



Circle
of Life

pnb MetLife

Milkar life aage badhain



ONE COMPREHENSIVE PLAN THAT SECURES ALL YOUR LIFE GOALS

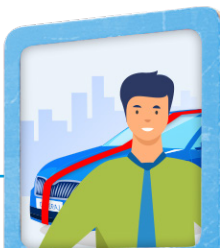
PNB MetLife

Mera Term Plan Plus

Individual, Non-Linked, Non-Par, Pure Risk Premium, Life Insurance Product
UIN: 117N126V03



Return of
Premium



Joint Life
Option



Child
Education
Benefit



Cover upto
99 Years[^]



[^]Maximum maturity age 99 years for all options except Life Plus Health & ROP option. Maximum maturity age for Life Plus Health & ROP option is 75 years.

PNB MetLife Mera Term Plan Plus

Individual, Non-linked, Non-par, Pure Risk Premium, Life Insurance Product

We work hard to provide the best possible lifestyle to our families and to ensure that we have enough money to fulfill our key responsibilities like Children's Education, Marriage, and Retirement etc. All these goals are easily achievable if we continue through the working life without being affected by life's vagaries like Death, Disease or Disability. However, what if you are no more or are affected with a serious illness or disability? Your family loses a key earning member and in the case of illness or disability the family also has to plan their finances so as to take care of your health.

Term plans offer that security and ensure that your loved ones are secure, financially independent and continue to enjoy the same lifestyle even in your absence. However, when it comes to your family, it's best to be double sure.

Presenting PNB MetLife Mera Term Plan Plus, a specially designed protection plan that provides life cover till age of 99 years even as you choose to pay premiums for a limited period. You can opt to protect your spouse in the same plan, choose return of premiums on survival till the end of policy term or customize your plan with one of the coverage enhancement options, making this a truly comprehensive protection solution.

Key benefits

| Benefit option | Benefit Summary |
|------------------|--|
| Life | Death Benefit |
| Life Plus | Death Benefit Terminal Illness Benefit Waiver of premiums on Accidental Total Permanent Disability or diagnosis of Critical Illness ¹ |
| Life Plus Health | Death Benefit Terminal Illness Benefit Waiver of premiums on Accidental Total Permanent Disability or diagnosis of Critical Illness ¹ Accelerated Critical Illness Benefit |

Additional Options

Spouse Coverage

Return of Premiums

Cover Enhancement options⁶

- 1 Step-Up Benefit
- 2 Life Stage Benefit
- 3 Child Education Support Benefit

Premium will vary based on the option chosen by the policyholder

With PNB MetLife Mera Term Plan Plus

- 1) Choose to pay for a limited period, one time or throughout policy term as per your requirement
 - Pay for a limited term of 5,10,15,20 years or pay till age 60 OR
 - Pay just once and stay protected for the entire term OR
 - Pay regularly throughout policy term
- 2) Choose to stay protected for either whole of life (coverage upto age 99 years) OR choose coverage term as per your liking²
- 3) Option to choose protection against Death, Disability, and Disease
 - **Life:** Cover against Death
 - **Life Plus:** Cover against Death and Terminal Illness³ plus all future premiums waived off on accidental permanent disability or diagnosis of listed critical illnesses
 - **Life plus Health:** Cover against Death and Terminal Illness³ plus all future premiums waived off on accidental permanent disability or diagnosis of critical illness plus accelerated lump sum on diagnosis of listed critical illnesses³
- 4) Customise your plan with a choice of additional options⁴:
 - 'With Return of Premium'⁵ option to get your premiums back on survival till maturity
 - 'Spouse Coverage' to protect your spouse within the same plan
- 5) Enhance your protection with one out of the 'Cover Enhancement Options'⁶ to ensure your life cover is adequate even as you progress in life
- 6) Tailor your Benefit Payout option to suit your needs
 - **Lumpsum :** Benefit payable as lump sum
 - **Monthly Income:** Benefit payable as level monthly income for 10 years
 - **Lump sum plus Monthly Income:** Benefit payable as part lump sum and part level monthly income for 10 years
- 7) Enhance your cover through riders
- 8) Tax benefits as per prevailing tax laws⁷

¹All future premiums are waived off if the Life Assured suffers an Accidental Total permanent disability (ATPD) OR is diagnosed with any one of the 50 listed Critical Illnesses (CI) – whichever occurs first, subject to the maximum maturity age of Waiver of Premium benefit.

