 4.48%. Incurred but not reported reserves were allocated based on a historical analysis of claim development pattern.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2014 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the weighted average maximum valuation interest rate for contract reserves, which is 4.48%.

14. Projected Earned Premiums and Incurred Claims

Earned premiums for projection years 2015 through 2095 are developed by multiplying each prior period's earned premium (starting with December 31, 2014 actual earned premium) by a persistency factor. For a year in which the rate increase is effective, the earned premium prior to the increase is multiplied by 1 plus the rate increase percent and an effectiveness factor for all policies shown in Exhibit I.

Each projection year claim amount is calculated by multiplying incidence, continuance and utilization factors by the policy and rider benefits on a seriatim basis.

Present and accumulated values in the lifetime projections in Exhibit I are determined at the average maximum valuation interest rate for contract reserves applicable to LTC business issued in the years in which the applicable business of this filing were issued. The maximum valuation interest rate averages 4.48%.

The assumptions used in the projections in Exhibit I were developed from the company's LTC insurance experience.

Projections in Exhibit II provide a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%;
2. 85% of the accumulated value of prior premium rate schedule increases;
3. Present value of future projected initial earned premium times 58%; and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

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15. History of Previous Inforce Rate Increases

There have been no previous inforce rate increases on the policy forms situated in VA.

16. Requested Rate Increase

The company is requesting an increase of 45% for the policy forms listed above. In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective on or after October 1, 2003, the effective date of the rate stabilization rule for this state.

Corresponding rate tables reflecting the 45% increase are included with this filing. Please note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms.

17. Analysis Performed

The initial premium schedule was based on pricing assumptions believed to be appropriate, given the information available at the time the initial rate schedule was developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

- a. Incidence and continuance rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications. Home health care incidence and continuance rates were based on the nursing home care rates with modifications.
- b. Voluntary termination rates by duration were assumed to be 5.5% in year one, grading down to 4.5% in year ten and thereafter.
- c. Mortality was based on the 1983 Group Annuity Mortality Table, adjusted to remove loading. These rates vary by age and sex.

As part of the inforce management of the business, MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on

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current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements.

The experience analysis, management's view of when a change to the original rate schedule may be considered and the seriatim inforce and claim data used in developing the projections in Exhibit I have been relied upon by the actuary in the development of this memorandum.

18. Loss Ratio Requirement Compliance Demonstration

Projected experience assuming the increase is implemented is shown in Exhibit I. As shown in Exhibit I, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio requirements.

19. Average Annual Premium

The average December 31, 2015 annualized premium for all premium-paying policies before and after the current requested increase of 45% are:

Before increase:	\$1,142
After current requested 45% increase:	\$1,656

The average December 31, 2015 annualized premiums for all premium-paying policies issued in VA, before and after the current requested increase of 45% are:

Before increase:	\$ 950
After current requested 45% increase:	\$1,377

20. Proposed Effective Date

The rate increase will become effective on the first day of the month following at least a 75 day advance written notification to the certificateholder.

21. Nationwide Distribution of Business as of December 31, 2015 (based on premium-paying policies inforce count)

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By Issue Age:

Issue Age	Percent
<45	21%
45-49	17%
50-54	22%
55-59	20%
60-64	12%
65-69	5%
70-74	2%
75+	1%
Total	100%

By Benefit Period:

Benefit Period (Days)	Percent
730	1%
1095	21%
1250	2%
1460	1%
1800	0%
1825	67%
2000	3%
2190	1%
2555	2%
2920	1%
3650	0%
5000	0%
Lifetime	2%
Total	100%

By Inflation Option:

Inflation	Percent
Optional	89%
Auto	11%
Total	100%

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By Home Care Percentage:

Home Care %	Percent
0% (FC Only)	3%
50%	26%
60%	33%
65%	1%
70%	0%
75%	32%
80%	2%
100%	4%
Total	100%

By Gender:

Gender	Percent
Female	55%
Male	45%
Total	100%

22. Number of Certificateholders

As of December 31, 2015, the number of premium-paying policies inforce and premiums that will be affected by this increase are:

Issued On or After Rate Stability Regulation Effective Date		
	Number of Insured	12/31/2015 Annualized Premium
VA	307	\$291,538
Nationwide	58,948	\$67,325,421

23. New Nonforfeiture Feature

Concurrent with this rate filing is a form filing for a nonforfeiture feature (the Limited Coverage Upon Lapse Following Contribution Increase Endorsement) that will provide limited coverage to certificateholders whose certificates do not currently provide a

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substantially equivalent nonforfeiture feature in the event they lapse their coverage within 120 days of the first due date of the increased premium for their coverage.

24. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of VA.

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience. For the 307 certificates issued on or after rate stability regulation effective date only, I certify that (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect moderately adverse conditions are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are interpreted as those conditions where aggregate experience deviates unfavorably from the aggregate experience assumptions used in determining the lifetime projections, such that the value of the deviation is equal to 5% of gross premiums or more.

I further certify that:

- the analysis described in Section 17 of this memorandum was used in determining the need for a rate increase;
- the policy design, underwriting and claims adjudication practices have been taken into consideration in this rate increase request;
- the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because we are no longer marketing new business.



Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

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1. Purpose of Filing

This supplement has been prepared for the purpose of providing additional information that may be helpful to the reviewer and may not be suitable for other purposes.

2. Compliance with 14VAC5-200-153

We are demonstrating compliance with the “58/85” loss ratio requirement (see Exhibit II).

3. Compliance with 14VAC5-130-70

We believe all information required has been provided in this filing. Attachment 3 provides the incurred loss ratios including active life reserves where available.

4. Nationwide and Virginia Specific Experience/Projections

Attachments 1 and 2 provide Nationwide and Virginia specific experience and projections respectively. As required by 14VAC5-200-153, these attachments use an interest rate consistent with that assumed in the determination of premiums (i.e., 6.00%).

5. Justification for Actuarial Assumptions

Recent experience studies based on MetLife’s own data have led to material changes in assumptions about key parameters including lapse, mortality, claims incidence and claims severity.

The study period was inception through June 30, 2014.

In general, the best-estimate for each assumption was determined based on the actual experience of each block of business. For certain items wherein experience was not deemed fully credible or where values of key parameters have or will change in the future, past experience is supplemented with judgment including the experience on other blocks. This is detailed for each assumption below.

Voluntary Lapse Rates

For the lapse study, the analysis was performed using only the most recent five years of experience. For the Group block, this basis was used in setting the recommended lapse rates. Since there was significant variation by age and duration, the experience was calculated by both issue age and policy duration groupings.

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Group - Lapse rates						
Policy Year	Issue Age					
	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60+
1	15.6%	10.2%	7.6%	6.5%	6.1%	3.3%
2	12.3%	7.6%	5.8%	4.7%	3.9%	2.9%
3	10.0%	7.3%	5.4%	4.9%	3.7%	2.2%
4	7.9%	5.7%	4.1%	3.5%	2.9%	2.0%
5	7.1%	5.1%	3.8%	3.3%	2.6%	1.5%
6	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
7	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
8	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
9	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
10	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
11	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
12	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
13	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
*14+	2.5%	1.7%	1.0%	0.9%	0.8%	0.8%

Select and Ultimate Mortality Rates

The ultimate mortality experience is 97% of the Annuity 2000 Basic Table. In general, multiples of this table fit well to experience. The ultimate duration is eleven years. The mortality experience was calculated by both issue age and policy duration groupings. However, because of insignificant variation, the mortality assumption does not vary by issue age.

Mortality Selection Factors

Policy Year	Factor
1	65%
2	75%
3	80%
4	85%
5	90%
6	95%
7+	100%

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Morbidity Selection Period and Factors

The analysis presumed that the measurable effects of underwriting eventually wore off such that the ultimate incidence rates would converge to an attained age scale rather than continue based on issue age and duration.

The calculation compared incidence rates for various policy durations at the same attained age points. Using this method, it is expected that later durations should always have higher incidence rates than earlier durations for a given attained age until selection has worn off at which point one should not be able to differentiate incidence rates by duration.

The Table below summarizes the findings.

Morbidity Selection Factors

Policy Year	Factor
1	58%
2	59%
3	83%
4+	100%

Ultimate Incidence Rates

Based on the selection period analysis, the ultimate period is defined as durations four and later. Raw ultimate attained age incidence rates were calculated separately for each gender and site of care. These rates were then grossed-up to zero-day elimination period equivalents to account for the impact of the various elimination periods inherent in the experience data. Where data were credible, the raw rates were smoothed across ages within each segment using an algorithm to solve a Whittaker-Henderson minimization. Where data were not credible, values were assumed based on relative values to other similar blocks of business with credible data.

Continuance

Continuance curves were developed by gender and site of care using data from all forms for reasons of credibility. The raw termination rates were smoothed using a nine-age moving average across claim ages for each claim duration.

Credible claim termination data ceased after four years for females and three years for males. To estimate claim termination rates beyond these claim durations, it was assumed that mortality was the only decrement (i.e., assume no recoveries). Using the attained age

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death rates from the credible period, a constant load to the 83GAM table was calculated for each gender and used to develop the late duration continuance. Because large mortality loads lead to the need to cap mortality rates from exceeding 1.0, the mortality loads of 3.30 (male) and 3.15 (female) were converted to survival loads of 0.79 (male) and 0.86 (female).

Final smoothing adjustments were made to ensure that the rates were positive and monotonically decreasing.

Utilization (Salvage)

This study defines utilization as the ratio of actual benefit dollars paid to the maximum benefit dollars payable under the provisions of the policy while on claim. This definition includes the reduction in benefits paid due to a) reimbursement of actual daily expenses incurred which are less than the maximum daily benefit amount (DBA) and b) reimbursement of expenses incurred only on days services are received. Note that this is consistent with the development of the continuance tables which represent calendar days rather than service days.

Note that while utilization rates under one hundred percent result in an immediate cost reduction, the lifetime pool of benefit dollars is not reduced. Effectively, this lengthens the benefit period which offsets some of the savings.

The results were analyzed for Facility Care and Home Care separately. Again, certain forms were combined for reasons of credibility. The facility care utilization factor is 71% and the home care utilization factor is 58%.

Credibility of Results

With over 8.5 million life years of exposure and 43,000 claims, 96,000 deaths and 284,000 lapses, the overall results are credible. However, at the cellular level, there are many points that are not credible. The level of credibility is a matter of judgment.

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A standard statistical measure of credibility is

$$\text{Credibility} = \text{Min} \left(\sqrt{\frac{N}{271}}, 1 \right)$$

where

- N is the number of claims
- 271 is the required number of claims corresponding to a 90% probability of being within 10% of the mean and is calculated as $(1.645/.1)^2$ where 1.645 is the value from the normal table at 90%.

The values of 90% and 10% are subjective, but it is commonly used in the industry.

6. Reserve Basis

The active life reserve is equal to the present value of future incurred benefits minus the present value of future valuation premium. The valuation premium is calculated using a one-Year Full Preliminary Term Methodology. The valuation interest rate is consistent with the interest rate applicable for similar whole life insurance policies. The mortality table used for valuation is 2000 Basic, 83 IAM or 83 GAM table depending on the year of issue.

The claim reserve is equal to the present value of the future benefits for claims incurred prior to the valuation date. The valuation interest rate is equal to or less than the whole life valuation rate in effect on the date the claim was incurred.

7. Comparison to Original Pricing Assumptions

Attachment 4 provides a comparison of original pricing assumptions to the current assumptions.

8. Original Pricing and Current Lifetime Loss Ratios

The lifetime loss ratio anticipated in the original filings was 73%. The current projected loss ratio is 115.0%.

9. Restated Loss Ratio with Rate Increase Applied Historically

Attachments 5 and 6 provide Nationwide and Virginia specific experience and projections, respectively, including the lifetime loss ratio, with the historical experience restated to what it would have been if the proposed premium had been charged since inception. The Virginia

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specific data is based on group policies situated in Virginia. As required by 14VAC5-200-153, Attachments 5 and 6 use an interest rate consistent with that assumed in the determination of premiums (i.e., 6.00%).

10. Original Interest Rate

The original pricing interest rate was 6.00%. Attachments 1 and 2 provide Nationwide and Virginia specific experience and projections using 6.00% as the discount rate.

11. Rate Increase Assumptions versus Cash Flow Testing Assumptions

Other than interest rate, the assumptions used in the rate increase projections are no more conservative than used in current asset adequacy testing.

12. Conservatism in Assumptions

With the exception of the discount rate which is shown at various levels, all assumptions reflect best estimates and contain no conservatism.

13. Certificateholder Options

We intend to provide certificateholders with a minimum of 75 days advance written notice prior to the first effective date of the premium rate schedule increase. In our written notification we will explain that:

- the certificateholder can continue his/her current coverage by paying the new premium amount when due;
- the certificateholder can reduce his/her coverage to lessen the impact of the premium rate schedule increase if the current level of coverage permits a reduction; or
- if the certificateholder's coverage lapses (due to nonpayment of premium or cancellation) at anytime from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), that the certificateholder will have nonforfeiture coverage as follows:
- if the certificateholder's coverage does not include a nonforfeiture feature we will issue the certificateholder the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") described below;

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- if the certificateholder's coverage includes a nonforfeiture feature, but that feature will provide no benefit or a lower benefit than LCUL (as determined by us), we will issue the certificateholder LCUL and pay benefits under LCUL rather than the nonforfeiture feature included in the certificateholder's coverage;
- if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits equal to or greater than LCUL (as determined by us), we will provide nonforfeiture coverage under the feature already included in the certificateholder's coverage;
- if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits that are different than the benefits provided under LCUL such that we determine that it would be appropriate to provide the certificateholder with a choice of retaining their existing nonforfeiture feature or electing LCUL, we will present LCUL as an option that the certificateholder can elect instead of the nonforfeiture feature included in the certificate. In this scenario, LCUL will only be issued and apply if specifically elected by the certificateholder instead of the nonforfeiture feature included in his/her certificate;
- if the certificateholder qualifies for coverage under Contingent Benefit Upon Lapse as a result of the premium rate schedule increase, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse; and

We will not provide coverage under more than one nonforfeiture coverage provision.

