



# Daily cash support for Every Day of Hospitalisation

## PNB MetLife Linked Hospicash BENEFIT RIDER

An Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider (UIN: 117A025V01)



## PNB MetLife Linked Hospicash Benefit Rider

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Life's journey is best enjoyed when you're prepared for every turn. At PNB MetLife, we understand that hospitalization can come as an unexpected roadblock—bringing with it incidental costs that can quickly add up.

To help you stay **Always Ready For Life**, **PNB MetLife Linked Hospicash Benefit Rider** offers a fixed daily benefit for every day of hospitalization. For a nominal premium, you can add this vital layer of protection to your base Policy and move forward towards your next big milestone with confidence.

### Key Highlights



**Daily Hospicash Benefit:** Receive a fixed Daily Hospicash Benefit from **Rs. 1,000 per day up to Rs. 20,000 per day**, as selected by you for Hospitalization due to illness or Accident.



**Hospitalization Duration:** You can choose the number of Hospitalization Days of **30 days or 60 days** per Policy year.



**Family Coverage:** Extend protection to your **spouse and up to 3 dependent children** under the same Policy.

### What does PNB MetLife Linked Hospicash Benefit Rider offer?

You will have the flexibility to choose Daily Hospicash Benefit ranging from Rs. 1,000 per day to Rs. 20,000 per day and the number of Hospitalization days of 30 or 60 days per Policy year as per your need.

We shall pay you a Daily Hospicash Benefit for each completed day of Hospitalization for medically necessary treatment of any illness or Accident provided the minimum Hospitalization period is of 24 continuous and complete hours.

Events	Benefit Payable
For Non-Intensive Care Unit (Non-ICU) Hospitalization	Daily Hospicash Benefit chosen at inception of the Policy
For Intensive Care Unit (ICU) Hospitalization	Additional 1 time of Daily Hospicash Non-ICU Benefit for the period of ICU

Daily Hospicash Benefit shall be payable subject to following conditions:

- Daily Hospicash Benefit and Number of Hospitalization Days once chosen by you at inception of the Policy, cannot be altered during the Policy term
- A claim under this Benefit shall be admissible only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim. This Hospitalization should be for a Medically Necessary Treatment due to an illness/accident and should commence and continue on written advice of the treating Medical Practitioner.
- Daily Hospicash Benefit payable shall not exceed the number of Hospitalization Days, as applicable during the Rider Policy Year

- Number of Hospitalization Days shall not exceed 100 days or 200 days as applicable during the Rider Policy term basis the Number of Hospitalization Days chosen by you
- There is Waiting period of 90 days for Daily Hospicash Benefit related to illness. In case of any claim arising solely due to Accident, Waiting Period of 90 days shall not be applicable.
- More than one claim can be considered in respect of the Insured Person during the Policy Term, subject to the maximum number of Hospitalization Days, and provided that the illness/Accident causing the Injury is distinct and unrelated for each such claim. On exhaustion of the maximum number of Hospitalization days allowed during Policy Term, this Rider Policy shall terminate.
- Once claim is considered admissible, the Insured Person is eligible for the Daily Hospicash Benefit from the first day of Hospitalization after completion of Waiting Period, if applicable.
- The Benefit payable shall be calculated on the basis of the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment for each admissible claim.
- Any procedure / treatment which leads to Hospitalization of less than 24 (Twenty-Four) hours is not covered.

### Optional Benefit – Family Coverage

You will have an option to cover your loved ones (spouse and up to 3 dependent children) under the same Policy.

Daily Hospicash Benefit and number of Hospitalization days chosen by you at Policy inception shall be shared among all Insured Person under this Policy.

In case of claim of more than one Insured Person,

- We shall pay the applicable Hospicash Benefit basis the Daily Hospicash Benefit as chosen by you at inception of the Policy irrespective of the actual claim amount made on account of Hospitalization
- In case hospitalization involves combination of both Non-ICU and ICU care for more than one Insured Person at the same time, we shall pay the higher applicable Daily Hospicash Benefit for that day.

For example,

Insured Person: Primary Life Assured and Spouse | Daily Hospicash Benefit chosen: Rs. 10,000 | Hospitalization details: Primary Life Assured is admitted to Non-ICU for 2 days and Spouse is admitted to ICU for the same 2 days

- Applicable Non-ICU Benefit: Rs. 10,000 per day
- Applicable ICU Benefit: Rs. 20,000 per day
- Actual Hospital charge claimed by Primary Life Assured: Rs. 15,000 per day

Since ICU and Non-ICU hospitalizations occur simultaneously, the higher Daily Hospicash Benefit of Rs. 20,000 per day shall be payable.

