

PNB MetLife Mera Heart and Cancer Care

1. Part A

1.1. Welcome Letter

[Mr./Ms.Name of the policyholder]
Date :dd-mm-yyyy
[Father/husband name]
[Address]
[Mobile number]
<Policy No><Sourcing Branch>

Dear Mr./Ms. Valued Customer, (Client ID: XXXXXX)

Welcome to the PNB MetLife family! Thank you for choosing a PNB MetLife product and showing your confidence in us. At PNB MetLife, we value your patronage and are committed to offering you the best services always.

PNB MetLife brings together financial strength, credibility and reliability of MetLife Inc., one of the leading global providers of insurance, annuities and employee benefit programs, serving more than 90 million customers for the last 140+ years and Punjab National Bank, a leading bank in India serving more than 80 million customers in the last 120+ years. You can be assured that you have chosen the right partner for life.

This booklet contains your Policy Document along with other related information, including a copy of your Application. Please preserve this document as it would be required if the need arises.

Free look Provision: Please go through the terms and conditions of your Policy very carefully. If you have any objections to the terms and conditions of your Policy, you may cancel the Policy in a free look period of 15 days (30 days for online sales) from the date of receipt of the Policy is provided to review the terms and conditions of the policy and to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to –

- A refund of the premium paid less any expenses incurred by the insurer on medical examination of the life insured and the stamp duty charges, if any or;
- where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
- where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

For any queries or concerns you can contact us via the touch points given below, we are always there to help you. For easy reference sourcing details for your policy are mentioned below.

Name	<<Valued Advisor>>	Channel	<<XX>>	Code	<<XXXXXX>>
E-Mail ID	<<valuedadvisor@pnbmetlife.co.in>>	Mobile / Landline No.			<<XXXXXX>>

We look forward to being your partner in this wondrous journey of life.

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

[Signature]
[Name of signing authority]
[Designation of signing authority]

In case of any queries / concerns, You can reach Us at:			
Call us at 1800-425-6969 (Toll Free) or 022 - 4179 0300 (8am -8pm)/ Fax: 022 - 4023 1225	Email Us at indiaservice@pnbmetlife.co.in	Visit www.pnbmetlife.com to manage your policy online. Register online using your Customer ID & Policy No.	Visit your nearest PNB MetLife Office. Our address details are available on www.pnbmetlife.com

Stamp duty of Rs. XXX.XX paid to Government of Maharashtra through consolidated Stamp Duty via Challan No. 222222

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1.2. Policy Preamble

PNB MetLife Mera Heart and Cancer Care

This is a contract of insurance between you and PNB MetLife India Insurance Company Limited. This contract of insurance has been enacted on receipt of the premium deposit and is based on the details in the Application received together with the other information, documentation and declarations received from you for effecting an insurance contract in respect of the person named in the Policy Schedule below.

We agree to pay the benefits under this Policy on the occurrence of the insured event described in Part C of this Policy, subject to the terms and conditions of the Policy.

On examination of the Policy, if you notice any mistake or error, please return the policy document to us in order that we may rectify it.

Signed by and on behalf of PNB MetLife India Insurance Company Limited

[Signature]
 [Name of signing authority]
 [Designation of signing authority]

1.3. Policy Schedule

Name of the Plan	PNB MetLife Mera Heart and Cancer Care
Nature of the Plan	Non-Linked, Non – Participating Health Insurance Plan
UIN	117N100V01

Application number		Policy number		Date of Issue		Issuing office	
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1. Details of the Policyholder and Life Insured

Name of Policyholder		Gender		Date of Birth	
Name of Life Insured		Gender		Date of Birth	
Address of Policyholder					
Telephone Number					
Mobile Number					
Address of Life Insured					
Age admitted of the Life Insured	<Yes/No>				

2. Policy details

Base Plan	Policy Term (years)	Premium Paying Term (years)	Premium payment mode	Instalment Premium for Savings and Death Coverage – under section 80C (Rs.)	Instalment Premium for Health Coverage – under section 80D (Rs.)	Total Service Tax (Rs)*	Total Instalment Premium (Rs)	Total Annualised Premium (Rs)
PNB MetLife Mera Heart and Cancer Care			<Annual/Half yearly/ monthly>					

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* Total Service tax (inclusive of applicable cess) at prevailing rates. You will be responsible to pay any new or additional tax/levy or any changed amount of service tax/ cess being made applicable/ imposed on the premium(s) by competent authority.

3. Contract details

Date of Inception of Policy	<<DD MM YY>>	Plan Option	<<Gold Plan/Platinum Plan>>
Date of Commencement of Risk	<<DD MM YY>>	Return of Balance Premium	<<Yes / No>>
Policy anniversary date	<<DD MM YY>>		
Last premium due date	<<DD MM YY>>	Cover option	<<Cancer cover / Heart Cover / Heart and Cancer Cover>>
Maturity Date	<<DD MM YY>>		

Sum Insured	Heart	Cancer
Basic Sum Insured for Heart Cover (Rs.)	<<SI of Heart>>	Nil
Basic Sum Insured for Cancer Cover (Rs.)	Nil	<<SI of Cancer>>
Basic Sum Insured for Heart and Cancer Cover (Rs.)	<<SI of Heart>>	<<SI of Cancer>>

4. Details of Agent/Intermediary

Name	
License/Registration number	
Phone number	
Address	
Email address	

Special provisions/options	
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5. Nominee details

Name(s) of the Nominee	Relationship with Life Insured	Share(s) %
1) <<Name off nominee>>	<<Relation>>	<<Percentage>>
2)		
3)		
4)		

6. Appointee details (Only in case Nominee is less than 18 years of Age)

Appointee name	Relationship with Nominee	Age
<<Name of appointee>>	<<Relation>>	<<Age>>

7. E-Policy document

Your soft copy of policy document is available in the customer portal. You can access through www.pnbmetlife.com > Customer login > Provide user ID and password (for existing customer), else click New User (for new customer)

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Key Feature Document Key Product Conditions

Policy Term (in years)	10 15 20
Premium Payment Term (in years)	Regular Pay (equal to policy term)
Plan options	<ul style="list-style-type: none"> • Gold Plan • Platinum Plan (with monthly income benefit)
Cover options	<ul style="list-style-type: none"> • Heart cover • Cancer cover • Heart and Cancer cover
Return of Balance Premium Option	<ul style="list-style-type: none"> • With Return of Balance Premium • Without Return of Balance Premium

