



PNB MetLife Group Flexi Term Plus
Group Non-linked Non Par Pure Risk Life Insurance Plan

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PNB METLIFE GROUP FLEXI TERM PLUS

Group Non-linked Non Par Pure Risk Life Insurance Plan

WHY PNB METLIFE GROUP FLEXI TERM PLUS

Words can never be enough for any company to thank their customers and employees for helping build their businesses. That is why one of the next best ways of saying a sincere “thank you” is to provide them life insurance benefits for financial protection and securing their future well-being. And what better option for such a “thank you” gift than PNB MetLife Group Protection Plan?

This group life insurance plan is offered to employer employee groups, non employer employee groups and non employer employee homogenous groups. The plan helps companies and group organizers provide their customers, employees and group members access to valuable Life Insurance benefits.. As a Master Policy Holder, the company or group organizer can customize the plan to meet specific requirements of the group. The plan cannot be offered as a credit life policy.

WHAT ARE THE KEY FEATURES?



A comprehensive group life insurance policy with choice of 5 plan options;

Plan Option	Covered Benefits
Life cover	Death Benefit
Extra life cover	Death Benefit + Accidental Death Benefit
Life and Health Cover	Death Benefit + Terminal Illness + Critical Illness
Extra life and Health cover	Death Benefit + Critical Illness + Accidental Death Benefit
Accidental cover	Death Benefit + Accidental Death Benefit + Accidental Total Permanent Disability



Flexibility to choose cover term ranging from minimum 1 month to a maximum of 40 years



Flexibility to receive benefits as Lumpsum or Regular installments for a period upto 10 years



Coverage available on Single and Joint life basis



Simplified on boarding process

PLAN AT A GLANCE

Parameter	Details			
Entry Age ¹	Life Cover: Min-Max: 15- 79 (Employer-Employee groups) Min-Max : 15-65 (Other groups) Other Cover Options: Min-Max:18-65			
Cover Ceasing Age ¹	Life Cover : 80 (Employer-Employee groups) 66 (Other groups) Extra Life Cover : 75 (Employer-Employee groups) 66 (Other groups) Other Cover Options : 70 (Employer-Employee groups) 66 (Other groups)			
Premium Payment Term	A choice of Premium Paying Term is available to the Master Policy Holder depending on the Nature of the Groups			
	PPT	Employer Employee Groups	Non Employer Employee Groups	Non Employer Employee Homogenous Groups
	Single	Yes	No	Yes
	Regular	Yes	Yes	Yes
Policy/Coverage Term	Single Pay : 1 Month to 40 Years Regular Pay : 3 Month to 40 Years (Min.policy term for “Life and Health Cover” and “Extra Life and Health Cover would be 6 months for Single Pay as well as Regular Pay)			
Premium Payment Mode	Single, Monthly, Quarterly, Half Yearly & Yearly			
Premium Modal Factor	Half Yearly – 0.5131,Quarterly 0.2610, Monthly – 0.0886			
Pay Out Options	Lump Sum, Monthly Income or Lump Sum + Monthly Income			

1 – All ages are as of last birthday

Please refer to Product Applicability Grid to check for the restrictions

WHICH ARE THE BENEFITS FOR THE MEMBERS?

Life insurance is arranged on a group basis and the employer or the sponsoring organization can be the master policyholder. The benefits available to the group members are as per the plan option chosen by the master policy holder.

PLAN OPTIONS:

The following options are available for the master policy holder and needs to be chosen at the inception of the policy.

Life Cover : Death Benefit - On death of the Insured Member during the coverage period, 100% of the applicable Sum Assured shall be payable.

Extra Life Cover : Death Benefit + Accidental Death Benefit (ADB) - On death of the Insured Member due to accident during the coverage period, 200% of the the applicable Sum Assured shall be payable. However for death, for reasons other than accident 100% of the applicable Sum Assured shall be payable.