Total Hospicash Benefit payable shall be: Rs. 20,000 \* 2 days = Rs. 40,000

- In case more than one Insured Person is hospitalized on the same day, such hospitalization shall be treated as one hospitalization day only for the purpose of Hospicash Benefit calculation

For example, if the Primary Life Assured and spouse are hospitalized on the same day, Daily Hospicash Benefit shall be payable for 1 hospitalization day, and not separately for each Insured Person.

You can choose to add family member(s) to the Policy at inception of the Policy or at Policy anniversary.

### Maturity Benefit

Maturity Benefit is not applicable under this Rider.

### Death Benefit

Death Benefit is not applicable under this Rider.



## Eligibility Overview

Parameters		Minimum	Maximum
Entry Age <sup>~</sup>	Primary Life Assured/ Policyholder	18 years	65 years
	Family Coverage (Spouse)	18 years	65 years
	Family Coverage (Child)	91 days	17 years
Maturity Age <sup>~</sup>	Primary Life Assured	23 years	70 years
	Family Coverage (Spouse)	23 years	70 years
	Family Coverage (Child)	5 years	22 years
Premium Payment Term (PPT) / Policy Term (PT)		<u>For Regular Premium Payment:</u> PPT and PT: 5 years  <u>For Single Premium Payment:</u> PPT: 1 year PT: 5 years	
Daily Hospicash Benefit (in increments of Rs. 1,000)		Rs. 1,000 per day	Rs. 20,000 per day
Number of Hospitalization Days per Policy year		30 days or 60 days	
Maximum Number of Hospitalization Days during Policy term		If 30 days is chosen per Policy year: 100 days  If 60 days is chosen per Policy year: 200 days	
Hospicash Sum Assured <sup>1</sup> (if number of Hospitalization Days is 30 days)		Rs. 1,00,000	Rs. 20,00,000
Hospicash Sum Assured <sup>1</sup> (if number of Hospitalization Days is 60 days)		Rs. 2,00,000	Rs. 40,00,000
Annualized Rider Premium <sup>2</sup>		Shall be derived basis Daily Hospicash Benefit, Number of Hospitalization Days, Premium Payment Term, Entry Age for Insured Person(s)	
Premium Payment Mode		Annual, Semi-Annual, Quarterly and Monthly <sup>^</sup>	

<sup>~</sup>All reference to age is as on age last birthday.

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

<sup>1</sup>Subject to the condition that the Hospicash Sum Assured is not exceeding Sum Assured of base Policy.

<sup>2</sup>Annualized premium is the premium amount payable in a year excluding taxes and underwriting extra premium on rider, if any



## Additional Features

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

You have an option to add Family Member(s) (legal spouse and up to 3 dependent children of Primary Life Assured) by paying additional premium at inception or at Policy anniversary. 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

If you choose to add Family Member(s) to the Policy, Daily Hospicash Benefit and Number of Hospitalization Days as chosen by you at inception shall be shared between the Primary Life Assured and added Family Member(s).

For example,

Daily Hospicash Benefit chosen by Primary Life Assured: Rs. 10,000

Insured Person (i.e., lives covered): Primary Life Assured, Spouse and 1 Child

If the Primary Life Assured and the Spouse are hospitalized on the same day, the total **Daily Hospicash Benefit payable for that day will be Rs. 10,000 only**, and not Rs. 10,000 per insured person.

This Benefit is payable once per day per Policy, irrespective of the number of insured person hospitalized simultaneously.

Deletion of covered Family Member(s) can happen only on occurrence of following events anytime during the Policy term:

- Death of spouse/child
- Divorce from spouse,
- On attainment of maximum Maturity Age in the base Policy for Family Member(s)

In case of deletion of any Family Member, the Premium payable shall be revised from next Premium due date.

Addition and Deletion of Family Member(s) can be done subject to Board approved underwriting Policy and this Rider Policy and the base Policy being In-force.

### Premium Payment Options

Premiums can be paid through single premium, yearly, half-yearly, quarterly or monthly as opted for the base Policy.

Following factors are applied to yearly premium when paying premiums other than the yearly mode:

Mode of Premium	Multiplicative Factor
Half-Yearly	0.5100
Quarterly	0.2580
Monthly	0.0870



## Other Provisions

### Waiting Period

Waiting Period means the time you need to wait before you can claim the applicable Benefits under PNB MetLife Linked Hospicash Benefit Rider. In case of Hospitalization during this Waiting Period, the Daily Hospicash Benefit shall not be payable.