Exhibit I
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest				With Interest		Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor		
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims			Loss Ratio	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency	
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.48%	2.0609
	1999	-	-	N/A	-	-	-	N/A								4.48%	1.9725
	2000	-	-	N/A	-	-	-	N/A								4.48%	1.8879
	2001	-	-	N/A	-	-	-	N/A								4.48%	1.8070
	2002	-	-	N/A	-	-	-	N/A								4.48%	1.7295
	2003	765,279	149,962	19.6%	2,163	1,266,780	248,235	19.6%								4.48%	1.6553
	2004	10,225,826	897,561	8.8%	22,556	16,201,179	1,422,041	8.8%								4.48%	1.5843
	2005	25,769,954	4,389,180	17.0%	41,609	39,077,673	6,655,772	17.0%								4.48%	1.5164
	2006	40,088,025	4,376,636	10.9%	59,496	58,183,061	6,352,174	10.9%								4.48%	1.4514
	2007	53,209,390	8,229,516	15.5%	67,648	73,915,754	11,432,022	15.5%								4.48%	1.3891
	2008	58,749,798	9,874,011	16.8%	70,318	78,112,753	13,128,321	16.8%								4.48%	1.3296
	2009	62,424,619	12,069,068	19.3%	73,968	79,439,829	15,358,759	19.3%								4.48%	1.2726
	2010	63,270,310	8,344,253	13.2%	73,286	77,063,583	10,163,346	13.2%								4.48%	1.2180
	2011	63,852,892	9,908,336	15.5%	72,580	74,438,334	11,550,926	15.5%								4.48%	1.1658
Projected Future Experience	2012	61,861,620	13,881,342	22.4%	71,047	69,024,648	15,488,678	22.4%								4.48%	1.1158
	2013	58,727,270	17,243,698	29.4%	69,851	62,717,618	18,415,357	29.4%								4.48%	1.0679
	2014	57,282,264	15,515,804	27.1%	68,310	56,851,329	15,851,329	27.1%								4.48%	1.0222
	2015	57,093,254	19,261,933	33.7%	66,452	55,855,792	18,844,442	33.7%	1.0000	N/A	0.0272	0.0000	0.973	0.997	4.48%	0.9783	
	2016	55,097,241	21,327,160	38.7%	64,705	51,591,731	19,970,240	38.7%	1.0000	N/A	0.0263	0.0000	0.974	0.965	4.48%	0.9364	
	2017	53,196,184	23,590,760	44.3%	63,056	47,675,754	21,142,631	44.3%	1.0000	N/A	0.0255	0.0000	0.975	0.965	4.48%	0.8962	
	2018	51,365,281	26,011,606	50.6%	61,488	44,060,924	22,312,647	50.6%	1.0000	N/A	0.0249	0.0000	0.975	0.966	4.48%	0.8578	
	2019	49,593,655	28,660,676	57.8%	59,995	40,717,104	23,530,827	57.8%	1.0000	N/A	0.0243	0.0000	0.976	0.966	4.48%	0.8210	
	2020	47,861,801	31,568,761	66.0%	58,544	37,610,296	24,807,051	66.0%	1.0000	N/A	0.0242	0.0000	0.976	0.965	4.48%	0.7858	
	2021	46,148,017	34,789,280	75.4%	57,104	34,708,631	26,165,533	75.4%	1.0000	N/A	0.0246	0.0000	0.975	0.964	4.48%	0.7521	
	2022	44,447,915	38,371,242	86.3%	55,665	31,936,514	27,622,128	86.3%	1.0000	N/A	0.0252	0.0000	0.975	0.963	4.48%	0.7199	
	2023	42,745,953	42,327,257	99.0%	54,213	29,451,886	29,163,405	99.0%	1.0000	N/A	0.0261	0.0000	0.974	0.962	4.48%	0.6890	
	2024	41,026,913	46,682,356	113.8%	52,740	27,055,389	30,784,897	113.8%	1.0000	N/A	0.0272	0.0000	0.973	0.960	4.48%	0.6595	
	2025	39,290,844	51,444,598	130.9%	51,242	24,799,512	32,470,693	130.9%	1.0000	N/A	0.0284	0.0000	0.972	0.958	4.48%	0.6312	
2026	37,544,690	56,609,579	150.8%	49,714	22,681,258	34,198,617	150.8%	1.0000	N/A	0.0298	0.0000	0.970	0.956	4.48%	0.6041		
2027	35,781,641	62,173,837	173.8%	48,153	20,689,117	35,950,569	173.8%	1.0000	N/A	0.0314	0.0000	0.969	0.953	4.48%	0.5782		
2028	34,003,262	68,107,150	200.3%	46,560	18,817,974	37,691,637	200.3%	1.0000	N/A	0.0331	0.0000	0.967	0.950	4.48%	0.5534		
2029	32,220,896	74,358,423	230.8%	44,934	17,066,982	39,368,673	230.8%	1.0000	N/A	0.0349	0.0000	0.965	0.948	4.48%	0.5297		
2030	30,434,313	80,875,661	265.7%	43,277	15,429,415	41,001,883	265.7%	1.0000	N/A	0.0369	0.0000	0.963	0.945	4.48%	0.5070		
2031	28,644,334	87,524,295	305.6%	41,589	13,899,255	42,469,918	305.6%	1.0000	N/A	0.0390	0.0000	0.961	0.941	4.48%	0.4852		
2032	26,865,037	94,172,920	350.5%	39,874	12,476,911	43,736,666	350.5%	1.0000	N/A	0.0412	0.0000	0.959	0.938	4.48%	0.4644		
2033	25,098,299	100,723,707	401.3%	38,136	11,156,572	44,773,203	401.3%	1.0000	N/A	0.0436	0.0000	0.956	0.934	4.48%	0.4445		
2034	23,351,769	107,104,432	458.7%	36,376	9,935,119	45,568,082	458.7%	1.0000	N/A	0.0461	0.0000	0.954	0.930	4.48%	0.4255		
2035	21,637,216	113,122,036	522.8%	34,600	8,810,925	46,964,928	522.8%	1.0000	N/A	0.0489	0.0000	0.952	0.927	4.48%	0.4072		
2036	19,959,372	118,583,222	594.1%	32,813	7,779,180	46,217,901	594.1%	1.0000	N/A	0.0516	0.0000	0.948	0.922	4.48%	0.3898		
2037	18,326,895	123,416,054	673.4%	31,022	6,836,640	46,038,956	673.4%	1.0000	N/A	0.0546	0.0000	0.945	0.918	4.48%	0.3730		
2038	16,746,992	127,510,834	761.4%	29,234	5,979,398	45,526,864	761.4%	1.0000	N/A	0.0577	0.0000	0.942	0.914	4.48%	0.3570		
2039	15,229,445	130,673,322	858.0%	27,455	5,204,411	44,655,444	858.0%	1.0000	N/A	0.0608	0.0000	0.939	0.909	4.48%	0.3417		
2040	13,781,232	132,865,463	964.1%	25,694	4,507,569	43,457,669	964.1%	1.0000	N/A	0.0641	0.0000	0.936	0.905	4.48%	0.3271		
2041	12,408,091	134,077,945	1080.6%	23,959	3,884,419	41,973,620	1080.6%	1.0000	N/A	0.0675	0.0000	0.932	0.900	4.48%	0.3131		
2042	11,114,621	138,342,138	1238.1%	22,258	3,330,294	40,234,008	1238.1%	1.0000	N/A	0.0710	0.0000	0.929	0.896	4.48%	0.2998		
2043	9,904,576	133,458,829	1347.4%	20,600	2,840,473	38,273,849	1347.4%	1.0000	N/A	0.0745	0.0000	0.926	0.891	4.48%	0.2868		
2044	8,780,509	131,681,855	1499.7%	18,993	2,410,135	36,144,948	1499.7%	1.0000	N/A	0.0780	0.0000	0.922	0.887	4.48%	0.2745		
2045	7,743,307	129,004,346	1666.0%	17,441	2,034,300	33,891,660	1666.0%	1.0000	N/A	0.0817	0.0000	0.918	0.882	4.48%	0.2627		
2046	6,792,637	125,474,168	1847.2%	15,953	1,708,023	31,550,748	1847.2%	1.0000	N/A	0.0853	0.0000	0.915	0.877	4.48%	0.2515		
2047	5,927,103	121,212,868	2045.1%	14,532	1,426,477	29,172,315	2045.1%	1.0000	N/A	0.0891	0.0000	0.911	0.873	4.48%	0.2407		
2048	5,143,279	116,337,792	2261.9%	13,184	1,184,757	26,798,459	2261.9%	1.0000	N/A	0.0928	0.0000	0.907	0.868	4.48%	0.2304		
2049	4,439,910	110,910,654	2498.0%	11,912	978,881	24,452,829	2498.0%	1.0000	N/A	0.0965	0.0000	0.903	0.863	4.48%	0.2205		
2050	3,813,117	105,066,186	2755.4%	10,718	804,642	22,171,019	2755.4%	1.0000	N/A	0.1002	0.0000	0.900	0.859	4.48%	0.2110		
2051	3,257,548	98,937,045	3037.2%	9,603	657,931	19,982,437	3037.2%	1.0000	N/A	0.1040	0.0000	0.896	0.854	4.48%	0.2020		
2052	2,767,983	92,540,602	3343.3%	8,569	535,081	17,889,107	3343.3%	1.0000	N/A	0.1077	0.0000	0.892	0.850	4.48%	0.1933		
2053	2,340,023	86,026,895	3676.3%	7,614	432,956	15,916,861	3676.3%	1.0000	N/A	0.1115	0.0000	0.889	0.845	4.48%	0.1850		
2054	1,968,263	79,506,188	4039.4%	6,737	348,556	14,079,621	4039.4%	1.0000	N/A	0.1151	0.0000	0.885	0.841	4.48%	0.1771		
2055	1,647,309	73,060,424	4435.1%	5,937	279,211	12,383,376	4435.1%	1.0000	N/A	0.1188	0.0000	0.881	0.837	4.48%	0.1695		
2056	1,371,830	66,767,587	4867.0%	5,211	222,548	10,831,510	4867.0%	1.0000	N/A	0.1223	0.0000	0.878	0.833	4.48%	0.1622		
2057	1,136,775	60,682,759	5338.1%	4,554	176,508	9,422,277	5338.1%	1.0000	N/A	0.1262	0.0000	0.874	0.829	4.48%	0.1553		
2058	937,250	54,873,742	5854.8%	3,963	139,288	8,154,962	5854.8%	1.0000	N/A	0.1296	0.0000	0.870	0.824	4.48%	0.1486		
2059	769,300	49,363,954	6416.7%	3,436	109,426	7,021,569	6416.7%	1.0000	N/A	0.1330	0.0000	0.867	0.821	4.48%	0.1422		
2060	628,716	44,176,866	7026.5%	2,966	85,594	6,014,312	7026.5%	1.0000	N/A	0.1367	0.0000	0.863	0.817	4.48%	0.1361		
2061	511,492	39,340,560	7691.3%	2,549	66,649	5,126,234	7691.3%	1.0000	N/A	0.1406	0.0000	0.859	0.814	4.48%	0.1303		
2062	414,090	34,852,721	8416.7%	2,182	51,644	4,346,717	8416.7%	1.0000	N/A	0.1439	0.0000	0.856	0.810	4.48%	0.1247		
2063	333,811	30,745,965	9204.6%	1,860	39,847	3,667,119	9204.6%	1.0000	N/A	0.1473	0.0000	0.852	0.806	4.48%	0.1194		
2064	268,022	26,949,155	10054.8%	1,578	30,622	3,078,956	10054.8%	1.0000	N/A								

