

APPLICANT'S EXHIBIT **7**

Hearings Unit Case No. 16-0002

Office of the Insurance Commissioner

Metropolitan Life Insurance Company
as insurer or administrator for TIAA-CREF Life
Insurance Company and Teachers Insurance and
Annuity Association of America*
P.O. Box 990028
Hartford, CT 06199-0028

MetLife®

December 28, 2015

Leo J. Driscoll
Mary T. Driscoll
4511 E. North Glenngrae Lane
Spokane, WA 99223

Policy #s: 09852450/09852468

Dear Mr. and Mrs. Driscoll:

Why we are contacting you

This letter is in response to your correspondence dated December 11, 2015 addressed to Metropolitan Life Insurance Company, ("MetLife"). You stated an updated change to your address resulting in correspondence not being received, due to an incorrect address on file.

What you need to know

- We have updated your current address as: 4511 E. North Glenngrae Lane, Spokane, WA 99223.
- The Notice of Long Term Care Premium adjustment letters are enclosed for you and Mrs. Driscoll include coverage change form (s) with available decrease options. A signed coverage decrease form can be returned to MetLife up to 30 days prior to the new premium effective date of August 1, 2016.
- A lapse designee form for Mary Driscoll is enclosed to be completed and returned.

Mr. and Mrs. Driscoll, we apologize for any inconvenience caused and we appreciate you writing in to us with your concerns. We hope we have satisfactorily resolved the issues.

Please contact me directly with any additional questions or concerns at (860) 656-3829.

Whom to contact if you have questions

Our MetLife Customer Service Representatives can be reached at (888) 748-4824, Monday through Friday, from 8:00 a.m. to 11:00 p.m. Eastern Time if you have any questions regarding your long-term care coverage.

Sincerely,

Jenifer E. Harris

Jenifer E. Harris
Client Liaison
Individual Long-Term Care Operations

Enclosures

*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 ("Teachers") 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 Teachers policyholders.

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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**

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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-04	2000-2004	2012 2015	0-41% 0-73%****
Group LTC	G.LTC197	1998 - 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 - 2010***	2012	0- 45%

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

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

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****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.

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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

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Metropolitan Life Insurance Company
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Insurance Company and Teachers Insurance
and Annuity Association of America*
PO Box 990028, Hartford, CT 06199-0028

00981



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.

00883

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

Mary Driscoll
Policy # 09852468
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 \$362.10/Monthly to \$300.80/Monthly.
- Reduce my Lifetime Benefit Maximum duration from 5 Years to 3 Years. This will change my premium from \$362.10/Monthly to \$313.80/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**

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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-04	2000-2004	2012 2015	0-41% 0-73%****
Group LTC	G.LTC197	1998 - 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 - 2010***	2012	0-45%

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Metropolitan Life Insurance Company
as Insurer, or as administrator for TIAA-CREF Life
Insurance Company and Teachers Insurance
and Annuity Association of America*
PO Box 990020, Hartford, CT 06199-0020

00963



October 9, 2015

*****AUTO**MIXED AADC 085 4 695

Mary Driscoll
Kimberly Dunham
934 E 17th Avenue
Spokane, WA 99203-3517



Re: Notice of Long Term Care Insurance Premium Adjustment for Policy 09852468

Dear Mary 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
\$295.14/Monthly	\$362.10/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.

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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 \$300.80/Monthly.
- **Reduce your Lifetime Benefit Maximum from 5 Years to 3 Years.** This will bring you to a revised premium of approximately \$313.80/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 Rilly
Director, Product Management & Compliance

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

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Metropolitan Life Insurance Company
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Annuity Association of America
P.O. Box 990028
Hartford, CT 06199-0028

MetLife®

December 28, 2015

MARY T. DRISCOLL
4511 E. NORTH GLENNGRAE LANE
SPOKANE, WA 99223

RE: POLICY #: 09852468

Dear MARY DRISCOLL:

As a participant in a MetLife Long-Term Care Insurance plan, you have the right to designate an individual as a Lapse Designee who will be notified if your coverage is about to lapse due to non-payment of premium. Please be advised that you may change your Lapse Designee at any time. In addition, we note that you also have the right to reduce the maximum benefit or reduce the daily benefit amount at any time.

While you are not required to assign a Lapse Designee, you may want to consider having the assurance that someone will receive notification if your payment for your Long-Term Care coverage is more than 31 days past due. Please be advised that the designee will not be responsible for payment of your premiums.

Our records reflect that you have listed the following individual:

LEO J. DRISCOLL
415 E. 12TH AVENUE
SPOKANE, WA 99202

- To add, change, or update your Lapse Designee information, please complete and mail the attached form per the instructions on the form, or if you prefer, please call MetLife Customer Service at the number listed below.
- **If you have already made a designation and do not wish to add or change your Lapse Designee, no action is required.**

Please note that under the terms of your MetLife coverage, and subject to any applicable state Insurance Department approval, MetLife reserves the right to increase the premium rate for your coverage in the future as part of a rate increase that is applied to a class of policies. However, if you do not currently have an obligation to pay premiums for your coverage, there will be no impact to your coverage or premiums unless and until your obligation to make premium payments resumes, if ever.

If you have any questions, please call MetLife Customer Service at 1-888-748-4824.

Sincerely,

MetLife Long-Term Care

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