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State Tracking #:**Company Tracking #:**

B11-142 RW (LW)

State:

District of Columbia

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

H111 Individual Health - Disability Income/H111.007 Long Term - Related to marketing with employer or association groups

Product Name:

Individual Health - Disability Income

Project Name/Number:

IDI2000-P/NC-ML - Rates/B11-142 RW

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Premiums AMA Case Nat wMisc - Rates	IDI2000-P/NC-ML	New		Premiums_AMA_Case_Nat_wMisc.pdf,

Metropolitan Life Insurance Company
Policy Forms IDI2000-P/NC et al, IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Availability of Policy Forms by State

This page documents the states in which we reasonably expect to receive approval of these products. We have included information indicating the basic form from which the variant is derived and how that variant differs from its basic form. This page only addresses the disability income products in our IDI2000 series of products. It does not address our overhead or buy-out products, nor does it address products in California.

In the table below, there are several policy forms unique to Kansas, Louisiana, Minnesota, New York and Ohio. This was necessary because Louisiana and Minnesota do not permit the use of all or certain endorsement forms and certain contractual changes to the base policy were made using endorsements in the rest of the nation. Kansas, New York and Ohio insisted on new policy forms for the 2009 premium scale. These policy forms are shown separately below.

On the rate pages, which follow, “IDI2000-P/NC et al” means policy form IDI2000-P/NC and the three Louisiana/Minnesota/Kansas specific variations of that policy form. “IDI2000-P/NC-ML et al” means all approved non-cancelable policy forms except those included in the term “IDI2000-P/NC et al”. “IDI2000-P/GR et al” means all approved Guaranteed Renewable policy forms including the Kansas/Louisiana/Minnesota/New York/Ohio only policy forms, if applicable. Unless specifically replaced by this rate filing, older rate filings that reference either policy form IDI2000-P/NC-ML or IDI2000-P/GR also apply to the newer non-cancelable or guaranteed renewable policy forms, respectively.

Policy Form	Base Form	Variation from Base Form	State Availability
Non-cancelable Policy Forms			
IDI2000-P/NC	None	Non-cancelable disability income policy	All except those using IDI2000-P/NC 09 or IDI2000-P/NC 11.
IDI2000-P/NC 09	IDI2000-P/NC	Variant form number for IDI2000-P/NC on the 2009 Premium Scale	Kansas and New York
IDI2000-P/NC 11	IDI2000-P/NC	Variant form number for IDI2000-P/NC on the 2011 Premium Scale	Colorado, Florida, Kansas and New York
IDI2000-P/NCF 11	IDI2000-P/NC	Franchise market variant policy form (in addition to IDI2000-P/NC)	Florida, Iowa, New York, Ohio, and Pennsylvania only
IDI2000-P/NC-ML	IDI2000-P/NC	Limited benefits for mental-nervous disabilities	All except as discussed below.
IDI2000-P/NC-ML 09	IDI2000-P/NC-ML	Variant form number for IDI2000-P/NC-ML on the 2009 Premium Scale	Kansas and New York
IDI2000-P/NC-ML 11	IDI2000-P/NC-ML	Variant form number for IDI2000-P/NC-ML on the 2011 Premium Scale	Colorado, Florida, Kansas and New York

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Availability of Policy Forms by State (Continued)

Policy Form	Base Form	Variation from Base Form	State Availability
IDI2000-P/NC-MLF	IDI2000-P/NC-ML	Franchise market variant policy form (in addition to IDI2000-P/NC-ML)	Florida, Iowa, New York, Ohio, and Pennsylvania only
IDI2000-P/NC-MLF 09	IDI2000-P/NC-MLF	Variant form number for IDI2000-P/NC-MLF on the 2009 Premium Scale	New York
IDI2000-P/NC-MLF 11	IDI2000-P/NC-MLF	Variant form number for IDI2000-P/NC-MLF on the 2011 Premium Scale	Florida and New York
Guaranteed Renewable Policy Forms			
IDI2000-P/GR	IDI2000-P/NC	Guaranteed renewable policy with limited benefits for mental-nervous disabilities	All
IDI2000-P/GR 09	IDI2000-P/GR	Variant form number for IDI2000-P/GR on the 2009 Premium Scale	Kansas and New York
IDI2000-P/GR 11	IDI2000-P/GR	Variant form number for IDI2000-P/GR on the 2011 Premium Scale	Colorado, Florida, Kansas and New York
IDI2000-P/GRF	IDI2000-P/GR	Franchise market policy form (in addition to IDI2000-P/GR)	Florida, Iowa, New York, Ohio, and Pennsylvania only
IDI2000-P/GRF 09	IDI2000-P/GRF	Variant form number for IDI2000-P/GRF on the 2009 Premium Scale	New York
IDI2000-P/GRF 11	IDI2000-P/GRF	Variant form number for IDI2000-P/GRF on the 2011 Premium Scale	Florida and New York

Policy Forms Unique to Kansas, Louisiana, Minnesota, New York and/or Ohio

Some policy forms below for Louisiana and Minnesota have not yet been submitted. We expect to submit them in the near future. We have included them in this display because we will have to submit them to comply with state regulations. We will not offer them for sale or issue them until

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such time as they have been approved. (Gray shading indicates policy forms closed to new business.)

Policy Form	Base Form	Variation from Base Form	States
Policy Forms Unique to Louisiana and Minnesota			
Non-cancelable Policy Forms			
IDI2000-P/NC-MLG-LA	IDI2000-P/NC-ML	Coverage for disabilities caused by normal pregnancy and variable pre-existing conditions limitation	Louisiana Only
IDI2000-P/NC-MLN-LA	IDI2000-P/NC-MLP	Coverage for disabilities caused by normal pregnancy and removes the pre-existing conditions limitation	Louisiana Only
IDI2000-P/NC-MLP	IDI2000-P/NC-ML	Removes the pre-existing conditions limitation and related provision	Louisiana Only
IDI2000-P/NC-MLP-LA/MN	IDI2000-P/NC-ML	Coverage for disabilities caused by normal pregnancy and standard pre-existing conditions limitation	Louisiana and Minnesota
IDI2000-P/NC-RS	IDI2000-P/NC	Retirement Savings Language Added	Louisiana Only
IDI2000-P/NC-MN-RS	IDI2000-P/NC	Retirement Savings Language Added	Minnesota Only
IDI2000-P/NC-ML-MN-RS	IDI2000-P/NC-ML	Retirement Savings Language Added	Minnesota Only
IDI2000-P/NC-ML-RS	IDI2000-P/NC-ML	Retirement Savings Language Added	Louisiana Only
IDI2000-P/NC-MLP-RS	IDI2000-P/NC-MLP-LA	Retirement Savings Language Added	Louisiana and Minnesota
IDI2000-P/NC-MLP-MN-RS	IDI2000-P/NC-MLP-MN	Retirement Savings Language Added	Louisiana and Minnesota
Guaranteed Renewable Policy Forms			
IDI2000-P/GRG-LA	IDI2000-P/GR	Coverage for disabilities caused by normal pregnancy and variable pre-existing conditions limitation	Louisiana Only
IDI2000-P/GRN-LA	IDI2000-P/GRP	Coverage for disabilities caused by normal pregnancy and removes the pre-existing conditions limitation	Louisiana Only
IDI2000-P/GRP	IDI2000-P/GR	Removes the pre-existing conditions limitation and related provision	Louisiana Only
IDI2000-P/GRP-LA/MN	IDI2000-P/GRP	Coverage for disabilities caused by normal pregnancy and standard pre-existing conditions limitation	Louisiana and Minnesota
IDI2000-P/GR-RS	IDI2000-P/GR	Retirement Savings Language Added	Louisiana Only
IDI2000-P/GR-MN-RS	IDI2000-P/GR	Retirement Savings Language Added	Minnesota Only
IDI2000-P/GRP-RS	IDI2000-P/GRP-LA	Retirement Savings Language Added	Louisiana and Minnesota
IDI2000-P/GRP-MN-RS	IDI2000-P/GRP-MN	Retirement Savings Language Added	Louisiana and Minnesota

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Descriptions of Rider and Endorsement Forms

Several versions of many benefit riders exist. Coincident with this rate filing we are filing versions of many riders (as well as policies) to comply with the Age Discrimination in Employment Act (ADEA). The ADEA-compliant versions below have been changed to allow for issue ages older than 59 and for renewal after age 65, or the fifth policy anniversary, if later. There are two versions of each of these riders; the difference is in Pre-existing Conditions Limitation. One contains variable length periods, and the other removes the Pre-existing Limitation completely. Older versions of these riders were not fully ADEA-compliant.

In the tables below, the rider forms indicated in **bold face** are the form numbers that are shown on the rate pages. The premium rates apply to all rider forms indicated in the tables below. This statement applies to previous rates filings applicable to policy forms IDI2000-P/NC-ML and IDI2000-P/GR unless such filing was superseded by this rate filing.

Because compliance with ADEA requires certain contractual provisions that we would prefer to not offer, we will continue to offer the older versions in non-employer situations. When more than one benefit rider with given benefits is open for new business, there are three or four such riders. When there are three, the oldest (listed first) will be used for individually sold and association cases. The other two are ADEA compliant and are used for employer cases. For the COLA rider there are four "open" riders. The oldest two (again listed first), one each with and without the Purchase Option, are used for individually sold and association cases. The other two without the Purchase Option are ADEA compliant and are used for employer cases.

State availability indicates where the riders are approved or where we reasonable expect they will be approved.

Form Number	Description	State Availability	Premium Rate Notes	Status of New Business
Catastrophic Disability Benefit Riders				
IDI2000-PR/CATDIS	Rider providing additional benefits for Catastrophic and Presumptive Total Disabilities	All except Connecticut	These rider forms all use the same premium rates.	Open
IDIPR07-1 IDIPR09-05	Spousal Catastrophic Disability Benefit	All except Connecticut and New Jersey.	Same as Catastrophic Disability Benefit	Open

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Descriptions of Rider and Endorsement Forms

Form Number	Description	State Availability	Premium Rate Notes	Status of New Business
Cost of Living Adjustment Benefit Riders (Post-disability)				
Increases in Benefits based on Consumer Price Index (1% Minimum; 7% maximum)				
IDI2000-PR/COLA	Original	All	These rider forms all use the same premium rates.	Closed
IDI2000-PR/COLA-PO	Original with Purchase Option			
IDI2000-PR/COLAA	Revised			To be Closed
IDI2000-PR/COLAA-PO	Revised with Purchase Option			
Increases in Benefits based on Consumer Price Index (0% Minimum; 10% maximum)				
IDIPR08-2	Individual Sale and Association Group (with Purchase Option)	All	These rider forms all use the same premium rates.	Open
IDIPR09-01, IDIPR09-02, and IDIPR09-03	ADEA compliant for Employer Markets			
Three Percent Annual Simple Increases in Benefits (Fixed in the Benefit Rider)				
IDI2000-PR/G3SC	Basic benefit rider	All	These rider forms all use the same premium rates.	Open
IDI2000-PR/G3SC-PO	With Purchase Option			
Coverage Purchase Option Riders				
IDIPR04-1	Automatic Increase Benefit Monthly Indemnity is increased by 5% each first five policy years	All	No Charge	Open
IDI2000-PR/GI	Guaranteed Insurability Benefit	All		To be Closed
IDIPR08-1	Guaranteed Insurability Benefit	All		Open
IDI2000-PR/LTCGPO	Option to Purchase Long-term Care Insurance	All except Connecticut and Florida		Closed
Lifetime Extension Benefit Riders for Total Disability after Age 65				
Benefits payable on and after Age 65 grade down based on age at disability				
IDI2000-PR/LIFE-TD	Benefits grade down after Age 55	All		Closed
IDI2000-PR/L45-TD	Benefits grade down after Age 45	All		Open
Optional Definition of Total Disability Benefit Rider				
IDI2000-PE/YOCC	Pure Regular Occupation Definition	All	Premium rates are additive to "To Age 65" Regular Occupation Period in the policy	Open

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Descriptions of Rider and Endorsement Forms

Form Number	Description	State Availability	Premium Rate Notes	Status of New Business
Residual Disability Benefit Riders				
Without Recovery Benefits				
IDI2000-PR/RDIS	Original Rider	All	These rider forms all use the same premium rates.	Closed
IDI2000-PR/RDISA	Rider revised to be issued at Ages 60 and older			Open
With Recovery Benefits				
IDI2000-PR/RDIS-REC2	24 Month Recovery Benefit	All		Open
IDI2000-PR/RDIS-REC3	36 Month Recovery Benefit			
Social Insurance Benefit Riders				
IDI2000-PR/SIO	Social Insurance Offset Benefit	All except New York and New Jersey		To be Closed
IDIPR09-04				Open
IDI2000-PR/SIS	Social Insurance Substitute Benefit	New York and New Jersey		Closed
IDIPR09-06				New York
IDIPR09-07		New Jersey		Open
Transitional Your Occupational Benefit Riders				
National Versions				
IDI2000-PE/TYO-05Y	60 months of benefits (after disability)	All except New York and New Jersey		Closed (with limited exceptions) in most states; To be closed remaining states
IDI2000-PE/TYO-10Y	120 months of benefits (after disability)			
IDI2000-PE/TYO-A65	Benefit payable to Age 65			
New York Versions				
IDI2000-PE/TYOA-05Y	60 months of benefits (after disability)	New York	Same as equivalent national rider above; the rate pages show the national rider form number	Closed
IDI2000-PE/TYOA-10Y	120 months of benefits (after disability)			
IDI2000-PE/TYOA-A65	Benefit payable to Age 65			

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Descriptions of Rider and Endorsement Forms

Form Number	Description	State Availability	Premium Rate Notes	Status of New Business
Transitional Your Occupational Benefit Riders (continued)				
2007 Edition Versions				
IDIPE07-1 IDIPE09-12	60 months of benefits or benefits payable to age 65 with refund of premium under specified circumstances	All except New Jersey		Open
Other Benefit Riders				
IDI2000-PR/ROP	Refund of Premium Benefit	All except Connecticut, Florida, New Jersey, New York, Oregon, Pennsylvania and Tennessee	See page Misc.12	Open
IDI2000-PE/PDIS	Presumptive Total Disability	All	No Charge	Open
IDI2000-PE/PD	Same with variable Pre-existing Conditions Limitation			
IDI2000-PE/PDX	Same but removes Pre-existing Conditions Limitation			
Endorsements				
IDI2000-PE/MS-LIMIT	Modification of Mental Disorder and/or Substance Abuse Limitations – removes limit on MDSA benefits from policy	All		Open
IDI2000-PE/NOPEC	[Preexisting Conditions Limitation Removal] Endorsement	All except Louisiana		To be closed
IDIPE04-4, IDIPE04-5, IDIPE04-6, IDIPE04-7, IDIPE04-8, IDIPE04-9	Pre-existing Condition Limitation Endorsements – various look-back and exclusion periods	None available in Louisiana; some not available in other states	Used to address low levels of employee participation	To be closed
IDIPR10-01, IDIPR10-02	Term Premium Conversion	All	None	Open
IDIPR09-07, IDIPR09-08 IDIPR09-09	Renewal to Age 67 Policy and Riders	All	None	Open
IDIPR09-13	Renewal to Age 67 Riders only	All	None	Open

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Descriptions of Rider and Endorsement Forms

Form Number	Description	State Availability	Premium Rate Notes	Status of New Business
Endorsements (continued)				
IDIPE06-1	Normal Pregnancy Endorsement	All except Louisiana	Addresses potential unfair gender discrimination	To be closed
IDIPE06-6	Retirement Saving Endorsement	All except Louisiana	No charge	Open

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Guaranteed Insurability Option Benefit
Rider Form IDIPR08-1 or IDI2000-PR/GI Attached

Calculation of Premium Rates

The premium rate per \$100 option amount for the Guaranteed Insurability Option benefit rider depends on the other benefits on the policy. The optional benefits that impact the premium rate for this benefit are:

- The Residual Disability benefit (with the Recovery benefit),
- The Cost of Living Adjustment benefit, and
- The Your Occupation benefit or the Transitional Your Occupation benefit.

First, one must determine the non-smoker premium rates per \$100 monthly indemnity for the base monthly indemnity benefit (using level premiums not step-rated premiums) and the indicated optional benefits:

Benefit	Benefit Riders		
	Residual Disability	COLA	Your Occupation or Transitional Your Occupation
Residual Disability Benefit	X		
COLA Benefit		X	
COLA Benefit on Residual Disability	X	X	
Your Occupation or Transitional Your Occupation Benefit			X
COLA Benefit on Your Occupation or Transitional Your Occupation		X	X

If more than one benefit is marked, the premium rate is included only if all marked benefits are included. The parameters of all benefits (other than step-rated premiums) must match the parameters of the base policy.

Second, the sum of the premium rates above is multiplied by 25.00% and rounded to two decimal places to produce the non-smoker premium rate per \$100 option amount for the Guaranteed Insurability Option benefit for the policy.

Third, the smoker premium rate, if applicable, is calculated by multiplying the non-smoker premium rate by 1.20, 1.15 or 1.10 for occupational classes 6A to 4A; 3A and 2A; and 1A and 1B, respectively and rounding the product to two decimal places.

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**Premiums for Occupational Class 6S
Applicable to the 2007 Premium Scale Only**

The premium rates for Occupational Class 6S will be the same as those used for Occupational Class 6A. The premiums for policies issued to certain Occupational Class 6S applicants will be reduced by ten percentage points. The reduction in premium for the policy will be shown on the policy schedule page, referenced in the policy as “page 3,” as the “Preferred Occupation Adjustment.”

This reduction will be implemented in the premium calculation immediately preceding calculation of the substandard rating. The substandard rating will be based on the premium before deducting the Preferred Occupation Adjustment. (Other components of the premium class, including multi-life discounts, and the premium calculation are unchanged by the occupational class 6S premium adjustment.)

The reduction in premium will be available to all occupational class 6S applicants of individually underwritten cases. This includes all individually-sold business and all individually underwritten policies issued to employees (up to a maximum of 24) of an employer.

The reduction in premium also will be available to policies on occupational class 6S professionals in cases with limited underwriting that meet all of the following conditions:

- The employer pays 100% of the premium;
- The elimination period for the policies is 180 days or longer;
- The employer is a professional service partnership, such as attorneys, certified public accountants or architects; and
- There is no unsatisfactory group long-term disability claims experience on the case.

(These are preliminary rules and may be changed in the near future. Any changes will be submitted for approval.)

The reduction in premium will not be available to all other cases with limited underwriting, including individually underwritten policies issued in excess of the underwriting limits on these excluded cases.

**Financial Disclosure Adjustment
Applicable to the Original (2001), 2004 and 2007 Premium Scales Only**

Determine the Discount level by taking the weighted average of 5% for first \$3,000 of Total Monthly Indemnity (Base Benefit Amount plus SIO Benefit Amount) and 10% of the Excess over the \$3,000 of Total Monthly Indemnity (Base Benefit Amount plus SIO Benefit Amount) and rounding to four decimal positions. Since this is a discount percentage, the calculation needs to be multiplied by –100 to convert the fraction into the desired form. (If there is more than one layer of benefit on a policy, the Financial Disclosure Adjustment will be determined for each

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layer of benefit separately.) This percentage is multiplied by the sum of the total policy premium for indemnity benefits and the substandard premium.

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Refund of Premium / Good Health Benefit
Rider Form IDI2000-PR/ROP Attached

Not available in
Connecticut, Florida, New Jersey, New York, Oregon, Pennsylvania and Tennessee

The premium for the Refund of Premium benefit will be 63% of the premiums for the benefits of the policy including the premium for a substandard rating and the policy fee.

The charges on the premium for the Long-term Care Guaranteed Purchase Option and Spousal Catastrophic Disability benefits for the Refund of Premium benefit are also 63% (including the premium for a substandard rating).

Please note that the factor for this benefit was 55% in the original (2001) premium scale. (Policies issued in 2001 to 2007 and after depending on state approval of the rate filing.)

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Spousal Catastrophic Disability Benefit Rider
Rider Form IDIPR07-1 Attached

Not available in Connecticut and New Jersey

The premium rates for the Spousal Catastrophic Disability benefit rider are the same as those used for the Catastrophic Disability Benefit rider, form IDI2000-PR/CATDIS. The spouse's age last birthday is used instead of the insured's age. (The premium rates are unisex so the spouse's sex is not required.) We have determined that non-employed spouses are occupational class 1A insureds, so we will use the 1A for the occupational class variable in the Catastrophic Disability Benefit premium rates.

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Multi-life Discounts

Multi-life Discounts will be available to Employer / Employee group and to professional associations. The policy forms on which discounts are available:

- Franchise states (FL, IA, NY, OH, PA)
 IDI2000-P/NCF 11, IDI2000-P/NC-MLF, IDI2000-P/NC-MLF 09,
 IDI2000-P/NC-MLF 11, IDI2000-P/GRF, IDI2000-P/GRF 09, and
 IDI2000-P/GRF 11
- All other states and District of Columbia
 IDI2000-P/NC, IDI2000-P/NC 09, IDI2000-P/NC 11, IDI2000-P/NC-ML,
 IDI2000-P/NC-ML 09, IDI2000-P/NC-ML 11, IDI2000-P/GR,
 IDI2000-P/GR 09, and IDI2000-P/GR 11

Employer-sponsored cases – Employer / Employee groups

The variables for determining the level of discount are:

- The type of employer: medical and dental employers versus all others. Medical and dental employers include physician and dental offices, hospitals, hospital-based physician practices and other employers primarily providing medical or dental services.
- The level of employer contribution:
- Expected number of participating lives in the group.
- Anticipated employee participation rate.
- Compensation of the producer.
- The after-tax replacement ratio.
- The sex distribution of the group.

Discounts Before Adjustments for:
 Compensation of the Producer, After-tax Replacement Ratio and Sex Distribution

Expected Number of Participating Lives	Level of Employer Contribution							
	100%	50% to 99%		25% to 49%		Less than 25% (Incl. 100% Employee Paid Cases)		
	Expected Participation Rate*							
	100%	Less Than 70%	70% and Greater	Less Than 50%	50% and Greater	Less Than 30%	30% to 39%	40% and Greater
All Employers except Medical or Dental Employers								
3 to 24	20%	10%	15%	10%	15%	5%	10%	15%
25 to 49	25%	15%	20%	15%	20%	10%	15%	20%
50 to 99	30%	20%	25%	15%	20%	10%	15%	20%
100 and Greater	35%	25%	30%	20%	25%	15%	20%	25%
Medical and Dental Employers								
100 and Greater	15% (subject to a minimum expected participation rate of 40%)							
3 and Greater	10%							

* **Bold face** indicates expected participation rate band for the level of employer contribution.

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Adjustments to Discounts for:
Compensation of the Producer, After-tax Replacement Ratio and Sex Distribution

Compensation of the Producer. (Not Available in Florida.) For cases issued with little or no commission being paid, the discounts above may be increased by 5% up to a maximum of 40%. The present value at issue of the reduction in commissions must be at least five percent of the present value of the undiscounted premium over the lives of the policies.

After-tax Replacement Ratio. For cases with after-tax replacement ratios of 95% or higher, the discount will be decreased by 5%.

Sex Distribution. The discounts for both employer paid and employee contributory cases will be adjusted based on the sex distribution of the case. The adjustments are:

<u>Male Content</u>	<u>Adjustment</u>
At Least 60%	None
40% to 60%	- 5%
Less than 40%	- 10%

Minimum Employer/Employee Group Discount

The minimum discount for employer/employee groups will be 5%.

Assumptions for the Calculation of the Value of Reduced Commissions

The assumptions to be used to calculate the value of reduced commissions are:

Interest: 4.50%.

Lapse and Mortality combined:

Policy Year	Policy Termination	Policy Year	Policy Termination
1	9.00%	6	5.50%
2	8.00%	7	5.25%
3	7.00%	8	5.00%
4	6.00%	9	4.75%
5	5.75%	10 and later	4.50%

Modeling parameters: Single cell issued at age 45 (22 years of projection)

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Multi-life Discounts
(Continued)

Association-sponsored Cases – Professional Associations

Professional graduate schools and residency / internship programs (sponsored by the residency program)

25% discount (unisex premium rates)

All other professional associations

Florida, New Jersey, New York and Washington only:

Associations whose endorsement was received after the approval and implementation of this rate filing.

10% discount (sex-distinct premium rates) for cases having at least:
20,000 eligible lives on a multi-state basis, or
5,000 eligible lives in Florida or New York, or
3,000 eligible lives in New Jersey or Washington.

5% discount (sex-distinct premium rates) for cases not having a sufficient number of eligible lives.

Associations whose endorsement was received before the approval and implementation of this rate filing.

FL, NJ, NY and WA: continuation of the existing discount (either the previously approved 5% or 10%)

All states other than Florida, New Jersey, New York and Washington:

Associations whose agreement produces reduction in present value at issue of marketing and distribution costs of less than 30% of premium placed.

5% discount (sex-distinct premium rates)

Associations whose agreement produces reduction in present value at issue of marketing and distribution costs of 30% or more of premium placed.

10% discount (sex-distinct premium rates)

Note: We are offering products to Medical/Dental Residents and Fellows through professional organizations (and not sponsored by the programs) on a sex-distinct basis with simplified underwriting using the 5 or 10 percent discounts above.

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Availability of Selected Policy Features

This section documents the availability of only those features in this section. No implication should be drawn from the absence of information on other features of these products.

365 And 730 Day Elimination Periods

This section was developed by analyzing information from competitors. This will be implemented by MetLife only if this filing is approved as described below. (We note that some other companies appear to be offering the 730 day Elimination Period in the thirteen states listed below on the first basis shown below.)

Iowa, Oklahoma and Texas

Any amount of monthly indemnity with the 730 day Elimination Period may be issued as long as there is at least \$200 of monthly indemnity having an Elimination Period of 365 or fewer days. The 730 day Elimination Period will only be available on a unisex basis in these states until such time that we file (and receive approval on) the 730 day sex-distinct premium rates.

New Jersey

The amount of monthly indemnity with the 730 day Elimination Period may not exceed the amount of monthly indemnity having an Elimination Period of 365 or fewer days.

For policies issued with the 365 and 730 day Elimination Period, the elimination period shortens to 180 days at the time the maximum benefit period shortens to 2 years (24 months). Also, the maximum benefit period does not shorten to 12 months during the Conditionally Renewable period of the policy.

New York

The 365 and 730 day Elimination Periods will only be available to applicants who at the time of application have:

- Existing short term disability coverage of 12 months or 24 months, respectively, or longer with amounts of monthly benefit commensurate with or greater than the amounts of coverage being offered with the 365 or 730 day Elimination Periods; or
- Relatively liquid net worth exceeding twelve or twenty-four multiplied by the monthly indemnity applied-for with the 365 or 730 day Elimination Period, respectively.

Arkansas, Connecticut, Delaware, Idaho, Pennsylvania, Utah, Vermont, Virginia and Washington

The 730 day Elimination Period is not available.

Metropolitan Life Insurance Company
Policy Forms IDI2000-P/NC et al, IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Availability of Selected Policy Features
(Continued)

Catastrophic Disability and Spousal Catastrophic Disability Benefits

Connecticut

These benefits are not available.

New Jersey

The amount of monthly indemnity for the Catastrophic Disability benefit may not exceed the amount of disability monthly indemnity having an Elimination Period of 365 or fewer days.

Long-term Care Guaranteed Purchase Option Benefit Rider

Connecticut and Florida. This benefit was never available; it has been closed to new business nationwide.

Metropolitan Life Insurance Company
Policy Forms IDI2000-P/NC et al, IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Sex-distinct versus Unisex Premiums

All states other than Montana

Individually sold business will always be issued on a sex-distinct basis using non-franchise policy forms.

Business issued as part of an employer sponsored case will always be issued on a unisex basis using franchise policy forms in those states that require them. This business will use the employer sponsored case premium rates.

Business issued as part of an association sponsored case will be issued on a sex-distinct basis using franchise policy forms in those states that require them unless the case is sponsored by professional graduate schools or a residency or internship program. In the latter case the business will always be issued on a unisex basis using franchise policy forms in those states that require them. This business will use the non-employer sponsored case premium rates.

Montana

All business issued in Montana will be issued on a unisex basis. Business issued as part of an employer sponsored case will use the employer sponsored case premium rates. All other business will use the non-employer sponsored case premium rates.

General

Association sponsored cases use different unisex premiums than employer sponsored cases.

