

**MetLife Major Illness Premium Back Cover**

A Non-Linked, Non-Participating, Health Insurance Plan

**Insured, if you fall ill.  
Assured, if you don't.**



A health insurance plan from PNB MetLife  
that pays you for staying healthy.



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## What does MetLife Major Illness Premium Back Cover protect against?

### Policy Benefits:

MetLife Major Illness Premium Back Cover is a Non-Linked, Non-Participating Health Insurance Plan that pays the chosen Sum Assured as a lump sum amount in case of diagnoses of the Person Insured with any of the 35 Critical Illnesses listed below:

1. Apallic Syndrome
2. Benign Brain Tumour
3. Blindness
4. Brain Surgery
5. Cancer
6. Chronic Lung Disease
7. Coma
8. End Stage Liver Disease
9. Coronary Artery Bypass Surgery
10. Heart Attack
11. Heart Valve Surgery
12. Kidney Failure
13. Loss of Independent Existence
14. Loss of Limbs
15. Terminal Illness
16. Major Burns
17. Major Head Trauma
18. Major Organ Transplant
19. Paralysis
20. Stroke
21. Surgery to Aorta
22. Angioplasty
23. Alzheimer's Disease
24. Aplastic Anaemia
25. Cardiomyopathy
26. Deafness
27. Loss of Speech
28. Medullary Cystic Disease
29. Motor Neuron Disease
30. Multiple Sclerosis
31. Muscular Dystrophy
32. Parkinson's Disease
33. Poliomyelitis
34. Primary Pulmonary Hypertension
35. SLE with Lupus Nephritis

### MetLife Major Illness Premium Back Cover

#### A Non-Linked, Non-Participating, Health Insurance Plan

The world today is moving fast, and adapting to its pace requires a brisk lifestyle. This means less time for everything including taking care of your health. So often we receive news about close acquaintances having acquired major illnesses and continuing their battle against the same. It is pertinent to note that the incidence of such lifestyle induced Critical Illness is rising very fast and so also the cost of treatment. The cost of treatment not only includes the cost of hospitalization but a number of other ancillary cost which are significant in nature like Chemotherapy, Dialysis, long dosage of expensive injectable, nursing care, flying to other locations for treatment etc.

Keeping this in mind, PNB MetLife is proud to present a unique Plan, MetLife Major Illness Premium Back Cover this plan will protect your family from financial uncertainties in case of a Major Illness by providing lump sum in case of such an event.

What's more is that in case of no Major Illnesses during the period of the Policy, this Plan refunds back all the premiums paid (excluding the extra premiums and service taxes paid) in full upon survival at the end of the Policy Term.

This Policy also allows you to migrate to a suitable health insurance policy by providing suitable credits for all previous policy years, provided the Policy is maintained without any break.

Read on to know more...





The benefit is paid subject to receipt of satisfactory evidence of the above by the company provided that:

- The Critical Illness is diagnosed after completion of the Waiting Period of 90 days (from date of commencement or from date of reinstatement, as applicable);
- On survival till the completion of the Survival Period of 30 days after the diagnosis of the Critical Illness

Following a Critical Illness claim, the Policy terminates and no further Policy Benefits will be payable.

The benefits shall be paid even if diagnosis of Critical Illness has happened during the Policy Term and the survival period of 30 days crosses the Policy Term.

#### What happens in case no claim is made during the coverage period?

##### Maturity Benefit:

Upon survival of the Person Insured till the end of the term without any claim having been made, while the policy is in-force, the Company will pay back all the premiums paid (excluding the extra premiums and service taxes paid by the Policyholder) during the Policy Term as a Maturity Benefit.

This benefit ensures that your money comes back to you at the end of the term if no claim is made.

Do note that there is no death or survival benefit in this Policy during the Policy Term.

##### Example

Mr Arvind is 35 years old and wants to buy MetLife Major Illness Premium Back Cover. His sample premium and benefit will be as under:

Sum Assured – Rs. 10 Lakhs

Premium – Rs. 13,875 to be paid every year for 10 years (excluding taxes)

##### Benefits:

In case Mr Arvind is diagnosed of any of the 35 Major Illnesses as defined above, the Company pays him a lump sum benefit of Rs 10 Lakhs irrespective of his treatment cost.

In case Mr Arvind is not required to claim on his Policy, the total premiums paid over 10 years, Rs. 13,875 X 10 = Rs. 1,38,750, is refunded back to him at the end of the 10th year.

