

APPLICANT'S EXHIBIT **3**

Hearings Unit Case No. 16-0002

Office of the Insurance Commissioner

POLICY SCHEDULE

GENERAL POLICY INFORMATION

Name of Insured: LEO J DRISCOLL
Date of Birth: 11/14/1926
Policy Effective Date: August 1, 2002
(Effective 12:01 AM)
Effective Date of this Schedule: August 1, 2012

SS#: XXX-XX-8482
Age: 75 Years
Policy Number: 09852450

This Policy was issued in the state of Washington.

BENEFITS

Lifetime Benefit Maximum (as of the Effective Date of this Schedule)	\$325,324.50**
**the amount shown does not reflect any claims paid or payable	
Nursing Facility Care Daily Benefit Maximum	\$178.26 per day
Home and Community-Based Care Daily Benefit Maximum	\$89.13 per day
Benefit Waiting Period	90 days

This policy is sufficient to provide at least 5 years of benefits.

SUPPLEMENTAL BENEFITS

Caregiver Training	Lifetime Maximum of \$891.30
Respite Care	Maximum of 24 Days in any 12 Month Period
Durable Medical Equipment	Lifetime Maximum of \$8,913.00
Emergency Response System	Maximum of up to \$35.00 per Month up to 36 Months
Initial Installation Fee	Maximum of up to \$75.00

OPTIONAL BENEFITS

Shared Care Option	Rider is attached to the Policy
Inflation Protection Option	Rider is attached to the Policy

PREMIUM SUMMARY

Basic Benefits	\$5,477.51
Optional Benefit(s):	
Shared Care	\$31.22
Inflation Protection Option	\$138.43
Total Monthly Premium	\$468.28
Total Monthly Premium With Spousal Discount	\$421.45
Elected Payment Mode	MONTHLY
Total Modal Premium	\$421.45

**THIS POLICY SCHEDULE REPLACES ANY POLICY SCHEDULE AND ANY SCHEDULE OF
ADDITIONAL BENEFITS AND PREMIUMS PREVIOUSLY ISSUED TO YOU**

APPLICANT'S EXHIBIT **4**

Hearings Unit Case No. 16-0002

Office of the Insurance Commissioner

POLICY SCHEDULE

GENERAL POLICY INFORMATION

Name of Insured: MARY T DRISCOLL

SS#: XXX-XX-3249

Date of Birth: 08/15/1931

Age: 71 Years

Policy Effective Date: August 1, 2002

Policy Number: 09852468

(Effective 12:01 AM)

Effective Date of this Schedule: August 1, 2012

This Policy was issued in the state of Washington.

BENEFITS

Lifetime Benefit Maximum (as of the Effective Date of this Schedule) \$325,324.50**

**the amount shown does not reflect any claims paid or payable

Nursing Facility Care Daily Benefit Maximum \$178.26 per day

Home and Community-Based Care Daily Benefit Maximum \$89.13 per day

Benefit Waiting Period 90 days

This policy is sufficient to provide at least 5 years of benefits.

SUPPLEMENTAL BENEFITS

Caregiver Training Lifetime Maximum of \$891.30

Respite Care Maximum of 24 Days in any 12 Month Period

Durable Medical Equipment Lifetime Maximum of \$8,913.00

Emergency Response System Maximum of up to \$35.00 per Month up to 36 Months

Initial Installation Fee Maximum of up to \$75.00

OPTIONAL BENEFITS

Shared Care Option Rider is attached to the Policy.

Inflation Protection Option Rider is attached to the Policy

PREMIUM SUMMARY

Basic Benefits \$3,835.93

Optional Benefit(s):

Shared Care \$21.86

Inflation Protection Option \$121.72

Total Monthly Premium \$327.94

Total Monthly Premium \$295.14
With Spousal Discount

Elected Payment Mode MONTHLY

Total Modal Premium \$295.14

**THIS POLICY SCHEDULE REPLACES ANY POLICY SCHEDULE AND ANY SCHEDULE OF
ADDITIONAL BENEFITS AND PREMIUMS PREVIOUSLY ISSUED TO YOU**