Exhibit I
Metropolitan Life Insurance Company
Nationwide Experience Projections With 45% Future Increase
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors		
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency
Historical Experience	1998	-	-	N/A	-	-	-	N/A							4.48%	2.0609
	1999	-	-	N/A	-	-	-	N/A							4.48%	1.9725
	2000	-	-	N/A	-	-	-	N/A							4.48%	1.8879
	2001	-	-	N/A	-	-	-	N/A							4.48%	1.8070
	2002	-	-	N/A	-	-	-	N/A							4.48%	1.7295
	2003	765,279	149,962	19.6%	2,163	1,266,780	248,235	19.6%							4.48%	1.6553
	2004	10,225,826	897,561	8.8%	22,556	16,201,179	1,422,041	8.8%							4.48%	1.5843
	2005	25,769,954	4,389,180	17.0%	41,609	39,077,673	6,655,772	17.0%							4.48%	1.5164
	2006	40,088,026	4,376,636	10.9%	59,486	58,183,061	6,352,174	10.9%							4.48%	1.4514
	2007	53,208,390	8,229,516	15.5%	67,648	73,915,754	11,432,022	15.5%							4.48%	1.3891
	2008	58,749,798	9,874,011	16.8%	70,318	78,112,753	13,128,321	16.8%							4.48%	1.3296
	2009	62,424,619	12,069,068	19.3%	73,968	79,439,829	15,358,759	19.3%							4.48%	1.2726
	2010	63,270,310	8,344,253	13.2%	73,286	77,063,583	10,163,346	13.2%							4.48%	1.2180
	2011	63,852,892	9,908,336	15.5%	72,580	74,438,334	11,550,926	15.5%							4.48%	1.1658
Projected Future Experience	2012	61,861,620	13,881,342	22.4%	71,047	69,024,648	15,488,678	22.4%							4.48%	1.1158
	2013	58,727,270	17,243,698	29.4%	69,851	62,717,618	18,415,357	29.4%							4.48%	1.0679
	2014	57,282,264	15,515,804	27.1%	68,310	58,551,329	15,851,329	27.1%							4.48%	1.0222
	2015	57,093,254	19,261,933	33.7%	66,452	55,855,792	18,844,442	33.7%	1.0000	1.0000	0.0272	1.0000	0.973	0.997	4.48%	0.9783
	2016	55,097,241	21,327,160	38.7%	64,705	51,591,731	19,970,240	38.7%	1.0000	1.0000	0.0263	1.0000	0.974	0.965	4.48%	0.9364
	2017	64,815,861	22,767,291	35.1%	62,872	58,089,600	20,404,617	35.1%	1.2625	0.9679	0.0283	0.9971	0.972	0.965	4.48%	0.8962
	2018	70,031,360	24,458,063	34.9%	61,180	60,072,608	20,980,024	34.9%	1.4500	0.9450	0.0269	0.9950	0.973	0.966	4.48%	0.8578
	2019	67,615,927	26,948,918	39.9%	59,695	55,513,648	22,125,449	39.9%	1.4500	0.9450	0.0243	0.9950	0.976	0.966	4.48%	0.8210
	2020	65,254,720	29,693,317	45.5%	58,251	51,277,817	23,325,450	45.5%	1.4500	0.9450	0.0242	0.9950	0.976	0.965	4.48%	0.7858
	2021	62,918,149	32,711,471	52.0%	56,818	47,321,704	24,602,798	52.0%	1.4500	0.9450	0.0246	0.9950	0.975	0.964	4.48%	0.7521
	2022	60,600,232	36,079,520	59.5%	55,387	43,624,007	25,972,396	59.5%	1.4500	0.9450	0.0252	0.9950	0.975	0.963	4.48%	0.7199
	2023	58,279,779	39,799,262	68.3%	53,942	40,154,664	27,421,621	68.3%	1.4500	0.9450	0.0261	0.9950	0.974	0.962	4.48%	0.6890
	2024	55,936,042	43,894,252	78.5%	52,476	36,887,283	28,946,269	78.5%	1.4500	0.9450	0.0272	0.9950	0.973	0.960	4.48%	0.6595
	2025	53,569,088	48,372,070	90.3%	50,986	33,811,624	30,531,381	90.3%	1.4500	0.9450	0.0284	0.9950	0.972	0.958	4.48%	0.6312
Past Future Lifetime	2026	51,188,384	53,228,572	104.0%	49,465	30,923,599	32,156,104	104.0%	1.4500	0.9450	0.0298	0.9950	0.970	0.956	4.48%	0.6041
	2027	48,784,224	58,462,207	119.8%	47,913	28,207,516	33,803,421	119.8%	1.4500	0.9450	0.0314	0.9950	0.969	0.953	4.48%	0.5782
	2028	46,360,005	64,039,451	138.1%	46,327	25,656,403	35,440,504	138.1%	1.4500	0.9450	0.0331	0.9950	0.967	0.950	4.48%	0.5534
	2029	43,929,929	69,917,366	159.2%	44,709	23,269,102	37,034,304	159.2%	1.4500	0.9450	0.0349	0.9950	0.965	0.948	4.48%	0.5297
	2030	41,494,105	76,045,362	183.3%	43,060	21,036,445	38,553,045	183.3%	1.4500	0.9450	0.0369	0.9950	0.963	0.945	4.48%	0.5070
	2031	39,053,649	82,296,907	210.7%	41,381	18,950,227	39,933,402	210.7%	1.4500	0.9450	0.0390	0.9950	0.961	0.941	4.48%	0.4852
	2032	36,627,758	88,548,443	241.8%	39,675	17,011,005	41,124,493	241.8%	1.4500	0.9450	0.0412	0.9950	0.959	0.938	4.48%	0.4644
	2033	34,218,990	94,707,984	276.8%	37,945	15,210,856	42,099,124	276.8%	1.4500	0.9450	0.0436	0.9950	0.956	0.934	4.48%	0.4445
	2034	31,837,773	100,707,620	316.3%	36,194	13,545,529	42,846,528	316.3%	1.4500	0.9450	0.0461	0.9950	0.954	0.930	4.48%	0.4255
	2035	29,500,154	106,366,668	360.6%	34,427	12,012,805	43,313,741	360.6%	1.4500	0.9450	0.0489	0.9950	0.951	0.927	4.48%	0.4072
	2036	27,212,582	111,500,839	409.7%	32,649	10,606,125	43,457,537	409.7%	1.4500	0.9450	0.0516	0.9950	0.948	0.922	4.48%	0.3898
	2037	24,986,866	116,045,030	464.4%	30,867	9,321,066	43,289,279	464.4%	1.4500	0.9450	0.0546	0.9950	0.945	0.918	4.48%	0.3730
	2038	22,832,828	119,895,250	525.1%	29,087	8,152,304	42,807,772	525.1%	1.4500	0.9450	0.0577	0.9950	0.942	0.914	4.48%	0.3570
	2039	20,763,806	122,868,857	591.7%	27,317	7,095,687	41,988,398	591.7%	1.4500	0.9450	0.0608	0.9950	0.939	0.909	4.48%	0.3417
	2040	18,789,315	124,930,073	664.9%	25,565	6,145,614	40,462,159	664.9%	1.4500	0.9450	0.0641	0.9950	0.936	0.905	4.48%	0.3271
	2041	16,917,176	126,070,139	745.2%	23,839	5,296,013	39,466,934	745.2%	1.4500	0.9450	0.0675	0.9950	0.932	0.900	4.48%	0.3131
	2042	15,153,680	126,255,332	833.2%	22,147	4,540,519	37,831,032	833.2%	1.4500	0.9450	0.0710	0.9950	0.929	0.896	4.48%	0.2998
	2043	13,503,887	125,488,001	929.3%	20,497	3,872,698	35,987,943	929.3%	1.4500	0.9450	0.0745	0.9950	0.926	0.891	4.48%	0.2868
	2044	11,971,335	123,817,156	1034.3%	18,898	3,285,975	33,986,191	1034.3%	1.4500	0.9450	0.0780	0.9950	0.922	0.887	4.48%	0.2745
	2045	10,557,216	121,299,562	1149.0%	17,354	2,773,562	31,867,481	1149.0%	1.4500	0.9450	0.0817	0.9950	0.918	0.882	4.48%	0.2627
	2046	9,261,073	117,980,223	1273.9%	15,873	2,328,717	29,666,380	1273.9%	1.4500	0.9450	0.0853	0.9950	0.915	0.877	4.48%	0.2515
	2047	8,081,005	113,973,429	1410.4%	14,459	1,944,857	27,429,999	1410.4%	1.4500	0.9450	0.0891	0.9950	0.911	0.873	4.48%	0.2407
	2048	7,012,341	109,389,518	1560.0%	13,118	1,615,296	25,197,921	1560.0%	1.4500	0.9450	0.0928	0.9950	0.907	0.868	4.48%	0.2304
	2049	6,053,368	104,286,515	1722.8%	11,852	1,334,606	22,992,384	1722.8%	1.4500	0.9450	0.0965	0.9950	0.903	0.863	4.48%	0.2205
	2050	5,198,799	98,791,108	1900.3%	10,664	1,097,048	20,846,855	1900.3%	1.4500	0.9450	0.1002	0.9950	0.900	0.859	4.48%	0.2110
	2051	4,441,337	93,028,030	2094.6%	9,555	897,022	18,788,986	2094.6%	1.4500	0.9450	0.1040	0.9950	0.896	0.854	4.48%	0.2020
	2052	3,773,865	87,013,614	2305.7%	8,526	729,529	16,820,680	2305.7%	1.4500	0.9450	0.1077	0.9950	0.892	0.850	4.48%	0.1933
	2053	3,190,384	80,888,938	2535.4%	7,576	590,291	14,966,227	2535.4%	1.4500	0.9450	0.1115	0.9950	0.889	0.845	4.48%	0.1850
	2054	2,683,527	74,757,681	2785.8%	6,704	475,221	13,238,715	2785.8%	1.4500	0.9450	0.1151	0.9950	0.885	0.841	4.48%	0.1771
	2055	2,245,939	68,696,890	3058.7%	5,908	380,675	11,643,779	3058.7%	1.4500	0.9450	0.1188	0.9950	0.881	0.837	4.48%	0.1695
	2056	1,870,352	62,779,893	3356.6%	5,185	303,422	10,184,607	3356.6%	1.4500	0.9450	0.1223	0.9950	0.878	0.833	4.48%	0.1622
	2057	1,549,878	57,058,481	3681.5%	4,531	240,651	8,859,531	3681.5%	1.4500	0.9450	0.1262	0.9950	0.874	0.829	4.48%	0.1553
	2058	1,277,846	51,596,408	4037.8%	3,944	189,905	7,667,907	4037.8%	1.4500	0.9450	0.1296	0.9950	0.870	0.824	4.48%	0.1486
	2059	1,048,862	46,415,692	4425.3%	3,419	149,191	6,602,205	4425.3%	1.4500	0.9450	0.1330	0.9950	0.867	0.821	4.48%	0.1422
2060	857,191	41,538,402	4845.9%	2,952	116,699	5,655,107	4845.9%	1.4500	0.9450	0.1367	0.9950	0.863	0.817	4.48%	0.1361	
2061	697,368	36,990,945	5304.4%	2,537	90,870	4,820,069	5304.4%	1.4500	0.9450	0.1406	0.9950	0.859	0.814	4.48%	0.1307	
2062	564,570	32,771,142	5804.6%	2,172	70,417	4,087,110	5804.6%	1.4500	0.9450	0.1439	0.9950	0.856	0.810	4.48%	0.1243	
2063	455,352	28,990,763	6348.0%	1,851	54,822	3,448,607	<									

Exhibit II
Demonstration that Lifetime Incurred Claims with Requested Increase are
Not Less than Lifetime Earned Premium with Prescribed Factors
Policies Issued On or After October 1, 2003

1	Accumulated value of initial earned premium	687,992,542	x	58%	=	399,035,674
2a	Accumulated value of earned premium	687,992,542				
2b	Accumulated value of prior premium rate schedule increases (2a-1)	0		85%	=	0
3	Present value of future projected initial earned premium	630,667,080		58%	=	365,786,907
4a	Present value of future projected premium	813,892,949				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	183,225,869		85%	=	155,741,989
5	Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					920,564,569
6a	Accumulated value of incurred claims without the inclusion of active life reserves					126,075,181
6b	Present value of future projected incurred claims without the inclusion of active life reserves					1,309,628,873
7	Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					1,435,704,054
8	Test: 7 is not less than 5					TRUE

Attachment 1
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest				With Interest		Premium Rate Increase Factor		Benefit Downgrade		Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims					Loss Ratio	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency		
Historical Experience	1998	-	-	N/A	-	-	-	-	N/A							6.00%	2.6155
	1999	-	-	N/A	-	-	-	-	N/A							6.00%	2.4674
	2000	-	-	N/A	-	-	-	-	N/A							6.00%	2.3277
	2001	-	-	N/A	-	-	-	-	N/A							6.00%	2.1960
	2002	-	-	N/A	-	-	-	-	N/A							6.00%	2.0717
	2003	765,279	149,962	19.6%	2,163	1,495,675	293,089	19.6%								6.00%	1.9544
	2004	10,225,826	897,561	8.8%	22,556	18,854,281	1,654,914	8.8%								6.00%	1.8438
	2005	25,769,954	4,389,180	17.0%	41,609	44,824,903	7,634,650	17.0%								6.00%	1.7394
	2006	40,088,026	4,376,636	10.9%	59,496	65,783,129	7,181,916	10.9%								6.00%	1.6510
	2007	53,209,390	8,229,516	15.5%	67,648	82,372,505	12,739,967	15.5%								6.00%	1.5481
	2008	58,749,798	9,874,011	16.8%	70,318	85,801,425	14,420,547	16.8%								6.00%	1.4605
	2009	62,424,619	12,069,068	19.3%	73,968	86,007,864	16,628,612	19.3%								6.00%	1.3778
	2010	63,270,310	8,344,253	13.2%	73,286	82,238,722	10,845,856	13.2%								6.00%	1.2998
	2011	63,852,892	9,908,336	15.5%	72,580	78,298,078	12,149,859	15.5%								6.00%	1.2262
Projected Future Experience	2012	61,861,620	13,881,342	22.4%	71,047	71,562,574	16,058,172	22.4%								6.00%	1.1568
	2013	58,727,270	17,243,698	29.4%	69,851	64,091,231	18,816,682	29.4%								6.00%	1.0913
	2014	57,282,264	15,515,804	27.1%	68,310	58,975,700	15,974,498	27.1%								6.00%	1.0296
	2015	57,093,254	19,261,933	33.7%	66,452	55,453,871	18,708,843	33.7%	1.0000	N/A	0.0272	0.0000	0.973	0.997	6.00%	0.9713	
	2016	55,097,241	21,327,160	38.7%	64,705	50,486,010	19,542,235	38.7%	1.0000	N/A	0.0263	0.0000	0.974	0.965	6.00%	0.9163	
	2017	53,196,184	23,590,760	44.3%	63,056	45,984,960	20,392,819	44.3%	1.0000	N/A	0.0255	0.0000	0.975	0.965	6.00%	0.8644	
	2018	51,365,281	26,011,606	50.6%	61,488	41,888,918	21,212,734	50.6%	1.0000	N/A	0.0249	0.0000	0.975	0.966	6.00%	0.8155	
	2019	49,593,655	28,660,676	57.8%	59,995	38,154,847	22,050,074	57.8%	1.0000	N/A	0.0243	0.0000	0.976	0.966	6.00%	0.7693	
	2020	47,861,801	31,568,766	66.0%	58,544	34,738,158	22,912,648	66.0%	1.0000	N/A	0.0242	0.0000	0.976	0.965	6.00%	0.7259	
	2021	46,148,017	34,789,280	75.4%	57,104	31,598,388	23,820,840	75.4%	1.0000	N/A	0.0246	0.0000	0.975	0.964	6.00%	0.6847	
	2022	44,447,915	38,371,242	86.3%	55,665	28,711,601	24,786,309	86.3%	1.0000	N/A	0.0252	0.0000	0.975	0.963	6.00%	0.6460	
	2023	42,745,953	42,327,257	99.0%	54,213	26,049,245	25,794,094	99.0%	1.0000	N/A	0.0261	0.0000	0.974	0.962	6.00%	0.6094	
	2024	41,026,913	46,682,356	113.8%	52,740	23,586,479	26,837,808	113.8%	1.0000	N/A	0.0272	0.0000	0.973	0.960	6.00%	0.5749	
	2025	39,290,844	51,444,598	130.9%	51,242	21,309,820	27,901,541	130.9%	1.0000	N/A	0.0284	0.0000	0.972	0.958	6.00%	0.5424	
2026	37,544,690	56,609,579	150.8%	49,714	19,210,164	28,964,929	150.8%	1.0000	N/A	0.0298	0.0000	0.970	0.956	6.00%	0.5117		
2027	35,781,641	62,178,647	176.8%	48,153	17,271,625	30,012,145	176.8%	1.0000	N/A	0.0314	0.0000	0.969	0.953	6.00%	0.4833		
2028	34,003,262	68,107,150	200.3%	46,560	15,484,294	31,014,410	200.3%	1.0000	N/A	0.0331	0.0000	0.967	0.950	6.00%	0.4554		
2029	32,220,896	74,358,423	230.8%	44,934	13,842,119	31,944,429	230.8%	1.0000	N/A	0.0349	0.0000	0.965	0.948	6.00%	0.4296		
2030	30,434,313	80,875,661	265.7%	43,277	12,334,530	32,777,583	265.7%	1.0000	N/A	0.0369	0.0000	0.963	0.945	6.00%	0.4053		
2031	28,644,334	87,524,295	305.6%	41,589	10,951,963	33,464,308	305.6%	1.0000	N/A	0.0390	0.0000	0.961	0.941	6.00%	0.3823		
2032	26,865,037	94,172,920	350.5%	39,874	9,690,246	33,968,267	350.5%	1.0000	N/A	0.0412	0.0000	0.959	0.938	6.00%	0.3607		
2033	25,098,299	100,723,707	401.3%	38,136	8,540,549	34,274,663	401.3%	1.0000	N/A	0.0436	0.0000	0.956	0.934	6.00%	0.3403		
2034	23,351,769	107,104,432	458.7%	36,376	7,496,446	34,382,945	458.7%	1.0000	N/A	0.0461	0.0000	0.954	0.930	6.00%	0.3210		
2035	21,637,216	113,122,036	522.8%	34,600	6,552,864	34,259,453	522.8%	1.0000	N/A	0.0488	0.0000	0.951	0.927	6.00%	0.3029		
2036	19,959,372	118,583,222	594.1%	32,813	5,702,572	33,880,292	594.1%	1.0000	N/A	0.0516	0.0000	0.948	0.922	6.00%	0.2857		
2037	18,326,895	123,416,054	673.4%	31,022	4,939,772	33,265,165	673.4%	1.0000	N/A	0.0546	0.0000	0.945	0.918	6.00%	0.2695		
2038	16,746,992	127,510,834	761.4%	29,234	4,258,425	32,423,452	761.4%	1.0000	N/A	0.0577	0.0000	0.942	0.914	6.00%	0.2543		
2039	15,229,445	130,673,322	858.0%	27,455	3,653,342	31,346,801	858.0%	1.0000	N/A	0.0608	0.0000	0.939	0.909	6.00%	0.2399		
2040	13,781,232	132,865,463	964.1%	25,694	3,118,807	30,068,554	964.1%	1.0000	N/A	0.0641	0.0000	0.936	0.905	6.00%	0.2263		
2041	12,408,091	134,077,945	1080.6%	23,959	2,649,107	28,625,423	1080.6%	1.0000	N/A	0.0675	0.0000	0.932	0.900	6.00%	0.2135		
2042	11,114,621	134,278,138	1208.1%	22,258	2,238,635	27,045,438	1208.1%	1.0000	N/A	0.0710	0.0000	0.929	0.896	6.00%	0.2014		
2043	9,904,576	133,458,829	1347.4%	20,600	1,881,996	25,358,885	1347.4%	1.0000	N/A	0.0745	0.0000	0.926	0.891	6.00%	0.1900		
2044	8,780,509	131,681,855	1499.7%	18,993	1,573,971	23,604,941	1499.7%	1.0000	N/A	0.0780	0.0000	0.922	0.887	6.00%	0.1793		
2045	7,743,307	129,004,346	1666.0%	17,441	1,309,476	21,816,016	1666.0%	1.0000	N/A	0.0817	0.0000	0.918	0.882	6.00%	0.1691		
2046	6,792,637	125,474,168	1847.2%	15,953	1,083,687	20,017,948	1847.2%	1.0000	N/A	0.0853	0.0000	0.915	0.877	6.00%	0.1595		
2047	5,927,103	121,212,868	2045.1%	14,532	892,076	18,243,498	2045.1%	1.0000	N/A	0.0891	0.0000	0.911	0.873	6.00%	0.1505		
2048	5,143,279	116,337,792	2261.9%	13,184	730,287	16,518,642	2261.9%	1.0000	N/A	0.0928	0.0000	0.907	0.868	6.00%	0.1420		
2049	4,439,910	110,910,654	2498.0%	11,912	594,733	14,856,651	2498.0%	1.0000	N/A	0.0965	0.0000	0.903	0.863	6.00%	0.1340		
2050	3,813,117	105,066,186	2755.4%	10,718	481,861	13,277,147	2755.4%	1.0000	N/A	0.1002	0.0000	0.900	0.859	6.00%	0.1264		
2051	3,257,548	98,937,045	3037.2%	9,603	388,353	11,794,916	3037.2%	1.0000	N/A	0.1040	0.0000	0.896	0.854	6.00%	0.1192		
2052	2,767,983	92,540,602	3343.3%	8,569	311,310	10,407,882	3343.3%	1.0000	N/A	0.1077	0.0000	0.892	0.850	6.00%	0.1125		
2053	2,340,023	86,026,895	3676.3%	7,614	248,281	9,127,639	3676.3%	1.0000	N/A	0.1115	0.0000	0.889	0.845	6.00%	0.1061		
2054	1,968,263	79,506,188	4039.4%	6,737	197,016	7,958,281	4039.4%	1.0000	N/A	0.1151	0.0000	0.885	0.841	6.00%	0.1001		
2055	1,647,309	73,080,424	4435.1%	5,937	155,556	6,899,135	4435.1%	1.0000	N/A	0.1188	0.0000	0.881	0.837	6.00%	0.0944		
2056	1,371,830	66,767,587	4867.0%	5,211	122,210	5,948,018	4867.0%	1.0000	N/A	0.1223	0.0000	0.878	0.833	6.00%	0.0891		
2057	1,136,775	60,682,759	5338.1%	4,554	95,538	5,099,951	5338.1%	1.0000	N/A	0.1262	0.0000	0.874	0.829	6.00%	0.0840		
2058	937,250	54,873,742	5854.8%	3,963	74,311	4,350,703	5854.8%	1.0000	N/A	0.1296	0.0000	0.870	0.824	6.00%	0.0793		
2059	769,300	49,363,954	6416.7%	3,436	57,542	3,692,317	6416.7%	1.0000	N/A	0.1330	0.0000	0.867	0.821	6.00%	0.0748		
2060	628,716	44,176,866	7026.5%	2,966	44,365	3,117,296	7026.5%	1.0000	N/A	0.1367	0.0000	0.863	0.817	6.00%	0.0706		
2061	511,492	39,340,560	7691.3%	2,549	34,050	2,618,893	7691.3%	1.0000	N/A	0.1406	0.0000	0.859	0.814	6.00%	0.0666		
2062	414,092	34,852,721	8416.7%	2,182	26,006	2,188,810	8416.7%	1.0000	N/A	0.1439	0.0000	0.856	0.810	6.00%	0.0628		
2063	333,811	30,726,865	9204.6%	1,860	19,777	1,820,412	9204.6%	1.0000	N/A	0.1476	0.0000	0.852	0.806	6.00%	0.0592		
2064	268,022	26,949,155	10054.8%	1,578	14,981	1,506,277	10054.8%	1.0000	N/A	0							

