

PNB MetLife Mera Term Plan Plus
Individual, Non-linked, Non-par, Pure Risk Premium, Life Insurance Product

1. Part A

1.1. Welcome Letter

[Name of the policyholder]
Date: dd-mm-yyyy
[Father/husband name]
[Address]
[Mobile number]
<Policy No> <Sourcing Branch>

Dear Mr/Ms. Valued Customer, (Client ID: XXXXXX)

Welcome to the PNB MetLife family. Thank you for choosing life insurance solution from PNB MetLife. This solution will financially protect your family if the insured event occurs while the Policy is in force. At PNB MetLife, We are committed to offering You the best services always.

PNB MetLife brings together financial strength, credibility and reliability of MetLife Inc., one of the leading global providers of insurance, annuities and employee benefit programs, serving more than 90 million customers for the last 140+ years and Punjab National Bank, a leading nationalized bank in India serving more than 80 million customers in the last 120+ years. You can be assured that You have chosen the right partner for life.

This booklet contains Your Policy Document along with other related information, including a copy of Your Proposal. Please preserve this document as it would be required if the need arises.

Free look Provision: Please go through the terms and conditions of Your Policy very carefully. If You have any objections to the terms and conditions of Your Policy, You may return the Policy for cancellation by giving a written notice to Us within 15 days (30 days for Online Sales or Distance Marketing) from the date of receiving the Policy Document, stating the reasons for Your objection and You 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 charges and the expenses incurred on medical examination (if any).

The Applicable free look period for this policy is <<15/30>> days.

For any queries or concerns You can contact Us via the touch points given below, We are always there to help You. For easy reference sourcing details for Your policy are mentioned below.

Name	<<Valued Advisor>>	Channel	<<XX >>	Code	<<XXXXXX>>
E-Mail ID	<<valuedadvisor@pnbmetlife.co.in>>		Mobile	/ <<XXXXXX>	
			Landline No.	>	

We look forward to being Your partner in this wondrous journey of life.

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

[Signature]
[Name of signing authority]
[Designation of signing authority]

In case of any queries / concerns, You can reach Us at:

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<p>Call us at 1800-425-6969 (Toll Free)</p>	<p>Email Us at indiaservice@pnbmetlife.co.in</p>	<p>Visit www.pnbmetlife.com to manage your policy online. Register online using your Customer ID & Policy No.</p>	<p>Visit your nearest PNB MetLife Office. Our address details are available on www.pnbmetlife.com</p>
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Stamp duty of Rs. XXX.XX paid to Maharashtra Government through consolidated Stamp Duty via Certificate No. XXXXXXX dated DD/MM/YYYY

1.2. Policy Preamble

PNB MetLife Mera Term Plan Plus
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This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been enacted on receipt of the premium deposit and is based on the details in the Proposal received together with the other information, documentation and declarations received from You for effecting a life insurance contract on the life of the person named in the Schedule below.

We agree to pay the benefits under this Policy on the occurrence of the Insured event described in Part C of this Policy, subject to the terms and conditions of the Policy.

On examination of the Policy, if You notice any mistake or error, please return the Policy document to Us in order that We may rectify it.

Signed by and on behalf of PNB MetLife India Insurance Company Limited

[Signature]
 [Name of signing authority]
 [Designation of signing authority]

1.3. Policy Schedule

Name of the Plan	PNB MetLife Mera Term Plan Plus		
Nature of the Plan	Individual, Non-linked, Non-par, Pure Risk Premium, Life Insurance Product		
UIN	117N126V03		

Proposal number	<<<>	Policy number	<<<>	Date of Issue	<<<>	Issuing office	<<<>
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1.3.1 Details of the Policyholder and Life Assured

Name of Policyholder	<<<>	Gender	<<<>	Date of Birth	<<<>
Name of Life Assured	<<<>	Gender	<<<>	Date of Birth	<<<>
Address of Policyholder	<<<>				
Address of Life Assured	<<<>				
Telephone Number	<<<>				
Mobile Number	<<<>				
Age admitted of the Life Assured	<Yes/No>				

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Is Spouse Coverage option chosen?	<<Yes / No>> If 'Yes', the following details to be filled				
Name of the Second Life (Spouse)	<<>>	Gender	<<>>	Date of Birth (Spouse)	<<>>
Proof of identification	<<>>				
Age admitted of the Second Life (Spouse)	<Yes/No>				

1.3.2 Policy Benefits

Benefit option chosen	<< Life/Life Plus/Life plus Health >>						
Basic Sum Assured (First Life)	Rs. <>						
Additional Options							
Spouse coverage	<<Yes/No>>						
Basic Sum Assured of spouse (Second Life)	Rs. <> , payable in lump sum to the Nominee in case of death						
Return of Premiums*	<<Yes/No>>						
Sum Assured on Maturity (First Life)	Rs. <>	Sum Assured on Maturity (Second Life – if applicable)			Rs. <>		
Cover Enhancement Options (for First Life only)							
Step up benefit^	<Yes/No>						
Step up sum assured per year	Please refer Schedule I						
Life stage benefit^	<Yes/No>						
Child education support benefit ^	<Yes/No>						
Term of Child Education Support Benefit	<< >> years	Child Education Support sum assured		Please refer Schedule I			
Benefit payout option chosen	Lump sum	<<Yes/No>>	Lump sum amount payable	<< >>			
	Monthly Income	<<Yes/No>>	Monthly income payable	<< >>			
	Lump sum + monthly income	<<Yes/No>>	Lump sum %	<< >>	Lump sum amount payable	<< >>	
			Income %	<< >>	Monthly income payable	<< >>	

^The Cover enhancement options 'Child education support benefit', 'Step up benefit' and 'Life stage benefit' cannot be opted alongside each other. The total sum assured for Cover Enhancement Benefits cannot exceed 100% of the Basic Sum Assured at any time during the term of the policy. The total sum assured limits for Cover Enhancement Options will be subject to Our Board approved underwriting guidelines.

*Return of Premiums option is not available if Child Education Support Benefit is chosen, and vice versa.

1.3.3 Rider Details

Rider Name	Sum Assured (Rs.)	Policy Term (years)	Premium Payment Term (years)	Installment Premium (Rs.)	Goods and Services tax (Rs)*	Total Installment Premium (Rs)	Annualized Premium (Rs)
PNB MetLife Accidental Death Benefit Plus Rider	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>
PNB MetLife Serious Illness Rider	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>
PNB MetLife Accidental Disability Benefit	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>
PNB MetLife Critical Illness Benefit	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>

1.3.4 Contract Details

Premium Payment Option	Premium Payment Term
<<Single Pay/Regular Pay/Limited Pay>>	<<PPT>> years

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Date of Commencement of Risk	<<DD MM YY>>	Premium Due Date	<<DD MM YY>>
Date of Inception of the Policy	<<DD MM YY>>		
Policy Anniversary date	<<DD MM YY>>	Single Premium	Rs.<<>>
Policy Currency	INR (Indian Rupee)	Last Instalment Premium due date	<<DD MM YY>>
Maturity Date	<<DD MM YY>>	Instalment Premium (excl. taxes)	Rs.<<>>
Policy Term	<<PT>> years	GST# (applicable taxes)	Rs. <<>>
		Total Instalment Premium (incl. of extra premium & taxes)	Rs. <<>>

#Goods & Services tax

1.3.5 Details of Agent/Intermediary/ Sales Personnel

Name	
License/Registration number	
Phone number	
Address	
Email address	

Special provisions/options (if any)	
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1.3.6 Nominee details

Name(s) of the Nominee	Relationship with Life Assured	Age	Share(s) %
1) <<Name of nominee 1>>	<<Relation>>	<<Age>>	<<Percentage>>
2) <<Name of nominee 2>>	<<Relation>>	<<Age>>	<<Percentage>>
3) <<Name of nominee 3>>	<<Relation>>	<<Age>>	<<Percentage>>
4) <<Name of nominee 4>>	<<Relation>>	<<Age>>	<<Percentage>>

1.3.7 Appointee details (Only in case Nominee is less than 18 years of Age)

Appointee name	Relationship with Nominee	Age
<<Name off appointee>>	<<Relation>>	<<Age>>

1.3.8 E-Policy Document

Your soft copy of Policy Document is available in the customer portal. You can access the portal through www.pnbmetlife.com > **Customer login** > **Provide user ID and password** (for existing customer), else click **New User** (for new customer)

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1.3.9 Schedule I

Policy Year	Age of the Life Assured (years)	Base Annualized premium* (Rs.)	Additional Annualized* premium for Cover Enhancement Option, if chosen(Rs.)	Total Annualized premium* (Rs.)	First Life			
					Basic sum assured (A)	Step up sum assured (B)	Child education support sum assured (C)	Total sum assured (A+B+C)
<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>	<<>>
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*Annualized Premiums exclude underwriting extra premiums, frequency load premiums , the premiums paid towards the Riders if any, and goods & services tax and applicable cess.

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Key Feature Document

Key benefits

Basic Benefit options	<ul style="list-style-type: none"> • Life • Life Plus • Life plus Health
Additional Options	<ul style="list-style-type: none"> • Spouse Coverage • Return of Premiums
Cover Options Enhancement	<ul style="list-style-type: none"> • Step-up Benefit • Life Stage Benefit • Child Education Support Benefit Please refer to Part C for more details

The Cover enhancement options 'Child education support benefit', 'Step up benefit' and 'Life stage benefit' cannot be opted alongside each other. The return of Premiums option is not available if Child Education Support Benefit is chosen, and *vice versa*.

