

**Terms & Conditions Applicable for this Rider**

The definitions, terms, conditions and exclusions of this Rider mentioned herein are to be read in conjunction with definitions, terms, conditions and exclusions mentioned in the policy terms & conditions of the base plan to which this rider is attached.

**Part – B**

**DEFINITIONS**

Terms defined under the Group Policy shall have the same meaning as ascribed to them in the Group Policy wherever they are used in this Rider. In addition, for the purposes of this Rider, the terms defined below shall have the following meaning ascribed to them whenever used in this Rider wording.

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Bodily Injury** means injury must be evidenced by external signs such as contusion, bruise and wounds except in case of drowning and internal injury.
3. **Policy/ Group Policy** means the Policy to which this **Rider** is attached and forms a part of.
4. **Regular Rider Premium** means the regular payments to be made by **You**, to keep the **Rider** in force, in accordance with the frequency and manner of payment chosen by **You** and is the amount as specified in the **Group Policy Schedule**.
5. **Rider** means the insurance cover(s) added to a base product for additional premium or charge. The Group Policy Schedule will specify if any Riders are additionally opted and in force under the Policy.
6. **Rider Document** means this document, any endorsements issued by **Us**, the **Rider Schedule**, Annexure and the **Proposal Form**.
7. **Rider Free Cover Limit** means insurance coverage provided by **Us** based on the risk characteristic of the group under all group/rider policies to a Group Policyholder upon satisfying **Our** eligibility criteria. It is the amount as stated in the **Group Policy Schedule**.
8. **Rider Sum Assured** means an absolute amount of benefit which is guaranteed to become payable on happening of insured contingency in accordance with the terms and conditions of the policy..
9. **Total and Permanent Disability** refers to a disability which:
  - Is caused by Bodily Injury resulting from an Accident, and
  - Occurs due to said Bodily Injury solely, directly, and independently of any other causes, and
  - Occurs within 180 days of the occurrence of such accident but before the expiry of cover, and
  - Completely, continuously and permanently prevents the life assured from engaging in any work, occupation or profession to earn or obtain any wages, compensation or profit, such condition to persist for atleast 6 months from the date of disability, or
  - The loss of both arms, or both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability

**Part – C**

**RIDER FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS**

**1. Rider Features**

PNB MetLife Group Accidental Permanent and Total Disability Plus is a non-linked, non-participating, one year renewable, group health insurance rider. This Rider offers the benefits listed below and is renewable annually along with the base group policy. The benefits will be payable subject to the terms and conditions of this **Rider**, including the Regular Rider Premium Payment Conditions set out below.

**2. Commencement of Insurance Coverage for Insured Members**

- 2.1. Coverage for an Eligible Member shall commence on the later of (i) Effective Date of Coverage or (ii) Date on which the person becomes an Eligible Member, provided the total Rider Sum Assured under all group policies with Us is less than or equal to Rider Free Cover Limit.
- 2.2. If the total Rider Sum Assured exceeds the Rider Free Cover Limit, insurance coverage up to the Rider Free Cover Limit shall commence on the later of (i) Effective Date of Coverage or (ii) Date on which the person becomes an Eligible Member
- 2.3. Coverage for amounts above Rider Free Cover Limit shall be subject to underwriting and coverage for such amount shall commence only from the date of written acceptance by Us.
- 2.4. If **Individual Underwriting** cannot be completed due to any reason within the time period specified by Us, or We decline/postpone coverage for the **Rider Sum Assured** above the **Rider Free Cover Limit** based on the results of the **Individual Underwriting**, the **Rider Sum Assured** of such **Insured Member** shall be restricted to the **Rider Free Cover Limit**.

**3. Accidental Permanent and Total Disability Benefit**

If the **Insured Member** becomes **Permanently and Totally Disabled** directly as a result of an **Accident** occurring during the **Rider Term** and after the date on which the person becomes covered as an **Insured Member** under this **Policy** when this **Rider** is in full force and effect, We will pay the **Rider Sum Assured** to the **Insured Member** in addition to any benefits payable under the **Base Policy**, provided that the **Insured Member** has remained **Permanently and Totally Disabled** for a period of at least 180 Days following the date of the **Accident**.

For the purpose of this benefit, “**Permanently and Totally Disabled**” means incapacitation of the **Insured Member** to earn an income from any work, occupation or profession for the rest of his/her life. Disability must be a result of a Bodily Injury caused solely by an Accident.

