



You Cannot Surely Predict The Future. But You Can Protect It.

PNB MetLife

Group Serious Illness Rider

Non - Linked, Non-Participating, One Year Renewable, Group, Pure Risk, Health Rider (UIN: 117B018V02)



There is an ever increasing need to achieve cost-effective protection, on a world-wide basis, against a range of different risks for offering protection to employees by conscious employers.

Presenting PNB MetLife Group Serious Illness Rider which helps you to protects your group members and provides them security.

WHAT IS PNB METLIFE GROUP SERIOUS ILLNESS RIDER?

PNB MetLife Group Serious Illness rider provides payment of on diagnosis of as many as 15 serious conditions. You can have the money to pay for the illness when you need it rather than after the treatment is over, thus helping you protect yourself against any health or lifestyle risk.

PNB MetLife Group Serious Illness rider is available in two variants - one of which can be chosen by the Group Policyholder.

These variants are as follows:

- **1. Serious Illness Additional:** This variant provides for an additional amount equal to 100% of the rider Sum Assured upon diagnosis of fifteen specified serious illness conditions, provided the insured survives 30 days following the diagnosis. The risk cover under the base policy continues after the settlement of the rider Sum Assured.
- 2. Serious Illness Accelerated: This variant provides for an accelerated payment of a percentage of the base policy Sum Assured chosen by the Group Policyholder at inception upon diagnosis of fifteen specified serious illness conditions, provided the insured survives 30 days following the diagnosis. The base policy will continue with the base risk cover reduced to the extent of rider benefit settled. If subsequently death occurs, the reduced Sum Assured will be paid as the death benefit.

The above mentioned payments are subject to both the rider and the base policy being in full force for the contracted Sum Assured at the time of the diagnosis.

Following are the list of insured serious illness conditions:

1. MYOCARDIAL INFARCTION First Heart Attack - Of Specified Variety

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:

- a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);
- b) New characteristic electrocardiography (ECG) changes; and
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

Specific Exclusions:

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

2. 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:

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

3. Cancer of specified Severity

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma

Specific Exclusions:

- All tumours which are histologically described as carcinoma in situ, benign, premalignant, 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 & CIN-3
- 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- 3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- 4. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification..
- All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs
- 6. Malignant melanoma that has not caused invasion beyond the epidermis
- 7. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- 8. Chronic Lymphocytic Leukaemia less than RAI Stage 3.

4. OPEN CHEST CABG

The actual undergoing of heart surgery, to correct narrowing or blockage in one or more 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.

Specific Exclusions: Angioplasty and/or any other intra-arterial procedures

5. Kidney Failure requiring Regular Dialysis

End Stage Renal Disease presenting as the chronic irreversible failure of both kidneys to function, as a result of which eitherregular 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. Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of

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

Specific Exclusions:

- 1. Other stem cell transplants are excluded.
- 2. Where only islets of langerhans are transplanted

7. Aorta Surgery

The actual undergoing of surgery via a thoracotomy or laprotomy to repair or correct a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Specific Exclusions:

Traumatic injury of the aorta is excluded.

8. Blindness

- 1 Total, permanent, and irreversible loss of all vision in both eyes as a result of illness or accident
- 2. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or;
 - ii. the field of vision being less than 10 degrees in both eyes.
- 3. The diagnosis of blindness must be confirmed and must not be correctable by medical or surgical procedure.

9. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open- heart valve 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

10. 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.

11. Coma of Specified Severity

I. 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 for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be accessed at least 30 days after the onset of the coma
- II. The condition has to be confirmed by a specialist medical practitioner.

Specific Exclusions:

Coma resulting directly from alcohol or drug abuse is excluded.

12. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Life Assured to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living" for a continuous period of at least six months:

Activities of Daily Living:

- 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, takes 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.

Specific Exclusions:

Drug-induced or toxic causes of Parkinsonism are excluded.

13. Multiple Sclerosis

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;
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

Specific Exclusions:

Other causes of neurological damage such as SLE are excluded.

14. Benign Brain Tumour

- I. Benign brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumour 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
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumour.

Specific Exclusions:

- Cysts
- Granulomas
- Malformations in the arteries or veins of the brain
- Haematomas
- Abscesses
- Pituitary tumors
- Tumours of skull bones, and
- Tumours of the spinal cord.

15. 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.

Eligibility criteria

- Minimum age at entry 18 years age last birthday
- Maximum age at entry 64 years age last birthday
- Maximum age at maturity 65 years age last birthday
- Minimum sum assured Rs 10.000
- Maximum sum assured Rs 50,00,000 or base policy sum assured whichever is lower

Waiting period

No amount shall be payable under this benefit in respect of critical illness condition diagnosed within a maximum period of 90 days after the commencement date of the policy or effective date of joining for new members whichever is later. This is applicable for all new schemes, any new member joining existing schemes and all members of the takeover schemes where CI benefit was not provided by the previous insurer. However, waiting period can be waived off for the continuing members of the takeover schemes if the previous

Survival period

The benefit amount under this rider is payable only if the insured survives for the period of at least 30 days from the date of diagnosis of the insured serious illness.