Key benefits

Maturity benefit	Return of Balance Premium (only where this option is chosen at inception of policy)												
Critical Illness benefit	<p>If the Life Insured is diagnosed to be suffering from Cancer or Heart disease of defined severity, a percentage of the policy Sum Insured will be paid, as per below schedule</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Stage/Cover</th> <th style="text-align: center;">Cancer cover</th> <th style="text-align: center;">Heart cover</th> </tr> </thead> <tbody> <tr> <td>Mild</td> <td>25% of sum insured for Cancer cover*</td> <td>25% of sum insured for Heart cover*</td> </tr> <tr> <td>Moderate</td> <td>50% of sum insured for Cancer cover^</td> <td>50% of sum insured for Heart cover^</td> </tr> <tr> <td>Severe</td> <td>100% of sum insured for Cancer cover</td> <td>100% of sum insured for Heart cover</td> </tr> </tbody> </table> <p>* Subject to a maximum of Rs 6,00,000 ^ Subject to a maximum of Rs 12,00,000 Only one claim is permissible under each of these stages. In no case, the total claim payouts will exceed 100% of the chosen Sum Insured. The benefits payable at each stage either on the first diagnosis of any of the covered illnesses or first performance of any of the covered surgeries, will be less claims paid in the earlier stages.</p>	Stage/Cover	Cancer cover	Heart cover	Mild	25% of sum insured for Cancer cover*	25% of sum insured for Heart cover*	Moderate	50% of sum insured for Cancer cover^	50% of sum insured for Heart cover^	Severe	100% of sum insured for Cancer cover	100% of sum insured for Heart cover
Stage/Cover	Cancer cover	Heart cover											
Mild	25% of sum insured for Cancer cover*	25% of sum insured for Heart cover*											
Moderate	50% of sum insured for Cancer cover^	50% of sum insured for Heart cover^											
Severe	100% of sum insured for Cancer cover	100% of sum insured for Heart cover											
Waiver of Premium benefit	On a Mild or Moderate stage claim under an in-force policy, premiums for next 5 years will be waived off. This benefit will be available only on the very first instance of a valid Mild or Moderate stage claim. In case the outstanding policy term is less than 5 years on the first instance of Mild or Moderate claim, premiums for the outstanding term will be waived off.												
Monthly Income Benefit	Payable, only if Platinum Plan is chosen at inception. The monthly income benefit is in addition to all the benefits described under the plan. Monthly income benefit of 1.5% of Sum Insured on Severe stage claim is paid for a fixed period of five years, from the date of claim. In case both Heart and Cancer cover are chosen, the income benefit triggers twice, on occurrence of the Severe stage claim of both critical illnesses.												
Death / Terminal Illness benefit	<p>Death benefit is payable on earlier occurrence of either Death or diagnosis of Terminal Illness. Death Benefit will be sum insured on death less any critical illness claims paid.</p> <p>Sum insured on death will be higher of the following:</p> <ul style="list-style-type: none"> • 10 times annualized premiums, or • 105% of all premiums paid as on date of death, or • Sum Insured which is the total cover opted by life insured 												

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Key Service Features

Nomination (for life insurance benefits)	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 as per Section 38 of the Insurance Act, 1938 as amended from time to time.
Premium Payment	Premium payment can be made by cash, cheque, credit card, ECS/ACH, online payment, demand draft, direct debit or any other mode as prescribed by the IRDA of India
Customer Service No.	1800 425 6969 (Toll-free) or 022-4179 0300(8am-8pm)
Grievance Redressal Mechanism	Visit us www.pnbmetlife.com Email us: indiaservice@pnbmetlife.co.in Write to us: PNB MetLife India Insurance Co. Ltd, Unit No. 101, First Floor, Techniplex I, Techniplex Complex, Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra. 022 - 4179 0300 (8am -8pm)/ Fax: 022 - 4023 1225

For detailed benefits, please refer to policy terms and conditions

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SAMPLE

2. Part B

2.1. Definitions applicable to your policy

The words or terms below that appear in this **Policy** in initial capitals will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

1. **“Accident”** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **“Age”** means age as on the last birthday; i.e. the age of the Life Insured in completed years as on Date of Inception of the Policy and is as shown in the Schedule.
3. **“Angioplasty”** means
 - a. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
 - b. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
 - c. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.
4. **“Annual Premium”** means one full year’s Installment Premium (including loadings and excluding taxes).
5. **“Annualised Premium”** means the due premium as calculated and applicable for a Policy Year. Annualised Premium excludes underwriting extra premium, frequency loadings on premium, if any, and service tax & cess.
6. **“Application”** means the proposal form and any other information given to Us to decide whether and on what terms to issue this Policy.
7. **“Appointee”** means the person named in the Schedule to receive payment under this Policy, if the Nominee is a minor at the time payment becomes due under this Policy.
8. **“Basic Sum Insured”** means the absolute amount insured to be paid on the earlier occurrence of either death or diagnosis of Terminal Illness, as per the benefits chosen under the policy.
9. **“Benefit Illustration”** means an Annexure along with the Schedule that illustrates the premiums, guarantees, returns, benefits and values of the proposed Policy. This Benefit Illustration complies with IRDA of India Regulations and contains clear disclosure of both guaranteed and non-guaranteed benefits, if any, of the Policy.
10. **“Benefits”** means the Critical Illness Benefit, Death Benefit, Maturity Benefit, Terminal Illness Benefit, Monthly Income Benefit, Waiver of Premium Benefit, Surrender Benefit or any other benefit, as the case may be, applicable in the terms and conditions of this Policy.
11. **“Claimant”** means either the Life Insured or the Policyholder or the Nominee or the legal heir of the Nominee / policyholder as the case may be.
12. **“Company/Us/We/Our”** means PNB MetLife India Insurance Company Limited.
13. **“Condition Precedent”** means a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.
14. **“Congenital Anomaly”** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.