Benefit	Applicable for Benefit Option	Benefit Description
Death Benefit	Life, Life Plus and Life plus Health	'Sum Assured on Death' is payable upon death of the Life Assured, provided the Policy is in In-force Status as on the date of death of the Life Assured, as per one of the Benefit Payout options described hereunder and chosen by the Policyholder at inception of the Policy. The Death Benefit shall not be payable if the Terminal Illness Benefit has previously been paid. Please refer to Part C for more details.
Terminal Illness Benefit	Life, Life Plus and Life plus Health	'Sum Assured on Death' is payable upon Diagnosis of Terminal Illness of the Life Assured, provided the Policy is in In-force Status as on the date of the Diagnosis, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy. Please refer to Part C for more details.
Waiver of Premium Benefit	Life Plus and Life plus Health	All future premiums payable under the Policy shall be waived-off (including additional premiums paid for "Spouse Coverage", "Return of Premiums", "Step-up Benefit", "Life-stage Benefit" and "Child Education Support Benefit", if any) if the Life Assured suffers either an ATPD (Accidental Total & Permanent Disability) or is diagnosed with any one of the 50 listed Critical Illnesses. The Policy must be in In-force Status as on the date of occurrence of the ATPD or the date of Diagnosis of the listed Critical Illnesses. The Waiver of Premium benefit shall trigger only once either on occurrence of ATPD or Diagnosis of Critical Illnesses whichever occurs first. The Waiver of Premium (WoP) once triggered shall apply throughout the premium payment term. For "Life Plus" option, the premium and benefits under the policy will reduce to "Life" option from the policy anniversary when the life assured has attained age 75. Please refer Part C for more details.
Accelerated Critical Illness Benefit	Life plus Health	If the Life assured is diagnosed with any of the 50 covered Critical Illnesses provided the Policy is in In-force Status on date of the Diagnosis, 25% of Basic Sum Assured shall be accelerated and paid immediately. Following the payment of this benefit, the Policy will continue with balance Sum Assured on Death. Please refer Part C for more details.
Maturity Benefit	Optional, available with all	This Benefit is available only when 'Return of Premiums' option is chosen on the Date of Inception of the Policy (as stated in the Schedule). This Benefit is available on payment of additional premiums. The Maturity Benefit payable under the policy will be equal to the Sum Assured on Maturity, provided that the Life Assured survives till the Maturity Date of the Policy. The Policy terminates upon payment of this Maturity Benefit. All the three basic Benefit options are available with and without the Maturity Benefit. Please refer Part C for more details

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Death Benefit Payout Options

- **Lump sum:** Under this option, Sum Assured on Death shall be payable as lump sum.
- **Monthly Income:** Under this option, the Sum Assured on Death is payable for 10 years in equal monthly installments.
- **Lump sum plus Monthly Income:** Under this option, a percentage of the Sum Assured on Death (as chosen by the Policyholder at inception of the policy) will be immediately payable as lump sum and the balance shall be paid in equal monthly installments over 10 years.

Please refer Part C for more details.

Surrender (Available only with ROP Option)

The Policy shall acquire Guaranteed Surrender Value on the specified events mentioned under Part D of the Policy.

The Surrender Value payable shall be higher of Guaranteed Surrender Value and Special Surrender Value:

Guaranteed Surrender Value (GSV) = Total Premiums Paid * GSV factor.

The total premiums paid considered in calculation of GSV are premiums excluding Goods and Service taxes, rider premiums and underwriting extra premium paid, if any.

Special Surrender Value (SSV) = Maturity Paid-up Sum Assured x SSV factor. Where, 'Maturity Paid-up Sum Assured' is 100% of total premiums paid.

Please refer Part D for more details

Key Product conditions

Parameter	Minimum	Maximum
Age at entry ^{&} (yrs)	18	60 (55 if 'Pay till Age 60' is chosen as PPT)
Age at maturity ^{&} (yrs)	Without RoP	Life, Life Plus: 99 Life plus Health : 75
	With RoP	75
Premium Paying Term (yrs)	<ul style="list-style-type: none"> • Single pay, Limited pay (5, 10, 15, 20, Pay till Age 60), Regular Pay • Minimum allowed Policy Term for Limited pay option: Premium Payment Term plus 5 years 	
Policy Term (yrs)	10	Without RoP : Life, Life Plus: 99-Age at entry Life Plus Health: 75 – Age at entry With RoP : 40
Premium Payment modes*	Yearly / Half Yearly / Quarterly / Monthly*	

[&]All references to Age are as on age last birthday

*Monthly mode is available for standing instruction/direct debit options (including Automated Clearing House - ACH)

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Key Service Features

Nomination	Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 .
Assignment	Assignment shall be allowed under this Policy as per the provisions of Section 38 of the Insurance Act, 1938 .
Riders	Each Rider shall be subject to the terms and conditions of that Rider: <ul style="list-style-type: none">• PNB MetLife Accidental Death Benefit Plus Rider• PNB MetLife Serious Illness Rider• PNB MetLife Accidental Disability Benefit• PNB MetLife Critical Illness Benefit
Premium Payment	Premium payment can be made by cash, cheque, credit card, ECS, online payment, demand draft, and direct debit or any other permissible mode as prescribed by IRDAI .
Customer Service No.	1800 425 6969 (Toll-free)
Grievance Redressal Mechanism	Visit us www.pnbmetlife.com Email us: indiaservice@pnbmetlife.co.in Write to us: PNB MetLife India Insurance Co. Ltd, Unit No. 101, First Floor, Techniplex I, Techniplex Complex, Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra.

For detailed benefits, please refer to Policy terms and conditions

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2. Part B

2.1. Definitions applicable to your policy

The words or terms below that appear in this **Policy** in initial capitals will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

Accident	Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
ATPD	Accidental Total Permanent Disability, which shall have the specific meaning prescribed to it under Annexure C of the Policy.
Age	Age as on the last birthday; i.e. the age of the Life Assured in completed years as on Date of Commencement of the Policy and is as specified in the Schedule.
Annualized Premium	Annualized premium shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.
Appointee	The person named in the Schedule to receive payment under this Policy, if the Nominee is a minor at the time payment becomes due under this Policy.
Basic Sum Assured	The amount specified in the Schedule which is the absolute amount assured to be paid on death of the Life Assured or Diagnosis of a Terminal Illness (if Terminal Illness is covered)
Benefit Illustration	An Annexure along with the Schedule that illustrates the premiums, guarantees, returns, Benefits and values of the proposed Policy. This Benefit Illustration complies with IRDAI Regulations and contains clear disclosure of both guaranteed and non-guaranteed benefits, if any, of the Policy.
Benefits	The Death or Terminal Illness Benefit, Maturity Benefit, Surrender Benefit or any other additional benefit, as the case may be applicable and specified in the Schedule subject to the terms and conditions of this Policy.
Benefit Payout options	The options available under the Policy for making claim payments, viz. "Lump-sum", "Monthly Income" and "Lump-sum Plus Monthly Income".
Claimant	Either the Life Assured or the Policyholder or the Nominee or the assignee or the legal heir of the Nominee / Policyholder as the case may be.
Critical Illness	Critical Illness means illness described in Annexure C of this document.
Date of Commencement of risk	The date on which the risk under the Policy and Riders, if opted for, comes into effect and is as specified in the Schedule. The commencement of risk cover on the Life Assured shall depend on the age of the Life Assured on commencement of the Policy
Date of Inception of the Policy	The date on which this Policy is issued after We have accepted the risk under the Proposal. The Date of Inception of the Policy is specified under the Schedule.
Diagnosis	Diagnosis means the point in time at which the requirements for Terminal Illness Benefit or Critical Illness Benefit under this Policy are fulfilled with respect to the Life Assured, including availability of all relevant medical reports, physician statements and any other relevant records evidencing the presence of Terminal Illness or the covered Critical Illness.
Grace Period	A period of fifteen days, where the policyholder pays the premium on a monthly basis; and 30 days in all other cases.

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Hospital	Any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under: Has qualified nursing staff under its employment round the clock; has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; has qualified medical practitioner(s) in charge round the clock; has a fully equipped operation theatre of its own where surgical procedures are carried out; maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
In-force Status	A condition during the Policy Term, wherein the coverage of risk on the life of the Life Assured is subsisting and You have paid all the due Instalment Premiums.
Instalment Premium	The amount stipulated in the Schedule and payable at regular intervals (yearly/half yearly/ or monthly mode as shall be applicable) by You for the chosen Premium Payment Term as consideration for acceptance of risk and Benefits specified as such in the Policy Document.
Insurance Act	The Insurance Act, 1938, as amended from time to time.
Insured event	Is the event on the happening of which, benefits under Your policy become payable.
IRDAI	The Insurance Regulatory and Development Authority of India
Lapse	A condition wherein the due Instalment Premiums have not been paid in full, as required under the Policy terms and conditions, thereby rendering this Policy unenforceable. No benefits will be paid when the Policy is in Lapse status.
Life Assured	The person, named as such in the Schedule, on whose life, the insurance cover is effected in the terms of this Policy.
Maturity Benefit	The amount of benefit (if any) which is payable on maturity i.e. at the end of the Policy Term, as stated at the inception of the Policy contract.
Maturity Date	The date specified in the Schedule on which the Maturity Benefit is payable to You.
Medical Practitioner	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 its scope and jurisdiction of license. The medical practitioner shall not include: a) A close relative of the Policyholder/Life Assured; or b) A person who resides with the Policyholder/Life Assured; or c) A person covered under this Policy
Monthly Income	The amount specified in the Schedule which is payable in accordance with the Death Benefit payout option in force for the Life Assured under the Policy.
Nominee	The person or persons nominated under Section 39 of the Insurance Act, by You, to receive the admissible benefits, in the event of death of the Life Assured
Non-Participating	The Policy that does not participate in the profits of Our participating fund
Policy	This PNB MetLife Mera Term Plan Plus along with the Schedule, Key Feature Document and Annexures, which is the evidence of the contract between Us and You.
Policy Anniversary	The start date of every subsequent Policy Year.
Policy Document	This document, which is the evidence of the contract between Us and You.
Policy Term	The entire term of the Policy as specified in the Schedule.
Policy Year	A period of 12 consecutive months starting from the Date of Commencement of the Policy as stated in the Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period of 12 consecutive months thereafter.
Policyholder	The owner of the Policy and is referred to as the proposer in the proposal form.
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