#### What you need to do to avail of the benefits under the Policy

Once you have made up your mind to avail the benefits under the Policy, you need to do the following:

- Select the Sum Assured (Benefit Amount) within the defined range.
- Basis the Sum Assured chosen and your age, your premium would be determined.
- You would be required to pay this premium regularly for the entire Policy Term.
- You need to complete the Application Form.
- You need to provide us with documents and undergo a medical test if required.

Your Application will be underwritten by us post which the Policy may be issued to you.

Boundary Conditions	Eligibility Criteria		
Age at Entry*	18 years - 55 years		
Policy & Premium Payment Term	10 years		
Minimum Sum Assured	Rs. 5,00,000		
Maximum Sum Assured	Rs. 50,00,000		
Large Sum Assured Rebate	SA (From)	SA (To)	Rebate
	5,00,000	9,99,999	Nil
	10,00,000	24,99,999	Rs. 4 per 1000 SA
	25,00,000	50,00,000	Rs. 7 per 1000 SA
Minimum Annual Premium	Rs. 5,958		
Maximum Annual Premium	Rs. 1,68,772		

\*Age Last Birthday

#### Premium Payment Options

Premiums can be paid through Yearly, Half-yearly, Quarterly or Payroll Savings Program & Monthly (ECS only) as opted for the base policy.

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

Mode of Premium	Multiplicative Factor
Semi-annual	0.5131
Quarterly	0.2605
Monthly ECS	0.0886
Payroll Savings Program	0.0868

The premium shall be adjusted on the due date of your policy even if it has been received in advance

#### Inclusions and Exclusions of your Plan

Following are the details of the 35 Major illnesses which are covered under the plan

##### 1. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month.

##### 2. Benign Brain Tumour

A Benign Tumour in the brain where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. Its presence must be confirmed by a Neurologist or



Neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

Exclusions:

- i. Cysts
- ii. Granulomas
- iii. Vascular malformations
- iv. Haematomas
- v. Calcification
- vi. Meningiomas
- vii. Tumours of the pituitary gland or spinal cord
- viii. Tumours of acoustic nerve (acoustic neuroma)

### 3. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist.

### 4. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

### 5. Cancer

#### CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term Cancer includes Leukemia, Lymphoma and Sarcoma.

The following are excluded –

- (1) Tumours showing the malignant changes of Carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- (2) Any skin cancer other than invasive malignant melanoma.
- (3) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- (4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.
- (5) Chronic lymphocytic leukemia less than Rai stage 3.
- (6) Micro carcinoma of the bladder.
- (7) All tumours in the presence of HIV infection.

### 6. Chronic Lung Disease

End Stage Respiratory Failure including Chronic Interstitial Lung Disease.

The following criteria must be met:

- a. Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre (Forced Expiratory Volume during the first second of a forced exhalation).

b. Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

c. Dyspnoea at rest.

This diagnosis must be confirmed by a chest physician.

### 7. Coma

#### COMA OF SPECIFIED SEVERITY

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:

- Ø No response to external stimuli continuously for at least 96 hours
- Ø Life support measures are necessary to sustain life
- Ø 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

### 8. End Stage Liver Disease

End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following:

- a. Uncontrollable Ascites
- b. Permanent Jaundice
- c. Oesophageal or Gastric Varices and Portal Hypertension
- d. Hepatic Encephalopathy.

Liver disease arising out of or secondary to alcohol or drug abuse is excluded.

### 9. Coronary Artery Bypass Surgery

#### OPEN CHEST CABG

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

Excluded are:

- (1) Angioplasty and/or any other intra-arterial procedures
- (2) Any key-hole or laser surgery

### 10. Heart Attack

#### FIRST HEART ATTACK – OF SPECIFIED SEVERITY

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- b) New characteristic electrocardiogram changes.
- c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- (1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T .



(2) Other acute Coronary Syndromes.

(3) Any type of angina pectoris.

#### 11. Heart Valve Surgery

##### OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

#### 12. Kidney Failure

##### KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

#### 13. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the following Activities of Daily Living:

1. 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.
2. Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa.
4. Mobility: The ability to move indoors from room to room on level surfaces.
5. Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
6. Feeding: The ability to feed oneself once food has been prepared and made available.

#### 14. Loss of Limbs

The loss by severance of two or more limbs, at or above the wrist or ankle.