Life & Health Cover : Death Benefit + Accelerated Terminal Illness (TI) + Accelerated Critical Illness Benefit (CI) - On the first occurrence of either Death or Diagnosis of terminal illness or Diagnosis of Critical Illness of the Insured Member, during the coverage period, 100% of the applicable Sum Assured shall be payable

Extra Life & Health Cover : Death Benefit + Accelerated Critical Illness Benefit + Accidental Death Benefit - On occurrence of either Death (reasons other than accident) or Diagnosis of Critical Illness of the Insured Member, whichever occurs first during the coverage period, 100% of the applicable Sum Assured shall be payable. In an event that the death of the Insured Member is caused due to an Accident, 200% of the Sum Assured shall become payable.

Accidental Cover: Death Benefit + Accidental Death Benefit + Accelerated Accidental Total Permanent Disability Benefit (ATPD) - On occurrence of either Death (reasons other than accident) or Accidental Total & Permanent Disability of the Insured Member, whichever occurs first during the coverage period, 100% of the applicable Sum Assured shall be payable. In an event that the death of the Insured Member is caused due to an Accident, 200% of the Sum Assured shall become payable.

Sum Assured is equal to one of the following :

1. Absolute amount assured chosen at inception of the cover in case of level cover; Or,
2. Absolute amount assured as on the date of insured event(s) as per the cover schedule in case of increasing or reducing cover where the change of assured amount based on increment / decrement rate is pre-decided at the inception of the coverage based on an objective formula.

PAYOUT OPTIONS

On the occurrence of the insured event, as per the plan option chosen by the scheme member the applicable benefit may be paid out in the any one of the following payout options

- a) **Lump Sum** : Benefit shall be payable in lump sum
- b) **Monthly Income** : Benefits shall be payable for 24-120 months (2 – 10 years) in equal monthly installments
- c) **Lump Sum Plus Monthly Income Option** : 50% of the benefit shall be payable in lump sum and the rest in 24-120 months (2 – 10 years). in equal monthly installments.

The payout option needs to chosen at the inception of the cover and cannot be changed later

JOINT LIFE COVERAGE

Joint life cover may be taken at inception of the cover for a maximum of two lives only. Cover will be extended subject to existence of insurable interest between the two lives and subject to underwriting as per Board approved underwriting guidelines. Joint Life Cover has following two variants which can be chosen at inception of the cover.

Variant	Description
Option A (Available only for non-employer-employee groups and non-employer-employee homogeneous groups)	<p>100% of the sum assured is payable on first occurrence of death of either of the lives.</p> <p>The relationship between the Joint Lives can only be that of spouse.</p>
Option B (Available for all Groups)	<p>100% of the sum assured is payable on occurrence of first death (of any life) as well as another 100% of sum assured on subsequent or simultaneous death of the second life.</p> <p>On death of any one life prior to the death of the other life, the future premiums payable will reduce to the premiums corresponding to the coverage for surviving life only.</p> <p>Maximum of two lives can be covered jointly and the relationship between the Joint Lives can only be that of spouse, parents or children.</p>

The joint life coverage options described above are available to various groups depending on type of the group as deccribed hereunder

Joint Life	Employer Employee Groups	Non Employer Employee Groups	Non Employer Employee Homogenous Groups
A	Not Available	Available	Available
B	Available	Available	Available

PRODUCT GRID – OPTIONS APPLICABILITY

Joint life cover may be taken at inception of the cover for a maximum of two lives only. Cover will be extended subject to existence of insurable interest between the two lives and subject to underwriting as per Board approved underwriting guidelines.

Benefits		Sum Assured		Entry Age		Exit Age	Policy Term	
		Min	Max	Min	Max	Max	Min	Max
Life cover	DB	5,000	No Limit	15	79 (EE) 65 (Other)	80 (EE) 66(Other)	1 Month	40 Years
Extra life cover	DB+ADB	5,000	2 Cr	18	65	75 (EE) 66 (Other)	1 Month	40 Years
Life and Health Cover	DB+TI+CI	5,000	2 Cr	18	65	70 (EE) 66(Other)	6 Month	40 Years
Extra life and Health cover	DB+CI+ADB	5,000	2 Cr	18	65	70 (EE) 66(Other)	6 Month	40 Years
Accidental cover	DB+ADB+ATPD	5,000	2 Cr	18	65	70 (EE) 66(Other)	1 Month	40 Years

