



PNB MetLife Endowment Savings Plan Plus

Individual, Non-linked, Participating,
Savings, Life Insurance Plan

Saving Assured, Dreams Insured



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PNB MetLife Endowment Savings Plan Plus

Individual, Non-linked, Participating, Savings, Life Insurance Plan

You have certain milestones in life such as children's education, a dream house or your retirement. In order to meet these goals you need a savings plan that helps you build a corpus and safeguard your family's future.

Presenting, "PNB MetLife Endowment Savings Plan Plus", a plan that helps you accumulate your savings for your financial needs at every stage of life. Additionally, it provides life cover to protect your family along with an option to protect your goals against critical illnesses.

Home

Wealth

Child's Education

Vehicle

Make a right choice with PNB MetLife Endowment Savings Plan Plus and be assured to accomplish your future goals.

With PNB MetLife Endowment Savings Plan Plus

Create a corpus to fulfill your goals

Pre pay your home loan

Save for your child's higher education

Save for your retirement needs

Opt to protect your family's future with waiver of premium against 35 critical illnesses

Key Benefits

Savings:

Get a Lump sum at maturity, equal to the sum of: Sum assured on maturity, vested Reversionary Bonuses and Terminal Bonus, if any

Bonus addition:

Enhance your savings through bonuses from 1st policy year onwards

Flexibility:

Choose how long you want to pay: For 5/7/10 years or the entire policy term

Protection for your family:

- Get life cover for the entire Policy Term
- Opt for waiver of premium benefit to cover against 35 critical illnesses
- Opt for additional cover through Accidental Death and Serious Illness riders, at a nominal cost

Tax benefits:

Avail tax benefits on premiums paid and benefits received, as per prevailing tax laws

How does the plan work?

"PNB MetLife Endowment Savings Plan Plus" provides long term savings and financial protection. **Let's take an example:**

Sameer, aged 30 years, opts for "Savings Plus" option of "PNB MetLife Endowment Savings Plan Plus" and,

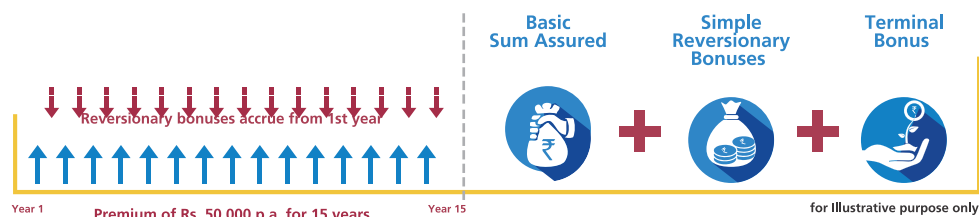
- Selects premium payment term of 15 years and policy term of 15 years
- Opts for Sum Assured of Rs. 6,91,754 and pays yearly premiums of Rs. 50,000 (exclusive of taxes/cesses), assuming that he is in good health

- In this case, the premium rate is Rs. 75.28 per 1000 of Basic Sum Assured. The applicable High Sum Assured discount is Rs. 3 per 1000 of Basic Sum Assured. Hence, Basic Sum Assured is $(1000 \times 50,000) / (75.28 - 3) = \text{Rs. } 6,91,754$
- Starting from the first policy year, simple Reversionary Bonuses accrue at the end of every policy year, throughout the Policy Term of 15 years
- At maturity, Sameer receives the sum of Basic Sum Assured, accrued Reversionary Bonuses and Terminal Bonus, if any

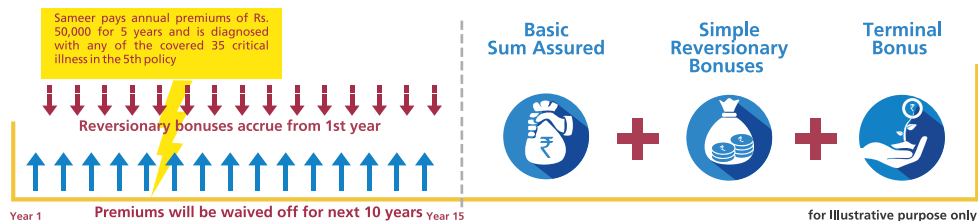
Scenario I: If Sameer, i.e. the Life Assured, survives till maturity:

Benefits at maturity	@8% ²	@4% ²
Basic Sum Assured (Rs.)	6,91,754	6,91,754
Simple reversionary bonuses (Rs.)	3,94,300	1,91,962
Terminal bonus (Rs.)	19,715	9,598
Total benefit (Rs.)	11,05,769	8,93,314

²The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and there are no upper or lower limits.



Scenario 2: In case, Sameer is diagnosed with any of the 35 critical illnesses covered in the plan option, during the premium payment term, all future premiums will be waived off and policy will continue to provide future benefits for the entire policy term.



Scenario 3: In case of unfortunate demise of Sameer in the 8th policy year, his nominee receives the following benefit and the policy terminates.

Benefits at Death	@8% ²	@4% ²
Sum Assured on Death (Rs.)	6,91,754	6,91,754
Vested Bonuses (Rs.)	2,10,293	1,02,380
Total benefit (Rs.)	9,02,048	7,94,134

²The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and there are no upper or lower limits.

Plan at a glance

Product specification						
Plan options	Option 1: Savings option Option 2: Savings Plus option					
Minimum age [*] at entry (Years)	Plan option			Age at entry		
	Savings			8		
Maximum age [*] at entry (Years)	Savings Plus			18		
	Savings option			Savings Plus option		
Maximum age [*] at entry (Years)	Premium Payment Type	Annual	Other modes	Premium Payment Type	Annual	Other modes
	Regular Pay	55	50	Regular Pay	50	45
	Limited Pay (10 pay / 7 pay / 5 pay)	60	55	Limited Pay (10 pay / 7 pay / 5 pay)	55	50
Age [*] at maturity (Years)	Plan option			Age at maturity		
	Savings			80		
	Savings Plus			Regular Pay: 65 Limited Pay: 80		
Premium Paying Term (PPT) (Years)	Regular pay: Same as policy term Limited pay: 5, 7 & 10 years					
Policy Term (Years)	Savings option			Savings Plus option		
	Premium Payment Type	Policy Term	Premium Payment Type	Policy Term	Premium Payment Type	Policy Term
	5 Pay / 7 pay	10-25	5 Pay / 7 pay	10-25	5 Pay / 7 pay	10-25
	10 Pay	15-25	10 Pay	15-25	10 Pay	15-25
	Regular pay	10-25	Regular pay	10-15	Regular pay	10-15
Minimum Annual Premium (Rs.)	Premium Payment Type			Premium (Rs.)		
	5 Pay			48,000		
	7 Pay			34,000		
	10 Pay			24,000		
	Regular pay			18,000		
Maximum Premium (Rs.)	As per Board approved underwriting policy					
Minimum Sum Assured (Rs.)	2,20,000					
Maximum Sum Assured	As per Board approved underwriting policy					
Premium Payment modes	Yearly / Half Yearly / Monthly					

*All references to age are as on last birthday

Benefits in details

Maturity Benefit

On survival of the Life Assured till the Maturity Date, provided that the Policy is In-force status and all due premiums have been received in full by us, the Maturity Benefit payable will be the sum of:

- Sum Assured on Maturity
- Accrued Simple Reversionary Bonuses
- Terminal Bonus, if any

Where,

- ✓ Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity date
- ✓ **Simple Reversionary Bonus (SRB)**
 - We may declare Simple Reversionary Bonus under the Policy on the Policy Anniversary commencing from the 1st Policy Anniversary, provided the Policy is In-force Status
 - Once a Simple Reversionary Bonus is declared by us it accrues under the policy and is guaranteed to be paid along with the Death Benefit or the Maturity Benefit of the policy. Simple Reversionary Bonus is expressed as a percentage of the Basic Sum Assured
- ✓ **Terminal Bonus (TB)**
 - We may declare Terminal Bonus under the Policy from the 10th Policy Year onwards
 - Terminal Bonus is expressed as a percentage of declared Simple Reversionary Bonuses and, if declared, will be paid along with the Death Benefit or Maturity Benefit