Otherwise blank

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	90 Days	Limited	No
<u>Issue Age</u>	6S	5A	4A	
18 - 25	18.69	25.02	27.72	
26	19.48	26.11	28.94	
27	20.30	27.28	30.26	
28	21.19	28.50	31.64	
29	22.10	29.77	33.07	
30	23.02	31.08	34.53	
31	23.97	32.40	36.03	
32	24.91	33.73	37.52	
33	25.83	35.01	38.97	
34	26.73	36.29	40.40	
35	27.63	37.55	41.82	
36	28.51	38.80	43.24	
37	29.39	40.03	44.62	
38	30.24	41.22	45.97	
39	31.08	42.40	47.30	
40	31.90	43.56	48.61	
41	32.71	44.70	49.90	
42	33.52	45.84	51.17	
43	34.35	47.03	52.52	
44	35.18	48.19	53.82	
45	35.97	49.30	55.08	
46	36.73	50.36	56.28	
47	37.43	51.35	57.38	
48	38.08	52.25	58.41	
49	38.65	53.06	59.31	
50	39.12	53.72	60.07	
51	39.49	54.24	60.65	
52	39.74	54.59	61.04	
53	39.82	54.68	61.14	
54	39.74	54.58	61.01	
55	39.53	54.27	60.67	
56	39.18	53.77	60.09	
57	38.68	53.06	59.30	
58	37.47	51.35	57.36	
59	36.25	49.63	55.40	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	90 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	11.43	15.79	16.49	
26	11.80	16.34	17.06	
27	12.22	16.96	17.73	
28	12.70	17.67	18.48	
29	13.23	18.44	19.31	
30	13.81	19.30	20.21	
31	14.44	20.22	21.20	
32	15.12	21.24	22.27	
33	15.87	22.33	23.44	
34	16.66	23.50	24.68	
35	17.50	24.74	26.00	
36	18.39	26.05	27.41	
37	19.33	27.43	28.89	
38	20.32	28.90	30.45	
39	21.36	30.43	32.08	
40	22.44	32.03	33.79	
41	23.56	33.68	35.56	
42	24.72	35.40	37.40	
43	25.95	37.21	39.33	
44	27.21	39.08	41.31	
45	28.49	40.97	43.34	
46	29.80	42.90	45.41	
47	31.12	44.86	47.51	
48	32.54	46.96	49.76	
49	33.94	49.03	51.98	
50	35.31	51.06	54.15	
51	36.60	52.97	56.21	
52	37.81	54.76	58.13	
53	38.89	56.36	59.85	
54	39.83	57.75	61.34	
55	40.61	58.91	62.59	
56	41.20	59.80	63.54	
57	41.60	60.38	64.17	
58	40.99	59.45	63.17	
59	40.33	58.46	62.10	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	180 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	16.00	21.29	23.54	
26	16.67	22.22	24.59	
27	17.38	23.22	25.71	
28	18.13	24.26	26.88	
29	18.90	25.34	28.11	
30	19.69	26.46	29.36	
31	20.50	27.59	30.62	
32	21.30	28.71	31.90	
33	22.09	29.81	33.13	
34	22.85	30.89	34.34	
35	23.62	31.96	35.56	
36	24.36	33.02	36.75	
37	25.11	34.07	37.93	
38	25.82	35.07	39.07	
39	26.52	36.06	40.19	
40	27.22	37.04	41.28	
41	27.90	38.00	42.36	
42	28.57	38.93	43.43	
43	29.27	39.92	44.53	
44	29.94	40.87	45.61	
45	30.59	41.79	46.64	
46	31.19	42.64	47.60	
47	31.75	43.43	48.48	
48	32.27	44.14	49.28	
49	32.70	44.75	49.98	
50	33.06	45.24	50.54	
51	33.32	45.61	50.95	
52	33.48	45.84	51.20	
53	33.47	45.83	51.19	
54	33.36	45.67	51.00	
55	33.14	45.34	50.63	
56	32.80	44.86	50.09	
57	32.35	44.22	49.37	
58	31.33	42.78	47.74	
59	30.31	41.34	46.11	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 65		180 Days	Limited	No
	6S	5A	4A			
18 - 25	9.92	13.59	14.14			
26	10.24	14.06	14.64			
27	10.60	14.59	15.21			
28	11.02	15.19	15.85			
29	11.47	15.85	16.55			
30	11.95	16.58	17.33			
31	12.49	17.36	18.16			
32	13.07	18.22	19.07			
33	13.70	19.15	20.05			
34	14.36	20.13	21.11			
35	15.08	21.17	22.22			
36	15.83	22.28	23.41			
37	16.61	23.45	24.65			
38	17.45	24.68	25.97			
39	18.32	25.98	27.33			
40	19.22	27.32	28.76			
41	20.17	28.70	30.25			
42	21.14	30.14	31.79			
43	22.16	31.65	33.39			
44	23.20	33.19	35.05			
45	24.27	34.76	36.74			
46	25.35	36.36	38.45			
47	26.45	37.98	40.19			
48	27.61	39.70	42.03			
49	28.76	41.40	43.85			
50	29.87	43.06	45.61			
51	30.93	44.61	47.30			
52	31.91	46.05	48.84			
53	32.76	47.33	50.21			
54	33.51	48.43	51.40			
55	34.12	49.35	52.38			
56	34.59	50.03	53.13			
57	34.89	50.49	53.60			
58	34.38	49.71	52.77			
59	33.83	48.88	51.88			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 65	365 Days	Limited	No
	6S	5A	4A		
18 - 25	14.77	19.58	21.64		
26	15.40	20.46	22.62		
27	16.06	21.38	23.65		
28	16.76	22.36	24.75		
29	17.47	23.36	25.88		
30	18.21	24.39	27.04		
31	18.95	25.43	28.21		
32	19.69	26.47	29.38		
33	20.40	27.48	30.51		
34	21.11	28.47	31.64		
35	21.82	29.46	32.74		
36	22.50	30.42	33.83		
37	23.18	31.37	34.90		
38	23.82	32.28	35.94		
39	24.45	33.17	36.95		
40	25.07	34.05	37.93		
41	25.68	34.90	38.89		
42	26.27	35.73	39.83		
43	26.87	36.59	40.79		
44	27.46	37.41	41.72		
45	28.02	38.20	42.60		
46	28.53	38.92	43.42		
47	28.99	39.56	44.15		
48	29.39	40.12	44.78		
49	29.73	40.59	45.31		
50	29.98	40.96	45.71		
51	30.16	41.20	45.99		
52	30.25	41.33	46.13		
53	30.19	41.25	46.04		
54	30.04	41.03	45.79		
55	29.80	40.69	45.41		
56	29.48	40.23	44.88		
57	29.07	39.65	44.24		
58	28.22	38.44	42.87		
59	27.39	37.26	41.53		

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	365 Days	Limited	No
<u>Issue Age</u>	6S	5A	4A	
18 - 25	9.19	12.51	13.00	
26	9.49	12.96	13.47	
27	9.83	13.45	14.00	
28	10.21	14.02	14.59	
29	10.62	14.62	15.25	
30	11.07	15.28	15.95	
31	11.57	16.01	16.72	
32	12.10	16.78	17.55	
33	12.66	17.63	18.45	
34	13.28	18.53	19.40	
35	13.92	19.49	20.42	
36	14.60	20.49	21.49	
37	15.32	21.54	22.62	
38	16.07	22.66	23.81	
39	16.86	23.81	25.05	
40	17.67	25.03	26.33	
41	18.51	26.27	27.66	
42	19.39	27.55	29.03	
43	20.30	28.90	30.47	
44	21.22	30.26	31.94	
45	22.17	31.67	33.44	
46	23.12	33.08	34.95	
47	24.08	34.50	36.47	
48	25.10	35.99	38.07	
49	26.09	37.47	39.65	
50	27.05	38.90	41.18	
51	27.96	40.24	42.63	
52	28.81	41.48	43.97	
53	29.54	42.57	45.14	
54	30.17	43.51	46.15	
55	30.70	44.30	46.99	
56	31.10	44.90	47.65	
57	31.38	45.32	48.09	
58	31.00	44.72	47.45	
59	30.59	44.11	46.78	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 65	730 Days	Limited	No
	6S	5A	4A		
18 - 25	13.28	17.51	19.31		
26	13.83	18.29	20.19		
27	14.43	19.12	21.11		
28	15.04	19.97	22.08		
29	15.67	20.86	23.08		
30	16.32	21.76	24.09		
31	16.97	22.67	25.12		
32	17.61	23.58	26.14		
33	18.23	24.45	27.13		
34	18.85	25.31	28.09		
35	19.44	26.15	29.04		
36	20.03	26.97	29.97		
37	20.59	27.77	30.87		
38	21.13	28.54	31.73		
39	21.65	29.28	32.56		
40	22.16	29.99	33.36		
41	22.64	30.67	34.14		
42	23.11	31.33	34.88		
43	23.58	32.00	35.63		
44	24.03	32.62	36.33		
45	24.44	33.20	36.99		
46	24.81	33.72	37.58		
47	25.14	34.18	38.10		
48	25.38	34.52	38.49		
49	25.58	34.80	38.80		
50	25.71	34.99	39.02		
51	25.79	35.11	39.14		
52	25.82	35.15	39.18		
53	25.79	35.09	39.12		
54	25.70	34.96	38.97		
55	25.54	34.75	38.74		
56	25.34	34.46	38.40		
57	25.09	34.10	38.00		
58	24.49	33.24	37.03		
59	23.91	32.42	36.09		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

☒ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 65		730 Days	Limited	No
	6S	5A	4A			
18 - 25	8.25	11.15	11.55			
26	8.52	11.54	11.96			
27	8.82	11.97	12.43			
28	9.14	12.46	12.94			
29	9.50	12.98	13.51			
30	9.90	13.56	14.12			
31	10.32	14.19	14.78			
32	10.77	14.85	15.49			
33	11.26	15.57	16.26			
34	11.78	16.34	17.07			
35	12.33	17.15	17.94			
36	12.91	18.01	18.85			
37	13.51	18.89	19.80			
38	14.15	19.82	20.80			
39	14.81	20.79	21.83			
40	15.48	21.81	22.91			
41	16.18	22.84	24.01			
42	16.90	23.90	25.15			
43	17.64	25.00	26.32			
44	18.41	26.11	27.52			
45	19.17	27.24	28.73			
46	19.94	28.39	29.95			
47	20.71	29.53	31.18			
48	21.50	30.71	32.44			
49	22.28	31.87	33.68			
50	23.04	32.99	34.88			
51	23.77	34.06	36.03			
52	24.44	35.07	37.12			
53	25.08	36.01	38.12			
54	25.65	36.85	39.03			
55	26.15	37.59	39.83			
56	26.57	38.21	40.49			
57	26.88	38.69	41.00			
58	26.69	38.37	40.66			
59	26.48	38.05	40.31			

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⊠ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	90 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	19.30	25.85	28.65	
26	20.13	27.03	29.97	
27	21.02	28.28	31.37	
28	21.97	29.59	32.86	
29	22.95	30.97	34.41	
30	23.97	32.38	36.00	
31	24.99	33.83	37.63	
32	26.04	35.30	39.28	
33	27.05	36.72	40.88	
34	28.06	38.14	42.48	
35	29.08	39.57	44.09	
36	30.10	41.00	45.70	
37	31.11	42.43	47.31	
38	32.11	43.83	48.90	
39	33.11	45.24	50.48	
40	34.12	46.66	52.08	
41	35.13	48.08	53.69	
42	36.15	49.52	55.31	
43	37.24	51.05	57.03	
44	38.33	52.59	58.77	
45	39.42	54.12	60.49	
46	40.49	55.62	62.18	
47	41.54	57.09	63.84	
48	42.59	58.56	65.49	
49	43.59	59.95	67.06	
50	44.51	61.25	68.51	
51	45.33	62.40	69.80	
52	46.04	63.39	70.92	
53	46.66	64.24	71.87	
54	47.11	64.86	72.57	
55	47.37	65.21	72.96	
56	47.41	65.27	73.01	
57	47.21	64.97	72.68	
58	46.75	64.30	71.90	
59	45.97	63.20	70.66	

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Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	90 Days	Limited	No
<u>Issue Age</u>	6S	5A	4A	
18 - 25	11.87	16.45	17.17	
26	12.29	17.06	17.83	
27	12.76	17.74	18.57	
28	13.29	18.53	19.40	
29	13.88	19.39	20.31	
30	14.52	20.34	21.32	
31	15.23	21.38	22.43	
32	15.99	22.50	23.63	
33	16.82	23.73	24.93	
34	17.71	25.04	26.33	
35	18.67	26.45	27.82	
36	19.67	27.94	29.41	
37	20.75	29.52	31.10	
38	21.88	31.20	32.90	
39	23.08	32.97	34.78	
40	24.34	34.82	36.76	
41	25.66	36.77	38.84	
42	27.04	38.81	41.01	
43	28.49	40.96	43.32	
44	30.01	43.19	45.70	
45	31.58	45.52	48.19	
46	33.20	47.92	50.75	
47	34.88	50.39	53.41	
48	36.71	53.09	56.30	
49	38.56	55.83	59.24	
50	40.40	58.56	62.15	
51	42.20	61.23	65.02	
52	43.94	63.80	67.77	
53	45.67	66.35	70.52	
54	47.24	68.69	73.03	
55	48.64	70.74	75.22	
56	49.78	72.44	77.04	
57	50.63	73.69	78.39	
58	51.13	74.44	79.18	
59	51.25	74.61	79.36	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	180 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	16.53	22.02	24.36	
26	17.25	23.03	25.50	
27	18.02	24.10	26.70	
28	18.83	25.24	27.97	
29	19.67	26.41	29.30	
30	20.53	27.61	30.65	
31	21.41	28.85	32.04	
32	22.30	30.10	33.45	
33	23.17	31.31	34.82	
34	24.03	32.54	36.19	
35	24.90	33.75	37.57	
36	25.77	34.97	38.93	
37	26.63	36.18	40.30	
38	27.48	37.38	41.65	
39	28.32	38.57	43.00	
40	29.18	39.77	44.35	
41	30.03	40.97	45.70	
42	30.89	42.18	47.07	
43	31.81	43.46	48.52	
44	32.72	44.75	49.96	
45	33.62	46.02	51.39	
46	34.51	47.26	52.79	
47	35.36	48.47	54.14	
48	36.22	49.66	55.49	
49	37.02	50.78	56.75	
50	37.76	51.80	57.91	
51	38.40	52.71	58.93	
52	38.95	53.48	59.79	
53	39.39	54.10	60.48	
54	39.70	54.52	60.95	
55	39.86	54.73	61.18	
56	39.84	54.69	61.14	
57	39.64	54.40	60.79	
58	39.22	53.80	60.11	
59	38.57	52.88	59.08	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	180 Days	Limited	No
<u>Issue Age</u>	6S	5A	4A	
18 - 25	10.31	14.16	14.74	
26	10.67	14.68	15.31	
27	11.08	15.28	15.94	
28	11.53	15.95	16.65	
29	12.03	16.68	17.43	
30	12.58	17.50	18.30	
31	13.18	18.38	19.23	
32	13.83	19.34	20.26	
33	14.54	20.37	21.36	
34	15.29	21.49	22.55	
35	16.09	22.67	23.81	
36	16.96	23.94	25.16	
37	17.86	25.28	26.60	
38	18.82	26.70	28.10	
39	19.83	28.18	29.69	
40	20.89	29.76	31.37	
41	22.00	31.39	33.11	
42	23.16	33.11	34.95	
43	24.38	34.92	36.87	
44	25.65	36.79	38.88	
45	26.96	38.72	40.96	
46	28.32	40.72	43.10	
47	29.72	42.80	45.31	
48	31.24	45.04	47.72	
49	32.77	47.30	50.14	
50	34.29	49.55	52.55	
51	35.78	51.74	54.91	
52	37.20	53.85	57.17	
53	38.58	55.91	59.37	
54	39.86	57.80	61.40	
55	40.97	59.44	63.16	
56	41.89	60.80	64.62	
57	42.57	61.81	65.71	
58	42.99	62.43	66.37	
59	43.10	62.58	66.53	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	365 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	15.29	20.30	22.44	
26	15.97	21.24	23.50	
27	16.68	22.25	24.62	
28	17.43	23.30	25.80	
29	18.22	24.39	27.04	
30	19.02	25.52	28.30	
31	19.84	26.66	29.58	
32	20.66	27.81	30.89	
33	21.46	28.94	32.15	
34	22.26	30.06	33.42	
35	23.06	31.19	34.69	
36	23.85	32.30	35.95	
37	24.64	33.42	37.20	
38	25.42	34.51	38.43	
39	26.19	35.60	39.65	
40	26.96	36.68	40.88	
41	27.73	37.76	42.10	
42	28.50	38.84	43.32	
43	29.31	39.99	44.61	
44	30.12	41.12	45.89	
45	30.92	42.24	47.14	
46	31.68	43.32	48.37	
47	32.42	44.35	49.53	
48	33.14	45.36	50.66	
49	33.80	46.30	51.71	
50	34.40	47.13	52.65	
51	34.92	47.85	53.47	
52	35.34	48.45	54.14	
53	35.64	48.86	54.59	
54	35.83	49.10	54.86	
55	35.88	49.19	54.95	
56	35.82	49.08	54.83	
57	35.61	48.78	54.49	
58	35.26	48.28	53.91	
59	34.75	47.56	53.09	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	365 Days	Limited	No
<u>Issue Age</u>	6S	5A	4A	
18 - 25	9.56	13.06	13.57	
26	9.89	13.54	14.10	
27	10.28	14.11	14.70	
28	10.69	14.73	15.35	
29	11.16	15.41	16.08	
30	11.66	16.16	16.88	
31	12.22	16.96	17.74	
32	12.82	17.84	18.68	
33	13.46	18.79	19.68	
34	14.15	19.81	20.77	
35	14.89	20.90	21.92	
36	15.67	22.05	23.16	
37	16.49	23.26	24.45	
38	17.36	24.56	25.82	
39	18.28	25.90	27.26	
40	19.23	27.32	28.77	
41	20.23	28.81	30.36	
42	21.28	30.35	32.00	
43	22.37	31.97	33.74	
44	23.52	33.65	35.53	
45	24.69	35.38	37.39	
46	25.90	37.17	39.29	
47	27.14	38.99	41.26	
48	28.47	40.97	43.37	
49	29.82	42.95	45.50	
50	31.14	44.91	47.60	
51	32.43	46.82	49.65	
52	33.66	48.65	51.61	
53	34.83	50.38	53.46	
54	35.89	51.95	55.15	
55	36.83	53.35	56.65	
56	37.61	54.50	57.89	
57	38.22	55.41	58.86	
58	38.64	56.01	59.51	
59	38.83	56.28	59.80	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 67	730 Days	Limited	No
	6S	5A	4A		
18 - 25	13.77	18.20	20.08		
26	14.37	19.04	21.02		
27	15.01	19.94	22.03		
28	15.68	20.86	23.08		
29	16.37	21.83	24.17		
30	17.08	22.82	25.28		
31	17.80	23.83	26.42		
32	18.52	24.85	27.56		
33	19.22	25.83	28.67		
34	19.92	26.80	29.76		
35	20.61	27.77	30.86		
36	21.29	28.74	31.94		
37	21.97	29.69	33.01		
38	22.63	30.61	34.06		
39	23.27	31.53	35.08		
40	23.91	32.43	36.10		
41	24.54	33.32	37.11		
42	25.16	34.19	38.10		
43	25.82	35.12	39.14		
44	26.46	36.02	40.15		
45	27.08	36.89	41.14		
46	27.68	37.72	42.08		
47	28.23	38.50	42.96		
48	28.75	39.22	43.77		
49	29.21	39.87	44.50		
50	29.61	40.45	45.14		
51	29.95	40.91	45.68		
52	30.22	41.28	46.09		
53	30.35	41.47	46.29		
54	30.41	41.54	46.37		
55	30.39	41.52	46.33		
56	30.31	41.39	46.19		
57	30.17	41.18	45.95		
58	29.96	40.88	45.60		
59	29.70	40.51	45.18		

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Basic Monthly Indemnity Benefit

Premium Rates per \$100 of Base Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 67	730 Days	Limited	No
	6S	5A	4A		
18 - 25	8.59	11.64	12.07		
26	8.88	12.08	12.54		
27	9.22	12.56	13.06		
28	9.59	13.10	13.64		
29	9.99	13.70	14.27		
30	10.43	14.35	14.95		
31	10.91	15.05	15.70		
32	11.42	15.80	16.50		
33	11.97	16.61	17.37		
34	12.56	17.49	18.30		
35	13.19	18.41	19.29		
36	13.86	19.40	20.33		
37	14.55	20.43	21.43		
38	15.29	21.52	22.59		
39	16.07	22.66	23.81		
40	16.87	23.85	25.07		
41	17.70	25.08	26.40		
42	18.58	26.37	27.77		
43	19.49	27.70	29.21		
44	20.42	29.09	30.68		
45	21.38	30.51	32.20		
46	22.37	31.96	33.75		
47	23.36	33.44	35.33		
48	24.43	35.01	37.02		
49	25.49	36.59	38.71		
50	26.53	38.14	40.37		
51	27.55	39.64	41.99		
52	28.52	41.07	43.52		
53	29.39	42.37	44.92		
54	30.20	43.56	46.21		
55	30.93	44.64	47.36		
56	31.57	45.60	48.38		
57	32.12	46.41	49.25		
58	32.57	47.06	49.95		
59	32.90	47.55	50.46		

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	3.66	5.08	5.69	
26	3.78	5.24	5.87	
27	3.90	5.42	6.07	
28	4.03	5.59	6.27	
29	4.16	5.77	6.47	
30	4.28	5.94	6.66	
31	4.39	6.10	6.83	
32	4.49	6.25	7.00	
33	4.58	6.36	7.14	
34	4.65	6.47	7.25	
35	4.70	6.55	7.34	
36	4.74	6.61	7.41	
37	4.77	6.64	7.46	
38	4.78	6.65	7.46	
39	4.76	6.64	7.46	
40	4.73	6.61	7.41	
41	4.69	6.55	7.35	
42	4.64	6.47	7.26	
43	4.56	6.37	7.15	
44	4.47	6.25	7.02	
45	4.37	6.10	6.85	
46	4.24	5.92	6.65	
47	4.10	5.71	6.42	
48	3.91	5.47	6.14	
49	3.71	5.19	5.83	
50	3.49	4.88	5.49	
51	3.26	4.56	5.12	
52	3.01	4.21	4.73	
53	2.74	3.82	4.30	
54	2.45	3.43	3.85	
55	2.17	3.04	3.40	
56	1.90	2.65	2.98	
57	1.64	2.28	2.56	
58	1.41	1.96	2.21	
59	1.20	1.67	1.88	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.79	2.66	2.77	
26	1.82	2.71	2.84	
27	1.86	2.78	2.91	
28	1.92	2.85	2.98	
29	1.97	2.94	3.06	
30	2.03	3.02	3.16	
31	2.09	3.12	3.26	
32	2.15	3.20	3.36	
33	2.22	3.32	3.47	
34	2.30	3.42	3.59	
35	2.37	3.54	3.70	
36	2.44	3.64	3.82	
37	2.51	3.75	3.93	
38	2.58	3.86	4.03	
39	2.65	3.94	4.14	
40	2.70	4.04	4.24	
41	2.77	4.13	4.32	
42	2.81	4.20	4.40	
43	2.85	4.26	4.47	
44	2.89	4.32	4.52	
45	2.91	4.35	4.57	
46	2.92	4.36	4.58	
47	2.91	4.35	4.58	
48	2.89	4.32	4.53	
49	2.84	4.24	4.46	
50	2.78	4.16	4.37	
51	2.70	4.03	4.24	
52	2.59	3.87	4.07	
53	2.43	3.64	3.83	
54	2.27	3.39	3.56	
55	2.08	3.12	3.27	
56	1.89	2.83	2.98	
57	1.70	2.54	2.67	
58	1.51	2.25	2.36	
59	1.32	1.98	2.07	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	3.94	5.46	6.12	
26	4.08	5.66	6.34	
27	4.23	5.86	6.56	
28	4.38	6.07	6.80	
29	4.52	6.27	7.04	
30	4.66	6.48	7.26	
31	4.80	6.68	7.48	
32	4.94	6.86	7.69	
33	5.04	7.01	7.87	
34	5.14	7.15	8.02	
35	5.22	7.26	8.16	
36	5.29	7.37	8.26	
37	5.35	7.45	8.36	
38	5.38	7.49	8.41	
39	5.40	7.53	8.44	
40	5.40	7.53	8.45	
41	5.38	7.51	8.44	
42	5.36	7.47	8.39	
43	5.32	7.42	8.33	
44	5.26	7.34	8.25	
45	5.19	7.24	8.13	
46	5.09	7.11	7.98	
47	4.97	6.94	7.80	
48	4.81	6.72	7.55	
49	4.63	6.47	7.27	
50	4.43	6.19	6.95	
51	4.20	5.87	6.60	
52	3.96	5.52	6.20	
53	3.67	5.12	5.75	
54	3.36	4.69	5.27	
55	3.05	4.25	4.78	
56	2.73	3.81	4.28	
57	2.42	3.38	3.79	
58	2.13	2.96	3.33	
59	1.85	2.57	2.89	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.93	2.87	3.00	
26	1.98	2.95	3.08	
27	2.03	3.02	3.16	
28	2.09	3.12	3.26	
29	2.16	3.21	3.37	
30	2.23	3.33	3.48	
31	2.31	3.44	3.61	
32	2.40	3.57	3.74	
33	2.49	3.71	3.88	
34	2.57	3.84	4.02	
35	2.67	3.98	4.17	
36	2.77	4.11	4.31	
37	2.86	4.26	4.46	
38	2.95	4.40	4.61	
39	3.05	4.54	4.76	
40	3.13	4.68	4.90	
41	3.22	4.80	5.04	
42	3.30	4.92	5.16	
43	3.38	5.05	5.29	
44	3.45	5.14	5.40	
45	3.50	5.23	5.50	
46	3.55	5.30	5.57	
47	3.58	5.35	5.62	
48	3.59	5.37	5.64	
49	3.58	5.36	5.63	
50	3.55	5.30	5.58	
51	3.49	5.22	5.50	
52	3.41	5.10	5.36	
53	3.26	4.90	5.15	
54	3.10	4.64	4.87	
55	2.91	4.36	4.59	
56	2.70	4.05	4.26	
57	2.49	3.73	3.92	
58	2.27	3.40	3.58	
59	2.05	3.06	3.22	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008
 Rider Form(s) IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	5.51	7.63	8.55	
26	5.64	7.83	8.76	
27	5.79	8.03	8.99	
28	5.93	8.23	9.22	
29	6.07	8.42	9.44	
30	6.21	8.61	9.66	
31	6.32	8.78	9.85	
32	6.43	8.93	10.01	
33	6.49	9.04	10.13	
34	6.55	9.11	10.23	
35	6.58	9.16	10.28	
36	6.59	9.17	10.29	
37	6.58	9.16	10.29	
38	6.54	9.10	10.23	
39	6.47	9.02	10.13	
40	6.38	8.91	10.00	
41	6.28	8.76	9.83	
42	6.15	8.59	9.64	
43	6.01	8.39	9.43	
44	5.85	8.16	9.17	
45	5.66	7.91	8.88	
46	5.46	7.62	8.56	
47	5.23	7.29	8.19	
48	4.96	6.92	7.78	
49	4.67	6.51	7.32	
50	4.35	6.08	6.83	
51	4.03	5.63	6.32	
52	3.69	5.15	5.79	
53	3.32	4.64	5.22	
54	2.96	4.13	4.64	
55	2.59	3.62	4.07	
56	2.24	3.14	3.53	
57	1.92	2.68	3.01	
58	1.64	2.29	2.57	
59	1.39	1.94	2.18	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008
 Rider Form(s) IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	2.64	3.99	4.11	
26	2.68	4.04	4.17	
27	2.72	4.10	4.22	
28	2.76	4.18	4.31	
29	2.82	4.27	4.39	
30	2.88	4.35	4.49	
31	2.95	4.46	4.60	
32	3.02	4.57	4.71	
33	3.09	4.68	4.83	
34	3.17	4.80	4.95	
35	3.25	4.91	5.07	
36	3.32	5.03	5.19	
37	3.40	5.15	5.30	
38	3.47	5.25	5.41	
39	3.53	5.34	5.52	
40	3.59	5.43	5.60	
41	3.63	5.51	5.69	
42	3.67	5.57	5.75	
43	3.70	5.62	5.80	
44	3.72	5.65	5.83	
45	3.72	5.65	5.84	
46	3.71	5.64	5.81	
47	3.68	5.58	5.77	
48	3.62	5.50	5.68	
49	3.54	5.38	5.55	
50	3.43	5.21	5.39	
51	3.31	5.03	5.19	
52	3.15	4.79	4.96	
53	2.94	4.47	4.63	
54	2.71	4.12	4.28	
55	2.47	3.77	3.90	
56	2.24	3.40	3.51	
57	1.99	3.03	3.13	
58	1.75	2.67	2.75	
59	1.53	2.32	2.41	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008
 Rider Form(s) IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	5.99	8.30	9.30	
26	6.15	8.54	9.56	
27	6.33	8.78	9.83	
28	6.50	9.03	10.12	
29	6.67	9.27	10.39	
30	6.84	9.50	10.65	
31	7.00	9.72	10.90	
32	7.13	9.92	11.12	
33	7.23	10.06	11.29	
34	7.32	10.18	11.42	
35	7.39	10.28	11.53	
36	7.43	10.34	11.60	
37	7.45	10.37	11.64	
38	7.44	10.36	11.63	
39	7.40	10.32	11.59	
40	7.35	10.25	11.51	
41	7.28	10.15	11.39	
42	7.17	10.01	11.25	
43	7.07	9.86	11.08	
44	6.94	9.68	10.88	
45	6.78	9.47	10.63	
46	6.60	9.21	10.35	
47	6.39	8.93	10.03	
48	6.14	8.58	9.63	
49	5.86	8.19	9.20	
50	5.56	7.76	8.72	
51	5.23	7.30	8.20	
52	4.88	6.81	7.65	
53	4.48	6.26	7.03	
54	4.07	5.68	6.38	
55	3.66	5.10	5.73	
56	3.25	4.53	5.09	
57	2.86	3.98	4.47	
58	2.48	3.46	3.88	
59	2.13	2.98	3.35	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008
 Rider Form(s) IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	Not Applicable	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	2.88	4.35	4.49	
26	2.93	4.42	4.56	
27	2.98	4.51	4.64	
28	3.05	4.60	4.74	
29	3.12	4.72	4.86	
30	3.20	4.84	4.99	
31	3.29	4.97	5.13	
32	3.38	5.11	5.27	
33	3.48	5.27	5.43	
34	3.58	5.42	5.59	
35	3.69	5.58	5.75	
36	3.79	5.74	5.92	
37	3.89	5.89	6.08	
38	4.00	6.05	6.24	
39	4.09	6.20	6.39	
40	4.18	6.33	6.54	
41	4.26	6.46	6.67	
42	4.34	6.57	6.79	
43	4.41	6.69	6.90	
44	4.47	6.78	7.00	
45	4.51	6.85	7.07	
46	4.54	6.89	7.11	
47	4.55	6.90	7.13	
48	4.52	6.88	7.11	
49	4.48	6.81	7.04	
50	4.41	6.69	6.93	
51	4.31	6.55	6.77	
52	4.17	6.34	6.56	
53	3.97	6.03	6.25	
54	3.74	5.68	5.88	
55	3.49	5.29	5.48	
56	3.21	4.89	5.06	
57	2.93	4.46	4.62	
58	2.65	4.03	4.17	
59	2.37	3.61	3.73	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	90 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	4.93	6.60	7.32	
26	5.14	6.89	7.64	
27	5.36	7.20	7.99	
28	5.60	7.52	8.35	
29	5.83	7.86	8.73	
30	6.08	8.20	9.11	
31	6.33	8.55	9.51	
32	6.57	8.90	9.90	
33	6.82	9.24	10.29	
34	7.06	9.58	10.66	
35	7.30	9.91	11.04	
36	7.52	10.24	11.41	
37	7.76	10.56	11.78	
38	7.98	10.88	12.13	
39	8.20	11.19	12.48	
40	8.42	11.50	12.83	
41	8.64	11.80	13.17	
42	8.84	12.09	13.51	
43	9.06	12.41	13.86	
44	9.28	12.72	14.20	
45	9.49	13.02	14.54	
46	9.69	13.29	14.85	
47	9.88	13.55	15.14	
48	10.05	13.79	15.42	
49	10.20	14.00	15.66	
50	10.33	14.17	15.86	
51	10.42	14.32	16.01	
52	10.49	14.41	16.11	
53	10.51	14.43	16.13	
54	10.49	14.40	16.10	
55	10.43	14.33	16.01	
56	10.34	14.19	15.86	
57	10.21	14.00	15.65	
58	9.89	13.55	15.13	
59	9.57	13.10	14.62	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	90 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	3.02	4.05	4.35	
26	3.12	4.20	4.50	
27	3.23	4.36	4.68	
28	3.35	4.54	4.87	
29	3.50	4.73	5.09	
30	3.65	4.96	5.33	
31	3.81	5.18	5.60	
32	3.99	5.45	5.88	
33	4.19	5.74	6.18	
34	4.40	6.02	6.52	
35	4.62	6.34	6.86	
36	4.85	6.69	7.23	
37	5.10	7.04	7.63	
38	5.37	7.42	8.04	
39	5.63	7.81	8.46	
40	5.92	8.22	8.92	
41	6.22	8.65	9.39	
42	6.53	9.08	9.87	
43	6.85	9.54	10.38	
44	7.18	10.03	10.91	
45	7.51	10.51	11.44	
46	7.87	11.01	11.99	
47	8.22	11.52	12.54	
48	8.59	12.05	13.13	
49	8.96	12.58	13.72	
50	9.32	13.11	14.29	
51	9.66	13.59	14.84	
52	9.98	14.05	15.34	
53	10.26	14.46	15.80	
54	10.51	14.82	16.19	
55	10.72	15.12	16.52	
56	10.88	15.34	16.77	
57	10.98	15.50	16.94	
58	10.82	15.26	16.67	
59	10.64	14.99	16.39	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 65			180 Days	Limited	No
	6S	5A	4A				
18 - 25	4.23	5.61	6.21				
26	4.40	5.86	6.49				
27	4.59	6.13	6.78				
28	4.79	6.40	7.10				
29	4.99	6.69	7.42				
30	5.20	6.98	7.75				
31	5.42	7.28	8.08				
32	5.62	7.58	8.42				
33	5.83	7.87	8.74				
34	6.03	8.15	9.06				
35	6.23	8.44	9.39				
36	6.43	8.71	9.70				
37	6.63	8.99	10.01				
38	6.81	9.25	10.31				
39	7.00	9.52	10.60				
40	7.18	9.78	10.90				
41	7.36	10.03	11.18				
42	7.54	10.28	11.46				
43	7.72	10.54	11.75				
44	7.90	10.78	12.04				
45	8.08	11.03	12.31				
46	8.24	11.26	12.56				
47	8.38	11.46	12.80				
48	8.51	11.65	13.01				
49	8.63	11.81	13.19				
50	8.72	11.94	13.34				
51	8.80	12.04	13.44				
52	8.84	12.09	13.51				
53	8.84	12.09	13.51				
54	8.81	12.06	13.46				
55	8.75	11.97	13.37				
56	8.65	11.84	13.21				
57	8.54	11.67	13.02				
58	8.27	11.29	12.60				
59	8.00	10.91	12.17				

