pnb MetLife
Milkar life aage badhaein

Claim form - PNB MetLife Mera Heart & Cancer Care

POLICY NUMBER													

Important instructions:

The submission of the filled-up claim form, along with the required mandatory documents, is not to be construed as an admission of liabilities of our Company under the policy. No agent/intermediary has been or is authorized to admit any liabilities on behalf of the Company.

Early submission of this form along with the required mandatory documents, as provided below, will enable us to process your claim faster. PNB MetLife shall not be responsible for any delay in the processing of the claim on account of submission of incomplete claim form and/or non-submission of the mandatory documents.

This form is to be filled in completely in BLOCK letters.

Please Counter-sign where amendments/alterations are made in the form.

Witness signature of a Gazetted Officer/Notary Public/Magistrate or Person of local standing is mandatory.

Forms & all requirements to be submitted at the nearest branch office of PNB MetLife or the address mentioned above.

Section A: DETAILS OF THE LIFE INSURED

Name: ______________________ Age: ______________

Address (Current Residential Address): ______________________________

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City ______________ Pin Code ______________ State ______________

Contact Number: Landline ______________ /Mobile ______________

E-mail Address: ____________ PAN No. / Form 60: ____________ *Aadhaar No: | X | X | X | X | X | X | X | X | | | | |

*Only last 4 digits to be mentioned.

Section B: MEDICAL HISTORY OF LIFE INSURED

Name of Illness/Disease/Injury Sustained: ______________________________

Symptoms: ______________________________

Duration of symptoms: ______________ Date of Diagnosis: ______________

When were these symptoms first evident/occurred: ______________________________

Date and Time of Admission ______________ Date and Time of Discharge ______________

Name of hospital: ______________________________

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

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Nature of Illness and Habits	Date of diagnosis of Illness
☐ Hypertension ☐ Diabetes ☐ Asthma ☐ IHD ☐ Malignancy Other……………………………………	
☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Drugs If yes, Duration of Consumption______________ & Quantity Consumed______________	

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CRTICALL ILLNESS ACKNOWLEDGEMENT SLIP

Policy number(s) ______________, ______________, ______________, ______________,
Name of claimant______________________________
Branch name & code______________________________
Date: ______________ **Employee name & Code** ______________

Company Seal & Stamp with Date and time

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

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

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

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

Section C: PAYMENT – NEFT

Bank Account no: ______________________________

Name of bank: ______________________________

IFSC code: ______________________________

Section D: DECLARATION & AUTHORIZATION

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

Signature/Left Thumb impression ______________________ Date ______________

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

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

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

____________	____________	____________	____________
Date	Place	Signature of Declarant	Signature / Left thumb Impression Claimant/ Nominee

Name of Witness: ______________________ **Signature of Witness:** ______________________

Address of Witness: ______________________________

Date: ______________ **Place:** ______________________

Documents to be submitted along with this form:

- Original policy document
- Doctor's Certificate - Critical Illness
- Complete medical records for diagnosis and treatment of the illness diagnosed i.e. all test/investigation reports, discharge summary, indoor case papers
- All past medical records for any treatment taken
- Cancelled cheque
- Id & residence proof