



PNB MetLife India Insurance Company Limited. (Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, [www.pnbmetlife.co.in](http://www.pnbmetlife.co.in), Fax: +91-80-4150 6969

## **Met Group Accidental Permanent and Total Disability Plus Rider (APTD Plus)**

A Non-Linked One Year Renewable Group Rider **(This Rider is Part of the Base Group Policy)**

<b>1.0</b>	<b>Definitions</b>
1.2	Base Plan is the Group Policy to which this rider is part of and is stated in the Schedule.
<b>2.0</b>	<b>Insured Event</b>
2.1	Permanent and Total Disability of the Insured Member as a result of an accident, incapacitating the Insured Member to earn an income from any work, occupation or profession for the rest of his life. Provided that such accident takes place on or after the Effective Date of Cover of the concerned Insured Member.
2.2	Disability or Loss of Use must be a result of an accident, which is defined as “A sudden, unforeseen and involuntary event caused by external and visible means”  The permanence of the loss will only be established 12 months following the date of the Insured Event.
<b>3.0</b>	<b>Commencement of Coverage</b>
3.1	The Met Group APTD Plus rider will become effective on the Effective Date of the Coverage as stated in the Schedule of the Base Policy, and shall remain valid unless terminated in accordance with Article 5.
3.2	For Eligible Member whose Total Sum Assured under Base Plan is greater than the Base Plan Free/Agreed Cover Limit, the Sum Assured for Met Group APTD Plus rider will be up to such Free/Agreed Cover Limit or the Sum Assured of Met Group APTD Plus rider whichever is lower. The eligibility of the Insured Member for receiving coverage for the Sum Assured above Free/Agreed Cover Limit shall be determined after completion of the Individual Underwriting process as per the internal guidelines of the Company, the cost of which shall be borne fully by the Company, and coverage shall take effect on the date the Company states in Writing, provided all other eligibility conditions are met by the Insured Member on that date. However, if the Individual Underwriting process cannot be completed due to the Insured Member's inability to complete the process within the time period specified by the Company, or the Company declines coverage for the Sum Assured above Free Cover Limit based on the results of the Individual Underwriting process, the insurance coverage of such Insured Member for Base Plan shall be restricted to Free/Agreed Cover Limit & for Met Group APTD Plus rider shall be Restricted to Base Plan Free Cover Limit or the Sum Assured of rider whichever is lower.
<b>4.0</b>	<b>Payment of Benefits.</b>
4.1	<b>Insurance Benefit:</b> The Sum Assured of Met Group APTD Plus Rider, as set out in the Schedule of the Base Policy, which is payable by the Company on occurrence of the Insured Event subject to provisions of Article 6 herein.
4.2	<b>Benefit</b> payable is in addition to the benefits payable under the Base Plan. Following the payment of a Claim admitted under the Met Group APTD Plus rider to an Insured Member the coverage of such Insured Member under the Met Group APTD Plus rider will cease completely.



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4.3 Following a payment of claim on this Rider, all covers affected on the life of Member will cease after the waiting period of 12 months is completed, as the person is no longer a Member of the group.

## 5.0 Termination of Rider Coverage

This coverage shall terminate, upon earliest of the following circumstances:

- 5.1 For all Insured Members upon:
- Expiration, lapse, or termination of this group policy for any reason,
  - Cancellation of this Rider by the Group Policyholder.
  - Non payment premiums premium upon expiration of the Grace Period.
  - Upon non payment of Renewal Premium on the Annual Renewable Date
- 5.2 For an Insured Members upon:
- Death of the Insured Member; or
  - The Date the Insured Member attains age 66 years or retirement age as stated in the Schedule, whichever is earlier.
  - The date the Insured Member ceases to be an Eligible Member of the Group Policyholder group.
  - Occurrence of Insured Event.

Any termination of coverage in accordance with this section shall be without prejudice to any claim originating prior to the effective date of such termination.