Waiver of premium on Critical Illnesses Benefit (WoP on CI)

Plan Option: Savings option

WoP on CI benefit is not applicable under this plan option

Plan Option: Savings Plus option

If the Life Assured is diagnosed to be suffering from any of the covered 35 Critical Illnesses while the Policy is In-force status, all future premiums that would otherwise have been payable under the base policy shall be waived for the remainder of the premium payment term subject to:

- Waiting period of 90 days (from the later of the Date of Inception of the Policy or the date of the last revival of the Policy, as applicable).

Waiver of premium benefit shall not be applicable on Riders.

Critical Illnesses Covered

Following thirty five (35) Critical Illnesses are covered under "Savings Plus" option of this plan:

1. Cancer of Specified Severity
2. First Heart Attack – of specified severity
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure Requiring Regular Dialysis
7. Stroke resulting in Permanent Symptoms
8. Major Organ/Bone Marrow Transplant
9. Permanent Paralysis of Limbs
10. Motor Neurone Disease with permanent symptoms
11. Multiple Sclerosis with permanent symptoms
12. Blindness
13. Apallic Syndrome
14. Benign Brain Tumour
15. Severe Liver Disease
16. Chronic Lung Disease
17. Third-degree burns
18. Loss of Limbs
19. Major Head Trauma
20. Surgery of the Aorta
21. Alzheimer's Disease
22. Aplastic Anaemia
23. Cardiomyopathy
24. Deafness
25. Loss Of Speech
26. Medullary Cystic Disease
27. Muscular Dystrophy
28. Primary Pulmonary Hypertension
29. Systemic Lupus Erythematosus (SLE)
30. Amyotrophic Lateral Sclerosis
31. Bacterial Meningitis
32. Chronic Pancreatitis
33. Acute Viral Encephalitis
34. Fulminant Viral Hepatitis
35. Severe Rheumatoid Arthritis

Death Benefit

In the event of the unfortunate death of the Life Assured during the policy term provided that the policy is still In-force status on the date of death, the nominee shall receive Sum Assured on Death (as described below) plus the accrued Simple Reversionary Bonuses plus Terminal Bonus, if any, subject to a minimum of 105% of total premiums paid up to the date of death and the Policy shall terminate.

Where Sum Assured on Death is the highest of:

- 10 times of the Annualised Premium
- Basic Sum Assured (BSA) which is the absolute amount assured to be paid on death

Other Features

Loans

You may take a loan against your policy once it acquires a Surrender Value. The maximum amount that can be availed is 90% of Special Surrender Value of your policy at the end of the relevant Policy Year less any unpaid premiums for that year and loan interest accrued, if a loan already exists on the policy, to the end of that year. While you avail the loan, your Policy must be assigned in favor of the Company to the extent of the outstanding loan. The rate of interest on such loan amount shall be prescribed by the Company from time to time. The rate of interest is taken as the 10 Year G-Sec rate plus 250 basis points rounded up to nearest 50 basis points. The prevailing interest rate for 2016 is 10.5% p.a. and Company reserves the right to change this interest rate, subject to prior approval from IRDAI. Please contact us to know the prevailing rate of interest.

Riders

To safeguard your family against certain unfortunate events, you can opt for the following riders at a nominal cost:

PNB MetLife Accidental Death Benefit Rider Plus (UIN: 117B020V03)	This Rider provides additional protection over and above the death benefit under this Policy in the event of the death of the Life Assured in an Accident
PNB MetLife Serious Illness Rider (UIN: 117B021V03)	This Rider provides additional protection over and above the Death Benefit under this Policy in the event of the Life Assured being diagnosed with any of the 10 critical illnesses covered under the Rider

Please refer to the rider brochure and rider terms and conditions for further details.