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	180 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	2.62	3.49	3.73	
26	2.71	3.61	3.87	
27	2.80	3.75	4.02	
28	2.91	3.90	4.18	
29	3.03	4.06	4.37	
30	3.15	4.25	4.57	
31	3.30	4.45	4.80	
32	3.45	4.68	5.04	
33	3.62	4.92	5.29	
34	3.79	5.17	5.57	
35	3.98	5.43	5.86	
36	4.18	5.73	6.18	
37	4.39	6.01	6.51	
38	4.61	6.34	6.85	
39	4.84	6.67	7.21	
40	5.07	7.01	7.59	
41	5.32	7.36	7.98	
42	5.58	7.73	8.39	
43	5.85	8.12	8.82	
44	6.13	8.51	9.25	
45	6.40	8.92	9.70	
46	6.69	9.33	10.15	
47	6.98	9.75	10.60	
48	7.29	10.19	11.10	
49	7.59	10.63	11.57	
50	7.89	11.04	12.04	
51	8.16	11.44	12.48	
52	8.42	11.81	12.89	
53	8.65	12.15	13.25	
54	8.84	12.43	13.57	
55	9.01	12.66	13.82	
56	9.13	12.84	14.02	
57	9.21	12.96	14.15	
58	9.07	12.76	13.93	
59	8.93	12.54	13.69	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 65			365 Days	Limited	No
	6S	5A	4A				
18 - 25	3.90	5.17	5.71				
26	4.07	5.40	5.97				
27	4.24	5.64	6.24				
28	4.43	5.90	6.54				
29	4.61	6.17	6.83				
30	4.81	6.44	7.13				
31	5.00	6.71	7.45				
32	5.20	6.98	7.75				
33	5.39	7.25	8.06				
34	5.58	7.51	8.35				
35	5.76	7.77	8.65				
36	5.94	8.03	8.93				
37	6.12	8.27	9.22				
38	6.29	8.52	9.48				
39	6.45	8.76	9.75				
40	6.62	8.99	10.01				
41	6.77	9.22	10.26				
42	6.94	9.43	10.51				
43	7.10	9.65	10.76				
44	7.25	9.87	11.01				
45	7.39	10.08	11.24				
46	7.53	10.27	11.46				
47	7.65	10.44	11.65				
48	7.76	10.59	11.82				
49	7.85	10.72	11.96				
50	7.91	10.81	12.07				
51	7.96	10.88	12.14				
52	7.98	10.91	12.17				
53	7.97	10.89	12.15				
54	7.93	10.83	12.08				
55	7.87	10.74	11.98				
56	7.78	10.62	11.85				
57	7.68	10.47	11.68				
58	7.45	10.15	11.31				
59	7.23	9.83	10.96				

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	365 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	2.42	3.21	3.43	
26	2.51	3.33	3.55	
27	2.59	3.45	3.70	
28	2.70	3.60	3.85	
29	2.80	3.76	4.03	
30	2.93	3.92	4.21	
31	3.05	4.11	4.42	
32	3.19	4.31	4.64	
33	3.34	4.53	4.87	
34	3.51	4.76	5.12	
35	3.68	5.00	5.39	
36	3.86	5.25	5.67	
37	4.05	5.53	5.97	
38	4.25	5.81	6.28	
39	4.45	6.12	6.61	
40	4.66	6.42	6.94	
41	4.88	6.73	7.30	
42	5.12	7.07	7.67	
43	5.36	7.42	8.04	
44	5.61	7.77	8.43	
45	5.85	8.12	8.83	
46	6.10	8.49	9.22	
47	6.36	8.86	9.62	
48	6.62	9.24	10.05	
49	6.89	9.62	10.47	
50	7.14	9.99	10.87	
51	7.38	10.32	11.25	
52	7.60	10.64	11.61	
53	7.80	10.92	11.91	
54	7.96	11.17	12.18	
55	8.10	11.37	12.40	
56	8.21	11.53	12.58	
57	8.28	11.63	12.69	
58	8.18	11.47	12.52	
59	8.08	11.32	12.35	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 65			730 Days	Limited	No
	6S	5A	4A				
18 - 25	3.51	4.63	5.10				
26	3.65	4.83	5.33				
27	3.81	5.04	5.58				
28	3.97	5.27	5.82				
29	4.13	5.51	6.09				
30	4.30	5.75	6.36				
31	4.47	5.99	6.63				
32	4.65	6.22	6.90				
33	4.82	6.45	7.16				
34	4.98	6.68	7.41				
35	5.13	6.91	7.67				
36	5.28	7.12	7.91				
37	5.43	7.33	8.15				
38	5.58	7.53	8.38				
39	5.72	7.72	8.60				
40	5.85	7.91	8.81				
41	5.98	8.09	9.01				
42	6.10	8.27	9.21				
43	6.22	8.45	9.41				
44	6.35	8.61	9.59				
45	6.45	8.76	9.77				
46	6.55	8.90	9.92				
47	6.63	9.03	10.05				
48	6.70	9.11	10.16				
49	6.75	9.19	10.24				
50	6.78	9.23	10.30				
51	6.81	9.26	10.33				
52	6.81	9.27	10.34				
53	6.80	9.26	10.33				
54	6.78	9.22	10.29				
55	6.75	9.17	10.22				
56	6.69	9.09	10.14				
57	6.62	9.00	10.03				
58	6.46	8.77	9.78				
59	6.31	8.56	9.53				

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 65			730 Days	Limited	No
	6S	5A	4A				
18 - 25	2.18	2.85	3.05				
26	2.25	2.97	3.15				
27	2.33	3.07	3.28				
28	2.41	3.20	3.42				
29	2.51	3.34	3.56				
30	2.61	3.48	3.72				
31	2.73	3.63	3.90				
32	2.84	3.81	4.09				
33	2.97	4.00	4.29				
34	3.11	4.20	4.50				
35	3.26	4.39	4.73				
36	3.41	4.62	4.98				
37	3.56	4.84	5.23				
38	3.73	5.09	5.49				
39	3.90	5.34	5.77				
40	4.09	5.59	6.04				
41	4.28	5.86	6.34				
42	4.47	6.14	6.64				
43	4.66	6.41	6.94				
44	4.85	6.70	7.27				
45	5.06	6.99	7.58				
46	5.26	7.29	7.90				
47	5.46	7.57	8.23				
48	5.67	7.88	8.56				
49	5.88	8.18	8.89				
50	6.08	8.47	9.21				
51	6.27	8.73	9.51				
52	6.45	9.00	9.79				
53	6.62	9.25	10.06				
54	6.77	9.46	10.30				
55	6.90	9.65	10.51				
56	7.01	9.81	10.69				
57	7.10	9.92	10.82				
58	7.04	9.85	10.74				
59	6.99	9.76	10.64				

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

☒ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 67		90 Days	Limited	No
	6S	5A	4A			
18 - 25	5.09	6.82	7.56			
26	5.31	7.13	7.91			
27	5.55	7.47	8.28			
28	5.80	7.81	8.67			
29	6.06	8.17	9.08			
30	6.33	8.55	9.50			
31	6.59	8.93	9.93			
32	6.87	9.32	10.36			
33	7.14	9.69	10.79			
34	7.41	10.07	11.21			
35	7.68	10.44	11.64			
36	7.94	10.82	12.07			
37	8.21	11.20	12.48			
38	8.47	11.57	12.90			
39	8.74	11.94	13.32			
40	9.01	12.31	13.75			
41	9.27	12.69	14.16			
42	9.54	13.07	14.60			
43	9.83	13.47	15.05			
44	10.12	13.88	15.51			
45	10.40	14.28	15.96			
46	10.69	14.68	16.41			
47	10.96	15.07	16.84			
48	11.24	15.46	17.28			
49	11.50	15.82	17.70			
50	11.74	16.16	18.08			
51	11.96	16.46	18.42			
52	12.15	16.73	18.72			
53	12.31	16.96	18.97			
54	12.44	17.12	19.15			
55	12.50	17.21	19.26			
56	12.51	17.22	19.27			
57	12.46	17.15	19.18			
58	12.34	16.97	18.97			
59	12.13	16.68	18.65			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	90 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	3.14	4.22	4.53	
26	3.24	4.38	4.70	
27	3.37	4.56	4.90	
28	3.51	4.76	5.12	
29	3.67	4.98	5.36	
30	3.83	5.21	5.62	
31	4.02	5.49	5.92	
32	4.22	5.77	6.23	
33	4.44	6.10	6.58	
34	4.67	6.42	6.94	
35	4.93	6.78	7.34	
36	5.20	7.16	7.76	
37	5.47	7.57	8.21	
38	5.78	8.01	8.68	
39	6.09	8.47	9.18	
40	6.42	8.93	9.70	
41	6.77	9.44	10.25	
42	7.13	9.96	10.82	
43	7.52	10.51	11.43	
44	7.92	11.08	12.07	
45	8.33	11.68	12.72	
46	8.76	12.30	13.40	
47	9.21	12.93	14.10	
48	9.69	13.62	14.86	
49	10.17	14.33	15.64	
50	10.66	15.03	16.41	
51	11.13	15.70	17.16	
52	11.60	16.37	17.89	
53	12.06	17.03	18.61	
54	12.46	17.63	19.28	
55	12.83	18.16	19.86	
56	13.14	18.59	20.33	
57	13.36	18.90	20.69	
58	13.49	19.10	20.90	
59	13.53	19.14	20.95	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 67		180 Days	Limited	No
	6S	5A	4A			
18 - 25	4.36	5.81	6.43			
26	4.55	6.08	6.73			
27	4.76	6.37	7.05			
28	4.97	6.66	7.38			
29	5.19	6.97	7.73			
30	5.42	7.29	8.09			
31	5.65	7.62	8.46			
32	5.89	7.94	8.83			
33	6.12	8.27	9.19			
34	6.35	8.59	9.55			
35	6.57	8.91	9.92			
36	6.80	9.22	10.28			
37	7.03	9.55	10.64			
38	7.25	9.86	10.99			
39	7.48	10.18	11.35			
40	7.70	10.50	11.70			
41	7.92	10.81	12.07			
42	8.15	11.13	12.43			
43	8.40	11.47	12.81			
44	8.64	11.81	13.19			
45	8.87	12.14	13.57			
46	9.11	12.47	13.94			
47	9.33	12.79	14.29			
48	9.56	13.11	14.65			
49	9.77	13.40	14.98			
50	9.97	13.67	15.29			
51	10.14	13.91	15.55			
52	10.28	14.12	15.78			
53	10.39	14.28	15.96			
54	10.48	14.39	16.08			
55	10.52	14.44	16.15			
56	10.52	14.43	16.13			
57	10.46	14.35	16.05			
58	10.36	14.20	15.87			
59	10.18	13.96	15.59			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
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Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

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Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	180 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	2.72	3.63	3.90	
26	2.81	3.78	4.04	
27	2.93	3.92	4.21	
28	3.04	4.10	4.40	
29	3.17	4.28	4.60	
30	3.33	4.50	4.83	
31	3.48	4.72	5.07	
32	3.65	4.97	5.35	
33	3.84	5.22	5.63	
34	4.04	5.52	5.95	
35	4.25	5.82	6.29	
36	4.47	6.15	6.64	
37	4.71	6.49	7.02	
38	4.97	6.86	7.42	
39	5.23	7.24	7.84	
40	5.51	7.64	8.27	
41	5.80	8.06	8.74	
42	6.11	8.49	9.22	
43	6.43	8.96	9.73	
44	6.77	9.44	10.26	
45	7.12	9.93	10.81	
46	7.48	10.45	11.37	
47	7.85	10.98	11.96	
48	8.25	11.56	12.60	
49	8.65	12.14	13.23	
50	9.05	12.72	13.87	
51	9.44	13.28	14.49	
52	9.81	13.81	15.09	
53	10.18	14.35	15.67	
54	10.52	14.83	16.21	
55	10.81	15.25	16.67	
56	11.06	15.60	17.05	
57	11.24	15.87	17.34	
58	11.34	16.02	17.52	
59	11.37	16.06	17.56	

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<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 67		365 Days	Limited	No
	6S	5A	4A			
18 - 25	4.04	5.36	5.92			
26	4.22	5.61	6.20			
27	4.40	5.87	6.50			
28	4.60	6.15	6.81			
29	4.81	6.44	7.13			
30	5.02	6.74	7.47			
31	5.23	7.04	7.81			
32	5.45	7.34	8.15			
33	5.66	7.64	8.48			
34	5.87	7.93	8.82			
35	6.09	8.23	9.16			
36	6.30	8.52	9.49			
37	6.51	8.82	9.81			
38	6.71	9.11	10.15			
39	6.92	9.40	10.47			
40	7.12	9.68	10.79			
41	7.32	9.97	11.12			
42	7.52	10.25	11.43			
43	7.73	10.55	11.77			
44	7.95	10.85	12.11			
45	8.16	11.14	12.45			
46	8.36	11.43	12.77			
47	8.56	11.70	13.07			
48	8.75	11.97	13.37			
49	8.92	12.22	13.65			
50	9.08	12.44	13.90			
51	9.22	12.63	14.11			
52	9.33	12.79	14.29			
53	9.41	12.89	14.41			
54	9.45	12.96	14.48			
55	9.47	12.98	14.51			
56	9.45	12.95	14.47			
57	9.40	12.87	14.38			
58	9.31	12.74	14.23			
59	9.17	12.55	14.01			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
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<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 67			365 Days	Limited	No
	6S	5A	4A				
18 - 25	2.53	3.36	3.58				
26	2.61	3.48	3.72				
27	2.72	3.61	3.88				
28	2.82	3.79	4.06				
29	2.95	3.96	4.25				
30	3.08	4.15	4.46				
31	3.23	4.36	4.68				
32	3.38	4.59	4.93				
33	3.55	4.82	5.20				
34	3.73	5.09	5.48				
35	3.93	5.37	5.79				
36	4.13	5.66	6.11				
37	4.35	5.96	6.45				
38	4.58	6.30	6.81				
39	4.83	6.65	7.19				
40	5.07	7.01	7.59				
41	5.34	7.39	8.01				
42	5.61	7.79	8.45				
43	5.91	8.20	8.90				
44	6.20	8.64	9.38				
45	6.52	9.07	9.87				
46	6.84	9.53	10.37				
47	7.16	10.01	10.89				
48	7.51	10.51	11.45				
49	7.87	11.02	12.01				
50	8.22	11.53	12.56				
51	8.56	12.01	13.10				
52	8.88	12.48	13.62				
53	9.20	12.93	14.11				
54	9.47	13.33	14.55				
55	9.72	13.69	14.95				
56	9.93	13.98	15.28				
57	10.09	14.21	15.53				
58	10.19	14.37	15.70				
59	10.25	14.44	15.78				

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

⊠ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	730 Days	Limited	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	3.64	4.81	5.30	
26	3.79	5.03	5.55	
27	3.96	5.26	5.81	
28	4.14	5.51	6.09	
29	4.32	5.77	6.37	
30	4.51	6.02	6.67	
31	4.70	6.29	6.97	
32	4.89	6.56	7.28	
33	5.07	6.82	7.56	
34	5.25	7.08	7.86	
35	5.44	7.33	8.14	
36	5.62	7.58	8.43	
37	5.80	7.84	8.71	
38	5.98	8.08	8.99	
39	6.15	8.32	9.26	
40	6.31	8.56	9.53	
41	6.48	8.80	9.79	
42	6.64	9.03	10.05	
43	6.81	9.27	10.33	
44	6.98	9.51	10.59	
45	7.14	9.74	10.86	
46	7.31	9.96	11.11	
47	7.45	10.17	11.33	
48	7.59	10.36	11.55	
49	7.70	10.53	11.74	
50	7.82	10.68	11.91	
51	7.90	10.80	12.06	
52	7.98	10.90	12.16	
53	8.01	10.94	12.22	
54	8.03	10.96	12.24	
55	8.02	10.95	12.23	
56	8.00	10.93	12.19	
57	7.96	10.87	12.12	
58	7.90	10.79	12.04	
59	7.84	10.69	11.92	

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

☒ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 67		730 Days	Limited	No
	6S	5A	4A			
18 - 25	2.27	2.99	3.18			
26	2.35	3.10	3.31			
27	2.43	3.22	3.45			
28	2.53	3.37	3.60			
29	2.64	3.52	3.76			
30	2.76	3.68	3.94			
31	2.88	3.86	4.14			
32	3.01	4.05	4.35			
33	3.16	4.26	4.59			
34	3.32	4.49	4.83			
35	3.49	4.73	5.09			
36	3.66	4.98	5.37			
37	3.84	5.24	5.65			
38	4.04	5.52	5.97			
39	4.24	5.81	6.28			
40	4.46	6.13	6.62			
41	4.67	6.44	6.96			
42	4.90	6.76	7.32			
43	5.14	7.11	7.70			
44	5.39	7.47	8.09			
45	5.64	7.83	8.50			
46	5.90	8.20	8.91			
47	6.17	8.58	9.33			
48	6.45	8.98	9.77			
49	6.73	9.39	10.21			
50	7.00	9.79	10.65			
51	7.27	10.17	11.08			
52	7.52	10.54	11.49			
53	7.76	10.87	11.86			
54	7.97	11.19	12.20			
55	8.16	11.45	12.50			
56	8.33	11.70	12.77			
57	8.47	11.91	13.00			
58	8.60	12.07	13.19			
59	8.68	12.19	13.32			

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

☒ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	6S	5A	4A	To Age 65	Limited	No
18 - 25		0.98	1.36	1.53	Not Applicable		
26		1.01	1.41	1.58			
27		1.05	1.45	1.63			
28		1.08	1.50	1.68			
29		1.12	1.55	1.73			
30		1.14	1.59	1.78			
31		1.18	1.63	1.83			
32		1.20	1.68	1.88			
33		1.23	1.71	1.91			
34		1.25	1.73	1.94			
35		1.26	1.75	1.97			
36		1.28	1.77	1.99			
37		1.28	1.78	2.00			
38		1.28	1.78	2.00			
39		1.28	1.78	2.00			
40		1.27	1.77	1.99			
41		1.26	1.75	1.97			
42		1.25	1.73	1.95			
43		1.22	1.71	1.91			
44		1.20	1.68	1.88			
45		1.17	1.63	1.84			
46		1.13	1.58	1.78			
47		1.10	1.53	1.73			
48		1.05	1.46	1.65			
49		0.99	1.39	1.57			
50		0.94	1.31	1.47			
51		0.87	1.22	1.37			
52		0.81	1.13	1.27			
53		0.73	1.02	1.15			
54		0.66	0.92	1.03			
55		0.58	0.82	0.91			
56		0.51	0.71	0.80			
57		0.44	0.61	0.68			
58		0.38	0.53	0.59			
59		0.32	0.45	0.51			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	6S	5A	4A	To Age 65	Limited	No
18 - 25		0.48	0.69	0.74			
26		0.49	0.70	0.76			
27		0.50	0.71	0.78			
28		0.52	0.73	0.80			
29		0.53	0.75	0.83			
30		0.54	0.79	0.84			
31		0.56	0.81	0.87			
32		0.58	0.84	0.90			
33		0.60	0.86	0.93			
34		0.62	0.88	0.97			
35		0.64	0.91	0.99			
36		0.66	0.94	1.02			
37		0.68	0.97	1.05			
38		0.69	1.00	1.08			
39		0.71	1.01	1.11			
40		0.72	1.04	1.13			
41		0.74	1.06	1.16			
42		0.75	1.09	1.18			
43		0.77	1.11	1.20			
44		0.78	1.12	1.21			
45		0.78	1.13	1.23			
46		0.79	1.13	1.23			
47		0.78	1.13	1.23			
48		0.78	1.12	1.22			
49		0.76	1.10	1.20			
50		0.75	1.07	1.17			
51		0.72	1.04	1.13			
52		0.69	1.00	1.09			
53		0.66	0.94	1.03			
54		0.61	0.87	0.96			
55		0.56	0.81	0.88			
56		0.51	0.73	0.80			
57		0.46	0.66	0.71			
58		0.40	0.58	0.64			
59		0.36	0.52	0.55			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 67		Not Applicable	Limited	No
	6S	5A	4A			
18 - 25	1.06	1.46	1.64			
26	1.10	1.52	1.70			
27	1.13	1.58	1.76			
28	1.17	1.63	1.82			
29	1.21	1.68	1.88			
30	1.25	1.73	1.95			
31	1.28	1.79	2.01			
32	1.32	1.84	2.06			
33	1.35	1.88	2.11			
34	1.38	1.91	2.15			
35	1.40	1.95	2.18			
36	1.42	1.98	2.21			
37	1.43	2.00	2.24			
38	1.44	2.01	2.25			
39	1.44	2.02	2.26			
40	1.44	2.02	2.27			
41	1.44	2.02	2.26			
42	1.43	2.01	2.25			
43	1.43	1.99	2.23			
44	1.41	1.97	2.21			
45	1.39	1.94	2.18			
46	1.37	1.90	2.14			
47	1.33	1.86	2.09			
48	1.29	1.80	2.03			
49	1.24	1.73	1.95			
50	1.19	1.66	1.87			
51	1.13	1.58	1.77			
52	1.06	1.48	1.66			
53	0.98	1.37	1.54			
54	0.90	1.26	1.42			
55	0.82	1.14	1.28			
56	0.73	1.02	1.14			
57	0.65	0.91	1.01			
58	0.57	0.80	0.89			
59	0.50	0.69	0.78			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	6S	5A	4A	To Age 67	Limited	No
18 - 25		0.52	0.74	0.81			
26		0.53	0.76	0.83			
27		0.54	0.79	0.84			
28		0.56	0.81	0.87			
29		0.58	0.84	0.90			
30		0.60	0.86	0.94			
31		0.62	0.89	0.97			
32		0.65	0.92	1.00			
33		0.67	0.96	1.04			
34		0.69	0.99	1.08			
35		0.71	1.02	1.12			
36		0.74	1.06	1.15			
37		0.77	1.11	1.20			
38		0.79	1.15	1.24			
39		0.82	1.17	1.28			
40		0.84	1.21	1.31			
41		0.86	1.24	1.35			
42		0.88	1.27	1.39			
43		0.91	1.31	1.42			
44		0.93	1.32	1.44			
45		0.94	1.35	1.47			
46		0.96	1.37	1.49			
47		0.96	1.38	1.51			
48		0.97	1.38	1.51			
49		0.96	1.38	1.51			
50		0.96	1.37	1.50			
51		0.94	1.34	1.47			
52		0.92	1.32	1.43			
53		0.87	1.27	1.38			
54		0.83	1.20	1.30			
55		0.78	1.13	1.23			
56		0.72	1.04	1.14			
57		0.67	0.97	1.05			
58		0.61	0.88	0.96			
59		0.55	0.80	0.86			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 65			Not Applicable	Limited	No
	6S	5A	4A				
18 - 25	1.50	2.08	2.33				
26	1.54	2.13	2.39				
27	1.57	2.18	2.45				
28	1.62	2.24	2.51				
29	1.66	2.29	2.57				
30	1.69	2.34	2.63				
31	1.72	2.39	2.68				
32	1.75	2.43	2.73				
33	1.77	2.46	2.76				
34	1.79	2.48	2.78				
35	1.79	2.50	2.79				
36	1.79	2.50	2.80				
37	1.79	2.50	2.80				
38	1.78	2.48	2.78				
39	1.76	2.45	2.76				
40	1.74	2.42	2.72				
41	1.71	2.39	2.67				
42	1.67	2.34	2.63				
43	1.64	2.28	2.56				
44	1.59	2.22	2.50				
45	1.54	2.16	2.41				
46	1.49	2.07	2.33				
47	1.42	1.99	2.23				
48	1.35	1.89	2.12				
49	1.27	1.78	1.99				
50	1.18	1.66	1.86				
51	1.10	1.54	1.72				
52	1.01	1.41	1.57				
53	0.91	1.27	1.42				
54	0.80	1.13	1.27				
55	0.70	0.99	1.11				
56	0.61	0.85	0.96				
57	0.53	0.73	0.82				
58	0.44	0.62	0.70				
59	0.38	0.53	0.59				

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 65		Not Applicable	Limited	No
	6S	5A	4A			
18 - 25	0.72	1.04	1.12			
26	0.73	1.05	1.14			
27	0.74	1.07	1.15			
28	0.75	1.09	1.17			
29	0.77	1.10	1.19			
30	0.79	1.13	1.22			
31	0.80	1.17	1.25			
32	0.82	1.20	1.29			
33	0.84	1.22	1.31			
34	0.86	1.25	1.35			
35	0.89	1.28	1.38			
36	0.91	1.31	1.42			
37	0.93	1.34	1.44			
38	0.94	1.36	1.47			
39	0.96	1.39	1.50			
40	0.98	1.42	1.53			
41	0.99	1.44	1.54			
42	1.00	1.46	1.56			
43	1.01	1.47	1.58			
44	1.02	1.48	1.59			
45	1.02	1.48	1.59			
46	1.01	1.47	1.58			
47	1.00	1.46	1.57			
48	0.99	1.44	1.54			
49	0.96	1.39	1.51			
50	0.93	1.35	1.47			
51	0.90	1.31	1.42			
52	0.86	1.25	1.35			
53	0.80	1.17	1.26			
54	0.74	1.08	1.17			
55	0.68	0.98	1.06			
56	0.61	0.88	0.95			
57	0.55	0.79	0.85			
58	0.48	0.70	0.75			
59	0.42	0.60	0.66			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Female	To Age 67		Not Applicable	Limited	No
	6S	5A	4A			
18 - 25	1.63	2.26	2.53			
26	1.67	2.32	2.60			
27	1.72	2.39	2.67			
28	1.77	2.46	2.76			
29	1.81	2.53	2.83			
30	1.86	2.59	2.90			
31	1.91	2.65	2.97			
32	1.94	2.70	3.02			
33	1.97	2.74	3.07			
34	1.99	2.78	3.11			
35	2.01	2.79	3.14			
36	2.03	2.81	3.15			
37	2.03	2.82	3.16			
38	2.03	2.82	3.16			
39	2.02	2.81	3.15			
40	2.00	2.79	3.14			
41	1.98	2.77	3.10			
42	1.95	2.73	3.06			
43	1.92	2.68	3.02			
44	1.89	2.64	2.96			
45	1.85	2.58	2.90			
46	1.79	2.51	2.82			
47	1.74	2.43	2.73			
48	1.67	2.33	2.62			
49	1.59	2.23	2.51			
50	1.52	2.11	2.38			
51	1.42	1.99	2.23			
52	1.33	1.85	2.08			
53	1.22	1.70	1.91			
54	1.11	1.54	1.74			
55	1.00	1.39	1.56			
56	0.89	1.23	1.39			
57	0.78	1.08	1.22			
58	0.68	0.94	1.05			
59	0.58	0.81	0.92			

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
 Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Issue Age</u>	<u>Sex</u>	<u>Max. Ben. Period</u>			<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
	Male	To Age 67			Not Applicable	Limited	No
	6S	5A	4A				
18 - 25	0.79	1.13	1.22				
26	0.80	1.16	1.24				
27	0.81	1.18	1.27				
28	0.83	1.21	1.30				
29	0.85	1.23	1.32				
30	0.87	1.26	1.36				
31	0.90	1.30	1.40				
32	0.93	1.33	1.43				
33	0.94	1.36	1.48				
34	0.97	1.42	1.53				
35	1.01	1.46	1.56				
36	1.04	1.49	1.61				
37	1.06	1.53	1.66				
38	1.09	1.58	1.70				
39	1.11	1.61	1.74				
40	1.14	1.64	1.78				
41	1.16	1.69	1.81				
42	1.18	1.72	1.85				
43	1.20	1.74	1.88				
44	1.22	1.76	1.91				
45	1.23	1.78	1.92				
46	1.24	1.79	1.93				
47	1.24	1.80	1.94				
48	1.23	1.79	1.93				
49	1.22	1.77	1.91				
50	1.20	1.74	1.89				
51	1.17	1.71	1.84				
52	1.14	1.65	1.79				
53	1.08	1.57	1.70				
54	1.02	1.48	1.60				
55	0.95	1.37	1.49				
56	0.88	1.27	1.38				
57	0.80	1.17	1.26				
58	0.72	1.05	1.14				
59	0.65	0.95	1.02				

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⊗ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	5 Yrs	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.45	0.62	0.69	
26	0.48	0.65	0.73	
27	0.50	0.69	0.77	
28	0.53	0.73	0.81	
29	0.56	0.77	0.86	
30	0.59	0.81	0.91	
31	0.62	0.85	0.95	
32	0.65	0.90	1.01	
33	0.68	0.94	1.05	
34	0.71	0.99	1.10	
35	0.74	1.03	1.15	
36	0.78	1.07	1.20	
37	0.81	1.11	1.25	
38	0.84	1.16	1.30	
39	0.86	1.20	1.34	
40	0.89	1.24	1.39	
41	0.92	1.27	1.43	
42	0.94	1.31	1.47	
43	0.97	1.34	1.51	
44	0.99	1.37	1.54	
45	1.00	1.39	1.56	
46	1.01	1.40	1.56	
47	1.00	1.39	1.56	
48	1.00	1.39	1.56	
49	0.99	1.38	1.54	
50	0.97	1.35	1.52	
51	0.95	1.31	1.47	
52	0.91	1.26	1.42	
53	0.86	1.19	1.33	
54	0.80	1.11	1.24	
55	0.73	1.02	1.14	
56	0.67	0.92	1.03	
57	0.60	0.83	0.93	
58	0.54	0.75	0.84	
59	0.48	0.66	0.74	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	5 Yrs	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.34	0.46	0.51	
26	0.35	0.48	0.53	
27	0.37	0.50	0.56	
28	0.39	0.53	0.59	
29	0.41	0.56	0.63	
30	0.44	0.60	0.67	
31	0.46	0.63	0.71	
32	0.49	0.67	0.75	
33	0.52	0.71	0.80	
34	0.55	0.76	0.85	
35	0.59	0.80	0.90	
36	0.62	0.85	0.95	
37	0.66	0.90	1.01	
38	0.70	0.96	1.07	
39	0.73	1.01	1.13	
40	0.77	1.07	1.20	
41	0.81	1.12	1.26	
42	0.85	1.18	1.32	
43	0.89	1.24	1.39	
44	0.93	1.29	1.44	
45	0.96	1.33	1.50	
46	0.99	1.37	1.53	
47	1.01	1.39	1.56	
48	1.03	1.43	1.60	
49	1.05	1.45	1.63	
50	1.05	1.46	1.64	
51	1.05	1.45	1.63	
52	1.03	1.43	1.61	
53	1.00	1.39	1.56	
54	0.96	1.33	1.49	
55	0.91	1.26	1.41	
56	0.85	1.17	1.32	
57	0.78	1.09	1.22	
58	0.73	1.01	1.13	
59	0.66	0.92	1.03	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
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Association Cases with Group Underwriting Only

Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.58	2.18	2.43	
26	1.64	2.27	2.54	
27	1.72	2.37	2.66	
28	1.79	2.48	2.77	
29	1.86	2.58	2.89	
30	1.94	2.68	3.00	
31	2.01	2.78	3.12	
32	2.08	2.88	3.22	
33	2.14	2.96	3.32	
34	2.19	3.04	3.41	
35	2.24	3.11	3.49	
36	2.28	3.17	3.56	
37	2.32	3.22	3.61	
38	2.34	3.26	3.65	
39	2.36	3.28	3.68	
40	2.36	3.29	3.69	
41	2.36	3.28	3.68	
42	2.34	3.25	3.65	
43	2.31	3.21	3.60	
44	2.26	3.14	3.53	
45	2.19	3.04	3.42	
46	2.09	2.91	3.27	
47	1.99	2.76	3.10	
48	1.86	2.59	2.91	
49	1.73	2.41	2.71	
50	1.60	2.23	2.50	
51	1.46	2.03	2.28	
52	1.32	1.84	2.06	
53	1.19	1.65	1.86	
54	1.07	1.48	1.66	
55	0.95	1.32	1.48	
56	0.85	1.17	1.31	
57	0.76	1.05	1.18	
58	0.63	0.87	0.98	
59	0.53	0.73	0.82	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.01	1.39	1.56	
26	1.04	1.44	1.61	
27	1.08	1.49	1.67	
28	1.12	1.55	1.74	
29	1.17	1.61	1.81	
30	1.22	1.68	1.88	
31	1.27	1.75	1.96	
32	1.32	1.83	2.04	
33	1.38	1.91	2.14	
34	1.44	1.99	2.23	
35	1.49	2.07	2.32	
36	1.55	2.15	2.41	
37	1.61	2.23	2.50	
38	1.67	2.31	2.59	
39	1.72	2.39	2.67	
40	1.77	2.45	2.75	
41	1.81	2.51	2.82	
42	1.85	2.56	2.88	
43	1.87	2.60	2.92	
44	1.89	2.62	2.94	
45	1.88	2.61	2.94	
46	1.85	2.58	2.90	
47	1.82	2.52	2.84	
48	1.77	2.45	2.76	
49	1.70	2.37	2.66	
50	1.63	2.27	2.55	
51	1.55	2.15	2.42	
52	1.46	2.03	2.28	
53	1.36	1.89	2.13	
54	1.27	1.76	1.98	
55	1.17	1.63	1.83	
56	1.09	1.51	1.69	
57	1.01	1.41	1.58	
58	0.85	1.17	1.31	
59	0.72	0.98	1.10	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.68	2.32	2.60	
26	1.76	2.43	2.72	
27	1.84	2.55	2.85	
28	1.93	2.67	2.99	
29	2.01	2.79	3.12	
30	2.10	2.91	3.26	
31	2.19	3.03	3.40	
32	2.27	3.15	3.53	
33	2.35	3.26	3.65	
34	2.42	3.36	3.77	
35	2.49	3.46	3.88	
36	2.56	3.55	3.98	
37	2.62	3.63	4.08	
38	2.66	3.70	4.16	
39	2.71	3.77	4.22	
40	2.74	3.81	4.28	
41	2.76	3.85	4.32	
42	2.78	3.87	4.34	
43	2.78	3.87	4.35	
44	2.77	3.86	4.33	
45	2.73	3.81	4.27	
46	2.67	3.72	4.17	
47	2.60	3.62	4.06	
48	2.51	3.50	3.93	
49	2.42	3.37	3.78	
50	2.32	3.23	3.62	
51	2.20	3.06	3.44	
52	2.08	2.90	3.26	
53	2.02	2.81	3.15	
54	1.96	2.72	3.06	
55	1.90	2.64	2.96	
56	1.84	2.56	2.88	
57	1.79	2.49	2.80	
58	1.75	2.44	2.74	
59	1.71	2.37	2.66	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.11	1.53	1.71	
26	1.15	1.59	1.78	
27	1.20	1.65	1.85	
28	1.25	1.73	1.94	
29	1.31	1.81	2.03	
30	1.37	1.90	2.13	
31	1.44	1.99	2.23	
32	1.51	2.09	2.34	
33	1.59	2.20	2.46	
34	1.67	2.31	2.59	
35	1.75	2.42	2.71	
36	1.83	2.54	2.85	
37	1.92	2.66	2.98	
38	2.00	2.78	3.12	
39	2.09	2.90	3.25	
40	2.17	3.02	3.38	
41	2.25	3.13	3.51	
42	2.33	3.23	3.63	
43	2.40	3.33	3.74	
44	2.46	3.41	3.83	
45	2.49	3.47	3.90	
46	2.51	3.49	3.92	
47	2.51	3.49	3.93	
48	2.51	3.50	3.93	
49	2.50	3.48	3.92	
50	2.48	3.45	3.88	
51	2.44	3.39	3.82	
52	2.39	3.32	3.74	
53	2.39	3.32	3.74	
54	2.39	3.32	3.74	
55	2.39	3.32	3.74	
56	2.38	3.32	3.73	
57	2.38	3.31	3.73	
58	2.38	3.32	3.73	
59	2.37	3.30	3.71	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	5 Yrs	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.07	0.09	0.10	
26	0.07	0.10	0.11	
27	0.07	0.10	0.12	
28	0.08	0.11	0.12	
29	0.08	0.12	0.13	
30	0.09	0.12	0.14	
31	0.09	0.13	0.15	
32	0.10	0.14	0.15	
33	0.10	0.14	0.16	
34	0.11	0.15	0.17	
35	0.11	0.16	0.17	
36	0.12	0.16	0.18	
37	0.12	0.17	0.19	
38	0.12	0.17	0.20	
39	0.13	0.18	0.20	
40	0.13	0.19	0.21	
41	0.14	0.19	0.21	
42	0.14	0.19	0.22	
43	0.14	0.20	0.22	
44	0.14	0.20	0.23	
45	0.14	0.20	0.23	
46	0.14	0.20	0.23	
47	0.14	0.20	0.22	
48	0.14	0.19	0.22	
49	0.13	0.19	0.21	
50	0.13	0.18	0.20	
51	0.12	0.17	0.19	
52	0.11	0.16	0.18	
53	0.10	0.14	0.16	
54	0.09	0.12	0.14	
55	0.07	0.10	0.12	
56	0.06	0.09	0.10	
57	0.05	0.07	0.08	
58	0.04	0.06	0.06	
59	0.03	0.04	0.05	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	5 Yrs	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.05	0.06	0.07	
26	0.05	0.07	0.08	
27	0.05	0.07	0.08	
28	0.06	0.08	0.09	
29	0.06	0.08	0.09	
30	0.06	0.09	0.10	
31	0.07	0.09	0.10	
32	0.07	0.10	0.11	
33	0.07	0.10	0.12	
34	0.08	0.11	0.12	
35	0.08	0.12	0.13	
36	0.09	0.12	0.14	
37	0.09	0.13	0.15	
38	0.10	0.14	0.15	
39	0.10	0.15	0.16	
40	0.11	0.15	0.17	
41	0.11	0.16	0.18	
42	0.12	0.17	0.19	
43	0.13	0.17	0.20	
44	0.13	0.18	0.20	
45	0.13	0.18	0.21	
46	0.13	0.19	0.21	
47	0.13	0.19	0.21	
48	0.14	0.19	0.21	
49	0.13	0.19	0.21	
50	0.13	0.18	0.21	
51	0.13	0.18	0.20	
52	0.12	0.17	0.19	
53	0.11	0.16	0.17	
54	0.10	0.14	0.16	
55	0.09	0.12	0.14	
56	0.08	0.11	0.12	
57	0.06	0.09	0.10	
58	0.05	0.08	0.09	
59	0.04	0.06	0.07	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.59	0.81	0.91	
26	0.60	0.84	0.94	
27	0.62	0.86	0.96	
28	0.64	0.88	0.99	
29	0.65	0.91	1.01	
30	0.67	0.93	1.04	
31	0.68	0.94	1.06	
32	0.69	0.96	1.08	
33	0.70	0.97	1.09	
34	0.70	0.98	1.09	
35	0.70	0.98	1.10	
36	0.70	0.98	1.09	
37	0.70	0.97	1.09	
38	0.69	0.95	1.07	
39	0.67	0.94	1.05	
40	0.65	0.91	1.03	
41	0.63	0.88	0.99	
42	0.61	0.85	0.96	
43	0.58	0.81	0.91	
44	0.55	0.76	0.86	
45	0.51	0.71	0.80	
46	0.47	0.65	0.73	
47	0.42	0.59	0.66	
48	0.37	0.52	0.59	
49	0.33	0.46	0.51	
50	0.28	0.39	0.44	
51	0.24	0.33	0.37	
52	0.20	0.27	0.31	
53	0.16	0.23	0.25	
54	0.13	0.18	0.20	
55	0.10	0.14	0.16	
56	0.08	0.11	0.13	
57	0.06	0.09	0.10	
58	0.05	0.07	0.08	
59	0.04	0.06	0.06	

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⊗ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.35	0.48	0.54	
26	0.35	0.49	0.55	
27	0.36	0.50	0.56	
28	0.37	0.51	0.57	
29	0.37	0.52	0.58	
30	0.38	0.53	0.59	
31	0.39	0.54	0.61	
32	0.40	0.55	0.62	
33	0.40	0.56	0.63	
34	0.42	0.58	0.65	
35	0.42	0.59	0.66	
36	0.43	0.60	0.67	
37	0.43	0.61	0.68	
38	0.44	0.61	0.69	
39	0.44	0.61	0.69	
40	0.44	0.62	0.69	
41	0.44	0.61	0.69	
42	0.43	0.61	0.68	
43	0.43	0.60	0.67	
44	0.41	0.58	0.65	
45	0.40	0.56	0.63	
46	0.38	0.52	0.59	
47	0.35	0.49	0.55	
48	0.32	0.45	0.51	
49	0.29	0.41	0.46	
50	0.26	0.37	0.41	
51	0.23	0.32	0.37	
52	0.20	0.28	0.32	
53	0.17	0.24	0.27	
54	0.15	0.20	0.23	
55	0.12	0.17	0.19	
56	0.10	0.14	0.15	
57	0.08	0.11	0.13	
58	0.07	0.09	0.10	
59	0.05	0.08	0.08	

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Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.64	0.88	0.99	
26	0.66	0.91	1.02	
27	0.68	0.94	1.05	
28	0.70	0.97	1.09	
29	0.72	1.00	1.12	
30	0.74	1.02	1.15	
31	0.75	1.05	1.17	
32	0.77	1.07	1.20	
33	0.78	1.09	1.22	
34	0.79	1.10	1.23	
35	0.80	1.11	1.24	
36	0.80	1.11	1.25	
37	0.80	1.11	1.25	
38	0.79	1.10	1.24	
39	0.78	1.09	1.23	
40	0.77	1.07	1.21	
41	0.75	1.05	1.18	
42	0.73	1.02	1.15	
43	0.71	0.99	1.11	
44	0.68	0.95	1.07	
45	0.64	0.90	1.01	
46	0.60	0.84	0.94	
47	0.55	0.77	0.87	
48	0.51	0.71	0.79	
49	0.46	0.64	0.72	
50	0.41	0.57	0.64	
51	0.36	0.50	0.56	
52	0.31	0.44	0.49	
53	0.28	0.39	0.43	
54	0.24	0.34	0.38	
55	0.21	0.30	0.33	
56	0.18	0.25	0.29	
57	0.16	0.22	0.25	
58	0.14	0.19	0.22	
59	0.12	0.17	0.19	

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Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.38	0.53	0.59	
26	0.39	0.54	0.60	
27	0.40	0.55	0.62	
28	0.41	0.56	0.63	
29	0.42	0.58	0.65	
30	0.43	0.59	0.67	
31	0.44	0.61	0.68	
32	0.45	0.63	0.70	
33	0.46	0.64	0.72	
34	0.48	0.66	0.74	
35	0.49	0.68	0.76	
36	0.50	0.69	0.78	
37	0.51	0.71	0.80	
38	0.52	0.72	0.81	
39	0.53	0.74	0.83	
40	0.53	0.75	0.84	
41	0.54	0.75	0.84	
42	0.54	0.75	0.84	
43	0.54	0.75	0.84	
44	0.53	0.74	0.83	
45	0.52	0.72	0.81	
46	0.50	0.70	0.78	
47	0.48	0.67	0.75	
48	0.45	0.63	0.71	
49	0.43	0.59	0.67	
50	0.40	0.55	0.62	
51	0.36	0.51	0.57	
52	0.33	0.46	0.52	
53	0.30	0.42	0.48	
54	0.27	0.38	0.43	
55	0.25	0.35	0.39	
56	0.22	0.31	0.35	
57	0.20	0.28	0.32	
58	0.18	0.26	0.29	
59	0.17	0.23	0.26	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Transitional Your Occupation Benefit 2007

Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	5 Yrs	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.09	0.12	0.13	
26	0.09	0.12	0.14	
27	0.10	0.13	0.15	
28	0.10	0.14	0.16	
29	0.11	0.15	0.17	
30	0.11	0.16	0.18	
31	0.12	0.17	0.18	
32	0.13	0.17	0.19	
33	0.13	0.18	0.20	
34	0.14	0.19	0.21	
35	0.14	0.20	0.22	
36	0.15	0.21	0.23	
37	0.15	0.21	0.24	
38	0.16	0.22	0.25	
39	0.16	0.23	0.26	
40	0.17	0.24	0.27	
41	0.17	0.24	0.27	
42	0.18	0.25	0.28	
43	0.18	0.25	0.28	
44	0.18	0.26	0.29	
45	0.18	0.26	0.29	
46	0.18	0.25	0.29	
47	0.18	0.25	0.28	
48	0.17	0.24	0.27	
49	0.17	0.24	0.27	
50	0.16	0.23	0.25	
51	0.15	0.21	0.24	
52	0.14	0.20	0.22	
53	0.12	0.17	0.19	
54	0.11	0.15	0.17	
55	0.09	0.13	0.14	
56	0.07	0.10	0.12	
57	0.06	0.08	0.10	
58	0.05	0.07	0.08	
59	0.04	0.05	0.06	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
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Association Cases with Group Underwriting Only

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Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	5 Yrs	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.06	0.08	0.09	
26	0.06	0.09	0.10	
27	0.07	0.09	0.10	
28	0.07	0.10	0.11	
29	0.07	0.10	0.12	
30	0.08	0.11	0.12	
31	0.08	0.12	0.13	
32	0.09	0.12	0.14	
33	0.09	0.13	0.15	
34	0.10	0.14	0.16	
35	0.11	0.15	0.17	
36	0.11	0.16	0.18	
37	0.12	0.17	0.19	
38	0.13	0.17	0.20	
39	0.13	0.18	0.21	
40	0.14	0.19	0.22	
41	0.15	0.20	0.23	
42	0.15	0.21	0.24	
43	0.16	0.22	0.25	
44	0.16	0.23	0.26	
45	0.17	0.23	0.26	
46	0.17	0.24	0.27	
47	0.17	0.24	0.27	
48	0.17	0.24	0.27	
49	0.17	0.24	0.27	
50	0.17	0.23	0.26	
51	0.16	0.22	0.25	
52	0.15	0.21	0.24	
53	0.14	0.19	0.22	
54	0.12	0.17	0.19	
55	0.11	0.15	0.17	
56	0.09	0.13	0.15	
57	0.08	0.11	0.12	
58	0.06	0.09	0.10	
59	0.05	0.07	0.08	

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Metropolitan Life Insurance Company - NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
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Association Cases with Group Underwriting Only

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Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 65	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.93	1.29	1.45	
26	0.95	1.32	1.48	
27	0.97	1.35	1.51	
28	0.99	1.37	1.54	
29	1.01	1.40	1.56	
30	1.02	1.42	1.59	
31	1.03	1.44	1.61	
32	1.04	1.45	1.63	
33	1.05	1.45	1.63	
34	1.05	1.45	1.63	
35	1.04	1.45	1.62	
36	1.03	1.43	1.60	
37	1.01	1.41	1.58	
38	0.99	1.38	1.55	
39	0.96	1.34	1.51	
40	0.93	1.30	1.46	
41	0.90	1.25	1.40	
42	0.86	1.19	1.34	
43	0.81	1.13	1.27	
44	0.76	1.06	1.19	
45	0.70	0.97	1.09	
46	0.63	0.88	0.99	
47	0.57	0.79	0.89	
48	0.50	0.70	0.78	
49	0.43	0.60	0.68	
50	0.37	0.51	0.58	
51	0.31	0.43	0.48	
52	0.25	0.35	0.39	
53	0.20	0.29	0.32	
54	0.16	0.23	0.26	
55	0.13	0.18	0.20	
56	0.10	0.14	0.15	
57	0.07	0.10	0.12	
58	0.06	0.08	0.09	
59	0.05	0.07	0.08	

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Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 65	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.55	0.76	0.85	
26	0.55	0.76	0.85	
27	0.55	0.77	0.86	
28	0.56	0.78	0.87	
29	0.57	0.79	0.88	
30	0.57	0.80	0.89	
31	0.58	0.81	0.91	
32	0.59	0.82	0.92	
33	0.60	0.83	0.93	
34	0.61	0.84	0.95	
35	0.61	0.85	0.96	
36	0.62	0.86	0.97	
37	0.62	0.87	0.97	
38	0.62	0.87	0.98	
39	0.62	0.87	0.97	
40	0.62	0.86	0.97	
41	0.61	0.85	0.96	
42	0.60	0.84	0.94	
43	0.59	0.82	0.92	
44	0.57	0.79	0.89	
45	0.54	0.75	0.85	
46	0.51	0.71	0.79	
47	0.47	0.65	0.74	
48	0.43	0.60	0.67	
49	0.39	0.54	0.61	
50	0.34	0.48	0.54	
51	0.30	0.42	0.47	
52	0.26	0.36	0.40	
53	0.22	0.31	0.34	
54	0.18	0.25	0.29	
55	0.15	0.21	0.23	
56	0.12	0.17	0.19	
57	0.10	0.14	0.15	
58	0.08	0.11	0.12	
59	0.07	0.09	0.10	

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<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Female	To Age 67	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	1.02	1.42	1.59	
26	1.05	1.45	1.62	
27	1.07	1.49	1.66	
28	1.10	1.52	1.70	
29	1.12	1.55	1.74	
30	1.14	1.58	1.77	
31	1.16	1.61	1.81	
32	1.17	1.63	1.83	
33	1.18	1.64	1.84	
34	1.19	1.65	1.85	
35	1.19	1.65	1.85	
36	1.18	1.65	1.84	
37	1.17	1.63	1.83	
38	1.16	1.61	1.81	
39	1.13	1.58	1.77	
40	1.11	1.54	1.73	
41	1.07	1.50	1.68	
42	1.04	1.45	1.62	
43	0.99	1.39	1.56	
44	0.94	1.32	1.48	
45	0.89	1.24	1.39	
46	0.82	1.14	1.28	
47	0.75	1.05	1.18	
48	0.68	0.95	1.06	
49	0.61	0.85	0.95	
50	0.54	0.75	0.84	
51	0.47	0.65	0.73	
52	0.40	0.56	0.63	
53	0.35	0.49	0.55	
54	0.31	0.43	0.48	
55	0.26	0.37	0.41	
56	0.23	0.31	0.35	
57	0.19	0.27	0.30	
58	0.17	0.23	0.26	
59	0.15	0.20	0.23	

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Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>
Male	To Age 67	Not Applicable	Not Applicable	No
<u>Issue Age</u>	<u>6S</u>	<u>5A</u>	<u>4A</u>	
18 - 25	0.60	0.84	0.94	
26	0.61	0.84	0.95	
27	0.62	0.85	0.96	
28	0.63	0.87	0.97	
29	0.64	0.88	0.99	
30	0.65	0.90	1.01	
31	0.66	0.92	1.03	
32	0.67	0.94	1.05	
33	0.69	0.95	1.07	
34	0.70	0.97	1.09	
35	0.71	0.99	1.11	
36	0.73	1.01	1.13	
37	0.74	1.02	1.15	
38	0.74	1.04	1.16	
39	0.75	1.05	1.17	
40	0.75	1.05	1.18	
41	0.75	1.05	1.18	
42	0.75	1.04	1.17	
43	0.74	1.03	1.16	
44	0.73	1.01	1.14	
45	0.71	0.98	1.10	
46	0.67	0.94	1.06	
47	0.64	0.89	1.00	
48	0.60	0.84	0.94	
49	0.56	0.78	0.88	
50	0.52	0.72	0.81	
51	0.47	0.65	0.74	
52	0.42	0.59	0.66	
53	0.38	0.53	0.60	
54	0.35	0.48	0.54	
55	0.31	0.43	0.49	
56	0.28	0.39	0.44	
57	0.25	0.35	0.39	
58	0.22	0.31	0.35	
59	0.20	0.28	0.31	

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⊠ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Female	<u>Max. Ben. Period</u> To Age 65		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	2.24	3.53	6.63	3.07	8.23	3.42
26	2.33	3.68	6.91	3.20	8.58	3.58
27	2.44	3.85	7.24	3.35	8.98	3.74
28	2.54	4.01	7.54	3.49	9.35	3.90
29	2.65	4.19	7.86	3.64	9.76	4.07
30	2.76	4.36	8.19	3.79	10.16	4.24
31	2.86	4.53	8.51	3.94	10.56	4.41
32	2.97	4.70	8.83	4.09	10.96	4.57
33	3.06	4.85	9.12	4.22	11.31	4.72
34	3.15	5.00	9.40	4.35	11.66	4.87
35	3.23	5.14	9.66	4.47	11.98	5.00
36	3.31	5.27	9.89	4.58	12.27	5.12
37	3.38	5.38	10.11	4.68	12.54	5.24
38	3.44	5.47	10.28	4.76	12.76	5.33
39	3.50	5.57	10.45	4.84	12.97	5.42
40	3.54	5.64	10.58	4.90	13.13	5.49
41	3.57	5.69	10.69	4.95	13.27	5.54
42	3.60	5.73	10.76	4.98	13.35	5.59
43	3.61	5.76	10.82	5.01	13.43	5.61
44	3.62	5.77	10.84	5.02	13.45	5.63
45	3.61	5.76	10.82	5.01	13.43	5.62
46	3.59	5.73	10.76	4.98	13.35	5.58
47	3.55	5.67	10.65	4.93	13.21	5.52
48	3.49	7.22	12.52	4.83	15.53	5.42
49	3.40	8.67	14.24	4.71	17.67	5.29
50	3.30	9.99	15.79	4.57	19.60	5.13
51	3.18	11.16	17.15	4.41	21.27	4.95
52	3.06	12.19	18.32	4.24	22.73	4.75
53	2.91	13.87	20.84	4.02	25.86	4.51
54	2.75	15.30	22.98	3.80	28.52	4.26
55	2.58	16.42	24.68	3.57	30.62	4.00
56	2.42	17.28	25.97	3.34	32.22	3.75
57	2.27	18.00	27.04	3.13	33.55	3.50
58	2.00	17.46	26.23	2.76	32.55	3.08
59	1.79	16.91	25.40	2.45	31.52	2.74

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Male	<u>Max. Ben. Period</u> To Age 65		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	1.71	2.67	5.01	2.32	6.22	2.58
26	1.76	2.76	5.18	2.40	6.43	2.67
27	1.83	2.86	5.38	2.49	6.67	2.77
28	1.90	2.98	5.59	2.59	6.94	2.88
29	1.97	3.09	5.81	2.69	7.21	3.00
30	2.06	3.23	6.07	2.81	7.53	3.13
31	2.15	3.37	6.33	2.93	7.85	3.27
32	2.24	3.53	6.63	3.07	8.23	3.42
33	2.34	3.69	6.93	3.21	8.60	3.58
34	2.45	3.86	7.26	3.36	9.00	3.75
35	2.56	4.04	7.58	3.51	9.41	3.92
36	2.67	4.22	7.93	3.67	9.84	4.10
37	2.79	4.40	8.27	3.83	10.26	4.28
38	2.91	4.59	8.62	3.99	10.69	4.47
39	3.02	4.78	8.99	4.16	11.15	4.65
40	3.14	4.98	9.35	4.33	11.60	4.84
41	3.26	5.16	9.70	4.49	12.03	5.03
42	3.37	5.34	10.02	4.64	12.44	5.20
43	3.48	5.52	10.37	4.80	12.86	5.38
44	3.59	5.69	10.69	4.95	13.27	5.55
45	3.68	5.85	10.99	5.09	13.64	5.70
46	3.77	5.99	11.25	5.21	13.96	5.84
47	3.84	6.11	11.47	5.31	14.23	5.96
48	3.90	6.20	11.64	5.39	14.45	6.05
49	3.94	6.27	11.77	5.45	14.61	6.11
50	3.96	6.30	11.84	5.48	14.69	6.15
51	3.96	6.30	11.84	5.48	14.69	6.15
52	3.94	6.27	11.77	5.45	14.61	6.12
53	3.87	8.61	15.02	5.35	18.93	6.01
54	3.78	10.83	18.07	5.23	22.99	5.87
55	3.68	12.85	20.85	5.08	26.68	5.71
56	3.56	14.71	23.38	4.92	30.06	5.53
57	3.44	16.42	25.70	4.76	33.17	5.34
58	3.08	16.62	25.70	4.25	33.26	4.77
59	2.79	16.74	25.65	3.83	33.26	4.30

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Female	<u>Max. Ben. Period</u> To Age 67		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	2.38	3.75	7.04	3.26	8.74	3.64
26	2.49	3.93	7.39	3.42	9.17	3.81
27	2.60	4.12	7.73	3.58	9.59	4.00
28	2.73	4.31	8.10	3.75	10.05	4.19
29	2.85	4.51	8.47	3.92	10.51	4.38
30	2.98	4.72	8.86	4.10	10.99	4.58
31	3.10	4.92	9.24	4.28	11.47	4.78
32	3.23	5.12	9.61	4.45	11.93	4.98
33	3.35	5.31	9.98	4.62	12.38	5.17
34	3.46	5.50	10.32	4.78	12.81	5.35
35	3.57	5.68	10.67	4.94	13.24	5.53
36	3.68	5.85	10.99	5.09	13.64	5.70
37	3.78	6.01	11.30	5.23	14.02	5.86
38	3.88	6.18	11.60	5.37	14.39	6.02
39	3.97	6.33	11.88	5.50	14.74	6.16
40	4.06	6.46	12.14	5.62	15.06	6.30
41	4.14	6.60	12.40	5.74	15.38	6.43
42	4.21	6.72	12.61	5.84	15.65	6.55
43	4.29	6.84	12.85	5.95	15.95	6.67
44	4.36	6.96	13.07	6.05	16.21	6.78
45	4.42	7.05	13.24	6.13	16.43	6.88
46	4.47	7.14	13.41	6.21	16.64	6.96
47	4.51	7.21	13.54	6.27	16.80	7.03
48	4.54	9.42	16.33	6.30	20.26	7.07
49	4.55	11.63	19.11	6.32	23.71	7.09
50	4.56	13.83	21.88	6.33	27.14	7.10
51	4.55	15.99	24.57	6.32	30.49	7.08
52	4.53	18.08	27.17	6.29	33.71	7.05
53	4.50	21.56	32.40	6.25	40.20	7.01
54	4.47	24.96	37.50	6.20	46.52	6.95
55	4.41	28.15	42.30	6.12	52.49	6.87
56	4.34	31.21	46.89	6.03	58.18	6.76
57	4.26	33.98	51.06	5.91	63.36	6.62
58	4.17	36.56	54.93	5.78	68.16	6.48
59	4.05	38.78	58.27	5.62	72.30	6.30

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Male	<u>Max. Ben. Period</u> To Age 67		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	1.85	2.90	5.44	2.52	6.75	2.81
26	1.92	3.01	5.66	2.62	7.02	2.92
27	2.01	3.14	5.90	2.73	7.32	3.05
28	2.09	3.29	6.18	2.86	7.66	3.19
29	2.19	3.44	6.46	2.99	8.01	3.34
30	2.29	3.61	6.78	3.14	8.42	3.50
31	2.41	3.80	7.13	3.30	8.84	3.68
32	2.53	3.99	7.50	3.47	9.30	3.87
33	2.66	4.20	7.88	3.65	9.78	4.08
34	2.80	4.43	8.32	3.85	10.32	4.30
35	2.95	4.66	8.75	4.05	10.85	4.53
36	3.10	4.90	9.20	4.26	11.42	4.77
37	3.26	5.16	9.70	4.49	12.03	5.02
38	3.43	5.43	10.20	4.72	12.65	5.28
39	3.60	5.70	10.71	4.96	13.29	5.55
40	3.78	5.99	11.25	5.21	13.96	5.83
41	3.96	6.28	11.79	5.46	14.63	6.12
42	4.14	6.58	12.36	5.72	15.33	6.41
43	4.33	6.88	12.92	5.98	16.03	6.71
44	4.52	7.19	13.50	6.25	16.75	7.01
45	4.72	7.50	14.08	6.52	17.47	7.32
46	4.90	7.81	14.67	6.79	18.20	7.62
47	5.10	8.12	15.25	7.06	18.92	7.92
48	5.29	8.43	15.83	7.33	19.64	8.23
49	5.48	8.73	16.39	7.59	20.34	8.53
50	5.66	9.03	16.96	7.85	21.04	8.82
51	5.83	9.29	17.45	8.08	21.65	9.09
52	5.98	9.55	17.93	8.30	22.24	9.33
53	6.13	13.70	23.90	8.51	30.11	9.57
54	6.25	17.97	30.00	8.68	38.15	9.77
55	6.35	22.31	36.20	8.82	46.33	9.92
56	6.42	26.67	42.39	8.92	54.50	10.03
57	6.45	30.91	48.38	8.96	62.43	10.08
58	6.46	35.11	54.31	8.98	70.27	10.11
59	6.43	39.02	59.80	8.93	77.54	10.05

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Your Occupation Benefit
 Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Female	<u>Max. Ben. Period</u> To Age 65		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	0.76	1.22	2.29	1.06	2.84	1.19
26	0.79	1.25	2.35	1.09	2.92	1.22
27	0.81	1.29	2.42	1.12	3.00	1.26
28	0.83	1.32	2.48	1.15	3.08	1.29
29	0.85	1.37	2.57	1.19	3.19	1.33
30	0.88	1.39	2.61	1.21	3.24	1.36
31	0.89	1.43	2.68	1.24	3.32	1.39
32	0.91	1.45	2.72	1.26	3.38	1.42
33	0.92	1.47	2.76	1.28	3.43	1.43
34	0.93	1.48	2.79	1.29	3.46	1.45
35	0.93	1.50	2.81	1.30	3.48	1.45
36	0.93	1.50	2.81	1.30	3.48	1.46
37	0.93	1.48	2.79	1.29	3.46	1.45
38	0.92	1.47	2.76	1.28	3.43	1.44
39	0.91	1.45	2.72	1.26	3.38	1.42
40	0.89	1.43	2.68	1.24	3.32	1.39
41	0.87	1.39	2.61	1.21	3.24	1.36
42	0.85	1.36	2.55	1.18	3.16	1.33
43	0.82	1.31	2.46	1.14	3.06	1.28
44	0.78	1.27	2.38	1.10	2.95	1.23
45	0.75	1.21	2.27	1.05	2.81	1.17
46	0.71	1.14	2.14	0.99	2.65	1.11
47	0.67	1.07	2.01	0.93	2.49	1.04
48	0.61	1.29	2.23	0.86	2.77	0.96
49	0.56	1.44	2.36	0.78	2.93	0.88
50	0.50	1.53	2.42	0.70	3.00	0.79
51	0.45	1.59	2.45	0.63	3.04	0.70
52	0.39	1.58	2.38	0.55	2.95	0.61
53	0.34	1.62	2.44	0.47	3.02	0.53
54	0.28	1.61	2.42	0.40	3.00	0.45
55	0.24	1.52	2.28	0.33	2.83	0.37
56	0.20	1.40	2.10	0.27	2.61	0.31
57	0.16	1.27	1.90	0.22	2.36	0.25
58	0.13	1.14	1.71	0.18	2.12	0.20
59	0.11	1.04	1.56	0.15	1.93	0.16