²Policyholder can choose any policy term between 10 years and 99-age at entry, if 'Return of Premiums' is not chosen

³Terminal illness benefit and Accelerated Critical Illness benefit is not an additional benefit and it only facilitates early payment of death benefit upon occurrence of Terminal Illness or covered Critical Illness respectively as described in this document.

⁴The additional options "Spouse Coverage", "Return of Premiums", and "Cover enhancement options" which include "Step-up Sum Assured Benefit", "Life-stage sum assured benefit" and "Child Education Support Benefit" will be available on payment of extra premiums

⁵Maximum policy term allowed for 'Return of Premiums' option will be 40 years and this option needs to be selected at the inception of the policy. 'Return of Premiums' options is not available if Child education support benefit is chosen.

⁶The policyholder may choose only one out of the Cover Enhancement Options

⁷You may be eligible to avail the Tax benefits as per the Income Tax Act, 1961, subject to amendments made thereto from time to time. Please consult your tax consultant for more details

How Does the Plan Work?

Varun, 30 years old, wants to purchase a term plan for adequate life cover. He chooses:

Premium Payment Term: 30 years
Policy term: 30 years
Basic sum assured: Rs 1 Crore

Benefit option: **Life**
 Additional option: **None**
 Death benefit payout option: **Lump Sum**

Annualized premium
Rs. 10,400

Life cover till age 60

In case of death



Nominee gets a Lumpsum of
Rs. 1 Crore on Death

Premium payable=Rs 10,400 for 30 years

Varun dies



X Policy Terminates

| | | | | | |
|--|----|----|----|----|--|
| Age | 30 | 31 | 32 | 45 | |
| Policy Year | 0 | 1 | 2 | 15 | |
| Premium Payment Term = Policy term = 30 years | | | | | |

In case of survival

No benefits will be paid in case of survival

In case, "Return of Premiums" is chosen as additional option, Annualised premium of Rs 23,200 will be charged. Return of Premium on survival = Rs. 6,96,000.

The above examples are for illustrative purposes only. Premium are exclusive of taxes and assuming life assured is in good health. If 'With Returns of Premiums' is chosen, premiums paid on survival till maturity will be excluding extra premiums and taxes.

Arjun, 30 years old, wants life cover for whole of life. He chooses:

Premium Payment Term: 10 years
Policy term: 69 years (99- Age at entry)
Basic sum assured: Rs 1 Crore

Benefit option: **Life**
 Additional option: **None**
 Death benefit payout option: **Lump Sum**

Annualized premium
Rs. 1,04,000

Life cover till age 99

In case of death



Nominee gets a Lumpsum of
Rs. 1 Cr on Death

Premium payable=Rs 1,04,000 for 10 years

Arjun dies



X Policy Terminates

| | | | | | | |
|-----------------------|----|----|----|----|----|--------------------|
| Age | 30 | 31 | 32 | 39 | 40 | 80 |
| Policy Year | 0 | 1 | 2 | 8 | 9 | 49 |
| PPT (10 years) | | | | | | Policy term |

In case of survival

No benefits will be paid in case of survival

The above examples are for illustrative purposes only. Premiums are exclusive of taxes and assuming life assured is in good health.

Karan, 30 years old, wants to protect the lifestyle of his family in his absence. Therefore, he chooses:

Premium Payment Term: 10 years
Policy term: 30 years
Basic Sum Assured: Rs 1 Crore

Benefit option: **Life plus**
Additional option: **Return of premiums**
Death benefit payout option: **Lump Sum + Monthly income**

