

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. The ULIPs do not offer any liquidity during the first five years of the contract. The Policyholder will not be able to surrender/withdraw the monies invested in ULIPs completely or partially till the end of the fifth year.



Health Ki Suraksha, Wealth Ka Confidence

Always **Ready** For **Life**

PNB MetLife
360Health
Saving plan

Individual, Unit-Linked, Non-Participating, Savings,
Health Insurance Plan UIN: 117L143V01



KEY FEATURES



Complete Family Coverage^{\$}



In-built Accidental Coverage +
Hospital & Surgical Cash
Rider~



Smart Wealth Creation



Health Management Services

PNB MetLife 360 Health Saving Plan

Individual, Unit - Linked, Non- Participating, Savings, Health Insurance Plan.



Protect your lifestyle while you preserve your health. Because when you're **"Always Ready For Life,"** a health challenge becomes just a moment in time — not a setback to your finances.

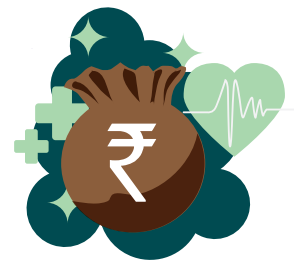
PNB MetLife 360 Health Saving Plan empowers you to build a corpus with market linked growth, designed to help you manage rising medical expenses. Along with financial preparedness, the plan also supports **health awareness and proactive health management** through our health management services **"360Health Services"**—helping you stay in control of your wellbeing today, while preparing for life's uncertainties.

Whether it's a sudden disability or any unforeseen event such as accidental death, this plan ensures that your family's lifestyle and aspirations remain undisturbed, giving them the confidence to move forward without compromise.

Secure your peace of mind today — and let your savings do the heavy lifting tomorrow.

What does PNB MetLife 360 Health Saving Plan offer?

A unique combination of **Protection, Savings, and Market-linked growth** – all in one comprehensive plan. The plan offers:



- ❖ **Built-in Benefits:**
 - **Accidental Total and Permanent Disability (ATPD) Benefit** for financial security in life-altering moments
 - **Accidental Death Benefit (ADB) and Non-Accidental Death Benefit** to safeguard your family's future
- ❖ **Coverage beyond just you:** Add your **spouse and upto 3 children for ATPD Benefits** under **Family Coverage** benefit – because your family deserves protection too
- ❖ Build a **corpus up to maturity age 80 years or age 99 years**
- ❖ **360Health Services** to enhance your health and wellbeing awareness
- ❖ Choice of premium payment style that suits you: **One-time, limited period or regular premium payments throughout the Policy Term**
- ❖ **Return of Premium Allocation Charges** starting from 11th Policy year
- ❖ Investment choice that fit your risk appetite: Pick from **7 diversified funds**, designed to match your risk appetite and growth ambitions
- ❖ **Enhance your coverage** with 3 optional Riders:
 - PNB MetLife Linked Hospicash Benefit Rider
 - PNB MetLife Linked Surgicash Benefit Rider
 - PNB MetLife Linked Critical Illness Rider
- ❖ **Tax benefits** on premiums paid and benefits received, as per prevailing tax laws.



Eligibility Overview

Parameters		Minimum	Maximum
Entry Age~	Primary Life Assured/ Policyholder	18 years	65 years
	Family Coverage (Spouse)	18 years	65 years
	Family Coverage (Child)	91 days	17 years
Maturity Age~ (for Primary Life Assured)		Maturity Option 1: 80 years Maturity Option 2: 99 years	
Maturity Age~ under Family Coverage #	Spouse	99 years	
	Child	22 years	
Premium Payment Term (PPT)		<ul style="list-style-type: none"> • Single Premium • Limited Premium: PPT 5, PPT 7, PPT 10 • Regular Premium 	
Policy Term		Maturity Option 1: 80 minus Entry Age of Primary Life Assured Maturity Option 2: 99 minus Entry Age of Primary Life Assured	
ADB Sum Assured cover multiple** (for Primary Life Assured only) (Expressed as a multiple of Annualized Premium or Single Premium, as applicable)		<u>For Limited Premium & Regular Premium:</u> Entry age ≥ 50 : 5 times Entry age < 50 : 7 times <u>For Single Premium:</u> 1.25 times	<u>For Limited Premium & Regular Premium:</u> 20 times <u>For Single Premium:</u> 1.25 times
ATPD Sum Assured cover multiple** (Expressed as a multiple of Annualized Premium or Single Premium, as applicable)	Primary Life Assured	<u>For Limited Premium & Regular Premium:</u> Entry age ≥ 50 : 5 times Entry age < 50 : 7 times <u>For Single Premium:</u> 1.25 times	<u>For Limited Premium & Regular Premium:</u> 20 times <u>For Single Premium:</u> 1.25 times
	Family Coverage (Spouse)		
	Family Coverage (Child)		
Sum Assured for Accidental Death Benefit and Accidental Total and Permanent Disability Benefit		₹ 1 Lakh	₹ 2.5 crore
Annualized Premium*		<u>For Limited Premium & Regular Premium:</u> ₹ 12,000 <u>For Single Premium:</u> ₹ 80,000	Subject to Underwriting
Premium Payment Mode		Annual, Semi-Annual, Quarterly and Monthly [^]	

[~]All reference to age is as on age last birthday.

[#]On attaining Maturity Age, that Family Member shall be terminated from the Policy

^{*}Monthly mode is available for Standing instruction/direct debit options (including Electronic Clearing System (ECS), and Automated Clearing House (ACH))

^{*}Annualized premium means the premium amount payable in a year excluding taxes, rider premiums and underwriting extra premium on riders, if any

^{**}ADB Sum Assured cover multiple chosen for Primary Life Assured shall always be equal to the ATPD Sum Assured cover multiple for Primary Life Assured. Once chosen at inception, ADB Sum Assured cover multiple and ATPD Sum Assured cover multiple cannot be altered during the Policy term.

Your Benefits under PNB MetLife 360 Health Saving Plan

Accidental Total and Permanent Disability (ATPD) Benefit

To provide financial security in case of unfortunate event of Accident, a lumpsum ATPD Benefit is paid if the Primary Life Assured suffers total and permanent disability from any of the 11 listed disabilities, provided the disability develops within 180 days and the Policy is in-force as on date of Accident.

The following disabilities shall be covered under this Benefit:

- 1) Loss of sight in both eyes
- 2) Loss of both arms or both hands
- 3) Loss of one arm and one leg
- 4) Loss of one arm and one foot
- 5) Loss of one hand and one foot
- 6) Loss of one hand and one leg
- 7) Loss of both legs
- 8) Loss of both feet
- 9) Removal of the entire lower jaw
- 10) Loss of one hand and loss of sight in one eye
- 11) Loss of one foot and loss of sight in one eye



The Accidental Total and Permanent Disability (ATPD) Benefit will terminate for the Primary Life Assured. No morbidity charges shall be deducted thereafter, and the Policy shall continue for remaining benefits.

Optional Benefit: Family Coverage

You can extend the Accidental Total and Permanent Disability (ATPD) Benefit to your loved ones by choosing **Family Coverage** benefit. This allows you to include one legal spouse and up to three dependent children under the Policy. Each family member shall have their independent ATPD Benefit

In an unfortunate event of accident, in case any of the family member suffers total and permanent disability due to accident, a lumpsum ATPD Benefit shall be paid, provided the disability occurs within 180 days of the Accident and the Policy is in-force as on date of Accident.

The Accidental Total and Permanent Disability (ATPD) Benefit will terminate for such family member(s) and no morbidity charges shall be deducted thereafter for family member(s) where claim is paid. The Policy will continue seamlessly for the remaining benefits and remaining family member(s) ensuring protection for all.

An Accident shall be defined as “A sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the Risk Commencement Date of the Policy and before the termination of the Policy”.

- For the Accidental Total and Permanent Disability (ATPD) Benefit, the disability must be confirmed as permanent and should last for continuous and uninterrupted period of at least 180 days.

Accidental Death Benefit (ADB)

In case of death of the Primary Life Assured due to an Accident, following Accidental Death Benefit shall be paid out as lumpsum provided the death occurs within 180 days from the Accident and Policy is in In-force status as on date of Accident.