1-EE stands for Employer-Employee Groups

2 - Other stands for Non Employer Employee Groups & Non Employer Employee Homogeneous Groups

All Coverage options & All Payout Options would be applicable to the above combinations

MATURITY BENEFIT

This being a pure protection plan no maturity benefit is payable under this product

NON-FORFEITURE BENEFITS

Being a pure protection plan this product does not have any surrender value. However, in case of Single Premium policies, we shall pay the unexpired premium value where the Master Policy Holder or Insured Member voluntarily chooses to close the policy during the policy term.

$$50\% \text{ of total premium paid } \times \frac{\text{(Total number of months remaining to maturity)}}{\text{(Total number of months in the coverage term)}} \times \frac{\text{SA in force at the time of termination}}{\text{SA at the inception of the coverage}}$$

(SA refers to Sum Assured)

LAPSE

If the Premium is not received by Us either on the Premium Due Date or before expiry of Grace Period, all benefits under the Group Policy will cease.

DESCRIPTION OF SPECIFIC INSURED BENEFITS

Accelerated Critical Illness Benefit:

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.

The list of Critical Illness conditions covered are mentioned in the table below:

Sr.No	Critical Illnesses
1	Cancer Of Specified Severity
2	Myocardial Infarction (First Heart Attack of Specific Severity)
3	Open Chest CABG
4	Stroke resulting in Permanent Symptoms
5	Kidney Failure Requiring Regular Dialysis
6	Coma Of Specified Severity
7	Open Heart Replacement or Repair of Heart Valves
8	Major Organ / Bone Marrow Transplant
9	Permanent Paralysis Of Limbs
10	Motor Neuron Disease With Permanent Symptoms
11	Multiple Sclerosis with Persisting Symptoms
12	Benign Brain Tumour
13	Blindness
14	Deafness
15	Loss of Speech
16	Primary (Idiopathic) Pulmonary Arterial Hypertension
17	End Stage Lung Failure
18	Major Head Trauma
19	Loss of Limbs
20	Third Degree Burns
21	End Stage Liver Failure
22	Major Surgery to Aorta
23	Cardiomyopathy
24	Apallic Syndrome
25	Alzheimer's Disease (before age 65 years)
26	Parkinson's Disease (before age 65 years)
27	Systematic lupus Eryth. with Renal Involvement
28	Aplastic Anaemia
29	Poliomyelitis
30	Muscular Dystrophy
31	Medullary Cystic Disease
32	Loss of Independent Existence (before age 65 years)
33	Encephalitis
34	Chronic Pancreatitis
35	Fulminant Viral Hepatitis

1. Cancer of Specified Severity

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 leukemia, 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 behavior, 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. Myocardial Infarction (First Heart Attack of Specified 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:

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

3. 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

4. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization 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.

5. Kidney Failure Requiring Regular Dialysis

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

6. 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.

7. 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.

8. 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

9. 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.

10. 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.

11. 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.

12. Benign Brain Tumour

Benign Brain Tumour 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 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.

13. 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.

14. 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.

15. 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, and Throat (ENT) specialist.

16. Primary (Idiopathic) Pulmonary Arterial 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 Cauterization. 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.

17. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed by all of the following:

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

18. 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, Computerised 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 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 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 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 oneself once food has been prepared and made available.

The following are excluded:

- Spinal cord injury;

19. 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.

20. Third Degree Burns (Major 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.

21. End Stage Liver Failure

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

22. Major Surgery to Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

23. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.

- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases.

24. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment
- Inability to communicate with others
- No evidence of sustained or reproducible behavioural responses to external stimuli
- Preserved brain stem functions

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

25. Alzheimer's Disease (before age 65 years)

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- No disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)
- The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.
- For the above definition, the following are not covered:
- Other forms of dementia due to systemic disorders

26. Parkinson's Disease (before age 65 years)

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition.