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	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
Premium Payment Term	The period or the term of the Policy during which You are required to pay the premiums with respect to the Policy, to Us.
Proposal Form	“Proposal form” means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted;
Reduced Paid-up Status	Condition during the Policy Term, wherein the Instalment Premiums have been paid in full for at least the first 2 consecutive years, as required under the Policy and the remaining due Instalment Premiums have not been paid, rendering the Policy to continue at a reduced level of Benefits, as specified under the Policy.
Regulation	The laws and regulations as in effect from time to time and applicable to this Policy, including without limitation, the regulations and directions issued by the IRDAI from time to time.
Return of Premiums	Option chosen by You at the inception of the Policy under which You receive absolute amount of benefit which is payable at the Maturity Date, as stated at the inception of the Policy contract.
Revival	Restoration of the policy, which was discontinued due to the non-payment of premium, by the insurer with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured or policyholder on the basis of the information, documents and reports furnished by the policyholder, in accordance with Board approved Underwriting policy.
Revival Period	A period of 5 consecutive years from the due date of the first unpaid Instalment Premium, during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.
Rider	Rider terms and conditions that are attached to and form a part of the Policy. The Schedule will specify if any Riders are available and in force under the Policy.
Single Premium	The amount stipulated in the Schedule payable by You as consideration for acceptance of risk and Benefits specified as such in the Policy Document.
Schedule	The attached Schedule that provides Your Policy Benefits, the terms of the contract and details provided by You, along with all its annexures, issued by Us for this Policy. The Schedule also includes any amendments to the attached Schedule which may be issued from time to time
Second Life (only if Spouse Coverage Option is chosen)	Your wife or husband who is named in the Schedule and covered as a Life Assured under the Policy subject to underwriting by Us.
Sum Assured on Death	The Sum Assured on Death shall be higher of: <ul style="list-style-type: none"> • 10 times the Annualized Premium for Limited Pay/Regular Pay and 125% of Premium for Single Pay • Basic Sum Assured, which is the absolute amount assured to be paid on death or Diagnosis of Terminal Illness (if applicable) • 105% of all premiums paid till the date of death or Diagnosis of Terminal Illness (if applicable).
Sum Assured on Maturity	Benefit which is guaranteed to be paid on the Maturity Date if You have opted for Return of Premiums Option under the Policy and is equal to Total Premiums paid.
Surgery or Surgical Procedure	Manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
Surrender	The complete withdrawal/ termination of the Policy in its entirety by You.
Surrender Value	An amount, as specified under the Policy, that is payable upon You requesting for Surrender of the Policy in accordance with the terms and conditions of the Policy.

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Terminal Illness	An advanced or rapidly progressing incurable disease where, in the opinion of two independent Medical Practitioners' specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners' specializing in treatment of such illness registered with the Indian Medical Association and the Diagnosis of Terminal Illness should be approved by Us. We reserve the right for independent assessment.
Total premiums paid	Total of all the instalment premiums/single premium received, excluding any extra premium, any rider premium and taxes, but including any frequency loading
Waiting Period	With respect to the 50 listed critical illnesses ('Waiver of Premium' on diagnosis of listed Critical illnesses, and acceleration of Basic Sum Assured through 'Accelerated Critical Illness Benefit'), a waiting period of 90 days from the Date of Inception of the Policy or from the date of Revival of the Policy shall be applicable for a claim to be admissible under this Policy.
With Return of Premiums	Option chosen by You at the inception of the Policy under which You receive absolute amount of benefit which is payable on the Maturity Date, as stated at the inception of the Policy contract.
Unexpired premium value	The amount, if any, that becomes payable in case of discontinuance of premium in Limited pay policies in accordance with the terms and conditions of the Policy.
Us/We/Our	PNB MetLife India Insurance Company Limited.
You/Your/First Life	The Policyholder named in the Schedule.

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3. Part C
Policy Features, Benefits & Premium Payment Conditions

3.1. Policy Features

PNB MetLife Mera Term Plan Plus is an Individual, Non-linked, Non-par, Pure Risk Premium, Life Insurance Product. The Policy has Benefit options which provide enhanced coverage against diseases contracted and disability suffered by the Life Assured. At inception of the policy, the Policy Holder has an option of paying premiums in one Single payment, for Limited duration or Regular payments for the entire duration of policy term. The Policy also offers an option of “Return of Premiums” under which all premiums paid under the Policy are refunded at the end of Policy Term if no other policy benefits are payable.

There are three benefit options – Life, Life Plus and Life plus Health with varying schedule of benefits as described subsequently in this document.

The Policy also offers “Spouse Coverage Benefit”, “Step-up Benefit”, “Life-stage Benefit” and “Child Education Support Benefit”. These additional Benefits are described in detail in subsequent sections of this document.

The Policy offers three Benefit Payout options viz. “Lump-sum”, “Monthly Income” and “Lump-sum Plus Monthly Income”. These are also described in detail in this document in subsequent sections.

The customer must choose these benefits at time of Proposal, no changes are allowed subsequently during the Policy Term.

3.2. Policy Benefits

The various insured benefits under this policy are stated hereunder. Benefits shall be payable in accordance with the benefit option chosen by Policyholder at inception of the Policy which is stated in the Schedule. Benefit option, once chosen, cannot be subsequently altered during the Policy Term.

The available Benefits under each of the Benefit option are summarized hereunder:

Benefit Option	Death Benefit (3.2.1)	Terminal Illness Benefit (3.2.2)	Waiver of Premium Benefit (3.2.3)	Accelerated Critical Illness Benefit (3.2.4)
Life	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Life plus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Life plus Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

All the three basic Benefit options are available with and without the Maturity Benefit (3.2.5).

3.2.1. Death Benefit (applicable for Life, Life Plus and Life plus Health Option)

‘Sum Assured on Death’ is payable upon death of the Life Assured, provided the Policy is in In-force Status as on the date of death of the Life Assured, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy (and as stated in the Schedule). These Benefit Payout options are described below.

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The Death Benefit shall not be payable if the Terminal Illness Benefit (section 3.2.2) has previously been paid.

3.2.2. Terminal Illness Benefit (applicable for Life Plus and Life plus Health Option)

'Sum Assured on Death' is payable upon Diagnosis of Terminal Illness of the Life Assured, provided the Policy is in In-force Status as on the date of the Diagnosis, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy (and as stated in the Schedule). These Benefit Payout options are described below.

3.2.3. Benefit Payout options

If a claim under this policy is accepted for payment by Us as per the Claim Procedure is outlined in section 6.3, the Death Benefit (section 3.2.1) and Terminal Illness Benefit (section 3.2.2) shall be paid as per the payout option chosen by the Policyholder at inception (and as stated in the Schedule). These payout options are described as follows:

- **Lump sum:** Under this option, Sum Assured on Death shall be payable as lump sum.
- **Monthly Income:** Under this option, the Sum Assured on Death is payable for 10 years (120 months) in equal monthly installments at the rate of 1.1022% of the Sum Assured on Death. The first installment of monthly income will be payable after one month from the date of death or date of Diagnosis of Terminal Illness of the Life Assured as applicable. This option is not available for payouts with respect to Second Life and the Cover Enhancement Options described later (Step Up Benefit, Life Stage Benefit and Child Education Support Benefit).
- **Lump sum plus Monthly Income:** Under this option, a percentage of the Sum Assured on Death (starting from 10%, in multiples of 10%, maximum of 90%, as chosen by the Policyholder at inception of the policy) will be immediately payable as lump sum and the balance shall be paid in equal monthly installments over 10 years at the rate of 1.1022% of the balance Sum Assured on Death. The first installment of monthly income will be payable after one month from the date of death or date of Diagnosis of Terminal Illness of the Life Assured, whichever is earlier. This option is not available for payouts with respect to Second Life and the Cover Enhancement Options described later (Step Up Benefit, Life Stage Benefit and Child Education Support Benefit).

3.2.4. Waiver of Premium Benefit (applicable for Life, Life Plus and Life plus Health Option)

All future premiums payable under the Policy shall be waived-off (including additional premiums paid for "Spouse Coverage", "Return of Premiums", "Step-up Benefit", "Life-stage Benefit" and "Child Education Support Benefit", if any), if the Life Assured suffers either an ATPD (Accidental Total & Permanent Disability) or is diagnosed with any one of the 50 listed Critical Illnesses (Annexure D). The Policy must be in In-force Status as on the date of occurrence of the ATPD or the date of Diagnosis of the listed Critical Illnesses.

The Waiver of Premium benefit shall trigger only once either on occurrence of ATPD or Diagnosis of the Critical Illnesses whichever occurs first. The Waiver of Premium once triggered shall apply throughout premium payment term.

For "Life Plus" option, the premium and benefits under the policy will reduce to "Life" option from the policy anniversary when the life assured has attained age 75 years.

Definitions, terms, conditions and specific exclusions for ATPD and covered Critical Illnesses are set out in Annexure C and Annexure D respectively annexed to this Policy document.

Waiver of Premiums Benefit will not be applicable for Single Premium policies.

With respect to the 50 listed critical illnesses, there will be a waiting period of 90 days from Policy inception or from any subsequent revival, whichever is later. If a claim occurs due to the diagnosis of any of the 50 listed critical illnesses under

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Life Plus option during waiting period, future premiums and benefits under the policy shall be reduced to Life option under terms and conditions as applicable otherwise (i.e. same age at entry, Sum Assured, policy term, premium payment mode, including any discounts, if applicable).

3.2.5. Accelerated Critical Illness Benefit (applicable for Life plus Health Option)

If the Life assured is diagnosed with any of the covered Critical Illnesses (refer Annexure-C), provided the Policy is in In-force Status on date of the Diagnosis, 25% of Basic Sum Assured (subject to maximum amount of Rs. 50 lakh) shall be accelerated and paid immediately as lump sum. Following the payment of this benefit, the Policy will continue with balance Sum Assured on Death, which shall be paid upon subsequent death / diagnosis of TI of the life assured before the end of the policy term.

Definitions, terms, conditions and specific exclusions for ATPD and covered Critical Illnesses are set out in Annexure C and Annexure D respectively annexed to this Policy document.

With respect to the 50 listed critical illnesses ('Waiver of Premium' on diagnosis of listed critical illnesses, and acceleration of Basic Sum Assured through 'Accelerated Critical Illness Benefit'), there will be a waiting period of 90 days from Policy inception or from any subsequent revival, whichever is later. If a claim occurs due to the diagnosis of any of the 50 listed critical illnesses under Life Plus option during waiting period, future premiums and benefits for the plan shall be reduced to Life option for a similar contract (i.e. same age at entry, Sum Assured, policy term, premium payment mode, including any discounts, if applicable).

3.2.6. Maturity Benefit

This Benefit is applicable only when 'Return of Premiums' option is chosen under the Policy (as stated in the Schedule). This Benefit is available on payment of additional premiums.