- Rider Sum Assured shall be subject to Sum Assured of the base policy
- Premium for all the riders put together shall be subject to a ceiling of 30% of the premium of the basic policy.

Flexible premium payment modes & modal factors

You may elect to pay premiums by Yearly, Half Yearly, or Monthly mode subject to the minimum annualised premium under each mode.

Factors on premium will be applicable as per the table below:

Premium Paying Mode	Modal Factors
Half Yearly	0.5131
Monthly	0.0886

Alteration between different modes of premium payment is allowed only at any Policy Anniversary on request

High Sum Insured Discount

You will be eligible for a premium discount under both savings and savings plus options incase of opting high premium as below:

Premium Payment Type	Premium band (Rs. lakhs)	Premium discount (Rs. Per 1000 Basic Sum Assured)
5 Pay	Less than 1	Nil
	Equal to or more than 1 and less than 2	1.5
	Equal to 2 and above	3
7 Pay	Less than 0.5	Nil
	Equal to or more than 0.5 and less than 1	2
	Equal to or more than 1 and less than 2	4
	Equal to 2 and above	5
10 Pay	Less than 0.5	Nil
	Equal to or more than 0.5 and less than 1	1.5
	Equal to or more than 1 and less than 2	3
	Equal to 2 and above	4.5
Regular Pay	Less than 0.5	Nil
	Equal to or more than 0.5 and less than 1	3
	Equal to or more than 1 and less than 2	4
	Equal to 2 and above	5

Grace period

If premiums are not paid on their due dates, a grace period of 30 days (15 days for monthly mode) from the due date of unpaid premium will be allowed for payment of premium without interest. During the grace period the policy shall continue to be in force for all the insured events

Premium Discontinuance

If you discontinue paying premium, your policy will be Lapsed or Paid-Up

- Policy in Lapse status

If all the installment Premiums for first two Policy Years are paid in full, the Policy shall acquire a surrender value

If you discontinue the payment of premiums before your policy has acquired a Surrender Value, your Policy will lapse at the end of the grace period and the Death Benefit and Rider Benefits, if any, will cease immediately and automatically and no benefits will be paid when the Policy is in lapsed status.

- Policy in Paid-Up Value

If the policy has acquired a surrender value and no future premiums are paid, you shall have the option to either surrender the policy or continue it as a Paid-Up policy with reduced benefits.

If you continue the policy as a Paid-Up policy the reduced benefits are payable as given below:

Benefits	Payout
Death Benefit	Sum Assured on Death x Paid-up factor; Plus sum of all accrued Simple Reversionary Bonuses At any point in time the minimum death benefit shall be 105% of total premiums paid up to the date of death
Maturity Benefit	Sum Assured on Maturity x Paid-up factor; Plus sum of all accrued Simple Reversionary Bonuses added till the date of paid-up
Critical Illness	Savings option: Not applicable Savings Plus option: if Critical Illness occurs when the policy is in Paid-up status, waiver of premium benefit shall not be applicable

Paid- up factor = Number of Instalment Premiums paid / Number of Instalment Premiums payable during the Premium Payment Term.

Once the policy becomes paid-up,

- No further reversionary bonuses and terminal bonus shall accrue to the policy
- Rider benefits, if any, will cease immediately once the policy acquires Paid-up status

Surrender Value

If your Policy has acquired a Surrender Value, as explained in the premium discontinuance section, and you choose to discontinue your Policy, you will be entitled to the Surrender Value, which is higher of the Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV) of the policy. The policy will be terminated once it is surrendered and cannot be revived.

Revival

You can revive your lapsed / Paid-up policy and the riders for its full coverage within five years from the due date of the first unpaid premium but before policy maturity, by paying all outstanding premiums together with the interest, as applicable. The interest for revival of the policy will be charged at market related rates set by the Company from time to time.

Please contact us to know the prevailing rate of interest for revival of policies.