APPLICANT'S EXHIBIT **5**

Hearings Unit Case No. 16-0002

Office of the Insurance Commissioner

Page ATTACHMENT TO 10/21/2015 G-Mail
Received From Pat

October 9, 2015

*****AUTO**MIXED AADC 085 4 709

Leo Driscoll
Patrick Driscoll
412 W Alderwood Avenue
Spokane, WA 99218-2802



Re: Notice of Long Term Care Insurance Premium Adjustment for Policy 09852450

Dear Leo Driscoll:

This letter is to inform you that we are implementing a 22.69% premium increase on your long term care insurance policy which was issued in Washington. This premium increase was filed jointly by Metropolitan Life Insurance Co. (MetLife), as well as TIAA-CREF Life Insurance Company and Teachers Insurance and Annuity Association of America (jointly referred to as TIAA-CREF) and authorized by the appropriate state regulator. The increase affects a broad group of policyholders and does not target individuals based on personal factors such as age, health status or claims history. This increase does not distinguish between insureds whose coverage transferred to MetLife and insureds whose coverage remained with TIAA-CREF. The decision to implement an additional premium increase was a difficult one and not taken lightly.

It is important that you be aware that as explained on the first page of your policy, and subject to any applicable regulatory approval, MetLife or TIAA-CREF, as applicable, reserves the right to increase rates in the future, subject to applicable law. As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History.

This letter explains the change to your premium, which is scheduled to take place on the date indicated below which coincides with your Policy Anniversary date. Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider.

Your current and new premium amounts

The premium amount for your Long Term Care Insurance policy is scheduled to increase as follows, on the date indicated below:

Current Premium Amount	New Premium Amount beginning on August 1, 2016
\$421.45/Monthly	\$517.06/Monthly

Options to consider

Please note that the current coverage and premium provided in this letter is as of September 3, 2015. This may not reflect any coverage changes that have occurred or are scheduled to occur between this date and the effective date of your increase.

1. **Continue ~~your~~ current coverage by paying the new premium amount when due.**
No additional action is required by you.

2. Reduce your coverage:

- **Reduce your Nursing Facility Care Daily Benefit from \$206.37 to \$180.00.** This will bring you to a revised premium of approximately \$429.51/Monthly.
- **Reduce your Lifetime Benefit Maximum from 5 Years to 3 Years.** This will bring you to a revised premium of approximately \$448.99/Monthly.

(Please note that the Lifetime Benefit Maximum above does not reflect claims paid or payable. In addition, for certain optional riders to remain in effect, both policyholders must maintain identical coverage.)

3. Cancel your coverage:

If you elect to cancel your coverage at any time between the date of this letter and 120 days following the due date for the New Premium Amount, you will be issued a Limited Coverage Upon Lapse Endorsement ("LCUL") which provides limited coverage. *(Please note that this limited coverage is not intended to replace coverage you currently have.)* The amount of coverage will be the greater of the sum of all premiums paid prior to cancellation ~~or~~ 30 times the amount of the nursing facility care daily benefit in effect immediately prior to your cancellation date. The limited coverage provided under LCUL will not exceed the remaining Lifetime Benefit Maximum in effect immediately prior to your cancellation date.

Note: If your policy includes the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL"), the LCUL Endorsement pays the same benefits as those provided for if you are eligible for benefits under CBUL. We will not pay benefits under both CBUL and the LCUL endorsement. Once this limited coverage rider goes into effect, your policy will be considered "paid-up" with no further premiums due.

4. Call the customer service team at (888) 748-4824 between the hours of 8:00 a.m. and 11:00 p.m. Eastern Time, Monday through Friday, to discuss other options that may be available to you.

Next Steps

As you consider any coverage changes, it is important that you review the current costs of long term care in your area. We have enclosed information to help you with this process.

- If you choose to maintain your current coverage at the new premium, you do not need to take any action at this time. Simply pay your new premium when it becomes due.
- If you choose to decrease or cancel your coverage, we request that you return your Coverage Change Form to us by November 9, 2015 so we can process your request to coincide with the premium increase date. Should you need more time to decide on a coverage decrease, you may request a decrease in writing at any time.