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- b. External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body
15. **“Date of Commencement of risk”** means the date on which the risk under the Policy comes into effect and is as specified in the Schedule. The commencement of risk cover on the Life Insured shall depend on the age of the Life Insured on commencement of the Policy.
16. **“Date of Inception of the Policy”** means the date on which this Policy is issued after We have accepted the risk under the Application. The Date of Inception of the Policy is shown in the Schedule.
17. **“Date of commencement of the Policy”** is the same as the Date of Inception of the Policy.
18. **“Grace Period”** means a period of 15 days from the Installment Premium due date if the Installment Premium is payable monthly and 30 days for all other frequencies for payment of Installment Premium. The Policy shall continue to be in- force with the insurance cover without any interruption as per terms of the Policy during the Grace Period.
19. **“Hospital”** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under: Has qualified nursing staff under its employment round the clock; has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient 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 makes these accessible to the insurance company’s authorized personnel;
20. **“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.
21. **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
22. **“In-force Status”** means a condition during the term of the Policy, wherein the insurance coverage is subsisting and you have paid all the due Installment Premiums.
23. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
24. **“Installment Premium”** means the amount stipulated in the Schedule which is payable at the specified regular intervals (yearly/half yearly/ or monthly mode as shall be applicable) by you for the chosen Premium Payment Term as consideration for acceptance of risk and Benefits specified as such in the Policy Document
25. **“IRDA of India”** means the Insurance Regulatory and Development Authority of India
26. **“Lapse”** means a condition wherein the due Installment Premiums have not been paid in full, as required under the Policy, thereby rendering this Policy unenforceable. No Benefits will be paid when the Policy is in Lapse status

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27. **“Life Insured”** means the person, named as such in the Schedule, on whose life, the insurance cover is effected in the terms of this Policy
28. **“Maturity Benefit”** means the amount of benefit which is payable on maturity i.e. at the end of the Policy Term, as stated at the inception of the Policy contract. Maturity Benefit is only payable if Return of Balance Premium option is chosen at inception. The maturity benefit payable will be net of previous claim/s paid under the policy. No maturity benefit is payable if the total claim/s value paid exceeds the total premiums paid under this policy.
29. **“Maturity Date”** means the date specified in the Schedule on which the Maturity Benefit is payable to the You
30. **“Medical Expenses”** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
31. **“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;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
32. **“Medical Practitioner”** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. Medical Practitioner shall not include:
- a) Your close relative; or
 - b) A person who resides with You; or
 - c) A person covered under this Policy
33. **“Nominee”** means the person or persons nominated under Section 39 of the Insurance Act, 1938, as amended from time to time, by the You, to receive the admissible benefits, in the event of death of the Life Insured
34. **“Policy”** means this PNB MetLife Mera Heart and Cancer Care policy, which is the evidence of the contract between Us and You
35. **“Policy Anniversary”** means the start date of every subsequent Policy Year
36. **“Policy Term”** means the entire term of the policy as specified in the Schedule
37. **“Policy Year”** means a period of 12 consecutive months starting from the date of commencement of the Policy as stated in the Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period of 12 consecutive months thereafter
38. **“Pre-Existing Disease”** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
39. **“Premium”** means the payments to be made by You as per the chosen Premium Payment Term, to keep the Policy in force, in accordance with the frequency of payment chosen by You and is the amount as specified in the Schedule

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40. **“Premium Payment Term”** means the period or the term of the Policy during which You are required to pay the Installment Premiums with respect to the Policy, to Us
41. **“Regulation”** means the laws and regulations as in effect from time to time and applicable to this Policy, including without limitation, the regulations and directions issued by the IRDA of India from time to time
42. **“Return of Balance Premium”** means the maturity benefit as defined above, applicable if Return of Balance Premium option is chosen at inception of the policy.
43. **“Revival”** means payment of all due Installment Premiums that are in arrears to convert a Policy from Lapsed status into In force Status
44. **“Revival Period”** means a period of 2 years from the first unpaid installment of Installment Premium
45. **“Schedule”** means the attached Schedule that provides your Benefits, the terms of the contract and details provided by You, along with all its annexes, issued by Us for this Policy. The Schedule also includes any amendments to the attached Schedule which may be issued from time to time
46. **“Specialist”** means a person who holds a recognised post graduate qualification in any specialised stream of allopathic medicine, is registered by the Medical Council and is practicing within the scope of such license, and shall not include:
- a) Any relative of You/Life Insured; or
 - b) Any person who resides with You/Life Insured; or
 - c) Any person covered under this Policy
47. **“Surgery or Surgical Procedure”** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
48. **“Surrender”** means the complete withdrawal/ termination of the Policy in its entirety by You. Surrender is applicable only where Return of Balance Premium option is chosen at inception
49. **“Surrender Value”** means an amount, as specified under the Policy, that is payable upon Surrender
50. **“Terminal Illness”** means an advanced or rapidly progressing incurable disease where, in the opinion of two independent medical practitioners’ specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners’ specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. Terminal Illness due to AIDS is excluded. The policy terminates with the payment of terminal illness benefit.
51. **“You/Your”** means the Policyholder named in the Schedule
52. **“Waiting Period”** means a period of 180 days beginning on the Date of Inception of the Policy or the date of revival of the Policy

3. Part C

Policy Features, Benefits & Premium Payment Conditions

3.1. Policy Features

PNB MetLife Mera Heart and Cancer Care is a non-linked, non-participating health insurance plan. This plan offers the benefits as detailed in this section. The benefits will be payable subject to the terms and conditions of this Policy, including the Premium Payment Conditions set out below.

This product offers two plan options: Lump sum on diagnosis of covered conditions under Heart cover, Cancer cover, Heart and Cancer cover (**Gold Plan**) and Lump sum on diagnosis of covered conditions under Heart cover, Cancer cover, Heart and Cancer cover with an additional monthly income (**Platinum Plan**). Both these plan options can be chosen With Return of Balance Premium or Without Return of Balance Premium.

3.2. Policy Benefits

3.2.1. Benefits under Heart Cover / Cancer Cover / Heart and Cancer Cover

If the Life Insured is first diagnosed with any of the listed illnesses or undergoes first performance of any of the covered surgeries as listed in Appendix A during the Policy Term and when the Policy is in In-force Status, We will pay the percentage of the Basic Sum Insured specified in the table below provided that the Cancer or Heart Disease is diagnosed after the completion of the Waiting Period.