Attachment 1
Metropolitan Life Insurance Company
Nationwide Experience Projections With 45% Future Increase
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors	
		Without Interest				With Interest				Premium		Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A							6.00%	2.6155	
	1999	-	-	N/A	-	-	-	N/A							6.00%	2.4674	
	2000	-	-	N/A	-	-	-	N/A							6.00%	2.3277	
	2001	-	-	N/A	-	-	-	N/A							6.00%	2.1960	
	2002	-	-	N/A	-	-	-	N/A							6.00%	2.0717	
	2003	765,279	149,962	19.6%	2,163	1,495,675	293,089	19.6%							6.00%	1.9544	
	2004	10,225,826	897,561	8.8%	22,556	18,854,281	1,654,914	8.8%							6.00%	1.8438	
	2005	25,769,954	4,389,180	17.0%	41,609	44,824,903	7,634,650	17.0%							6.00%	1.7394	
	2006	40,088,026	4,376,636	10.9%	59,486	65,783,129	7,181,916	10.9%							6.00%	1.6404	
	2007	53,208,390	8,229,516	15.5%	67,648	82,372,505	12,739,967	15.5%							6.00%	1.5481	
	2008	58,749,798	9,874,011	16.8%	70,318	85,801,425	14,420,547	16.8%							6.00%	1.4605	
	2009	62,424,619	12,069,068	19.3%	73,968	86,007,864	16,628,612	19.3%							6.00%	1.3778	
	2010	63,270,310	8,344,253	13.2%	73,286	82,238,722	10,845,856	13.2%							6.00%	1.2998	
	2011	63,852,892	9,908,336	15.5%	72,580	78,298,078	12,149,859	15.5%							6.00%	1.2262	
Projected Future Experience	2012	61,861,620	13,881,342	22.4%	71,047	71,562,574	16,058,172	22.4%							6.00%	1.1568	
	2013	58,727,270	17,245,698	29.4%	69,851	64,091,231	18,816,682	29.4%							6.00%	1.0913	
	2014	57,282,264	15,515,804	27.1%	68,310	58,975,700	15,974,498	27.1%							6.00%	1.0296	
	2015	57,093,254	19,261,933	33.7%	66,452	55,453,871	18,708,843	33.7%	1.0000	1.0000	0.0272	1.0000	0.973	0.997	6.00%	0.9713	
	2016	55,097,241	21,327,160	38.7%	64,705	50,486,010	19,542,235	38.7%	1.0000	1.0000	0.0263	1.0000	0.974	0.965	6.00%	0.9163	
	2017	64,815,861	22,767,291	35.1%	62,872	56,029,485	19,680,979	35.1%	1.2625	0.9679	0.0283	0.9971	0.972	0.965	6.00%	0.8644	
	2018	70,031,360	24,458,063	34.9%	61,180	57,111,298	19,945,803	34.9%	1.4500	0.9450	0.0269	0.9950	0.973	0.966	6.00%	0.8155	
	2019	67,615,927	26,948,918	39.9%	59,695	52,020,271	20,733,133	39.9%	1.4500	0.9450	0.0243	0.9950	0.976	0.966	6.00%	0.7693	
	2020	65,254,720	29,693,317	45.5%	58,251	47,361,961	21,544,300	45.5%	1.4500	0.9450	0.0242	0.9950	0.976	0.965	6.00%	0.7259	
	2021	62,918,149	32,711,471	52.0%	56,818	43,081,202	22,398,140	52.0%	1.4500	0.9450	0.0246	0.9950	0.975	0.964	6.00%	0.6887	
	2022	60,600,232	36,079,520	59.5%	55,387	39,145,361	23,305,947	59.5%	1.4500	0.9450	0.0252	0.9950	0.975	0.963	6.00%	0.6460	
	2023	58,279,779	39,799,262	68.3%	53,942	35,515,509	24,253,541	68.3%	1.4500	0.9450	0.0261	0.9950	0.974	0.962	6.00%	0.6094	
	2024	55,936,042	43,894,252	78.5%	52,476	32,157,776	25,234,920	78.5%	1.4500	0.9450	0.0272	0.9950	0.973	0.960	6.00%	0.5749	
	2025	53,569,088	48,372,070	90.3%	50,986	29,053,782	26,235,122	90.3%	1.4500	0.9450	0.0284	0.9950	0.972	0.958	6.00%	0.5424	
2025-2095	2026	51,188,384	53,228,572	104.0%	49,465	26,191,114	27,234,999	104.0%	1.4500	0.9450	0.0298	0.9950	0.970	0.956	6.00%	0.5117	
	2027	48,784,227	58,462,237	119.8%	47,913	23,548,111	28,918,667	119.8%	1.4500	0.9450	0.0314	0.9950	0.969	0.953	6.00%	0.4827	
	2028	46,360,005	64,039,451	138.1%	46,327	21,111,267	29,374,075	138.1%	1.4500	0.9450	0.0331	0.9950	0.967	0.950	6.00%	0.4554	
	2029	43,929,929	69,917,366	159.2%	44,709	18,872,327	30,036,548	159.2%	1.4500	0.9450	0.0349	0.9950	0.965	0.948	6.00%	0.4296	
	2030	41,494,105	76,045,362	183.3%	43,060	16,816,882	30,819,942	183.3%	1.4500	0.9450	0.0369	0.9950	0.963	0.945	6.00%	0.4053	
	2031	39,053,649	82,296,907	210.7%	41,381	14,931,892	31,465,652	210.7%	1.4500	0.9450	0.0390	0.9950	0.961	0.941	6.00%	0.3823	
	2032	36,627,758	88,548,443	241.8%	39,675	13,211,669	31,939,513	241.8%	1.4500	0.9450	0.0412	0.9950	0.959	0.938	6.00%	0.3607	
	2033	34,218,990	94,707,984	276.8%	37,945	11,644,174	32,227,609	276.8%	1.4500	0.9450	0.0436	0.9950	0.956	0.934	6.00%	0.3403	
	2034	31,837,773	100,707,620	316.3%	36,194	10,220,645	32,329,423	316.3%	1.4500	0.9450	0.0461	0.9950	0.954	0.930	6.00%	0.3210	
	2035	29,500,154	106,369,668	360.6%	34,427	8,934,166	32,213,307	360.6%	1.4500	0.9450	0.0489	0.9950	0.951	0.927	6.00%	0.3029	
	2036	27,212,582	111,500,839	409.7%	32,649	7,774,879	31,856,791	409.7%	1.4500	0.9450	0.0516	0.9950	0.948	0.922	6.00%	0.2857	
	2037	24,986,866	116,045,030	464.4%	30,867	6,734,879	31,278,403	464.4%	1.4500	0.9450	0.0546	0.9950	0.945	0.918	6.00%	0.2695	
	2038	22,832,828	119,895,250	525.1%	29,087	5,805,931	30,486,962	525.1%	1.4500	0.9450	0.0577	0.9950	0.942	0.914	6.00%	0.2543	
	2039	20,763,806	122,868,857	591.7%	27,317	4,980,962	29,474,614	591.7%	1.4500	0.9450	0.0608	0.9950	0.939	0.909	6.00%	0.2399	
	2040	18,789,315	124,930,073	664.9%	25,565	4,252,177	28,272,709	664.9%	1.4500	0.9450	0.0641	0.9950	0.936	0.905	6.00%	0.2263	
	2041	16,917,176	126,070,139	745.2%	23,839	3,611,790	26,915,770	745.2%	1.4500	0.9450	0.0675	0.9950	0.932	0.900	6.00%	0.2135	
	2042	15,153,680	126,255,360	833.2%	22,147	3,052,153	25,430,149	833.2%	1.4500	0.9450	0.0710	0.9950	0.929	0.896	6.00%	0.2014	
	2043	13,503,887	125,488,001	929.3%	20,497	2,565,911	23,844,325	929.3%	1.4500	0.9450	0.0745	0.9950	0.926	0.891	6.00%	0.1900	
	2044	11,971,335	123,817,156	1034.3%	18,898	2,145,950	22,195,135	1034.3%	1.4500	0.9450	0.0780	0.9950	0.922	0.887	6.00%	0.1793	
	2045	10,557,216	121,299,562	1149.0%	17,354	1,785,338	20,513,055	1149.0%	1.4500	0.9450	0.0817	0.9950	0.918	0.882	6.00%	0.1691	
	2046	9,261,073	117,980,223	1273.9%	15,873	1,477,497	18,822,377	1273.9%	1.4500	0.9450	0.0853	0.9950	0.915	0.877	6.00%	0.1595	
	2047	8,081,005	113,973,429	1410.4%	14,459	1,216,255	17,153,905	1410.4%	1.4500	0.9450	0.0891	0.9950	0.911	0.873	6.00%	0.1505	
	2048	7,012,341	109,389,518	1560.0%	13,118	995,672	15,532,066	1560.0%	1.4500	0.9450	0.0928	0.9950	0.907	0.868	6.00%	0.1420	
	2049	6,053,368	104,286,515	1722.8%	11,852	810,858	13,969,337	1722.8%	1.4500	0.9450	0.0965	0.9950	0.903	0.863	6.00%	0.1340	
	2050	5,198,799	98,791,108	1900.3%	10,664	656,969	12,484,169	1900.3%	1.4500	0.9450	0.1002	0.9950	0.900	0.859	6.00%	0.1264	
	2051	4,441,337	93,028,030	2094.6%	9,555	529,480	11,090,465	2094.6%	1.4500	0.9450	0.1040	0.9950	0.896	0.854	6.00%	0.1192	
	2052	3,773,865	87,013,614	2305.7%	8,526	424,440	9,786,272	2305.7%	1.4500	0.9450	0.1077	0.9950	0.892	0.850	6.00%	0.1125	
	2053	3,190,384	80,888,938	2535.4%	7,576	338,507	8,582,490	2535.4%	1.4500	0.9450	0.1115	0.9950	0.889	0.845	6.00%	0.1061	
	2054	2,683,527	74,757,681	2785.8%	6,704	268,611	7,482,972	2785.8%	1.4500	0.9450	0.1151	0.9950	0.885	0.841	6.00%	0.1001	
	2055	2,245,939	68,696,890	3058.7%	5,908	212,085	6,487,084	3058.7%	1.4500	0.9450	0.1188	0.9950	0.881	0.837	6.00%	0.0944	
	2056	1,870,352	62,779,893	3356.6%	5,185	166,621	5,592,773	3356.6%	1.4500	0.9450	0.1223	0.9950	0.878	0.833	6.00%	0.0891	
2057	1,549,878	57,058,481	3681.5%	4,531	130,256	4,795,357	3681.5%	1.4500	0.9450	0.1262	0.9950	0.874	0.829	6.00%	0.0840		
2058	1,277,846	51,596,408	4037.8%	3,944	101,315	4,090,857	4037.8%	1.4500	0.9450	0.1296	0.9950	0.870	0.824	6.00%	0.0793		
2059	1,048,862	46,415,692	4425.3%	3,419	78,453	3,471,793	4425.3%	1.4500	0.9450	0.1330	0.9950	0.867	0.821	6.00%	0.0748		
2060	857,191	41,538,402	4845.9%	2,952	60,487	2,931,115	4845.9%	1.4500	0.9450	0.1367	0.9950	0.863	0.817	6.00%	0.0706		
2061	697,368	36,990,945	5304.4%	2,537	46,424	2,462,480	5304.4%	1.4500	0.9450	0.1400	0.9950	0.859	0.814	6.00%	0.0666		
2062	564,670	32,771,142	5804.6%	2,172	35,456	2,058,061	5804.6%	1.4500	0.9450	0.1438	0.9950	0.856	0.810	6.00%	0.0624		
2063	465,118	26,680,763	6348.0%	1,964	27,775	1,711,688	6348.0%	1.4500									