For all Insured Person in the Rider,

- A Waiting Period of 90 days is applicable from the Date of Commencement of Policy or date of Revival of Policy, as applicable for all Benefits payable under this Rider (except for Hospitalization due to Accident)
- Specific Waiting Period of 24 (Twenty-Four) months or 36 (Thirty- Six) months is applicable from the Date of Commencement of Policy or date of Revival of Policy, as applicable for specific conditions/procedure as mentioned in “Exclusions”

The Waiting Period shall not apply if Hospitalization arises due to Accident.

In case of addition of family member(s) under the Family Coverage Benefit, the applicable Waiting Period shall apply **individually to each family member**, based on the respective date on which such family member is added to this Rider.



### Lapse

If the total due premium for the Rider is not paid within the grace period allowed in the Policy, then the Rider Policy shall lapse. No Benefits will be paid when the Policy is in lapsed status. Also, no unexpired risk premium value will be payable in case of regular premium Policy.

### Surrender

You may surrender this Rider Policy and following Unexpired Risk Premium value shall be payable for single premium Policy

Single Premium - Unexpired risk premium values is calculated as:

$70\% * \text{Total Rider premium paid} * [\text{outstanding months in the Rider Policy term} / \text{total number of month in the Rider Policy term}]$

Total Rider premiums paid means total of all the premiums paid under the Rider Policy, excluding any extra Premium and taxes, if collected explicitly.

Regular Premium - No Unexpired risk premium value is payable. Upon Surrender, the Rider Policy will terminate and & no Benefit shall be payable.

### Revival

A Policy that has lapsed may be revived during the Revival Period from the date of the first unpaid Rider Premium, but before the end of the Rider Policy Term, by giving Us written notice to revive the Policy, provided that:

- All due arrears of Instalment Premiums along with interest at Prevailing Rate of Interest, if any, are received by Us in full.
- We may change this revival interest rate from time to time. Currently, we charge 8.00% p.a. compounded annually.
- The rate of interest is calculated as the 10 Year G-Sec rate as on 1st of April plus 50 basis points, rounded up to the nearest 50 basis points. We will review the rate on an annual basis in April based on the prevailing 10 Year G-Sec rate. However, under special circumstances where the prevailing 10 Year G-Sec rate is changing in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, We shall review the interest rate based on the prevailing 10 Year G-Sec rate. This formula will be reviewed annually and only altered subject to prior approval of the IRDAI.

- The Revival of the Policy will be subject to Board approved underwriting Policy. A surrendered Policy cannot be revived.
- We may revive the Lapsed Policy by imposing such extra premium as it deems fit as per the Board approved underwriting Policy. In such cases, the applicable Waiting Period under the Policy shall apply from the date of revival.
- The Rider Policy would be reinstated only if Base Policy, at that time, is In- Force and in premium paying status.
- On Revival of this Rider Policy and provided that the Base Policy is revived and In-force, this Rider Policy shall be entitled to the Benefits specified under this Rider Policy.

Revival Period means the period of three consecutive complete years from the date of first unpaid premium.

### Grace Period

Grace Period means the time granted from the due date for the payment of premium, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without loss of continuity of benefits pertaining to waiting period and coverage of pre-existing diseases. The grace period for payment of the premium is 15 days, where the Policyholder pays the premium on a monthly basis and 30 days in all other cases.

### Free Look Provision

Please go through the terms and conditions of Your Rider very carefully. If You have any objections to the terms and conditions of Your Rider, You may cancel the Rider 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 Rider. In such an event, irrespective of the reason for cancellation, You will be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred on medical examination and stamp duty charges. In case of cancellation of base Policy, the Rider shall be cancelled automatically.

### 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.



### Applicable Definitions

**Accident** means a sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the date of commencement of risk and before termination of the Policy.

**Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a Hospital with the local authorities under the clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out

- maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

**Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**Insured Person(s)** means name(s) of person covered in this Policy. Apart from Primary Life Assured, 'Insured Person' may include family member(s) of Primary Life Assured/Life Assured.

**Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- is required for the medical management of the Illness or Injury suffered by the Insured Person; and
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; and
- must have been prescribed by a Medical Practitioner; and
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.



Any terms not defined in the Rider, will be as per IRDAI (Insurance Products) Regulations, 2024 and the Master Circular on Health Insurance Business dated 29 May 2024 (Ref: IRDAI/HLT/CIR/PRO/84/5/2024), together with such standardization principles as are recognized and continued under the prevailing IRDAI regulatory framework.

