



PNB MetLife Complete Loan Protection Plan

Group Non-linked Non-Par Pure Risk Life Insurance Plan

Loan Secured Happiness Assured



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Why PNB MetLife Complete Loan Protection Plan

PNB MetLife Complete Loan Protection Plan is a tailor made group insurance product offering comprehensive coverage against death, disability, critical illness and terminal illness to the insured member(s) and protects their families from the burden of financial liabilities.

Key Features:

The product is suitable for employer-employee group and non-employer-employee homogeneous groups where the group policyholder aims to provide protection to their members.

- Life insured options: Purchase cover for single life or joint life
- Choice of four plan options;
 - o **Option 1: Life Protection** - Death benefit
 - o **Option 2: Life Protection Plus** - Death benefit + Accelerated terminal illness cover
 - o **Option 3: Accidental Safeguard** - Death benefit + Additional accidental death cover + Accelerated accidental total permanent disability cover.
 - o **Option 4: Critical Illness Safeguard** – Death benefit + Accelerated critical illness cover
- Choice of cover: Level or reducing life cover
- Flexibility to choose:
 - o Premium payment term: Single premium or 5 pay
 - o Cover Term (subject to maximum of actual loan tenure)
 - o Cover Amount (subject to maximum of 120% of loan amount)
- Moratorium period: 3 months (minimum) to 7 years (maximum)

Eligibility criteria:

Plan parameters	Minimum	Maximum
Age at entry of Person Insured	14 years – Education loans 18 years – All other loans	Life Protection & Life Protection Plus: 75 years Critical Illness Safeguard and Accidental Safeguard: 65 years
Policy Term	Single pay: 2 years Limited pay: 5 years	Life Protection, Life Protection Plus: 40 years (subject to maximum maturity age being less than or equal to 80 years) Accidental Safeguard: 40 years (subject to maximum maturity age being less than or equal to 75 years) Critical Illness Safeguard: 30 years (subject to maximum maturity age being less than or equal to 75 years)

Group Size	50 lives	No limit
Sum Assured per member	Rs. 5,000	Life Protection and Life Protection Plus: No limit subject to underwriting guidelines Critical Illness Safeguard and Accidental Safeguard: 100% of base Sum Assured with a maximum limit of Rs. 1 Cr
Premium	Based on chosen Sum Assured	
Premium Paying Options	<ul style="list-style-type: none"> • Single pay • Limited pay: 5 years 	
Premium Paying Modes (Limited premium payment term)	Yearly, Half-yearly & Monthly	
Plan Option	Life Protection & Life Protection Plus: available under single life and joint life cover Life Protection, Life Protection Plus, Critical Illness Safeguard & Accidental Safeguard: available under single life & co-borrower cover	

All reference to age is as on last birthday

Your flexibilities with PNB MetLife Complete Loan Protection Plan

A. Cover Options:

There are two cover options available at inception of the policy. Once chosen, the cover option cannot be changed thereafter. In both the cases, the sum assured payable on the insured event would be as defined in the cover schedule.

i. Reducing cover option

- o The Sum Assured reduces as per the cover schedule over the tenure of the policy. The amount payable on insured event at any time would be as per the cover schedule subject to minimum of Rs.5000.
- o The cover schedule will form part of the certificate of insurance issued to each Insured Member of the group

ii. Level cover option

- o The Sum Assured is fixed at inception of the policy
- o Level Cover option shall be allowed for interest only loans as per the loan schedule.

B. Moratorium

- This option is available for those members who have opted for moratorium period on the repayment of principal amount for a period of minimum 3 months to maximum 7 years.

- Cover during moratorium period;
 - If interest is paid by the insured member: the cover during the moratorium period will be as per the cover schedule, wherein the cover will remain level until the end of the moratorium period and thereafter, reduce each month till the end of the coverage term.
 - If interest is accrued during the moratorium period: the cover during the moratorium period will be as per the cover schedule, wherein the cover will initially increase each month until the end of the Moratorium Period by the interest amount due and thereafter, reduce each month till the end of the coverage term.
 - In case of level cover with moratorium option: the cover will remain Level throughout the coverage term including the Moratorium period and will be equal to the Sum Assured chosen at inception of the policy.
- The moratorium option has to be provided by the loan offering institution only and PNB MetLife will prepare the cover schedule accordingly. If the member has loan with moratorium period, the same shall be invariably incorporated in the computation of the cover schedule.
- The moratorium option once chosen at inception of the coverage cannot be altered during the coverage tenure.