Stage/Cover opted	Heart cover	Cancer cover
Mild	25% of the Sum Insured for Heart Cover	25% of the Sum Insured for Cancer Cover
Moderate	50% of the Sum Insured for Heart Cover	50% of the Sum Insured for Cancer Cover
Severe	100% of the Sum Insured for Heart Cover	100% of the Sum Insured for Cancer Cover

The above benefit is payable subject to the following conditions:

- If the Schedule specifies that only Heart Cover is in force under the Policy, no amount will be payable under the Policy if the Life Insured is diagnosed with any cancer or any other critical illness.
- If the Schedule specifies that only Cancer Cover is in force under the Policy, no amount will be payable under the Policy if the Life Insured is diagnosed with any heart disease or any other critical illness.
- Any payment made under mild stage and/or moderate stage under Cancer Cover or Heart Cover (as applicable) will be deducted from any further claims made under Cancer Cover or Heart Cover (as applicable) under moderate or severe stage.
- Any payment made in the mild stage is subject to a maximum of Rs. 6,00,000, while payments in the moderate stage are subject to a maximum of Rs. 12,00,000. Payments in the severe stage shall always be 100% of sum insured for Heart cover/Cancer cover (as applicable), less payments made in prior stages.
- We will not accept more than one claim under each stage (i.e. mild, moderate or severe) under Cancer Cover/Heart Cover (as applicable). If Heart and Cancer cover is chosen, then one claim each would be admissible for Heart cover and Cancer cover under each of the stages.
- Our maximum, total and cumulative liability for any and all claims in respect of the Life Insured under Cancer Cover or Heart Cover (as applicable) shall not exceed the Sum Insured for Cancer Cover or the Sum Insured for Heart Cover as specified in the Schedule
- If more than one claim is made at the same time in respect of the Life Insured for different stages of the same Cancer, We will make payment in respect of the claim falling in the highest stage per the table above.

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- If the Life Insured is diagnosed with more than one form of Cancer at the same time, payment will be made only in respect of one form of Cancer. In such cases, payment will be made in respect of the claim falling in the highest stage per the table above.
- If the Schedule specifies that Heart and Cancer cover is in force under the Policy, the Policy will terminate on the earliest of:
 - severe stage claims being made under both Cancer Cover and Heart Cover, or
 - terminal illness or death claim, or
 - maturity claim
- If the Schedule specifies that only Cancer Cover or only Heart Cover is in force under the Policy, the Policy will terminate on earliest of:
 - severe stage claim, or
 - terminal illness or death claim, or
 - maturity claim

3.2.2. List of Heart Diseases covered under Heart Cover

3.2.2.1. Mild Stage

- Angioplasty (stenting for Coronary Arteries)
- Angioplasty and Stenting for Carotid Arteries
- Endarterectomy
- Renal Angioplasty
- Percutaneous procedures for Repair or Replacement of Heart Valves
- Pericardectomy
- Minimally Invasive Surgery for Aortic Aneurysm
- Infective Endocarditis

3.2.2.2. Moderate Stage

- Initial implantation of Permanent Pacemaker of Heart or Insertion of Implantable Cardioverter defibrillator (ICD)
- Surgery to place ventricular assist devices or total artificial hearts

3.2.2.3. Severe Stage

- Myocardial infarction (First Heart Attack – Of Specified Severity)
- Cardiomyopathy
- Major surgery of the Aorta
- Open Chest CABG
- Open Heart Replacement or Repair of Heart Valves
- Heart Transplant

Please refer Appendix A for definitions of these conditions

3.2.3. List of Cancer conditions covered under Cancer Cover

3.2.3.1. Mild Stage

- Specified Early Stage Cancer or Carcinoma-in-situ

3.2.3.2. Moderate Stage

Following Cancer related Surgeries necessitated due to an eligible Carcinoma-in-situ cancer claim* are covered:

- Mastectomy for Carcinoma-in-situ of the breast
- Orchiectomy for Carcinoma-in-situ of the testis
- Cystectomy for Carcinoma-in-situ of the Urinary Bladder/T1NoMo Urinary Bladder Cancer

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- Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy for Carcinoma-in-situ of the Cervix/Carcinoma-in-situ of the Uterus/Carcinoma-in-situ of the Ovary

*A CiS cancer claim must be payable for payment of this benefit

3.2.3.3. Severe Stage

- Major Cancer diagnosis

3.2.4. Waiver of Premium Benefit

If We have accepted a mild stage or moderate stage claim under the Cancer Cover or Heart Cover or Heart and Cancer Cover (as applicable), We will waive the total Installment Premiums that would otherwise have been payable for the next 5 Policy Years provided that:

- On the completion of the 5 Policy Years for which Installment Premiums have been waived, Installment Premium shall become payable by You on the due dates for the remainder of the Premium Payment Term.
- If the remaining Premium Payment Term is less than 5 Policy Years when the Installment Premium is waived under this Benefit, the Installment Premium will be waived for the entire remainder of the Premium Payment Term.
- Once We have applied the Waiver of Premium Benefit under the Policy, it cannot be applied again in respect of any other claims during the Policy Term.
- This benefit will only be available on the first instance of a valid mild or moderate claim

3.2.5. Maturity Benefit

If the Schedule specifies that the Return of Balance Premium option is in force under the Policy, then if the Life Insured is alive and the Policy is in In-force Status on the Maturity Date, We will pay a Maturity Benefit which is equal to the sum of all Installment Premiums received (excluding the extra premiums and Service Taxes paid by You) under the Policy after deducting any amounts paid under the Policy as specified in Section 3.2.1.

In case the waiver of premium benefit has been triggered, the premiums waived during this benefit period shall also be considered along with premiums paid by the policyholder for calculation of the return of balance premium benefit.

No maturity benefit is payable if the total claim/s value paid exceeds the total premiums paid under this policy.

3.2.6. Death Benefit

On the earlier occurrence of either death of the Life Insured or the Life Insured being diagnosed with a Terminal Illness, during the Policy Term when the Policy is in In-force Status, We will pay the Death Benefit which is the sum insured on death after deducting any amounts paid (till date of death or diagnosis of terminal illness), as described under section 3.2.1. The Policy shall terminate automatically on the death of the Life Insured. The sum insured on death will be the highest of the following amounts:

- 10 times annualized premiums, where Annualized Premium shall be the premium payable in a year, excluding the underwriting extra premiums and loadings for modal premiums, if any or
- 105% of all premiums paid as on date of death, (all the premiums' shall be calculated as Annualized Premium X number of years for which premiums have been paid) or
- Sum Insured, which is the total cover opted by life insured. In case of Heart and Cancer Cover, the sum insured is the sum total of sum insured's under both cancer cover and heart cover.

In case the waiver of premium benefit has been triggered, the premiums waived during this benefit period shall also be considered along with premiums paid by the policyholder for calculation of death benefit.

There is no waiting period for claims under the Death Benefit.

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3.2.7. Monthly Income Benefit (Applicable only for Platinum Plan option)

In addition to the above benefits, a monthly income benefit of 1.5% of Sum Insured on Severe stage claim is paid for a fixed period of five years, from the date of claim.