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Your Occupation Benefit
 Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>		<u>Smoker</u>
Male	To Age 65		Not Applicable	Limited		No
<u>Occ Class</u>	<u>6S</u>	<u>5S</u>	<u>5I</u>	<u>5A</u>	<u>4M</u>	<u>4A</u>
<u>Issue Age</u>						
18 - 25	0.52	0.83	1.56	0.72	1.93	0.81
26	0.53	0.84	1.58	0.73	1.96	0.82
27	0.53	0.85	1.60	0.74	1.98	0.83
28	0.55	0.87	1.64	0.76	2.04	0.85
29	0.56	0.90	1.68	0.78	2.09	0.87
30	0.57	0.91	1.71	0.79	2.12	0.89
31	0.58	0.93	1.75	0.81	2.17	0.91
32	0.59	0.95	1.79	0.83	2.22	0.93
33	0.61	0.98	1.84	0.85	2.28	0.95
34	0.63	1.00	1.88	0.87	2.33	0.98
35	0.64	1.02	1.92	0.89	2.39	1.00
36	0.65	1.04	1.94	0.90	2.41	1.02
37	0.66	1.06	1.99	0.92	2.47	1.04
38	0.67	1.08	2.03	0.94	2.52	1.05
39	0.68	1.09	2.05	0.95	2.55	1.06
40	0.69	1.10	2.07	0.96	2.57	1.07
41	0.69	1.10	2.07	0.96	2.57	1.08
42	0.69	1.10	2.07	0.96	2.57	1.08
43	0.69	1.10	2.07	0.96	2.57	1.08
44	0.68	1.09	2.05	0.95	2.55	1.07
45	0.67	1.08	2.03	0.94	2.52	1.05
46	0.66	1.06	1.99	0.92	2.47	1.03
47	0.64	1.02	1.92	0.89	2.39	1.00
48	0.61	0.98	1.84	0.85	2.28	0.96
49	0.58	0.93	1.75	0.81	2.17	0.91
50	0.54	0.87	1.64	0.76	2.04	0.85
51	0.50	0.81	1.51	0.70	1.88	0.79
52	0.46	0.74	1.38	0.64	1.72	0.72
53	0.41	0.93	1.63	0.58	2.05	0.65
54	0.37	1.06	1.76	0.51	2.24	0.58
55	0.32	1.11	1.81	0.44	2.31	0.50
56	0.27	1.14	1.81	0.38	2.32	0.43
57	0.23	1.10	1.73	0.32	2.23	0.36
58	0.19	1.06	1.63	0.27	2.11	0.30
59	0.16	1.01	1.54	0.23	2.00	0.25

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Your Occupation Benefit
 Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Female	<u>Max. Ben. Period</u> To Age 67		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	0.83	1.32	2.48	1.15	3.08	1.29
26	0.86	1.37	2.57	1.19	3.19	1.33
27	0.89	1.41	2.66	1.23	3.30	1.38
28	0.91	1.46	2.74	1.27	3.40	1.42
29	0.94	1.51	2.83	1.31	3.51	1.47
30	0.97	1.54	2.89	1.34	3.59	1.51
31	0.99	1.59	2.98	1.38	3.70	1.54
32	1.01	1.62	3.05	1.41	3.78	1.58
33	1.03	1.64	3.09	1.43	3.83	1.61
34	1.04	1.67	3.13	1.45	3.89	1.63
35	1.06	1.69	3.18	1.47	3.94	1.65
36	1.06	1.70	3.20	1.48	3.97	1.66
37	1.07	1.71	3.22	1.49	3.99	1.67
38	1.07	1.70	3.20	1.48	3.97	1.66
39	1.06	1.70	3.20	1.48	3.97	1.66
40	1.05	1.68	3.15	1.46	3.91	1.64
41	1.03	1.66	3.11	1.44	3.86	1.62
42	1.02	1.63	3.07	1.42	3.81	1.60
43	1.00	1.60	3.00	1.39	3.73	1.56
44	0.97	1.56	2.94	1.36	3.64	1.53
45	0.95	1.52	2.85	1.32	3.54	1.48
46	0.91	1.46	2.74	1.27	3.40	1.43
47	0.88	1.40	2.64	1.22	3.27	1.37
48	0.83	1.73	3.01	1.16	3.73	1.30
49	0.78	2.01	3.30	1.09	4.09	1.22
50	0.73	2.23	3.53	1.02	4.37	1.14
51	0.67	2.38	3.65	0.94	4.53	1.06
52	0.62	2.47	3.72	0.86	4.61	0.97
53	0.56	2.69	4.04	0.78	5.02	0.88
54	0.50	2.82	4.23	0.70	5.25	0.79
55	0.45	2.90	4.35	0.63	5.40	0.70
56	0.39	2.85	4.28	0.55	5.31	0.62
57	0.34	2.76	4.15	0.48	5.15	0.54
58	0.30	2.66	3.99	0.42	4.95	0.47
59	0.26	2.48	3.73	0.36	4.63	0.41

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Your Occupation Benefit
 Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
 Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Male	<u>Max. Ben. Period</u> To Age 67		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	0.57	0.91	1.71	0.79	2.12	0.88
26	0.58	0.92	1.73	0.80	2.14	0.90
27	0.59	0.94	1.77	0.82	2.20	0.92
28	0.61	0.97	1.81	0.84	2.25	0.94
29	0.62	1.00	1.88	0.87	2.33	0.97
30	0.64	1.02	1.92	0.89	2.39	1.00
31	0.66	1.06	1.99	0.92	2.47	1.03
32	0.68	1.08	2.03	0.94	2.52	1.06
33	0.70	1.12	2.10	0.97	2.60	1.09
34	0.72	1.15	2.16	1.00	2.68	1.12
35	0.74	1.18	2.22	1.03	2.76	1.16
36	0.76	1.22	2.29	1.06	2.84	1.19
37	0.78	1.25	2.35	1.09	2.92	1.22
38	0.80	1.28	2.40	1.11	2.97	1.25
39	0.82	1.31	2.46	1.14	3.06	1.28
40	0.83	1.33	2.51	1.16	3.11	1.30
41	0.85	1.36	2.55	1.18	3.16	1.33
42	0.86	1.37	2.57	1.19	3.19	1.34
43	0.87	1.39	2.61	1.21	3.24	1.36
44	0.87	1.40	2.64	1.22	3.27	1.37
45	0.87	1.40	2.64	1.22	3.27	1.37
46	0.87	1.40	2.64	1.22	3.27	1.37
47	0.87	1.39	2.61	1.21	3.24	1.36
48	0.85	1.37	2.57	1.19	3.19	1.34
49	0.83	1.33	2.51	1.16	3.11	1.31
50	0.81	1.29	2.42	1.12	3.00	1.27
51	0.78	1.24	2.33	1.08	2.89	1.22
52	0.74	1.20	2.25	1.04	2.79	1.17
53	0.70	1.58	2.75	0.98	3.47	1.10
54	0.65	1.88	3.15	0.91	4.00	1.03
55	0.60	2.13	3.45	0.84	4.41	0.95
56	0.55	2.30	3.66	0.77	4.71	0.87
57	0.50	2.42	3.78	0.70	4.88	0.79
58	0.45	2.50	3.87	0.64	5.01	0.72
59	0.41	2.49	3.82	0.57	4.95	0.65

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☐ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Female	<u>Max. Ben. Period</u> To Age 65		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	1.22	1.94	3.65	1.69	4.53	1.89
26	1.24	1.98	3.72	1.72	4.61	1.93
27	1.27	2.02	3.80	1.76	4.72	1.97
28	1.30	2.07	3.89	1.80	4.82	2.01
29	1.32	2.10	3.95	1.83	4.90	2.05
30	1.34	2.14	4.02	1.86	4.98	2.09
31	1.36	2.17	4.08	1.89	5.07	2.12
32	1.37	2.20	4.13	1.91	5.12	2.14
33	1.38	2.21	4.15	1.92	5.15	2.15
34	1.38	2.21	4.15	1.92	5.15	2.16
35	1.38	2.21	4.15	1.92	5.15	2.15
36	1.37	2.19	4.10	1.90	5.09	2.14
37	1.35	2.17	4.08	1.89	5.07	2.12
38	1.33	2.13	4.00	1.85	4.96	2.08
39	1.30	2.09	3.93	1.82	4.88	2.04
40	1.27	2.04	3.82	1.77	4.74	1.99
41	1.23	1.98	3.72	1.72	4.61	1.93
42	1.19	1.90	3.56	1.65	4.42	1.86
43	1.14	1.83	3.43	1.59	4.26	1.78
44	1.08	1.74	3.26	1.51	4.05	1.70
45	1.02	1.64	3.09	1.43	3.83	1.61
46	0.96	1.54	2.89	1.34	3.59	1.51
47	0.90	1.44	2.70	1.25	3.35	1.40
48	0.82	1.70	2.95	1.14	3.67	1.28
49	0.74	1.90	3.11	1.03	3.86	1.16
50	0.66	2.01	3.18	0.92	3.95	1.03
51	0.58	2.05	3.15	0.81	3.91	0.91
52	0.50	2.01	3.02	0.70	3.75	0.78
53	0.43	2.07	3.11	0.60	3.86	0.67
54	0.36	2.01	3.02	0.50	3.75	0.56
55	0.30	1.89	2.83	0.41	3.52	0.46
56	0.24	1.71	2.57	0.33	3.18	0.38
57	0.19	1.55	2.33	0.27	2.89	0.30
58	0.15	1.33	2.00	0.21	2.48	0.24
59	0.13	1.24	1.87	0.18	2.32	0.20

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Male	<u>Max. Ben. Period</u> To Age 65		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	0.82	1.30	2.44	1.13	3.03	1.27
26	0.82	1.31	2.46	1.14	3.06	1.28
27	0.83	1.32	2.48	1.15	3.08	1.29
28	0.84	1.33	2.51	1.16	3.11	1.31
29	0.85	1.36	2.55	1.18	3.16	1.32
30	0.86	1.37	2.57	1.19	3.19	1.34
31	0.87	1.39	2.61	1.21	3.24	1.36
32	0.89	1.41	2.66	1.23	3.30	1.38
33	0.90	1.44	2.70	1.25	3.35	1.41
34	0.91	1.46	2.74	1.27	3.40	1.43
35	0.93	1.48	2.79	1.29	3.46	1.45
36	0.94	1.51	2.83	1.31	3.51	1.47
37	0.95	1.52	2.85	1.32	3.54	1.48
38	0.96	1.53	2.87	1.33	3.56	1.50
39	0.96	1.54	2.89	1.34	3.59	1.50
40	0.97	1.54	2.89	1.34	3.59	1.50
41	0.96	1.54	2.89	1.34	3.59	1.51
42	0.96	1.53	2.87	1.33	3.56	1.49
43	0.94	1.52	2.85	1.32	3.54	1.48
44	0.93	1.48	2.79	1.29	3.46	1.46
45	0.91	1.46	2.74	1.27	3.40	1.42
46	0.88	1.41	2.66	1.23	3.30	1.38
47	0.85	1.36	2.55	1.18	3.16	1.33
48	0.81	1.29	2.42	1.12	3.00	1.26
49	0.76	1.22	2.29	1.06	2.84	1.19
50	0.70	1.13	2.12	0.98	2.63	1.10
51	0.65	1.04	1.94	0.90	2.41	1.02
52	0.59	0.94	1.77	0.82	2.20	0.92
53	0.52	1.18	2.05	0.73	2.58	0.82
54	0.46	1.32	2.21	0.64	2.81	0.72
55	0.39	1.39	2.26	0.55	2.89	0.62
56	0.34	1.41	2.23	0.47	2.87	0.52
57	0.28	1.35	2.11	0.39	2.72	0.44
58	0.23	1.25	1.94	0.32	2.50	0.36
59	0.19	1.18	1.81	0.27	2.34	0.30

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u> Female	<u>Max. Ben. Period</u> To Age 67		<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited		<u>Smoker</u> No
	6S	5S	5I	5A	4M	4A
<u>Occ Class</u> <u>Issue Age</u>						
18 - 25	1.34	2.13	4.00	1.85	4.96	2.08
26	1.37	2.19	4.10	1.90	5.09	2.13
27	1.40	2.24	4.21	1.95	5.23	2.18
28	1.44	2.29	4.30	1.99	5.33	2.23
29	1.47	2.35	4.41	2.04	5.47	2.29
30	1.50	2.39	4.49	2.08	5.57	2.33
31	1.53	2.44	4.58	2.12	5.68	2.38
32	1.55	2.47	4.64	2.15	5.76	2.41
33	1.56	2.50	4.69	2.17	5.82	2.44
34	1.57	2.52	4.73	2.19	5.87	2.45
35	1.58	2.52	4.73	2.19	5.87	2.46
36	1.58	2.52	4.73	2.19	5.87	2.46
37	1.57	2.51	4.71	2.18	5.84	2.45
38	1.55	2.48	4.67	2.16	5.79	2.43
39	1.53	2.46	4.62	2.14	5.74	2.40
40	1.51	2.42	4.54	2.10	5.63	2.36
41	1.48	2.37	4.45	2.06	5.52	2.31
42	1.44	2.31	4.34	2.01	5.39	2.25
43	1.40	2.24	4.21	1.95	5.23	2.19
44	1.35	2.17	4.08	1.89	5.07	2.12
45	1.30	2.09	3.93	1.82	4.88	2.04
46	1.25	2.00	3.76	1.74	4.66	1.95
47	1.18	1.90	3.56	1.65	4.42	1.86
48	1.11	2.32	4.02	1.55	4.98	1.74
49	1.03	2.65	4.35	1.44	5.40	1.62
50	0.96	2.91	4.60	1.33	5.70	1.50
51	0.87	3.09	4.74	1.22	5.89	1.37
52	0.79	3.19	4.80	1.11	5.95	1.24
53	0.71	3.45	5.18	1.00	6.43	1.12
54	0.63	3.54	5.32	0.88	6.60	0.99
55	0.56	3.59	5.39	0.78	6.69	0.87
56	0.49	3.52	5.29	0.68	6.56	0.76
57	0.42	3.39	5.10	0.59	6.32	0.66
58	0.36	3.16	4.75	0.50	5.90	0.57
59	0.31	2.97	4.46	0.43	5.53	0.49

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Your Occupation Benefit

Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Sex</u>	<u>Max. Ben. Period</u>		<u>Elim. Period</u>	<u>MD/SA Benefits</u>		<u>Smoker</u>
Male	To Age 67		Not Applicable	Limited		No
<u>Occ Class</u>	<u>6S</u>	<u>5S</u>	<u>5I</u>	<u>5A</u>	<u>4M</u>	<u>4A</u>
<u>Issue Age</u>						
18 - 25	0.90	1.44	2.70	1.25	3.35	1.40
26	0.91	1.45	2.72	1.26	3.38	1.42
27	0.92	1.47	2.76	1.28	3.43	1.43
28	0.94	1.50	2.81	1.30	3.48	1.46
29	0.95	1.53	2.87	1.33	3.56	1.49
30	0.97	1.55	2.92	1.35	3.62	1.52
31	0.99	1.59	2.98	1.38	3.70	1.55
32	1.02	1.62	3.05	1.41	3.78	1.58
33	1.04	1.66	3.11	1.44	3.86	1.62
34	1.06	1.69	3.18	1.47	3.94	1.66
35	1.08	1.74	3.26	1.51	4.05	1.69
36	1.11	1.77	3.33	1.54	4.13	1.72
37	1.13	1.81	3.39	1.57	4.21	1.76
38	1.14	1.83	3.43	1.59	4.26	1.79
39	1.16	1.86	3.50	1.62	4.34	1.81
40	1.18	1.89	3.54	1.64	4.40	1.83
41	1.18	1.90	3.56	1.65	4.42	1.85
42	1.19	1.91	3.59	1.66	4.45	1.86
43	1.19	1.91	3.59	1.66	4.45	1.87
44	1.19	1.91	3.59	1.66	4.45	1.87
45	1.19	1.90	3.56	1.65	4.42	1.86
46	1.17	1.89	3.54	1.64	4.40	1.84
47	1.16	1.85	3.48	1.61	4.31	1.81
48	1.13	1.81	3.39	1.57	4.21	1.77
49	1.09	1.75	3.28	1.52	4.07	1.71
50	1.05	1.68	3.15	1.46	3.91	1.65
51	1.00	1.61	3.02	1.40	3.75	1.57
52	0.95	1.53	2.87	1.33	3.56	1.49
53	0.88	1.98	3.45	1.23	4.35	1.39
54	0.82	2.36	3.94	1.14	5.01	1.29
55	0.75	2.66	4.31	1.05	5.52	1.18
56	0.68	2.84	4.51	0.95	5.80	1.07
57	0.61	2.97	4.64	0.86	5.99	0.96
58	0.55	3.01	4.66	0.77	6.03	0.87
59	0.49	3.02	4.62	0.69	5.99	0.77

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 65	<u>Elim. Period</u> 90 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.77		
26		0.81		
27		0.85		
28		0.89		
29		0.94		
30		0.99		
31		1.05		
32		1.11		
33		1.18		
34		1.25		
35		1.33		
36		1.41		
37		1.50		
38		1.59		
39		1.68		
40		1.77		
41		1.86		
42		1.96		
43		2.05		
44		2.13		
45		2.22		
46		2.30		
47		2.38		
48		2.46		
49		2.54		
50		2.62		
51		2.68		
52		2.74		
53		2.79		
54		2.83		
55		2.86		
56		2.87		
57		2.87		
58		2.79		
59		2.71		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 65	<u>Elim. Period</u> 180 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.67		
26		0.70		
27		0.73		
28		0.77		
29		0.81		
30		0.86		
31		0.90		
32		0.96		
33		1.02		
34		1.08		
35		1.15		
36		1.22		
37		1.29		
38		1.37		
39		1.45		
40		1.53		
41		1.61		
42		1.69		
43		1.76		
44		1.84		
45		1.91		
46		1.98		
47		2.05		
48		2.12		
49		2.19		
50		2.25		
51		2.31		
52		2.36		
53		2.41		
54		2.44		
55		2.47		
56		2.48		
57		2.49		
58		2.43		
59		2.36		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 65	<u>Elim. Period</u> 365 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.62		
26		0.65		
27		0.68		
28		0.71		
29		0.75		
30		0.80		
31		0.84		
32		0.89		
33		0.95		
34		1.01		
35		1.07		
36		1.14		
37		1.20		
38		1.28		
39		1.35		
40		1.42		
41		1.50		
42		1.57		
43		1.64		
44		1.71		
45		1.78		
46		1.84		
47		1.91		
48		1.97		
49		2.03		
50		2.09		
51		2.15		
52		2.19		
53		2.24		
54		2.28		
55		2.31		
56		2.33		
57		2.35		
58		2.31		
59		2.27		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 65	<u>Elim. Period</u> 730 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.53		
26		0.56		
27		0.59		
28		0.62		
29		0.65		
30		0.69		
31		0.73		
32		0.77		
33		0.82		
34		0.87		
35		0.93		
36		0.98		
37		1.04		
38		1.10		
39		1.16		
40		1.22		
41		1.29		
42		1.35		
43		1.40		
44		1.46		
45		1.51		
46		1.57		
47		1.62		
48		1.67		
49		1.72		
50		1.76		
51		1.81		
52		1.85		
53		1.90		
54		1.94		
55		1.98		
56		2.02		
57		2.04		
58		2.03		
59		2.01		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

☒ Availability of the 730 Day EP is restricted in AR, CT, DE, IA, NJ, OK, PA, TX, UT, VT, VA and WA. Please the "Availability of Selected Policy Features" Section for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 67	<u>Elim. Period</u> 90 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
Issue Age		<u>4A and Higher</u>		
18 - 25		0.81		
26		0.85		
27		0.89		
28		0.94		
29		0.99		
30		1.05		
31		1.11		
32		1.18		
33		1.26		
34		1.34		
35		1.42		
36		1.52		
37		1.61		
38		1.71		
39		1.82		
40		1.92		
41		2.03		
42		2.14		
43		2.25		
44		2.35		
45		2.46		
46		2.57		
47		2.67		
48		2.79		
49		2.90		
50		3.01		
51		3.11		
52		3.21		
53		3.31		
54		3.40		
55		3.47		
56		3.52		
57		3.56		
58		3.51		
59		3.45		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 67	<u>Elim. Period</u> 180 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.70		
26		0.73		
27		0.77		
28		0.81		
29		0.85		
30		0.90		
31		0.96		
32		1.02		
33		1.09		
34		1.16		
35		1.23		
36		1.31		
37		1.39		
38		1.48		
39		1.57		
40		1.66		
41		1.75		
42		1.85		
43		1.94		
44		2.03		
45		2.12		
46		2.21		
47		2.31		
48		2.40		
49		2.50		
50		2.59		
51		2.68		
52		2.77		
53		2.85		
54		2.93		
55		2.99		
56		3.04		
57		3.07		
58		3.04		
59		3.00		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 67	<u>Elim. Period</u> 365 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.65		
26		0.68		
27		0.71		
28		0.75		
29		0.80		
30		0.84		
31		0.90		
32		0.95		
33		1.01		
34		1.08		
35		1.15		
36		1.22		
37		1.30		
38		1.38		
39		1.46		
40		1.55		
41		1.63		
42		1.72		
43		1.80		
44		1.89		
45		1.97		
46		2.06		
47		2.14		
48		2.23		
49		2.32		
50		2.40		
51		2.48		
52		2.56		
53		2.64		
54		2.71		
55		2.77		
56		2.83		
57		2.87		
58		2.86		
59		2.84		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 67	<u>Elim. Period</u> 730 Days	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.56		
26		0.59		
27		0.62		
28		0.65		
29		0.69		
30		0.73		
31		0.78		
32		0.83		
33		0.88		
34		0.94		
35		1.00		
36		1.06		
37		1.12		
38		1.19		
39		1.26		
40		1.33		
41		1.41		
42		1.48		
43		1.55		
44		1.62		
45		1.69		
46		1.76		
47		1.82		
48		1.89		
49		1.96		
50		2.03		
51		2.10		
52		2.16		
53		2.23		
54		2.29		
55		2.34		
56		2.39		
57		2.44		
58		2.46		
59		2.48		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

☒ Availability of the 730 Day EP is restricted in AR, CT, DE, IA, NJ, OK, PA, TX, UT, VT, VA and WA. Please the "Availability of Selected Policy Features" Section for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u>	<u>Elim. Period</u>	<u>MD/SA Benefits</u>	<u>Smoker</u>	<u>Sex</u>
To Age 65	Not Applicable	Limited	No	All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.15		
26		0.16		
27		0.16		
28		0.17		
29		0.17		
30		0.18		
31		0.18		
32		0.19		
33		0.20		
34		0.21		
35		0.21		
36		0.22		
37		0.23		
38		0.24		
39		0.24		
40		0.25		
41		0.25		
42		0.26		
43		0.26		
44		0.26		
45		0.26		
46		0.26		
47		0.25		
48		0.25		
49		0.24		
50		0.23		
51		0.22		
52		0.21		
53		0.20		
54		0.18		
55		0.17		
56		0.15		
57		0.14		
58		0.12		
59		0.10		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

3% Simple COLA Benefit on Catastrophic Disability Benefit
 Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 67	<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.17		
26		0.17		
27		0.18		
28		0.18		
29		0.19		
30		0.20		
31		0.20		
32		0.21		
33		0.22		
34		0.23		
35		0.24		
36		0.25		
37		0.26		
38		0.27		
39		0.28		
40		0.29		
41		0.29		
42		0.30		
43		0.30		
44		0.31		
45		0.31		
46		0.31		
47		0.31		
48		0.31		
49		0.30		
50		0.29		
51		0.29		
52		0.28		
53		0.26		
54		0.25		
55		0.23		
56		0.22		
57		0.20		
58		0.18		
59		0.16		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Catastrophic Disability Benefit
 Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 65	<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.23		
26		0.24		
27		0.24		
28		0.25		
29		0.25		
30		0.26		
31		0.27		
32		0.27		
33		0.28		
34		0.29		
35		0.30		
36		0.31		
37		0.32		
38		0.33		
39		0.33		
40		0.34		
41		0.34		
42		0.35		
43		0.35		
44		0.35		
45		0.34		
46		0.34		
47		0.33		
48		0.32		
49		0.31		
50		0.30		
51		0.28		
52		0.27		
53		0.25		
54		0.23		
55		0.20		
56		0.18		
57		0.16		
58		0.14		
59		0.12		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML on the 2009 and 2011 Premium Scales,
 IDI2000-P/NC-ML 09 (on the 2009 Premium Scale) and IDI2000-P/NC-ML 11 (on the 2011 Premium Scale)

Association Cases with Group Underwriting Only

CPI COLA Benefit 2008 on Catastrophic Disability Benefit
 Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached

Premium Rates per \$100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

<u>Max. Ben. Period</u> To Age 67	<u>Elim. Period</u> Not Applicable	<u>MD/SA Benefits</u> Limited	<u>Smoker</u> No	<u>Sex</u> All
<u>Issue Age</u>		<u>4A and Higher</u>		
18 - 25		0.25		
26		0.26		
27		0.26		
28		0.27		
29		0.28		
30		0.29		
31		0.30		
32		0.31		
33		0.32		
34		0.33		
35		0.34		
36		0.35		
37		0.36		
38		0.37		
39		0.38		
40		0.39		
41		0.40		
42		0.41		
43		0.41		
44		0.41		
45		0.41		
46		0.41		
47		0.40		
48		0.40		
49		0.39		
50		0.38		
51		0.36		
52		0.35		
53		0.33		
54		0.31		
55		0.29		
56		0.26		
57		0.24		
58		0.22		
59		0.19		

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☒ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.15 for occupational classes 2A to 6A rounded to two decimal places.

SERFF Tracking #:

META-127841651

State Tracking #:**Company Tracking #:**

B11-142 RW (LW)

State:

District of Columbia

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

H111 Individual Health - Disability Income/H111.007 Long Term - Related to marketing with employer or association groups

Product Name:

Individual Health - Disability Income

Project Name/Number:

IDI2000-P/NC-ML - Rates/B11-142 RW

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Attached is the Actuarial Memoranda.
Attachment(s):	Act_Memo_AMA_2009PS.2011PS_V2.pdf ActMemo_Rev_Short_091006.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Certification
Comments:	Attached is the Certification.
Attachment(s):	3. DCCERTNAIC-IDI.pdf
Item Status:	
Status Date:	

METROPOLITAN LIFE INSURANCE COMPANY

New York, New York
NAIC Number 65978

Supplement for Association Coverage for Medical/Dental Residents and Fellows to Actuarial Basis for Premiums for the 2009 and 2011 Premium Scales Dated January 20, 2010 and February 17, 2011, respectively

Individual Disability Income Policy Form

IDI2000-P/NC-ML – Noncancelable Disability Income Policy on the 2009 and 2011 Premium Scales

IDI2000-P/NC-MLF – Noncancelable Disability Income Policy (Franchise) on the 2009 and 2011 Premium Scales

IDI2000-P/NC-ML 09 – Noncancelable Disability Income Policy (2009 Premium Scale)

IDI2000-P/NC-MLF 09 – Noncancelable Disability Income Policy (Franchise) (2009 Premium Scale)

IDI2000-P/NC-ML 11 – Noncancelable Disability Income Policy (2011 Premium Scale)

IDI2000-P/NC-MLF 11 – Noncancelable Disability Income Policy (Franchise) (2011 Premium Scale)

Individual Disability Income Rider and Endorsement Forms

IDI2000-PR/CATDIS – Catastrophic Disability Benefit

IDI2000-PR/G3SC-PO – [3% Simple] Cost of Living Adjustment for Disability Benefits (with Purchase Option)

IDI2000-PR/G3SC – [3% Simple] Cost of Living Adjustment for Disability Benefits

IDIPR08-2 – Cost of Living Adjustment benefit based on the Consumer Price Index (CPI COLA 2008) for individuals and association groups

IDIPR09-01 – CPI COLA 2008 for employee groups with 2 Year Pre-existing Conditions Limitation (Pre-ex)

IDIPR09-02 – CPI COLA 2008 for employee groups with 12 Month Pre-existing Conditions Limitation (Pre-ex)

IDIPR09-03 – CPI COLA 2008 for employee groups without Pre-existing Conditions Limitation (Pre-ex)

IDI2000-PR/RDISA – Monthly Benefit for Residual Disability

IDIPE03-1 – Presumptive Total Disability

IDIPE09-12 – Transitional Your Occupation Benefit (2007 Edition)

IDI2000-PE/YOCC – Your Occupation Benefit

IDIPE04-4 – Pre-existing Conditions Limitation modification 2 years with 5 year look-back

IDIPE04-5 – Pre-existing Conditions Limitation modification 2 years with 12 month look-back

IDIPE04-6 – Pre-existing Conditions Limitation modification 2 years with 6 month look-back

IDIPE04-7 – Pre-existing Conditions Limitation modification 12 months with 12-month look-back

IDIPE04-8 – Pre-existing Conditions Limitation modification 12 months with 6 month look-back

IDIPE04-9 – Pre-existing Conditions Limitation modification 12 months with 3 month look-back

Individual Disability Income Rider and Endorsement Forms (continued)**IDI2000-PE/NOPEC** – Deletion of Pre-existing Conditions Limitation**IDIPE09-08** – [Age 67] Renewal Endorsement**IDIPE09-13** – [Age 67] Renewal Endorsement

This supplement along with the included actuarial memorandum documents compliance of the premium scale for the above captioned policy and rider forms with the minimum benefits standards law for health insurance. (We have included one of the two actuarial memorandums according to the approval status of the 2011 Premium Scale.) This rate filing is not intended to be used for other purposes.

I, Richard N. Ferree, FSA, MAAA, have prepared this memorandum on behalf of Metropolitan Life Insurance Company for the purpose of obtaining approval of the premium scale for the above captioned policy and rider forms from state insurance departments. It may not be distributed to any other party without the consent of Metropolitan Life Insurance Company. Any distribution of this memorandum must be in its entirety.

This rate filing complies with Actuarial Standards of Practice 8 – “Regulatory Filings for Rates and Financial Projections for Health Plans” and 41 – “Actuarial Communications”. Actuarial Standards of Practice 5 – “Incurred health Claims Liabilities”; 12 – “Concern Risk Classification”; 23 – “Data Quality”; 25 – “Credibility Procedures Applicable to Accident and Health Group Term Life and Property/Casualty Coverages”, and 42 – Determining Health and Disability Liabilities Other Than Liabilities for Incurred Claims”, also apply to parts of this filing. This filing is in compliance with those Actuarial Standards of Practice to the extent appropriate.

I, Richard N. Ferree, am Actuary for Metropolitan Life Insurance Company. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the General Qualification Standard of the American Academy of Actuaries for Health Insurance for 2011. I am qualified to render the actuarial opinions and certifications contained herein.

Description of Products

The policy, rider and endorsement forms are the same as contained in the included actuarial memorandum.

We have yet to convert to the 2011 Premium Scale in states that have approved it. This conversion will occur in 2012. State availability of the various policy forms is:

2009 Premium Scale		2011 Premium Scale*	
Policy Form	States	Policy Form	States
IDI2000-P/NC-ML	All except those listed below	IDI2000-P/NC-ML	All except those listed below
IDI2000-P/NC-MLF	Iowa, Ohio and Pennsylvania	IDI2000-P/NC-MLF	Iowa, Ohio and Pennsylvania
IDI2000-P/NC-ML 09	Kansas	IDI2000-P/NC-ML 11	Colorado and Kansas
IDI2000-P/NC-MLF 09	New York	IDI2000-P/NC-MLF 11	Florida, New York
Did not approve 2009 Premium Scale	Florida, Maryland, Ohio, Vermont and Virginia		
* In some states, policy forms IDI2000-P/NC-ML 11 or IDI2000-P/NC-ML 11 have not yet been approved, but we expect that they will be when the 2011 Premium Scale is approved.			