Termination

Coverage under this Rider for all Insured Members shall terminate on the occurrence of the earliest of the following:

- 1. Expiration as a result of non-payment of Regular Rider Premium due within the grace period or non-payment of renewal premiums on the Annual Renewal Date.
- 2. Termination of the Rider by Master Policyholder:

Master Policyholder may terminate this Rider by giving Us at least 30 days written notice. If the Rider is terminated by master policyholder, 100% of the unexpired Regular Rider Premium shall be refunded without interest, provided however in the event of such termination, the Insured Member(s) shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.

- 3. The Insured Member's death;
- 4. The date the Insured Member ceases to be an Eligible Member or resigns / retires / voluntarily withdraws from the membership.
- 5. Upon payment of the Rider benefit to the Insured Member/Nominee Any termination of coverage of an Insured Member shall be without prejudice to any claim originating prior to the effective date of such termination. In case the Insured Member exits the Rider by way ceasing to be an Eligible Member or voluntarily withdraws from the membership, 100% of the unexpired Regular Rider Premium with respect to the Insured Member shall be refunded without interest.

Exclusions

The Person Insured will not be entitled to any benefits if a Covered Serious Illness results either directly or indirectly from any one of the following causes:

- Congenital Condition: Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Drug Abuse: Insured Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- Any condition that is pre-existing at the time of inception of the rider policy
 - Pre-existing Disease means any condition, ailment, injury or disease: That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
 - For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
- Intentional self-inflicted injury.
- Criminal acts: Insured Member's involvement in criminal and/or unlawful acts with criminal and/or unlawful intent.
- War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 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.
- Aviation: Insured Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit
 or any race not previously declared and accepted by us..
- Pregnancy: Any complications arising from pregnancy or childbirth.

These exclusions apply in addition to the exclusions listed in the Base Policy, if any.

Loans

There is no policy loan available in this plan.

Terms & Conditions

Free look period

Master Policy Holder / Members of the group have a period of 30 days beginning from the date of receipt of the Master Policy / Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Insurance Coverage. If the Master Policy Holder / Members have any objections to any of the terms and conditions, then he / she can cancel the Master Policy / Certificate of Insurance by giving a written notice to us, stating the reasons for the objections. Then he/she shall be entitled to a refund of the premium paid subject to only a deduction of proportionate risk premium for the period of cover, stamp duty charges and expenses towards medical examination (if any). All rights of the member(s) under this Policy shall immediately stand extinguished at the cancellation of the Master Policy / Certificate of Insurance.

Grace Period

Grace Period means the time granted from the due date for the payment of premium, without any penalty or late fee, during which time the rider policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the Rider Policy. The grace period for payment of the premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases. Upon the Life Assured's death during the Grace Period, the Death Benefit shall be payable after deduction of the due premium

Nomination

Nomination shall be allowed as per 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.

Renewal

This Rider is renewable on every Annual Renewal Date along with the Base Plan as stated in the Policy Schedule.

The renewal of the rider is subject to consent of the Company and upon payment of premiums at the rate and terms as required by the Company on the Annual Renewal Date

Grievance Redressal

In case you have any query or complaint or grievance, you may approach any of our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at indiaservice@pnbmetlife.co.in

Write to

Customer Service Department,

1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062.

- Online through our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

For any escalation with the resolution provided by any of the above touch points, you may, write to our Grievance Redressal Officer at gro@pnbmetlife.co.in

If you do not get appropriate resolution, you may approach Insurance Ombudsman on https://www.cioins.co.in/Ombudsman.

Statutory Warning

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

- 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.
- 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 MISSTATEMENT

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.

Extract of Section 45, of the Insurance Act, 1938, as amended form time to time states

Policy not be called in question on ground of mis statement after three years.

- No policy of life insurance shall be called in question on any ground whatsoever after the
 expiry of three years from the date of the policy, i.e., from the date of issuance of the policy
 or the date of commencement of risk or the date of revival of the policy or the date of the
 rider to the policy, whichever is later.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival.

of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I.—For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with intent to deceive the insurer or to induce the insurer to issue a life insurance policy:—

- (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) the active concealment of a fact by the insured having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent.

Explanation II.—Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent keeping silence, to speak, or unless his silence is, in itself, equivalent to speak.

3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation.—A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation. —For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said

fact no life insurance policy would have been issued to the insured.

5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'.

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



www.pnbmetlife.com

1800-425-6969

PNB MetLife India Insurance Company Limited, Registered office address: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDAI Registration number 117. CI No: U66010KA200PLC02883. PNB MetLife Group Serious Illness Rider (UIN: 1178018V02) is an Individual,Non-Linked, Non-Participating, One Year Renewable, Group, Pure Risk, Health Insurance Ricker. This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. This version of the document invalidates all previous printed versions for this particular plan. The detailed Terms and Conditions are contained in the Policy Document. Tax benefits are as per the Income Tax Act, 1961, & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details. Goods and Services Tax (GST) shall be levied as per prevailing tax laws which are subject to change from time to time. Trade Logo displayed above belongs to Punjab National Bank and Metropolitan Life Insurance Company and used by PNB MetLife India Insurance Company Limited under License. Email: indiaservice@pnbmetlife.co.in or Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goreaano (West), Mumbai – 400062, Maharashtra, AD-F/2024-25/890.

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS / FRAUDULENT OFFERS!

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.