## 6.0 Exclusions

Notwithstanding anything to the contrary stated herein, no Benefits under this Rider will be payable if Accidental Death occurs from, or is caused by a sudden, unforeseen and involuntary event caused by external and visible means, due to one of the following:

- 6.1 **Drug Abuse:** Insured Member under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- 6.2 **Self-inflicted Injury:** Intentional self- Inflicted injury.
- 6.3 **Criminal acts:** Member involvement in criminal and/or unlawful acts with criminal and/or unlawful intent.
- 6.4 **War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, terrorism or taking part in a riot or civil commotion.
- 6.5 **Nuclear Contamination:** The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 6.6 **Aviation:** Insured Member participation in any flying activity, other than as a

passenger in a commercially licensed aircraft. Or was participating in a non-military flight for the purpose of descent from the aircraft while in flight.

6.7 **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby pursuit or any race not previously declared and accepted by the Company, including, but not limited to the following:

- a) All forms of racing (i.e. whether in a powered vehicle or not)
- b) Trekking/rock climbing/mountaineering
- c) River Rafting/kayaking/canoeing
- d) Bungee Jumping Skydiving, Scuba diving, etc.



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6.8 **Infection:** Loss caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained

6.9 **Poison:** Taking or absorbing, accidentally or otherwise, any poison

6.10 **Toxic Gases:** Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

## 7.0 Notice of Claim

7.01 The Company must be notified in writing within 30 days of date from the date after the occurrence of the insured event. The Company will settle claims, including its rejection within thirty days of the receipt of the last document as listed to settle the claims.

Following documents are required, but not limited to, for processing claim under Accidental death benefit Rider

1. APTD Plus rider Claim Form
2. Employer's Declaration for being in employment and leave taken for medical purposes
3. Statement of Attending Physician
4. Bank Account details
5. FIR
6. Full Medical Documents

7.02 Upon acceptance of the offer of settlement by the Group Policyholder, same shall be settled within 7 days from the date of acceptance of the offer. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim has been reviewed.

7.03 Admission of any claim will be subject to production of such proof as the Company may reasonably require to being given at the cost of Group Policyholder/Claimant.

7.04 In the event of there being a delay in intimation of a claim to the Company, due to reasons beyond group Policyholder's/Claimant's control, the Company may condone such delay on merits.

## 8.0 Payment of Premium

8.1 Premiums for this Rider are payable periodically on the Premium Due Date stated in the Schedule.

#### **8.2 Premium Guarantees:**

The Premium rates are guaranteed for a period of one year

### **9.0 Renewal**

9.1 This Rider is renewable on every Annual Renewal Date along with the Base Plan



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as stated in the Schedule. The renewal of the Rider is subject to consent of the Company and upon payment of premiums at the rate and terms as required by the Company on the Annual Renewal Date.

9.2 The Rider shall be ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non – cooperation by the insured.

9.3 In case of renewal of Rider has been denied, same shall be supported by cogent reasons for such denial

### **10.0 General Provisions**

10.1 In addition to the Terms and Conditions of Met Group APTD Plus, this Rider is also subject to the Terms and Conditions of the Base Plan. In the event of any inconsistency between the terms and Conditions of the Base Plan and Met Group APTD Plus, the provisions of this Rider shall prevail with respect to the matters dealt with in this Rider.

**10.2 Free Look Provision:** Group Policyholder / Insured Member (if the premium is totally paid by the Insured Member) have a period of 15 days from the date of receipt of the Policy document (within 30 days in case of solicitation over distance mode), to review the terms and conditions of this rider and to return if not acceptable. If the insured has not made any claim during the free-look period, the Group Policyholder / Insured shall be entitled to-

- a) A refund of the premium less any expenses incurred by the insurer on medical examination of the member, if any, and the stamp duty charges or;
- b) subject to a deduction towards the proportionate risk premium for period of cover

**10.3 Grace Period** Grace period of 30 (thirty) days for modes of premium payment other than monthly and 15 days in the case of monthly mode will be allowed for payment

of premium without interest. The risk cover will cease in case of non receipt of premium on the due date.

**10.4**

Words and expressions used in this Rider and not defined herein, but defined in the Base Plan shall have, where the context so permits, the meaning assigned to them in the Base Plan.

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