Availability of Products

These products will be offered to resident and fellow physicians and dentists who are members of the contracted medical or dental association. They will be accepted for the base monthly indemnity benefit and ancillary benefits driven by the amount of the base monthly indemnity benefit without regard to health. The Presumptive Total Disability and Catastrophic Disability benefits will have a few “knock-out” questions that will reject persons who would be able to immediately submit a claim on those benefits even though they are currently working.

Pricing Methodology and Actuarial Assumptions

General. Except as described below, the pricing assumptions and methods for these benefits are unchanged from those used to price the currently approved products and benefit riders. The assumptions applicable to this rate filing are unchanged between the 2009 and 2011 Premium Scales.

This risk selection arrangement will typically be offered to young physicians and dentists who are near completion of training and preparing to enter practice. Most persons (probably in excess of 80%) will be in the age band of 28 to 35 years old. These persons are mostly in good health and relaxed risk selection standards may be used.

Using a product with a 24 Month limitation of benefits for disabilities caused by mental, nervous and substance abuse conditions reduces the cost of a significant cause of claims for young persons. Even so, we need to make allowance for addition claims form other causes. We estimate that premiums need to be increased about 11% to cover this additional cost. This value is based on:

the proportions of substandard business and the distribution of equivalent substandard ratings plus the proportion of applications declined for health reasons and the estimated average rating for these applications and estimates of increased applications from unhealthy lives.

Premium Class Variables

The variables of premium class fall into three groups: personal, case and product benefits. The variables of the personal group are: occupational class, gender, issue age, tobacco use status, preferred risk and substandard rating. Case size is the only variable in the case group. It determines the case discount. Examples of product benefits variables are elimination period and maximum benefit period.

Anticipated Loss Ratio

The anticipated loss ratio for these policy forms is 52.6% during the primary renewal period. The first step in computing this loss ratio was discounting the premium payments and benefit payments at 4.50% interest and with anticipated policy persistency. The calculation was completed by dividing the latter discounted value by the former.

Certification

I am a member in good standing of the American Academy of Actuaries, and I meet the General Qualification Standard for Health Insurance.

I certify that we anticipate that the loss ratios for the policy forms included in this memorandum will be at least fifty percent during the primary renewal period when sold on an individual basis. When sold on a

multi-life basis, I certify that we anticipate that the loss ratios for the policy forms included in this memorandum will be at least sixty percent during the primary renewal period.

The NAIC minimum loss ratio for Non-cancelable and Guaranteed Renewable disability income insurance policies is 45%. The NAIC minimum loss ratio for Guaranteed Renewable disability income insurance policies is 50%.

To the best of my knowledge and belief, this filing complies with the applicable laws and regulations in the jurisdiction in which it is filed, and that the premiums are reasonable in relation to the benefit provided.



Richard N. Ferree, FSA, MAAA

Actuary

Metropolitan Life Insurance Company

November 22, 2011

METROPOLITAN LIFE INSURANCE COMPANY

New York, New York
NAIC Number 65978

Actuarial Basis for Revised National 2009 Premium Scale (including premiums for revised policy and rider forms)

Individual Disability Income Policy Forms

IDI2000-P/NC / IDI2000-P/NC 09 – Noncancelable Disability Income Policy

IDI2000-P/NC-RS / IDI2000-P/NC-MN-RS – Noncancelable Disability Income Policy (for Retirement Savings)

IDI2000-P/NC-ML / IDI2000-P/NC-ML 09 – Noncancelable Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-ML-RS / IDI2000-P/ML-MN-RS – Noncancelable Disability Income Policy (for Retirement Savings; with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLF / IDI2000-P/NC-MLF 09 – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLM / IDI2000-P/NC-MLM 09 – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLM-RS – Noncancelable Franchise Disability Income Policy (for Retirement Savings; with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLMX – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLMX-RS – Noncancelable Franchise Disability Income Policy (for Retirement Savings; with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLP-LA/MN – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/NC-MLP-RS / IDI2000-P/MLP-MN-RS – Noncancelable Franchise Disability Income Policy (for Retirement Savings; with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/GR / IDI2000-P/GR 09 – Guaranteed Renewable Disability Income Policy

IDI2000-P/GR-RS / IDI2000-P/GR-MN-RS – Guaranteed Renewable Disability Income Policy (for Retirement Savings)

IDI2000-P/GRF – Guaranteed Renewable Franchise Disability Income Policy

IDI2000-P/GRM / IDI2000-P/GRM 09 – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/GRM-RS – Guaranteed Renewable Franchise Disability Income Policy (for Retirement Savings; with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/GRMX – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/GRMX-RS – Guaranteed Renewable Franchise Disability Income Policy (for Retirement Savings; with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/GRP-LA/MN – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

IDI2000-P/GRP-RS / IDI2000-P/GRP-MN-RS – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)

Individual Disability Income Rider and Endorsement Forms

IDI2000-PR/CATDIS – Catastrophic Disability Benefit

IDI2000-PR/CD – Catastrophic Disability Benefit

IDI2000-PR/CDX – Catastrophic Disability Benefit

IDI2000-PR/L45-TD – Lifetime Monthly Benefit for Total Disability

IDI2000-PR/COLAA-PO – [CPI] Cost of Living Adjustment for Disability Benefits (with Purchase Option)

IDI2000-PR/COLAA – [CPI] Cost of Living Adjustment for Disability Benefits

IDI2000-PR/CL-CPI – [CPI] Cost of Living Adjustment for Disability Benefits

IDI2000-PR/CLX-CPI – [CPI] Cost of Living Adjustment for Disability Benefits

IDI2000-PR/G3SC-PO – [3% Simple] Cost of Living Adjustment for Disability Benefits (with Purchase Option)

IDI2000-PR/G3SC – [3% Simple] Cost of Living Adjustment for Disability Benefits

IDI2000-PR/CL3 – [3% Simple] Cost of Living Adjustment for Disability Benefits

IDI2000-PR/CLX3 – [3% Simple] Cost of Living Adjustment for Disability Benefits

IDIPR08-2 – Cost of Living Adjustment benefit based on the Consumer Price Index (CPI COLA 2008) for individuals and association groups

IDIPR08-3 – CPI COLA 2008 for employee groups with 2 Year Pre-existing Conditions Limitation (Pre-ex)

IDIPR08-4 – CPI COLA 2008 for employee groups with 12 Month Pre-ex

IDIPR08-5 – CPI COLA 2008 for employee groups with 0 Month Pre-ex

IDIPR08-6 – CPI COLA 2008 for employee groups without Pre-ex

IDIPR08-7 – CPI COLA 2008 for employee groups without Pre-ex

IDI2000-PR/RDISA – Monthly Benefit for Residual Disability

IDI2000-PR/RD – Monthly Benefit for Residual Disability

IDI2000-PR/RDX – Monthly Benefit for Residual Disability

IDI2000-PR/RDIS-REC2 – Monthly Benefit for Residual Disability (with 24 Month Recovery Benefit)

IDI2000-PR/RD-REC2 – Monthly Benefit for Residual Disability (with 24 Month Recovery Benefit)

IDI2000-PR/RDX-REC2 – Monthly Benefit for Residual Disability (with 24 Month Recovery Benefit)

IDI2000-PR/RDIS-REC3 – Monthly Benefit for Residual Disability (with 36 Month Recovery Benefit)

IDI2000-PR/RD-REC3 – Monthly Benefit for Residual Disability (with 36 Month Recovery Benefit)

IDI2000-PR/RDX-REC3 – Monthly Benefit for Residual Disability (with 36 Month Recovery Benefit)

IDI2000-PR/GI – Guaranteed Insurability Benefit

IDIPR08-1 – Guaranteed Insurability Option benefit

IDI2000-PR/SIS – Social Insurance Substitute Benefit

IDI2000-PR/SIO – Social Insurance Offset Benefit

IDI2000-PE/TYO-05Y – Transitional Your Occupation Benefit (60 Months)

IDI2000-PE/TYO-10Y – Transitional Your Occupation Benefit (120 Months)

IDI2000-PE/TYO-A65 – Transitional Your Occupation Benefit (To Age 65)

IDI2000-PE/TYOA-05Y – Transitional Your Occupation Benefit (60 Months)

IDI2000-PE/TYOA-10Y – Transitional Your Occupation Benefit (120 Months)

IDI2000-PE/TYOA-A65 – Transitional Your Occupation Benefit (To Age 65)

IDI2000-PE/TYO-5 – Transitional Your Occupation Benefit (60 Months)

IDI2000-PE/TYOX-5 – Transitional Your Occupation Benefit (60 Months)

IDI2000-PE/TYO-10 – Transitional Your Occupation Benefit (120 Months)

IDI2000-PE/TYOX-10 – Transitional Your Occupation Benefit (120 Months)

IDI2000-PE/TYO-65 – Transitional Your Occupation Benefit (To Age 65)

IDI2000-PE/TYOX-65 – Transitional Your Occupation Benefit (To Age 65)

IDIPE07-1 – Transitional Your Occupation Benefit (2007 Edition)

IDI2000-PE/TYO – Transitional Your Occupation Benefit (2007 Edition)

IDI2000-PE/TYOX – Transitional Your Occupation Benefit (2007 Edition)

IDI2000-PR/ROP – Refund of Premium / Good Health Benefit

IDI2000-PE/YOCC – Your Occupation Benefit

IDI2000-PE/MS-LIMIT – Modification of Mental Disorder and/or Substance Abuse Limitations

IDIPR07-1 – Spousal Catastrophic Disability Benefit Rider

This actuarial memorandum documents compliance of the premium scale for the above captioned rider forms with the minimum benefits standards law for health insurance. This rate filing is not intended to be used for other purposes and may not be suitable for those other purposes.

I, Richard N. Ferree, FSA, MAAA, have prepared this memorandum on behalf of Metropolitan Life Insurance Company for the purpose of obtaining approval of the premium scale for the above captioned policy and rider forms from state insurance departments. It may not be distributed to any other party without the consent of Metropolitan Life Insurance Company. Any distribution of this memorandum must be in its entirety.

This rate filing complies with Actuarial Standards of Practice 8 – “Regulatory Filings for Health Plan Entities” and 41 – “Actuarial Communications”. The following Actuarial Standards of Practice also apply to parts of this filing: 5 – “Incurred Health and Disability Claims”; 12 – “Risk Classification”; 23 – “Data Quality”; 25 – “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages”; and 42 – Determining Health and Disability Liabilities Other Than Liabilities for Incurred Claims”. This filing is in compliance with those Actuarial Standards of Practice to the extent appropriate.

I, Richard N. Ferree, am Actuary for Metropolitan Life Insurance Company. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the General Qualification Standard of the American Academy of Actuaries for Health Insurance for 2009. I am qualified to render the actuarial opinions and certifications contained herein.

Policy, Rider and Endorsement Forms in the IDI2000 Series Excluded from the Rate Filing

While the following policy, rider and endorsement forms are part of this product series, the premium rates for them are not being revised.

Excluded Policy, Rider or Endorsement Form	Reason Code
IDI2000-P/NC-MLG-LA – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)	1
IDI2000-P/NC-MLN-LA – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)	1
IDI2000-P/NC-MLP – Noncancelable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous; Louisiana only)	1
IDI2000-P/GRG-LA – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)	1
IDI2000-P/GRN-LA – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous)	1
IDI2000-P/GRP – Guaranteed Renewable Franchise Disability Income Policy (with Limited Benefits for Claims Diagnosed as Mental/Nervous; Louisiana only)	1
IDI2000-PR/LIFE-TD – Lifetime Monthly Benefit for Total Disability	1
IDI2000-PR/COLA-PO – Cost of Living Adjustment for Disability Benefits (with Purchase Option)	1
IDI2000-PR/COLA – Cost of Living Adjustment for Disability Benefits	1
IDI2000-PR/RDIS – Monthly Benefit for Residual Disability	1
IDIFE03-6 – Presumptive Total Disability	2
IDI2000-PE/PDIS – Presumptive Total Disability	1, 2
IDI2000-PE/PD – Presumptive Total Disability	2
IDI2000-PE/PDX – Presumptive Total Disability	2

Excluded Policy, Rider or Endorsement Form (Continued)	Reason Code
IDIPR04-1 – Automatic Increase Benefit	3
IDI2000-PR/LTCGPO – Long-term Care Guaranteed Purchase Option	4
IDI2000-PE/NOPEC – [Preexisting Conditions Limitation Removal] Endorsement	2
IDIPE04-4 – Preexisting Conditions Limitation Endorsement	5
IDIPE04-5 – Preexisting Conditions Limitation Endorsement	5
IDIPE04-6 – Preexisting Conditions Limitation Endorsement	5
IDIPE04-7 – Preexisting Conditions Limitation Endorsement	5
IDIPE04-8 – Preexisting Conditions Limitation Endorsement	5
IDIPE04-9 – Preexisting Conditions Limitation Endorsement	5
IDIPE06-1 – Normal Pregnancy Endorsement	2
IDIPE06-6 – Retirement Savings Endorsement	2
Reason Codes	
1: Product discontinued for New Business 2: No premiums for this benefit or endorsement. 3: No premiums for this benefit or endorsement. The premiums for the additional monthly benefits added will be based on premium scale on which the policy was originally issued. 4: We have chosen not to change these premium rates at this time. 5. No premium charge for this endorsement. Used to address low participation during enrollment of group underwritten case.	

Reason for Change in Premium Scale

Since we began issuing the IDI2000 Series, we have been able to better analyze our morbidity experience. Both our claims incidence rates and claim termination rates are below the level anticipated in the original and in the 2007 premium scales. (The latter premium scale was not approved in seven states.) In addition net investment income yields gradually declined through 2007. Beginning in the second half of 2008 and continuing to the current time, investment markets have been in turmoil with spreads over US Treasuries at unprecedented highs in the post-war period. I have attached appendices that illustrate this decline and the current state.

We have also decided to update our pricing and our contracts to address on-going changes in the federal Old Age, Survivors, Disability Insurance program. (We plan to submit endorsements in most states extending the primary renewal period of the policies in the near future.) The normal retirement age for persons who have not currently reached that age is at least sixty-six and for persons younger than 49 is sixty-seven. So, we have decided to make our policies level premiums to age 67. The premiums in this filing are level to age 67 (unless otherwise indicated). Policies, issued on the 2009 premium scale before the endorsements described above are approved and implemented, will be renewed at the issue age premiums at ages 65 and 66.

Description of Products

Policy Forms

Policy form IDI2000-P/NC is an individual product providing monthly benefits for total disability. It is Noncancelable and Guaranteed Renewable to age 65 and Conditionally Renewable for life while the insured remain gainfully employed full time. It has choices of maximum benefit periods for the monthly income benefit of 24 and 60 months, “to age 65” and “to age 70”. The 60 month and “to age 65” maximum benefit periods are adjusted to comply with the Age Discrimination in Employment Act. It has choices of elimination periods of 30, 60, 90, 120, 180, 365 and 730 days.

“Total Disability” is defined as:

“that due solely to Impairment caused by Injury or Sickness, You are:

1. Before the end of the Regular Occupation Period shown on page 3:
 - a. Prevented from performing the material and substantial duties of Your Regular Occupation;
 - b. Not Gainfully Employed; and
 - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.
2. After the Regular Occupation Period shown on page 3:
 - a. Prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience;
 - b. Not Gainfully Employed; and
 - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.”

Specifications for the “Regular Occupation Period” are given in the Availability section of this memorandum.

There is a death benefit of three times the monthly indemnity of the policy if death occurs at the end of a disability for which at least twelve months of benefits were paid. The policy also waives the payment of premiums while the insured is totally disabled to the end of the primary renewal period or to the next validation date, during the Conditionally Renewable period. In addition, for disabilities receiving benefits for at least twelve months, premiums will be waived for three months following the end of disability. The policy also provides cash benefits for rehabilitation. After a policy has been in-force for six month if the insured donates an organ and become disabled as a result, benefits will be payable as if the insured became disabled through a Sickness.

Policy form IDI2000-P/NC 09 is identical to IDI2000-P/NC and is used for 2009 premium scale in Kansas and New York. Policy forms IDI2000-P/NC-RS and IDI2000-P/NC-MN-RS incorporate retirement savings endorsement language into base contract for Louisiana and Minnesota, respectively. (See endorsement form IDIPE06-6 below). Throughout the remainder of this document these policy forms (Including IDI2000-P/NC) will be collectively referred to as “policy forms IDI2000-P/NC et al”.

Policy form IDI2000-P/NC-ML is an individual product providing monthly benefits for total disability. It is Noncancelable and Guaranteed Renewable to age 65 or five years from issue, if later, and Conditionally Renewable for life while the insured remain gainfully employed full time. It has choices of maximum benefit periods for the monthly income benefit of 24 and 60 months, “to age 65” and “to age 70”. The 60 month and “to age 65” maximum benefit periods are adjusted to comply with the Age Discrimination in Employment Act. They have choices of elimination periods of 30*, 60*, 90, 120*, 180, 365 and 730 days. (* No longer available to Employer / Employee cases.)

“Total Disability” is defined as:

“that due solely to Impairment caused by Injury or Sickness, You are:

1. Before the end of the Regular Occupation Period shown on page 3:
 - a. Prevented from performing the material and substantial duties of Your Regular Occupation;
 - b. Not Gainfully Employed; and
 - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.
2. After the Regular Occupation Period shown on page 3:
 - a. Prevented from performing any occupation for which You are or become

- reasonably fitted by Your education, training or experience;
- b. Not Gainfully Employed; and
- c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.”

Specifications for the “Regular Occupation Period” are given in the Availability section of this memorandum.

This policy contains a limitation on benefits that become payable for disabilities from mental and nervous conditions and substance abuse. The limit on benefits for these disabilities is 24 months over the life of the policy. There is a death benefit of three times the monthly indemnity of the policy if death occurs at the end of a disability for which at least twelve months of benefits were paid. It also waives the payment of premiums while the insured is totally disabled to the end of the primary renewal period or to the next validation date, during the Conditionally Renewable period. In addition, for disabilities receiving benefits for at least twelve months, premiums will be waived for three months following the end of disability. The policy also provides cash benefits for rehabilitation. After a policy has been in-force for six month if the insured donates an organ and become disabled as a result, benefits will be payable as if the insured became disabled through a Sickness.

Policy form IDI2000-P/NC-ML-09 is identical to IDI2000-P/NC-ML and is used for 2009 premium scale in Kansas. Policy forms IDI2000-P/NC-ML-RS and IDI2000-P/ML-MN-RS incorporate retirement savings endorsement language into base contract for Louisiana and Minnesota, respectively (Endorsement for IDIPE06-6).

The policy forms listed in the table below are variations on IDI2000-P/NC-ML. The table shows the differences between each policy form and IDI2000-P/NC-ML.

Policy Form	Difference from IDI2000-P/NC-ML	Availability
IDI2000-P/NC-MLF	None except separate form number to compliance with franchise regulations.	Florida, Iowa, Ohio and Pennsylvania
IDI2000-P/NC-MLF 09		New York
IDI2000-P/NC-MLM	Coverage for Normal Pregnancy disabilities. Contract language addressing issues arising from group underwriting. Variant pages with variable preexisting conditions limitation or no preexisting conditions limitation.*	National
P/NC-MLM-RS		Louisiana policy forms adding RS endorsement language
IDI2000-P/NC-MLMX	Coverage for Normal Pregnancy disabilities. Contract language addressing issues arising from group underwriting. No preexisting conditions limitation.	Florida, Maine, Louisiana, Minnesota, South Dakota and Texas**
IDI2000-P/NC-MLMX-RS		Louisiana policy forms adding RS endorsement language
IDI2000-P/NC-MLG-LA	Coverage for Normal Pregnancy disabilities. Variable preexisting conditions limitation.	Louisiana
IDI2000-P/NC-MLN-LA	Coverage for Normal Pregnancy disabilities. No preexisting conditions limitation.	Louisiana

Policy Form	Difference from IDI2000-P/NC-ML	Availability
IDI2000-P/NC-MLP-LA/MN	Coverage for Normal Pregnancy disabilities. Standard preexisting conditions limitation.	Louisiana and Minnesota
IDI2000-P/NC-MLP-RS		Louisiana policy forms adding RS endorsement language
IDI2000-P/NC-MLP-MN-RS		Minnesota policy forms adding RS endorsement language

* In states not allowing variant policy pages, the variable preexisting conditions limitation will be used.

** States known to not allow variant policy pages; other states will be added as necessary.

Throughout the remainder of this document the Non-cancelable policy forms listed in the table above and policy form IDI2000-P/NC-ML will be collectively referred to as “IDI2000-P/NC-ML et al”. Policy forms IDI2000-P/NC, IDI2000-P/NC 09, etc. are excluded from phrase “policy form IDI2000-P/NC-ML et al”.

Policy form IDI2000-P/GR is an individual product providing monthly benefits for total disability. It is Guaranteed Renewable to age 65 or five years, if later, and Conditionally Renewable for life while the insured remain gainfully employed full time. It has choices of maximum benefit periods for the monthly income benefit of 24 and 60 months, “to age 65” and “to age 70”. The 60 month and “to age 65” maximum benefit periods are adjusted to comply with the Age Discrimination in Employment Act. They have choices of elimination periods of 30*, 60*, 90, 120*, 180, 365 and 730 days. (* No longer available to Employer / Employee cases.)

“Total Disability” is defined as:

“that due solely to Impairment caused by Injury or Sickness, You are:

1. Before the end of the Regular Occupation Period shown on page 3:
 - a. Prevented from performing the material and substantial duties of Your Regular Occupation;
 - b. Not Gainfully Employed; and
 - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.
2. After the Regular Occupation Period shown on page 3:
 - a. Prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience;
 - b. Not Gainfully Employed; and
 - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.”

Specifications for the “Regular Occupation Period” are given in the Availability section of this memorandum.

This policy contains a limitation on benefits that become payable for disabilities from mental and nervous conditions and substance abuse. The limit on benefits for these disabilities is 24 months over the life of the policy. There is a death benefit of three times the monthly indemnity of the policy if death occurs at the end of a disability for which at least twelve months of benefits were paid. They also waive the payment of premiums while the insured is totally disabled to the end of the primary renewal period or to the next validation date, during the Conditionally Renewable period. In addition, for disabilities receiving benefits for at least twelve months, premiums will be waived for three months following the end of disability. The policy also provides cash benefits for rehabilitation. After a policy has been in-force for six

month if the insured donates an organ and become disabled as a result, benefits will be payable as if the insured became disabled through a Sickness.

Policy form IDI2000-P/GR-09 is identical to IDI2000-P/GR and is used for 2009 premium scale in Kansas. Policy forms IDI2000-P/GR-RS and IDI2000-P/GR-MN-RS incorporate retirement savings endorsement language into base contract for Louisiana and Minnesota, respectively. (Endorsement for IDIPE06-6).

The policy forms listed in the table below are variations on IDI2000-P/GR. The table shows the differences between each policy form and IDI2000-P/GR.

Policy Form	Difference from IDI2000-P/NC-ML	Availability
IDI2000-P/GR 09	2009 Premium Scale	Kansas, New York and Ohio
IDI2000-P/GRF	None except separate form number to compliance with franchise regulations.	Florida, Iowa, Ohio and Pennsylvania
IDI2000-P/GRF 09		New York and Ohio
IDI2000-P/GRM	Coverage for Normal Pregnancy disabilities. Contract language addressing issues arising from group underwriting. Variant pages with variable preexisting conditions limitation or no preexisting conditions limitation.*	National
IDI2000-P/GRM-RS		Louisiana policy forms adding RS endorsement language
IDI2000-P/GRMX	Coverage for Normal Pregnancy disabilities. Contract language addressing issues arising from group underwriting. No preexisting conditions limitation.	Florida, Maine, Louisiana, Minnesota, South Dakota and Texas**
IDI2000-P/GRMX-RS		Louisiana policy forms adding RS endorsement language
IDI2000-P/GRG-LA	Coverage for Normal Pregnancy disabilities. Variable preexisting conditions limitation.	Louisiana
IDI2000-P/GRN-LA	Coverage for Normal Pregnancy disabilities. No preexisting conditions limitation.	Louisiana
IDI2000-P/GRP-LA/MN	Coverage for Normal Pregnancy disabilities. Standard preexisting conditions limitation.	Louisiana., Minnesota
IDI2000-P/GRP-RS		Louisiana policy forms adding RS endorsement language
IDI2000-P/GRP-MN-RS		Minnesota policy forms adding RS endorsement language

* In states not allowing variant policy pages, the variable preexisting conditions limitation will be used.

** States known to not allow variant policy pages; other states will be added as necessary.

Throughout the remainder of this document the Guaranteed Renewable policy forms listed in the table above and policy form IDI2000-P/GR will be collectively referred to as “IDI2000-P/GR et al”.

Rider and Endorsement Forms

All riders are renewable according to the term of base policy to which they are attached except that they usually expire on the first premium due date on or after the insured 65th birthday. Some are renewable to the later of first premium due date on or after the insured 65th birthday or the fifth policy anniversary. Currently, they cannot be renewed after that date, but we are developing an endorsement that will permit some riders to be renewed following the end of the guaranteed renewable period. This memorandum will identify the renewal provisions for all riders.

Rider form IDI2000-PR/L45-TD, “Lifetime Monthly Benefit for Total Disability,” extends benefits for total disability after the end of the “to age 65” maximum benefit period for the life of the insured while he or she remains totally disabled. The full monthly indemnity benefit is paid for disabilities beginning before the insured’s 46th birthday. Based on the insured’s age at disability, the benefit payable is 5% lower for each birthday after the 45th until reaching 5% on and after the insured’s 64th birthday.

This rider form cannot be renewed beyond the first premium due date on or after the insured 65th birthday. This benefit essentially is a lifetime maximum benefit period, but no benefits for residual disability will be paid during the extension period.

Rider forms IDI2000-PR/COLAA and IDI2000-PR/COLAA-PO, “Cost of Living Adjustment for Disability Benefits”, provide post-disability increases in the monthly benefit of the policy. The increase is based on the Consumer Price Index for Urban Wage Earners (CPI-W). They have maximum annual increases of seven percent and minimum annual increases of one percent of the previous year’s indemnity, i.e., compound increases. There is no provision for carrying forward any unused CPI increase or unused annual maximum increase. There is no overall maximum increase. Increases end at age 65 or the second anniversary of disability, if later, but previously applied increases continue until the end of disability after increases end.

Rider form IDI2000-PR/COLAA-PO also contains a purchase option at the end of disability. The insured may purchase the increase in monthly indemnity resulting from the operation of the rider. Since rider form IDI2000-PR/COLAA-PO is designed for the individual sale market, this rider is only renewable to the first premium due date on or after the insured 65th birthday.

Rider form IDI2000-PR/COLAA is designed for the employer-employee market where plan design governs the insured’s monthly indemnity benefit. So, this rider is renewable to the first premium due date on or after the insured 65th birthday or the fifth policy anniversary, if later.

Rider forms **IDI2000-PR/CL-CPI** and **IDI2000-PR/CLX-CPI** are variations of rider form IDI2000-PR/COLAA. Rider form IDI2000-PR/CL-CPI has variable preexisting conditions limitation, and form IDI2000-PR/CLX-CPI has no preexisting conditions limitation. Both rider forms are renewable after age 65, or the fifth policy anniversary, if later.

Rider forms IDI2000-PR/COLAA, IDI2000-PR/COLAA-PO, IDI2000-PR/CL-CPI and IDI2000-PR/CLX-CPI use the same premium rates. Premium rates for attained ages 65 and older have been created for rider forms IDI2000-PR/CL-CPI and IDI2000-PR/CLX-CPI.

Rider forms IDI2000-PR/G3SC-PO and IDI2000-PR/G3SC, “Benefit to Increase Monthly Indemnity Following Disability,” provide post-disability increases in the monthly benefit of the policy. The increase is three percent of the Monthly Indemnity of the policy. Increases end at age 65 or the second anniversary of disability, if later, but once increases end, previously applied increases continue until the end of disability.

Rider form IDI2000-PR/G3SC-PO also contains a purchase option at the end of disability. The insured may purchase the increase in monthly indemnity resulting from the operation of the rider. Since rider form IDI2000-PR/G3SC-PO is designed for the individual sale market, this rider is only renewable to the first premium due date on or after the insured 65th birthday.

Rider form IDI2000-PR/G3SC is designed for the employer-employee market where plan design governs the insured's monthly indemnity benefit. So, this rider is renewable to the first premium due date on or after the insured 65th birthday or the fifth policy anniversary, if later.

In addition to increasing the basic monthly indemnity of the policy, the COLA riders (both CPI and 3% simple) will increase benefit payable under the Residual Disability Benefit riders, the Social Insurance Benefit rider and the Transitional Your Occupation Benefit riders. The benefit payable under rider forms IDI2000-PR/G3SC-PO and IDI2000-PR/G3SC are impacted by the Lifetime Monthly Benefit for Total Disability and Monthly Benefit for Total Disability in Your Occupation riders. Only one of rider forms IDI2000-PR/G3SC-PO, IDI2000-PR/COLAA-PO, IDI2000-PR/G3SC and IDI2000-PR/COLAA may be attached to a given policy.

Rider forms **IDI2000-PR/CL3** and **IDI2000-PR/CLX3** are variations of rider form IDI2000-PR/G3SC. Rider form IDI2000-PR/CL3 has variable preexisting conditions limitation, and form IDI2000-PR/CLX3 has no preexisting conditions limitation. Both rider forms are renewable after age 65, or the fifth policy anniversary, if later.

Rider forms IDI2000-PR/G3SC, IDI2000-PR/G3SC-PO, IDI2000-PR/CL3 and IDI2000-PR/CLX3 use the same premium rates at original issue age. Premium rates for attained ages 65 and older have been created for rider forms IDI2000-PR/CL3 and IDI2000-PR/CLX3.

Rider forms IDIPR08-2, etc. “Cost of Living Adjustment for Disability Benefits” provides for increases in Total and Residual Disability benefits if the insured remains disabled for more than 12 months. These increases are based on the Consumer Price Index for all Urban Consumers as compiled by the US Bureau of Labor Statistics.

On each anniversary of disability, MetLife will adjust the Monthly Benefit for Total Disability. (This adjustment will carry through to the benefits for Residual Disability and Transitional Your Occupation if those riders are included in the insured's policy.)

The adjusted monthly benefit is computed by multiplying the monthly indemnity benefit for the policy by the quotient of the CPI-U for June preceding the current anniversary of Disability divided by the CPI-U for June preceding the Date of Disability. From one year to the next, the monthly benefit will not be increased by more than 10%, nor will it be decreased. This amount will be rounded up to the next whole dollar. (The Social Insurance benefit riders have language that applies the COLA benefit to them as well. The language makes the calculation above but substitutes the Social Insurance monthly indemnity for the Monthly Benefit for Total Disability.)

Adjustments to the monthly indemnity end at the later of the Insured's 65th birthday or second anniversary of Disability; however, adjustments made prior to that time will continue to be paid while Disability continues and the Maximum Benefit Period has not been exhausted.

The rider forms differ from each other with respect to the second paragraph of the Time Limit on Certain Defenses provision and also differ with respect to the base contracts. Also, rider form IDIPR08-2 only, which is designed for the individual sale, has the benefit purchase option. This option allows the claimant to purchase for an additional premium any increase due to the operation this rider, so a future claim would start at the level that the current claim ended.

