CLAIM FORM- PNB METLIFE MERA HEART & CANCER CARE

POLICY NUMBER								

Important instructions:

- The submission of the filled-up claim form, along with the required mandatory documents, is not to be construed as an admission of liabilities of our Company under the policy. No agent/intermediary has been or is authorized to admit any liabilities on behalf of the Company.
- Early submission of this form along with the required mandatory documents, as provided below, will enable us to process your claim faster. PNB MetLife shall not be responsible for any delay in processing the claim on account of submission of incomplete claim form and/or non-submission of the mandatory documents
- This form is to be filled in completely in **BLOCK** letters.
- Please counter-sign where amendments/alterations are made in the form.

Section A: DETAILS OF THE LIFE INSURED

Name: _____ Age: _____

Address (Current Residential Address): _____

_____

City: _____ Pin Code: _____ State: _____

Contact Number: Landline _____ /Mobile: _____

E-mail Address: _____ PAN No. / Form 97: _____ *Aadhaar No: X X X X X X X X

*Only last 4 digits to be mentioned.

Section B: MEDICAL HISTORY OF LIFE INSURED

Name of Illness/Disease/Injury Sustained: _____

Symptoms: _____

Duration of Symptoms: _____ Date of Diagnosis: _____

When were these symptoms first evident/occurred: _____

Date and Time of Admission: _____ Date and Time of Discharge: _____

Name of Hospital: _____

Have you ever had the similar condition in past: ☐Yes ☐ No (If "yes," provide details) _____

_____

Nature of Illness and Habits					Date of diagnosis of Illness
☐ Hypertension	☐ Diabetes	☐ Asthma	☐ IHD	☐ Malignancy	
Other……					
☐ Smoking	☐ Alcohol	☐ Tobacco	☐ Drugs		

If yes, Duration of Consumption _____ & Quantity Consumed _____

ACKNOWLEDGEMENT SLIP

Policy Number(s): _____, _____, _____, _____,

Name of Claimant: _____

Branch Name & Code: _____

Date: _____ **Employee Name & Code:** _____

Company Seal & Stamp with Date and time

Documents Submitted:

- ☐ **Photo identity & residence proof**
- ☐ **Doctor's Certificate - Critical Illness**
- ☐ **Cancelled cheque / Copy of bank passbook**
- ☐ **Doctor's Certificate - Critical Illness**
- ☐ **Complete medical records for diagnosis and treatment of the illness diagnosed i.e. all test/investigation reports, discharge summary, indoor case paper**

This acknowledgement slip should not be construed as acceptance of the claim. The Company reserves its right to call additional documents, information and any further requirements necessary in order to decide on processing of the claim.

Information about the Critical Illness (Please tick the illness diagnosed)

List of Heart conditions covered under Heart Cover	List of Cancer conditions covered under Cancer Cover
Mild Stage	
☐ Angioplasty (stenting for Coronary Arteries) ☐ Angioplasty and Stenting for Carotid Arteries ☐ Endarterectomy ☐ Renal Angioplasty ☐ Percutaneous procedures for Repair or Replacement of Heart Valves ☐ Pericardiectomy ☐ Minimally Invasive Surgery for Aortic Aneurysm ☐ Infective Endocarditis	☐ Specified Early Stage Cancer or Carcinoma–in–situ
Moderate Stage	
☐ Initial implantation of Permanent Pacemaker of Heart or Insertion of Implantable Cardioverter defibrillator (ICD) ☐ Surgery to place ventricular assist devices or total artificial hearts	Following Cancer related Surgeries necessitated due to an eligible Carcinoma–in–situ cancer claim* are covered: ☐ Mastectomy for Carcinoma-in-situ of the breast ☐ Orchidectomy for Carcinoma-in-situ of the tests ☐ Cystectomy for Carcinoma-in-situ of the Urinary Bladder/T1NoMo Urinary Bladder Cancer ☐ Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy for Carcinoma-in-situ of the Cervix / Carcinoma-in-situ of the Uterus / Carcinoma-in-situ of the Ovary *A CIS cancer claim must be payable for payment of this benefit
Severe Stage	
☐ Myocardial infarction (First Heart Attack – Of Specified Severity) ☐ Cardiomyopathy ☐ Major surgery of the Aorta ☐ Open Chest CABG ☐ Open Heart Replacement or Repair of Heart Valves ☐ Heart Transplant	☐ Major Cancer diagnosis

Section C: PAYMENT – NEFT

Bank Account no: _____

Name of bank: _____

IFSC code: _____

Section D: DECLARATION & AUTHORIZATION

I do hereby declare that all the above statements are true and complete and that nothing has been suppressed or with-held from my side. understand that in furnishing claim form PNB Metlife has not admitted liability or waived any of its rights under the policy. I hereby authorize the physician or hospital who has attended upon or examined or treated me for any ailment or Illness to divulge any knowledge or information or furnish the records regarding my state of health which he/they may have acquired whether before or after the policy was issued by PNB MetLife. I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife(whether contained in this statement or obtained otherwise) which may include KYC documents to any individual/organization/entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors and industry association/federations, for the purpose of processing this claim and/or for providing subsequent services.

Signature/Left Thumb impression: _____ Date: _____

Declaration by the person filling in the Critical Illness Claim form. (in case the Critical Illness Claim form is filled up / signed in a language different from that of application form)

I hereby declare that I have fully explained the contents of the Critical Illness Claim form to the claimant in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the claimant and the replies have been read out to, fully understood and confirmed by the claimant.

The content of the form and document have been fully explained to me and that I have fully understood the content mentioned herein and its significance for the proposed Claim

Date	Place	Signature of Declarant	Signature / Left thumb Impression Claimant

Name of Witness: _____ **Signature of Witness:** _____

Address of Witness: _____

Date: _____ **Place:** _____

Documents to be submitted along with this form:

- Discharge Summary confirming the surgery undergone
- Doctor's Certificate - Critical Illness (From the family physician or treating doctor) preferably in the standardized PNB MetLife format
- Complete medical records for diagnosis and treatment of the illness diagnosed i.e. all test/investigation reports, discharge summary, indoor case papers
- All past medical records for any treatment taken
- Cancelled cheque/ Copy of bank passbook
- PAN Card/ Form 97of the life assured
- Current address and Identity proof of the life assured