Loss of Limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded.

#### 15. Terminal Illness

A Life Assured shall be regarded as terminally ill only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two appropriate independent medical consultants, is highly likely to lead to death within 12 months. The terminal illness must be diagnosed and confirmed by medical consultants registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

The insured must no longer be receiving active treatment other than that of the pain relief.

Terminal Illness due to AIDS is excluded.

#### 16. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician.

Burns arising due to self infliction are excluded.

#### 17. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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 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 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:

1. 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.
2. Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa.
4. Mobility: the ability to move indoors from room to room on level surfaces.
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
6. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- (a) Spinal cord injury.
- (b) Head injury due to any other causes.

#### 18. Major Organ Transplant

The actual undergoing of a transplant of:

- Ø One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ.
- Ø 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

#### 19. Paralysis

##### 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.

#### 20. Stroke

##### 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:

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

#### 21. Surgery to Aorta

The actual undergoing of surgery (including key hole type) 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.

#### 22. Angioplasty

Means the actual undergoing for the first time of Coronary Artery Balloon Angioplasty, Atherectomy, LASER treatment or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major Coronary arteries as shown by Angiographic evidence. The revascularisation must be considered medically necessary by a consultant Cardiologist.

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery.

Intra Arterial investigative procedures and Diagnostic Angiography are not included.

Evidence required: In addition to the documents mentioned in Clause 7 under the General Conditions, the Company shall require the following:

- I) Coronary Angiography Report – Pre and post Angioplasty or Other Invasive Treatment as defined above
- II) Discharge Card of the hospital where the procedure was done

#### 23. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative disease of the brain characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes.

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Consultant Neurologist and supported by the Company's appointed doctor.

Exclusions:

- I) Non organic diseases such as neurosis and psychiatric illnesses

II) Alcohol related brain damage

III) Any other type of irreversible organic disorder/dementia

#### 24. Aplastic Anaemia

Chronic persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least one 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 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
- Platelet count of 20,000 per cubic millimetre or less

#### 25. Cardiomyopathy

The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable etiology and resulting in permanent physical impairments to the degree of at least Class IV of the New York Association (NYHA) Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

- a. Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- b. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- c. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- d. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy related to alcohol abuse is excluded.

#### 26. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound threshold tests provided and certified by an Ear, Nose, and Throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing" in both ears.

#### 27. 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, and Throat (ENT) specialist. All psychiatric related causes are excluded.

#### 28. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterized by the presence of



cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. Diagnosis should be supported by renal biopsy.

### 29. Motor Neuron Disease

#### 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 neuron. 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.

### 30. Multiple Sclerosis

#### MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

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

Other causes of neurological damage such as SLE and HIV are excluded.

### 31. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of Muscular Dystrophy must be unequivocal and made by a Consultant Neurologist with confirmation of the combination of 3 out of 4 following conditions.

1. History of other affected family members
2. Clinical presentation including absence of sensory disturbance, normal Cerebrospinal Fluid and mild tendon reflex reduction
3. Characteristic Electromyogram
4. Clinical suspicion confirmed by muscle biopsy

The condition must result in the 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 6 months:

- a. 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.
- b. Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- c. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa.
- d. Mobility: The ability to move indoors from room to room on level surfaces.
- e. Toileting: The ability to use the lavatory or otherwise manage bowel and

bladder functions so as to maintain a satisfactory level of personal hygiene.

- f. Feeding: The ability to feed oneself once food has been prepared and made available.

### 32. Parkinson's Disease

The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's Disease by a Consultant Neurologist.

This diagnosis must be supported by all of the following conditions:

1. The disease cannot be controlled with medication
2. Signs of progressive impairment
3. 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 6 months:
  - (a) 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.
  - (b) Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
  - (c) Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa.
  - (d) Mobility: The ability to move indoors from room to room on level surfaces.
  - (e) Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
  - (f) Feeding: The ability to feed oneself once food has been prepared and made available.

Drug induced or toxic causes of Parkinsonism are excluded.

### 33. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause and is proved by Stool Analysis.
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

### 34. Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA), classification of Cardiac Impairment and resulting in the Life Insured being unable to perform his/her usual occupation.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

1. Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
2. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
3. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.



4. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

### 35. SLE with Lupus Nephritis

A multisystem, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self antigens. In respect of this contract, systemic lupus erythematosus 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 specialising in Rheumatology and Immunology.