Attachment 2
Metropolitan Life Insurance Company
Virginia Experience Projections With No Future Increase
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest			With Interest			Premium		Persistence Factors				Calendar Year	Mid-Year	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective In Rate	Disc / Accum Factor
Historical Experience	1998	-	-	N/A	-	-	-	N/A							6.00%	2.6155
	1999	-	-	N/A	-	-	-	N/A							6.00%	2.4674
	2000	-	-	N/A	-	-	-	N/A							6.00%	2.3277
	2001	-	-	N/A	-	-	-	N/A							6.00%	2.1960
	2002	-	-	N/A	-	-	-	N/A							6.00%	2.0717
	2003	1,824	-	0.0%	7	3,566	-	0.0%							6.00%	1.9544
	2004	15,967	-	0.0%	42	29,439	-	0.0%							6.00%	1.8438
	2005	40,788	-	0.0%	75	70,948	-	0.0%							6.00%	1.7394
	2006	64,874	-	0.0%	104	106,457	-	0.0%							6.00%	1.6410
	2007	87,845	-	0.0%	142	135,991	-	0.0%							6.00%	1.5481
	2008	107,112	565	0.5%	159	156,433	825	0.5%							6.00%	1.4605
	2009	454,712	496,861	109.3%	454	626,497	684,568	109.3%							6.00%	1.3778
	2010	425,079	1,844	0.4%	443	552,517	2,397	0.4%							6.00%	1.2998
	2011	380,656	68,140	17.9%	403	466,770	83,555	17.9%							6.00%	1.2262
Projected Future Experience	2012	277,115	2,808	1.0%	321	320,572	3,248	1.0%							6.00%	1.1568
	2013	254,792	784	0.3%	326	301,989	855	0.3%							6.00%	1.0913
	2014	265,601	16,850	5.9%	318	294,044	17,349	5.9%							6.00%	1.0296
	2015	288,547	48,650	16.9%	308	280,261	47,253	16.9%	1.4500	N/A	0.0326	0.0000	0.967	0.697	6.00%	0.9713
	2016	279,222	54,617	19.6%	298	255,854	50,046	19.6%	1.4500	N/A	0.0300	0.0000	0.970	0.968	6.00%	0.9163
	2017	270,638	61,255	22.6%	290	233,951	52,951	22.6%	1.4500	N/A	0.0286	0.0000	0.971	0.969	6.00%	0.8644
	2018	262,485	68,977	26.3%	282	214,059	56,252	26.3%	1.4500	N/A	0.0274	0.0000	0.973	0.970	6.00%	0.8155
	2019	254,792	77,612	30.5%	275	196,024	59,711	30.5%	1.4500	N/A	0.0260	0.0000	0.974	0.971	6.00%	0.7693
	2020	247,439	87,689	35.4%	268	179,592	63,645	35.4%	1.4500	N/A	0.0255	0.0000	0.975	0.971	6.00%	0.7258
	2021	240,168	99,324	41.4%	261	164,447	68,009	41.4%	1.4500	N/A	0.0257	0.0000	0.974	0.971	6.00%	0.6847
	2022	232,968	112,333	48.2%	254	150,488	72,562	48.2%	1.4500	N/A	0.0255	0.0000	0.974	0.970	6.00%	0.6460
	2023	225,880	127,062	56.3%	248	137,650	77,431	56.3%	1.4500	N/A	0.0253	0.0000	0.975	0.970	6.00%	0.6094
	2024	218,751	143,901	65.8%	241	125,760	82,732	65.8%	1.4500	N/A	0.0259	0.0000	0.974	0.968	6.00%	0.5749
	2025	211,522	163,026	77.1%	235	114,721	86,419	77.1%	1.4500	N/A	0.0265	0.0000	0.974	0.967	6.00%	0.5424
	2026	204,114	184,628	90.5%	228	104,437	94,467	90.5%	1.4500	N/A	0.0278	0.0000	0.972	0.965	6.00%	0.5117
	2027	196,507	208,719	106.2%	222	94,854	100,748	106.2%	1.4500	N/A	0.0292	0.0000	0.971	0.963	6.00%	0.4827
	2028	188,684	234,116	124.1%	215	85,922	106,611	124.1%	1.4500	N/A	0.0306	0.0000	0.969	0.960	6.00%	0.4554
	2029	180,648	261,804	144.9%	208	77,606	112,471	144.9%	1.4500	N/A	0.0327	0.0000	0.967	0.957	6.00%	0.4296
	2030	172,406	291,336	169.0%	201	69,873	118,073	169.0%	1.4500	N/A	0.0344	0.0000	0.966	0.954	6.00%	0.4053
	2031	163,979	322,630	196.8%	193	62,696	123,355	196.8%	1.4500	N/A	0.0366	0.0000	0.963	0.951	6.00%	0.3823
	2032	155,381	354,852	228.4%	186	56,046	127,995	228.4%	1.4500	N/A	0.0386	0.0000	0.961	0.948	6.00%	0.3607
	2033	146,667	387,864	264.5%	178	49,908	131,984	264.5%	1.4500	N/A	0.0405	0.0000	0.959	0.944	6.00%	0.3403
	2034	137,878	420,602	305.1%	171	44,262	135,023	305.1%	1.4500	N/A	0.0436	0.0000	0.956	0.940	6.00%	0.3210
	2035	129,938	351,076	269.9%	163	39,085	137,173	269.9%	1.4500	N/A	0.0460	0.0000	0.954	0.936	6.00%	0.3029
	2036	120,248	482,802	401.5%	155	34,356	137,941	401.5%	1.4500	N/A	0.0487	0.0000	0.951	0.932	6.00%	0.2857
	2037	111,522	512,139	459.2%	147	30,059	138,040	459.2%	1.4500	N/A	0.0513	0.0000	0.949	0.927	6.00%	0.2695
	2038	102,918	538,471	523.2%	139	26,170	136,922	523.2%	1.4500	N/A	0.0549	0.0000	0.945	0.923	6.00%	0.2543
	2039	94,486	561,591	594.4%	131	22,666	134,718	594.4%	1.4500	N/A	0.0576	0.0000	0.942	0.918	6.00%	0.2399
	2040	86,296	581,719	674.1%	123	19,529	131,648	674.1%	1.4500	N/A	0.0620	0.0000	0.938	0.913	6.00%	0.2263
	2041	78,389	595,867	760.1%	115	16,736	127,217	760.1%	1.4500	N/A	0.0641	0.0000	0.936	0.908	6.00%	0.2135
	2042	70,821	604,267	853.2%	107	14,264	121,707	853.2%	1.4500	N/A	0.0684	0.0000	0.932	0.903	6.00%	0.2014
	2043	63,638	609,409	957.6%	99	12,092	115,795	957.6%	1.4500	N/A	0.0712	0.0000	0.929	0.899	6.00%	0.1900
	2044	56,860	609,335	1071.6%	92	10,192	109,228	1071.6%	1.4500	N/A	0.0751	0.0000	0.925	0.893	6.00%	0.1793
	2045	50,515	602,766	1193.3%	85	8,543	101,934	1193.3%	1.4500	N/A	0.0788	0.0000	0.921	0.888	6.00%	0.1691
	2046	44,625	591,823	1326.2%	78	7,119	94,418	1326.2%	1.4500	N/A	0.0824	0.0000	0.918	0.883	6.00%	0.1595
	2047	39,194	576,595	1471.1%	71	5,899	86,782	1471.1%	1.4500	N/A	0.0856	0.0000	0.914	0.878	6.00%	0.1505
	2048	34,218	554,641	1620.9%	65	4,859	78,753	1620.9%	1.4500	N/A	0.0904	0.0000	0.910	0.873	6.00%	0.1420
	2049	29,715	529,296	1781.2%	59	3,980	70,900	1781.2%	1.4500	N/A	0.0938	0.0000	0.906	0.868	6.00%	0.1340
2050	25,667	500,312	1949.2%	53	3,244	63,224	1949.2%	1.4500	N/A	0.0970	0.0000	0.903	0.864	6.00%	0.1264	
2051	22,047	469,283	2128.6%	48	2,628	55,946	2128.6%	1.4500	N/A	0.1004	0.0000	0.900	0.861	6.00%	0.1192	
2052	18,841	435,793	2313.0%	43	2,119	49,013	2313.0%	1.4500	N/A	0.1053	0.0000	0.895	0.855	6.00%	0.1125	
2053	16,021	402,670	2513.4%	38	1,700	42,724	2513.4%	1.4500	N/A	0.1088	0.0000	0.891	0.850	6.00%	0.1061	
2054	13,556	369,763	2727.6%	34	1,357	37,012	2727.6%	1.4500	N/A	0.1116	0.0000	0.888	0.846	6.00%	0.1001	
2055	11,417	336,850	2950.5%	30	1,078	31,809	2950.5%	1.4500	N/A	0.1140	0.0000	0.886	0.842	6.00%	0.0944	
2056	9,570	304,600	3182.7%	26	853	27,135	3182.7%	1.4500	N/A	0.1199	0.0000	0.880	0.838	6.00%	0.0891	
2057	7,952	275,180	3443.4%	23	672	23,127	3443.4%	1.4500	N/A	0.1207	0.0000	0.879	0.835	6.00%	0.0840	
2058	6,645	248,426	3738.6%	20	527	19,697	3738.6%	1.4500	N/A	0.1255	0.0000	0.874	0.831	6.00%	0.0793	
2059	5,505	224,172	4072.0%	18	412	16,768	4072.0%	1.4500	N/A	0.1292	0.0000	0.871	0.828	6.00%	0.0748	
2060	4,543	201,381	4432.7%	15	321	14,210	4432.7%	1.4500	N/A	0.1296	0.0000	0.870	0.825	6.00%	0.0706	
2061	3,735	182,408	4883.4%	13	249	12,143	4883.4%	1.4500	N/A	0.1346	0.0000	0.865	0.822	6.00%	0.0666	
2062	3,058	164,865	5391.2%	11	192	10,354	5391.2%	1.4500	N/A	0.1374	0.0000	0.863	0.819	6.00%	0.0628	
2063	2,496	148,052	5931.8%	10	148	8,772	5931.8%	1.4500	N/A	0.1374	0.0000	0.863	0.816	6.00%	0.0592	
2064	2,030	132,049	6505.1%	8	113	7,381	6505.1%	1.4500	N/A	0.1471	0.0000	0.853	0.813	6.00%	0.0559	
2065	1,645	118,448	7198.5%	7	87	6,246	7198.5%	1.4500	N/A	0.1415	0.0000	0.859	0.811	6.00%	0.0527	
2066	1,330	106,718	8024.2%	6	66	5,309	8024.2%	1.4500	N/A	0.1565	0.0000	0.843	0.808	6.00%	0.0497	
2067	1,070	94,551	8833.6%	5	50	4,437	8833.6%	1.4500	N/A	0.1494	0.0000	0.851	0.805	6.00%	0.0469	
2068	858	83,076	9682.6%	4	38	3,678	9682.6%	1.4500	N/A	0.1429	0.0000	0.857	0.802	6.00%	0.0443	
2069	685	73,769	10763.6%	4	29	3,061	10763.6%	1.4500	N/A	0.1802	0.0000	0.820	0.799	6.00%	0.0418	
2070	544	64,093	11772.5%	3	21	2,525	11772.5%	1.4500	N/A	0.1538	0.0000	0.846	0.794	6.00%	0.0394	
2071	430	55,872	12986.1%	3	16	2,077	12986.1%	1.4500	N/A	0.1786	0.0000	0.821	0.790	6.00%	0.0372	
2072	338	48,176	14241.8%	2	12	1,689	14241.8%	1.4500	N/A	0.1660	0.0000	0.834	0.786	6.00%	0.0351	
2073	264	41,186														

