



Jab wealth ki guarantee** aur bharosemand insurance ka ho saath, toh life badhe super fast!

PNB MetLife

SUPER SAVER PLAN

Individual, Non-linked, Participating, Savings, Life insurance plan
UIN: 117N123V03



**Provided all premiums are paid as and when due.

When you begin your career, you tend to set aspirations and goals that you want to achieve for a blissful future. These goals include purchasing a new house, a dream vacation, a safe and secured family, a good life after retirement, so on and so forth. To make sure that these aspirations come to life, it is important to start saving at an early age but more important to start saving in the right place.

With the new 'PNB MetLife Super Saver Plan' the worry of fulfilling your financial goals is taken care of especially in times when life is unpredictable. This plan helps you accumulate your savings and provides a long term financial protection for you and your family. Additionally, it also provides a waiver of premiums to ensure that your goals are not compromised in case of critical illness or an untimely demise.

WITH PNB METLIFE SUPER SAVER PLAN

- Gain financial strength to fulfil your aspirations and goals
- Ensure long term savings and financial protection for your family with Savings + Family Care option where Maturity benefit is paid as scheduled even after death of the Life Assured and no future premiums are payable after death
- Safeguard your goals from unexpected illnesses with **Waiver of Premium on critical illness**^o
- Safeguard your financial needs even after retirement

^oWaiver of premium is available under Savings + Health Care option.

KEY BENEFITS

- **Maturity Benefit:** Get sum assured on maturity as lump sum plus reversionary bonuses (as per payout option chosen) and terminal bonus, if declared.
- **Flexibility to choose how long you want to pay:** 5, 7, 10, 12 or 15 years
- **Flexibility to choose bonus payout options¹:**
 - **Accumulation:** Simple reversionary bonus, if declared, accumulated throughout the policy term and paid on maturity OR
 - **Liquidity² through Cash bonuses, if declared:** Simple reversionary bonus, if declared, accrues during premium payment term and paid on maturity PLUS Cash bonus, if declared, is paid every year after premium payment term.
- **Protection for your family:**
 - Get life cover for the entire policy term
 - Safeguard your family's future even in your absence with no future premiums payable after the death (available under 'Savings + Family Care' option^{1,3})
 - Protect your financial goals against illnesses with **Waiver of Premium on 35 critical illnesses** (available under 'Savings + Health Care' option^{1,3})
 - Get additional cover through accidental death and serious illness riders, at a nominal cost
- **Tax benefits:** You may be eligible for tax benefits on premiums paid and benefits received, as per prevailing tax laws.

¹Option to be chosen at inception of the policy

²Liquidity option will be available only with the following Premium Payment Term (PPT) & Policy Term (PT) options:

Premium Payment Term (Years)	Policy Term (Years)
5, 7, 10	15
10, 12	20

³ Premium would be varying depending upon the Plan option chosen by the policyholder. The benefits will vary depending on the plan option and premium chosen.

HOW DOES THE PLAN WORK?

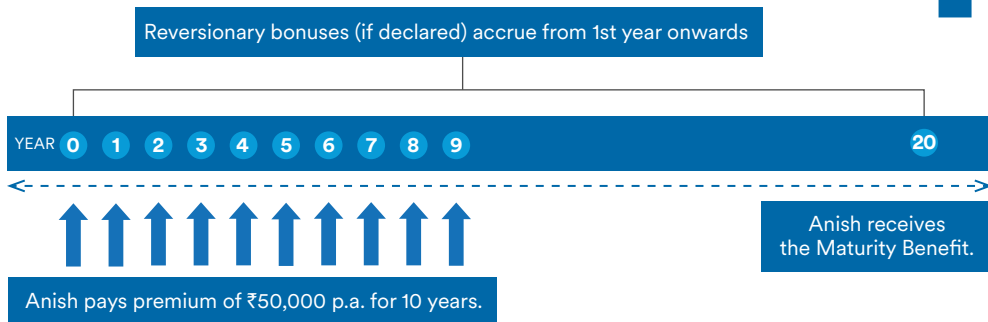
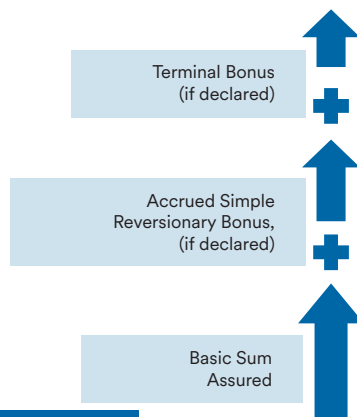
Case 1: Anish, aged 40 years, wants to accumulate sufficient wealth by the time he retires so that he doesn't have to depend on anyone else during his retirement years. He opts for "PNB MetLife Super Saver Plan" and chooses "Savings" option with premium payment term of 10 years, policy term 20 years and Sum Assured of ₹ 5,28,598. His yearly premium is ₹50,000 (exclusive of Goods and Service Tax), assuming that he is in good health.