The Maturity Benefit payable under the Policy will be equal to the Sum Assured on Maturity, provided that the Life Assured survives till the Maturity Date of the Policy. The Policy terminates upon payment of this Maturity Benefit.

3.3. Additional Options

The Policy offers choice of additional benefits "Return of Premiums", and "Spouse Coverage. The policyholder may choose these additional benefits at inception, and if chosen are specified in the Policy Schedule.

These Benefits are detailed hereunder.

3.3.1. Return of Premiums

The Policyholder may opt for this Benefit on the Date of Inception of the Policy.

For Policies where 'Return of Premiums' option is chosen, the Maturity Benefit equal to the Sum Assured on Maturity is payable, provided that the Life Assured survives till the Maturity Date of the Policy. This option is available with a maximum policy term of 40 years or maturity age of 75 years last birthday, whichever is earlier.

3.3.2. Spouse Coverage

Policyholder at inception of this Policy may choose to cover his/her spouse under the same policy by paying additional premium, as applicable. The spouse is being referred to as the "Second Life" and the Policyholder is being referred to as the "First Life" for the purpose of this Benefit.

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Only Death Benefit (section 3.2.1) is offered to Second Life and Sum Assured on Death of Second Life shall be payable in lump-sum only.

To avail this Benefit, the Basic sum assured with respect to the First Life should be equal to or greater than Rs.50 lakhs.

The coverage to the Second life shall be up to 100% of the Basic Sum Assured chosen by the First Life subject to Our Board approved underwriting guidelines. The second life issuance will be subject to underwriting as per underwriting guidelines.

If the Second Life is a housewife or non-earning female, the coverage for Second Life will be restricted to up to 50% of the Basic Sum Assured chosen by the First Life, subject to maximum of Rs.50 Lakhs.

The cover offered by 'Waiver of Premium Benefit', 'Terminal Illness Benefit' and 'Accelerated Critical Illness Benefit' (Life Plus and Life plus Health option) shall apply only to the First Life and shall not be triggered on/by the Second Life.

All future premiums with respect to the second life will be waived-off on earlier occurrence of:

- Death of the first life
- Diagnosis of terminal illness of the first life
- Waiver of premium on diagnosis of ATPD of the first life
- Waiver of premium on diagnosis with any of the 50 listed Critical Illness of the first life

Spouse Coverage will not be available if the premium paying term "Pay Till Age 60" is chosen.

Once this option is chosen the policyholder cannot discontinue the coverage of a particular life, unless it is due to the insured event as mentioned in this section.

The operating principles for Death Benefit and Terminal Illness Benefit when the Spouse Cover is chosen shall be as described hereunder.

<p>On occurrence of death of the First Life (or on Diagnosis of Terminal Illness of the First Life – for Benefit options Life Plus and Life plus Health)</p>	<ul style="list-style-type: none"> • Sum Assured on Death in respect of the First Life is payable in accordance with the Benefit Payout option stated in the Schedule. The cover for First Life shall cease upon payment of the Sum Assured on Death for the First Life. • The cover for Second Life shall continue, with all future Installment Premiums that would otherwise have been payable under the Policy being waived for the remainder of the Premium Payment Term*. • On subsequent occurrence of death[#] of the Second Life, the Sum Assured on Death in respect of Second Life is payable as a lump sum and the Policy will terminate.
<p>On occurrence of death of the Second Life preceding the First Life</p>	<ul style="list-style-type: none"> • Sum Assured on Death in respect of the Second Life is payable as a lump sum amount. • The Policy shall continue with reduced Installment Premiums specified by Us for the remainder of the Policy Term with respect to the First Life[^] • On subsequent occurrence of death or Diagnosis of Terminal Illness of the First Life (as per applicable Benefit option), the Sum Assured on Death in respect of First Life shall be payable as per Benefit Payout option stated in the Schedule and the Policy will terminate.
<p>On occurrence of death of both the lives simultaneously OR occurrence of Terminal Illness of First Life and Death of Second Life</p>	<ul style="list-style-type: none"> • Sum Assured on Death in respect of the First Life is payable as per the Benefit Payout option stated in the Schedule on occurrence of death or Diagnosis of Terminal illness • Sum Assured on Death in respect of the Second Life will be paid as lump sum on occurrence of death[#] of the Second Life

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	<ul style="list-style-type: none"> The policy shall terminate
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*Waiver of Premiums benefit will not be applicable for Single pay policies.

^Reduction of Premiums with respect to the First Life will not be applicable for Single pay policies.

#Terminal Illness Benefit is not applicable for Second Life

For policies where 'Return of Premiums' option is chosen, the Maturity Benefit will be treated as described below:

On survival of both lives till the Maturity Date	<ul style="list-style-type: none"> Sum Assured at Maturity i.e., Total Premiums Paid in respect of both the First Life and the Second Life will be payable.
In case of death or Diagnosis of Terminal Illness of the First Life, and survival of the Second Life till the Maturity Date	<ul style="list-style-type: none"> Sum Assured at Maturity in respect of the Second Life, i.e., total additional premiums paid in respect of the Second Life will be payable.
In case of death of the Second Life, and survival of First Life till the Maturity Date	<ul style="list-style-type: none"> Sum Assured at Maturity in respect of the First Life, i.e., total premiums paid in respect of the First Life will be payable.

3.4. Cover enhancement options

The Policyholder can choose any one from following 3 Cover Enhancement Options at inception of the policy. The total sum assured for Cover Enhancement Benefits cannot exceed 100% of the Basic Sum Assured at any time during the term of the policy. The issue limits for Cover Enhancement Options will be subject to Our Board approved underwriting guidelines.

3.4.1. Step up benefit

This Benefit must be chosen at the time of Proposal prior to the Date of Inception of the Policy and cannot be exercised at a later date. Once this Benefit is chosen, the Step-up sum assured is added at every Policy Anniversary starting from first Policy Anniversary for the next 10 years.

Step-up Sum Assured is equal to Step-up Rate multiplied by Basic Sum Assured. Step-up Rate is fixed at 10%.

An additional premium will be charged for every addition of Step-up sum assured, based on the Age attained by the Policyholder, and the outstanding Policy Term, at the time.

The Step-up sum assured as well as the additional premium, both, will apply prospectively for the remaining Premium Paying Term.

When this option has been chosen, the Death Benefit / Terminal Illness Benefit (depending on Benefit option chosen) will be Sum Assured on Death payable in accordance with the Death Benefit Payout option stated in the Schedule, plus Step-up sum assured as a lump sum

When this option has been chosen, the Maturity Benefit (if applicable) will be Sum Assured on Maturity i.e., Total Premiums Paid including the premiums paid in respect of step-up benefit.

This Benefit is not eligible for payment under the 'Accelerated Critical Illness Benefit'.

There will be no further increase in Step-up sum assured from the policy anniversary following any claim for 'Waiver of Premium Benefit', or 'Accelerated Critical Illness Benefit' with respect to the Life Assured (First Life in case Spouse Cover is chosen).

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The Policyholder has the option to discontinue this Benefit at any time during the remaining Policy Term by giving written communication before the end of the Grace Period. Once opted out, the Policyholder cannot opt in again for this Benefit, there will be no further addition of Step-up sum assured and the Policy will continue with the Step-up sum assured accumulated till the applicable policy anniversary.

This Benefit will be available subject to the following additional conditions:

- Availability of this Benefit is subject to Our underwriting policy
- The Life Assured is underwritten as a standard life on the Date of Inception of the Policy.
- Basic Sum Assured should be equal to or greater than Rs.50 Lakh.
- This Benefit will be available only with 'Regular pay', with minimum Policy Term of 20 years.
- This Benefit will not be applicable on the Second Life in case 'Spouse Coverage' has been chosen.
- Premium payment mode cannot be changed once chosen, as long as Step up Benefit is in In-force Status
- In case the Life Assured is underwritten as a non-standard life at Revival, future increase in the sum assured shall cease.
- The additional Benefit 'Step up Benefit' cannot be opted alongside 'Life Stage Benefit' and 'Child Education Support Benefit'.

3.4.2. Life stage benefit

Under this Benefit, the Policyholder may opt to increase the sum assured at various Life stages mentioned hereunder. Life stage sum assured can be added without further underwriting on any of the below specified events in the life of the Life Assured:

- **1st Marriage:** 50% of Basic Sum Assured subject to a maximum of Rs. 50 Lakhs
- **Birth of 1st child:** 25% of Basic Sum Assured subject to a maximum of Rs. 25 Lakhs
- **Birth of 2nd child:** 25% of Basic Sum Assured subject to a maximum of Rs. 25 Lakhs
- **Home loan taken by the Life Assured after the Date of Commencement of Risk (only once during policy term):** 50% of Basic Sum Assured subject to a maximum of Rs. 50 Lakh

The maximum additional sum assured put together under all these events will be Rs. 50 Lakhs.

The Policyholder must indicate on or before the Date of Inception of the Policy, if he/she wishes to avail the Life stage Benefit and once chosen, this Benefit can be exercised within six months from the date of occurrence of the above specified life stages.

Premium for the Life stage Benefit will be charged separately, in addition to the base premium, for every addition of Life stage sum assured. Premium for Life stage Benefit shall be based on the attained Age of the Life Assured, Life stage sum assured, outstanding Policy Term at the time of addition of the Life stage sum assured and the Benefit option chosen at Date of Inception of the Policy.

The Life stage sum assured as well as the premium for Life stage Benefit, will apply prospectively for the remaining Premium Payment Term.

When this Benefit has been chosen, Death Benefit / Terminal Illness Benefit (depending on Benefit option chosen) will be Sum Assured on Death payable in accordance with the Death Benefit payout option stated in the Schedule, plus the applicable Life stage sum assured, as a lump sum.

When this option has been chosen, the Maturity Benefit (if applicable) will be Sum Assured on Maturity i.e., Total Premiums Paid including the premiums paid in respect of life stage benefit.

This Benefit is not eligible for payment under the 'Accelerated Critical Illness Benefit'

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There will be no further increase in the Life stage sum assured post any claims in respect of 'Waiver of Premium Benefit', or 'Accelerated Critical Illness Benefit'.