The Sum Insured considered for the monthly income benefit is not subject to any deduction in respect of claims already paid, if any.

In case both Heart and Cancer cover are chosen, the income benefit triggers twice, on occurrence of the Severe stage claim of both critical illnesses. In the event of the life insured's death while receiving the Income benefit, the remaining payouts will be paid to his/her nominee as scheduled.

3.3. Other conditions

3.3.1. Waiting period & Survival Period

- There is an initial Waiting Period of 180 days from the Date of commencement of the Policy or from the date of revival of the Policy for the diagnosis and for valid claims to be admissible under this Policy.
- There is no mandatory survival period between the date of diagnosis of a condition and the date of eligibility for a benefit payment under this Policy.
- There is no waiting period in case of death.
- The Policy shall terminate and no benefit shall be payable under the Policy if the diagnosis or its signs or symptoms first occurred during the waiting period if only one cover (Heart cover/Cancer cover – as applicable) is opted.
- In case Heart and Cancer cover is opted, only that particular cover will terminate for which signs and symptoms have occurred during the waiting period. Premiums will be reduced to the premiums payable under the cover that continues.

3.4. Premium Payment Conditions

3.4.1. Payment of Premium

- (a) The available premium payment modes under the Policy are annual, half yearly and monthly (monthly mode is available only for Standing Instructions(SI)/ Direct debit options (including Electronic Clearing Service (ECS), Automated Clearing House(ACH) and any other electronic modes.)
- (b) You must pay the Installment Premiums on or before the due date specified in the Schedule.
- (c) Premiums are due for the entire Premium Payment Term.
- (d) All taxes, cesses, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the Installment Premiums to be paid by You.
- (e) Collection of advance premium shall be allowed under this Policy provided due Installment Premiums are collected in the same financial year. However, where the Installment Premiums due in one financial year is being collected in advance in earlier financial year, We will accept the same for a maximum period of 3 months in advance of the due date of that Installment Premium.

3.4.2. Alteration of the Premium payment mode

You may alter the premium payment mode during the Premium Payment Term by giving Us written notice atleast 7 days before the Policy Anniversary.

No other alterations are allowed under this plan.

3.4.3. Grace Period

Installment Premium that is not received in full by Us by its due date may be paid in full during the Grace Period. Upon the

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Life Insured's death during the Grace Period, the Death Benefit shall be payable in full in accordance with clause 3.2.6

3.4.4. Premium mode loading / Modal Factors

You may opt to pay premiums by yearly, half yearly or monthly mode subject to the minimum Annualised Premium under each mode. Factors on premium will be applicable as per the table below:

Premium Paying Mode	Modal Factor
Half Yearly	0.5131
Monthly	0.0886

3.4.5. High Sum Insured Discount

You will be eligible for a premium discount under both plan options in case of opting high premium as below:

Sum Insured Intervals Rs. (Inclusive)	Discount per 1000 Total Basic Sum Insured per annum (Rs.)
5,00,000 – 10,00,000	Nil
10,00,001 – 15,00,000	0.5
15,00,001 – 25,00,000	1
Above 25,00,000	1.5

3.4.6. Premium Discount

You will be eligible for a premium discount on individual Heart cover and Cancer cover premiums, if you have chosen Heart and Cancer cover, as below:

Age	Premium Discounts on Heart and Cancer Cover	Age	Premium Discounts on Heart and Cancer Cover
18	26.0%	42	12.0%
19	25.5%	43	11.0%
20	25.0%	44	10.0%
21	24.5%	45	9.5%
22	24.0%	46	9.0%
23	23.5%	47	8.8%
24	23.0%	48	8.5%
25	22.5%	49	8.3%
26	22.0%	50	8.0%
27	21.5%	51	7.5%
28	21.0%	52	7.0%
29	20.5%	53	6.8%
30	20.0%	54	6.5%
31	19.0%	55	6.3%
32	18.0%	56	6.0%
33	17.5%	57	5.8%
34	17.0%	58	5.4%
35	16.5%	59	5.1%
36	16.0%	60	4.8%
37	15.5%	61	4.2%
38	15.0%	62	3.8%
39	14.0%	63	3.1%
40	13.0%	64	2.5%
41	13.0%	65	2.0%

4. Part D

Policy Servicing Conditions

You are requested to refer to the Policy Servicing Conditions described below before making a request for Policy servicing to Us.

4.1. Free Look Period

A free look period of 15 days (30 days for online sales) from the date of receipt of the Policy is provided to review the terms and conditions of the policy and to return the same if not acceptable. You may cancel the Policy by giving written notice to Us stating the reasons for Your objection and if no claim has been made during the free look period, You will be entitled to

- A refund of the premium paid less any expenses incurred by the insurer on medical examination of the life insured and the stamp duty charges, if any or;
- where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
- where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

4.2. Loan

Loans are not available under this Policy.

4.3. Premium Discontinuance

4.3.1. Lapse

If due Installment Premium is not paid in full within the Grace Period, then the Policy shall Lapse and the insurance cover will cease.

4.3.2. Surrender Benefit

If the Schedule specifies that the Return of Balance Premium option is in force under the Policy, then You may Surrender the Policy after the Installment Premiums for at least the first 3 Policy Years has been received in full and We will pay the the Surrender Value, which is higher of the Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV) less any critical illness claims paid, if any. No surrender benefit is payable if the total claim/s value paid exceeds the total premiums paid by the policyholder. The GSV and SSV factors are expressed as a percentage of total premiums paid under the Policy. The GSV factors are provided in Appendix B.

The SSV Factors will be determined by us from time to time and depends on prevailing market conditions and is not guaranteed. SSV Factors changed during the Policy Term will be with the approval of the IRDA of India.

The Policy will be terminated once it is Surrendered and cannot be revived.

No Surrender Value is payable under the Policy if the Return of Balance Premium option is not in force under the Policy.

4.3.3. Revival

A lapsed policy may be revived, during the Policy Term, within a Revival Period of two years from the date of first unpaid premium by submitting proof of continued insurability as per Board approved underwriting policy and making the payment of all due premiums together with interest payment at such rate as may be prevailing at the time of the payment.

Revival request will attract the following:

- Waiting period of 180 days will not reapply –
 - Provided a continuous waiting period of 180 days has been served, and
 - If the policy is revived within 60 days of lapse
- For all other cases, the waiting period will begin afresh.

A surrendered policy cannot be revived.