C. Joint life option

- The product allows coverage on single life or joint life basis (coverage cannot be extended for more than two people).
- The conditions applicable for joint life coverage in case of housing loan and other mortgage loans are given as under:
 - Both the lives must have independent sources of regular income;
 - The term of loan under consideration should be above 5 years.
- If there is more than one life, the Company may offer to cover the lives under the joint options. On such occasions each of the life shall be individually underwritten as per the Board approved underwriting guidelines established by the Company from time to time.
- The coverage is extended to the joint lives where the relationship between the two individuals is that of spouse, child, parent and siblings.
- The coverage can be extended only if the loan is jointly held in the names of both the lives. The lives are co-borrowers and not just co-applicants, with the minimum share of initial loan amount of each co-borrower being at least 20% of the loan amount at the time of commencement of the coverage under the certificate of insurance.
- Both lives shall be covered under one Certificate of Insurance. In case of claim of any one of the lives, the Sum Assured as per the cover option chosen will be paid and the policy will terminate
- Only Life Protection & Life Protection Plus cover options are available under joint life coverage option.

- Members of non-financial group and employer-employee group are not eligible for joint life coverage.

Co-borrower/s coverage option

- Upto 5 co-borrowers including the primary applicant can be covered.
- If there is more than one borrower, the Company may offer to cover each life separately. On such occasions each life shall be individually underwritten as per the Board approved underwriting guidelines established by the Company from time to time. Each co-borrower shall be issued separate Certificate of Insurance.
- The loan should be jointly held in the names of each life and each life will be covered in proportion to the respective share of the loan amount.
- In case of any claim from any one of the co-borrower, the cover would terminate to the extent of that life only and the cover for remaining surviving borrower/s would continue in proportion of their respective share of the loan amount.
- Life Protection, Life Protection Plus, Critical Illness Safeguard & Accidental Safeguard cover options are available under co-borrower/s coverage option. Each co-borrower shall choose the same plan option.
- Members of non-financial group and Employer – Employee are not eligible

D. Flexibility to choose cover term and cover amount as per the member's need

- 1) Insured Member shall have the option to choose the cover term subject to maximum of the actual loan tenure. The coverage under the certificate of insurance will cease at the end of the Term chosen at inception, irrespective of the loan tenure.
- 2) Insured Member shall have the option to choose lower or higher cover amount (subject to maximum limit of 120% of loan amount) than the actual loan amount.

E. Premium Paying Options

- The product provides the following premium payment options;
 - a. Single pay
 - b. Limited pay – 5 years

Premium Paying Modes

Premium Paying Modes: The plan offers yearly, half-yearly and monthly premium payment modes under limited premium payment option. Following modal factors are to be applied for non-annual payment mode.

Mode of Premium	Multiplicative Factor
Half-Yearly	0.5131
Monthly	0886

Benefits under PNB MetLife Complete Loan Protection Plan

- 1) **Life Protection:** On death of the Insured Member during the term, 100% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable.

Reducing cover option: The amount payable on the death of the Insured Member shall be equal to the Sum Assured as per the Cover schedule specified in the Certificate of Insurance on the date of death of the Insured Member.

Level cover option: The amount payable on the death of the Insured Member shall be equal to the Sum Assured payable chosen at inception.

The insurance coverage for Insured Member will terminate with the payment of 100% of the claim amount.

If Joint Life cover is chosen, Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be paid on first occurrence of Death of any one of the Insured Member. On the simultaneous death of both the Insured Members, Sum Assured will be paid only in respect of one life and the risk cover for the surviving joint life will cease.

- 2) **Life Protection Plus:** On first occurrence of Death or diagnosis of Terminal Illness of the Insured Member during the term, 100% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable.

Reducing cover option: The Sum Assured as per the Cover schedule specified in the Certificate of Insurance on the date of death of the Insured Member.

Level cover option: The amount payable shall be equal to the Sum Assured payable chosen at inception.

The insurance coverage for Insured Member terminates with the payment of 100% of this claim amount.

If the Joint Life cover is chosen, the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be paid on first occurrence of Death or diagnosis of Terminal Illness of any one of the Insured Member. On simultaneous Death/Diagnosis of terminal illness both the Insured Members, the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be paid only in respect of one life and the risk cover for the surviving joint life will cease.