In addition, this Benefit will be available subject to the following conditions:

- Availability of this Benefit is subject to Our underwriting policy.
- The Life Assured is underwritten as a standard life on the Date of Inception of the Policy.
- Basic Sum Assured should be equal to or greater than Rs.50 Lakh.
- This Benefit will be available only with 'Regular pay' and the minimum outstanding Policy Term at the time of exercising any Life stage Benefit should be 10 years.
- The Age of the Life Assured is less than or equal to 45 years at the time of the above mentioned life stages.
- This Benefit will not be applicable on the Second Life in case 'Spouse Coverage' has been chosen.
- The additional Benefit 'Life Stage Benefit' cannot be opted alongside 'Step up Benefit' and 'Child Education Support Benefit'.

3.4.3. Child Education Support benefit

Under this Benefit, the Policyholder may opt to increase the sum assured with a specific focus to provide for the cost of education of one child of the Life Assured. This Benefit can only be opted on or before the Date of Inception of the Policy. Additional premiums will be charged from the Date of Inception of this benefit.

Child Education Support benefit sum assured at inception is equal to estimated outstanding total cost of education and reduces at every Policy Anniversary as per the schedule I and Benefit Illustration, provided no claim for death or Diagnosis of Terminal Illness (if Benefit option chosen is Life Plus and Life plus Health) of the Life Assured is admitted, during the term of Child Education Support Benefit.

This option can be chosen only if the nominated child has 5 to 19 years of education left for completion of graduate degree.

Outstanding total cost of education is calculated using current annual cost of education and number of years left out of total years of education. Total years of education is assumed to be 19 (3 years of primary school, 12 years of formal school and 4 years of graduation, assuming annual progression from one grade to the next). Current annual cost of education (chosen by policy holder at inception) is assumed to be increasing at a rate of 10% per year for the term of this benefit.

Term of Child Education Support Benefit (subject to term of basic benefit option)

Current school grade	For Regular pay	For Limited pay
Nursery	19	19
Junior KG	18	18
Senior KG	17	17
I	16	16
II	15	15
III	14	14
IV	13	13
V	12	12
VI	11	11
VII	10	10
VIII	9	0

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IX	8	0
X	7	0
XI	6	0
XII	5	0
Graduation 1	0	0
Graduation 2	0	0
Graduation 3	0	0
Graduation 4	0	0

Premium paying term of Child Education Support Benefit

For Regular pay	For Limited pay
Equal to the term of Child Education Support Benefit	Fixed at 5 years

After completion of premium paying term of Child Education Support Benefit, the subsequent premiums will be reduced to the basic benefit option chosen.

When this Benefit has been chosen, the Death Benefit / Terminal Illness Benefit (depending on Benefit option chosen) payable during term of Child Education Support Benefit will be Sum Assured on Death payable in accordance with the Death Benefit Payout option stated in the Schedule, plus the Child Education Support sum assured, as specified in the Schedule I/Benefit Illustration, as a lump sum.

This Benefit terminates upon payout of the Child Education Support sum assured on Death/Diagnosis of Terminal Illness (if applicable, as per chosen benefit option) or upon expiry of the term of Child Education Support Benefit.

Child education support benefit is an additional cover on the life of the parent. In the event of death of the child during the term of the Child education support benefit the cover shall continue as per original schedule.

This Benefit is not eligible for payment under the 'Accelerated Critical Illness Benefit'

In addition, this Benefit will be available subject to the following conditions:

- Availability of this Benefit is subject to Our underwriting policy.
- Basic Sum Assured should be equal to or greater than Rs.50 Lakhs.
- Child Education Support Benefit will not be available for Policies where 'Return of Premiums' option is chosen.
- This benefit will not be available with 'Single Pay'
- This Benefit will not be applicable on the Second Life in case 'Spouse Coverage' has been chosen.
- The additional Benefit 'Child Education Support Benefit' cannot be opted alongside 'Step up Benefit' and 'Life stage Benefit'.
- For Regular Pay option, the term available for this benefit will range from 5 to 19 years, subject to the term of the basic benefit option.
- For Limited Pay option, the term available for this benefit will range from 10 to 19 years, subject to the term of the basic benefit option.

3.5. Premium Payment Conditions (Not applicable if Single Pay option is in force under the Policy)

3.5.1. Payment of Premium

- The available premium payment modes under the Policy are yearly, half-yearly, quarterly and monthly.
- For monthly mode, first two months Instalment Premiums will be collected in advance at the time of issuance of the

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Policy.

- You must pay the Instalment Premiums on or before the due date specified in the Schedule.
- Instalment Premiums are payable for the entire Premium Payment Term or until death of the Life Assured whichever happens earlier.
- Premium payment mode cannot be changed if the 'Step up' Benefit is in In-force Status.
- All taxes, cesses, surcharges and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the Instalment Premiums to be paid by You in accordance with provisions of applicable law.
- Collection of advance Instalment Premium shall be allowed under this Policy provided due Instalment Premiums are collected in the same financial year. However, where the Instalment Premium due in one financial year is being collected in advance in earlier financial year, We will accept the same for a maximum period of 3 months in advance of the due date of that Instalment Premium

3.5.2. Alteration of the premium payment mode

You may change the premium payment mode provided that You give Us a written request. The change in Premium Payment Mode will be applied only from the Policy Anniversary following the date of Your request. You must comply with the applicable minimum premium criteria on account of mode change. Premium payment mode cannot be changed once chosen, as long as 'Step up Benefit' is in In-force Status.

3.5.3. Grace Period

Instalment Premium that is not received in full by Us before the due date as specified under the Schedule, may be paid in full during the Grace Period. In the event of the Life Assured's death or Diagnosis of Terminal Illness of the Life Assured, during the Grace Period, the Death Benefit or Terminal Illness Benefit shall be payable in full in accordance with Clause 3.2.1/3.2.2, as applicable.

3.5.4. Premium mode loading / Modal Factors

You may opt to pay premiums by yearly, half yearly, quarterly or monthly mode subject to the minimum Annualized Premium under each mode. Modal factors on annualized premium will be applicable as per the table below:

Premium Paying Mode	Modal Factors
Annual	1
Half Yearly	0.5131
Quarterly	0.2605
Monthly*	0.0886

Alteration between different premium payment modes is allowed at any Policy Anniversary on Your request, subject to Clause 3.4.2

*Monthly mode is available for standing instruction/direct debit options (including Automated Clearing House - ACH).

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4. Part D

Policy Servicing Conditions

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

4.1. Free Look Period

A free look period of 15 days (30 days for Online Sales or Distance Marketing) from the date of receipt of the Policy Document is provided under this product. If you are not satisfied with the terms and conditions of the Policy, You may send a written notice to Us stating the reasons for cancellation. We shall refund the Instalment Premiums/Single Premium paid subject to a deduction of a proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and stamp duty .

4.2. Lapse

Without Return of Premiums Policies

If the premium is not paid either on the premium due date or within the Grace Period, all benefits under the policy will cease.

No benefits will be paid when the policy is in lapsed status. A lapsed policy can be revived as defined in the section for Revival.

Being a pure protection option, there is no surrender value or paid-up value under any of the premium paying term options, i.e. Single Pay, Limited Pay and Regular Pay.

However, **For Limited Pay** : We will pay the unexpired premium value upon:

- For inforce and fully paid policies: Policyholder voluntarily closing the policy during the policy term
- For lapsed policies: Earlier of-
 - Death during revival period after date of lapse
 - End of the revival period
 - Policyholder voluntarily closing the policy during revival period

Unexpired Premium Value =

$$X\% \times \frac{\text{Total Number of Months Remaining to Maturity}}{\text{Total Number of Months in the Policy Term}} \times \text{Total Premiums Paid}$$

where, X = 70, if all due premiums for the first two consecutive years are paid and X = 0, otherwise.

For Single Pay: if the policyholder voluntarily opts to close the policy during the policy term, we will pay the unexpired premium value, where:

Unexpired Premium Value =

$$70\% \times \frac{\text{Total Number of Months Remaining to Maturity}}{\text{Total Number of Months in the Policy Term}} \times \text{Total Premiums Paid}$$

With Return of Premiums Policies

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If all due Instalment Premiums for the first two consecutive Policy Years are not received in full the Policy shall lapse at the end of the Grace Period and the risk cover shall cease immediately.

No Benefits will be paid when the Policy is in Lapsed status. A Policy in Lapsed status can be revived as specified in the section for Revival.

If a Lapsed policy is not revived at the end of the Revival Period, the Policy will be terminated.

4.3. Surrender

With Return of Premiums Policies:

For Regular Pay and Limited Pay : If all due premiums have been paid for at least two consecutive policy years, the policy shall acquire a guaranteed surrender value.

The policy will be terminated after payment of surrender value.

The surrender value payable shall be higher of guaranteed surrender value and special surrender value.

For Single Pay: The policy shall acquire guaranteed surrender value immediately after the payment of Single premium.

Guaranteed Surrender Value (GSV) = Total Premiums paid * GSV factor

Special Surrender Value (SSV) = Maturity Paid-up Sum Assured x SSV factor

Where, Maturity Paid-up Sum Assured is the absolute amount of benefit guaranteed to be paid on maturity (with respect to each life in case spouse coverage is chosen), which is 100% of total premiums paid.

The total premiums paid are total of all the premiums received excluding Goods and Service taxes, underwriting extra premium, any rider premiums. For spouse coverage, premiums paid with respect to each life are considered for calculating total premiums paid, excluding Goods and Service taxes, underwriting extra premium, any rider premiums.

4.4. Reduced Paid-up Value

If a policy has acquired Guaranteed Surrender Value and no future instalment premiums are paid, the policy will continue as a paid up policy with reduced benefits (Basic Sum Assured will be reduced to Paid-up Basic Sum Assured), however the policyholder shall have the option to surrender the policy. A paid-up policy can be revived as defined in the section for Revival.

If the policyholder continues the policy as a reduced paid-up policy the reduced benefits given below shall become payable

Reduced Death Benefit (applicable for Life, Life Plus and Life plus Health Option)

'Paid-up Sum Assured on Death' is payable upon death of the Life Assured, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy. The policy terminates upon payment of this benefit.

The Reduced Death Benefit shall not be payable if the Reduced Terminal Illness Benefit has previously been paid.

Reduced Terminal Illness Benefit (applicable for Life Plus and Life plus Health Option)

'Paid-up Sum Assured on Death' is payable upon Diagnosis of terminal Illness of life assured, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy. The policy terminates upon payment of this benefit.