Lump Sum proportion chosen: 50%
Annualized premium
Rs 33,900

Life cover till age 60

In case of death

Premium Payable= Rs 33,900 for 10 years

Accidental Total Permanent Disability

WOP for remaining term



Lump sum payout of **50 Lakhs**



Level monthly income of Rs 55,110 for 10 years

Karan dies **X** Policy Terminates

| | | | | | | | |
|---------------------------------|----|----|----|----|----|----|-------------|
| Age | 30 | 31 | 32 | 35 | 39 | 40 | 48 |
| Policy Year | 0 | 1 | 2 | 5 | 8 | 9 | 18 |
| Premium Payment Term (10 years) | | | | | | | Policy term |

In case of Karan's unfortunate demise in the 18th policy year, a lumpsum amount of Rs. 50 lakhs i.e. 50% of Basic Sum Assured will be paid immediately and the balance will be paid as level monthly income of Rs.55,110 for the next 10 years.

Monthly Income payable = 50% * 1,00,00,000 * 1.1022% = Rs. 55,110 for 10 years

In case of survival

Return of premiums **Rs 3,39,000**

The above examples are for illustrative purposes only. Premium are exclusive of taxes and assuming life assured is in good health. The policy terminates after payment of last installment of monthly income. If 'With Return of Premiums' is chosen all premiums paid on survival till maturity will be excluding extra premium and taxes.

Manish, 30 years old, wants a single plan that covers both him and his wife Priya (30), who is a housewife. He also wants to insure himself against disease and disability. Therefore he chooses:

Premium Payment Term: Regular Pay
Policy term : 40 years
Basic sum assured:
For Self Rs. 1 Crore
For Spouse Rs. 50 Lakhs

Benefit option: **Life Plus Health**
Additional option: **Spouse coverage**
Death benefit payout option: **Lump sum**

Annualized premium
Rs. 30,058

Life cover till age 70

In case of death



25% of BSA= Rs 25 lakhs

Lump sum payout Rs 50 lakhs

75% of BSA= Rs 75 lakhs

Premium payable= Rs 30,058 for 40 years

Manish is diagnosed with critical illness



Priya Dies



Manish Dies

Waiver of all future premiums



X Policy Terminates

| | | | | | | |
|---|----|----|----|----|----|----|
| Age | 30 | 31 | 32 | 40 | 50 | 57 |
| Policy Year | 0 | 1 | 2 | 9 | 19 | 26 |
| Premium Payment Term = Policy term = 40 years | | | | | | |

In case of survival

No benefits will be paid in case of survival

The above examples are for illustrative purposes only. Premium are exclusive of taxes and assuming life assured is in good health.

Vishal, 30 years old, wants a life cover which is adequate for him as he progresses in life. Therefore he chooses:

Premium payment term: Regular pay
Policy term: 30 years
Basic sum assured: Rs 1 Crore

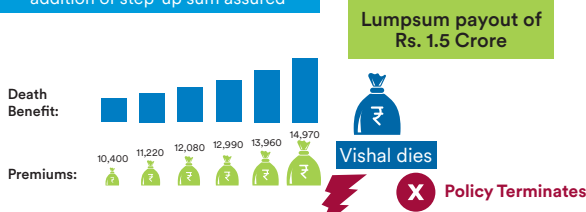
Benefit option: **Life**
 Additional option: **Step-Up Benefit**
 Death benefit payout option: **Lump sum**

Annualized premium
Rs. 10,400

Life cover till age 60

In case of death

Additional premium charged for every addition of step-up sum assured



| Death Benefit= SA on death + cumulative step-up SA | | |
|--|---------------|---------|
| Policy Year | Death Benefit | Premium |
| 0 | 1 Cr | 10,400 |
| 1 | 1.1 Cr | 11,220 |
| 2 | 1.2 Cr | 12,080 |
| 3 | 1.3 Cr | 12,990 |
| 4 | 1.4 Cr | 13,960 |
| 5 | 1.5 Cr | 14,970 |
| Vishal dies, Policy terminates | | |

| | | |
|---|----|----|
| Age | 30 | 35 |
| Policy Year | 0 | 5 |
| Premium payment term= Policy term = 30 years | | |

In case of survival

No benefits will be paid in case of survival

The above examples are for illustrative purposes only. Premium are exclusive of taxes and assuming life assured is in good health.