If a policy is revived after a block of 5 years where the premiums are guaranteed then the premiums for revival shall be based on the premium rate applicable when the premiums were due. The premium reviewability will not impact any previous due premiums in case of revival.

4.4. Premium Reviewability

The premium rates are guaranteed for the period of five years from the commencement of the policy. Upon the completion of five policy years or anytime thereafter, the premiums may be revised subject to prior IRDAI approval. Premium rates, if and when revised, shall be guaranteed for each policy contract for a subsequent block of five years from each renewal date.

We confirm adherence to Regulation 3(b) and 10(e) of IRDAI (Health Insurance) Regulations, 2016

4.5. Termination of the Policy

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

- The Date on which the Surrender Benefits are settled under the Policy.
- At the expiry of two years from the date of lapse, if the Policy has not been revived.
- Earliest of these events - Severe stage claim, or terminal illness, or death claim or maturity claim amount.
- In case of Heart and Cancer cover, the policy terminates with the severe stage claims under both the covers or death of the life insured or maturity or terminal illness claim, whichever is earlier.

5. Part E

Not applicable

SAMPLE

6. Part F

General Terms & Conditions

The following general terms and conditions are applicable to your Policy. If you wish to change the nomination or update your/Nominee's address or other contact details in our records, you should do so only through the forms prescribed by us for these purposes. These forms are available at our offices or may be obtained from your financial advisor or can be downloaded from our website www.pnbmetlife.com

6.1. Nomination

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure A to this Policy for your reference. Nomination of this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.2. Assignment

Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure A to this Policy for your reference.

6.3. Claims Procedure

We will not be obliged to make any payment of the Critical Illness Benefit, Terminal Illness Benefit or Death Benefit unless and until We have received all of the information and documentation We request, including but not limited to:

- The original Policy document;
- The claim form prescribed by Us, duly completed;
- Evidence of date of birth if We have not admitted age;
- KYC documents (Photo Id & Address Proof);
- Proof of title to the Policy where applicable;
- Medical report confirming the occurrence of Critical Illness/Terminal Illness which is acceptable to Us;
 - (i) Attending consultant's statement confirming occurrence of the critical illness/terminal illness.
 - (ii) Attested True Copy of Indoor Case Papers of all the Hospital(s)
 - (iii) First Consultation and all Follow- up consultation notes.
 - (iv) Diagnosis Certificate from Specialist
- All past and present medical records (such as discharge summary, daily records and investigation test reports), if available;
 - (i) All Medical Examination Reports, including: Laboratory Test Reports, X-Ray/CT Scan/MRI Reports & Plates, Ultrasonography Report, Histopathology Report, Clinical/Hospital Reports, Any other Investigation Report
 - (ii) Treatment Papers (Chemotherapy, Radiotherapy etc.) Or Surgery/Operation Notes.
- FIR, police inquest, final police report, if applicable;
- Original or a certified copy of the death certificate showing the circumstances and cause and the date of death, if applicable;

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- A copy of the claimant's photo identification proof, address proof and bank account details, if not provided earlier;
- Nominee / Appointee/legal heir identification and address proof; if applicable
- Any other documentation or information We request.
- The discharge voucher prescribed by Us, duly completed

You shall submit all the above documents within 45 days of the occurrence of the claim incidence. We shall consider submission of the above documents beyond 45 days but not later than 90 days from the occurrence of the claim incidence if there are valid reasons for such a delay. Subject to You submitting all the documents as mentioned above within 45 days of the occurrence of the claim incidence or within the permitted extended timelines provided above, We shall pay the claim amount within 30 days from the date of receipt of the last of the documents as mentioned above, failing which We shall pay interest on the claim amount to You at the rate of 2% more than the prevailing bank rate for savings accounts prevalent at the beginning of the financial year in which the claim has been reviewed by Us.

6.4. Maturity Benefit Payout Procedure

We will not be obliged to make any payment of the Maturity Benefit unless and until We have received all of the information and documentation We request, including but not limited to:

- a. The original Policy document;
- b. The duly completed claim form prescribed by Us.
- c. The duly completed discharge voucher prescribed by Us.

6.5. Taxation

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

6.6. Currency & Place of Payment

All amounts payable either to or by Us will be paid in the currency shown in the Schedule. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank in the country in which the currency of this Policy is denominated.

6.7. Fraud, Misrepresentation and Forfeiture

Fraud, Misrepresentation and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure A for your reference.

6.8. Suicide Exclusion

If the Life Assured whether sane or insane, commits suicide within one year –

- From the date of inception of the policy, the nominee or beneficiary of the policyholder shall be entitled to 80% of the premiums paid without interest, provided the policy is in force or
- From the date of revival of the policy, the nominee or beneficiary of the policyholder shall be entitled to an amount

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which is higher of the Surrender Value on the date of death or 80% of the premiums paid till the date of death.

6.9. Exclusions

Without prejudice to the disease specific exclusions given along with definitions of diseases in Appendix A, no benefit will be payable if the critical illness due to sickness is caused or aggravated directly or indirectly by any of the following:

1. Any critical illness or it's signs or symptoms having occurred within the "Waiting Period" of 180 days of policy issue date or revival date, whichever is later.
2. All the pre-existing diseases or health conditions at proposal stage, i.e. any condition, ailment or injury or related condition(s) for which life insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the policy issued by the insurer or the date of revival.
3. Any external congenital disorder, for a period of 48 months after the policy has been issued by us.
4. Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
5. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution, or taking part in a riot or civil commotation, strikes and industrial action.
6. Participation by the life insured in a criminal or unlawful act with criminal intent.
7. Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, , professional sports which lead to deliberate exposure to exceptional danger.
8. Any underwater or subterranean operation or activity. Racing of any kind other than on foot
9. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
10. Unreasonable failure to seek or follow medical advice, the Life insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
11. Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.
12. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.
13. Pregnancy or childbirth or complications arising there from
14. Any treatment of a donor for the replacement of an organ

6.10. Proof of Age

Subject to Section 45 of the Insurance Act 1938, as amended from time to time if the actual age of the Life Insured differs from the Age stated in the Application then:

- a. If the actual age of Life Insured proves to be higher than what is stated in the Application, the Basic Sum Insured will be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated. The Policy will continue to be in force;
- b. If the actual age proves to be lower than what is stated in the Application, the premium paid in excess will be refunded to you without interest or may be adjusted towards future premium at our sole discretion. The Policy will continue to be in force.
- c. If the Life Insured's actual age is such that it would have made him/her ineligible for the insurance cover stated in the Policy, we reserve the right at our sole discretion to take such action as may be deemed appropriate including

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cancellation of the Policy upon payment of the Surrender Value.