Waiver of Premium Benefit (applicable for Life Plus and Life plus Health Option)

No Waiver of Premium Benefit shall be applicable if the Life Assured suffers an ATPD OR is diagnosed with Critical Illnesses.

Accelerated Critical Illness Benefit (applicable for Life plus Health Option)

{25% of the of the Basic Sum Assured (subject to maximum amount of Rs. 50 lakh)} * t/n will be accelerated and paid immediately as lump sum if the life assured is diagnosed with any one of the 50 listed Critical Illnesses. Balance Paid-Up

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Sum Assured on Death shall be paid upon subsequent occurrence of death / diagnosis of TI of the life assured before the end of the policy term.

Where, “t” refers the Number of Installment Premiums paid and “n” refers the Number of Installment Premiums payable during the Premium Payment Term.

If Step Up Benefit is taken:

On occurrence of death or diagnosis of terminal illness (as per applicable benefit option) of the life assured, the paid-up benefit will be : Paid-up sum assured on death plus paid-up sum assureds with respect to each step-up benefit depending on the term applicable to the step-up benefit and the number of premiums paid for that step-up benefit.

Paid-up sum assured for each step-up benefit is defined as:

Step-up Sum Assured * (Number of Installment Premiums paid for that step-up benefit/ Number of Installment Premiums payable during the Premium Payment Term for that step-up benefit).

If Life Stage Benefit is taken:

On occurrence of death or diagnosis of terminal illness (as per applicable benefit option) of the life assured, the paid-up benefit will be : Paid-up sum assured on death plus plus paid-up sum assureds with respect to each life stage benefit depending on the term applicable to the life stage benefit and the number of premiums paid for that life stage benefit.

Paid-up sum assured for each life stage benefit is defined as:

Life Stage Benefit Sum Assured * (Number of Installment Premiums paid for that life stage benefit/ Number of Installment Premiums payable during the Premium Payment Term for that life stage benefit).

If ‘Spouse coverage’ is in effect in the policy, reduced benefits would be as described below:

<p>On occurrence of death of the First Life (or on Diagnosis of Terminal Illness of the First Life – for Life Plus and Life plus Health Benefit options)</p>	<ul style="list-style-type: none"> • Paid –up Sum Assured on Death in respect of the First Life is payable as per the Benefit Payout option chosen. • On subsequent occurrence of death[#] of the Second Life before the end of the Policy Term, the Paid-up Sum Assured on Death in respect of the Second Life is payable as a lump sum amount and the Policy will terminate.
<p>On occurrence of death of the Second Life preceding the First Life</p>	<ul style="list-style-type: none"> • Paid-up Sum Assured on Death in respect of the Second Life is payable as a lump sum amount • On subsequent occurrence of death or Diagnosis of Terminal Illness of the First Life (as per applicable Benefit option), paid-up Sum Assured on Death in respect of First Life is payable as per the Benefit Payout option chosen and the Policy will terminate.
<p>On occurrence of death of both the lives simultaneously OR occurrence of Terminal Illness of First Life and Death of Second Life simultaneously</p>	<ul style="list-style-type: none"> • Paid-up Sum Assured on Death in respect of both First Life and Second Life is payable and the policy will be terminated.

[#]Terminal Illness Benefit is not applicable for Second Life

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1. The 'Paid-up Sum Assured on Death' is higher of:
 - 10 times the Annualized Premium * (t / n)
 - Paid-Up Basic sum assured, which is the absolute amount assured to be paid on death or diagnosis of terminal illness (if applicable)
 - 105% of total premiums paid up to the date of death or diagnosis of terminal illness (if applicable)

If Spouse coverage is in effect within the policy, then 2 and 3 would also be applicable

2. The 'Paid-up Sum Assured on Death' in respect of second life is higher of:
 - 10 times the Annualized Premium in respect of Second Life * (t / n)
 - Paid-Up Basic sum assured, which is the absolute amount assured to be paid on death in respect of Second Life
 - 105% of total premiums paid in respect of Second Life up to the date of death
3. The 'Paid-up Sum Assured on Death' in respect of both the First Life and Second Life is higher of:
 - 10 times the Annualized Premium in respect of both the First Life and the Second life * (t / n)
 - Paid-Up Basic sum assured, which is the absolute amount assured to be paid on death or diagnosis of terminal illness (if applicable) in respect of both the First Life and the Second Life[#]
 - 105% of total premiums paid in respect of both the First Life and the Second life[#] up to the date of death or diagnosis of terminal illness (if applicable)

Where 'Paid-up Basic Sum Assured on Death' is defined as:

Basic sum assured * (t / n)

Where, "t" refers the Number of Installment Premiums paid and "n" refers the Number of Installment Premiums payable during the Premium Payment Term.

[#]Terminal Illness Benefit is not applicable for Second Life

Reduced Maturity Benefit

With Return of Premium: Paid-Up Sum Assured on Maturity is payable, where paid-up sum assured on maturity is 100% of total premiums paid.

Without Return of Premium: Paid up Sum Assured on Maturity is zero.

The Policy terminates upon payment of this Benefit.

Where Step up benefit and Life stage benefit are chosen, paid-up Sum Assured on Maturity is 100% of total premiums paid in respect of basic death benefit and the Step up benefit and Life stage benefit respectively.

If 'Spouse coverage' and 'Return of premiums' is in effect in the policy, reduced benefits would be as described below:

On survival of both lives till the Maturity Date	<ul style="list-style-type: none"> • Paid-up Sum Assured at Maturity in respect of both lives, i.e., 100% of total premiums paid in respect of both the First Life and the Second Life till the policy becomes paid-up.
In case of death or Diagnosis of Terminal Illness of the First Life, and survival of the Second Life till the Maturity Date	<ul style="list-style-type: none"> • Paid-up Sum Assured at Maturity in respect of the second life, i.e., 100% of total additional premiums paid for Second Life cover till the policy becomes paid-up.
In case of death of the Second Life, and survival of First Life till the Maturity Date	<ul style="list-style-type: none"> • Paid-up Sum Assured at Maturity in respect of the First Life, i.e., 100% of total premiums paid for First Life cover till the policy becomes paid-up

The Policy terminates immediately upon payment of this Benefit.

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4.5. Loan

Loans are not available under this Policy.

4.6. Policy Revival

A Policy that has lapsed or that has been converted to a Reduced Paid-up Status in accordance with Clause 4.2 may be revived during the Revival Period by giving Us a written notice to Revive the Policy, provided that:

- Satisfactory evidence of insurability of the Life Assured in accordance with Our board approved underwriting policy is provided to Us at Your expense. We may charge extra premium for the continuance of the Policy in accordance with Our board approved underwriting policy;
- The due Instalment Premiums and interest, at the rate specified by Us is paid to Us in full. The current rate of interest applicable is 8.5% p.a.
- A Policy that has been surrendered cannot be revived.

The rate of interest is calculated as the 10 Year G-Sec rate (Source: Bloomberg) plus 100 basis points, rounded up to the nearest 50 basis points. The Company will review the rate on an annual basis in April based on the prevailing G-Sec rate. However, under special circumstances where the G-Sec rate changes in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, the company shall review the rate based on the prevailing G-Sec rate.

This formula will be reviewed annually and only altered subject to prior approval of IRDAI . The revival of the policy will be subject to Board approved underwriting Policy.

4.7. Termination of the Policy

The Policy will terminate on the occurrence of the earliest of the following:

- The date on which surrender benefits are settled under the policy.
- At the expiry of the revival period as defined above, if the Policy has not been revived and provided the said Policy has not acquired any Paid- Up Value.
- On payment of the Death or Terminal Illness Benefit or Maturity Benefit (as applicable), whichever applicable.
- On Free Look Cancellation

5. Part E

Not applicable

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6. Part F

General Terms & Conditions

If You wish to change the nomination or assign the Policy or update Your/Nominee's address or other contact details in Our records, You should do so only through the forms prescribed by Us for these purposes. These forms are available at Our offices or may be obtained from Your financial advisor or can be downloaded from Our website www.pnbmetlife.com

6.1. Nomination

Nomination should be in accordance with provisions of Section 39 of the Insurance Act. A leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure A to this Policy for Your reference. Nomination under this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.2. Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938. A leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure A to this Policy for Your reference. Assignment of this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.3. Claims Procedure

In order to make a claim for the Death or Terminal Illness Benefit, Waiver of Premium Benefit or for Accelerated Critical Illness Benefit under this Policy, it is mandatory that the Claimant furnishes Us with all of the information and documentation We request, including but not limited to:

Death Claims:

- The original Policy document;
- The claim form prescribed by Us, duly completed;
- Copy of the photo-identity proof and Address proof of the claimant / nominee
- Copy of the death certificate showing the circumstances and cause and the date of death, if applicable
- Cancelled Cheque/copy of Bank passbook
- Proof of title to the Policy where applicable
- Medical Records and/or FIR, police inquest, final police report, Post Mortem Report, Viscera report if applicable
- Any other documentation or information We request.

Terminal Illness/Critical illness/ATPD:

- The claim form prescribed by Us, duly completed
- Copy of the photo-identity proof and Address proof of the claimant / nominee
- Cancelled Cheque/copy of Bank passbook
- Medical report confirming the occurrence of Critical illness/Terminal Illness which is acceptable to Us;
 - Attending consultant's statement confirming diagnosis and occurrence of the Critical illness/Terminal Illness.
 - Complete medical records for diagnosis and treatment of the illness diagnosed i.e. discharge summary, indoor case

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papers, all test/investigation reports like Histopathology reports, Dialysis records, angiography reports, blood test reports, surgery or operation notes

- First Consultation and all Follow- up consultation notes
- FIR, police inquest, final police report if applicable
- Any other documentation or information We request.

Furnishing of the above information and documentation is a condition precedent for Us to pay a claim under this Policy. We request the Claimant shall submit all the above documents within 90 days of the occurrence of the claim incidence. We shall consider submission of the above documents beyond 90 days from the occurrence of the claim incidence if there are valid reasons for such a delay on the Claimant's part.

6.4. Maturity Benefit Payout Procedure

We will make the payment of the Maturity Benefit where 'With Return of Premium' is chosen at inception of the policy, only if We have received all of the information and documentation which We request, including but not limited to:

- a. The original Policy Document;
- b. The duly completed Settlement claim form prescribed by Us

6.5. Taxation

The tax benefits on the Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under or in relation to this Policy, We will deduct or charge or recover taxes including GST (service tax and other levies as applicable) at such rates as notified by the government or such other body authorized by the government from time to time. Tax laws are subject to change.

