



MetLife Group Serious Illness Rider

A Non-Linked One Year Renewable Group Rider

**YOU CANNOT SURELY PREDICT THE FUTURE.
BUT YOU CAN PROTECT IT.**

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.: U66010KA2001PLC028883. MetLife Group Serious Illness Rider (UIN: 117B018V01) is a Non-Linked One Year Renewable Group Rider. Benefit option, chosen at inception, cannot be altered during the term. 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. 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. The marks "PNB" and "MetLife" are registered trademarks of Punjab National Bank and Metropolitan Life Insurance Company, respectively. PNB MetLife India Insurance Company Limited is a licensed user of these marks. Call us Toll-free at 1-800-425-6969. Phone: 080-66006969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or Write to us: 1st Floor, Techniplex -1, Techniplex Complex, O_ Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062, Maharashtra. Phone: +91-22-41790000, Fax: +91-22-41790203. AD-F/2020-21/394.

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METLIFE GROUP SERIOUS ILLNESS 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 for offering protection to employees by conscious employers.

Presenting MetLife Group Serious Illness Rider, a one year renewable rider, which helps you to protect your group members and provides them security. This rider can be added with a one year renewable group insurance plan.

WHAT IS METLIFE GROUP SERIOUS ILLNESS RIDER?

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.

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 the payment 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 (up to 100% of the Base Sum Assured expressed in multiples of 10%) chosen by the Group Policyholder at inception, through the Proposal Form, 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. CANCER

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

II. The following are excluded:

- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. 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.
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder

2. FIRST HEART ATTACK

- I. The first occurrence of 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 this will be evidenced by all of the following criteria:
 - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - ii. new characteristic electrocardiogram changes
 - iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- ii. Other acute Coronary Syndromes
- iii. Any type of angina pectoris.

3. OPEN CHEST CABG

I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures
- ii. any key-hole or laser surgery.

4. 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

5. COMA

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:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

6. 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.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

I. 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.

II. 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

8. MAJOR ORGAN / BONE MARROW TRANSPLANT

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

II. The following are excluded:

- i. Other stem-cell transplants
- ii. 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. 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.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

II. Other causes of neurological damage such as SLE are excluded.

12. BLINDNESS

Total, permanent, and irreversible loss of sight in both eyes as a result of sickness or injury as confirmed by a consultant Ophthalmologist.

Specific Exclusions:

Irreversible here means the blindness should not be correctable by medical or surgical procedure

13. PARKINSONS'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.

14. BENIGN BRAIN TUMOUR

A benign tumour in the brain where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques.

Specific Exclusions:

- Cysts
- Granulomas
- Vascular Malformations
- Haematomas and
- Tumours of the pituitary gland or spinal co

Insurance is the subject matter of the solicitation UIN:117xxV01

15. MAJOR BURNS

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Member's body.

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 1,000
- Maximum Sum Assured Rs 50,00,000 or base policy Sum Assured whichever is lower
- Minimum Group Size is 50

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

FREE LOOK PERIOD:

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;
- 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.

WAITING PERIOD

No amount shall be payable under this benefit in respect of serious 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 serious illness 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 scheme provided for the Serious Illness benefit.

Increase or Decrease in benefits:

Not allowed

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.

Premium Guarantee

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

Termination

The riders will terminate on the earliest of any one of the following mentioned below

- Lapse, surrender, termination of the base policy.
- The policy anniversary on which the life assured is aged 66 years (as on last birthday) or the maturity date of the base policy whichever is earlier
- The date of first occurrence of the event on which benefit becomes payable
- Group Policyholder terminating this Group Policy
- The date the Insured Member ceases to be an Eligible Member of the Group
- Upon non payment of Renewal Premium on the Annual Renewal Date

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.

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.

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:

1. **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 including disorder varying from minor cosmetic irregularities to life threatening disorders i.e. any harmful trait, physical or biochemical, present at birth, whether a result of a genetic mutation or some other non-genetic factor.
2. **Drug Abuse:** Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
3. **Pre-existing disease:**

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

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
4. **Self-inflicted Injury:** Intentional self- Inflicted injury.
5. **Suicide:** If the Serious illness/ death was contracted due to attempted suicide or intentional selfinflicted injury by the Member.
6. **Criminal acts:** Member involvement in criminal activities with criminal intent.
7. **War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
8. **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.
9. **Aviation:** Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
10. **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
11. **Pregnancy:** Any complications arising from pregnancy or childbirth.
12. Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period)

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.
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

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.

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.
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

EXTRACT OF SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME STATE

- In accordance with Section 41 of the Insurance Act, 1938, as amended from time to time. 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 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.