The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor

27. Systematic lupus Eryth. with Renal Involvement

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

28. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents
- Immunosuppressants
- Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology

29. Poliomyelitis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

30. Muscular Dystrophy

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD)
- Becker Muscular Dystrophy (BMD)
- Emery-Dreifuss Muscular Dystrophy (EDMD)
- Limb-Girdle Muscular Dystrophy (LGMD)

- Facioscapulohumeral Muscular Dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

31. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- Polycystic kidney disease
- Multicystic renal dysplasia and medullary sponge kidney
- Any other cystic kidney disease

32. Loss of Independent Existence (before age 65 years)

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

33. Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis caused by bacterial or protozoal infections

Myalgic or paraneoplastic encephalomyelitis

34. Chronic Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

Exocrine pancreatic insufficiency with weight loss and steatorrhea

Endocrine pancreatic insufficiency with pancreatic diabetes

Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- Chronic pancreatitis due to alcohol or drug use
- Acute pancreatitis

35. Fulminant Viral Hepatitis

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5
- Development of liver failure within 7 days of onset of symptoms
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)

Fulminant viral hepatitis associated with intravenous drug use

Exclusions for Accelerated Critical Illness benefit

Critical illness benefit shall not be paid if it occurs from or is caused, either directly or indirectly due to one of the following:

1. 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 or its reinstatement.
2. Any covered event having occurred within the waiting period of 30 days from the date of commencement of risk, coverage effective date of member or reinstatement whichever is later.
3. Self-inflicted injuries, suicide, and immorality, and deliberate participation of the life Insured in an illegal act or act with criminal intent.
4. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
5. War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence with criminal intent.
6. For any medical condition or any medical procedure arising from nuclear

contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

7. Any treatment of a donor for the replacement of an organ.
8. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, UK and countries of the European Union. The company may review the above list of accepted foreign countries from time to time on the basis of Board Approved Underwriting Policy & Board Approved Claims Manual. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
9. Any External Congenital Anomaly which is not as a consequence of Genetic disorder.
10. Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement, however Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

Accelerated Terminal Illness Benefit:

A member shall be regarded as Terminally Ill only if that member is diagnosed as suffering from a condition which, in the opinion of two appropriate independent medical practitioners, is highly likely to lead to death within 6 months from the date of diagnosis. The Terminal Illness must be diagnosed and confirmed by independent medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

Accidental Death Benefit (ADB)

If the Life Assured suffers an Injury while the cover is active, which directly results in the Life Assured's death within 180 days from the date of Accident (including date of Accident), then the Company will pay 100% of the applicable coverage amount.

Exclusions for Accidental Death Benefit:

Any claim in respect of any Life Assured, arising out of or directly or indirectly due to any of the following shall not be payable, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1. The Life Assured operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;

2. The Life Assured flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
3. Participation by Life Assured in actual or attempted felony, riots, civil commotion or misdemeanor with criminal intent;
4. The Life Assured engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
5. The Life Assured serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
6. The Life Assured working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
7. Impairment of the Life Assured's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
8. Accident caused whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
9. Any change of profession after inception of the cover which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company.

Accelerated Accidental Total and Permanent Disability Benefit (ATPD)

If the Life Assured suffers an Injury while the cover is active, which directly results in the Life Assured's Total Permanent Disability within 180 days from the date of Accident (including date of Accident), then the Company will pay 100% of the applicable coverage amount.

Total Permanent Disability shall be said to occur if the Life Assured has been subject to one (or more) of the following impairments:

- the total and permanent loss of sight in both eyes, or
- the loss by physical severance (or total and permanent loss of use) of two limbs at or above the wrist or ankle, or
- the total and permanent loss of sight in one eye and the loss by physical severance (or total and permanent loss of use) of one limb at or above the wrist or ankle.

In order for a benefit to be payable, such disability must have persisted continuously for a period of at least 180 days and must, in the opinion of a Medical Practitioner, appointed by the company, be deemed permanent.

Exclusions for Accidental Total Permanent Disability Benefit:

Any claim in respect of any Life Assured, arising out of or directly or indirectly due to any of the following shall not be payable, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1. Any pre-existing injury or physical condition;
2. Attempted suicide or self-inflicted injury;

3. The Life Assured operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
4. The Life Assured flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
5. Participation by Life Assured in actual or attempted felony, riots, civil commotion or misdemeanor with criminal intent;
6. The Life Assured engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
7. The Life Assured serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
8. The Life Assured working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
9. Impairment of the Life Assured's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
10. Accident caused whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
11. Any change of profession after inception of the cover which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company

Important Definitions

Accident/Accidental is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Hazardous Activities means any sport or activity, which is potentially dangerous to the Life Assured whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State 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 license. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage.