6.11. Loss of the Policy Document

If the Policy is lost or destroyed, You may make a written request for a duplicate Policy which We will issue duly endorsed to show that it is in place of the original document. Upon the issue of a duplicate Policy, the original will cease to have any legal force or effect.

6.12. Travel, Residence & Occupation

This policy is to be offered only to Resident Indian Nationals. This Policy does not impose any restrictions as to travel. This Policy does not impose any restrictions as to occupation.

6.13. Governing Law & Jurisdiction

The terms and conditions of the Policy shall be governed by and be interpreted in accordance with Indian law and all disputes and differences arising under or in relation to the Policy shall be subject to the sole and exclusive jurisdiction of the jurisdictional courts in India.

6.14. Our Address for Communication

All notices and communications in respect of this Policy shall be addressed to Us at the following address:

**PNB MetLife India Insurance Co. Ltd,
Unit No. 101, First Floor, Techniplex I,
Techniplex Complex, Off Veer Savarkar Flyover,
S.V. Road, Goregaon (West),
Mumbai – 400 062, Maharashtra**

7. Part G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

7.1. Grievance Redressal Mechanism

In case you have any query or complaint or grievance, you may approach our office at the following address:

PNB MetLife India Insurance Co. Ltd,
Unit No. 101, First Floor, Techniplex I,
Techniplex Complex, Off Veer Savarkar Flyover,
S.V. Road, Goregaon (West),
Mumbai – 400 062, Maharashtra

Toll Free Help line: 1-800-425-6969 (8am –8pm)

Phone: 022 - 4179 0300

Fax: 022 - 4023 1225

Email: indiaservice@pnbmetlife.co.in

Web: www.pnbmetlife.com

Please address your queries or complaints to our customer services department, and your grievances to our grievance redressal officer, who are authorized to review your queries or complaints or grievances and address the same. Please note that only an officer duly authorized by us has the authority to resolve your queries or complaints or grievances. We shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling you this Policy.

In case you are not satisfied with our decision, or have not received any response within 10 days, you may contact the IRDAI by any of the following means for resolution:

IRDA of India Grievance Call Centre (IGCC) Toll Free No.: 155255

You can register your complaint online at <http://www.igms.irda.gov.in>

You can write or fax your complaints to

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

9th Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh

Fax No.: +91-40- 6678 9768

E-mail ID: complaints@irda.gov.in

In case you are not satisfied with the decision/resolution, you may approach the insurance ombudsman at the address in the list of ombudsman below, if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy;
- Delay in settlement of claim;
- Dispute with regard to premium; or
- Non-receipt of your Policy document.

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The complaint should be made in writing duly signed by you, Nominee or by your legal heirs with full details of the complaint and the contact information of complainant

As per Rule 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the insurance ombudsman can be made:

- Only if the grievance has been rejected by the grievance redress machinery of the Insurer;
- Within a period of one year from the date of rejection by the insurer; and
- If it is not simultaneously under any litigation.

7.2. List of Insurance Ombudsman

CONTACT LOCATION	CONTACT DETAILS	JURISDICTION
AHMEDABAD	2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546840 , 27545441. Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in	State of Gujarat, Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU	19/19, JeevanSoudha Building, Ground Floor 24 th Main, J.P. Nagar First Phase, Bengaluru- 560 025 Tel.: 080 – 26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
BHOPAL	JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003. Tel.:- 0755-2769201/202. Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chhattisgarh.
BHUBANESHWAR	62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596003/2596455. Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH	S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706468, 2773101. Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh.
CHENNAI	Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018. Tel.:- 044-24333668/24335284. Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territory Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23234057/23232037. Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi.
KOCHI	2 nd Floor, CC-27/2603, Pulinat Building, M.G. Road, Ernakulam, Kochi-682 015. Tel.:-0484-2358759, 2359338. Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
GUWAHATI	JeevanNivesh' Bldg., 5th Floor, Near. Pan bazar over bridge, S.S. Road, Guwahati – 781001. Tel.:- 0361-2132204/2132205. Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122. Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondicherry.
JAIPUR	JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141 -2740363	State of Rajasthan.

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	Email:- bimalokpal.jaipur@gbic.co.in	
KOLKATA	Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124339/22124346. Fax : 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW	6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330/1 Fax:- 0522-2231310 Email:- bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/6960. Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	BhagwanSahai Palace, 4 th Floor, Main Road, Naya Bans, Sector-15, G.B. Nagar, NOIDA-201301 Tel.:- 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Kalpana Arcade Building, 1 st Floor, Bazar Samiti Road, Bahadurpur, Patna- 800 006 Tel.: 0612- 2680952 Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkand
PUNE	3 rd Floor, JeevanDarshan Bldg., N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 -32341320 Email: bimalokpal.pune@gbic.co.in	State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure A

Section 39, Nomination by policyholder

1. Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Ordinance dtd 26.12.2014. The extant provisions in this regard are as follows:
2. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
3. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the company.
4. Nomination can be made at any time before the maturity of the policy.
5. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the company and can be registered by the company in the records relating to the policy.
6. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
7. A notice in writing of Change or Cancellation of nomination must be delivered to the company for the company to be liable to such nominee. Otherwise, company will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the company.
8. Fee to be paid to the company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
9. On receipt of notice with fee, the company should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
10. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of company's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
11. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
12. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
13. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
14. Where the policyholder whose life is insured nominates his
 - parents or
 - spouse or
 - children or
 - spouse and children
 - or any of them

the nominees are beneficially entitled to the amount payable by the company to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

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15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, 1938, as amended from time to time and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.]

SAMPLE

Section 38, Assignment and Transfer of Insurance Policies

1. Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Ordinance dated 26.12.2014. The extant provisions in this regard are as follows:
2. This policy may be transferred/assigned, wholly or in part, with or without consideration.
3. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Company.
4. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
5. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
6. The transfer of assignment shall not be operative as against an company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the company.
7. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the company should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the company of duly receiving the notice.
9. If the company maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
10. The company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - not bonafide or
 - not in the interest of the policyholder or
 - not in public interest or
 - is for the purpose of trading of the insurance policy.
11. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment
12. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
13. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
14. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - (a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - (b) where the transfer or assignment is made upon condition that
 - (i) the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - (ii) the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
15. In other cases, the company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - may institute any proceedings in relation to the policy

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- obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, 1938, as amended from time to time and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.]