Plan at a glance

| Parameter | Minimum | Maximum |
|--------------------------------------|---|---|
| Age at entry ⁷ (years) | 18 | 60 (55 if 'Pay till 60' is chosen as PPT) |
| Age at maturity ⁷ (years) | Without RoP | 28 |
| | With RoP | 28 |
| Sum Assured (Rs.) | 25,00,000 | No limit, subject to Underwriting |
| Premium (Rs.) | Based on the Basic Sum Assured, Entry Age, Policy Term, Premium payment term, Smoker Status, Benefit Option, Cover Option and Return of Premium Option chosen | |
| Premium Paying Term (years) | <ul style="list-style-type: none"> Single pay, Limited pay (5, 10, 15, 20, Pay till Age 60), Regular Pay (Minimum allowed Policy Term for Limited pay option: Premium Payment Term plus 5 years) | |
| Policy Term (years) | 10 | Without RoP : Life, Life Plus : 99-Age at entry Life plus Health : 75 – Age at entry With RoP : 40 |
| Premium Payment modes ⁸ | Yearly / Half Yearly / Quarterly / Monthly ⁸ | |
| Riders ⁹ | PNB MetLife Accidental Death Benefit Rider Plus (117B020V03) PNB MetLife Serious Illness Rider (117B021V03) PNB MetLife Accidental Disability Benefit Rider (UIN: 117B022V02) PNB MetLife Critical Illness Rider (UIN: 117B023V02) | |

⁷All references to Age are as on age last birthday

⁸Monthly mode is available for standing instruction/direct debit options (including Automated Clearing House - ACH)

Sample Premium Rates

Without Return of premiums

| Age/ Benefit option | Life | Life Plus ¹⁰ | Life plus Health |
|---------------------------|--------|-------------------------|---------------------|
| 30 | 10,400 | 11,000 | 17,300 |
| 35 | 14,800 | 15,900 | 25,400 |
| 40 | 21,900 | 24,100 | 38,300 |
| 45 | 33,400 | 39,100 | 59,400 |
| 50 | 51,700 | 65,900 | NA |
| 55 | 80,800 | 1,10,300 | NA |

With Return of premiums

| Age/ Benefit option | Life | Life Plus ¹⁰ | Life plus Health |
|---------------------------|--------|-------------------------|---------------------|
| 30 | 23,200 | 26,600 | 42,400 |
| 35 | 31,700 | 38,100 | 60,300 |
| 40 | 42,200 | 52,800 | 83,900 |
| 45 | 60,900 | 80,900 | 1,24,900 |

¹⁰For "Life Plus" option, the premium and benefits under the policy will be reduce to "Life" option from the policy anniversary when the life assured has attained age 75 years.

Above premiums are applicable for a healthy male life with annual mode of payment and premiums paid regularly for the policy term of 30 years and basic sum assured 1 cr with lump sum payout option. Goods and Services tax and/or applicable cesses will be charged extra.

Benefits in Detail

Policy Benefits

The Policy has three benefit options – Life, Life Plus and Life plus Health with varying Policy Benefits under each of the options. The benefit option must be exercised by the Policy Holder at inception and cannot be altered at any time during the tenure of the policy. The available policy benefits under each of the option are described hereunder

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

| Benefit Option | Death Benefit | Terminal Illness Benefit | Waiver of Premium Benefit | Accelerated Critical Illness Benefit |
|------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| Life | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Life Plus | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Life plus Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

DEATH BENEFIT (APPLICABLE FOR LIFE, LIFE PLUS AND LIFE PLUS HEALTH BENEFIT OPTIONS)

‘Sum Assured on Death’ is payable upon death of the Life Assured, provided the Policy is in In-force Status as on the date of death of the Life Assured, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy. These Benefit Payout options are described hereunder. The Death Benefit shall not be payable if the Terminal Illness Benefit has previously been paid.

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

‘Sum Assured on Death’ is payable upon Diagnosis of Terminal Illness of the Life Assured, provided the Policy is in In-force Status as on the date of the Diagnosis, as per one of the Benefit Payout options chosen by the Policyholder at inception of the Policy. These Benefit Payout options are described hereunder.