Following a payment of the Benefit in respect of an **Insured Member** under this **Rider**, all covers affected on the life of the **Insured Member** will cease after the waiting period of 180 Days is completed, as the person is no longer a Member of the group.

**4. Regular Rider Premium Payment Conditions**

**4.1. Premium rate**

For **Insured Member(s)** with coverage above the **Free Cover Limit**, the final **Regular Rider Premium** rate(s) and **Regular Rider Premium** shall be determined after completion of the **Individual Underwriting** for the **Insured Member(s)**, and such final **Regular Rider Premium** rate shall be applicable only on the **Rider Sum Assured** above the **Free Cover Limit** as stated in the **Rider Schedule**.

#### 4.2. **Payment of Premium**

You shall pay the **Regular Rider Premium** in full by the Rider Premium Due Date and in any event before the expiry of the **Grace Period**. If the **Regular Rider Premium** is not received in full at the expiry of the **Grace Period** the **Rider** shall lapse and insurance cover under this **Rider** for all **Insured Members** shall forthwith terminate. Upon the **Insured Member's** Permanent and Total Disability during the **Grace Period**, the benefits under this **Rider** shall be payable in full. For any new **Insured Member** covered by this **Rider**, a proportionate **Regular Rider Premium** shall be charged from the day he becomes an **Insured Member**, up to the next **Annual Renewal Date** or the next Rider Premium Due Date whichever occurs first. Insurance cover for such **Insured Members** shall not commence unless such proportionate **Regular Rider Premium** is paid to Us.

#### 5. **Rider Exclusions**

Notwithstanding anything to the contrary stated herein, no Benefits under this Rider will be payable if the Accidental Permanent Partial Disability occurs from an **Accident** due to one of the following:

- (a) **Drug Abuse: Insured Member** under the influence of alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- (b) **Self-inflicted Injury:** Intentional self-inflicted injury.
- (c) **Criminal acts: Insured Member's** involvement in criminal activities with criminal intent.
- (d) **War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, terrorism or taking part in a riot or civil commotion.
- (e) **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.
- (f) **Aviation:** Insured Member participation in any flying activity, other than as a passenger in a commercially licensed aircraft, or was participating in a non-military flight for the purpose of descent from the aircraft while in flight.
- (g) **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby pursuit or any race not previously declared to and accepted by Us, including, but not limited to the following:
  - a) All forms of racing (i.e. whether in a powered vehicle or not);
  - b) Trekking/rock climbing/mountaineering;
  - c) River Rafting/kayaking/canoeing;
  - d) Bungee Jumping
  - e) Skydiving, Scuba diving etc.
- (h) **Infection:** Loss caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained
- (i) **Poison:** Taking or absorbing, accidentally or otherwise, any poison.
- (j) **Toxic Gases:** Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

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Non-Linked, Non-Participating, One Year Renewable, Group, Pure Risk, Health Insurance Rider

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

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**Part – D**

**RIDER SERVICING CONDITIONS**

**You are requested to refer to the Rider Servicing Conditions described below before making a request for Rider servicing to Us.**

**1. Free Look Period**

- 1.1. **You** have a period of 30 days from the date of receipt of the **Rider Document**, whether received electronically or otherwise, to review the terms and conditions of this **Rider**. If **You** have any objections to the terms and conditions, **You** may cancel the **Rider** by giving written notice to **Us** stating its reasons for objection and **You** will be entitled to a refund of the **Regular Rider Premium** received subject to a deduction of expenses incurred on medical examination of the **Insured Members** (if any), proportionate risk premium for the period of the cover and the stamp duty charges. All rights under this **Rider** shall immediately stand extinguished at the cancellation of the **Rider**.
- 1.2. If the **Regular Rider Premium** is paid entirely by the **Insured Member** and the **Insured Member** disagrees with the terms and conditions of the **Rider**, he may cancel his coverage under the **Rider** by giving **Us** a written notice within 30 days of receiving the Rider document, whether received electronically or otherwise, stating the reasons for objection and **We** shall refund the **Regular Rider Premium** received in respect of such **Insured Member** after deducting stamp duty charges, proportionate risk premium for the period of the cover and expenses towards medical examination, if any, for that **Insured Member**.