## Exclusions

No Rider Benefit shall be payable for any claim under this Rider in respect of an Insured Person(s), directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Risk.
- Any Pre-existing disease 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 Policy issued by the 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 Hospicash Sum Assured the exclusion shall apply afresh to the extent of Hospicash 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.

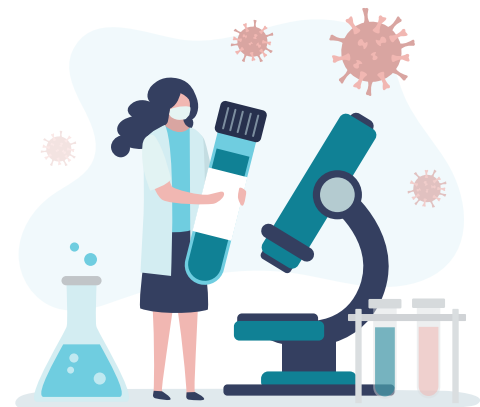


- Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalisation.
- Any treatment arising from or traceable to pregnancy and its related complication, childbirth including caesarean section.
- Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and lasik Surgery.

- Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
- Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
- Treatment by Family Member(s) and self-medication or any treatment that is not scientifically recognized.
- Any Unproven/Experimental treatment
- Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.
- Any treatment received outside India unless specifically covered and specified in the Rider Policy.
- Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Rider Policy.
- Circumcision unless necessary for treatment.
- Specified disease/procedure waiting period - Code- Excl02
  - In case of enhancement of Hospicash Sum Assured the exclusion shall apply afresh to the extent of Hospicash Sum Assured increase.
  - If any of the specified disease/procedure falls under the Waiting Period specified for Pre-existing diseases, then the longer of the two Specific Waiting Periods shall apply.
  - The Waiting Period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

24 months Specific Waiting period:

- i. Benign ENT disorders
- ii. Tonsillectomy
- iii. Adenoidectomy
- iv. Mastoidectomy
- v. Tympanoplasty
- vi. Hysterectomy
- vii. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
- viii. Benign prostate hypertrophy
- ix. Cataract and age-related eye ailments
- x. Gastric/ Duodenal Ulcer
- xi. Gout and Rheumatism
- xii. Hernia of all types
- xiii. Hydrocele
- xiv. Non-Infective Arthritis
- xv. Piles, Fissures and Fistula in anus
- xvi. Pilonidal sinus, Sinusitis and related disorders
- xvii. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident
- xviii. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
- xix. Varicose Veins and Varicose Ulcers
- xx. Internal Congenital Anomalies



### 36 months Specific Waiting period

- i. Treatment for joint replacement unless arising from Accident
- ii. Age-related Osteoarthritis & Osteoporosis

- Rest Cure, rehabilitation and respite care – Code - Excl05 Hospitalization related to any admission primarily for enforced bed rest and not for receiving treatment.



This also includes:

- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- Investigation & Evaluation - Code- Excl04
  - Hospitalization related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- Hazardous or Adventure sports: Code - Excl09 Hospitalization related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- Breach of law Code - Excl10 Hospitalization for treatment directly arising from or consequent upon any Insured Person(s) committing or attempting to commit a breach of law with criminal intent.
- Excluded Providers Code - Excl11 Hospitalization incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policyholders are not admissible. However, in case of life-threatening situations or following an Accident, Hospitalization up to the stage of stabilization are payable but not the complete claim.
- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl12
- Any Hospitalization related to intentional self-injury, suicide or attempted suicide
- Expenses 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 defence, rebellion, revolution, insurrection, military or usurped power
- Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. b) 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. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- Congenital External Anomalies or any complications or conditions arising therefrom

- Any Hospitalization incurred on Domiciliary Hospitalization and OPD treatment.
- In respect of the existing diseases, disclosed by the Insured Person(s) and mentioned in the Proposal Form (based on insured's consent), Policyholder is not entitled to get the coverage for specified ICD codes
- Sterility and Infertility Code - Excl17 Hospitalization related to sterility and infertility. This includes:
  - Any type of contraception, sterilization
  - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - Gestational Surrogacy
  - Reversal of sterilization

## Nomination

The nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time

## Assignment

Assignment shall be allowed under this Policy as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

## About PNB MetLife

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

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

For more information, visit [www.pnbmetlife.com](http://www.pnbmetlife.com)

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

- (1) In accordance with Section 41 of the Insurance Act, 1938, as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

## Grievance Redressal

In case you are 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>

## Fraud and Misstatement

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

- ✓ Please read this Sales brochure carefully before concluding any sale.
- ✓ This product 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.



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