BENEFIT PAYOUT OPTIONS

Death Benefit and Terminal Illness Benefit shall be paid as per the payout option chosen by the Policyholder at inception and this option cannot be changed at a later date during the tenure of the Policy. These payout options are described as follows:

- **Lump sum:** Under this option, Sum Assured on Death shall be payable as lump sum.
- **Monthly Income:** Under this option, the Sum Assured on Death is payable for 10 years in equal monthly installments at the rate of 1.1022% of the Sum Assured on Death.
- **Lump sum plus monthly income:** Under this option, a percentage of the Sum Assured on Death (as chosen by the Policyholder at inception of the policy) will be immediately payable as lump sum and the balance shall be paid in equal monthly installments over 10 years at the rate of 1.1022% of the balance Sum Assured on Death.

The first instalment of monthly income will be payable after one month from the date of death (or earlier of death / diagnosis of terminal illness, for Life Plus and Life plus Health Options) of the life assured.

The payouts for claims with respect to Second Life and the Cover Enhancement Options (Step Up Benefit, Life Stage Benefit and Child Education Support Benefit) shall always be payable as lump sum.

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

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

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

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

Definitions, terms, conditions and specific exclusions for ATPD and covered Critical Illnesses are set out in later sections of the sales literature.

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

With respect to the 50 listed critical illnesses, there will be a waiting period of 90 days from Policy inception or from any subsequent revival, whichever is later. If a claim occurs due to the diagnosis of any of the 50 listed critical illnesses under Life Plus option during waiting period, future premiums and benefits under the policy shall be reduced to Life option under terms and conditions as applicable otherwise (i.e. same age at entry, Sum Assured, policy term, premium payment mode, including any discounts, if applicable).

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

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

Definitions, terms, conditions and specific exclusion for ATPD and covered Critical Illnesses are set out in later sections of the sales literature.

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

Maturity Benefit

This Benefit is applicable only when 'Return of Premiums' option is chosen under the Policy. This Benefit is available on payment of additional premiums.

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

Additional Options

The Policy also offers additional options, namely, "Return of Premiums", and "Spouse Coverage".

These benefits are as detailed below, and available to the Life Assured if chosen.

(A) Return of premiums

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

(B) Spouse Coverage

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

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

To avail this Benefit, Basic Sum Assured with respect to the First Life should be equal to or greater than Rs.50 lakhs. The coverage to the Second life shall be up to 100% of Basic Sum Assured of the First Life, subject to Our Board approved underwriting guidelines. The second life issuance will be subject to underwriting as per underwriting guidelines.

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

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

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

- Death of the first life
- Diagnosis of terminal illness of the first life

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

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

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

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

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

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

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

#Terminal Illness Benefit is not applicable for Second Life

For policies where ‘Return of premiums’ option is chosen, Maturity benefit will be treated as described below:

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

Cover enhancement options

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

(A) Step up benefit

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

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

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

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

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

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

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

There will be no further increase in Step-up sum assured from the policy anniversary following any claim for ‘Waiver of Premium Benefit’, or ‘Accelerated Critical Illness

Benefit' with respect to the Life Assured (First Life in case Spouse Cover is chosen).

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

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

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

(B) Life stage benefit

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

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

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

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

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

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

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

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

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

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

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

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

(C) Child Education Support benefit

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

Additional premiums will be charged from the Date of Inception of this benefit.

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

This option can be chosen only if the nominated child has 5 to 19 years of education left for completion of graduate degree. This additional sum assured is subject to a minimum of Rs 10 lakh and a maximum of Rs 1 cr.

Outstanding total cost of education is calculated using current annual cost of education and number of years left out of total years of education. Total years of education is assumed to be 19 (3 years of primary school, 12 years of formal school and 4 years of

graduation, assuming annual progression from one grade to the next). Current annual cost of education (chosen by policy holder at inception) is assumed to be increasing at a rate of 10% per year for the term of this benefit.