CPI COLA Rider	Market	Time Limit for denying claims due to Pre-existing Conditions	Policy Forms to which the rider will be attached ¹
IDIPR08-2	Individuals and Association Groups	2 years	Older
IDIPR08-3	Employee Groups	2 years	Older
IDIPR08-4	Employee Groups	1 year	Older
IDIPR08-5	Employee Groups	Variable	Newer
IDIPR08-6	Employee Groups	None	Newer
IDIPR08-7	Employee Groups	None	Older

¹ Having updated policy language, the “Newer” policy forms are: IDI2000-P/NC-MLM, IDI2000-P/NC-MLMX, IDI2000-P/GRM, and IDI2000-GRMX. The “Older” policy forms are IDI2000-P/NC, IDI2000-P/NC-ML, IDI2000-P/NC-MLF, IDI2000-P/GR and IDI2000-P/GRF as well as the policy forms available in Louisiana and/or Minnesota only.

Rider forms **IDI2000-PR/RDISA**, **IDI2000-PR/RDIS-REC2**, and **IDI2000-PR/RDIS-REC3**

“Monthly Benefit for Residual Disability,” provide residual disability benefits. The residual disability benefit is generally proportionate to the loss of earnings. An earnings loss of 20% is required to qualify for benefits under this rider as is a continuing loss of functional ability (duties or time) in the insured’s occupation. Appropriate care from an appropriate physician is also required. If the loss of earnings equals or exceeds 75%, the full monthly indemnity benefit of the policy is payable. Prior earnings are indexed to the CPI-W with a minimum annual increase of one percent and a maximum annual increase of seven percent. (This mechanism operates identically to the COLA riders.) Benefits are payable for the shorter of the period of residual disability and of the policy maximum benefit period. These riders also extend the Waiver of Premium benefit to Residual Disabilities.

Rider forms IDI2000-PR/RDIS-REC2 and IDI2000-PR/RDIS-REC3 also have recovery benefits. These benefits last up to 24 and 36 months, respectively, after the end of a period of total or residual disability or for the length of time that the disability benefits were paid, if shorter. The benefit amount is determined by the same formula as the residual disability benefit. The residual riders with the recovery benefit are targeted at those persons that may have suffer a continuing loss of earnings after recovery from a disability as a result of a disability, e.g., physicians, dentists and accountants. Both the residual and recovery benefits would be increased by the COLA benefit if the COLA rider is attached to the policy.

Rider form IDI2000-PR/RDISA is renewable to the first premium due date on or after the insured 65th birthday or the fifth policy anniversary, if later. Rider forms IDI2000-PR/RIS-REC2 and IDI2000-PR/RIS-REC3 are renewable to the first premium due date on or after the insured 65th birthday.

Rider forms **IDI2000-PR/RD** and **IDI2000-PR/RDX** are variations of rider form IDI2000-PR/RDISA. Rider form IDI2000-PR/RD has variable preexisting conditions limitation, and form IDI2000-PR/RDX has no preexisting conditions limitation. Both rider forms are renewable after age 65, or the fifth policy anniversary, if later. All three rider forms use the same premium rates.

Rider forms **IDI2000-PR/RD-REC2** and **IDI2000-PR/RDX-REC2** are variations of rider form IDI2000-PR/RDIS-REC2. Rider form IDI2000-PR/RD-REC2 has variable preexisting conditions limitation, and form IDI2000-PR/RDX-RES2 has no preexisting conditions limitation. Both rider forms are guaranteed renewable to age 65, or the fifth policy anniversary, if later, and are renewable thereafter. All three rider forms use the same premium rates.

Rider forms **IDI2000-PR/RD-REC3** and **IDI2000-PR/RDX-REC3** are variations of rider form IDI2000-PR/RDIS-RES2. Rider form IDI2000-PR/RD-RES3 has variable preexisting conditions limitation, and form IDI2000-PR/RDX-RES3 has no preexisting conditions limitation. Both rider forms are guaranteed renewable to age 65, or the fifth policy anniversary, if later, and are renewable thereafter. All three rider forms use the same premium rates.

Rider forms IDI2000-PR/GI and IDIPR08-1, “Guaranteed Insurability Benefit,” permit the insured to purchase additional base and/or social insurance coverage without evidence of health. Only evidence of financial insurability is required. Options to increase occur annually on the policy anniversary up to the policy anniversary on or next following the insured’s 51st birthday. The amount of increase in the monthly indemnity benefit that the insured can add on each option date is limited to the current “Unit of Increase” for the rider plus the remaining Unit of Increase from the previous Option Date, if any, but not more than the remaining Maximum Total Increase. The Advanced Option Benefit, which is new to rider form IDIPR08-1, allows the insured to exercise any amount up to the remaining Maximum Total Increase on Option Dates occurring before the insured’s fortieth birthday (or the third policy anniversary, if later). The amounts of the COLA and Residual/Recovery benefits would also be increased if the appropriate riders are attached to the policy because the amounts of these benefits are driven by amount of base and social insurance benefits on the policy. This rider expires on the earlier of last option date or the option date on which the overall maximum amount of monthly indemnity is added, and no more premiums will be collected for it.

(If the insured is Disabled when he or she exercises an option, the resulting increase in monthly benefit will not be payable for the then existing Disability.) The minimum increase that can be applied for is the lesser of the Maximum Total Increase or \$200. Each increase applied for must be a multiple of \$50.

Premiums for additions to monthly indemnities resulting from exercise of the options on these two benefits will be based on premium scale on which the policy was originally issued.

Rider forms IDI2000-PR/SIS, “Social Insurance Substitute Benefit” and **IDI2000-PR/SIO**, “Social Insurance Offset Benefit” coordinate with social insurance disability benefits. The coordination with Social Security and workers’ compensation is direct. The coordination with state cash sickness benefits is accomplished through underwriting rules that constrain the elimination period of these riders. The full monthly indemnity is paid for total disabilities during the first twelve months of disability. After the first year of disability, disability benefits from rider form IDI2000-PR/SIS will only be paid if the insured is not receiving any social insurance benefits. After the first year of disability, rider form IDI2000-PR/SIO coordinates with social insurance benefits through a dollar-for-dollar offset. These riders have their own elimination periods, but their maximum benefit periods are tied to the base policy maximum benefit period with the limitation that the maximum benefit period of the social insurance substitute benefit rider cannot exceed the “To Age 65” maximum benefit period. The social insurance substitute benefits will be modified by cost of living adjustment benefit and the residual/recovery benefits.

These rider forms are renewable to the first premium due date on or after the insured 65th birthday. Until we have contract language approved and implemented to renew these riders to age 67, we will renew these riders at ages 65 and 66 at issue age premiums.

Rider form IDI2000-PR/SIO is available in all states except New Jersey and New York. (We may file rider form IDI2000-PR/SIO in New York for use with employer franchise business only.) Rider form IDI2000-PR/SIS is available in New Jersey and New York only.

Rider forms IDI2000-PE/TYO-05Y, IDI2000-PE/TYO-10Y and IDI2000-PE/TYO-A65, “Transitional Your Occupation Benefit,” provide a transitional total disability benefit to insureds that are totally disabled in their regular occupation, but choose to work in a new occupation. The periods for this benefit

are five years, ten years and to age 65, respectively. After the end of the transitional period, the insured may have a continuing loss of income. This would be covered by a residual benefit. A Residual Benefit rider is required to purchase one of these riders because a policy with this transitional your occupation benefit without the residual benefit would have a hole in coverage that would present an opportunity for anti-selection. These riders coordinate with the insured's earnings and other disability income coverage payable to assure that he or she does not receive a windfall as a result of a disability. Windfall claims (from the claimant's perspective) have been a significant part of the financial problems that the individual disability income insurance industry has had for the past ten to fifteen years.

These rider forms are renewable to the first premium due date on or after the insured 65th birthday.

Rider forms IDI2000-PE/TYO-05Y, IDI2000-PE/TYO-10Y and IDI2000-PE/TYO-A65 are available in all states except New Jersey and New York.

Rider forms IDI2000-PE/TYOA-05Y, IDI2000-PE/TYOA-10Y and IDI2000-PE/TYOA-A65, "Transitional Your Occupation Benefit,"(TYOB) are available in New York only and are similar to the national TYOB riders above. In the New York versions the coordination with other coverage is made at the time of underwriting. The fraction of disability coverage is calculated then. If the TYOB becomes payable on a future claim, the TYOB rider will pay its proportionate share. These rider forms have the same premium rates as their respective national versions.

Rider forms IDI2000-PE/TYO-5, IDI2000-PE/TYOX-5, IDI2000-PE/TYO-10, IDI2000-PE/TYOX-10, IDI2000-PE/TYO-65, and IDI2000-PE/TYOX-65 are the group underwriting variations of the Transitional Your Occupation Benefit riders. Nationally, they have the same benefits as the national rider forms, and in New York they follow the New York variations. The rider forms without an "X" in the form number have variable preexisting conditions limitation, and those forms with an "X" in the form number have no preexisting conditions limitation. These rider forms have the same premium rates as their respective national versions. Issue ages 60 and older will use the issue age 59 premium rate, there is no premium charge for these riders after the end of the guaranteed renewable period.

Rider forms IDI2000-PE/TYO-5, IDI2000-PE/TYOX-5, IDI2000-PE/TYO-10, IDI2000-PE/TYOX-10, IDI2000-PE/TYO-65, and IDI2000-PE/TYOX-65 are available in all states except New Jersey.

Rider forms IDIPE07-1, IDI2000-PE/TYO and IDI2000-PE/TYOX, "Transitional Your Occupation Benefit," provide a transitional total disability benefit to insureds that are totally disabled in their regular occupation, but choose to work in a new occupation. These riders coordinate with the insured's earnings and other disability income coverage payable to assure that he or she does not receive a windfall as a result of a disability. Windfall claims (from the claimant's perspective) have been a significant part of the financial problems that the individual disability income insurance industry has had for the past ten to fifteen years.

Benefits are payable while the insured is Transitionally Disabled. The amount of the benefit is the lesser of the insured loss of earnings or of the total monthly indemnity of the policy (including any benefits from the Social Insurance Substitute or Offset benefit riders). Transitional Disability is defined to be:

“that due solely to Impairment caused by Injury or Sickness, You are:

1. “Prevented from performing the material and substantial duties of Your Regular Occupation, but You are Gainfully Employed in another occupation; and
2. “Receiving appropriate care from a physician who is appropriate to treat the condition causing the Impairment.

“We may waive the requirement of care of a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.”

Available maximum benefit periods are five years and to age 65, respectively. The five year maximum benefit period is measured from the beginning of transitional benefits versus the end of the elimination period in the previous versions of this rider. After the end of the transitional period, the insured may have a continuing loss of income. This would be covered by a residual benefit. A Residual Benefit rider is required to purchase one of these riders because a policy with this transitional your occupation benefit without the residual benefit would have a significant hole in coverage that would present an opportunity for anti-selection. (The rider also terminates if the insured chooses to terminate the Residual Disability Benefit rider.)

We have added refunds of premium to these riders to address two situations. The first situation is if the insured’s earned income only exceeds the total monthly benefits of his or her disability coverages by a small amount. (We admit that the differential to trigger this refund is arbitrary, but it would be so no matter the amount selected.) Refunds in this category would be triggered if the insured has had significant drop in earned income from the time of underwriting to the time of claim. This refund has been included to address cases when the benefits of the rider in excess of those that would be provided by the required Residual Disability benefit are relatively small or negative and to address potential compliance with statutory provision, “Relationship of Earnings to Insurance”. The second situation when premiums are refunded is if the benefits paid are reduced by other disability insurance benefits. This seemed necessary to comply with “Insurance with Other Insurers” provision.

These rider forms are renewable to the first premium due date on or after the insured 65th birthday.

Rider form IDIPE07-1 is intended for individually underwritten policies. It has a pre-existing condition limitations provision with fixed periods for the exclusion and look-back periods appropriate for that method of underwriting. Rider forms IDI2000-PE/TYO and IDI2000-PE/TYOX are intended for employer multi-life underwritten uses. The former has variables on the policy schedule page for the exclusion and look-back periods. The latter has no pre-existing conditions limitation provision.

Rider form IDI2000-PE/YOCC, “Your Occupation Benefit,” modifies the definition of Total Disability in the base policy. “Total Disability” is defined as:

“that due solely to Impairment caused by Injury or Sickness, You are:

1. Prevented from performing the material and substantial duties of Your Regular Occupation;
2. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.”

As with the Transitional Your Occupation Benefit riders, a Residual Benefit rider is required to purchase this benefit.

This rider form is renewable to the first premium due date on or after the insured 65th birthday.

Rider form IDI2000-PE/MS-LIMIT, “Modification of Mental Disorder and/or Substance Abuse Limitations” removes the two-year lifetime limit on Mental Disorder and Substance Abuse claims from policy forms containing such a limit.

This rider form is renewable to the first premium due date on or after the insured 65th birthday or the fifth policy anniversary, if later.

Rider form IDI2000-PR/ROP, “Refund of Premium / Good Health Benefit,” pays the insured a benefit on each fifth rider anniversary and at the end of the primary renewal period of the policy. The benefit is calculated as:

50% of premiums less dividends and experience refunds, less claims paid.

If claims are paid during a five year period such that no benefits could be payable from this rider, the premiums for the rider will be waived until the end of the current five-year period. This rider form is renewable to the first premium due date on or after the insured 65th birthday.

This benefit is not available in Connecticut, Florida, New Jersey, New York, Oregon, Pennsylvania, and Tennessee.

Rider form IDI2000-PR/CATDIS, “Catastrophic Disability Benefit”, provides additional monthly benefits in the event of Catastrophic Disabilities. Catastrophic Disability is defined as: that due to Injury of Sickness, the insured:

1. Has a complete, irrecoverable and irreparable loss of use of:
 - a. Both hands, or both feet, or one hand and one foot;
 - b. The sight in both eyes;
 - c. Speech; or
 - d. Hearing in both ears, or
2. Is Totally Disabled and has: Alzheimer’s Disease or other irreversible form of senility or dementia; Aphasia; Hemiparesis; Paraplegia; or Quadriplegia.

(For the latter three conditions, current medical practice does not require total paralysis, or even near total paralysis, to receive this diagnosis. Also, a diagnosis of aphasia does not require the complete loss of the ability to speak or understand spoken or written language. Consequently, we needed to limit benefit payments for persons with these diagnoses to persons who were Totally Disabled.) The first twelve months of benefits are paid at 120% of the Monthly Indemnity for Catastrophic Disability rider, and, thereafter, benefits are paid at 100%.

We, also, incorporate the concept of the Presumptive Total Disability rider (without specifically using the term) and waive the Elimination Period for the benefit if the insured is disabled under point 1 of the definition of Catastrophic Disability, i.e., would meet the definition of Presumptive Total Disability from the rider bearing that name. (While we will issue the Presumptive Total Disability Rider, form IDI2000-PE/PDIS, with all policies containing this rider, we could not use the term “Presumptive Total Disability”, since there is the possibility that through the insured’s request or clerical error the Presumptive Total Disability Rider and the definition of Presumptively Totally Disabled could be removed from the policy.)

Persons who have disabilities that would satisfy the Definition of Catastrophic Disability frequently have significant additional household expenses; this rider addresses this insurable loss.

Rider forms IDI2000-PR/CD and **IDI2000-PR/CDX** are variations of rider form IDI2000-PR/CATDIS. Rider form IDI2000-PR/CL3 has variable preexisting conditions limitation, and form IDI2000-PR/CL3X has no preexisting conditions limitation. Both rider forms are renewable after age 65, or the fifth policy anniversary, if later.

Rider forms IDI2000-PR/CD, IDI2000-PR/CDX, and IDI2000-PR/CATDIS use the same premium rates at original issue age. Premium rates for attained ages 65 and older have been created for rider forms IDI2000-PR/CD and IDI2000-PR/CDX.

Rider forms IDI2000-PR/CD, IDI2000-PR/CDX, and IDI2000-PR/CATDIS are not available in Connecticut.

Rider form IDIPR07-1, “Spousal Catastrophic Disability Benefit” provides similar benefits to approved rider form IDI2000-PR/CATDIS et al. The primary difference between the two riders is the proposed rider insures the policyowner’s spouse (or other person as required by state law).

Spousal Catastrophic Disability is defined as: that due to Injury of Sickness, the insured’s spouse:

1. Has a complete, irrecoverable and irreparable loss of use of:
 - a. Both hands, or both feet, or one hand and one foot;
 - b. The sight in both eyes;
 - c. Speech; or
 - d. Hearing in both ears, or
2. Has Alzheimer’s Disease or other irreversible form of senility or dementia requiring supervision to protect from threats to health and safety due to severe cognitive impairment, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person; or
3. Has Aphasia; Hemiparesis; Paraplegia; or Quadriplegia; and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person.

The Activities of Daily Living referenced in the second and third parts of the definition are: Bathing, Continence, Dressing, Eating, Toileting, and Transferring.

Currently offered policy, rider and endorsement forms not impacted by this rate filing

Policy form IDI2000-P/NC-MLP has been discontinued for new business and was offered only in Louisiana. It is the same as policy form IDI2000-P/NC-ML, but has had the pre-existing conditions limitation removed.

Policy form IDI2000-P/GRP has been discontinued for new business and was offered only in Louisiana. It is the same as policy form IDI2000-P/GR., but has had the pre-existing conditions limitation removed.

Rider form IDI2000-PR-LIFE-TD is similar to the currently offered IDI2000-PR-L45-TD. The difference is the benefit payable after age 65 begins grading down after age 55 and decreases 10% each year until reaching 10% at age 64.

Rider forms IDI2000-PR/COLA and IDI2000-PR/COLA-PO are CPI COLA rider like forms IDI2000-PR/COLAA and IDI2000-PR/COLAA, but the former had potential weakness in the contract language.

Rider form IDI2000-PR/RDIS differs from Rider Form IDI2000-PR/RDISA only in the renewal language. The former is renewable to age 65 versus the later of age 65 for the fifth policy anniversary, if later, for the latter. The former is closed to new business.

Rider forms IDIPE03-6, IDI2000-PE/PD, IDI2000-PE/PDX and IDI2000-PE/PDIS, “Presumptive Total Disability” provide total disability benefits for certain severe disabilities without regard to the claimant’s ability to perform the duties of his or her occupation. Rider form IDIPE03-6 will be always be included with the policy forms in this filing if, during the underwriting process, we can determine that the applicant is not currently subject to such a disability or at high risk in the future. Rider forms IDI2000-PE/PD and IDI2000-PE/PDX have variable and no pre-existing conditions limitation language, respectively.

Rider form IDI2000-PE/PDIS has been discontinued for new business.

Endorsement form IDIPE06-1, “Normal Pregnancy Endorsement,” removes the exclusion in the policies for disabilities caused by normal pregnancies. This provides coverage for this cause of disability.

Endorsement form IDIPE06-6, “Retirement Savings Endorsement,” adds language to the policy providing that benefits from the policy will be paid into a trust having the insured as a beneficiary rather than directly to the insured. Withdrawal from the trust is significantly restricted prior to the insured’s 65th birthday. The restriction on withdrawals allows MetLife to issue more coverage without creating an over-insurance hazard.

Endorsement form IDI2000-PE/NOPEC, “[Preexisting Conditions Limitation Removal] Endorsement” removes the Preexisting Conditions Limitation from the policy and modifies the definition of Sickness to be consistent. This rider does not expire at age 65, but continues as long as the policy remains in force.

Endorsement form IDI2000-PE/NOPEC is not available in Louisiana. Louisiana specific policy forms are issued instead of this endorsement.

Endorsement forms IDIPE04-4, IDIPE04-5, IDIPE04-6, IDIPE04-7, IDIPE04-8, and IDIPE04-9, “Preexisting Conditions Limitation Endorsement” replace the preexisting condition limitation in the policy with less restrictive terms. The differences between the riders are in the length of the of the exclusion period and in the length of the look-back period, i.e., the how recently the condition existed. The following table shows the various look-back and exclusion periods for each endorsement.

Endorsement Form	Look-back Period	Exclusion Period
IDIPE04-4	60 Months	24 Months
IDIPE04-5	24 Months	24 Months
IDIPE04-6	6 Months	24 Months
IDIPE04-7	12 Months	12 Months
IDIPE04-8	6 Months	12 Months
IDIPE04-9	3 Months	12 Months

None of these endorsement forms are available in Louisiana. Some endorsements may not be available in other states.

Rider form IDI2000-PR/LTCGPO, “Option to Purchase Long-term Care Insurance”, permit the insured to purchase a long-term care insurance policy from Metropolitan Life Insurance Company or an affiliate.

Options are on policy anniversaries with insurance ages of the insured of the disability policy evenly divisible by five up to age sixty. No option may be exercised prior to the second policy anniversary. Once an option has been exercised the rider terminates.

The premiums are level and are payable until an option is exercised or the policy anniversary at insurance age sixty of the insured of the disability policy.

The minimum elimination period of the resulting long-term care policy will be one hundred days, or the longest elimination period permitted under state law at the time of exercise. The largest benefit maximum of the resulting long-term care policy will be the equivalent of three years of benefits at the full daily benefit.

The option amounts inflate at three percent compounded annually. The option amounts are rounded to the nearest ten dollars per day. The first option is inflated for four years regardless of the actual number of years from issue to the first option. The next six subsequent options are inflated for an additional five years from issue. I.e.,

$$\text{Option}_n = \text{FaceAmount} * 1.03^{5n-1}, \text{rounded to the nearest ten dollars.}$$

Initially, we will offer face amounts of \$110, \$160 and \$200 per day. The face amount available will depend upon the area of the country in which the applicant lives. Only limited areas will be eligible for the higher amounts (\$160 and \$200) of daily benefit. We will not revise the formula for the actual option amounts without prior approval.

Rider Form IDI2000-PR/LTCGPO is not available in Connecticut and Florida.

Rider form IDIPR04-1, “Automatic Increase Benefit”, increases the monthly indemnity of the policy by an amount specified on the policy schedule page (page 3) on each of the five policy anniversaries while it is in-force. The insured will have the opportunity to request cancellation of an increase during the sixty-day period preceding the increase’s effective date. If the insured is disabled when an increase becomes effective, the increase will not become effective until 30 days following termination of disability.

Initially, the monthly indemnity for each increase (specified on the policy schedule page) will be five percent of the monthly indemnity of the policy and rounded to a multiple of ten dollars. We reserve the right to change the percentage in the previous sentence according to market conditions within the range of three to seven percent.

This rider is renewable to the rider’s fifth anniversary or the date that the insured cancels the second of two consecutive increases. It cannot be renewed after that date.

Like the GIO Benefit riders above, the premiums for the additions to the policy monthly indemnity will be based on the premium scale on which the policy was originally issued.

Availability of Products

Policy Forms

The following table shows the availability of the various policy forms. Unless otherwise specified, references to Occupational Classes 5A and 4A include the medical and dental subclasses (5S, 5I, 5D and 4M).

Policy Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
Market	<ul style="list-style-type: none"> Individual sale (IS) 	<ul style="list-style-type: none"> Employer-employee* Multi-life sale (ML) (may be used in the IS market, if that market demands a product with limited MNAD benefits.) Association Groups* * Using forms approved for Franchise, where required. 	<ul style="list-style-type: none"> Individual sale Employer-employee Multi-life sale* Association Groups* * Using forms approved for Franchise, where required.
Issue Ages (ALB)	18 to 62*	18 to 62* (IS) 18 and Older (ML)	18 to 62* (IS) 18 and Older (ML)
* Issue ages 60 to 62 will only be offered following approval of the endorsements making the policies and attached riders Non-cancelable or Guaranteed Renewable to age 67 (or the fifth policy anniversary, if later, if applicable).			
Occupational Classes	6S, 5A, 4A, 3A and 2A	6S, 5A, 4A, 3A, 2A (IS and ML) 1A and 1B (ML only)	6S, 5A, 4A, 3A, 2A, 1A and 1B

Policy Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
Regular Occupation Periods by Occupational Class			
Maximum Benefit Period	Standard – 6S, 5A, 4A Optional – 3A, 2A	All Occupational Classes (ML) Standard – 6S, 5A, 4A (IS) Optional – 3A, 2A (IS)	All Occupational Classes (ML) Standard – 6S, 5A, 4A (IS) Optional – 3A, 2A (IS)
Five Years following EP	Standard – 3A, 2A	All Occupational Classes (ML) Standard – 3A, 2A (IS)	All Occupational Classes (ML) Standard – 3A, 2A (IS) Optional – 1A (IS)
Three years following EP	Not available	All Occupational Classes (ML) Not Available (IS)	All Occupational Classes (ML) Not Available (IS)
Two years following EP	Not available	All Occupational Classes (ML) Not Available (IS)	All Occupational Classes (ML) Standard – 1A, 1B (IS)
Maximum Benefit Periods by Occupational Class			
To Age 70	All Occupational Classes	6S, 5A, 4A, 3A and 2A	6S, 5A, 4A, 3A and 2A
To Age 67	All Occupational Classes	6S, 5A, 4A, 3A, 2A and 1A (IS and ML) 1B (ML Only)	6S, 5A, 4A, 3A, 2A and 1A (IS and ML) 1B (ML Only)
To Age 65	All Occupational Classes	6S, 5A, 4A, 3A, 2A and 1A (IS and ML) 1B (ML Only)	6S, 5A, 4A, 3A, 2A and 1A (IS and ML) 1B (ML Only)
5 Years	All Occupational Classes	All Occupational Classes	All Occupational Classes
2 Years	All Occupational Classes	All Occupational Classes	All Occupational Classes
Elimination periods will be made available according to the NAIC model (determined by the maximum benefit period) and the rules of the individual states, if more restrictive.			

Rider and Endorsement Forms

This table gives the availability of the various rider forms. Unless otherwise noted, riders are available for issue ages 18 to 59 on an individual sale and association sale bases and for issue ages 18 and older on employer/employee multiple life cases. The riders within a single box are mutually exclusive, i.e., only one of the two or more can be attached to a policy. Also, the COLA riders are mutually exclusive with each other and the Transitional Your Occupation Benefit riders and the Your Occupation Benefit rider are mutually exclusive.

Rider or Endorsement Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
IDI2000-PR/L45-TD Lifetime Monthly Benefit for Total Disability	6S, 5A, 4A and 3A	6S, 5A, 4A and 3A	6S, 5A, 4A and 3A
IDI2000-PR/COLAA-PO IDI2000-PR/COLAA IDI2000-PR/CL-CPI IDI2000-PR/CLX-CPI [CPI] Cost of Living Adjustment for Disability Benefits (1% Min.; 7% Max.)	All Occupational Classes	All Occupational Classes	All Occupational Classes

Rider or Endorsement Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
IDI2000-PR/G3SC-PO IDI2000-PR/G3SC IDI2000-PR/CL3 IDI2000-PR/CLX3 [3% Simple] Cost of Living Adjustment for Disability Benefits	All Occupational Classes	All Occupational Classes	All Occupational Classes
IDIPR08-2, IDIPR08-3 IDIPR08-4, IDIPR08-5 IDIPR08-6, IDIPR08-7 [CPI] Cost of Living Adjustment for Disability Benefits (0% Min.; 10% Max.)	All Occupational Classes	All Occupational Classes	All Occupational Classes
IDI2000-PR/RDISA IDI2000-PR/RD IDI2000-PR/RDX IDI2000-PR/RDIS-REC2 IDI2000-PR/RD-REC2 IDI2000-PR/RDX-REC2 IDI2000-PR/RDIS-REC3 IDI2000-PR/RD-REC3 IDI2000-PR/RDX-REC3 Monthly Benefit for Residual Disability	All Occupational Classes	All Occupational Classes (ML) 6S, 5A, 4A 3A, 2A (IS)	All Occupational Classes (ML) 6S, 5A, 4A 3A, 2A (IS)
IDI2000-PR/GI IDIPR08-1 Guaranteed Insurability Benefit	All Occupational Classes Issue Ages 18 to 49	Occupational. Classes 6S to 2A Issue Ages 18 to 49	Occupational Classes 6S to 2A Issue Ages 18 to 49
IDI2000-PR/SIS , Social Insurance Substitute Benefit	All Occupational Classes	All Occupational Classes	All Occupational Classes
IDI2000-PR/SIO , Social Insurance Offset Benefit	All Occupational Classes	All Occupational Classes	All Occupational Classes
IDI2000-PE/TYO-05Y IDI2000-PE/TYOA-05Y IDI2000-PE/TYO-5 IDI2000-PE/TYOX-5 IDI2000-PE/TYO-10Y IDI2000-PE/TYOA-10Y IDI2000-PE/TYO-10 IDI2000-PE/TYOX-10 IDI2000-PE/TYO-A65 IDI2000-PE/TYOA-A65 IDI2000-PE/TYO-65 IDI2000-PE/TYOC-65 Transitional Your Occupation Benefit	6S, 5A and 4A	6S, 5A and 4A	Not available

Rider or Endorsement Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
Rider forms IDIPE07-1, IDI2000-PE/TYO and IDI2000-PE/TYOX Transitional Your Occupation Benefit (2007)	6S, 5A and 4A	6S, 5A and 4A	Not available
IDI2000-PE/YOCC Your Occupation Benefit	6S, 5A and medical and dental professionals in 4A	6S, 5A and medical and dental professionals in 4A	Not available
IDI2000-PE/MS-LIMIT Modification of Mental Disorder and/or Substance Abuse Limitations	Not Available	All Occupational Classes ML only – minimum case size required	All Occupational Classes ML only – minimum case size required
IDI2000-PR/ROP Refund of Premium / Good Health Benefit	All occupational. Classes	All occupational. classes	All occupational. classes
IDI2000-PR/CATDIS IDI2000-PR/CD IDI2000-PR/CDX Catastrophic Disability Benefit	All occupational classes	All occupational classes	All occupational classes
IDIPR07-1 Spousal Catastrophic Disability Benefit	Non-employed spouses: rated as occupational class 1A	Non-employed spouses: rated as occupational class 1A	Non-employed spouses: rated as occupational class 1A

Currently offered rider form(s) not impacted by this rate filing

Rider or Endorsement Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
IDIPE06-1 Normal Pregnancy Endorsement	All occupational classes	All occupational classes	All occupational classes
IDIPE06-6 Retirement Savings Endorsement	All occupational classes	All occupational classes	All occupational classes
IDIPE03-6 IDI2000-PE/PD IDI2000-PE/PDX Presumptive Total Disability	Always attached subject to satisfactory health	Attached when sufficient information is collected to determine if health is satisfactory	Attached when sufficient information is collected to determine if health is satisfactory
IDI2000-PE/NOPEC [Preexisting Conditions Limitation Removal] Endorsement	Not Available	Attached on employer/employee multi-life cases meeting size and participation requirements. All issue ages	Attached on employer/employee multi-life cases meeting size and participation requirements. All issue ages

Rider or Endorsement Form(s)	IDI2000-P/NC et al	IDI2000-P/NC-ML et al	IDI2000-P/GR et al
IDIPE04-4, IDIPE04-5, IDIPE04-6, IDIPE04-7, IDIPE04-8, IDIPE04-9 Preexisting Conditions Limitation Endorsement	Not Available	Attached on employer/employee multi-life cases meeting size and participation requirements. All issue ages	Attached on employer/employee multi-life cases meeting size and participation requirements. All issue ages
IDI2000-PR/LTCGPO Option to Purchase Long-term Care Insurance	All occupational classes Issue ages 18 to 55	All occupational classes Issue ages 18 to 55	All occupational classes Issue ages 18 to 55
IDIPR04-1 , Automatic Increase Benefit	All occupational classes Issue ages 18 to 55	Occupational. Classes 6S to 2A Issue ages 18 to 55	Occupational. Classes 6S to 2A Issue ages 18 to 55

Pricing Methodology

Because the proposed premium scale has been developed from first principles, this document will stand on its own. At times we will contrast the current pricing assumptions with the original and 2005 pricing assumptions.