Scenario 1: He opts for Bonus option 1 - Accumulation:

- Simple Reversionary Bonuses, if declared, accrue at the end of every policy year, throughout the Policy Term of 20 years
- At maturity, Anish receives the sum of Basic Sum Assured, accrued Simple Reversionary Bonuses, if declared, and Terminal Bonus, if declared.

a) If Anish survives till maturity, he gets benefits as shown below:

Estimated benefits at maturity	@8%	@4%
(a) Basic Sum Assured (₹)	5,28,598	5,28,598
(b) Simple Reversionary Bonuses, if declared (₹)	2,90,729	52,860
(c) Terminal Bonus, if declared (₹)	3,60,504	1,30,564
Total Maturity Benefit (₹) (a+b+c)	11,79,831	7,12,022



For illustrative purposes only

b) In case of unfortunate demise of Anish in the 8th policy year, his nominee receives the following benefit and the policy terminates.

Benefits at Death	@8%	@4%
(a) Sum Assured on Death (₹)	5,28,598	5,28,598
(b) Accrued Reversionary Bonus, if declared (₹)	1,16,292	21,144
Total Death Benefit (₹) (a + b)	6,44,890	5,49,742

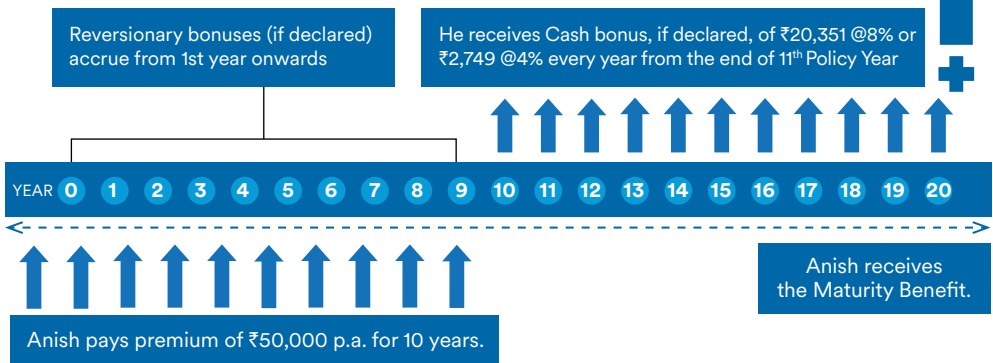
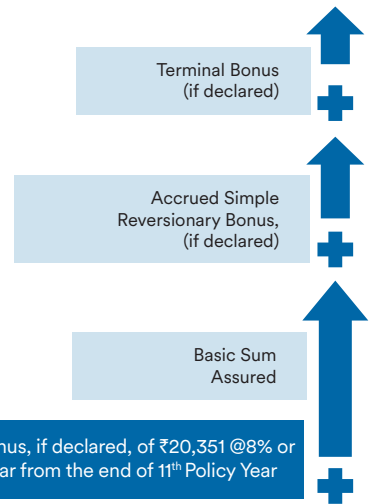
The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and these are not the upper or lower limits.

Scenario 2: Anish opts for Bonus option 2- Liquidity as he wishes to have a secondary income to support his family's expenses as well as to build a retirement corpus.