**2. Rider Renewal**

- 2.1. This **Rider** shall be renewed on mutually agreed terms, on every **Annual Renewal Date**.
- 2.2. If **You** decide to renew the **Rider** with **Us**, **You** shall communicate the decision to **Us** in writing before the **Annual Renewal Date** and **You** shall make the payment towards applicable renewal premium on the **Annual Renewal Date**.

**3. New Members Addition**

After the **Date of Inception of the Rider** or the **Annual Renewal Date**, an **Eligible Member** shall become an **Insured Member** only after due intimation to **Us** and submission of all information and details in the form and manner specified by **Us** provided coverage of such **Insured Member** shall commence in accordance with **Part C**. **We** shall require evidence of insurability for providing the group life cover to the **Insured Members** in accordance with **Our** Board approved underwriting policy.

**4. Loan**

Loans are not available under this **Rider**.

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**Part – E**

Not Applicable

SAMPLE

**Part – F**

**GENERAL TERMS & CONDITIONS**

**The following general terms and conditions are applicable to Your Rider.**

**1. Payment to Nominees**

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. A leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure to **Group Policy Document** for your reference.

If the **Group Policy Schedule** specifies that the group is a Lender-Borrower Group and the **Insured Member** has given **Us** a written authorization in the form specified by **Us** to make payment of the **Insured Member's Outstanding Loan Balance Amount** (as defined under the **Policy**) to **You** on the occurrence of the insured event under this Rider from the Accidental Permanent and Total Disability Benefit payable under this **Rider**, then the terms of the **Policy** will govern the manner of payment to **You** and the **Insured Member/Nominee** respectively.

**2. Non-assignment of Benefits**

The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by the **Insured Members** or the **Nominees** or any other persons.

**3. Claims Procedure**

**We** will not be obliged to make any payment of the Benefit unless and until **We** have received all of the information and documentation **We** request, including but not limited to:

- Claimant statement in format prescribed by **Us**, duly completed.
- Leave records of the **Insured Member** (if applicable).
- **Your** declaration and certificate that that the **Insured Member** was a member of **Your** group at the time of the death of **Insured Member**.
- Certification of the details of the **Nominee** (if any).
- Doctor's Certificate (From the family physician or treating doctor) preferably in the standardized PNB MetLife format.
- Current and past medical records for diagnosis of ailment /Inpatient medical records/ First Consultation notes pertaining to treatment/ Discharge Summary if any.
- Photo identity proof & Current address proof
- PAN Card/ Form 60 of the life assured
- Cancelled cheque / Copy of bank passbook
- Any additional document(s) as required by **Us**.

**You/claimant** shall submit all the above documents within 45 days of the occurrence of the claim incidence. **We** shall consider submission of the above documents beyond 45 days but not later than 90 days from the occurrence of the claim incidence if there are valid reasons for such a delay on **Your/claimant** part.

Subject to **You/claimant** submitting all the documents as mentioned above within 45 days of the occurrence of the claim incidence or within the permitted extended timelines provided above, **We** shall pay the claim amount within 15/45 days from the date of receipt of the last of the documents as mentioned above depending on the claims not warranting / warranting investigations, failing which **We** shall pay interest on the claim amount to **You/claimant** at the rate of 2% more than the prevailing bank rate for savings accounts prevalent at the



beginning of the **Financial Year** in which the claim has been reviewed by **Us**.

#### 4. **Taxation**

Any tax benefits under the **Rider** shall be in accordance with the prevailing laws relating to taxation in India and any amendments thereto from time to time. **We** reserve the right to deduct charge or recover taxes or applicable duties in accordance with applicable law from any payments received or made under or in relation to the **Rider**. Tax benefits are subject to change.

#### 5. **Governing laws and jurisdiction**

The terms and conditions of the Group Policy shall be governed by and be interpreted in accordance with Indian law and all disputes and differences arising under or in relation to the Group Policy shall be subject to the sole and exclusive jurisdiction of the courts situated in Mumbai, India.

#### 6. **Termination of the Rider:**

- a. Coverage under this **Rider** for all **Insured Members** shall terminate on the occurrence of the earliest of the following:
  - (a) 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** as set out in **Part C**.
  - (b) **Termination of the Rider by You.**
    - **You** may terminate this **Rider** by giving **Us** at least 30 days written notice. If the **Rider** is terminated by **You**, 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.
- b. Coverage of an **Insured Member** shall terminate automatically on the occurrence of earliest of the following:
  - (a) The **Insured Member's** death;
  - (b) The date the **Insured Member** ceases to be an **Eligible Member** or resigns / retires / voluntarily withdraws from the membership.
  - (c) 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.