Please note that any changes in your coverage between now and your policy anniversary date when the new premium goes into effect will be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. We want to thank you for choosing to plan for your future long term care insurance needs.

Sincerely,



Thomas Reilly
Director, Product Management & Compliance

Encl. Coverage Change Form
Cost of Care Chart
Business Reply Envelope

*Metropolitan Life Insurance Company ("MetLife") is the Insurer only for those TIAA-CREF Life Insurance Company ("T-C Life") and Teachers Insurance and Annuity Association of America ("TIAA") policyholders who have accepted the transfer of their Long Term Care coverage to MetLife. MetLife is the administrator for all other T-C Life and TIAA policyholders.

MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013	0-18% 0-58%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013	0-42% 0-102%
Individual LTC*****	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2011	2013	0-88%
Individual LTC	LTC2007	2008-2011	2013	0- 58%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015	0-41% 0-73%****
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015	0-41% 0-73%****
Individual LTC	LTC-TCLI-O4	2000-2004	2012 2015	0-41% 0-73%****
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0- 45%

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters "ML."

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

****Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

*****Beginning in 2009, MetLife applied a new premium rate schedule to individual long-term care insurance policy forms available for sale in this and other states, where approved. The premiums applicable to any policy that will be issued or modified upon your application for coverage are based on the new premium rate schedule. Please note, however the insureds issued coverage on this policy form prior to the new premium rate schedule applied in 2009 were subject to the rate increase noted in the above chart.

Metropolitan Life Insurance Company
 as insurer, or as administrator for TIAA-CREF Life
 Insurance Company and Teachers Insurance
 and Annuity Association of America*

Long Term Care Insurance Coverage Change Form

Leo Driscoll

Policy # 09852450

New Premium Amount Date: August 1, 2016

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

Please use this form to request decreases in your long term care insurance coverage or to cancel your policy. We recommend that you review the enclosed information on the Cost of Care chart. If you have any questions, you can speak with a customer service team member at **(888) 748-4824**, available between the hours of 8:00 a.m. and 11:00 p.m., Eastern Time, Monday through Friday.

Coverage Decrease Options

- Reduce my Nursing Facility Care Daily Benefit Amount from \$206.37 to \$180.00. This will change my premium from \$517.06/Monthly to \$429.51/Monthly.
- Reduce my Lifetime Benefit Maximum duration from 5 Years to 3 Years. This will change my premium from \$517.06/Monthly to \$448.99/Monthly.
- Other _____
-
- Please CANCEL my policy. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Endorsement (LCUL). *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.*

Please note you may not be able to increase benefits in the future without providing evidence of insurability. If your policy includes a Survivor Waiver or Shared Care rider, please note that both policyholders must maintain identical coverage in order for these to remain in effect. Please refer to your policy for additional detail.

I understand the policy change(s) I have selected above. I agree that any change(s) will become effective on the policy anniversary date coinciding with the premium increase. (Cancellations will be processed consistent with the terms of your policy and any applicable endorsements.)

Signature: _____

Date: _____

Please return signed form by November 9, 2015 to:

**Metropolitan Life Insurance Company
 Long Term Care
 PO Box 14634
 Lexington, KY 40512-4634**

Phone: (888) 748-4824

Fax: (866) 314-5612

*Metropolitan Life Insurance Company ("MetLife") is the insurer only for those TIAA-CREF Life Insurance Company ("T-C Life") and Teachers Insurance and Annuity Association of America ("TIAA") policyholders who have accepted the transfer of their Long Term Care coverage to MetLife. MetLife is the administrator for all other T-C Life and TIAA policyholders.

L0715429876(exp0716)[All States][DC]

Summary of 2014 Long Term Care Costs



MetLife

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

You may discover it is more expensive than you thought.