Attachment 2
Metropolitan Life Insurance Company
Nationwide Experience Projections With 45% Future Increase
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest			With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistence Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims			Loss Ratio	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistence			Premium Persistence
Historical Experience	1998	-	-	N/A	-	-	-	N/A							6.00%	2.6155
	1999	-	-	N/A	-	-	-	N/A							6.00%	2.4674
	2000	-	-	N/A	-	-	-	N/A							6.00%	2.3277
	2001	-	-	N/A	-	-	-	N/A							6.00%	2.1960
	2002	-	-	N/A	-	-	-	N/A							6.00%	2.0717
	2003	1,824	-	0.0%	7	3,566	-	0.0%							6.00%	1.9544
	2004	15,967	-	0.0%	42	29,439	-	0.0%							6.00%	1.8438
	2005	40,788	-	0.0%	75	70,948	-	0.0%							6.00%	1.7394
	2006	64,874	-	0.0%	104	106,457	-	0.0%							6.00%	1.6410
	2007	87,845	-	0.0%	142	135,991	-	0.0%							6.00%	1.5481
	2008	107,112	565	0.5%	159	156,433	825	0.5%							6.00%	1.4605
	2009	454,712	496,861	109.3%	454	626,497	684,568	109.3%							6.00%	1.3778
	2010	425,079	1,844	0.4%	443	552,517	2,397	0.4%							6.00%	1.2998
	2011	380,656	68,140	17.9%	403	466,770	83,555	17.9%							6.00%	1.2262
Projected Future Experience	2012	277,115	2,808	1.0%	321	320,572	3,248	1.0%							6.00%	1.1568
	2013	276,715	784	0.3%	326	301,989	855	0.3%							6.00%	1.0913
	2014	265,601	16,850	5.9%	318	294,044	17,349	5.9%							6.00%	1.0296
	2015	288,547	48,650	16.9%	308	280,261	47,253	16.9%	1.4500	1.0000	0.0326	1.0000	0.967	0.697	6.00%	0.9713
	2016	279,222	54,617	19.6%	298	255,854	50,046	19.6%	1.4500	1.0000	0.0300	1.0000	0.970	0.968	6.00%	0.9163
	2017	329,754	59,117	17.9%	289	285,052	51,103	17.9%	1.8306	0.9679	0.0314	0.9971	0.969	0.969	6.00%	0.8644
	2018	357,872	64,858	18.1%	281	291,848	52,892	18.1%	2.1025	0.9450	0.0295	0.9950	0.971	0.970	6.00%	0.8155
	2019	347,376	72,976	21.0%	273	267,259	56,144	21.0%	2.1025	0.9450	0.0260	0.9950	0.974	0.974	6.00%	0.7693
	2020	337,358	82,452	24.4%	266	244,855	59,844	24.4%	2.1025	0.9450	0.0255	0.9950	0.975	0.971	6.00%	0.7258
	2021	327,445	93,392	28.5%	259	224,207	63,947	28.5%	2.1025	0.9450	0.0257	0.9950	0.974	0.971	6.00%	0.6847
	2022	317,629	105,624	33.3%	253	205,176	68,229	33.3%	2.1025	0.9450	0.0255	0.9950	0.974	0.970	6.00%	0.6460
	2023	307,964	119,473	38.8%	246	187,672	72,807	38.8%	2.1025	0.9450	0.0253	0.9950	0.975	0.970	6.00%	0.6094
	2024	296,242	135,312	45.4%	240	171,661	77,721	45.4%	2.1025	0.9450	0.0259	0.9950	0.974	0.968	6.00%	0.5749
	2025	288,388	153,290	53.2%	234	156,411	83,138	53.2%	2.1025	0.9450	0.0265	0.9950	0.974	0.967	6.00%	0.5424
	2026	278,289	173,601	62.4%	227	142,390	88,825	62.4%	2.1025	0.9450	0.0278	0.9950	0.972	0.965	6.00%	0.5117
	2027	267,917	196,253	73.3%	221	129,323	94,731	73.3%	2.1025	0.9450	0.0292	0.9950	0.971	0.963	6.00%	0.4827
	2028	257,251	220,134	85.6%	214	117,146	100,244	85.6%	2.1025	0.9450	0.0306	0.9950	0.969	0.960	6.00%	0.4554
	2029	246,168	246,168	99.9%	207	105,808	105,754	99.9%	2.1025	0.9450	0.0327	0.9950	0.967	0.957	6.00%	0.4296
	2030	235,058	273,936	116.5%	200	95,265	111,022	116.5%	2.1025	0.9450	0.0344	0.9950	0.966	0.954	6.00%	0.4053
	2031	223,569	303,361	135.7%	192	85,480	115,988	135.7%	2.1025	0.9450	0.0366	0.9950	0.963	0.951	6.00%	0.3823
	2032	211,847	333,658	157.5%	185	76,413	120,351	157.5%	2.1025	0.9450	0.0386	0.9950	0.961	0.948	6.00%	0.3607
	2033	199,966	364,699	182.4%	177	68,045	124,101	182.4%	2.1025	0.9450	0.0405	0.9950	0.959	0.944	6.00%	0.3403
	2034	187,982	399,481	210.4%	170	60,347	126,958	210.4%	2.1025	0.9450	0.0436	0.9950	0.956	0.940	6.00%	0.3210
	2035	175,967	425,886	242.0%	162	53,289	128,980	242.0%	2.1025	0.9450	0.0460	0.9950	0.954	0.936	6.00%	0.3029
	2036	163,946	453,967	276.9%	154	46,841	129,702	276.9%	2.1025	0.9450	0.0487	0.9950	0.951	0.932	6.00%	0.2857
	2037	152,050	481,552	316.7%	146	40,983	129,796	316.7%	2.1025	0.9450	0.0513	0.9950	0.949	0.927	6.00%	0.2695
	2038	140,318	506,311	360.8%	138	35,680	128,745	360.8%	2.1025	0.9450	0.0549	0.9950	0.945	0.923	6.00%	0.2543
	2039	128,822	528,050	409.9%	130	30,903	126,672	409.9%	2.1025	0.9450	0.0576	0.9950	0.942	0.918	6.00%	0.2399
	2040	117,655	546,976	464.9%	122	26,626	123,785	464.9%	2.1025	0.9450	0.0620	0.9950	0.938	0.913	6.00%	0.2263
	2041	106,675	560,279	524.2%	114	22,818	119,619	524.2%	2.1025	0.9450	0.0641	0.9950	0.936	0.908	6.00%	0.2135
	2042	96,557	568,177	588.4%	106	19,448	114,439	588.4%	2.1025	0.9450	0.0684	0.9950	0.932	0.903	6.00%	0.2014
	2043	86,764	573,012	660.4%	99	16,486	108,880	660.4%	2.1025	0.9450	0.0712	0.9950	0.929	0.899	6.00%	0.1900
	2044	77,522	572,942	739.1%	91	13,896	102,704	739.1%	2.1025	0.9450	0.0751	0.9950	0.925	0.893	6.00%	0.1793
	2045	68,871	566,766	822.9%	84	11,647	95,846	822.9%	2.1025	0.9450	0.0788	0.9950	0.921	0.888	6.00%	0.1691
	2046	60,842	556,476	914.6%	77	9,707	88,779	914.6%	2.1025	0.9450	0.0824	0.9950	0.918	0.883	6.00%	0.1595
	2047	53,437	542,158	1014.6%	71	8,043	81,599	1014.6%	2.1025	0.9450	0.0856	0.9950	0.914	0.878	6.00%	0.1505
	2048	46,652	521,515	1117.9%	64	6,624	74,049	1117.9%	2.1025	0.9450	0.0904	0.9950	0.910	0.873	6.00%	0.1420
2049	40,513	497,684	1228.4%	58	5,427	66,666	1228.4%	2.1025	0.9450	0.0938	0.9950	0.906	0.868	6.00%	0.1340	
2050	34,995	470,431	1344.3%	53	4,422	59,448	1344.3%	2.1025	0.9450	0.0970	0.9950	0.903	0.863	6.00%	0.1264	
2051	30,058	441,255	1468.0%	47	3,583	52,605	1468.0%	2.1025	0.9450	0.1004	0.9950	0.900	0.859	6.00%	0.1192	
2052	25,687	409,765	1595.2%	42	2,889	46,806	1595.2%	2.1025	0.9450	0.1053	0.9950	0.895	0.855	6.00%	0.1125	
2053	21,843	378,621	1733.3%	38	2,318	40,172	1733.3%	2.1025	0.9450	0.1088	0.9950	0.891	0.850	6.00%	0.1061	
2054	18,482	347,679	1881.1%	34	1,850	34,801	1881.1%	2.1025	0.9450	0.1116	0.9950	0.888	0.846	6.00%	0.1001	
2055	15,566	316,732	2034.8%	30	1,470	29,909	2034.8%	2.1025	0.9450	0.1140	0.9950	0.886	0.842	6.00%	0.0944	
2056	13,048	286,408	2195.0%	26	1,162	25,515	2195.0%	2.1025	0.9450	0.1199	0.9950	0.880	0.838	6.00%	0.0891	
2057	10,996	258,745	2374.7%	23	916	21,746	2374.7%	2.1025	0.9450	0.1207	0.9950	0.879	0.835	6.00%	0.0840	
2058	9,060	233,689	2578.3%	20	718	18,520	2578.3%	2.1025	0.9450	0.1255	0.9950	0.874	0.831	6.00%	0.0793	
2059	7,506	210,783	2808.3%	18	561	15,766	2808.3%	2.1025	0.9450	0.1292	0.9950	0.871	0.828	6.00%	0.0748	
2060	6,194	189,353	3057.0%	15	437	13,362	3057.0%	2.1025	0.9450	0.1296	0.9950	0.870	0.825	6.00%	0.0706	
2061	5,093	171,514	3367.8%	13	339	11,418	3367.8%	2.1025	0.9450	0.1346	0.9950	0.865	0.822	6.00%	0.0666	
2062	4,169	155,019	3718.1%	11	262	9,735	3718.1%	2.1025	0.9450	0.1374	0.9950	0.863	0.819	6.00%	0.0628	
2063	3,403	139,210	4090.9%	10	202	8,248	4090.9%	2.1025	0.9450	0.1374	0.9950	0.863	0.816	6.00%	0.0592	
2064	2,768	124,162	4486.3%	8	155	6,940	4486.3%	2.1025	0.9450	0.1471	0.9950	0.853	0.813	6.00%	0.0559	
2065	2,243	111,374	4964.5%	7	118	5,873	4964.5%	2.1025	0.9450	0.1415	0.9950	0.859	0.811	6.00%	0.0527	
2066	1,813	100,344	5533.9%	6	90	4,992	5533.9%	2.1025	0.9450	0.1565	0.9950	0.843	0.808	6.00%	0.0497	
2067	1,459	88,904	6092.1%	5	68	4,172	6092.1%	2.1025	0.9450	0.1494	0.9950	0.851	0.805	6.00%	0.0469	
2068	1,170	78,115	6677.6%	4	52	3,458	6677.6%	2.1025	0.9450	0.1429	0.9950	0.857	0.802	6.00%	0.0443	
2069	934	69,363	7423.1%	4	39	2,897	7423.1%	2.1025	0.9450	0.1802	0.9950	0.820	0.799	6.00%	0.0416	
2070	742	60,265	8119.0%	3	29	2,375	8119.0%	2.1025	0.9450	0.1538	0.9950	0.846	0.794	6.00%	0.0394	
2071	587	52,536	8955.9%	3	22	1,953	8									

Attachment 3
Metropolitan Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
Policies Issued Before and After October 1, 2003

Calendar Year	Earned Premium	Incurred Claims	Change in Active Life Reserve	Loss Ratio
1989	73,628	-		0.0%
1990	3,281,031	98,306		3.0%
1991	8,446,049	141,999		1.7%
1992	13,598,511	1,315,050		9.7%
1993	24,843,861	1,901,680		7.7%
1994	29,634,022	2,508,065		8.5%
1995	33,414,001	3,484,034		10.4%
1996	37,092,478	6,260,039		16.9%
1997	43,477,858	3,365,245		7.7%
1998	46,099,529	7,600,866		16.5%
1999	51,166,650	20,343,848		39.8%
2000	60,083,193	16,432,454		27.3%
2001	73,169,236	24,297,370		33.2%
2002	85,648,559	26,613,405		31.1%
2003	94,239,005	29,458,341		31.3%
2004	103,710,483	30,237,022		29.2%
2005	117,819,446	36,723,507		31.2%
2006	133,400,323	38,961,050		29.2%
2007	144,483,000	50,291,584		34.8%
2008	149,167,208	59,793,727		40.1%
2009	151,457,785	55,988,081		37.0%
2010	152,813,347	55,041,351	1,833,740,271*	36.0%
2011	152,690,360	61,329,299	381,596,239	40.2%
2012	146,651,992	70,762,360	(6,546,791)	48.3%
2013	139,909,376	77,250,946	423,325,109	55.2%
2014	136,543,109	85,732,835	445,733,946	62.8%
Total	2,132,914,041	765,932,465	3,077,848,775	35.9%

* Cumulative change, prior years are not available

Virginia Experience, without Interest¹

Calendar Year	Earned Premium	Incurred Claims	Change in Active Life Reserve	Loss Ratio
1989	-	-		N/A
1990	-	-		N/A
1991	-	-		N/A
1992	-	-		N/A
1993	56,853	-		0.0%
1994	218,709	-		0.0%
1995	219,068	172,764		78.9%
1996	310,363	10,006		3.2%
1997	609,729	151,547		24.9%
1998	641,467	1,432		0.2%
1999	742,543	72,038		9.7%
2000	849,416	79,102		9.3%
2001	761,143	97,042		12.7%
2002	889,782	296,797		33.4%
2003	936,154	604,857		64.6%
2004	928,989	355,983		38.3%
2005	951,229	238,720		25.1%
2006	981,483	279,802		28.5%
2007	987,842	226,745		23.0%
2008	1,052,491	257,063		24.4%
2009	1,388,722	967,182		69.6%
2010	1,374,757	402,743	15,006,575*	29.3%
2011	1,327,609	678,682	3,720,979	51.1%
2012	1,196,601	229,251	(487,597)	19.2%
2013	1,191,056	697,081	4,312,386	58.5%
2014	1,176,472	904,817	3,842,190	76.9%
Total	18,792,477	6,723,652	26,394,533	35.8%

* Cumulative change, prior years are not available

¹ This exhibit includes group policies that are situated in VA only.

Attachment 4
Comparison of Original Pricing and Current Assumptions

Original Pricing Assumptions

Interest Rate: 6.00%

Mortality: 1983 Group Annuity Mortality Table, adjusted to remove loading. These rates vary by age and sex.

Voluntary Lapse Rates: Voluntary termination rates by duration were assumed to be 5.5% in year one, grading down to 4.5% in year ten and thereafter.

Morbidity: Incidence and continuance rates for nursing home based on the 1985 NNHS with modifications.

Home care prevalence rates were based on 1982-1984 National Long Term Care Surveys with modifications.