6.6. Currency & Place of Payment

All amounts payable either to or by Us will be paid in the currency specified in the Schedule.

6.7. Fraud and Misstatement

Fraud and Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act . A leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure A for Your reference.

6.8. Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of 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 surrender value available as on the date of death whichever is higher, provided the policy is in force.

Under Spouse Coverage Option, in case of suicide death of First Life, the cover for First Life shall terminate on payment of the above Benefits, where the premium paid is the premium paid with respect to First Life and the cover for Second Life shall continue with the reduced premium to the extent of premium payable for Second Life. In such case, the Waiver of Premium Benefit shall not be applicable.

Under Spouse Coverage Option, in case of suicide death of Second Life, the cover for Second Life shall terminate on payment of the above benefits, where the premium paid is the premium paid with respect to Second Life and the cover for First Life shall continue with the reduced premium to the extent of premium payable for First Life.

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6.9. Common Exclusions for Accidental Total Permanent Disability and Diagnosis of 50 listed Critical Illnesses

No benefits shall be applicable if Accidental Total Permanent Disability or Critical Illness is caused or aggravated directly or indirectly, wholly or partly by any one of the following. These exclusions are in addition to the exclusions listed in the Base Policy, if any.

- Intentional self-inflicted injury, attempted suicide.
- Any pre-existing condition.
- War, terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, martial law, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the insured person in an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- Participation by the insured person in any flying activity, except as a bonafide, fare paying passenger or pilot and cabin crew of a recognised airline on regular routes and on a scheduled timetable.
- 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.

6.10. Additional exclusions specific to Diagnosis of 50 listed Critical Illnesses

Apart from the disease specific exclusions given along with definitions of diseases in Annexure C and the exclusions stated in Section 6.9, no benefit will be payable if the critical illness is caused or aggravated directly or indirectly by any of the following:

- Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period) or date of reinstatement whichever is later.
- Any external congenital condition.

6.11. Proof of Age

Subject to Section 45 of the Insurance Act, if the actual age of the Life Assured differs from the Age stated in the Proposal then:

- a. If the actual age of Life Assured proves to be higher than what is stated in the Proposal, the Basic Sum Assured will be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated. The Policy will continue to be in In-force Status;
- b. If the actual age proves to be lower than what is stated in the Proposal, the premium paid in excess will be refunded to You without interest or may be adjusted towards future premium. The Policy will continue to be in In-force Status.
- c. If the Life Assured's actual age is such that it would have made him/her ineligible for the insurance cover stated in the Policy, We reserve the right to take such action as may be deemed appropriate including cancellation of the Policy upon payment of the Surrender Value.

6.12. Loss of the Policy Document

If the Original Policy Document is lost or destroyed, a duplicate policy document shall be issued upon receipt of a written request

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from You subject to submission of affidavit-cum-indemnity in the format prescribed by Us on stamp paper of value of Rs. 200. Please note that stamp laws are subject to amendments made thereto from time to time. Upon the issuance of a duplicate Policy, the original Policy Document will cease to have any legal force or effect.

6.13. Policyholder's Rights

To exercise Your rights or options, under this Policy, You should follow the procedures stated in this Policy. If You want to change Your Nominee, change an address or exercise any other options under the Policy, You shall do so only using the forms prescribed for each purpose which are available with Your financial advisor, from Our local office or can be downloaded from Our website www.pnbmetlife.com.

6.14. Travel, Residence & Occupation

This Policy does not impose any restrictions as to travel and residence. This Policy does not impose any restrictions as to occupation.

6.15. Governing Law & Jurisdiction

The terms and conditions of the 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 Policy shall be subject to the sole and exclusive jurisdiction of the jurisdictional courts in India.

6.16. Our Address for Communications

All notices and communications in respect of this Policy shall be addressed to Us at the following address:

PNB MetLife India Insurance Co. Ltd,
1st Floor, Techniplex -1,
Techniplex Complex, Off Veer Savarkar Flyover,
Goregaon (West), Mumbai – 400062,
Maharashtra
Call Us Toll-free at 1-800-425-6969,
Visit Our Website: www.pnbmetlife.com,
Email: indiaservice@pnbmetlife.co.in

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7. Part G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

7.1. 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
- 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

Level 2:

In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, You may

- Write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in or
- Send a letter to
PNB MetLife India Insurance Co. Ltd,
Unit No.302, 3rd floor, Tower -3, Worldmark,
Village Maidawas, Sector 65, Gurugram, Haryana – 122018

Please address Your queries or complaints to our customer services department, and Your grievances to our Grievance Redressal Officer on the address referred above, who are authorized to review Your queries or complaints or grievances and address the same. Please note that only an officer duly authorized by Us has the authority to resolve Your queries or complaints or grievances. 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:

If You are not satisfied with the response or do not receive a response from Us within fifteen (15) days, of lodging Your complaint, You may approach 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.
- 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
- By E-mail : E-mail ID: complaints@irdai.gov.in

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- By Phone : 1800 4254 732(or) 155255

In case You are not satisfied with the decision/resolution, You may approach the Insurance Ombudsman at the address in the list of Ombudsman below, 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;
 - 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 the Policy after receipt of premium;or
 - Any other matter resulting from the violation of provisions of the Insurance Act, or the Regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned above.
- 1) The complaint should be made in writing duly signed by You or Nominee or 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. Per Rule 14(3) of the Insurance Ombudsman Rules, 2017 (Rules), a 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 Insurance 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 the Insurance Ombudsman Rules, 2017 .
 - 3) 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.

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7.2. List of Insurance Ombudsman

[Note: A list of Insurance Ombudsman is set out below. Please refer to <https://www.cioins.co.in/Ombudsman> for a list of updated Insurance Ombudsman.]

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p style="text-align: center;">Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p style="text-align: center;">Karnataka.</p>
<p>BHOPAL - Office of the Insurance Ombudsman, , 1st Floor, “Jeevan Shikha”, 60- Bs, Hoshangabad Road , Opp. Gayatri Mandir , Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p style="text-align: center;">Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p style="text-align: center;">Orissa.</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p style="text-align: center;">Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,</p>	<p style="text-align: center;">Tamil Nadu</p>

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Office Details	Jurisdiction of Office Union Territory, District)
<p>CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>	<p>PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	
LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Office of the Insurance Ombudsman, 2 nd Floor, North wing, Lalit Bhavan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

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Annexure A

Section 38, Assignment and Transfer of Insurance Policies

1. Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, . The extant provisions in this regard are as follows:
2. This policy may be transferred/assigned, wholly or in part, with or without consideration.
3. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Company.
4. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
5. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
6. The transfer of assignment shall not be operative as against an company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the company.
7. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the company should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the company of duly receiving the notice.
9. If the company maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
10. The company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - not bonafide or
 - not in the interest of the policyholder or
 - not in public interest or
 - is for the purpose of trading of the insurance policy.
11. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment
12. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
13. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
14. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - (a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - (b) where the transfer or assignment is made upon condition that
 - (i) the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - (ii) the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
15. In other cases, the company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - may institute any proceedings in relation to the policy
 - obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette Notification for complete and accurate details.]

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Section 39, Nomination by policyholder

1. Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, The extant provisions in this regard are as follows:
2. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
3. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the company.
4. Nomination can be made at any time before the maturity of the policy.
5. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the company and can be registered by the company in the records relating to the policy.
6. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
7. A notice in writing of Change or Cancellation of nomination must be delivered to the company for the company to be liable to such nominee. Otherwise, company will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the company.
8. Fee to be paid to the company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
9. On receipt of notice with fee, the company should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
10. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of company's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
11. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
12. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
13. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
14. Where the policyholder whose life is insured nominates his
 - parents or
 - spouse or
 - children or
 - spouse and children
 - or any of them

the nominees are beneficially entitled to the amount payable by the company to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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SAMPLE

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Section 45, Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
For this, the company should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the company or to induce the company to issue a life insurance policy:
 - The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. The Company shall not repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the company. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the company should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. However, the payment will be as per IRDAI direction/Regulation/Circular from time to time.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the company. The onus is on company to show that if the company had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The company can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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Annexure B:

GSV factors (as a % of premium) applicable for With Return of Premiums

Policy Year/Term	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	70%	63%	60%	58%	57%	56%	55%	54%	54%	54%	53%	53%	53%	53%	53%	52%
9	90%	77%	70%	66%	63%	61%	60%	59%	58%	57%	57%	56%	56%	55%	55%	55%
10	90%	90%	80%	74%	70%	67%	65%	63%	62%	61%	60%	59%	59%	58%	58%	57%
11		90%	90%	82%	77%	73%	70%	68%	66%	65%	63%	62%	61%	61%	60%	59%
12			90%	90%	83%	79%	75%	72%	70%	68%	67%	65%	64%	63%	63%	62%
13				90%	90%	84%	80%	77%	74%	72%	70%	68%	67%	66%	65%	64%
14					90%	90%	85%	81%	78%	75%	73%	72%	70%	69%	68%	66%
15						90%	90%	86%	82%	79%	77%	75%	73%	71%	70%	69%
16							90%	90%	86%	83%	80%	78%	76%	74%	73%	71%
17								90%	90%	86%	83%	81%	79%	77%	75%	74%
18									90%	90%	87%	84%	81%	79%	78%	76%
19										90%	90%	87%	84%	82%	80%	78%
20											90%	90%	87%	85%	83%	81%
21												90%	90%	87%	85%	83%
22													90%	90%	88%	85%
23														90%	90%	88%
24															90%	90%
25																90%
26																