ADB payable shall be higher of:

- i. Fund Value (excluding Top-Up Fund Value, if any) as at the date of intimation of death of the Primary Life Assured; or
- ii. ADB Sum Assured less all Partial Withdrawals (including Withdrawals under Smart Withdrawal Facility) made during the last two years immediately preceding the date of death of the Primary Life Assured; or
- iii. 105% of the total premiums paid (excluding Top-Up premiums, if any) up to the date of death of the Primary Life Assured less all Partial Withdrawals (including Withdrawals under Smart Withdrawal Facility) made during the last two years immediately preceding the date of death of the Primary Life Assured

In addition to the above, where Top -Up Premiums are paid, and in case of death of the Primary Life Assured, We will pay the highest of the following amounts to the Claimant/Beneficiary, as may be applicable:

- i. Top-Up Fund Value as at the date of intimation of death of the Primary Life Assured; or
- ii. Top-Up Sum Assured; or
- iii. 105% of the total Top-Up Premiums paid up to the date of death of the Primary Life Assured

Partial withdrawals from the Top-Up Fund Value shall not be deducted for the purpose of determining the Accidental Death Benefit.

On Accidental Death of the Primary Life Assured, the Policy shall terminate and all rights, benefits and interests under the Policy will stand extinguished.

In case Family Coverage is opted, on death of the family member(s) due to Accident, no such benefit is payable, and such family member(s) shall be terminated from the Policy.

An Accident shall be defined as “A sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the Risk Commencement Date of the Policy and before the termination of the Policy”.



Non-Accidental Death Benefit

In case of death of the Primary Life Assured due to causes other than Accident following Non-Accidental Death Benefit shall be paid out as lumpsum provided the Policy is in In-force status,

Higher of:

- Fund Value (excluding Top-Up Fund Value, if any) as at the date of intimation of death of the Primary Life Assured; or
- 105% of the total premiums paid (excluding Top-Up premiums, if any) up to the date of death of the Primary Life Assured less all Partial Withdrawals (including Withdrawals under Smart Withdrawal Facility) made during the last two years immediately preceding the date of death of the Primary Life Assured

In addition to the above, where Top -Up Premiums are paid, and in case of death of Primary Life Assured, We will pay the highest of the following amounts to the Claimant/Beneficiary, as may be applicable:

- Top-Up Fund Value as at the date of intimation of death of the Primary Life Assured; or
- 105% of the total Top-Up Premiums paid up to the date of death of the Primary Life Assured

On Non-Accidental Death of the Primary Life Assured, the Policy shall terminate and all rights, benefits and interests under this Policy will stand extinguished.

On death of the family member(s) due to causes other than Accident, no such benefit is payable, and the Policy shall continue for the benefits of the Primary Life Assured and remaining family member(s), if any.

An Accident shall be defined as “A sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the Risk Commencement Date of the Policy and before the termination of the Policy”.

Maturity Benefit

On survival of Primary Life Assured till the end of the Policy Term, We will pay a Maturity Benefit equal to the Total Fund Value in the Unit Account (including Top-Up Fund Value, if any) determined using the Net Asset Value on the maturity date.

Summary of Benefits available in PNB MetLife 360 Health Saving Plan:

	Primary Life Assured	Spouse	Up to 3 Dependent Children
Accidental Total and Permanent Disability (ATPD) Benefit	Available (Individual ATPD Sum Assured)	Available (Individual ATPD Sum Assured)	Available (Individual ATPD Sum Assured)
Accidental Death Benefit (ADB)	Available	Not Applicable	Not Applicable
Non-Accidental Death Benefit	Available	Not Applicable	Not Applicable
Maturity Benefit	Available	Not Applicable	Not Applicable

Other Benefits - Fund Enhancement

Return of Premium Allocation Charges

Starting from the 11th Policy year, Premium Allocation Charge deducted in the 120th Policy month prior shall be added to the Fund Value in the form of addition of units as per the mode of premium payment chosen.

Please refer to the table below for sample reference on Return of Premium Allocation Charge basis premium payment mode:



Premium Payment Mode	Deduction of Premium Allocation Charge	Return of Premium Allocation Charge
Annual	Policy Month 1 Policy Month 13 Annually till Policy Month 109	Policy Month 121 Policy Month 133 Annually till Policy Month 229
Semi-Annual	Policy Month 1 Policy Month 7 Policy Month 13 Semi-annually till Policy Month 115	Policy Month 121 Policy Month 127 Policy Month 133 Semi-annually till Policy Month 235
Quarterly	Policy Month 1 Policy Month 4 Policy Month 7 Quarterly till Policy Month 118	Policy Month 121 Policy Month 124 Policy Month 127 Quarterly till Policy Month 238
Monthly	Policy Month 1 Policy Month 2 Monthly till Policy Month 120	Policy Month 121 Policy Month 122 Monthly till Policy Month 240

Return of Premium Allocation Charge shall be made only if the Policy is in force and all due Premiums have been paid. The amount of these additions shall be allocated among the Funds in the same proportion as the value of total Units held in each Fund at the time of Allocation.

See how the plan works with Sample Illustration

Rohan, a 40 year old working professional, is committed to securing his family's financial well being during health emergencies. He wants a plan that not only protects but also helps him **build a dedicated, long term health corpus** for his family.

To strengthen his family's protection, Rohan chooses **PNB MetLife 360 Health Saving Plan**. He adds his wife Neha (38 years) and their children Diya (10 years) and Sohil (6 years) under this plan.

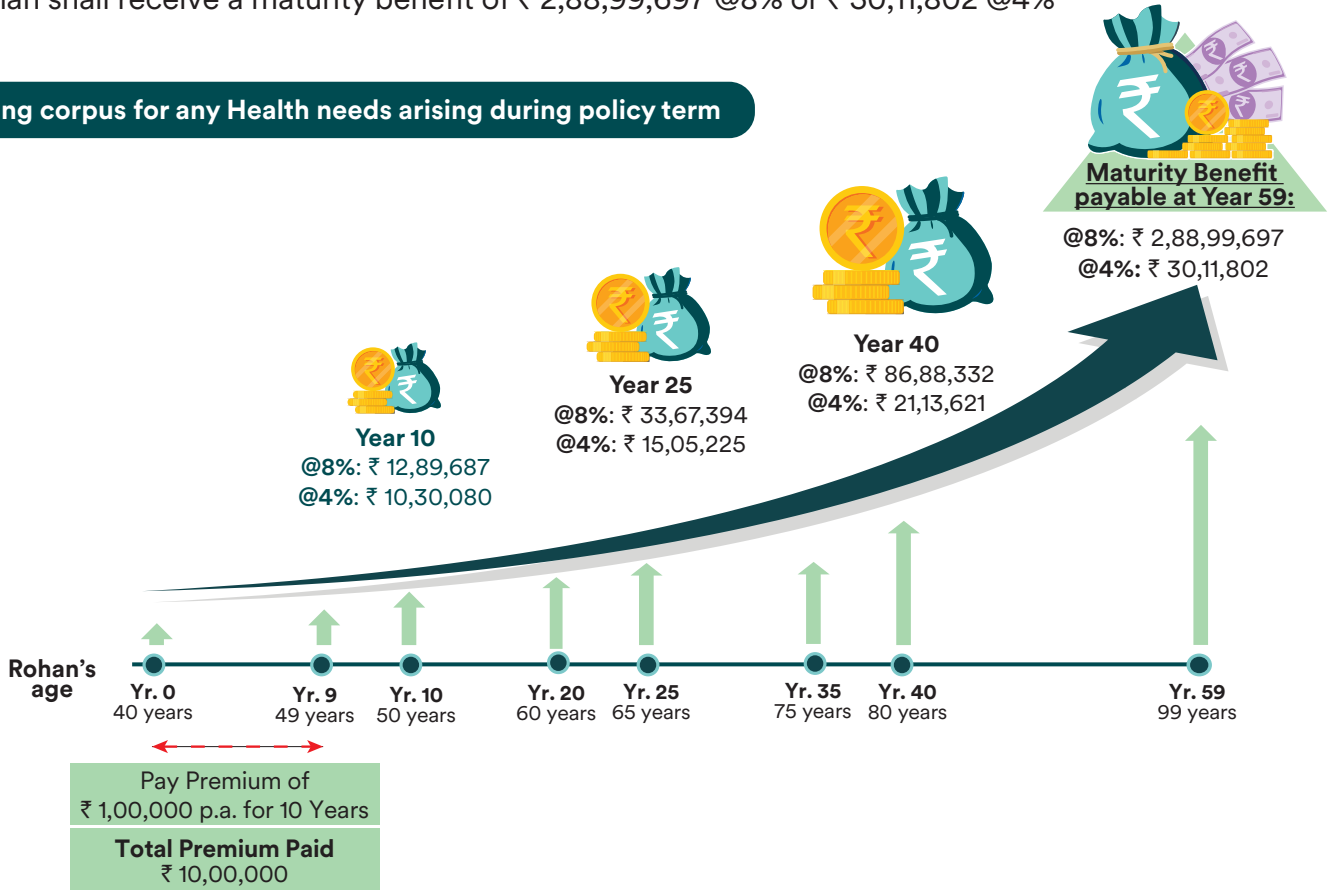
Annualized Premium: Rs. 1,00,000 | Premium Payment Term: 10 years | Maturity Age: 99 years | Fund chosen: Mid-Cap Fund | ADB Sum Assured (for Rohan): Rs. 20,00,000 | ATPD Sum Assured (for all covered family members respectively): Rs. 20,00,000 for each Insured Person.