- 3) **Accidental Safeguard: Death benefit + Additional Accidental Death benefit + Accelerated accidental total permanent disability**

In case **Accidental Death:** On death of the Insured Member due to accident during the cover term, 200% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable.

Reducing cover option: The amount payable will be 200% of Sum assured as per the Cover schedule specified in the Certificate of Insurance on the date of death of the Insured Member.

Level cover option: The amount payable shall be equal to 200% of the Sum Assured payable chosen at inception.

In case of **Accidental Total and Permanent Disability:** On first occurrence of Death (due to causes other than accident) or Accidental Total and Permanent Disability of the Insured Member during the term, 100% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable.

Reducing cover option: The amount payable will be equal to the Sum assured as per the Cover schedule specified in the Certificate of Insurance on the date of death or Accidental Total and Permanent Disability of the Insured Member.

Level cover option: The amount payable shall be equal to the Sum Assured payable chosen at inception.

The maximum Sum Assured will be limited to Rs. 1 Crore. The risk cover will cease on payment of the benefit.

The insurance coverage for Insured Member terminates with the payment of 100% of this claim amount.

- 4) **Critical Illness Safeguard:**

On first occurrence of Death or diagnosis of Critical Illness of the Insured Member during the term, 100% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable.

Reducing cover option: The amount payable will be equal to the Sum Assured as per the Cover schedule specified in the Certificate of Insurance on the date of death or diagnosis of Critical Illness of the Insured Member.

Level cover option: The amount payable will be equal to the Sum Assured payable chosen at inception.

The maximum Sum Assured will be limited to Rs. 1 Crore. The risk cover will cease on payment of the benefit.

Please refer to the 'Terms & conditions of the benefits provided section', for details and exclusions for covered Critical Illnesses, Accidental Death, and Accidental Total and Permanent Disability.

The insurance coverage for Insured Member terminates with the payment of 100% of this claim amount.

Survival or Maturity Benefit

There is no survival/ maturity benefit under this plan.

Non-forfeiture benefits

Surrender Benefit

For Single Pay, the coverage shall acquire guaranteed surrender value immediately after the payment of Single premium, which will be :

$$\text{X\% of total premiums paid} * \frac{\text{(Total number of months remaining to maturity)}}{\text{(Total number of months in the policy term)}} * \frac{\text{SA in-force at the time of surrender}}{\text{SA at the inception of the coverage}}$$

Where X = 70 if surrendered anytime within third year from the commencement of the coverage, 90 if surrendered on or after fourth year from the commencement of the coverage.

For 5 Pay option, the coverage shall acquire guaranteed surrender value, provided all premiums have been paid for at least two consecutive years. The guaranteed surrender value will be –

$$\text{Y\% of total premiums paid} * \frac{\text{(Total number of months remaining to maturity)}}{\text{(Total number of months in the policy term)}} * \frac{\text{SA in-force at the time of surrender}}{\text{SA at the inception of the Coverage}}$$

Where Y = 0 if surrendered in the first year from the commencement of the coverage, 30 if surrendered between the second year and third year from the commencement of coverage (both inclusive), 50 if surrendered between fourth year and seventh year from the commencement of the coverage (both inclusive) and 90 if surrendered after seventh year from the commencement of the coverage. In case of surrender of the Group Policy, the Individual Member will be permitted to continue life insurance coverage to the extent available under the group policy.

In case the loan is prepaid before the date of maturity (under both reducing cover and level cover options), if the Insured Member gives in writing to terminate the risk cover, the applicable surrender value as on the date of surrender will be paid to the Insured Member and the risk cover terminates.

Reduced Paid-Up Value:

If a Certificate of Insurance has acquired a surrender value and no future installment premiums are paid, the cover will continue as a paid up cover with reduced benefits, however the Insured Member shall have the option to surrender the Certificate of Insurance. A paid-up cover can be revived as defined in the Revival section.