Current Assumptions

Maximum valuation interest rate for contract reserves, which average to 4.48%

97% of Annuity 2000 Basic table
 With Mortality Selection Factors of:

Duration	Mortality Selection
1	65%
2	75%
3	80%
4	85%
5	90%
6	95%
7	100%
8	100%
9	100%
10	100%
11+	100%

Duration	Issue Age					
	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	over 59
1	15.60%	10.20%	7.60%	6.50%	6.10%	3.30%
2	12.30%	7.60%	5.80%	4.70%	3.90%	2.90%
3	10.00%	7.30%	5.40%	4.90%	3.70%	2.20%
4	7.90%	5.70%	4.10%	3.50%	2.90%	2.00%
5	7.10%	5.10%	3.80%	3.30%	2.60%	1.50%
6	5.00%	3.40%	3.10%	2.30%	2.10%	1.40%
7	5.00%	3.40%	3.10%	2.30%	2.10%	1.40%
8	4.00%	2.60%	2.40%	2.10%	1.30%	1.30%
9	4.00%	2.60%	2.40%	2.10%	1.30%	1.30%
10	4.00%	2.60%	2.40%	2.10%	1.30%	1.30%
11	4.40%	2.60%	2.00%	0.90%	1.00%	1.00%
12	4.40%	2.60%	2.00%	0.90%	1.00%	1.00%
13	4.40%	2.60%	2.00%	0.90%	1.00%	1.00%
*14+	2.50%	1.70%	1.00%	0.90%	0.80%	0.80%

* Ultimate lapse rates grades down to 0.80% at attained age 65+

Current Group block experience
 With Morbidity U/W Selection Factors of:

Duration	U/W Selection
1	58%
2	59%
3	83%
4+	100%

Attachment 5
Metropolitan Life Insurance Company
Nationwide Experience Projections With Current Requested Increase of 45% Applied Since Inception
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors		
		Without Interest				With Interest			Premium		Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency
Historical Experience	1998	-	-	N/A	-	-	-	N/A							6.00%	2.6155
	1999	-	-	N/A	-	-	-	N/A							6.00%	2.4674
	2000	-	-	N/A	-	-	-	N/A							6.00%	2.3277
	2001	-	-	N/A	-	-	-	N/A							6.00%	2.1960
	2002	-	-	N/A	-	-	-	N/A							6.00%	2.0717
	2003	1,109,654	149,962	13.5%	2,163	2,168,728	293,089	13.5%							6.00%	1.9544
	2004	14,827,448	897,561	6.1%	22,556	27,338,708	1,654,914	6.1%							6.00%	1.8438
	2005	37,366,433	4,389,180	11.7%	41,609	64,996,109	7,634,650	11.7%							6.00%	1.7394
	2006	58,127,636	4,376,636	7.5%	59,496	95,385,536	7,181,916	7.5%							6.00%	1.6401
	2007	77,153,616	8,229,516	10.7%	67,648	119,440,132	12,739,967	10.7%							6.00%	1.5481
	2008	85,187,207	9,874,011	11.6%	70,318	124,412,067	14,420,547	11.6%							6.00%	1.4605
	2009	90,515,698	12,069,068	13.3%	73,968	124,711,402	16,628,612	13.3%							6.00%	1.3778
	2010	91,741,949	8,344,253	9.1%	73,286	119,246,147	10,845,856	9.1%							6.00%	1.2998
	2011	92,586,694	9,908,336	10.7%	72,580	113,532,213	12,149,859	10.7%							6.00%	1.2262
Projected Future Experience	2012	89,699,350	13,881,342	15.5%	71,047	103,765,733	16,058,172	15.5%							6.00%	1.1568
	2013	85,154,541	17,243,698	20.2%	69,851	92,832,284	18,816,682	20.2%							6.00%	1.0913
	2014	83,059,282	15,515,804	18.7%	68,310	85,514,765	15,974,498	18.7%							6.00%	1.0296
	2015	82,785,219	19,261,933	23.3%	66,452	80,408,113	18,708,843	23.3%	1.4500	N/A	0.0272	0.0000	0.973	0.997	6.00%	0.9713
	2016	79,890,999	21,327,160	26.7%	64,705	73,204,715	19,542,235	26.7%	1.4500	N/A	0.0263	0.0000	0.974	0.965	6.00%	0.9163
	2017	77,134,467	23,590,760	30.6%	63,056	66,678,193	20,392,819	30.6%	1.4500	N/A	0.0255	0.0000	0.975	0.965	6.00%	0.8644
	2018	74,479,658	26,011,606	34.9%	61,488	60,738,931	21,212,734	34.9%	1.4500	N/A	0.0249	0.0000	0.975	0.966	6.00%	0.8155
	2019	71,910,800	28,660,676	39.9%	59,995	55,324,529	22,050,074	39.9%	1.4500	N/A	0.0243	0.0000	0.976	0.966	6.00%	0.7693
	2020	69,399,612	31,568,760	45.5%	58,544	50,370,328	22,912,648	45.5%	1.4500	N/A	0.0242	0.0000	0.976	0.965	6.00%	0.7259
	2021	66,914,625	34,789,280	52.0%	57,104	45,817,662	23,820,840	52.0%	1.4500	N/A	0.0246	0.0000	0.975	0.964	6.00%	0.6847
	2022	64,440,477	38,371,242	59.5%	55,665	41,631,821	24,786,309	59.5%	1.4500	N/A	0.0252	0.0000	0.975	0.963	6.00%	0.6460
	2023	61,981,631	42,327,257	68.3%	54,213	37,771,406	25,794,094	68.3%	1.4500	N/A	0.0261	0.0000	0.974	0.962	6.00%	0.6094
	2024	59,489,024	46,682,356	78.5%	52,740	34,200,395	26,837,808	78.5%	1.4500	N/A	0.0272	0.0000	0.973	0.960	6.00%	0.5749
	2025	56,971,725	51,444,598	90.3%	51,242	30,899,239	27,901,541	90.3%	1.4500	N/A	0.0284	0.0000	0.972	0.958	6.00%	0.5424
Past Future Lifetime	2026	54,439,801	56,609,579	104.0%	49,714	27,854,738	28,964,929	104.0%	1.4500	N/A	0.0298	0.0000	0.970	0.956	6.00%	0.5117
	2027	51,882,432	62,175,647	119.8%	48,153	25,043,856	30,012,142	119.8%	1.4500	N/A	0.0314	0.0000	0.969	0.953	6.00%	0.4827
	2028	49,304,730	68,107,150	138.1%	46,560	22,452,226	31,014,410	138.1%	1.4500	N/A	0.0331	0.0000	0.967	0.950	6.00%	0.4571
	2029	46,720,299	74,358,423	159.2%	44,934	20,071,072	31,944,429	159.2%	1.4500	N/A	0.0349	0.0000	0.965	0.948	6.00%	0.4296
	2030	44,129,754	80,875,661	183.3%	43,277	17,885,068	32,777,583	183.3%	1.4500	N/A	0.0369	0.0000	0.963	0.945	6.00%	0.4053
	2031	41,534,284	87,524,295	210.7%	41,589	15,880,346	33,464,308	210.7%	1.4500	N/A	0.0390	0.0000	0.961	0.941	6.00%	0.3823
	2032	38,954,303	94,172,920	241.8%	39,874	14,050,857	33,968,267	241.8%	1.4500	N/A	0.0412	0.0000	0.959	0.938	6.00%	0.3607
	2033	36,392,534	100,723,707	276.8%	38,136	12,383,796	34,274,663	276.8%	1.4500	N/A	0.0436	0.0000	0.956	0.934	6.00%	0.3403
	2034	33,860,065	107,104,432	316.3%	36,376	10,869,847	34,382,945	316.3%	1.4500	N/A	0.0461	0.0000	0.954	0.930	6.00%	0.3210
	2035	31,373,934	113,122,936	360.6%	34,600	9,501,653	34,259,453	360.6%	1.4500	N/A	0.0489	0.0000	0.951	0.927	6.00%	0.3028
	2036	28,941,089	118,583,222	409.7%	32,813	8,268,729	33,880,292	409.7%	1.4500	N/A	0.0516	0.0000	0.948	0.922	6.00%	0.2857
	2037	26,573,998	123,416,054	464.4%	31,022	7,162,670	33,265,165	464.4%	1.4500	N/A	0.0546	0.0000	0.945	0.918	6.00%	0.2695
	2038	24,283,139	127,510,834	525.1%	29,234	6,174,716	32,423,452	525.1%	1.4500	N/A	0.0577	0.0000	0.942	0.914	6.00%	0.2543
	2039	22,082,695	130,673,322	591.7%	27,455	5,297,346	31,346,801	591.7%	1.4500	N/A	0.0608	0.0000	0.939	0.909	6.00%	0.2399
	2040	19,982,787	132,865,463	664.9%	25,694	4,522,270	30,068,554	664.9%	1.4500	N/A	0.0641	0.0000	0.936	0.905	6.00%	0.2263
	2041	17,991,732	134,077,945	745.2%	23,959	3,841,206	28,625,423	745.2%	1.4500	N/A	0.0675	0.0000	0.932	0.900	6.00%	0.2135
	2042	16,116,200	135,289,438	833.2%	22,258	3,246,021	27,045,438	833.2%	1.4500	N/A	0.0710	0.0000	0.929	0.896	6.00%	0.2014
	2043	14,361,636	133,458,829	929.3%	20,600	2,728,894	25,358,885	929.3%	1.4500	N/A	0.0745	0.0000	0.926	0.891	6.00%	0.1900
	2044	12,731,738	131,681,855	1034.3%	18,993	2,282,258	23,604,941	1034.3%	1.4500	N/A	0.0780	0.0000	0.922	0.887	6.00%	0.1793
	2045	11,227,796	129,004,346	1149.0%	17,441	1,898,741	21,816,016	1149.0%	1.4500	N/A	0.0817	0.0000	0.918	0.882	6.00%	0.1691
2046	9,849,324	125,474,168	1273.9%	15,953	1,571,345	20,017,948	1273.9%	1.4500	N/A	0.0853	0.0000	0.915	0.877	6.00%	0.1595	
2047	8,594,300	121,212,868	1410.4%	14,532	1,293,510	18,243,498	1410.4%	1.4500	N/A	0.0891	0.0000	0.911	0.873	6.00%	0.1505	
2048	7,457,755	116,337,792	1560.0%	13,184	1,058,916	16,518,642	1560.0%	1.4500	N/A	0.0928	0.0000	0.907	0.868	6.00%	0.1420	
2049	6,437,870	110,910,654	1722.8%	11,912	862,362	14,856,651	1722.8%	1.4500	N/A	0.0965	0.0000	0.903	0.863	6.00%	0.1340	
2050	5,529,020	105,066,186	1900.3%	10,718	698,699	13,277,147	1900.3%	1.4500	N/A	0.1002	0.0000	0.900	0.859	6.00%	0.1264	
2051	4,723,445	98,937,045	2094.6%	9,603	563,112	11,794,916	2094.6%	1.4500	N/A	0.1040	0.0000	0.896	0.854	6.00%	0.1192	
2052	4,013,576	92,540,602	2305.7%	8,569	451,400	10,407,882	2305.7%	1.4500	N/A	0.1077	0.0000	0.892	0.850	6.00%	0.1125	
2053	3,393,033	86,026,895	2535.4%	7,614	360,008	9,127,639	2535.4%	1.4500	N/A	0.1115	0.0000	0.889	0.845	6.00%	0.1061	
2054	2,853,981	79,506,188	2785.8%	6,737	285,673	7,958,281	2785.8%	1.4500	N/A	0.1151	0.0000	0.885	0.841	6.00%	0.1001	
2055	2,388,598	73,060,424	3058.7%	5,937	225,557	6,899,135	3058.7%	1.4500	N/A	0.1188	0.0000	0.881	0.837	6.00%	0.0944	
2056	1,989,154	66,767,587	3356.6%	5,211	177,205	5,948,018	3356.6%	1.4500	N/A	0.1223	0.0000	0.878	0.833	6.00%	0.0891	
2057	1,648,324	60,682,759	3681.5%	4,554	138,530	5,099,951	3681.5%	1.4500	N/A	0.1262	0.0000	0.874	0.829	6.00%	0.0840	
2058	1,359,013	54,873,742	4037.8%	3,963	107,750	4,350,703	4037.8%	1.4500	N/A	0.1296	0.0000	0.870	0.824	6.00%	0.0793	
2059	1,115,484	49,363,954	4425.3%	3,436	83,436	3,692,317	4425.3%	1.4500	N/A	0.1330	0.0000	0.867	0.821	6.00%	0.0748	
2060	911,639	44,176,866	4845.9%	2,966	64,329	3,117,296	4845.9%	1.4500	N/A	0.1367	0.0000	0.863	0.817	6.00%	0.0706	
2061	741,663	39,340,560	5304.4%	2,549	49,372	2,618,893	5304.4%	1.4500	N/A	0.1406	0.0000	0.859	0.814	6.00%	0.0666	
2062	600,431	34,852,721	5804.6%	2,182	37,708	2,188,810	5804.6%	1.4500	N/A	0.1439	0.0000	0.856	0.810	6.00%	0.0628	
2063	484,965	30,778,965	6348.0%	1,860	27,912	1,828,412	6348.0%	1.4500	N/A	0.1476	0.0000	0.852	0.806	6.00%	0.0592	
2064	388,632	26,949,155	6934.4%	1,578	21,722	1,506,277	6934.4%	1.4500	N/A	0.1518	0.0000	0.848	0.803	6.00%	0.055	

Attachment 6
Metropolitan Life Insurance Company
Virginia Experience Projections With Current Requested Increase of 45% Applied Since Inception
Policies Issued On or After October 1, 2003