Average Annual Rates

Region ¹	State	Nursing Home Semi-Private Room	Assisted Living Facility ²	Home Care ³
Anchorage	AK	\$135,243	\$73,297	\$34,840
Montgomery	AL	\$65,576	\$46,979	\$21,866
Little Rock-North Little Rock	AR	\$64,788	\$49,173	\$24,258
Tucson	AZ	\$78,862	\$49,826	\$29,081
Phoenix-Mesa	AZ	\$82,457	\$49,437	\$28,275
Los Angeles-Orange County	CA	\$96,123	\$56,657	\$28,678
San Francisco-Oakland	CA	\$103,332	\$59,593	\$33,332
San Diego	CA	\$104,281	\$53,797	\$28,119
Colorado Springs	CO	\$84,352	\$55,356	\$30,719
Hartford	CT	\$153,260	\$57,815	\$30,095
Bridgeport-Stamford-Norwalk	CT	\$164,582	\$71,961	\$32,357
District of Columbia-Baltimore	DC	\$115,599	\$66,852	\$27,625
Wilmington-Atlantic City-Philadelphia	DE	\$122,111	\$66,421	\$29,848
Miami-Fort Lauderdale	FL	\$96,010	\$42,589	\$21,775
Orlando	FL	\$99,108	\$50,585	\$25,675
Atlanta	GA	\$74,792	\$49,199	\$24,271
Honolulu	HI	\$116,085	\$64,141	\$30,082
Des Moines	IA	\$75,343	\$50,608	\$31,473
Boise City	ID	\$88,308	\$43,932	\$27,287
Chicago-Gary-Kenosha	IL	\$94,305	\$58,995	\$28,652
Springfield	IL	\$67,080	\$65,498	\$26,520
Indianapolis	IN	\$84,727	\$49,053	\$26,468
Wichita	KS	\$68,846	\$51,444	\$29,042
Lexington	KY	\$69,558	\$47,192	\$26,182
Shreveport-Bossier City	LA	\$59,838	\$35,955	\$31,330
Baton Rouge	LA	\$67,766	\$45,547	\$27,404
Boston-Worcester-Lawrence	MA	\$134,138	\$70,489	\$33,345
Baltimore-District of Columbia	MD	\$115,599	\$66,852	\$27,625
Portland	ME	\$115,085	\$75,641	\$30,589
Grand Rapids-Muskegon-Holland	MI	\$96,470	\$50,920	\$28,392
Detroit-Ann Arbor-Flint	MI	\$98,729	\$55,830	\$27,521
Minneapolis-St. Paul	MN	\$102,007	\$46,222	\$35,880

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

Average Annual Rates

Region 1	State	Nursing Home Semi-Private Room	Assisted Living Facility 2	Home Care 3
St. Louis	MO	\$67,656	\$51,832	\$26,676
Kansas City	MO	\$70,730	\$51,944	\$25,831
Jackson	MS	\$71,463	\$41,102	\$20,930
Billings	MT	\$79,844	\$47,285	\$26,520
Charlotte-Gastonia-Rock Hill	NC	\$83,698	\$49,209	\$24,843
Raleigh-Durham-Chapel Hill	NC	\$83,990	\$64,175	\$24,908
Fargo-Moorhead	ND	\$110,767	\$32,136	\$36,907
Omaha	NE	\$83,176	\$51,215	\$29,497
Manchester-Nashua	NH	\$116,081	\$60,200	\$30,069
Northern New Jersey-New York-Long Island	NJ	\$138,452	\$74,327	\$29,211
Albuquerque	NM	\$87,282	\$54,581	\$29,146
Las Vegas	NV	\$73,161	\$43,165	\$26,741
Albany-Schenectady-Troy	NY	\$127,268	\$62,961	\$31,135
Syracuse	NY	\$118,289	\$41,911	\$31,564
New York-Long Island-Northern New Jersey	NY	\$138,452	\$74,327	\$29,211
Columbus	OH	\$83,443	\$57,223	\$28,444
Cleveland-Akron	OH	\$89,469	\$55,638	\$26,429
Tulsa	OK	\$56,809	\$46,822	\$30,277
Oklahoma City	OK	\$57,772	\$44,562	\$26,026
Portland-Salem	OR	\$102,912	\$51,070	\$28,665
Pittsburgh	PA	\$98,232	\$50,734	\$28,392
Philadelphia-Wilmington-Atlantic City	PA	\$122,111	\$66,421	\$29,848
Providence-Fall River-Warwick	RI	\$115,906	\$62,112	\$35,711
Columbia	SC	\$78,084	\$54,357	\$23,413
Sioux Falls	SD	\$76,913	\$41,071	\$31,161
Rapid City	SD	\$79,001	\$45,285	\$30,147
Memphis	TN	\$72,682	\$53,087	\$23,153
Nashville	TN	\$90,111	\$48,196	\$24,388
Dallas-Fort Worth	TX	\$58,670	\$49,144	\$26,091
Houston-Galveston-Brazoria	TX	\$65,525	\$54,567	\$28,119
Salt Lake City-Ogden	UT	\$82,800	\$49,423	\$30,953
Richmond-Petersburg	VA	\$84,746	\$62,617	\$25,896
Burlington	VT	\$116,555	\$54,049	\$31,564
Seattle-Tacoma-Bremerton	WA	\$117,979	\$55,903	\$33,085
Madison	WI	\$96,134	\$48,457	\$35,139
Milwaukee-Racine	WI	\$110,062	\$49,275	\$29,809
Charleston	WV	\$105,058	\$51,856	\$25,662
Casper	WY	\$81,822	\$44,994	\$40,079
Cheyenne	WY	\$86,994	\$48,798	\$38,974