Scenario 1: No claim during Policy Term and survival of Rohan (Primary Life Assured) till maturity age 99

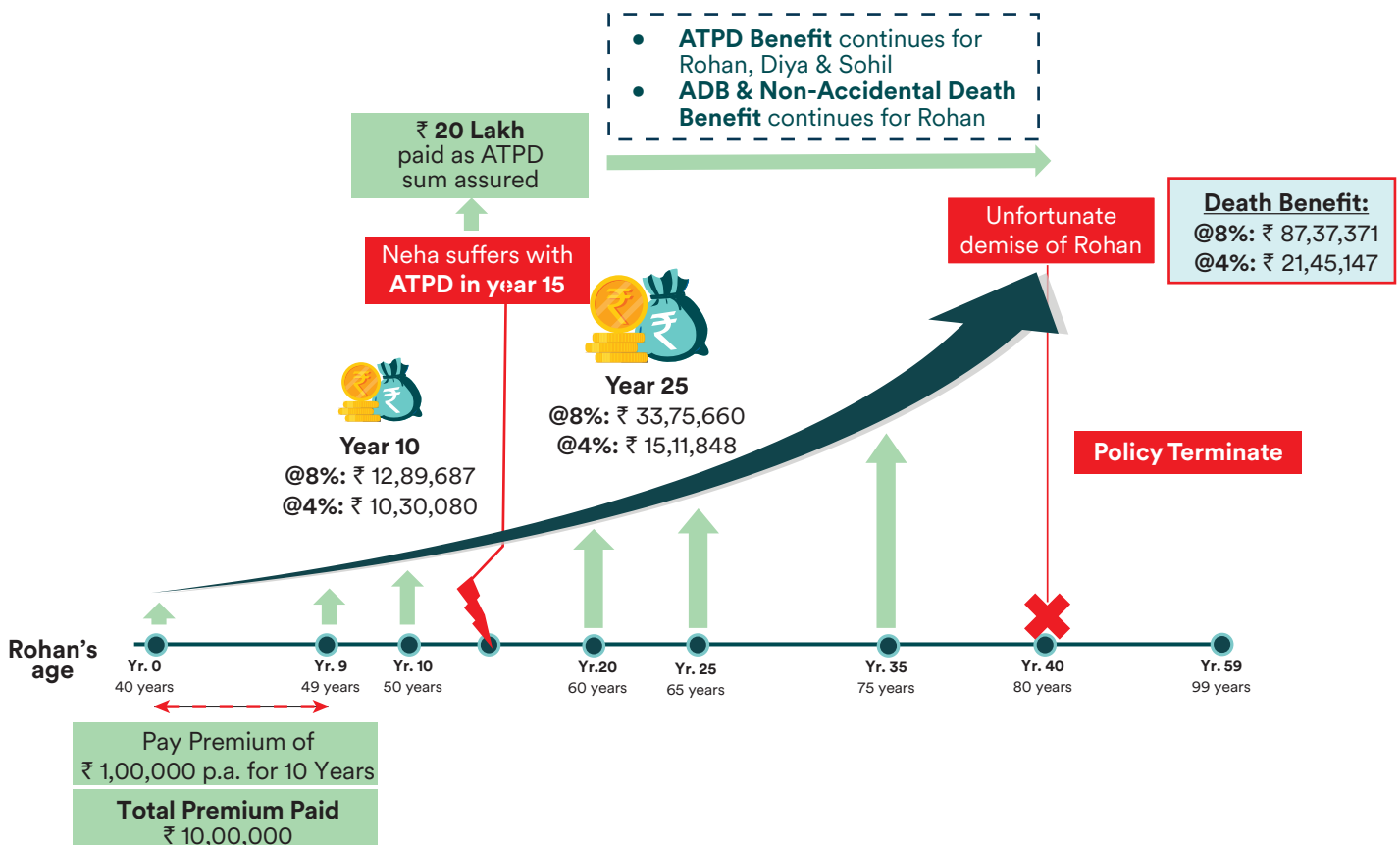
Rohan shall receive a maturity benefit of ₹ 2,88,99,697 @8% or ₹ 30,11,802 @4%

Rising corpus for any Health needs arising during policy term



Above mentioned values are for illustration purpose only and are derived assuming that the male life is healthy and a non-smoker. If your Policy offers guaranteed returns, then these will be clearly marked "guaranteed" in the Benefit Illustration. Since your Policy offers variable returns, the given illustration shows different rates of assumed future investment return based on assumed investment returns of 8% and 4%. These are not guaranteed returns and are not the upper or lower limit of what one might get in this Policy. The maturity benefit of your Policy is dependent on a number of factors, including future performance.

Scenario 2: In case Neha (Spouse) is permanently disabled due to unfortunate Accident in Policy year 15 followed by unfortunate demise of Rohan (Primary Life Assured) in Policy year 40



Above mentioned values are for illustration purpose only and are derived assuming that the male life is healthy and a non-smoker. For illustration purpose, we have considered the ATPD occurrence in the 1st Policy month of Policy year 15 and death of Rohan (non-accidental) in the 12th month of Policy year 40. If your Policy offers guaranteed returns, then these will be clearly marked “guaranteed” in the Benefit Illustration. Since your Policy offers variable returns, the given illustration shows different rates of assumed future investment return based on assumed investment returns of 8% and 4%. These are not guaranteed returns and are not the upper or lower limit of what one might get in this Policy. The maturity benefit of your Policy is dependent on a number of factors, including future performance.

Fund Management Strategies

You can choose amongst the following portfolio strategies:

Self-Managed Strategy

You can manage your investments actively with this strategy. You can allocate your premiums directly amongst the available funds in proportions of your choice.

You have the option of switching amongst the funds as mentioned below and may choose premium redirection option for your future premiums depending up on your changing risk appetite and market conditions.