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

| Current school grade | For Regular pay | For Limited pay |
|----------------------|-----------------|-----------------|
| Nursery | 19 | 19 |
| Junior KG | 18 | 18 |
| Senior KG | 17 | 17 |
| I | 16 | 16 |
| II | 15 | 15 |
| III | 14 | 14 |
| IV | 13 | 13 |
| V | 12 | 12 |
| VI | 11 | 11 |
| VII | 10 | 10 |
| VIII | 9 | 0 |
| IX | 8 | 0 |
| X | 7 | 0 |
| XI | 6 | 0 |
| XII | 5 | 0 |
| Graduation 1 | 0 | 0 |
| Graduation 2 | 0 | 0 |
| Graduation 3 | 0 | 0 |
| Graduation 4 | 0 | 0 |

Premium paying term of Child Education Support Benefit

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

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

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

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

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

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

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

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

Sum assured on death

The Sum Assured on Death shall be higher of:

- 10 times the Annualized Premium for Limited Pay/Regular Pay and 125% of Premium for Single Pay
- Basic Sum Assured, which is the absolute amount assured to be paid on death or Diagnosis of Terminal Illness (if applicable)
- 105% of all premiums paid till the date of death or Diagnosis of Terminal Illness (if applicable)

Sum assured on maturity

Sum assured at maturity is the Benefit which is guaranteed to be paid on the Maturity Date if You have opted for Return of Premiums Option under the Policy, and is equal to Total Premiums paid.

The total premiums paid are Total of all instalment premiums/single premium received, excluding any extra premium, any rider premium and taxes, but including any frequency loading

Non-forfeiture Benefits

Lapse

Without Return of Premiums Policies

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

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

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

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

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

Unexpired Premium Value =

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

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

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

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

With Return of Premiums Policies

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

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

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

Surrender Benefit

With Return of Premiums Policies:

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

The policy will be terminated after payment of surrender value.

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

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

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

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

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

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

Reduced Paid-up Value

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

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

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

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

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

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

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

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

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

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

{25% of the of the Basic Sum Assured (subject to maximum amount of Rs. 50 lakh)} * t/n will be accelerated and paid immediately as lump sum if the life assured is diagnosed with any one of the 50 listed Critical Illnesses. Balance Paid-Up Sum Assured on Death shall be paid upon subsequent occurrence of death / diagnosis of TI of the life assured before the end of the policy term.

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

If Step Up Benefit is taken:

On occurrence of death or diagnosis of terminal illness (as per applicable benefit option) of the life assured, the paid-up benefit will be :

Paid-up sum assured on death plus paid-up sum assureds with respect to each step-up benefit depending on the term applicable to the step-up benefit and the number of premiums paid for that step-up benefit.

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

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

If Life Stage Benefit is taken:

On occurrence of death or diagnosis of terminal illness (as per applicable benefit option) of the life assured, the paid-up benefit will be

Paid-up sum assured on death plus paid-up sum assureds with respect to each life stage benefit depending on the term applicable to the life stage benefit and the number of premiums paid for that life stage benefit.

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

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

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

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

1. The 'Paid-up Sum Assured on Death' is higher of :

- 10 times the Annualized Premium*(t/n)
- Paid-Up Basic sum assured, which is the absolute amount assured to be paid on death or diagnosis of terminal illness (if applicable)
- 105% of total premiums paid up to the date of death or diagnosis of terminal illness (if applicable)

IF SPOUSE COVERAGE IS IN EFFECT WITHIN THE POLICY, THAN 2 AND 3 WOULD ALSO BE APPLICABLE

2. The 'Paid-Up Sum Assured on Death' in respect of second life is higher of :

- 10 times the Annualized Premium in respect of Second Life* (t/n)
- Paid-Up Basic sum assured, which is the absolute amount assured to be paid on death in respect of Second Life
- 105% of total premiums paid in respect of Second Life up to the date of death

3. The 'Paid-Up Sum Assured on Death' in respect of both the First Life and the Second Life is higher of :

- 10 times the Annualized Premium in respect of both the First Life and the Second Life* (t/n)
- Paid-Up Basic sum assured, which is the absolute amount assured to be paid on death or diagnosis of terminal illness (if applicable) in respect of Second Life[#]
- 105% of total premiums paid in respect of both the First Life and Second Life[#] up to the date of death or diagnosis of terminal illness (if applicable)

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

Basic sum assured* (t/n)

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

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

Reduced Maturity Benefit

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

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

The Policy terminates upon payment of this Benefit.