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest				With Interest			Premium Rate Increase Factor		Benefit Downgrade		Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio					Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency		
Historical Experience	1998	-	-	N/A	-	-	-	N/A								6.00%	2.6155	
	1999	-	-	N/A	-	-	-	N/A								6.00%	2.4674	
	2000	-	-	N/A	-	-	-	N/A								6.00%	2.3277	
	2001	-	-	N/A	-	-	-	N/A								6.00%	2.1960	
	2002	-	-	N/A	-	-	-	N/A								6.00%	2.0717	
	2003	2,645	-	0.0%	7	5,170	-	0.0%								6.00%	1.9544	
	2004	23,152	-	0.0%	42	42,687	-	0.0%								6.00%	1.8438	
	2005	59,143	-	0.0%	75	102,875	-	0.0%								6.00%	1.7394	
	2006	94,068	-	0.0%	104	154,363	-	0.0%								6.00%	1.6410	
	2007	127,375	-	0.0%	142	197,186	-	0.0%								6.00%	1.5481	
	2008	155,313	565	0.4%	159	226,828	825	0.4%								6.00%	1.4605	
	2009	659,333	496,861	75.4%	454	908,420	684,568	75.4%								6.00%	1.3778	
	2010	616,364	1,844	0.3%	443	801,150	2,397	0.3%								6.00%	1.2998	
	2011	551,951	68,140	12.3%	403	676,817	83,555	12.3%								6.00%	1.2262	
Projected Future Experience	2012	401,817	2,808	0.7%	321	464,829	3,248	0.7%								6.00%	1.1568	
	2013	401,237	781	0.2%	326	437,884	855	0.2%								6.00%	1.0926	
	2014	414,121	16,850	4.1%	318	426,364	17,349	4.1%	1.4500	N/A		0.0326	0.0000	0.967	1.000	6.00%	0.9713	
	2015	418,393	48,650	11.6%	308	406,379	47,253	11.6%	1.4500	N/A		0.0300	0.0000	0.970	0.968	6.00%	0.9163	
	2016	404,872	54,617	13.5%	298	370,988	50,046	13.5%	1.4500	N/A		0.0286	0.0000	0.971	0.969	6.00%	0.8644	
	2017	392,425	61,255	15.6%	290	339,228	52,951	15.6%	1.4500	N/A		0.0274	0.0000	0.973	0.970	6.00%	0.8155	
	2018	380,604	68,977	18.1%	282	310,386	56,252	18.1%	1.4500	N/A		0.0260	0.0000	0.974	0.971	6.00%	0.7693	
	2019	369,448	77,612	21.0%	275	284,235	59,711	21.0%	1.4500	N/A		0.0255	0.0000	0.975	0.971	6.00%	0.7259	
	2020	358,787	87,689	24.4%	268	260,408	63,645	24.4%	1.4500	N/A		0.0257	0.0000	0.974	0.971	6.00%	0.6841	
	2021	348,244	99,324	28.5%	261	238,449	68,009	28.5%	1.4500	N/A		0.0255	0.0000	0.974	0.970	6.00%	0.6460	
	2022	337,804	112,333	33.3%	254	218,208	72,562	33.3%	1.4500	N/A		0.0253	0.0000	0.975	0.970	6.00%	0.6094	
	2023	327,525	127,062	38.8%	248	199,593	77,431	38.8%	1.4500	N/A		0.0259	0.0000	0.974	0.968	6.00%	0.5749	
	2024	317,188	143,907	45.4%	241	182,352	82,732	45.4%	1.4500	N/A		0.0265	0.0000	0.974	0.967	6.00%	0.5424	
	2025	306,706	163,026	53.2%	235	166,346	88,419	53.2%	1.4500	N/A		0.0278	0.0000	0.972	0.965	6.00%	0.5117	
2026	295,966	184,628	62.4%	228	151,434	94,467	62.4%	1.4500	N/A		0.0322	0.0000	0.971	0.963	6.00%	0.4837		
2027	284,265	208,719	73.3%	222	137,768	100,748	73.3%	1.4500	N/A		0.0306	0.0000	0.969	0.960	6.00%	0.4554		
2028	273,591	234,116	85.6%	215	124,587	106,611	85.6%	1.4500	N/A		0.0327	0.0000	0.967	0.957	6.00%	0.4296		
2029	261,939	261,804	99.9%	208	112,529	112,471	99.9%	1.4500	N/A		0.0344	0.0000	0.966	0.954	6.00%	0.4053		
2030	249,988	291,336	116.5%	201	101,316	118,074	116.5%	1.4500	N/A		0.0366	0.0000	0.963	0.951	6.00%	0.3823		
2031	237,770	322,630	135.7%	193	90,910	123,355	135.7%	1.4500	N/A		0.0386	0.0000	0.961	0.948	6.00%	0.3607		
2032	225,303	354,852	157.5%	186	81,267	127,995	157.5%	1.4500	N/A		0.0405	0.0000	0.959	0.944	6.00%	0.3403		
2033	212,667	387,864	182.4%	178	72,367	131,984	182.4%	1.4500	N/A		0.0436	0.0000	0.956	0.940	6.00%	0.3210		
2034	199,923	420,602	210.4%	171	64,180	135,023	210.4%	1.4500	N/A		0.0460	0.0000	0.954	0.936	6.00%	0.3028		
2035	187,134	452,938	242.0%	163	56,674	137,173	242.0%	1.4500	N/A		0.0487	0.0000	0.951	0.932	6.00%	0.2857		
2036	174,359	482,802	276.9%	155	49,816	137,941	276.9%	1.4500	N/A		0.0513	0.0000	0.949	0.927	6.00%	0.2695		
2037	161,708	512,139	316.7%	147	43,586	138,040	316.7%	1.4500	N/A		0.0549	0.0000	0.945	0.923	6.00%	0.2543		
2038	149,231	538,471	360.8%	139	37,946	136,922	360.8%	1.4500	N/A		0.0576	0.0000	0.942	0.918	6.00%	0.2399		
2039	137,004	561,591	409.9%	131	32,866	134,718	409.9%	1.4500	N/A		0.0620	0.0000	0.938	0.913	6.00%	0.2263		
2040	125,129	581,719	464.9%	123	28,318	131,648	464.9%	1.4500	N/A		0.0641	0.0000	0.936	0.908	6.00%	0.2135		
2041	113,064	595,867	524.2%	115	24,267	127,217	524.2%	1.4500	N/A		0.0684	0.0000	0.932	0.903	6.00%	0.2014		
2042	102,680	604,267	588.4%	107	20,683	121,707	588.4%	1.4500	N/A		0.0712	0.0000	0.929	0.899	6.00%	0.1900		
2043	92,276	609,409	660.4%	99	17,534	115,795	660.4%	1.4500	N/A		0.0751	0.0000	0.925	0.893	6.00%	0.1793		
2044	82,446	609,335	739.1%	92	14,779	109,228	739.1%	1.4500	N/A		0.0788	0.0000	0.921	0.888	6.00%	0.1691		
2045	73,246	602,766	822.9%	85	12,387	101,934	822.9%	1.4500	N/A		0.0824	0.0000	0.918	0.883	6.00%	0.1595		
2046	64,706	591,823	914.6%	78	10,323	94,418	914.6%	1.4500	N/A		0.0856	0.0000	0.914	0.878	6.00%	0.1505		
2047	56,832	576,595	1014.6%	71	8,554	86,782	1014.6%	1.4500	N/A		0.0904	0.0000	0.910	0.873	6.00%	0.1420		
2048	49,616	554,641	1117.9%	65	7,045	78,753	1117.9%	1.4500	N/A		0.0938	0.0000	0.906	0.868	6.00%	0.1340		
2049	43,087	529,296	1228.4%	59	5,772	70,900	1228.4%	1.4500	N/A		0.0970	0.0000	0.903	0.864	6.00%	0.1264		
2050	37,217	500,312	1344.3%	53	4,703	63,224	1344.3%	1.4500	N/A		0.1004	0.0000	0.900	0.859	6.00%	0.1192		
2051	31,968	469,283	1468.0%	48	3,811	55,946	1468.0%	1.4500	N/A		0.1053	0.0000	0.895	0.855	6.00%	0.1125		
2052	27,319	435,793	1595.2%	43	3,073	49,013	1595.2%	1.4500	N/A		0.1088	0.0000	0.891	0.850	6.00%	0.1061		
2053	23,231	402,670	1733.3%	38	2,465	42,724	1733.3%	1.4500	N/A		0.1116	0.0000	0.888	0.846	6.00%	0.1001		
2054	19,656	369,763	1881.1%	34	1,968	37,012	1881.1%	1.4500	N/A		0.1140	0.0000	0.886	0.842	6.00%	0.0944		
2055	16,554	336,850	2034.8%	30	1,563	31,809	2034.8%	1.4500	N/A		0.1199	0.0000	0.880	0.838	6.00%	0.0891		
2056	13,877	304,600	2195.0%	26	1,236	27,135	2195.0%	1.4500	N/A		0.1207	0.0000	0.879	0.835	6.00%	0.0840		
2057	11,588	275,180	2374.7%	23	974	23,127	2374.7%	1.4500	N/A		0.1255	0.0000	0.874	0.831	6.00%	0.0793		
2058	9,635	248,426	2578.3%	20	764	19,697	2578.3%	1.4500	N/A		0.1292	0.0000	0.871	0.828	6.00%	0.0748		
2059	7,983	224,172	2808.3%	18	597	16,768	2808.3%	1.4500	N/A		0.1296	0.0000	0.870	0.825	6.00%	0.0706		
2060	6,587	201,381	3057.0%	15	465	14,210	3057.0%	1.4500	N/A		0.1346	0.0000	0.865	0.822	6.00%	0.0666		
2061	5,416	182,408	3367.8%	13	361	12,143	3367.8%	1.4500	N/A		0.1374	0.0000	0.863	0.819	6.00%	0.0628		
2062	4,434	164,865	3718.1%	11	278	10,354	3718.1%	1.4500	N/A		0.1402	0.0000	0.860	0.816	6.00%	0.0592		
2063	3,619	146,082	4090.9%	10	214	8,772	4090.9%	1.4500	N/A		0.1471	0.0000	0.853	0.813	6.00%	0.0559		
2064	2,943	132,049	4486.3%	8	165	7,381	4486.3%	1.4500	N/A		0.1415	0.0000	0.859	0.811	6.00%	0.0527		
2065	2,386	118,448	4964.5%	7	126	6,246	4964.5%	1.4500	N/A		0.1565	0.0000	0.843	0.808	6.00%	0.0497		
2066	1,928	106,718	5533.9%	6	96	5,309	5533.9%	1.4500	N/A		0.1494	0.0000	0.851	0.805	6.00%	0.0469		
2067	1,552	94,551	6092.1%	5	73	4,437	6092.1%	1.4500	N/A		0.1429	0.0000	0.857	0.802	6.00%	0.0443		
2068	1,244	83,076	6677.6%	4	55	3,678	6677.6%	1.4500	N/A		0.1802	0.0000	0.820	0.799	6.00%	0.0418		
2069	994	73,769	7423.1%	4	42	3,081	7423.1%	1.4500	N/A		0.1538	0.0000	0.846	0.794	6.00%	0.0394		
2070	64,903	8119.0%		3														



[Date of Letter]

[First Name][Last Name]

[Address]

[Address2]

[City, State Zip]

Group Name: [Group Name]

Group No.: [Group No.]

Re: Notice of Long-Term Care Insurance Premium Increase

Dear [First Name][Last Name]:

[Insert this paragraph for insureds who ARE NOT on premium waiver:]

This letter is to inform you that we are implementing a [XX%] premium (contribution) increase on your long-term care insurance certificate scheduled to take place on [Date], ("Effective Date of Increase"). **[For certificateholders who get less than the requested % and due to the lower offer, we no longer certified -**

Please note that we requested a [XX%] increase on your certificate and received authority from [STATE DOI] to implement the [XX%] increase on your certificate. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

[Insert this paragraph for insureds who ARE on premium waiver:]

This letter is to inform you that we are implementing a [XX%] premium (contribution) increase on your long-term care insurance certificate. **[For certificateholders who get less than the requested % and due to the lower offer, we no longer certified -**

Please note that we requested a [XX%] increase on your certificate and received authority from [STATE DOI] to implement the [XX%] increase on your certificate. While the increase is scheduled to take place on [Date], ("Effective Date of Increase"), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

This premium increase was filed by Metropolitan Life Insurance Company (MetLife) and approved by the appropriate state regulator, where required. It impacts a broad group of certificateholders and is not based on any individual's personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly. Our evaluation of the experience under the plan shows a variation in claims and other key actuarial assumptions which have not materialized as expected.

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE RESERVES THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy.

Your current and increased premium amounts

[Insert for insureds who ARE NOT on premium waiver:]

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount beginning on the EFFECTIVE DATE OF INCREASE

[\$0.00]/[mode]

[Insert for insureds who ARE on premium waiver:]

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Current Premium Amount

[\$0.00]/[mode]

Increased Premium Amount

[\$0.00]/[mode]

Options to consider

As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History

- 1. Continue your current coverage by paying the increased premium amount when due**
No action is required by you.

[A. Insert for insureds who are provided decrease options:]

2. Reduce your coverage

We are providing you with an opportunity to modify your coverage to reduce the impact of the increased premium:

[A1.] [Insert this paragraph for insureds who have the option to reduce their DBA:]

Reduce your Nursing Home [Monthly] [Daily] Benefit Amount from [\$Current DBA] to [\$Reduced DBA]. This will bring you to a revised premium of [\$New Premium1]/[mode]. Please be aware that reducing your Nursing Home Daily Benefit will impact your Total Lifetime Benefit as well as the level of benefits you are eligible to receive for other services covered under your certificate, such as Home Care and Care in an Assisted Living Facility.

[A2.] [Insert this paragraph for insureds who have the option to reduce their TLB:] Reduce your Total Lifetime Benefit by adjusting your benefit duration from [Current years/days] to [Reduced years/days]. This will bring you to a revised premium of [\$New Premium2]/[mode]. Please be aware that reducing your benefit duration will impact the overall amount your plan will pay for covered services.

[PLACEHOLDER FOR OPTION FOR INFLATION OFFER]

If you wish to discuss other possible coverage decrease options, please call our customer service team at 1-800-438-6388. We ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter, before making any changes to your coverage. Please note that all options available to the policyholder may not be of equal value.

[B. Insert for insureds who are NOT provided decrease options:]

2. Call our customer service team to explore possible options

Please be aware that in some situations—for example, if your coverage is already at the lowest available level—you will not be able to decrease your coverage. If you wish to discuss possible options, please call our customer service team at 1-800-438-6388. We also ask that you review the information on the current cost of long-term care in your area, which is enclosed with this letter.

3. End your coverage

[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you

will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days following the first due date of the increased premium, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days following the first due date of the increased premium, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days following the first due date of the increased premium, we are providing you a choice between the nonforfeiture coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days following the first due date of the increased premium and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

You may call the customer service team at 1-800-438-6388 between the hours of [8:00 a.m. and 11:00 p.m.] Eastern Time, Monday through Friday, to discuss your options in more detail.

[Insert this section if an inflation offer either coincides with or occurs within [x] months of the insured's effective date of their rate increase:]

Please note that if your certificate includes an Optional Inflation Increase provision and you are eligible to receive an offer, you will receive a separate communication regarding this offer at the appropriate time.

Next Steps

As you consider any coverage changes available to you, it is important that you review the current cost of long-term care in your area. We have enclosed information to help you with this process.

- If you choose to maintain your current coverage at the increased premium, you do not need to take any action at this time. Simply pay your increased premium when it becomes due.
- If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time.

[Insert next sentence only for insureds with End Your Coverage options A or B:]

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

[Insert next sentence only for insureds with End Your Coverage option C:]

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. We want to thank you for choosing to plan for your future long-term care insurance needs.

Sincerely,

A handwritten signature in black ink, reading "Thomas S. Reilly". The signature is written in a cursive, flowing style.

Thomas Reilly,
Director, Product Management & Compliance

Encl: Cost of Care Chart
Coverage Change / Cancellation Form
Business Reply Envelope

MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016	0-18% 0-58% 0-[102%]*****
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-42% 0-102% 0-[126%]*****
Individual LTC*****	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2011	2013 2016	0-88% 0-[88%]*****
Individual LTC	LTC2007	2008-2011	2013 2016	0-58% 0-[58%]*****
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015	0-41% 0-73%*****
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015	0-41% 0-73%*****
Individual LTC	LTC-TCL-04	2000-2004	2012 2015	0-41% 0-73%*****
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0- 45%

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

****Please note that the percentage of the increase will vary by state, and state filings are in process.

Final amounts are subject to any applicable regulatory approvals.

*****Beginning in 2009, MetLife applied a new premium rate schedule to individual long-term care insurance policy forms available for sale in this and other states, where approved. Please note, however the insureds issued coverage on this policy form prior to the new premium rate schedule applied in 2009 were subject to the rate increase noted in the above chart.