The details of the various funds are given in the table below:

S. No.	Fund Name & SFIN	Investment Objectives	Asset Category	Asset Allocation Range (%)	Risk
1	Mid Cap Fund (ULIF02501/01/18MIDCAPFUND117)	To provide long-term capital appreciation from an actively managed portfolio of diversified stocks from the midcap segment of the market	Equities	60 – 100	Very High Risk
			Debt	0	
			Money Market	0 – 40	
2	Flexi Cap (ULIF01315/12/09FLEXICAPFN117)	To generate long-term capital appreciation from an actively managed portfolio of diversified stocks across the market capitalization spectrum.	Equities	60 – 100	Very High Risk
			Debt	0	
			Money Market	0 – 40	
3	Dividend Leaders Index Fund (ULIF03916/01/26DIVIDENDFN117)	To generate long-term capital appreciation by replicating the BSE 500 Dividend Leaders 50 Index (Customised).	Equities	60 – 100	Very High Risk
			Debt	0	
			Money Market	0 – 40	
4	Sustainable Equity Fund (ULIF02610/12/21SUSTAINFND117)	To focus on investing in select companies from the investment universe, which conduct business in socially and environmentally responsible manner while maintaining governance standards.	Equities	60 – 100	High Risk
			Debt	0	
			Money Market	0 – 40	
5	India Opportunities Fund (ULIF02710/12/21INDOPPFUND117)	The fund will seek to generate wealth by investing in companies which will benefit from the evolving economic situation such as increasing digitization, strengthening economic reforms, strong focus on Atmanirbhar Bharat and Make-in-India.	Equities	60 – 100	High Risk
			Debt	0	
			Money Market	0 – 40	
6	Balanced Opportunities Fund (ULIF02301/01/18BALANCEOPP117)	To generate capital appreciation and current income through a judicious mix of investments in equities and fixed income securities.	Equities	40 – 75	Medium Risk
			Debt	25 – 60	
			Money Market	0 – 35	

7	Bond Opportunities Fund (ULIF02401/01/18BONDOPPORT117)	To provide higher accrual along with safety arising from high allocation to corporate bonds. The fund will invest up to 100% of the corpus in debt and money market securities.	Equities	0	Low Risk
			Debt	80 – 100	
			Money Market	0 – 20	

Systematic Transfer Strategy

The Systematic Transfer Strategy is designed to protect your wealth from market fluctuations and is exclusively available for those who have selected a Regular Premium or Limited Premium Policy with an annual premium payment frequency. This approach enables you to transition from debt to equity gradually by making equal Instalments over a period of 12 months. This strategy allows you to systematically invest in equities while eliminating the need to time your investments into the equity market.

On selection of Systematic transfer strategy at the inception of the Policy, following would occur:

- All Instalment Premiums will be invested in Bond Opportunities Fund (debt-oriented fund)
- All monies in Bond Opportunities Fund will systematically be transferred to India Opportunities Fund (equity-oriented fund) over the 12-month Policy period.
- The units will be automatically transferred from Bond Opportunities Fund to India Opportunities Fund at the end of every month in the following manner

Month 1	1/12 of the units available at the end of Month 1
Month 2	1/11 of the units available at the end of Month 2
Month 3	1/10 of the units available at the end of Month 3
Month 4	1/9 of the units available at the end of Month 4
Month 5	1/8 of the units available at the end of Month 5
Month 6	1/7 of the units available at the end of Month 6
Month 7	1/6 of the units available at the end of Month 7
Month 8	1/5 of the units available at the end of Month 8
Month 9	1/4 of the units available at the end of Month 9
Month 10	1/3 of the units available at the end of Month 10
Month 11	1/2 of the units available at the end of Month 11
Month 12	Balance Units available at the end of the Month 12

Systematic transfer strategy if not opted at inception and chosen during the Policy Term, will only be activated on the next Policy Anniversary and all subsequent new Premiums would be invested in Bond Opportunities Fund. The Policyholder would have two options once he/she chooses Systematic Transfer Strategy during the Policy Term

- Transfer all existing monies from Bond Opportunities Fund to any other fund. In this case, only the subsequent premiums allocated to in Bond Opportunities Fund would be systematically transferred to India Opportunities Fund.
- Continue with existing monies in Bond Opportunities Fund. In this case, all monies including subsequent premiums, in Bond Opportunities Fund will be systematically transferred to India Opportunities Fund.
- This facility will be deactivated in case the Policy moves to discontinuance fund status.

- If Systematic transfer strategy is availed, no other switches except those under the strategy will be allowed.
- In case premium payment mode is changed from Annual to any other mode, this option will be automatically deactivated
- In case the policyholder does not pay the premium on due date, on subsequent premium payment the monies will be transferred from Bond Opportunities Fund to India Opportunities Fund over the remaining policy period as illustrated above.

Life-stage Strategy

Under this strategy, the Policy adapts to Primary Life Assured's life stage and age.

Age of the Primary Life Assured (years)	India Opportunities Fund	Bond Opportunities Fund
Upto 30	70%	30%
31 – 40	60%	40%
41 – 50	50%	50%
51 – 60	40%	60%
61 - 70	20%	80%
71+	10%	90%

At the inception of the Policy or at any time during the Policy Term, your investments are distributed between two unit – linked funds, India Opportunities Fund (equity-oriented fund) and Bond Opportunities Fund (debt-oriented fund), based on your attained age. As you move from one age band to another, your funds are re-distributed based on your age. The age-wise portfolio distribution is shown in the table.

- On a quarterly basis, units shall be rebalanced as necessary to achieve the above proportions of the Fund Value (excluding Top-Up Fund Value, if any) in the India Opportunities Fund and Bond Opportunities Fund. The re-balancing of units shall be done on the last day of each policy quarter
- On selection of Life – stage strategy at inception / Policy Anniversary, the existing Funds as well as all future Instalment Premiums will be allocated as per the applicable proportion between India Opportunities Fund (equity-oriented fund) and Bond Opportunities Fund (Debt oriented fund), based on Your Age
- No other Switches except those under this strategy will be allowed as long as life–stage strategy is in effect.
- The Policyholder can only have his/her funds in one of the Portfolio Strategies
- This strategy will be deactivated in case the Policy moves to Discontinuance status

Policyholder may use the change in investment strategy option to transfer amongst any of the three investment strategies. The details are mentioned in the section on change in investment strategy. Systematic transfer strategy if chosen during the Policy Term, will be activated only on the next Policy Anniversary.



Other features

Change in Premium Payment Term

Not Allowed

Change in Premium Amount

Not Allowed

Addition/Deletion of Family Member(s) under Family Coverage Benefit

You have an option to add following family member(s) of Primary Life Assured at inception of the Policy:

- One legal spouse and/or
- Up to 3 dependent children

You can also request for addition of family member(s) at Policy anniversary anytime during the Policy term subject to Board approved underwriting policy and minimum boundary conditions applicable to the Policy.

Such addition of Family Member should happen within 30 days from the date of Policy Anniversary.

In case of addition of spouse or children - either at inception of the Policy or at Policy Anniversary, following conditions shall apply:

- A spouse can be added provided at least 6 months have passed from the date of marriage as of date of inception of Policy or Policy Anniversary, as applicable
- Children can be added only upon completion of 91 days from the date of birth as of date of inception of Policy or Policy Anniversary, as applicable

The Morbidity Charges, applicable for each of the respective family member(s) shall be deducted by the way of cancelling the units.

Deletion of covered family member(s) can happen only on occurrence of following events during the Policy Term:

- Death of spouse/child
- Divorce from spouse,

On attainment of maximum Maturity Age applicable for each family member

Switching (only under Self-Managed Strategy)

You have the option to switch partially or fully between the available Segregated fund options, at any point of time during the Policy Term. The minimum value of every switch should be Rs 5,000.

All switches are free.

Premium Redirection (only under Self-Managed Strategy)

You can ask for some or all your future Premiums to be allocated to Units in different Funds that are available. Premiums will only be applied as per the revised instructions provided, We accept those instructions before the Premium Due Date for that Premium. Policyholder would have the option to change the Premium Allocation proportions free of charge

We will act on instructions to change the Fund choice for future Premiums subject to receipt of all necessary information required to process the change of Fund and our satisfaction that the information received is correct.



Partial Withdrawals

You can opt for this facility subject to following conditions:

- ❖ Partial withdrawal shall be allowed only after 5th policy anniversary
- ❖ Minimum withdrawal limit is Rs. 5,000. The maximum partial withdrawal in a Policy year shall not exceed 25% of the total fund value at the time of withdrawal. However, at any point during the Policy Term, the minimum fund balance after the partial withdrawal should be at least equal to:
 - 120% of Annualized premium for Regular Premium and Limited Premium, or
 - 20% of Single premium
- ❖ Partial withdrawals which would result in termination of a Policy shall not be allowed
- ❖ Partial withdrawals are free of any charge
- ❖ Partial withdrawals with respect to the fund value from base Policy premiums shall only be counted for the purpose of adjusting the Accidental Death Benefit Sum Assured and minimum death benefit of 105% of total premiums paid to be payable on death. Partial withdrawals made from Top-Up Premiums shall not be deducted for this purpose.

Smart Withdrawal Facility (SWF)

Under Partial Withdrawal option, You may choose to opt for SWF.