Revival of the policy and riders, if any, is subject to Board approved underwriting policy. A surrendered policy cannot be revived.

Termination

The Policy will be terminated on the earliest of the following:

- Upon payment of Surrender Benefit
- At the expiry of the Revival period , when the Policy has not been revived and provided the said Policy has not acquired any Paid-Up Value
- Upon payment of death claim or maturity claim amount

Terms & Conditions

Free look period

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 cancel the Policy by giving a signed written notice to us within 15 days (30 days in case the Policy is sold to You through Our Website) from the date of receiving your Policy 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 and/or the expenses incurred on medical examination (if any).

Tax benefits

Tax benefits under this plan are available as per the provisions and conditions of the Income Tax Act, 1961 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.

Suicide exclusions

If the Life Assured's death is due to suicide within twelve months from the Date of Commencement of risk or from the date of Revival of the Policy, as applicable, the Nominee of the Policyholder shall be entitled to receive at least 80% of the Total Premiums Paid and received by Us till the date of death of the Life Assured or Surrender Value available as on the date of death of the Life Assured, whichever is higher, provided the Policy is in Inforce status. We shall not be liable to pay any interest on this amount.

Waiting period

For Savings Plus option there will be a waiting period of 90 days from Policy inception or from any subsequent revival, whichever is later. If a claim occurs for the waiver of premium (WOP) benefit under Savings Plus option during waiting period, the WOP cover terminates and future premiums for the plan shall be reduced to the premiums payable under Savings option for a similar contract (i.e. same age at entry, Sum Assured, policy term, premium payment mode, including any discounts, if applicable)

Critical Illnesses definitions and exclusions

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:

- i. 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.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. 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
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. 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. First Heart Attack

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:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes

- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. 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:

- i. Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement Or Repair Of Heart Valves

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

5. Coma 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:

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

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:

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

8. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neurone Disease

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 Permanent Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE are excluded.

12. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;
- ii. 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.

13. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioral responses to external stimuli
- iv. Preserved brain stem functions
- v. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

14. Benign Brain Tumour

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.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. 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.

15. Severe Liver Disease

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

16. Chronic Lung Disease

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

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

17. 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.

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 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:

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

The following are excluded:

- i. Spinal cord injury

20. Surgery of The Aorta -

Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta

21. Alzheimer's Disease

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- ii. Personality change
- iii. Gradual onset and continuing decline of cognitive functions
- iv. No disturbance of consciousness
- v. Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Other forms of dementia due to brain or systemic disorders

22. Aplastic Anaemia

A definite diagnosis of Aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressant
- iii. Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Hematologist and evidenced by bone marrow histology.

Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

23. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy
- iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death.

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram or cardiac MRI. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis
- iii. Cardiomyopathy due to systemic diseases
- iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome).

24. 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 90 decibels across all frequencies of hearing” in both ears.

25. 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.

26. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- iv. The diagnosis must be confirmed by a Consultant Nephrologists.

For the above definition, the following are not covered:

- i. Polycystic kidney disease
- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

27. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system. The diagnosis must be confirmed by a company appointed Registered Medical Practitioner who is a neurologist based on all the following conditions:

- i. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- ii. Characteristic Electromyogram; or
- iii. Clinical suspicion confirmed by muscle biopsy.

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

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.

- i. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- ii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iii. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- iv. Getting between rooms – the ability to get from room to room on a level floor.
- v. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings

28. Primary 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:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. 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.

29. Systemic Lupus Erythematosus (SLE)

The Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease. It can affect any part of the body. The immune system erroneously attacks the body's cells and tissue resulting in inflammation and damage. It can be diagnosed by typical laboratory findings and associated symptoms, the so-called butterfly rash being the most known, and has to be treated with corticosteroids or other immune suppressants.