Primary Renewal Period

The premium rates are determined by calculating a benefit net premium for \$100 monthly indemnity by dividing the present value at issue of the benefit payments by the present value of an annuity of one (on annual mode) weighted by modal factors and proportions of business in each mode. These calculations are made for the base monthly indemnity benefits and for those benefits with the various COLA benefits. The pricing model was revised to calculate premium rates for level premiums to age 67 (versus age 65 for the original and 2007 pricing) or the fifth policy anniversary, if later.

The pricing is tested by using discounted statutory capital flows. At the pricing cell level, the in-force policies were projected using the policy termination assumption. To this in-force, the morbidity assumption was applied producing benefit payments and claim and additional reserves by policy year. From the stream of benefit payments, the premium rates for the basic monthly indemnity benefits (with waiver of premium) and COLA Benefits were calculated. The projections of the premiums, benefit payments and reserves balances were preserved at the pricing cell level.

The cash and reserve items are then weighted by a model office of a single year of sales and summarized to produce an aggregate model of these items. From this policy year model, commissions, expenses, taxes and risk capital were calculated and then added to the model to produce the year by year projections of the capital flows that were then discounted to determine whether the pricing satisfied our requirements. Various formulae for premium rates were tested until we found one that met the competing requirements of statutory minimum loss ratios, competitiveness, and profitability.

Subsidy of Female Rates and Unisex Prices

The differential between male and female premium rates made unisex premium rates problematical, i.e., with the typical discount a male could often purchase an undiscounted policy at retail at a lower premium than it would be on a discounted unisex premium basis. Consequently, it was necessary to reduce the difference between male and female premium rates to mitigate this problem. The adjustments to male and female premiums were such that total premium revenue was approximately unchanged based on MetLife

sales of individually underwritten business. The full adjustments were applied at issue ages under 40. The adjustments were graded off at issue ages between 40 and 55.

Two separate blending scales have been created – one for use with employer business and the other with unisex association cases and for Montana. Both blending scales are based on our actual proportions of males and females in the particular segments under consideration; the experience was adjusted for future increases in female participation in the workforce to produce the blending scales. In addition, for employer multi-life business we have some loads in the premiums. These loads address the differing patterns of morbidity in this business resulting from group underwriting.

Conditionally Renewable Period

The conditionally renewable period premium rates are on an attained age scale up to age 74. At ages 75 and after, the age 77 premium rates are used. (The expected volume did not warrant more precision.) These premium rates were computed by dividing the annual claim costs by the target loss ratio (65%).

For policies on the 2009 premium scale, the first age to be used will be attained age 67. We show ages 65 and 66 in the rate filing for policies issued on the original and 2007 premium scales.

Compliance with the Age Discrimination in Employment Act, which applies to employer multi-life cases, appears to require certain riders to be renewable after the end of the primary renewal period. We have included those premium rates in this filing. Except for the differences required by a one-year term premium versus a level premium and for the higher required loss ratio, the formulas and methods for the premium rates for attained ages 65 and older are the same as those that are applicable to all issue ages.

Actuarial Assumptions and Methods

We have updated several key pricing assumptions. These assumptions have been changed because the quality of available information about them has improved. We will note those assumptions and methods that have not been changed.

The actuarial assumptions are:

- Policy Termination Rates,
- Morbidity,
- Discount Rate and Net Investment Yield,
- Inflation Rates,
- Recommended Reserves,
- Commissions,
- Expenses and Taxes,
- Federal and State Income Taxes, and
- Risk Capital.

The actuarial methods are:

- Tobacco Use,
- Subsidy of Female Rates and Unisex Prices,
- Guaranteed Renewable Products,
- Multi-life Case Pricing, and
- Pricing of Ancillary Benefits.

We have discontinued the Preferred Risk rating factor. We have achieved over 99% compliance with respect to submission of income documentation making the non-preferred rating class moot.

Policy Termination Rates

A simple lapse table was developed from our experience of lapses weighted by premium that graded from eleven percent in the first policy year to four and one-half percent in the tenth and later policy years. Starting at age 55 the lapse rates begin grading up to ten percent at age 63 and 16 percent at age 69. We chose to ignore differences by occupational class and issue age. Using these additional variables could have introduced anomalies into the premium rates.

Morbidity

The first part of setting the morbidity assumption is aligning our underwriting occupational classes with the classes in the base morbidity table. The basic table used for pricing individual disability insurance is the 1985 CIDA. Its occupational classes are number 1 through 4 and they could be described as white collar, gray collar, light blue collar and dark blue collar. MetLife's corresponding occupational classes are 6S through 3A, 2A, 1A, and 1B.

The starting points for our morbidity was the 1985 CIDA table, the CIDC modifications to the CIDA table and the Society of Actuaries Individual Disability Experience Committee (IDEC) table, January, 2005.

The claim termination rates are based on MetLife experience on individual disability policies. For the most part the claim termination rates are lower than the 1985 CIDA table, but they are higher than the CIDC table in the first year of disability. (The exception is the third and fourth years of disability during which claim termination experience equals the CIDA table.). The difference in MetLife experience at years 5 and later appears to be improved disabled life mortality. MetLife experience ultimate claim termination rate are less than half of those in the 1985 CIDA table.

The incidence rates were modified 1985 CIDA. The modifications to the table were for occupational class differences and for underwriting selection, applicant anti-selection, and current experience. The modifications were developed from MetLife experience and were validated against the IDEC table. Modifications to the 1985 CIDA incidence rates use MetLife occupational class, policy year, elimination period, attained age, sex and the presence of lifetime and of COLA benefits as parameters.

The morbidity described herein aggregates tobacco users and tobacco non-users.

Discount Rate and Net Investment Yield

The annuity values and benefit payments were discounted at 6.00% interest to calculate the premium rates.

To test the pricing, a net investment income yield of 5.75% was used. This NII yield is consistent with currently achievable yields for the IDI portfolio.

The Net Investment Income assumption presents a significant risk in the pricing. The NII yield is down from the original pricing but is unchanged from that which would have been appropriate for pricing for the years 2003 to 2007. Starting in the second half of 2008 investment markets became embroiled in turmoil. Yields on US treasury obligations have fallen dramatically while spreads on corporate bonds have soared. (See appendices 1A and 1B.) While in a couple of years we expect bond yields to return to the level experienced in 2003 to 2007 (or higher), we are concerned by the possibility that corporate spreads will narrow with US Treasury bonds yields staying at their current depressed levels. In this investment environment earning achieving sufficient investment income would be difficult.

Inflation Rate

We have continued the 5.00% inflation assumption in the original CPI COLA riders, forms IDI2000-PR/COLA et al, having a 7% maximum and 1% minimum annual increases. We have set the rate above the mid-range because the financial results rider will be strongly influenced by inflation that will occur after 2018. By 2018, the net investment returns of the assets backing the reserves will be locked in absent an immunization strategy.

For the new CPI COLA riders, forms IDIPR-08-2 et al, we have assumed 3.50% because of the immunization strategy, which we have developed. We acknowledge the conflict between the assumptions, but we have the following points in our defense:

- The original CPI COLA riders fit poorly with the instruments being purchased to immunize the new CPI COLA riders.
- The original CPI COLA riders are being phased out as the new CPI COLA riders are approved by the states. I expect very little of the original COLA rider to be issued on the 2009 premium scale.

The three percent simple “COLA” rider has benefits guaranteed by contract and does not reference an outside index. Consequently, it does not need a CPI assumption.

Recommended Reserves

Claim reserves use the modified disability termination rates described above at 4.00% interest (the maximum rate allowed for whole life insurance). These claim reserves satisfy the current minimum reserve standard that termination rates used in the third year of disability and after produce reserves that are greater than or equal to those produced by the prescribed table. Claim Settlement Expense Reserves are four and one quarter percent of the claim reserves.

Additional reserves use the modified disability termination rates and the 1985 CIDA incidence rates with the 2001 CSO mortality table at 4.00% interest using the two-year preliminary term reserve method. For additional reserves the 1985 CIDA incidence rates will have some, but not all, of the modifications used for pricing. IDI Actuarial has recommended to the Valuation Actuary that the modifications for age, sex and the presence of lifetime and of COLA benefits to the 1985 incidence rates from the pricing be included in the statutory valuation. An analysis of these reserves versus minimum reserves has not yet been made, but we have the ability to hold up annual statement reserves to minimum standards.

Commissions and Distribution Channel Overhead Expenses

We currently have four distribution channels: MetLife Career Agency, New England Financial General Agency, General American (mostly personally producing general agents), and brokerage. Each channel has a unique commission scale. These commission scales were blended based on an estimate of the future proportions of business from the various channels.

The four distribution channels also have different patterns of overhead. These were also blended according to the method and assumptions described above.

Expenses and Taxes

Operating expenses and operating taxes other than premium tax were allocated to various expense drivers: policies issued, premium issued, policies in-force, claims paid, claims incurred and expenses incurred.

Consistent with our experience, premium taxes were assumed to be two percent of premiums received.

Federal and State Income Taxes

The aggregate rate for federal and state income taxes is 36.5% of taxable income. Taxable income substitutes tax reserves for annual statement reserves and adds DAC proxy income. Tax reserves were computed using the assumptions for the annual statement reserves except interest used 4.25% instead of 4.00%. The DAC proxy income is the net of the “deferral” amount and the amortization thereof. The deferral is 7.7% of premiums. This amount is amortized over eleven years.

Risk Capital

Risk capital is based on MetLife’s internal capital allocation formula for Noncancelable disability income insurance, which is based on the NAIC formula. This produces significantly higher capital than a marginal NAIC formula would produce. The risk capital factors are significantly higher than those used in the original pricing. The NAIC has boosted the C2 and C4 factors for individual disability insurance, and MetLife has increased the RBC Ratio that it wants to maintain.

Tobacco Use

The premium rates calculated according to the methods described in this memorandum need to be adjusted for tobacco use of the insured. Tobacco use has two impacts on morbidity. First is the direct impact of tobacco-use related ailments. Second is the indirect impact of tobacco use on non-tobacco-use ailments. The relative cost of the former would be higher in the lower cost occupational classes while the relative cost of the latter would be similar throughout the various occupational classes. For this reason, we set a differential of twenty percent between tobacco-users and non-tobacco-users in Occupational Classes 6S, 5A, and 4A. The differential is fifteen percent for Occupational Classes 3A and 2A and is ten percent for Occupational Classes 1A and 1B. The proportions of tobacco-users and non-tobacco-users were developed from our recent sales distributions.

Guaranteed Renewable Products

The Guaranteed Renewable premium rates are twelve percent lower than the equivalent Noncancelable premium rates. This change has two components. The first is a reduction in the morbidity assumption, and the other is a reduction in risk capital requirements.

Multi-life Case Pricing

There are four sources of savings for an employer-sponsored multi-life case. The first is lower premium billing and collection costs. The second is lower risk selection costs. The third is lower distribution costs on larger cases. The last source of savings is lower morbidity costs. Each of these factors impacts larger cases more than smaller cases.

We have identified three reasons for the lower morbidity costs. The first is there is less anti-selection at issue. Because the plan is designed for the entire case, there is less opportunity for an individual to anti-select at issue. The second is potentially lower after-tax replacement ratios in spite of higher issue and participation limits. This could result from a case choosing to insure less than the full issue and participation limits and from some persons having a second job the income from which is not insured. The third reason is many persons who purchase insurance in this manner seem to be less aware (as compared to an individual sale) of the coverage provided by the policy and they do not utilize it as much, i.e., they do not stop working as readily.

Pricing of Ancillary Benefits

Sixty-day Elimination Period. The sixty-day elimination period basic rates were not reasonable using the above methods. They are a blend of the thirty-day elimination period premium rates and the ninety-day elimination period rates. The weights used are seventy percent and thirty percent, respectively.

Cost of Living Adjustment Benefits. The premium rates for the COLA benefits were calculated using the same methods as for base monthly indemnity benefits except the base monthly indemnity benefits were projected with annual COLA increases using the 90 day elimination period. The premium rates were calculated as the difference between the premium rates with and without the COLA benefits.

Residual Disability Benefits. Factors were set empirically for the value of residual benefits versus base monthly indemnity benefits. These factors were based on professional judgment. These factors were applied to the base monthly indemnity benefit premium rates and to the COLA benefit premium rates.

Social Insurance Offset and Substitute Benefits. The premium rates for the Social Insurance Offset and Social Insurance Substitute Benefits have two components. The first component is a short-term supplemental benefit, i.e., up to the end of the first year of disability. The second component is the longer term benefit that is contingent on social insurance benefits.

Graded Lifetime Benefits. These benefits were modeled like base monthly indemnity benefits with allowances for the potentially decreased benefits payable after age 65. The adjustments to the incidence rates for lifetime benefits were based on the IDEC table incidence rates and were increased to allow for the decreased termination rates observed for lifetime benefits.

The Your Occupation and the Transitional Your Occupation Benefits. The premium rates were for these benefits were calculated from the base monthly indemnity premium rates and the COLA benefit premium rates with factors to allow for the nature of these benefits to emphasize the tails of claims.

Regular Occupation Periods. The regular occupation period applies to the total disability benefit of the policy; it is the period during which the insured's ability to work is measured against his or her regular occupation. The premium rates for the "standard" regular occupation period are adjusted by a differential premium rate for the cost of the optional regular occupation period. The differential premium rate will be positive, if the optional regular occupation period is longer than the standard period, and negative, if it is shorter.

Limited Benefits for Mental, Nervous, Alcohol and Drug Claims. The premium rates for contracts with limited benefits for MNAD claims were calculated from the premium rates for contracts with full MNAD claims by multiplying the latter premium rates by empirical factors based on professional judgment.

Guaranteed Insurability Option Benefit. The premium rates for the GIO Benefit were based on the premium rates for the underlying benefit multiplied by an empirical factor based on professional judgment.

Catastrophic Disability Benefit and Spousal Catastrophic Disability Benefit. Morbidity for the Catastrophic Disability Benefit was developed by examining claims that had selected causes of disability based on ICD 9 codes. These claims were evaluated for eligibility for benefit payments under the definition of Catastrophic Disability. A continuance table was produced versus the underlying disability benefit from the resulting data. This continuance table was then used to model Catastrophic Disability benefits and calculate premium rates.

Refund of Premium Benefit. A simple model was developed for this benefit to determine its cost.

Presumptive Total Disability Benefit. The cost of the Presumptive Total Disability benefit is negligible as long as risks are selected to prevent an applicant whom already has such a condition from receiving a policy.

Preexisting Conditions Limitation Removal Endorsement. The cost of this endorsement is considered in the pricing of the multi-life case.

Premium Class Variables

The variables of premium class fall into three categories: personal, case and product benefits. The variables of the personal class are: occupational class, gender, issue age, tobacco use status and substandard rating.

The variables for type of case category differ depending on whether the case is individually sold, employer-sponsored or association-sponsored. For individually sold cases there are no other variables. Type of employer, expected case size, level of employer contribution, expected participation rate, level of producer compensation, after-tax replacement ratio and sex distribution are the variables in the employer-sponsored case category. For association-sponsored cases, the level of producer compensation and the type of sponsor are the variables. For the latter two types of cases, these variables determine the case discount.

Examples of product benefits variables are elimination period and maximum benefit period.

Anticipated Loss Ratio

The anticipated loss ratio for the Non-cancelable policy forms is 52.6% during the primary renewal period when sold on an individual basis. The anticipated loss ratio for the Guaranteed Renewable policy forms is 56.6% during the primary renewal period when sold on an individual basis. The first step in computing this loss ratio was discounting the premium payments and benefit payments at 4.00% interest and with anticipated policy persistency. The calculation was completed by dividing the latter discounted value by the former.

The anticipated loss ratio for the Conditionally Renewable period, which follows the primary renewal period is 65.0%. This is the factor used to convert the annual renewable term premium rates for benefits to corresponding gross premium rates.

Certification

I, Richard N. Ferree, am Actuary for Metropolitan Life Insurance Company. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the General Qualification Standard of the American Academy of Actuaries for Health Insurance for 2009. I am qualified to render the actuarial opinions and certifications contained herein.

I certify that we anticipate that the loss ratios for the policy forms included in this memorandum will be at least fifty percent during the primary renewal period when sold on an individual basis. When sold on a multi-life basis, I certify that we anticipate that the loss ratios for the policy forms included in this memorandum will be at least sixty percent during the primary renewal period. In addition, I certify that we anticipate loss ratios of at least sixty-five percent during the conditionally renewable period.

The NAIC minimum loss ratio for Noncancelable and Guaranteed Renewable disability income insurance policies is 45%. The NAIC minimum loss ratio for Guaranteed Renewable disability income insurance policies is 50%.

To the best of my knowledge and belief, this filing complies with the applicable laws and regulations in the jurisdiction in which it is filed, that the premiums are reasonable in relation to the benefit provided, and that the premiums are not unfairly discriminatory.



Richard N. Ferree, FSA, MAAA

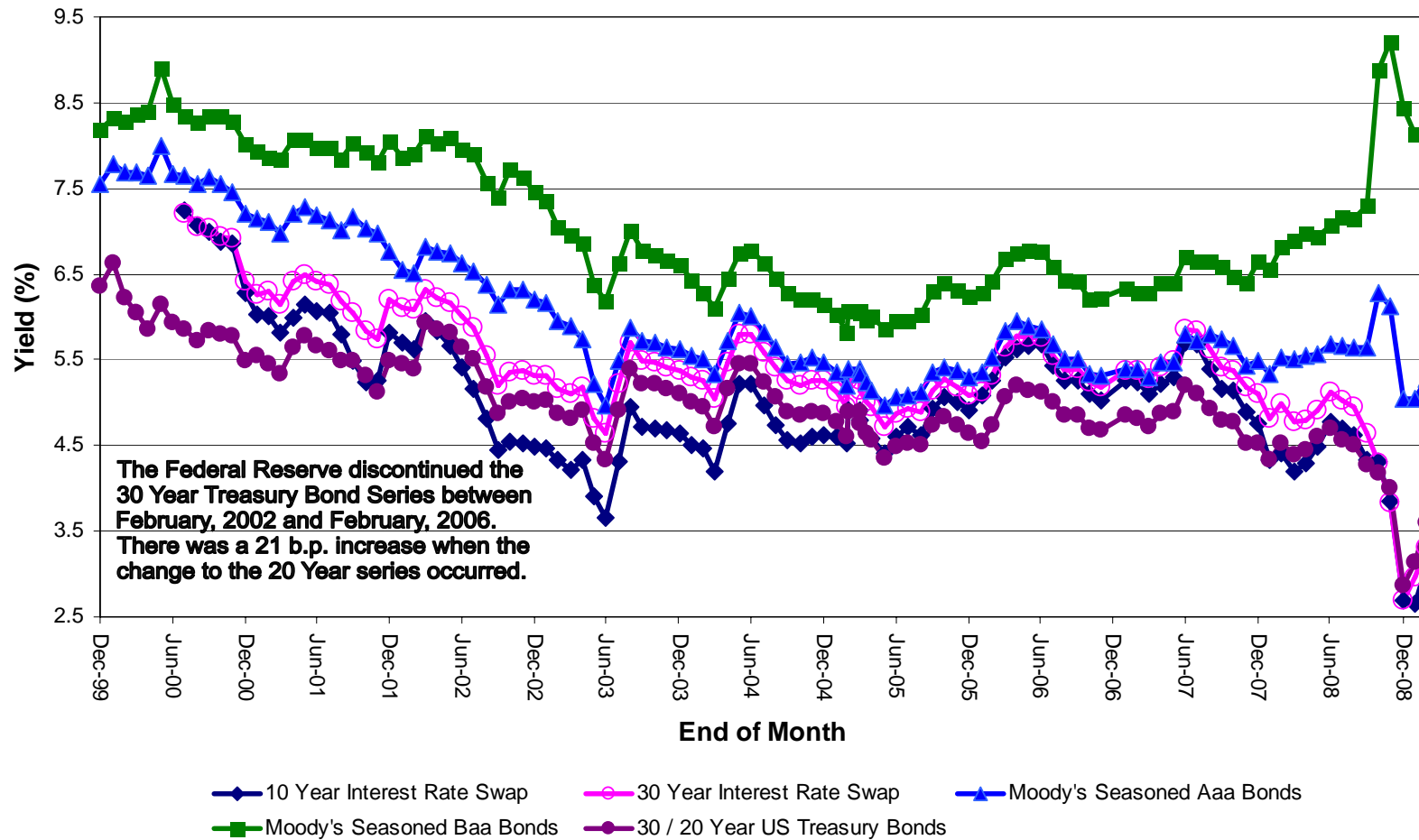
Actuary

Metropolitan Life Insurance Company

October 6, 2009

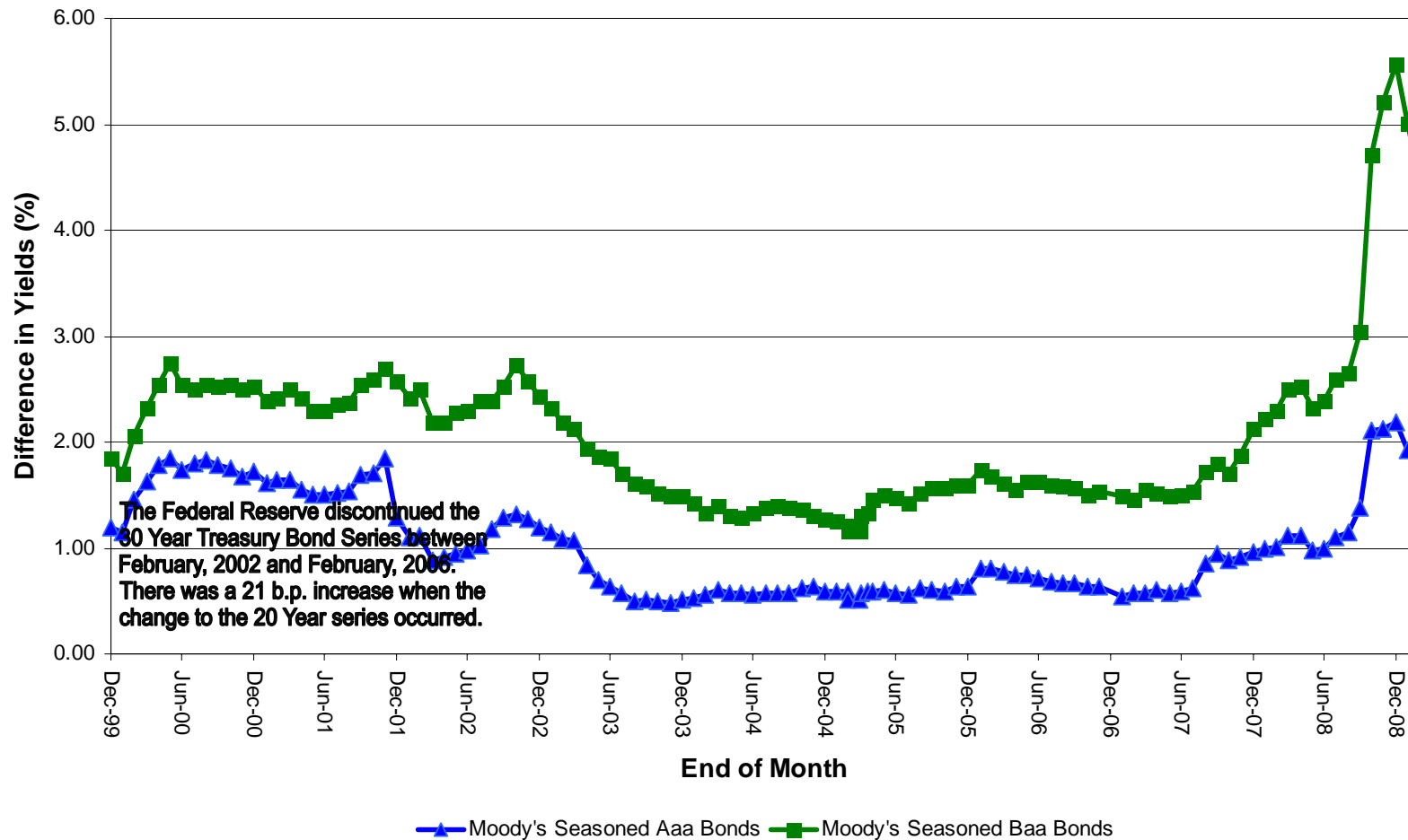
Appendix 1A — Investment Yields

Long Term Yields
Compounded Semiannually; Before Investment Exp. and Default Charges



Appendix 1B — Investment Spreads on US Treasury Bonds

Corporate Bond Spreads Since July, 2000
 Compounded Semiannually; Before Investment Exp. And Default Charges



**Appendix 2 — Analysis of Premium Changes Resulting from the 2009 Premium Scale
(Based on 2008 Sales Distribution)**

Non-cancelable Policies – IDI2000-P/NC et al and IDI2000-P/NC-ML et al (Revised May 12, 2009)

	Individually Sold and Association Business									Employer Sponsored			All Business		
	Females			Males			Fem. & Mal. Combined			Unisex			All		
	Mean Increases			Mean Increases			Mean Increases			Mean Increases			Mean Increases		
	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009
Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	
By Occupational Class															
6S	222	-11.6%	-19.9%	798	-11.5%	-19.6%	1,020	-11.5%	-19.7%	3,961	-8.0%	-16.9%	4,981	-8.7%	-17.4%
5A	904	4.4%	5.8%	2,953	1.4%	2.6%	3,856	2.1%	3.4%	826	1.3%	2.0%	4,870	2.2%	3.4%
4A	238	-4.7%	-4.5%	561	-3.3%	-3.0%	799	-3.7%	-3.4%	734	-4.6%	-4.4%	1,533	-4.0%	-3.8%
3A	231	7.8%	7.8%	439	4.0%	5.1%	670	5.2%	6.0%	573	5.6%	5.4%	1,243	5.3%	5.8%
2A	186	-0.3%	-0.3%	157	3.3%	3.3%	343	1.5%	1.5%	105	1.9%	6.6%	448	1.6%	2.2%
All	1,781	1.8%	1.7%	4,908	-0.6%	-1.0%	6,688	0.0%	-0.3%	6,199	-5.7%	-12.4%	13,075	-2.2%	-5.4%
By Issue Age															
27	355	19.5%	20.4%	579	9.4%	9.5%	934	13.6%	14.1%	428	16.7%	15.4%	1,433	14.1%	14.2%
32	539	12.5%	13.5%	1,472	7.9%	8.3%	2,011	9.3%	9.9%	623	11.6%	8.2%	2,723	9.6%	9.6%
37	398	3.3%	3.4%	1,309	1.9%	1.8%	1,707	2.3%	2.2%	1,046	3.3%	-2.4%	2,777	2.5%	1.0%
42	230	-5.6%	-6.0%	722	-4.6%	-5.1%	952	-4.8%	-5.3%	1,169	-5.3%	-12.0%	2,125	-5.0%	-8.0%
47	157	-13.3%	-14.7%	462	-8.7%	-9.8%	619	-9.9%	-11.0%	1,155	-10.3%	-17.2%	1,774	-10.1%	-14.4%
52	65	-19.3%	-20.8%	241	-9.8%	-11.0%	306	-11.5%	-12.8%	894	-11.5%	-18.5%	1,200	-11.5%	-16.7%
57	37	-17.3%	-19.3%	122	-6.4%	-8.2%	159	-8.4%	-10.2%	577	-8.7%	-16.2%	736	-8.6%	-14.1%
62	0			1	-4.0%	-4.0%	0			254	-7.4%	-15.3%	254	-7.4%	-15.3%
67	0			0			0			53	14.0%	4.3%	53	14.0%	4.3%
All	1,781	1.8%	1.7%	4,908	-0.6%	-1.0%	6,688	0.0%	-0.3%	6,199	-5.7%	-12.4%	13,075	-2.2%	-5.4%

Occupational classes 5A and 4A include the medical and dental subclasses 5S, 5I, 5D and 4M. There are 188 unisex association (and Montana) policies in occupational class 5A which are not shown separately, but are included in the "All Business" columns

**Appendix 2 — Analysis of Premium Changes Resulting from the 2009 Premium Scale
(Based on 2008 Sales Distribution)**

Guaranteed Renewable Policies – IDI2000-P/GR et al (Revised May 12, 2009)

	Individually Sold Business									Employer Sponsored			All Business		
	Females			Males			Fem. & Mal. Combined			Unisex			All		
	Mean Increases			Mean Increases			Mean Increases			Mean Increases			Mean Increases		
	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009
Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	Num- ber of Policies	Scale to 2007 Scale	Scale to Original Scale	
By Occupational Class															
6S	45	-16.5%	-24.5%	108	-12.9%	-21.0%	153	-14.1%	-22.2%	461	-6.6%	-15.6%	614	-8.1%	-17.0%
5A	64	-4.2%	-4.2%	175	-5.7%	-5.7%	239	-5.4%	-5.4%	61	2.0%	2.0%	300	-4.3%	-4.3%
4A	111	-5.3%	-5.3%	173	-5.3%	-5.3%	284	-5.3%	-5.3%	125	-5.2%	-5.2%	409	-5.3%	-5.3%
3A	236	2.9%	1.7%	267	1.5%	0.3%	502	2.0%	0.7%	127	7.6%	8.4%	629	2.8%	1.9%
2A	1,459	-2.3%	-2.3%	2,208	1.9%	1.9%	3,667	0.2%	0.2%	48	1.1%	5.8%	3,715	0.2%	0.3%
1A	89	-14.5%	-14.5%	266	-4.0%	-4.0%	355	-6.3%	-6.3%	64	-8.2%	20.5%	419	-6.5%	-3.3%
1B	18	-17.8%	-17.8%	97	-4.4%	-4.4%	115	-6.2%	-6.2%	20	3.7%	36.6%	135	-4.4%	0.0%
All	2,022	-3.5%	-4.1%	3,294	-1.7%	-2.3%	5,315	-2.4%	-3.0%	906	-4.1%	-8.1%	6,221	-2.8%	-4.1%
By Issue Age															
27	383	9.4%	9.3%	601	6.6%	6.5%	984	7.8%	7.6%	83	13.1%	25.1%	1,067	8.4%	9.5%
32	398	5.1%	4.2%	705	4.7%	3.9%	1,103	4.8%	4.0%	99	10.2%	10.9%	1,202	5.4%	4.7%
37	399	-1.3%	-2.1%	713	0.5%	0.1%	1,112	-0.1%	-0.7%	156	2.8%	-1.0%	1,268	0.3%	-0.7%
42	321	-6.3%	-6.9%	551	-3.3%	-4.2%	872	-4.3%	-5.1%	173	-4.4%	-9.0%	1,045	-4.3%	-6.0%
47	301	-10.8%	-11.3%	407	-6.8%	-7.5%	708	-8.2%	-8.8%	156	-7.7%	-12.8%	864	-8.1%	-9.8%
52	167	-9.9%	-11.1%	248	-4.7%	-5.1%	415	-6.4%	-7.0%	140	-10.5%	-14.4%	555	-7.6%	-9.3%
57	52	-9.7%	-9.8%	69	-5.7%	-6.1%	121	-6.8%	-7.1%	68	-6.8%	-12.1%	189	-6.8%	-9.0%
62	0			0			0			29	-1.0%	-9.7%	29	-1.0%	-9.7%
67	0			0			0			2	14.5%	16.1%	2	14.5%	16.1%
All	2,022	-3.5%	-4.1%	3,294	-1.7%	-2.3%	5,315	-2.4%	-3.0%	906	-4.1%	-8.1%	6,221	-2.8%	-4.1%



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

DISTRICT OF COLUMBIA CERTIFICATION RE: NAIC GUIDELINES

Re: Filing No. B11-142 RW
National Premium Scale for Individual Disability Income Policies and Riders

To the best of my knowledge and judgment, this filing meets the requirements of the NAIC guidelines.

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz
Vice President

Date: December 15, 2011