If the Insured Member continues the cover as a reduced paid-up cover the reduced benefits given below shall become payable:

- 1) Life Protection: On death of the Insured Member during the term the benefit as mentioned in ‘ Benefits under PNB MetLife Complete Loan Protection Plan – Life Protection’ will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).
- 2) Life Protection Plus: On death or diagnosis of Terminal Illness of the Insured Member during the Term the benefit mentioned in ‘ Benefits under PNB MetLife Complete Loan Protection Plan – Life Protection Plus’ will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).
- 3) Accidental Safeguard: On Accidental death or death (due to causes other than accident) or Accidental Total and Permanent Disability of the Insured Member during the term the benefit mentioned in ‘ Benefits under PNB MetLife Complete Loan

Protection Plan – Accidental Safeguard’ will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

- 4) Critical Illness Safeguard: On death or diagnosis Critical Illness of the Insured Member during the term the benefit mentioned in ‘ Benefits under PNB MetLife Complete Loan Protection Plan – Critical Illness Safeguard’ will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

Lapse

For limited premium payment : If the installment premiums for first two years are not paid in full, the coverage lapses at the end of the grace period and the risk cover will cease immediately.

If a lapsed coverage is not revived at the end of the period of revival, the coverage will be terminated.

Terms & Conditions of benefits provided

Critical Illness

The plan provides for a benefit equal to the Sum Assured upon first diagnosis of one of the specified Critical Illness conditions. This benefit shall accelerate the death benefit. The cover terminates upon the end of the policy term or once a claim for the Accelerated critical illness benefit or death benefit has been made.

List of critical illness conditions covered under the product,

Sr.No	Critical Illnesses
1	Cancer Of Specified Severity
2	Open Chest CABG
3	Kidney Failure Requiring Regular Dialysis
4	Myocardial Infarction (First Heart Attack of Specific Severity)
5	Open Heart Replacement Or Repair Of Heart Valves
6	Major Organ /Bone Marrow Transplant
7	Permanent Paralysis Of Limbs
8	Stroke Resulting In Permanent Symptoms
9	Coma Of Specified Severity
10	Surgery of Aorta
11	Third Degree Burns
12	End Stage Liver disease
13	Loss of limbs
14	Blindness

15	End Stage Lung disease
16	Major Head trauma
17	Benign Brain Tumor
18	Deafness
19	Loss of Speech
20	Primary (Idiopathic) Pulmonary Hypertension
21	Motor Neuron Disease with Permanent Symptoms
22	Multiple Sclerosis with Persisting Symptoms
23	Apallic Syndrome
24	Loss of Independent Existence
25	Cardiomyopathy
26	Brain Surgery
27	Alzheimer's Disease
28	Parkinson's Disease
29	Muscular Dystrophy
30	Poliomyelitis
31	Medullary Cystic Disease
32	Systematic lupus Erythematosus(SLE) with Renal Involvement
33	Aplastic Anaemia
34	Encephalitis
35	Fulminant Viral Hepatitis

Critical Illness Definitions

- Cancer:** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma. The following are excluded:

 - All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - Malignant melanoma that has not caused invasion beyond the epidermis;
 - All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG: The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

3. Kidney Failure: End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Myocardial Infarction (First Heart Attack of specific severity): The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

5. Open Heart Replacement or Repair of Heart Valves: The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

6. Major Organ/Bone Marrow Transplant: The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner

The following are excluded:

- Other stem-cell transplants.
- Where only islets of Langerhans are transplanted

7. Permanent Paralysis of Limbs: Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

8. Stroke resulting in permanent symptoms: Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions

9. Coma of specified severity: A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

10. Surgery of aorta: The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.

11. Third Degree Burns: There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

12. End Stage Liver Disease: Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy

Liver failure secondary to drug or alcohol abuse is excluded.

13. Loss of limbs: The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

14. Blindness: Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or;
- the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

15. End Stage Lung Disease: End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest

16. Major Head Trauma: Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. The Activities of Daily Living are:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

The following is excluded:

- Spinal cord injury;

17. Benign Brain Tumor: Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord

18. Deafness: Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

19. Loss of Speech: Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

20. Primary (Idiopathic) Pulmonary Hypertension: An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Motor Neuron Disease with Permanent Symptoms: Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

22. Multiple Sclerosis with Persisting Symptoms: The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE are excluded.

23. Apallic Syndrome: universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month

24. Loss of Independent Existence: Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology. Activities of Daily Living are:-

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

25. Cardiomyopathy: An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:

- Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

26. Brain Surgery: The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out

27. Alzheimer's Disease: Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.

The following are excluded:

- Alcohol-related brain damage (III) Any other type of irreversible organic disorder/dementia

28. Parkinson's Disease: Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;
- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons).