Preexisting 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 or its reinstatement.

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.

Waiting Period

Waiting Period shall only apply to groups where the cover under the group Policy is voluntary in nature.

Waiting period applies at individual member level from the member's date of commencement of risk, coverage effective date of member or reinstatement whichever is later.

During the Waiting Period, no claim other than accidental death shall be admissible. The Waiting Period shall not be applicable for coverage term up to 3 months.

In the event of a claim admitted during the Waiting Period, 80% of the Total Premiums Paid till the date of claim/occurrence of the insured event shall be paid and the cover under the Group Policy shall immediately terminate.

Waiting period for Critical Illness: For the Critical Illness benefits under "Life & Health Cover" and "Extra Life & Health Cover" options there will be a waiting period of 30 days from the date of commencement of risk, coverage effective date of member or reinstatement whichever is later. If a critical illness claim occurs during waiting period under "Life & Health Cover" or "Extra Life & Health Cover", 80% of the total premiums paid till the date of claim will be paid and the cover will terminate. The waiting period for Critical Illness benefit applies for both compulsory and voluntary groups.

Suicide Clause:

In case of death of the member due to suicide within 12 months from the date of commencement of risk under the policy or from the date of latest revival of the member under the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to 80% of the total premiums paid till the date of death or the unexpired premium

value available as on the date of death whichever is higher, provided the policy and his membership, both, are in force as on the date of death.

‘Total premiums paid’ means total of all the premiums received by the Company, excluding any extra premium, any rider premium and taxes.

The Suicide Exclusion shall not applicable to the following cases of employer-employee groups:

- a) If the group enrolled for this Group Policy is shifting from another Life Insurer;
- b) Where the group has enrolled for this Group Policy for the first time, and where the group has compulsory participation for all employees as Insured Members

Grace period:

Under this Group Policy, there is a Grace Period of 15 days (if Premium is payable on a monthly mode) and a period of 30 days (if Premium is payable in any other mode) for the payment of Premium.

Nomination:

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

Assignment:

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

Revival Provisions

The cover under the Group Policy may be revived within five (5) years from the date of first unpaid premium subject to payment of due Premium(s) and interest thereon for the delay. The current applicable interest rate for revivals is 7%, we may change the rate of interest from time to time. The Revival of the coverage will be in accordance with Our Board approved underwriting policy.

Free Look Provision

If Group Policyholder has any objections to the terms and conditions of this Group Policy, the policy may be returned by giving a signed written notice to Us within 15 days from the date of receiving the Group Policy, stating the reasons for objection. 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).

If the Premium is paid entirely by the Insured Member and the Insured Member disagrees with the terms and conditions of the Group Policy, he/she may cancel his/her coverage under the Group Policy by giving Us a written notice within 15 days of receiving confirmation of coverage stating the reasons for objection and We shall refund the Premium received in respect of such Insured Member after deducting proportionate risk premium for the period of cover, stamp duty charges and expenses towards medical examination, if any, for that Insured Member

Termination of the Group Policy

Coverage under this Group Policy where Premium is paid by the Group Policyholder shall terminate on occurrence of the earliest of the following:

- a) At the expiry of five years from the date of lapse
- b) You may terminate this Group Policy by giving a minimum of 30 days’ written notice to Us. In case the Group Policy is terminated by You, the Insured Member(s) shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.
- c) On Free Look Cancellation

Coverage of an Insured Member under the Certificate of Insurance, where Premium is paid by the Insured Member shall terminate on occurrence of earliest of the following:

- a) At the expiry of five years from the date of lapse
- b) Date of payment of the claim on the insured benefit under the Group Policy
- c) The date the Insured Member ceases to be an Eligible Member or voluntarily withdraws from the membership of the group
- d) On Free Look Cancellation

Please Read the Policy Document for more details on Terms & Condition of this Group Policy

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.co.in