Other forms, discoid Lupus, and those forms with only Haematological and joint involvement will be specifically excluded.

WHO Lupus Classification:

1. Class I (Minimal change) – Negative, normal urine T16p-15
2. Class II (Mesangial) – Moderate proteinuria, active sediment
3. Class III (Focal Segmental) – Proteinuria, active sediment
4. Class IV (Diffuse) – Acute nephritis with active sediment and/or nephritic syndrome
5. Class V (Membranous) – Nephrotic Syndrome or severe proteinuria

### Exclusions

Apart from the exclusions specified in each of the diseases as mentioned above, the following exclusions shall apply to the Policy Benefits admissible under this policy.

1. Any critical illness or its signs or symptoms having occurred within the "Waiting Period" of 90 days of policy issue date or reinstatement date, whichever is later.
2. For all the pre-existing diseases or health conditions at proposal stage, the benefits would be available after 48 months from continuous coverage; where continuous coverage is defined as the undisrupted and unbroken period of cover provided by the existing insurer or the prior life insurer covering all diseases as under the existing health policy.
3. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV).
4. Self-inflicted injuries, suicide, psychiatric illness, and deliberate participation of the Life Insured in an illegal or criminal act, if it is with criminal intent. Wherein; psychiatric illness is defined as any pattern of psychological or behavioural symptoms that causes an individual significant distress, impairs their ability to function in life, and/or significantly increases their risk of death, pain, disability, or loss of freedom. In addition, to be considered a psychiatric disorder, the symptoms must be more than an expected response to a particular event (e.g., normal grief after the loss of a loved one). This is a medical condition & must be diagnosed by medical specialist or Psychiatrist.
5. Use of intoxicating drugs/alcohol/solvent, taking of drugs except under the direction of a qualified medical practitioner.
6. War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
7. Radioactive contamination due to nuclear accident.

8. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time, as per the Board Approved Underwriting Policy. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.

9. A congenital condition of the insured.

Engaging in hazardous sports/pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement. Pilots and cabin crew of commercial passenger airlines are not excluded.

### Other Provisions & Features

#### Suicide Exclusion

In the event the Person Insured commits suicide, whether sane or insane at that time, within one year from the Date of Commencement of insurance cover, the insurance cover shall be void. The Company will not be liable to pay any of the benefits available under the product including but not limited to the Sum Assured except refunding 80% of premium(s) received without interest.

In the event the Person Insured commits suicide, whether sane or insane at that time, within one year from the date of the last reinstatement, the insurance cover shall be void. The Company will not be liable to pay any of the benefits available under the product except the higher of the Surrender Value or 80% of the premiums paid till the date of death, provided the policy is in force.

#### Tax Benefits

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

#### Free look period

A free look period of 30 days from the date of receipt of the Policy document is provided under this product. In case the Policyholder is not satisfied with the terms and conditions of the Policy, he/she can send a written request to the Company explaining the reasons for cancellation of the Policy and the Company shall refund the premiums paid subject only 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 the stamp charges.

#### Grace Period

The Regular Premiums are payable on the due date for payment and in any case not later than the grace period of 30 days from the due date for Quarterly / Half yearly / Yearly frequencies and 15 days from the due date for Monthly / Payroll Savings Plan frequency respectively. During the grace period, the Policy shall continue to be in force for the insured event.



If the due Premium is not paid within the grace period, the Policy shall lapse. The lapsed policy can be revived within the Revival Period as specified below.

#### Lapse

If due premium is not paid within the grace period as above, then the Policy shall lapse.

If the Regular Premiums, for at least three full years, have been paid and no further due premiums are paid, then the policy will be eligible for a non-forfeiture benefit. Under the non-forfeiture benefit, the Policy will be converted into Reduced Paid-Up Policy. The amount of the Reduced Paid-Up Sum Assured shall be determined by multiplying the Sum Assured with the ratio of the number of Regular Premiums paid to the total number of Regular Premiums payable under the Policy.

#### Reduced Paid-up Value

The Policy acquires a Paid-up Benefit upon discontinuance of premium after paying premium for three full policy years as explained below.