- Withdrawals under SWF shall start post completion of at least 5 Policy years.
- Maximum allowed systematic withdrawal percentage is 12% p.a. of Fund Value (excluding Top-Up Fund Value, if any).
- This withdrawal shall be subject to a minimum limit of Rs 1000
- The payouts may be taken monthly, quarterly, semi-annually or yearly, and are payable in advance.
- All charges as applicable in the Policy shall continue to be deducted.
- Fund Value (excluding Top-Up Fund Value, if any) after payment of withdrawal amount under SWF shall at least be equal to 105% of total premiums paid (excluding Top-Up premiums, if any) till date.
- In case the amount available (Fund Value (excluding Top-Up Fund Value, if any) Less 105% of total premiums paid (excluding Top-Up premiums, if any) till date) for such withdrawal is not sufficient to meet the SWF percentage chosen by the Policyholder, then an amount lower than the percentage chosen would be paid as withdrawal amount, such that resultant fund value (excluding Top-Up Fund Value, if any) post withdrawal is at least equal to 105% of total premiums paid (excluding Top-Up premiums, if any) till date. Withdrawal amount under Smart Withdrawal Facility (SWF) may be nil in any Policy year.

Partial withdrawals will be allowed anytime even during the Smart Withdrawal Facility period.

Top-Up Premiums

You may pay a Top-Up Premium during the Policy Term provided the Policy is in In-Force Status and all Premiums due have been received in full by Us.

- (i) Top-Up Premiums shall not be allowed during the last 5 (Five) Policy Years.
- (ii) Each Top-Up Premium would be treated as a Single Premium. The Top-Up Sum Assured is 1.25 times of the Top-Up Premium paid, if any.
- (iii) The minimum Top-Up Premium payable is Rs 10,000/- (Rupees Ten Thousand only).
- (iv) Maximum Top-Up Premium shall be subject to Board Approved Underwriting Policy
- (v) Top-Up Premiums once paid cannot be withdrawn for a period of 5 (Five) Policy Years from the date of payment of the 'Top-Up' Premium, except in case of complete Surrender of the Policy.

Premium Mode Loading/ Modal Factors

You may opt to pay Instalment Premiums in Annual, Half-Yearly, Quarterly or Monthly mode subject to the minimum Annualized Premium under each mode. Factors on Instalment Premium will be applicable as per the table below:

Premium Paying Mode	Modal Factors
Single	1
Annual	1
Half Yearly	1/2
Quarterly	1/4
Monthly*	1/12

*Monthly mode available only for standing instructions/ direct debit options (including Electronic Clearing System (ECS), and Automated Clearing House (ACH)).

Alteration between different premium payment modes is allowed at any Policy Anniversary on written request.

Riders

You will have the flexibility to opt for following optional Rider(s) for Primary Life Assured and Family Member(s) to ensure comprehensive protection during life's uncertainties

- PNB MetLife Linked Hospicash Benefit Rider (UIN: 117A025V01)
- PNB MetLife Linked Surgicash Benefit Rider (UIN: 117A026V01)
- PNB MetLife Linked Critical Illness Rider (UIN: 117A027V01)
 - Rider Sum Assured limits shall be as per the respective rider type and limits.
 - Sum Assured of PNB MetLife Linked Hospicash Benefit Rider and PNB MetLife Linked Surgicash Benefit Rider shall not exceed the minimum ATPD Sum Assured in the Base Policy (i.e., minimum of all the ATPD Sum Assured(s) applicable for Primary Life Assured and Family Member(s)).
 - Sum Assured for PNB MetLife Linked Critical Illness Rider opted by Primary Life Assured shall not exceed ATPD Sum Assured of the Primary Life Assured in the Base Policy. Sum Assured for PNB MetLife Linked Critical Illness Rider for Family Member (Spouse) shall not exceed ATPD Sum Assured of the respective Family Member (Spouse) in the Base Policy.
 - Premium for all the health riders put together shall be subject to a ceiling of 100% of the premium of the base Policy.
 - The Rider Premium Payment Term cannot be more than the Premium Payment Term of the Base Policy if taken at the outset or will be less than or equal to the outstanding Premium Payment Term of the Base Policy, if taken subsequently.
 - Rider can only be attached at the inception of the Policy or at Policy anniversary.
 - Rider will not be offered if the term of the rider exceeds the outstanding term under the base Policy.
 - In case spouse of Primary Life Assured is covered under Family Coverage option in this Policy, you can choose to cover the spouse under PNB MetLife Linked Critical Illness Rider. Both Primary Life Assured and spouse shall have an independent Rider plan option, Rider sum assured, Rider premium payment term and Rider policy term.
 - Rider benefits (if any) shall cease immediately after payment of Surrender Value with respect to rider benefits (if applicable).
 - If the base Policy Instalment premiums are discontinued, the rider benefit will cease immediately.

For more details on the rider benefits, features, terms and conditions, please refer to the rider terms and conditions carefully or contact your insurance advisor.

360Health Services

Primary Life Assured may avail 360Health, a health and wellness awareness and education solution designed to help become more aware of how to better manage your overall health. Where Primary Life Assured has opted to include Family Member(s) under the Family Coverage option, the 360Health Services shall also be available to eligible Family Member(s).

360Health solution is being offered through third-party service provider(s) associated with PNB MetLife India Insurance Company Limited (PNB MetLife). Third party service provider(s) may at any point of time in future modify, suspend, or discontinue any 360Health offerings.

To avail 360Health offerings or to know more about terms and conditions, please refer and download PNB MetLife khUshi App, further for any queries, you can write hello@getvisitapp.com, contact the helpline number 9911668855, use the chat support available on the Company's mobile application (khUshi App) or visit Our website www.pnbmetlife.com

Loans

Loans are not allowed under this Plan.

Change in portfolio strategy

You can change your portfolio strategy once every Policy year, provided the monies are not in Health Discontinued Policy Fund. This facility is provided free of cost. If un-utilized, it cannot be carried forward to the next Policy year.

Grace Period for other than single premium policies

You have a grace period of 30 days (15 days for monthly mode) from the due date of unpaid Premium to pay all your due Premiums without any late fee or penalty. In case you do not pay your Premiums in the grace period, your Policy attains the status of Discontinued Policy. Your Policy remains in-force during the grace period.

- In case of unfortunate death of Primary Life Assured during the grace period, we shall pay:
 - o Accidental Death Benefit in case of death due to Accident or
 - o Non-Accidental Death Benefit in case of death due to causes other than Accident
- In case of total and permanent disability of Primary Life Assured and/or family member covered under the Policy, we shall pay the Accidental Total and Permanent Disability Benefit.

Free Look Period

Please go through the terms and conditions of your Policy carefully. If you have any objections to the terms and conditions of your Policy, you may cancel the Policy by giving a written notice to Us within 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, stating the reasons for Your objection provided no claims has been made under this Policy. In such event, You will be entitled to an amount equal to non-allocation Instalment premium plus Charges levied by cancellation of units plus the Fund value at the date of cancellation after deduction of proportionate risk premium for the period of cover and the expenses if any, incurred on medical examination and stamp duty charges.

Premium Discontinuance

Discontinuance of Policy during Lock – in Period (Not applicable if Single Premium option is in force under the Policy)

Upon expiry of the Grace Period, in case of discontinuance of the Policy due to non-payment of Instalment Premium, the Fund Value after deducting the applicable discontinuance charges, shall be credited to the Health Discontinued Policy Fund and the risk cover under the Policy, and any applicable Rider(s), shall cease.

Such discontinuance charges shall not exceed the charges mentioned in the Charges section.

All such discontinued policies shall be provided a revival period of three years from date of first unpaid premium. On such discontinuance, the company will communicate the status of the Policy, within three months of the first unpaid premium, to the Policyholder and provide the option to revive the Policy within the revival period of three years as below:

- i. In case the Policyholder opts to revive but does not revive the Policy during the revival period, the proceeds of the Health Discontinued Policy Fund shall be paid to the Policyholder at the end of the revival period or lock-in period whichever is later. In respect of revival period ending after lock-in period, the Policy will remain in discontinuance fund till the end of revival period. The Fund management charges of Health Discontinued Policy Fund will be applicable during this period and no other charges will be applied.