Drug-induced or toxic causes of Parkinson's disease are excluded.

Activities of Daily Living are:-

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

29. Muscular Dystrophy: Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- Family history of other affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; or
- Clinical suspicion confirmed by muscle biopsy

The condition must result in the inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons)

30. Poliomyelitis: The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause and is proved by Stool Analysis,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

31. Medullary Cystic Disease: Medullary Cystic Disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit

32. Systematic lupus Erythematosus (SLE) with Renal Involvement: Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus

nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

- Class I - Minimal mesangial lupus nephritis
- Class II - Mesangial proliferative lupus nephritis
- Class III - Focal lupus nephritis
- Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- Class V - Membranous lupus nephritis Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology

33. Aplastic Anaemia: Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

34. Encephalitis: Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living are:-

- Washing : the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Dressing : the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring : the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility : The ability to move indoors from room to room on level surfaces
- Toileting : the ability to use the lavatory or otherwise manage bowel and bladder

functions so as to maintain a satisfactory level of personal hygiene

- Feeding: the ability to feed self once food has been prepared and made available

35. Fulminant Viral Hepatitis: A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

Important Terms and Conditions for CI Benefits

Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

Exclusions for Critical Illness benefit

No benefits will be payable to the Insured Member under this Group Policy if a claim or event suffered by the Insured Member is directly or indirectly caused or exacerbated as a result of any of the following:

- Pre-Existing Diseases are not covered.
- Any investigation or treatment for any illness, disorder, complication or ailment arising out of or connected with the pre-existing illness shall be considered part of that pre-existing illness.
- No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless life assured has disclosed the same at the time of proposal or date of revival whichever is later and the company has accepted the same.
- Any illness related condition manifesting itself within 90 days from risk commencement date/ revival date whichever is later.
- Unreasonable failure to seek or follow medical advice by the Life Insured that result in delayed medical treatment in order to circumvent the waiting period or other conditions and restrictions applying to this policy.
- Living abroad (living outside India for more than 13 consecutive weeks in any 12 months). This exclusion does not apply if the Insured Member is medically examined and/or has undergone tests in India after the occurrence of the event, and is available for medical examination or other reasonable tests in India to confirm the occurrence of an insured event.

- War or hostilities (whether war be declared or not).
- Civil war, rebellion, revolution, civil unrest or riot.
- Participation in any armed force or peace keeping activities.
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means.
- An intentional or self-inflicted act.
- Drug-taking other than under the direction of a qualified Medical Practitioner, abuse of alcohol or the taking of poison.
- Nuclear fusion nuclear fission, nuclear waste or any radioactive or ionising radiation.
- Deliberate participation of the Insured Member in an illegal or criminal act with criminal intent.

Terms & Conditions of benefits provided

Terminal Illness

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two independent Medical Practitioners' specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent Medical Practitioners' specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. The policy terminates with the payment of terminal illness benefit.

A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy.

Terms & Conditions of benefits provided

Accidental Death Benefit

Accident is defined as sudden, unforeseen and involuntary event caused by external, visible and violent means.

Death due to Accident:

- The member has sustained any bodily injury directly and solely from the accident, which has been caused by external, violent and visible means and the injury is independent of all other causes.

- The death must occur within 180 days of the date of accident due to such injury as stated above solely, directly and independently of all other causes of death.
- The accident which eventually leads to death has occurred during the term of the policy, even if the death occurs after policy term but within 180 days of accident.

Terms & Conditions of benefits provided

Accidental Total Permanent Disability (ATPD)

ATPD means disability which has lasted for at least 180 days without interruption from the date of on-set of disability and must be deemed permanent by independent Medical Practitioner of appropriate speciality agreeable to the Company. ATPD benefit will not be payable if the Insured Member dies in the deferred period of 180 days.

On occurrence of ATPD due to Accident, ATPD benefit will be triggered if the Insured Member is unable to perform 3 out of the 6 following Activities of Daily Work cause by an Accident:

- **Mobility:** The ability to walk a distance of 200 meters on flat ground.
- **Bending:** The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- **Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Lifting:** The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- **Writing:** The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- **Blindness –permanent and irreversible -** Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

ATPD due to Accident should not be caused by the following:

- Attempted suicide or self-inflicted injuries or whilst the Insured Member is under the influence of any narcotic substance or drug unless taken in accordance with the lawful directions and prescription of a registered medical practitioner or intoxicating liquor; or
- Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger and crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
- The Insured Member with criminal intent, committing any breach of law; or
- Due to war, whether declared or not or civil commotion; or
- Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

Other policy terms & conditions

Note: This document does not purport to contain all conditions governing this plan, which will be governed by the terms expressed in the Master Policy document.

