



MetLife Group Accidental Permanent & Partial Disability Plus - Sales Literature – UIN: 117B017V01

MetLife Group Accidental Permanent & Partial Disability Plus Rider

A Non-Linked One Year Renewable Group Rider

There is an ever increasing need to achieve cost-effective protection, on a world-wide basis, against a range of different risks whether it is protecting employees or protecting customers of any affinity group.

Presenting **MetLife Group APPD Plus Rider**, a one year renewable rider, which helps you to protect your group members and provides them security.

What is MetLife Group APPD Plus Rider?

This rider pays a percentage the rider Sum Assured in the case of Permanent Partial Disability and/or Permanent Total Loss of use of limbs, sight, hearing and/or speech due to accident. This rider can be added in the One Year Renewable Group Insurance Plan - MetLife Complete Care currently.

The different percentages and the events at which these benefits are paid are shown in the Table below.

Disability or loss of use must be a result of an accident which is defined as “A sudden, unforeseen and involuntary event caused by external and visible means”

The permanence of the disability will only be established 12 months following the date of the event except in the case of complete severance of hand at or above the wrist or foot at or above the ankle joint upon which the rider claim will be paid.

Standard scale of benefits:

The following scale of benefits applies:

| For loss of | % of Sum Assured payable on claim |
|----------------------------------|-----------------------------------|
| Both Hands | 100% |
| Both Feet | 100% |
| Sight of both eyes | 100% |
| One hand and one foot | 100% |
| One hand and sight of one eye | 100% |
| One foot and sight of one eye | 100% |
| Speech and hearing in both ears | 100% |
| One hand | 50% |
| One foot | 50% |
| Sight of one eye | 50% |
| Speech | 50% |
| Hearing in both ears | 50% |
| 4 fingers and thumb on same hand | 40% |
| 4 fingers on same hand | 35% |
| Thumb- both phalanges | 25% |
| Hearing in one ear | 25% |

This rider benefit is in addition to the benefits payable under the Base Policy.

On payment of the any one of the above rider benefit, the rider cover for the member of the group insurance plan will stand terminated.

The Policyholder has the option to choose the Rider either at inception or on Annual Renewal Date of the Base Policy, subject to underwriting conditions as laid by the Company from time to time. However, the Rider Sum Assured once chosen cannot be altered until the next renewal date of the policy.

Insurance is the subject matter of the solicitation

Eligibility conditions

| Plan parameters | Minimum | Maximum |
|---------------------------------|----------------|---|
| Age* at entry of Person Insured | 18 years | 64 years |
| Maturity Age* of Person Insured | 65 years | |
| Sum Assured per member | Rs. 5,000 | Rs. 50 Lakhs, subject to Base Sum Assured |
| Group Size | 50 | |

*Age last birthday

Additional insurability evidence may also be required for Sum Assured exceeding Free Cover limit depending upon the composition of the group.

Modes of Premium payment

The premiums are payable in the yearly, half-yearly, quarterly and monthly modes.

Following factors are applied to yearly premium when paying premiums other than the yearly mode.

| Modes of Premium | Multiplicative Factor |
|-------------------------|------------------------------|
| Half-Yearly | 0.5096 |
| Quarterly | 0.2573 |
| Monthly | 0.0863 |

Tax Benefits:

Tax benefits under this plan are available as per the provisions and conditions of the Income Tax Act and are subject to any changes made in the tax laws in future. Please consult your tax advisor for advice on the availability of tax benefits for the premiums paid and proceeds received under the policy.

Other clauses

Termination of cover: This coverage shall terminate, upon occurring of the earlier of the following event:

- The Date on which the rider coverage is terminated or surrendered or on exceeding the maximum maturity age under the plan.
- The Date of receipt of the intimation of death of the Member Insured
- Immediately upon payment of any one of the insured rider Sum Assureds (i.e. payment of accidental permanent & partial disability benefit)
- Upon non payment of renewal premium on the Annual Renewal Date

Grace Period

Grace period of 30 (thirty) days for modes of premium payment other than monthly and 15 days in the case of monthly mode will be allowed for payment of premium without interest. The risk cover will cease in case of non receipt of premium on the due date.

Free Look Provision:

Group Policyholder / Insured Member (if the premium is paid entirely by the Insured Member) have a period of 15 days from the date of receipt of the Policy document (within 30 days in case of solicitation over distance mode), to review the terms and conditions of this rider and to return if not acceptable clearly stating the reason for cancellation.

The Group Policyholder / Insured shall be entitled to-

- a) A refund of the premium less any expenses incurred, if any, by the insurer on medical examination of the members and the stamp duty charges or;

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- b) a deduction towards the proportionate risk premium for period of cover or;
- c) All rights of the Group Policyholder / Insured Member under this Rider shall immediately stand extinguished at the cancellation of the Rider and / or the Group Policy.

Increase or Decrease in benefits: Not allowed.

Premium Guarantee: The Premium rates are guaranteed for a period of one year.

Renewal

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

The rider shall be ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non – cooperation by the insured.

In case of renewal of rider has been denied, same shall be supported by cogent reasons for such denial.

Exclusions

Notwithstanding anything to the contrary stated herein, no benefits under this Rider will be payable if disability occurs from or is caused, either directly or indirectly due to one of the following:

1. **Drug Abuse:** Member under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
2. **Self-Inflicted Injury:** Intentional Self-Inflicted Injury.
3. **Criminal acts:** Member involvement in criminal activities with criminal intent.
4. **War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil, war, rebellion, revolution or taking part in riot or civil commotion.
5. **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.
6. **Aviation:** Member participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
7. **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the company.
8. **Infection:** Death caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
9. **Poison:** Taking or absorbing, accidentally or otherwise, any poison.
10. **Toxic Gases:** Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

Statutory Warning:

Section 41 of the Insurance Act, 1938 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.

Section 45 of the Insurance Act, 1938 states:

1. 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.

2. 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. 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 the 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 specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of 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 mis-statement 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. 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. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till 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. The mis-statement 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.

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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 India Insurance Company Limited

PNB MetLife India Insurance Company Limited (PNB MetLife) is a joint venture where MetLife, Inc. and Punjab National Bank (PNB) are the majority shareholders. PNB MetLife was previously known as MetLife India Insurance Company Limited (MetLife India). MetLife India has been present in India since 2001.

PNB MetLife brings together the financial strength of one of the world's leading life insurance providers, MetLife, Inc. and the credibility and reliability of Punjab National Bank, 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.

The Company is present in over 150 locations across the country and serves customers in more than 7,000 locations through its bank partnerships with PNB, the Jammu & Kashmir Bank Limited and Karnataka Bank Limited.

PNB MetLife provides a wide range of protection and retirement products through its Agency sales of over 25,000 financial advisors and bank partners and provides access to employee benefit plans for over 800 corporate clients in India. With its headquarters in Bangalore and Corporate Office in Gurgaon, PNB MetLife is one of the fastest growing life insurance companies in the country.

For more information, visit www.pnbmetlife.com

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