SAMPLE

Section 45, Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Ordinance dated 26.12.2014 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.

For this, the company should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the company or to induce the company to issue a life insurance policy:
 - The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Company shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the company. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the company should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. However, the payment will be as per IRDAI direction/Regulation/Circular from time to time.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the company. The onus is on company to show that if the company had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The company can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, 1938, as amended from time to time and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.

Appendix A

Critical Illness Definitions

Heart Cover – mild stage

1) Angioplasty (stenting for Coronary Arteries)

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery. Intra Arterial investigative procedures and Diagnostic Angiography are excluded.

2) Angioplasty and Stenting for Carotid Arteries

Angioplasty and Stenting for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one or more of carotid arteries. All of the following criteria must be met:

- Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

3) Endarterectomy

The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Angioplasty and/or any other intra-arterial procedures are excluded.

4) Renal Angioplasty

The actual undergoing for the first time of Renal Artery Angioplasty or the insertion of a stent to correct the stenosis, of one or more renal arteries as shown by Angiographic or appropriate imaging evidence. The revascularization must be considered medically necessary by an appropriate specialist.

Intra Arterial investigative procedures and Diagnostic Angiography are excluded.

5) Percutaneous Procedures for Repair or Replacement of Heart Valves

Percutaneous valve surgery refers to percutaneous valvuloplasty, percutaneous valvotomy and percutaneous valve replacement where the procedure is performed totally via intravascular catheter based techniques. The diagnosis of heart

valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist

6) Pericardectomy

The undergoing of a Pericardectomy through a median sternotomy or a thoracotomy approach for the treatment of constrictive pericarditis or recurrent pericarditis. The surgical procedure must be certified to be absolutely necessary by a Specialist in cardiology.

7) Minimally Invasive Surgery for Aortic Aneurysm

The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches

8) Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

Heart Cover – moderate stage

1) Initial implantation of Permanent Pacemaker of Heart or Insertion of Implantable Cardioverter defibrillator (ICD)

Actual undergoing of insertion of a permanent cardiac pacemaker or cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness. Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

The insertion of a permanent Cardiac Pacemaker or Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.

Cardiac arrest secondary to alcohol or drug misuse will be excluded.

2) Surgery to place ventricular assist devices or total artificial hearts

This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory Heart Failure with reduced ejection

fraction as defined below: NYHA Class IV symptoms who failed to respond to optimal medical management for ≥ 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for 14 days. Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

Heart Cover – severe stage

1) Myocardial infarction (First Heart Attack – Of Specified Severity)

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

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

2) Cardiomyopathy

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

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

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

3) Major surgery of the Aorta

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term “aorta” means the thoracic and abdominal aorta but not its branches

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

4) Open Chest CABG

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

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

Note: Minimally invasive keyhole surgery also includes actual undergoing of Robotic cardiac surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG).

5) Open Heart Replacement or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

6) Heart Transplant

The actual undergoing of a transplant of the Heart, that resulted from irreversible end-stage failure of the organ. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

Stem cell Transplants are excluded.

Cancer Cover – mild stage

1) Carcinoma-in-situ

Carcinoma-in-situ shall mean first ever diagnosis of a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

- Breast, where the tumour is classified as Tis according to the TNM Staging method;
- Corpus, uteri, vagina, vulva or fallopian tubes where the tumour is classified as TIS
- according to the TNM Staging method or FIGO* Stage 0;
- Cervix uteri, classified as cervical intraepithelial neoplasia grade SEVERE (CIN SEVERE) or as Tis
- according the TNM Staging method or FIGO* Stage 0;
- Ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian
- surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B;

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- Colon and rectum;
- Penis;
- Testis;
- Lung;
- Liver;
- Stomach and esophagus;
- Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
- Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy & confirmed by a Registered Medical Practitioner.

* FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique. Pre-malignant lesions and carcinoma in situ of any organ, unless listed above, are excluded.

2) Specified early stage Cancer

Specified Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
- Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c or of another equivalent or lesser classification.
- Chronic lymphocytic leukemia classified as RAI Stage I or MODERATE;
- Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
- Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Pre-malignant lesions and conditions, unless listed above, are excluded.

Cancer Cover – moderate stage

Any of the following Cancer related Surgeries necessitated due to an eligible CiS cancer claim are covered:

- **Mastectomy for Carcinoma-in-situ of the breast**

The actual undergoing of a mastectomy due to CIS of the Breast (confirmed by histological evidence). The mastectomy must be certified to be absolutely necessary by a specialist in the relevant field. Partial mastectomy and lumpectomy do not fulfill the above definition.

- **Orchidectomy for Carcinoma-in-situ of the testis**

The actual undergoing of Orchidectomy where the histological findings thereafter indicate the presence of CIS of Testis. The Orchidectomy must be certified to have been absolutely necessary by a specialist in the relevant field.

- **Cystectomy for Carcinoma-in-situ of the Urinary Bladder/T1NoMo Urinary Bladder Cancer**

The actual undergoing of a total radical cystectomy due to CIS of Urinary Bladder / Papillary Carcinoma of the

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Bladder (confirmed by histological evidence). The cystectomy must be certified to be absolutely necessary by a specialist in the relevant field. Segmental cystectomy does not fulfil the above definition.

- **Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy for Carcinoma-in-situ of the Cervix/Carcinoma-in-situ of the Uterus/Carcinoma-in-situ of the Ovary**

The actual undergoing of a total abdominal hysterectomy and bilateral salpingo with or without Oophorectomy due to CiS of the cervix/uterus/ovary/fallopian tube/vagina/vulva (confirmed by histological evidence). The cystectomy must be certified to be absolutely necessary by a specialist in the relevant field.

*A CiS cancer claim must be payable for payment of this benefit

Cancer Cover – severe stage

Major Cancer

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

The following as excluded:

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

Appendix B: Guaranteed Surrender Value Factors (% of total premiums paid)

Year / Term	10 years	15 years	20 years
1	0.0%	0.0%	0.0%
2	30.00%	30.00%	30.00%
3	30.00%	30.00%	30.00%
4	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%
8	70.00%	55.71%	53.33%
9	90.00%	61.43%	56.67%
10	90.00%	67.14%	60.00%
11		72.86%	63.33%
12		78.57%	66.67%
13		84.29%	70.00%
14		90.00%	73.33%
15		90.00%	76.67%
16			80.00%
17			83.33%
18			86.67%
19			90.00%
20			90.00%