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Policy Year/Term	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	52%	52%	52%	52%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%
9	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
10	57%	56%	56%	56%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%
11	59%	58%	58%	58%	57%	57%	57%	56%	56%	56%	56%	56%	55%	55%	55%
12	61%	61%	60%	60%	59%	59%	58%	58%	58%	57%	57%	57%	57%	56%	56%
13	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	59%	58%	58%	58%	58%
14	66%	65%	64%	63%	63%	62%	62%	61%	61%	60%	60%	60%	59%	59%	59%
15	68%	67%	66%	65%	65%	64%	63%	63%	62%	62%	61%	61%	61%	60%	60%
16	70%	69%	68%	67%	66%	66%	65%	64%	64%	63%	63%	62%	62%	62%	61%
17	72%	71%	70%	69%	68%	67%	67%	66%	65%	65%	64%	64%	63%	63%	63%
18	74%	73%	72%	71%	70%	69%	68%	68%	67%	66%	66%	65%	65%	64%	64%
19	77%	75%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%
20	79%	77%	76%	75%	74%	73%	72%	71%	70%	69%	69%	68%	67%	67%	66%
21	81%	79%	78%	77%	75%	74%	73%	72%	72%	71%	70%	69%	69%	68%	67%
22	83%	82%	80%	79%	77%	76%	75%	74%	73%	72%	71%	71%	70%	69%	69%
23	86%	84%	82%	80%	79%	78%	77%	76%	75%	74%	73%	72%	71%	71%	70%
24	88%	86%	84%	82%	81%	80%	78%	77%	76%	75%	74%	73%	73%	72%	71%
25	90%	88%	86%	84%	83%	81%	80%	79%	78%	77%	76%	75%	74%	73%	72%
26	90%	90%	88%	86%	85%	83%	82%	80%	79%	78%	77%	76%	75%	75%	74%
27		90%	90%	88%	86%	85%	83%	82%	81%	80%	79%	78%	77%	76%	75%
28			90%	90%	88%	87%	85%	84%	82%	81%	80%	79%	78%	77%	76%
29				90%	90%	88%	87%	85%	84%	83%	81%	80%	79%	78%	77%
30					90%	90%	88%	87%	85%	84%	83%	82%	81%	80%	79%
31						90%	90%	88%	87%	86%	84%	83%	82%	81%	80%
32							90%	90%	88%	87%	86%	84%	83%	82%	81%
33								90%	90%	89%	87%	86%	85%	84%	82%
34									90%	90%	89%	87%	86%	85%	84%
35										90%	90%	89%	87%	86%	85%
36											90%	90%	89%	87%	86%
37												90%	90%	89%	87%
38													90%	90%	89%
39														90%	90%
40															90%

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Guaranteed Surrender Value factors for Single Pay:

GSV factors as a % of premium	
Policy Year	Single Pay
1	75%
2	75%
3	75%
4	90%
5	90%
6	90%
7	90%
8	90%
9	90%
10	90%
11	90%
12	90%
13	90%
14	90%
15	90%
16	90%
17	90%
18	90%
19	90%
20	90%
21	90%
22	90%
23	90%
24	90%
25	90%
26	90%
27	90%
28	90%
29	90%
30	90%
31	90%
32	90%
33	90%
34	90%
35	90%
36	90%
37	90%
38	90%
39	90%
40	90%

Annexure C:

Definitions of Critical Illnesses

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 Specific 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:

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

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. Open Heart Replacement and 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 of Specified Severity

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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.

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 (haemodialysis 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

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:

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

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.
- Neurological damage due to SLE is excluded.

12. Benign Brain Tumor

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Benign brain tumor 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 conditions 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 90decibels across all frequencies of hearing" in both ears.

15. End Stage Lung Failure

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

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

16. 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.

17. 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, Throat (ENT) specialist.

18. 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.

19. 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, Computerized 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 an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use

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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 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.

The following are excluded:

- Spinal cord injury

20. Primary (Idiopathic) Pulmonary 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 Catheterization. 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

21. 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

22. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 3 months: Activities of Daily Living are defined as:

- 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 to an upright chair or wheelchair and vice versa;
- 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.
- Mobility - the ability to move from room to room without requiring any physical assistance.
- The following are excluded:
- Any other type of irreversible organic disorder/dementia
- Alcohol-related brain damage.

23. Aplastic Anaemia

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Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone-marrow biopsy. Two out of the following three values should be present:

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20 000 per cubic millimetre or less; and
- Platelet count of 20 000 per cubic millimetre or less.

Temporary or reversible aplastic anaemia is excluded.

24. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV or its equivalent, for at least six (6) months based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

25. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- Isolated or benign kidney cysts are specifically excluded from this benefit.

26. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions:

- Family history of other affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; or
- Clinical suspicion confirmed by muscle biopsy.

The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.

The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following 5 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living are defined as:

- 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 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

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27. Parkinson's Disease

The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Objective signs of progressive impairment; and
- There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following five (6) "Activities of Daily Living" for a continuous period of at least 6months.

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 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

Drug-induced or toxic causes of Parkinsonism are excluded.

28. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

29. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

Other forms, discoid lupus, and those forms with only hematological and joint involvement will be specifically excluded.

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulonephritis – Negative, normal urine.

Class II: Mesangial Lupus Glomerulonephritis – Moderate Proteinuria, active sediment

Class III: Focal Segmental Proliferative Lupus Glomerulonephritis – Proteinuria, active sediment

Class IV: Diffuse Proliferative Lupus Glomerulonephritis – Acute nephritis with active sediment and / or nephritic syndrome.

Class V: Membranous Lupus Glomerulonephritis – Nephrotic Syndrome or severe proteinuria.

30. Apallic Syndrome

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

31. Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy with removal of bone flap to access is the brain is performed. The following are excluded:

- Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
- Brain surgery as a result of an accident

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32. Surgery of Aorta

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

33. Rheumatoid arthritis

The Severe Rheumatoid Arthritis with all of the following factors.

- Is in accordance with the criteria on Rheumatoid Arthritis of the American College of Rheumatology and has been diagnosed by the Rheumatologist.
- At least 3 joints are damaged or deformed such as finger joint, wrist, elbow, knee joint, hip joint, ankles, cervical spine or feet toe joint as confirmed by clinical and radiological evidence and cannot perform at least 3 types of daily routines permanently for at least 180 days.

34. Severe Crohn's Disease

Crohn's Disease is a chronic inflammatory disease of the bowel with all of the below features to be present in spite of optimal therapy:

- Stricture formation causing Intestinal obstruction or Fistula formation between loops of bowel requiring admission to hospital, and
- Surgical treatment with at least one bowel segment resection is done

The diagnosis must be made by a Specialist Gastroenterologist based on histopathological findings and/or the results of endoscopic findings.

35. Ulcerative colitis

Severe Ulcerative Colitis is a definite diagnosis of Ulcerative Colitis made by a Specialist Gastroenterologist based on histopathological findings and/or the results of endoscopic findings with the below features:

- The entire colon is affected, with severe bloody diarrhoea; and
- Surgical treatment with total colectomy is done.

36. Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease

37. Pulmonary Artery Graft Surgery

The undergoing of surgery requiring median sternotomy for disease to the pulmonary artery with excision and surgical replacement of a portion of the diseased pulmonary artery with a graft.

For the above definition, the following are not covered:

- Any other surgical procedure for example the insertion of stents or endovascular repairs.

38. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

39. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by: The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and A consultant neurologist.

40. Good Pasture's syndrome

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Good pasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage.

The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

41. Multiple system Atrophy

A definite diagnosis of multiple system atrophy by a Consultant Neurologist. There must be evidence of permanent clinical impairment of:

- Bladder control with postural hypotension
- AND any 2 of the following:
 - a. Rigidity
 - b. Cerebellar ataxia
- peripheral neuropathy

42. Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 60 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three 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.

The following condition is excluded:

43. Creutzfeldt-Jakob disease

A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function and loss of the ability to do all of the following:

- Remember;
- Reason; and
- Perceive, understand, express and give effect to ideas.

The above, should be for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

For the above definition, the following are not covered:

- Other types of dementia.

44. Fulminant Viral Hepatitis

A submissive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.

45. Dissolution of the nerve roots of Brachial Plexus

Multiple Root Avulsions of Brachial Plexus - This means a total and permanent loss of function and sensitiveness of arms as a result of the damage of at least 2 nerve roots from accident or illness. The diagnosis must be confirmed by electrodiagnostic study performed by neurologist.

46. Chronic Recurrent Pancreatitis

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by

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the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by an gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

Chronic recurrent pancreatitis resulting directly from alcohol abuse is excluded.

47. Spinal stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms

Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

48. Syringomelia or Syringobulbia

A definite diagnosis of Syringomelia or Syringobulbia by a Consultant Neurologist, which has been surgically treated. This includes surgical insertion of a permanent drainage shunt.

Syringomyelia or syringobulbia is a disorder in which a cyst, or cavity, forms within the spinal cord. Over time, this cyst can expand and elongate destroying the spinal cord. The damage may result in pain, paralysis, weakness and stiffness in the back, shoulders and extremities.

49. Benign spinal cord tumour

A non-malignant tumour in the spinal canal or spinal cord , resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms for a period of 6 consecutive months OR
- Has undergone invasive surgery to remove the tumour, or treatment by stereotatic radiosurgery.

This diagnosis must be confirmed by a medical specialist i.e neurologist or neurosurgeon and must be supported by appropriate evidences

For the above definition, the following are not covered:

- Cysts
- Granulomas
- Malformations in the arteries or veins of the spinal cord
- Haematomas
- Abscess
- Disc protrusion, and
- Osteophytes.

50. Devic's Disease

A definite diagnosis of Devic's disease by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

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Annexure D:

For Waiver of premium due to Accidental Total Permanent Disability, the following definition shall apply

The Life assured meeting with an accident resulting in a disability **within 180 days** from the happening of such accident and independently of all other causes. As a result of such disability, life assured should be subject to one (or more) of the following impairments due to injury,:

- Total and irrecoverable loss of sight of both eyes.
- Amputation or loss of use, of both hands at or above the wrists or
- Amputation or loss of use, of both feet at or above the ankles or
- Amputation or loss of use, of one hand at or above the wrist and one foot at or above the ankle

To qualify for "loss of use" under any of the above, life assured has to be incapacitated to such an extent that he is unable to perform three (3) or more Activities of Daily Living as defined either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

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 above disability must have lasted, without interruption, for **at least 180 consecutive days** and must be deemed permanent by a panel of medical practitioners appointed by the Company

Loss of use of limbs means total, permanent and irreversible loss of all functional use of a limb or organ. Limb means the whole hand at or above the wrist or the whole foot at or above the ankle

Loss of sight - means total, permanent and irreversible loss of all vision in both eyes as a result accident (as applicable). The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.