- ii. In case the Policyholder does not exercise the option as set out above, the Policy shall continue without any risk cover, and the Policy fund shall remain invested in the Health Discontinued Policy Fund. At the end of the lock-in period, the proceeds of the Health Discontinued Policy Fund shall be paid to the Policyholder and the Policy shall terminate.
- iii. However, the Policyholder has an option to surrender the Policy anytime and proceeds of the Health Discontinued Policy Fund shall be payable at the end of lock-in period or date of surrender whichever is later.

Discontinuance of Policy after Lock – in Period (Not applicable if Single Premium option is in force under the Policy)

Upon expiry of the Grace Period, in case of discontinuance of Policy due to non-payment of Instalment Premium, after the Lock-in Period, the Policy shall be converted into a Reduced Paid-up status with the Reduced Paid-up ADB Sum Assured and Reduced Paid-up ATPD Sum Assured i.e. prevailing Sum Assured multiplied by the total number of Instalment Premiums paid to the prevailing number of Instalment Premiums payable as per the terms and conditions of the Policy.

The Policy shall continue to be in Reduced Paid-up Status without rider(s) cover, if any. All charges as per terms and conditions of the Policy may be deducted during the Revival Period. However, the mortality charges and morbidity charges shall be deducted based on the Reduced Paid-up Sum Assured only.

- i. On such discontinuance, We shall communicate the status of the Policy, within three months of the first unpaid premium, to the Policyholder and provide the following options:
 - (a) To revive the Policy within the revival period of three years, or
 - (b) Complete withdrawal of the Policy.
- ii. In case the Policyholder opts for (a) above but does not revive the Policy during the revival period, the fund value shall be paid to the Policyholder at the end of the revival period.
- iii. In case the Policyholder does not exercise any option as set out above, the Policy shall continue to be in Reduced Paid-up status. At the end of the revival period the proceeds of the Policy fund shall be paid to the Policyholder and the Policy shall terminate.
- iv. However, the Policyholder has an option to surrender the Policy anytime and proceeds of the Policy fund shall be payable.

The Company will also send a notice within three months of the first unpaid Instalment Premiums to the Policyholder to exercise the following options:

Option	Description	Treatment
1	Exercise the option to revive the Policy within Revival Period	On payment of due and unpaid Instalment Premiums before the end of the Revival Period, the risk cover under the Policy will be revived. If the Policy is not revived by the end of the Revival Period, the Policy will be surrendered, and the Fund Value will be paid to Policyholder, and the Policy will be terminated.
2	Exercise the option of complete withdrawal i.e. Surrender the Policy without any risk cover	The Policy will be surrendered, and the Fund Value will be paid to the Policyholder, and the Policy will be terminated.
3	No option selected	The Policy shall continue to be in Paid-Up Status, and at the end of the Revival Period, the Policy will be surrendered, and the Fund Value will be paid to Policyholder, and the Policy will be terminated

Following Benefits shall be available while the Policy is in Reduced Paid-up status:

i. Non-Accidental Death Benefit

In case of death of the Primary Life Assured due to causes other than Accident, the Non-Accidental Death Benefit payable and the Policy shall terminate. Non-Accidental Death Benefit shall be higher of:

- Fund Value (excluding Top-Up Fund Value, if any) as at the date of intimation of death of the Primary Life Assured; or
- 105% of the total premiums paid (excluding Top-Up premiums, if any) upto the date of death of the Primary Life Assured less all Partial Withdrawals made during the last two years immediately preceding the date of death of the Primary Life Assured

In addition to the above, higher of the following shall be payable, wherever applicable:

- Top-Up Fund Value as at the date of intimation of death of the Primary Life Assured; or
- 105% of the total Top-Up Premiums paid up to the date of death of the Primary Life Assured

ii. Accidental Death Benefit

In case of death of the Primary Life Assured due to Accident, the Accidental Death Benefit and the Policy shall terminate. Accidental Death Benefit payable shall be higher of:

- Fund Value (excluding Top-Up Fund Value, if any) as at the date of intimation of death of the Primary Life Assured; or
- 105% of the total premiums paid (excluding Top-Up premiums, if any) upto the date of death of the Primary Life Assured less all Partial Withdrawals made during the last two years immediately preceding the date of death of the Primary Life Assured; or
- Reduced Paid-up ADB Sum Assured less all Partial Withdrawals made during the last two years immediately preceding the date of death of the Primary Life Assured

In addition to the above, higher of the following shall be payable, wherever applicable:

- Top-Up Fund Value as at the date of intimation of death of the Primary Life Assured; or
- Top-Up Sum Assured; or
- 105% of the total Top-Up Premiums paid up to the date of death of the Primary Life Assured

Where, Top-Up Sum Assured is $1.25 * \text{Top-Up Premium}$.

Reduced Paid-up ADB Sum Assured is $\text{ADB Sum Assured} * (t/n)$.

iii. Accidental Total and Permanent Disability (ATPD) Benefit

- In the event of Accidental Total and Permanent Disability of the Primary Life Assured due to an Accident:

Reduced Paid-up ATPD Sum Assured applicable for the Primary Life Assured shall be payable

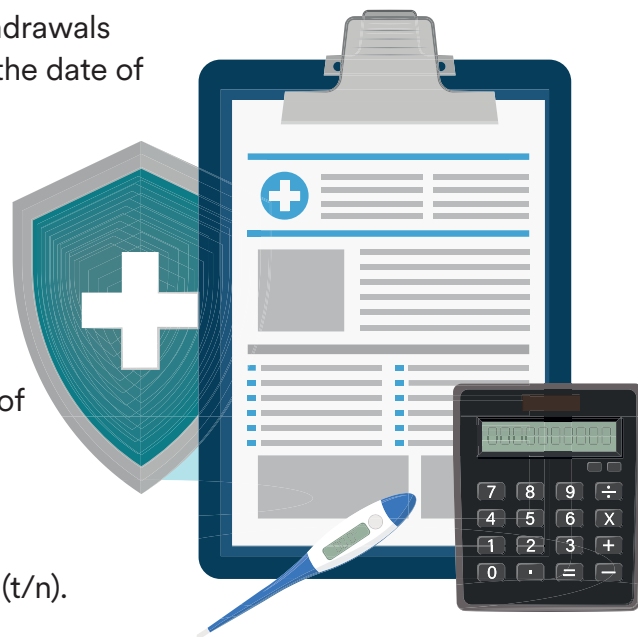
Where, Reduced Paid-up ATPD Sum Assured is $\text{ATPD Sum Assured for Primary Life Assured} * (t/n)$.

- In the event of Accidental Total and Permanent Disability of the Family Member(s) due to an Accident:

Reduced Paid-up ATPD Sum Assured applicable to the respective Family Member(s)

Where, Reduced Paid-up ATPD Sum Assured is $\text{ATPD Sum Assured for respective Family Member(s)} * (t/n)$.

“t” refers to the Number of Instalment Premiums paid and “n” refers to the Number of Instalment Premiums payable during the PPT.



Discontinuance of Single Premium Policy

i. During the lock in period of first five Policy years

The Policyholder has an option to surrender any time during the lock-in period. In case of surrender during the first five Policy years (lock-in period), the total fund value under the Policy, after deduction of discontinuance charges will be transferred to the Health Discontinued Policy Fund.

The proceeds from the discontinuance fund shall be paid at the end of lock-in period. Only fund management charge will be deducted from this fund during this period.

Further, no risk cover shall be provided on such Policy during the discontinuance period.

ii. After the first five Policy years

The Policyholder has an option to surrender the Policy any time. Upon receipt of request for surrender after the first five years, the fund value as on date of surrender shall be payable.

Treatment of the Policy while monies are in the Health Discontinued Policy Fund

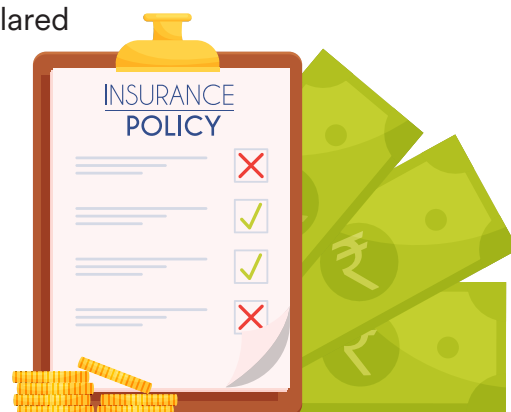
While monies are in the Health Discontinued Policy Fund:

- Risk cover shall not apply
- The fund management charge on Health Discontinued Policy Fund shall be declared by the Authority from time to time. Currently, the fund management charge is 0.50% p.a. No other charges will apply.