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)

- iii. Continuous treatment with corticosteroids or other immune suppressants

Additionally, one of the following organ involvements must be diagnosed:

- i. Lupus nephritis with proteinuria of at least 0.5 g/day and a Glomerular filtration rate of less than 60 ml/min (MDRD formula)
- ii. Libman-Sacks endocarditis or myocarditis
- iii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive are specifically excluded.
- iv. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologists.
- v. The other form of lupus erythematosus the Discoid lupus erythematosus or subacute cutaneous lupus erythematosus or a lupus erythematosus that is drug-induced are not covered.

30. Amyotrophic Lateral Sclerosis

A definite diagnosis of amyotrophic lateral sclerosis. Should be characterized by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and extensor plantar reflexes, evidence of corticospinal tract involvement, dysarthric and dysphagia. Appropriate neuromuscular testing such as Electromyogram (EMG) must be present.

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no chance of recovery.

Activities of Daily Living are:

- i. 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.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
- vii. The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

- i. Other forms of motor neurone disease
- ii. Multifocal motor neuropathy (MMN) and inclusion body myositis
- iii. Post-polio syndrome

- iv. Spinal muscular atrophy
- v. Polymyositis and dermatomyositis

31. Bacterial Meningitis

A definite diagnosis of Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

- i. Aseptic, viral, parasitic or non-infectious meningitis

Waiting period will be of 3 months.

32. Chronic Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

33. Acute Viral Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- i. Encephalitis caused by bacterial or protozoal infections
- ii. Myalgic or paraneoplastic encephalomyelitis

34. Fulminant Viral Hepatitis

A sub massive 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:

- i. A rapidly decreasing liver size as confirmed by abdominal ultrasound;

- ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- iii. Rapidly deteriorating liver functions tests
- iv. Deepening jaundice and
- v. Development of Hepatic Encephalopathy.
- vi. Coagulopathy with an international normalized ratio (INR) greater than 1.5

The diagnosis must be confirmed by a Consultant Gastroenterologist appointed by Insurance company.

For the above definition, the following are not covered:

- i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- ii. Fulminant viral hepatitis associated with intravenous drug use

35. Severe Rheumatoid Arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- iii. Continuous treatment with corticosteroids
- iv. Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months
- v. Radiographic evidence of bony erosions or loss of cartilage in at least 2 of the following joint areas: fingers, hand, wrist, elbow, cervical spine, knee, ankle, foot

The diagnosis must be confirmed by a Consultant Rheumatologist appointment of Insurance company.

For the above definition, the following are not covered:

- i. Reactive arthritis, psoriatic arthritis and activated osteoarthritis

Exclusions for Critical Illness benefit

Apart from the disease specific exclusions given along with definitions of diseases, no waiver of premium benefit will be payable if the Critical Illness is caused or aggravated directly or indirectly by any of the following acts of the life insured unless those are beyond his / her control:

- Any diseases occurring within 90 days of the start of coverage or date of revival (i.e. during the waiting period).
- Failure to follow medical advice
- Any condition that is pre-existing at the time of inception of the policy
Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
- Intentional self-inflicted injury, attempted suicide
- Life Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- Participation by the life insured in a criminal or unlawful act with illegal or criminal intent
- Engaging in or taking part in professional or adventure sport(s) which are hazardous in nature 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
- Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

Nomination

Nomination shall be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. Nomination of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

Assignment

Assignment shall be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. Assignment of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

ABOUT PNB METLIFE

PNB MetLife India Insurance Company Limited (PNB MetLife) is one of the leading life insurance companies in India. PNB MetLife has as its shareholders MetLife International Holdings LLC (MIHL), Punjab National Bank Limited (PNB), Jammu & Kashmir Bank Limited (JKB), M. Pallonji and Company Private Limited and other private investors, MIHL and PNB being the majority shareholders. PNB MetLife has been present in India since 2001.

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

For more information, visit www.pnbmetlife.com

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

- (1) In accordance with Section 41 of the Insurance Act, 1938, as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
- (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.

FRAUD AND MISREPRESENTATION

Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time.

- ✓ Please read this Sales brochure carefully before concluding any sale.
- ✓ This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. The detailed Terms and Conditions are contained in the Policy Document.