7. **Fraud and Misstatement:** Fraud and misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. A leaflet containing the simplified version of the provisions of Section 45 is enclosed in Group Policy Annexure for your reference.

#### 8. **Address for communications**

Any notice, request direction or instructions given to **Us**, under this **Rider**, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:



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**PNB MetLife India Insurance Co. Ltd.,**  
**Office: 'Techniplex Complex-1'**  
**Unit No. 101, 1st Floor,**  
**Veer Savarkar Flyover, Off S V Road,**  
**Goregaon (West), Mumbai-400062**  
**Maharashtra**  
Toll Free Help line: 1-800-425-6969 (8am –8pm)

Email: [indiaservice@pnbmetlife.co.in](mailto:indiaservice@pnbmetlife.co.in)

Similarly, any notice, direction or instruction to be given by **Us**, under the **Rider** shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to **Your** updated address in **Our** records.

**You** are requested to communicate any change in address, immediately, to enable **Us** to serve **You** promptly.

SAMPLE

**Customer Service Toll free: 1-800-425-6969 OR**  
**Write to us at [indiaservice@pnbmetlife.co.in](mailto:indiaservice@pnbmetlife.co.in)**

**Part – G**

**GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS**

**Grievance Redressal Mechanism**

In case you have any query or complaint or grievance, you may approach our office at the following address:

**Level 1**

For any complaint/grievance, approach any of our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at [indiaservice@pnbmetlife.co.in](mailto: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](http://www.pnbmetlife.com)
- Our nearest PNB MetLife branch across the country

**Level 2:**

In case you are not satisfied with the resolution provided by the above touch points, or have not received any response within 2 weeks, you may

- Write to our Grievance Redressal Officer at [gro@pnbmetlife.co.in](mailto:gro@pnbmetlife.co.in) or
- Send a letter to

**Grievance Redressal Officer  
PNB MetLife India Insurance Co. Ltd,  
Unit 302, 3rd Floor Tower 3, Worldmark,  
Maidawas Sector 65, Gurugram, Haryana - 122018**

Please address your queries or complaints to our customer services department, on the address referred above, who are authorized to review your queries or complaints and address the same. Please note that only an officer duly authorized by PNB MetLife has the authority to resolve your queries or complaints. We shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling you this Policy.

**Level 3:**

In case you are not satisfied with the decision from above offices or have not received any response within 2 weeks you may contact the Bima Bharosa Shikayat Nivaran Kendra . on the following contact details:

- Online: You can register your complaint online at <https://bimabharosa.irdai.gov.in> or refer [IRDAI website for more details.](http://www.irdai.gov.in)
- By Post: You can write or fax your complaints to  
**Consumer Affairs Department  
Insurance Regulatory and Development Authority of India  
Sy No. 115/1, Financial District,  
Nanakramguda, Gachibowli, Hyderabad – 500032, Telangana State**
- By E-mail: E-mail ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)
- By Phone: 1800 4254 732

In case You are not satisfied with the decision/resolution, You may approach the Insurance Ombudsman at <https://www.cioins.co.in/Ombudsman>, if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy;
- Delay in settlement of claim;

**Customer Service Toll free: 1-800-425-6969 OR  
Write to us at [indiaservice@pnbmetlife.co.in](mailto:indiaservice@pnbmetlife.co.in)**

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- Dispute with regard to premium; or
  - Misrepresentation of terms and conditions of the Policy;
  - Policy servicing related grievances against Us or Our agent/intermediary;
  - Issuance of Policy in non-conformity with the proposal form;
  - Non-issuance of insurance policy after receipt of premium or
  - Any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned above.
- 1) The complaint should be made in writing duly signed by You, Nominee, Assignee or by Your legal heirs with full name, address and contact information of the complainant, the details of our branch or office against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. As per Rule 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the insurance ombudsman can be made if the complainant makes a written representation to Us/Insurer and files the complaint, within one year
- after the order of the insurer rejecting the representation is received; or
  - after receipt of decision of the insurer which is not to the satisfaction of the complainant;
  - after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer fails to furnish reply to the complainant.
- 2) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.