From the date monies enter the Health Discontinued Policy Fund till the date they leave the Health Discontinued Policy Fund, a minimum guaranteed interest rate declared by IRDAI from time to time will apply.

The current minimum guaranteed interest rate applicable to the Health Discontinued Policy Fund is 4.0% p.a.

The date of discontinuance of the Policy is the date on which intimation is received from the Policyholder about discontinuance of the Policy or surrender of the Policy, or the expiry of the notice period, whichever is earlier.



Health Discontinued Policy Fund

For the Policies where the Instalment Premiums are discontinued, the Fund Value will be moved to Health Discontinued Policy Fund. The proceeds of the Health Discontinued Policy Fund shall be payable only upon completion of the Lock-in Period, except in the case of death of the Primary Life Assured (whether accidental death or non-accidental death), wherein the Health Discontinued Policy Fund Value shall be payable immediately to the Nominee.

When Fund Value has been moved to Health Discontinued Policy Fund, in case of event of Accidental Total and Permanent Disability (ATPD) of any of the lives covered under this Policy (Primary Life Assured and/or Family Member(s)), ATPD Benefit shall not be payable.

The investment mix for the Health Discontinued Policy Fund is as follows:

- Money market instruments: 5% - 100%,
- Government Securities (Including Treasury Bills): 0% - 95%

The minimum guaranteed interest rate on this Health Discontinued Policy Fund is 4.0% per annum (or as mandated by the Authority from time to time). The fund management charge for the Health Discontinued Policy Fund is 0.5% per annum. The excess income earned in the Health Discontinued Policy Fund over and above the minimum guaranteed interest rate shall also be apportioned to the Health Discontinued Policy Fund.

Surrender

- o In case of surrender during the first five Policy years, the total fund value under the Policy, after deduction of discontinuance charges, will be transferred to the Health Discontinued Policy Fund.
- o The proceeds from the discontinuance fund shall be paid at the end of lock-in period of five years. Only fund management charges will be deducted from this fund during this period.
- o On surrender after completion of the fifth Policy year, the Policyholder will be entitled to the total fund value under the said Policy.

Revival of the Policy

On discontinuance of the Policy, if you have chosen option to revive the Policy within the Revival Period, the Policy shall be revived restoring the risk cover along with investment made in the funds chosen by the Policyholder out of the Health Discontinued Policy Fund less applicable charges as referred below, shall be levied.

Where a Policy is discontinued, the steps outlined in 'Premium Discontinuance' section of this document will be followed.

If you opt to revive the Policy within the Revival Period then revival of such discontinued Policy is subject to the following conditions:

- The revival of the Policy shall be subject to the Board Approved Underwriting Policy of the Company.
- The Company reserves the right to obtain additional information before reviving the Policy and also the right to decline revival of the Policy or impose extra Mortality Charges and extra Morbidity Charges as per Board Approved Underwriting Policy of the Company.
- The Policyholder paying all due Instalment Premiums that would have been payable from the date of default to the proposed date of Revival without any interest or fee.
- Revival during lock-in period:
 - Upon receipt of all due Premiums, the Policy Administration Charges and Premium Allocation Charges for the past due Premiums will be deducted before allocating the balance amount to the Unit Account.
 - No other charges will be levied
 - The Company shall add back to the Fund, the Discontinuance Charges, if applicable, deducted at the time of discontinuance of the Policy.
- Revival after lock-in period:
 - Upon receipt of all due Premiums, Premium Allocation Charges for the past due Premiums will be deducted before allocating the balance amount to the Unit Account.

No other charges will be levied.

Auto Foreclosure of the Policy

At any point of time during the Policy Term after the premium payment term, if the fund value goes below 10% of one annualized premium (for Regular Premium and Limited Premium) or 10% of one single premium, the Policy shall be foreclosed by paying fund value available at that point of time. However, in-force premium paying policies (Regular Premium and Limited Premium) shall not be foreclosed during the premium payment term. In-force Single Premium policies shall not be foreclosed during the lock-in period.

At any point of time during the Policy Term, if the Fund value is not sufficient to cover the monthly charges on the Policy, the Policy shall be foreclosed by paying the fund value available at that point in time.



Termination of the Policy

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

- On date of receipt of Free Look cancellation request; or
- The date on which Policy is foreclosed; or
- The date of payment of Maturity Benefit; or
- On payment of proceeds of the Health Discontinued Policy Fund or Surrender Value, as applicable; or
- At the expiry of the Revival Period, if the Policy has not been revived and provided the said Policy has not been converted into a Reduced Paid-up status; or
- Upon death of Primary Life Assured; or
- Upon happening of any event which, as per terms and conditions of this Policy, leads to termination of the Policy



Applicable charges

Mortality Charges

Mortality Charge will be deducted at the beginning of each Policy month by cancellation of an appropriate number of units at the corresponding Net Asset Value.

Mortality charge will be based on the attained age of the Primary Life Assured, Rate as per Mortality Charge Table, and the applicable Sum at Risk. Mortality Charge will be applicable for Accidental Death Benefit and Non-Accidental Death Benefit.

Morbidity Charges

Morbidity Charge will be deducted at the beginning of each Policy month by cancellation of an appropriate number of units at the corresponding Net Asset Value.

Morbidity charge for Primary Life Assured and Family Member(s) will be based on the attained age of the respected lives, Rate as per Morbidity Charge Table, and the applicable ATPD Sum at Risk for respective lives.



Premium Allocation Charges

These are expressed as percentage of premium and are levied through the first 10 years only. It is deducted from the premium amount at the time of premium payment and balance units are allocated in the chosen funds thereafter.

Policy Year	Premium Allocation Charge per Annum		
	Single Premium	Regular Premium, 5 Pay, 7 Pay, 10 Pay	
		Annual Mode	Half-yearly, Quarterly, Monthly Modes
1	3%	9%	8%
2	NA	9%	8%
3 – 10	NA	5.5%	4.5%
11 onwards	NA	Nil	Nil

The Premium Allocation Charge for Top-Up Premiums is 2% of Top-Up Premium

Policy Administration Charges

The following Policy Administration Charge would be deducted from the Fund Value at the beginning of each month by cancellation of an appropriate number of units. The Policy Administration Charge is given below-

Policy Year	Policy Administration Charge per annum	
	Single Premium	Regular Premium, 5 Pay, 7 Pay, 10 Pay
1 – 5	0.90%	Nil
6 onwards	0.90%	4.56%

Maximum capping for charges is ₹ 6,000 p.a.

Fund Management Charges

Fund Option	SFIN	Fund Management Charges (p.a.)
Bond Opportunities Fund	ULIF02401/01/18BONDOPPORT117	1.00%
Balanced Opportunities Fund	ULIF02301/01/18BALANCEOPP117	1.15%
Flexi Cap	ULIF01315/12/09FLEXICAPFN117	1.25%
Mid Cap Fund	ULIF02501/01/18MIDCAPFUND117	1.25%
Sustainable Equity Fund	ULIF02610/12/21SUSTAINFND117	1.35%
India Opportunities Fund	ULIF02710/12/21INDOPPFUND117	1.35%
Dividend Leaders Index Fund	ULIF03916/01/26DIVIDENDFN117	1.35%
Health Discontinued Policy Fund	ULIF04015/06/26HEDISCONTI117	0.50%

The fund management charge is levied as a percentage of the Value of Assets underlying the Unit Fund and shall be appropriated by adjusting the Net Asset Value. This is a charge levied at the time of computation of the Net Asset Value, which is done on a daily basis.