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

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

| | |
|--|--|
| On survival of both lives till the Maturity Date | • Paid-up Sum Assured at Maturity in respect of both lives, i.e., 100% of total premiums paid in respect of both the First Life and the Second Life till the policy becomes paid-up. |
| In case of death or Diagnosis of Terminal Illness of the First Life, and survival of the Second Life till the Maturity Date | • Paid-up Sum Assured at Maturity in respect of the second life, i.e., 100% of total additional premiums paid for Second Life cover till the policy becomes paid-up. |
| In case of death of the Second Life, and survival of First Life till the Maturity Date | • Paid-up Sum Assured at Maturity in respect of the First Life, i.e., 100% of total premiums paid for First Life cover till the policy becomes paid-up |

The Policy terminates immediately upon payment of this Benefit.

Other benefits

Available Online

PNB MetLife Mera Term Plan Plus is available for sale through online mode.

Flexible premium payment modes & modal factors

You may select to pay premiums by Yearly, Half Yearly, Quarterly or Monthly mode subject to the minimum annualized premium under each mode.

Modal factors on annualized premium will be applicable as per the table below:

| Premium Paying Mode | Modal Factor |
|---------------------|--------------|
| Annual | 1 |
| Half Yearly | 0.5131 |
| Quarterly | 0.2605 |
| Monthly | 0.0886 |

Alteration between different Premium Payment Modes is allowed at any Policy Anniversary on Your request, subject to Clause 'Alteration of Premium Payment Mode' mentioned below

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

Alteration of the Premium payment mode

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

Benefits for higher sum assured

Special premium rates will be offered upon choosing higher sum assured, depending on sum assured slabs.

Loans

There is no policy loan available in this plan.

Riders

The following riders will be offered along with this product

| S.No | Rider Name |
|------|---|
| 1 | PNB MetLife Accidental Death Benefit Rider Plus |
| 2 | PNB MetLife Serious Illness Rider |
| 3 | PNB MetLife Critical Illness Rider |
| 4 | PNB MetLife Accidental Disability Benefit Rider |

⁹The riders shall be subject to following:

- Rider Sum Assured shall be subject to Sum Assured of base policy.
- Premium for all health riders put together shall be subject to a ceiling of 100% of the premium of the basic product.
- Premium for all non-health riders put together shall be subject to a ceiling of 30% of the premium of the basic product.
- Premium paying term for riders will be less than or equal to the base premium paying term.
- Rider can be attached with the product as per terms & conditions of the relevant rider.
- Rider will not be offered if the term of the rider exceeds outstanding term under the base policy..

Grace period

The Grace period is 15 days for monthly premium paying mode and 30 days for all other modes of payment. Instalment Premium that is not received in full by Us before the due date as specified under the Schedule, may be paid in full during the Grace Period. In the event of the Life Assured's death or diagnosis of Terminal Illness during the Grace Period, the Death or Terminal Illness Benefit shall be payable in full

Revival

A Policy that has Lapsed or that has been converted to a Reduced Paid-up Status may be revived during the Revival Period of 5 years from the due date of the first unpaid premium by giving Us written notice to Revive the Policy, provided that:

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

The current rate of Interest applicable is 8.5% per annum.

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

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

Termination

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

- The date on which surrender benefits are settled under the policy.
- At the expiry of the revival period as defined above, if the Policy has not been

revived and provided the said Policy has not acquired any Paid- Up Value.

- On payment of the Death or Terminal Illness Benefit or Maturity Benefit (as applicable), whichever applicable
- On Free Look Cancellation

Terms and conditions

Waiting Period and Survival Period

With respect to the 50 listed critical illnesses ('Waiver of Premium' on diagnosis of listed Critical illnesses, and acceleration of Basic Sum Assured through 'Accelerated Critical Illness Benefit'), a waiting period of 90 days from the Date of Inception of the Policy or from the date of Revival of the Policy shall be applicable for a claim to be admissible under this Policy.