If the Person Insured is first diagnosed with any one of the 35 Critical Illnesses during the Policy Term and while the Policy is in Reduced Paid-Up status, the Company will pay the Reduced Paid-up Sum Assured, as defined above provided that:

- The Critical Illness is diagnosed after completion of the Waiting Period of 90 days, in case of any reinstatement.
- The Person Insured has survived until at least the completion of the Survival Period of 30 days after the diagnosis of the Critical Illness.

Following a Critical Illness claim, the Policy terminates and no further Policy Benefits will be payable.

Upon survival to the maturity, while the policy is in Reduced Paid-up status, with no Critical Illness claim made during the Policy Term, the Company will pay all the premiums paid (excluding the extra premiums and service taxes paid by the Policyholder) during the Policy Term as a Maturity Benefit.

The Reduced Paid-up Policy will qualify for a Surrender Benefit.

#### Reinstatement

When the premium is not paid within the grace period, the Policy shall lapse and be subject to the applicable non-forfeiture provisions contained in the Policy. The Policyholder may, however, reinstate the Policy while the Person Insured is alive if the Policyholder:

- Requests in writing for reinstatement within two years from the date of first unpaid premium.
- Provides satisfactory evidence of continued insurability to us (if applicable)
- Pays all due premiums together with interest payment up to the date of reinstatement with interest at the rate prescribed by the Company at the time of reinstatement. The present rate of interest is 9% p.a.
- On fulfillment of reinstatement requirement as specified by the Company

A surrendered policy cannot be reinstated.

The revival of a lapsed/Paid up policy is also subject to payment of revival fee, which is Rs.250/- at present and subject to review in future with IRDA of India approval. Upon reinstatement of the policy, the policy benefits will be restored back.

#### Surrender Value

The policy acquires a Surrender Value upon discontinuance of premiums after paying premiums for a minimum of 3 full years. Upon surrender of a Policy, the following Surrender Benefit will be payable.

The Surrender Value will be higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV). The GSV and SSV rates are expressed as a percentage of total premiums paid under the Policy.

#### Guaranteed Surrender Value (GSV):

The Guaranteed Surrender Value is defined as a percentage of total premiums paid (exclusive of service tax, cess and extra loading(s), if any). The proportions are as follows:

Guaranteed Surrender Value (as % of total premiums paid)	
Year of surrender	GSV Rate
1	0%
2	0%
3	30%
4	50%
5	50%
6	50%
7	50%
8	70%
9	90%
10	90%

#### Special Surrender Value(SSV):

The Special Surrender Value is defined as a percentage of total premiums paid (exclusive of service tax, cess and extra loading(s), if any). The proportions are as follows:

Special Surrender Value (as % of total premiums paid)	
Year of surrender	SSV Rate
1	0%
2	0%
3	40%
4	50%
5	55%
6	65%
7	75%
8	80%
9	90%
10	100%

#### Revision of Premiums

The filed Tabular Premium Rates will not change for the first five years. However, the premium rates are reviewable at every five Policy Years at the Policy Anniversary, after prior approval from the IRDA of India. Such review of premium rates will be performed by the Company at the beginning of the calendar year and the premium rates after review would only be applicable for the contracts for which the review falls due in that year. If the Policyholder does not agree to the revised terms including the revised premium rates, the Policyholder has the choice to terminate the coverage and receive the applicable surrender benefits or opt to choose portability option (migrating the policy to another health insurance policy).



## About PNB MetLife

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

PNB MetLife brings together the financial strength of one of the world's leading life insurance providers, MetLife, Inc., and the credibility and reliability of Punjab National Bank, one of India's oldest and leading nationalised banks. The vast distribution reach of PNB together with the global insurance expertise and product range of MetLife makes PNB MetLife a strong and trusted insurance provider.

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

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

For more information, visit [www.pnbmetlife.com](http://www.pnbmetlife.com)

## Disclaimer

### Statutory Warning:

#### Section 41 of the Insurance Act, 1938 states:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

#### Section 45 of the Insurance Act, 1938 states:

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true.

- b. The active concealment of a fact by the insured having knowledge or belief of the fact.
  - c. Any other act fitted to deceive.
  - d. Any such act or omission as the law specifically declares to be fraudulent.  
Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.
3. Notwithstanding anything contained in sub section 2, no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer; provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.
  4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued; provided that the Insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. The misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact, no life insurance policy would have been issued to the insured.
  5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.
    - Please read this Sales Brochure carefully before concluding any sale.
    - This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. The detailed Terms and Conditions are contained in the Policy Document.