Discontinuance Charges

The Discontinuance Charges specified below are expressed either as a percentage of the fund value (FV) or as a percentage of the annualized premium (AP) or Single Premium:

For Single Premium Policies:

Where the Policy is discontinued during the Policy Year	Discontinuance Charges	
	Single Premium ≤ 3,00,000	Single Premium > 3,00,000
1	Lower of 2% * (SP or FV) subject to maximum of ₹ 3,000	Lower of 1% * (SP or FV) subject to maximum of ₹ 6,000
2	Lower of 1.5% * (SP or FV) subject to maximum of ₹ 2,000	Lower of 0.7% * (SP or FV) subject to maximum of ₹ 5,000
3	Lower of 1% * (SP or FV) subject to maximum of ₹ 1,500	Lower of 0.5% * (SP or FV) subject to maximum of ₹ 4,000
4	Lower of 0.5% * (SP or FV) subject to maximum of ₹ 1,000	Lower of 0.35% * (SP or FV) subject to maximum of ₹ 2,000
5 and onwards	Nil	Nil

For other than Single Premium Policies:

Where the Policy is discontinued during the Policy Year	Discontinuance Charges	
	Annualized Premium \leq 50000	Annualized Premium $>$ 50000
1	Lower of 20% * (AP or FV) subject to maximum of Rs.3,000	Lower of 6% * (AP or FV) subject to maximum of Rs.6,000
2	Lower of 15% * (AP or FV) subject to maximum of Rs.2,000	Lower of 4% * (AP or FV) subject to maximum of Rs.5,000
3	Lower of 10% * (AP or FV) subject to maximum of Rs.1,500	Lower of 3% * (AP or FV) subject to maximum of Rs.4,000
4	Lower of 5% * (AP or FV) subject to maximum of Rs.1,000	Lower of 2% * (AP or FV) subject to maximum of Rs.2,000
5 and onwards	Nil	Nil

Switching Charges

You can make unlimited switches in a Policy Year free of any charge.

Partial Withdrawal Charges

There is no charges for Partial Withdrawal.

Miscellaneous Charges

This is a charge levied for any alterations within the contract. The charge is expressed as a flat amount. This shall be levied by cancellation of units. The current alteration charge is Nil.

This charge may be increased by Us with prior approval from the Authority subject to a maximum limit of Rs. 500/- per request.

Goods and Services Tax Charges

This charge as notified by the Government from time to time will be made by redemption of appropriate number of units at the applicable Net Asset Value. Goods and Services tax, if any, shall be on Allocation Charges, Mortality Charges, Morbidity Charges, Surrender/Discontinuance Charges, Policy Administration Charges and Fund Management Charges as per current regulations.

Revision in rate of charges

We reserve the right to increase / decrease the fund management charge and the Policy administration charge with prior intimation as per process prescribed by the Authority. The following limits are applicable:

- Fund Management Charge may be increased up to the maximum allowable as per then applicable regulations, currently as per the Regulations a maximum of 1.35% p.a. applies to fund management charge.
- Policy Administration Charge may be increased up to a maximum of 5% of the premiums per annum subject to the maximum permitted by the Regulation. The company has put an upper limit on this charge of Rs 6,000 pa.



Exclusions

Suicide Exclusion:

In case of death due to suicide within 12 months from the date of commencement of Risk or from the date of revival of the Policy, as applicable, the nominee or beneficiary of the Policyholder shall be entitled to the Fund Value, as available on the date of intimation of death. Further any charges other than Fund Management Charges (FMC) recovered subsequent to the date of death shall be added back to the fund value as available on the date of intimation of death.

For more details on the “Exclusions under Accidental Death Benefit (ADB) and Accidental Total and Permanent Disability (ATPD) Benefit” please refer to the Annexure A at the end of this document.

Nomination

Nomination should 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 should 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.

Tax Benefits

Tax benefits are as per Income Tax Laws in force & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details.



Risks Inherent in the Segregated Funds:

Due to the nature of the Segregated Funds, the Company does not guarantee the price of the Units of any of the Segregated Funds offered by it. Unit Linked Health Insurance products are different from the traditional insurance products and are subject to the risk factors.

The Primary Life Assured (and the Policyholder, if different) is aware that the investment in units is subject, inter alia (amongst others), to the following risks:

- PNB MetLife India Insurance Company is the name of the Insurance Company and PNB MetLife 360 Health Saving Plan is only the name of the unit linked health insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.
- Any investment in Segregated Funds available under the Policy is subject to market risks and other risks.
- The premium paid in Unit Linked Insurance policies are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of fund and factors influencing the capital market and the insured is responsible for his/her decisions.
- The investment risk in the investment portfolio will be borne by you.

- There is no assurance that the objectives of any of the Segregated Funds will be achieved;
- The NAV of any of the Segregated Funds may increase or decrease as per the performance of financial markets;
- The past performance of any of the Segregated Funds does not indicate the future performance of these funds.
- The Segregated Funds, except the Health Discontinued Policy Fund, do not offer a guaranteed or assured return;
- All benefits payable under the Policy are subject to the tax laws and other legislations/regulations as they exist from time to time; Please know the associated risks from the Financial advisor or the intermediary
- The various funds offered under this contract are the names of the funds and do not in any way indicate the quality of these plans, their future prospects and returns.

Grievance Redressal

In case not satisfied with the resolution provided by the above touch points,

- Write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in or
- Send a letter to

**PNB MetLife India Insurance Co. Ltd,
Unit No 302, 3rd Floor, Tower 3 Worldmark,
Maidawas Road, Sector 65, District Gurugram, Haryana 122018.**



For any escalation with the resolution provided by the above touch points, you may, write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in

If you do not get appropriate resolution, you may approach Insurance Ombudsman on <https://www.cioins.co.in/Ombudsman>

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
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Fraud and Misstatement

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

The Policyholder can know the value of Policy wise units as per the FORM D02 through a secured login on the PNB MetLife website (www.pnbmetlife.com)

- ✓ Please read this Sales brochure carefully before concluding any sale.
- ✓ This product is also available for online 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.

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

(1) No Policy 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 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 an 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 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 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 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 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.

Annexure A -Permanent Exclusions under Accidental Death Benefit (ADB) and Accidental Total and Permanent Disability (ATPD) Benefit

No Benefit shall be payable for any claim in respect of Primary Life Assured or Family Member(s) covered under Family Coverage option, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, Injury or disease

- a) That is/are diagnosed by a physician not more than 36 months prior to the Date of Commencement of the Policy issued by Us or its reinstatement; or
- b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months Prior to the Date of Commencement of the Policy issued by Us or its reinstatement

In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase.

Coverage under the Policy after the expiry of 36 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Assured .
3. Death or disablement caused due to suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.
4. Certification by a Medical Practitioner who shares the same residence as the Primary Life Assured and/or Family Member(s) or who is a member of the Primary Life Assured and/or Family Member(s)'s Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Congenital external diseases, defects or anomalies or in consequence thereof.
7. Death or disablement caused by or arising from bacterial / viral infections (except pyogenic infection which occurs through an accidental cut or wound)

8. Benefit under Accidental Death, Permanent Total Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
9. Death or disablement caused by treatment directly arising from or consequent upon any insured person committing or attempting to commit a breach of law with criminal intent.
10. Death or disablement caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
11. Death or disablement resulting caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death or disablement resulting due to miscarriages (unless due to an Accident) and lawful medical termination of pregnancy during the Policy period.
12. Death or disablement caused by participation of the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
13. Insured persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the proposal form.
14. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in hazardous activities.
15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
16. Any physical, medical condition or treatment or service that is specifically excluded in the 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



1800-425-6969



www.pnbmetlife.com

*Family Coverage Benefit offers an option to add your family members (i.e., maximum of one legal spouse and up to three dependent children) under the plan. Hospicash Benefit is offered through PNB MetLife Linked Hospicash Benefit Rider and Surgicash Benefit is offered through PNB MetLife Linked Surgicash Benefit Rider. These are optional Riders associated to this plan. Please refer respective riders' terms and conditions before concluding the sale. PNB MetLife India Insurance Company Limited, Registered office address: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore – 560001, Karnataka. IRDAI Registration number 117. CI No: U66010KA2001PLC028883. PNB MetLife 360 Health Saving Plan (UIN:117L143V01) is an Individual, Unit - Linked, Non-Participating, Savings, Health Insurance Plan. For more details on terms & conditions, please read the 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. Tax benefits are as per Income Tax Laws in force & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details. Trade Logo displayed above belongs to Punjab National Bank and Metropolitan Life Insurance Company and used by PNB MetLife India Insurance Company Limited under License. Email: indiaservice@pnbmetlife.co.in or Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062, Maharashtra. AD-F/2026-27/235

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS /FRAUDULENT OFFERS!

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.