Free Look Period

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

Tax benefits

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

Suicide exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

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

Under Spouse Coverage Option, in case of suicide death of Second Life, the cover for

Second Life shall terminate on payment of the above benefits, where the premium paid is the premium paid with respect to Second Life and the cover for First Life shall continue with the reduced premium to the extent of premium payable for First Life.

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

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

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

Additional exclusions specific Diagnosis of 50 listed Critical Illnesses

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

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

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

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

impairments due to injury,:

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

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

Activities of Daily Living are-

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa.
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed oneself once food has been prepared and made available

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

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

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

Definitions for Critical Illnesses

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than Rai stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction - First Heart Attack of Specific Severity

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

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement and Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more

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

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

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

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

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

7. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced

The following are excluded:

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

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner
- The following are excluded:
- Other stem-cell transplants
- Where only islets of langerhans are transplanted

9. Permanent Paralysis of Limbs

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

10. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

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

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Neurological damage due to SLE is excluded.

12. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.
- The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

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

The Blindness is evidenced by:

- Corrected visual acuity being 3/60 or less in both eyes or ;

- The field of vision being less than 10 degrees in both eyes.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

15. End Stage Lung Failure

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

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

16. End Stage Liver Failure

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

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no

sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

- The Activities of Daily Living are:
- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- Spinal cord injury

20. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded

21. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area

22. Alzheimer's Disease

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

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding – the ability to feed oneself once food has been prepared and made available.
- Mobility - the ability to move from room to room without requiring any physical assistance.
- The following are excluded:
- Any other type of irreversible organic disorder/dementia
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

23. Aplastic Anaemia

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

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

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

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

Temporary or reversible aplastic anaemia is excluded.

24. Cardiomyopathy

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

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

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

25. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

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

26. Muscular Dystrophy

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

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

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

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

Activities of Daily Living are defined as:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;

- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available

27. Parkinson's Disease

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

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

The Activities of Daily Living are:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available

Drug-induced or toxic causes of Parkinsonism are excluded.

28. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

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

29. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

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

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

WHO Classification of Lupus Nephritis:

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

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

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

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

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

30. Apallic Syndrome

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

31. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy with removal of bone flap to access the brain is performed.

The following are excluded:

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

32. Surgery of Aorta

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

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

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

33. Rheumatoid arthritis

The Severe Rheumatoid Arthritis with all of the following factors.

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

34. Severe Crohn's Disease

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

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

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

35. Ulcerative colitis

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

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

36. Pneumonectomy

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

37. Pulmonary Artery Graft Surgery

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

For the above definition, the following are not covered:

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

38. Progressive Scleroderma

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

The following conditions are excluded:

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

39. Bacterial Meningitis

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

40. Good Pasture's syndrome

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

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

41. Multiple system Atrophy

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

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

42. Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 60 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

43. Creutzfeldt-Jakob disease

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

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

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

For the above definition, the following are not covered:

- Other types of dementia.

44. Fulminant Viral Hepatitis

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

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

- Hepatic encephalopathy.

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

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

45. Dissolution of the nerve roots of Brachial Plexus

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

46. Chronic Recurrent Pancreatitis

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by a gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

Chronic recurrent pancreatitis resulting directly from alcohol abuse is excluded.

47. Spinal stroke

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

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

48. Syringomyelia or Syringobulbia

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

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

49. Benign spinal cord tumour

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

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

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

For the above definition, the following are not covered:

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

50. Devic's Disease

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

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.

Terminal Illness

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two independent medical practitioners' specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners' specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. The policy terminates with the payment of terminal illness benefit.

A Medical Practitioner is defined as a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government

and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy

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](http://www.pnbmetlife.com)

Extract of Section 41 of the Insurance Act, 1938, as amended from time to time 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

Fraud and Misstatement

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.

Provision of Section 45 of the Insurance Act, 1938 is mentioned in the Policy document for further reference.

Policy shall not be called in question on ground of misstatement after three years.

- (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.

Explanation I. — 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 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; and
- (d) any such act or omission as the law specially declares to be fraudulent.

Explanation II. — Mere silence as to facts likely to affect the assessment of the 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.

Explanation. —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:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the 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.

Explanation. — For the purposes of this sub-section, 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.

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