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

2 - Assisted Living Facilities based on 1 Bedroom

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

Source:
LTCG 2014 Cost of Care Study,
Release date January 2015

These costs reflect 2014 prevailing market costs.

MetLife

Metropolitan Life Insurance Company
New York, NY 10166

L0315414202[exp 0416]

APPLICANT'S EXHIBIT **6**

Hearings Unit Case No. 16-0002

Office of the Insurance Commissioner

Leo and Mary Driscoll
4511 E. North Glenngrae Ln.
Spokane, WA 99223

December 11, 2015

CREF
TIAA-LIFE INSURANCE Company
730 Third Avenue
New York, N. Y. 10017

Metropolitan Life Insurance Company
1095 Avenue of the Americas
New York, N. Y. 10036

Ladies and Gentlemen;

This letter relates to individual Long-Term Care Insurance (LTCI) policies issued in 2002 and currently insured by TIAA-CREF Life Insurance Company ("T-C Life") that insure against LTCI risks to be incurred by the undersigned Leo J. Driscoll ("Leo") (Policy No. 09852450) and the undersigned Mary T. Driscoll ("Mary") (policy No. 0985468). Metropolitan Life Insurance Company ("MetLife") advises that it is the administrator of such policy forms.

In October 2015, Leo's son, Pat Driscoll received in the mail a written notice from MetLife bearing date of October 9, 2015, advising of a 22.69% class rate increase in the premiums of Policy No. 09852450 and like policies. A copy of such notice was later forwarded by Pat to Leo.

That notice includes information as to the monthly payment increase of Policy No. 09852450 and options relating thereto. However, it does not provide information as to the monthly payment increase of Policy No. 09852468 and/or options relating thereto.

Neither Leo nor Mary otherwise directly received written notice of that increase (and of options relating thereto) at our residence address listed in the header above, causing us to wonder whether the records of T-C Life and of MetLife have been properly updated during the ten years + since we moved to 4511 E. North Glenngrae Ln., Spokane, WA 99223.

We ask that T-C Life and MetLife forthwith provide us with the following information:

1. A copy of the MetLife's October 9, 2015 written notice of the 22.69% premium-rate increase which specifies the amount of the monthly payment increase of Policy No. 09852468 issued to Mary and specifies the nature and costs of the options available relating thereto.
2. Written confirmation confirming that the records of MetLife and of T-C Life each reflect that 4511 E. North Glenngrae Ln., Spokane, WA 99223 is the current mailing address of Leo and of Mary.

3. A copy of the insurer's customary form for Mary's use in designating an additional person who, in addition to Mary, is to timely receive information from the insurer that materially affects the policy issued to Mary (e.g., notice of change in premiums, failure to receive a premium payment, etc.)

Thank you.

Leo J. Driscoll

Mary T. Driscoll