Suicide Clause:

In case of death due to suicide within 12 months from the date commencement of risk under the policy or from the date of revival, the nominee /beneficiary of the policy shall be entitled to at least 80% of the total premium paid till the date of the death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

Grace period:

The premiums are payable on the due date for payment and in any case not later than the grace period of 30 days from the due date for half yearly/yearly frequencies and 15 days from the due date for monthly frequency, respectively. During the grace period, the Certificate of Insurance shall continue to be in force for the insured event.

For limited pay: If Premium is not paid within the grace period for the first two years, the Certificate of Insurance shall lapse and has no further value except as may be provided under surrender benefit.

If a Certificate of Insurance has acquired a surrender value and the installment premiums are not paid within the grace period, the coverage will continue as a paid up coverage with reduced benefits as mentioned in the 'Reduced Paid- Up value' section.

In case of failure of the Master Policyholder to remit to Us, provided the premium is received from Insured Member within grace period, the insurance coverage of the Insured Member, even after expiry of grace period, shall continue, provided the Insured Member establishes that he had paid the premium and secured a proper receipt for the same

Nomination:

Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment:

Assignment should be in accordance with provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Revival Provisions (applicable for Limited Pay Options)

When the due premium (in case of Limited Pay options) is not paid within the grace period, the coverage of the Insured Member shall lapse provided the coverage has not acquired Paid-Up value. The coverage may be revived by providing;

- A request in writing for revival within five (5) years from the date of the coverage being lapsed.
- Paying all due premiums till the date of revival along with interest at prevailing rate of interest, if any. The Company may change this interest rate from time to time.

- The rate of interest is calculated as the 10 Year G-Sec rate plus 100 basis points, rounded up to the nearest 50 basis points. The Company will review the rate on an annual basis in April based on the prevailing G-Sec rate. However under special circumstances where the G-Sec rate changing in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, the company shall review the rate based on the prevailing G-Sec rate.
- This formula will be reviewed annually and only altered subject to prior approval of IRDAI.
- The revival of the coverage will be as per Board approved underwriting Policy.
- A surrendered Policy cannot be revived.
- The Company may revive the lapsed policy by imposing such extra premium as it deems fit as per the Board approved underwriting policy.

Free Look Provision

Members of the group have a period of 15 days from the date of receipt of the Certificate of Insurance to review the terms and conditions of this Insurance Coverage. If the members have any objections to any of the terms and conditions, then he has the option to return the Certificate of Insurance stating the reasons for the objections and the Company shall be entitled to a refund of the premium paid subject to only a deduction of stamp duty charges and expenses towards medical examination, if any. All rights of the member under this Policy shall immediately stand extinguished at the cancellation of the Certificate of Insurance.

If the Group policyholder has any objections to the terms and conditions of this Group Policy, the Group policy can be returned for cancellation by giving a signed written notice within 15 days from the date of receiving the Group Policy, stating the reasons for the objections. The Group policyholder will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

Statutory Warning

Prohibition of Rebates- Section 41 of the Insurance Act, 1938 as amended from time to time, states:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Fraud and misrepresentation

Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time.

- ✓ Please read this Sales brochure carefully before concluding any sale.
- ✓ This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. The detailed Terms and Conditions are contained in the Policy Document.

About PNB MetLife

PNB MetLife India Insurance Company Limited (PNB MetLife) is one of the leading life insurance companies in India. PNB MetLife has as its shareholders MetLife International Holdings LLC (MIHL), Punjab National Bank Limited (PNB), Jammu & Kashmir Bank Limited (JKB), M. Pallonji and Company Private Limited and other private investors, MIHL and PNB being the majority shareholders. PNB MetLife has been present in India since 2001.

PNB MetLife brings together the financial strength of a leading global life insurance provider, MetLife, Inc., and the credibility and reliability of PNB, one of India's oldest and leading nationalised banks. The vast distribution reach of PNB together with the global insurance expertise and product range of MetLife makes PNB MetLife a strong and trusted insurance provider.

For more information, visit www.pnbmetlife.com