- Simple Reversionary Bonuses, if declared, accrue at the end of every policy year, throughout the Premium Payment Term of 10 years
- Anish starts receiving cash bonus, if declared, every year from the end of the 11th policy year till end of policy term
- At maturity, Anish receives the sum of Basic Sum Assured, accrued Simple Reversionary Bonuses, if declared and Terminal Bonus, if declared

a) If Anish survives till maturity, he gets benefits as shown below:

Estimated benefits at maturity	@8%	@4%
(a) Basic Sum Assured (₹)	5,28,598	5,28,598
(b) Total Cash bonus, if declared (₹)	2,03,510	27,487
(c) Simple Reversionary Bonuses, if declared (₹)	1,45,364	26,430
(d) Terminal Bonus, if declared (₹)	2,16,302	1,25,087
(e) Maturity Benefit (₹) (a+c+d)	8,90,264	6,80,115
Total benefit received till Maturity (₹) (b+e)	10,93,775	7,07,602



For illustrative purposes only

b) In case of unfortunate demise of Anish in the 15th policy year, his nominee receives the following benefit and the policy terminates.

Benefits at Death	@8%	@4%
(a) Cash bonuses, if declared, received till death	1,01,755	13,744
(b) Sum Assured on Death (₹)	5,28,598	5,28,598
(c) Simple Reversionary Bonus (if declared) (₹)	1,45,364	26,430
(d) Terminal Bonus on death (if declared) (₹)	81,549	54,027
(e) Total Death Benefit (₹) (b + c + d)	7,55,512	6,09,055
Total benefit received till Death (₹) (a + e)	8,57,266	6,22,799

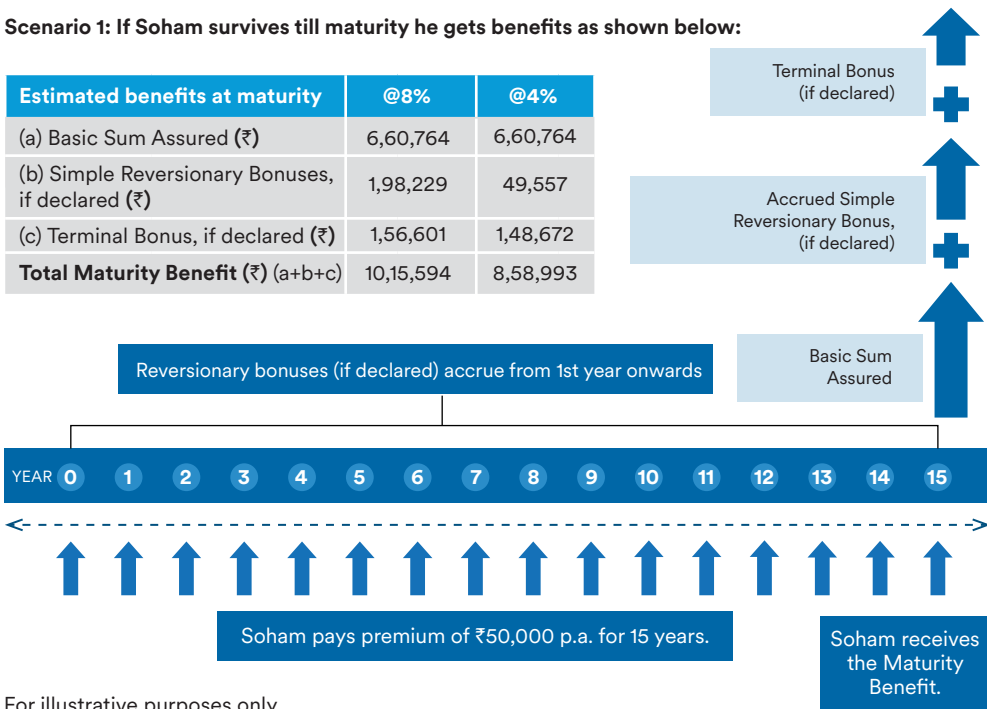
The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and these are not the upper or lower limits.

Case 2: Soham, aged 30 years, wants to save for his business start-up. He wishes to fulfil his dream even in case of any uncertainty. He opts for “PNB MetLife Super Saver Plan” and chooses “**Savings + Health Care**” option with policy term of 15 years with premium payment for 15 years and Sum Assured of ₹6,60,764. His yearly premium is ₹50,000 (exclusive of Goods and Service Tax), assuming that he is in good health.

- He opts for Bonus option 1 where Simple Reversionary Bonuses, if declared, accrue at the end of every policy year, throughout the Policy Term and is paid at the end of the policy term
- At maturity, Soham receives the sum of Basic Sum Assured, accrued Reversionary Bonuses, if declared, and Terminal Bonus, if declared

Scenario 1: If Soham survives till maturity he gets benefits as shown below:

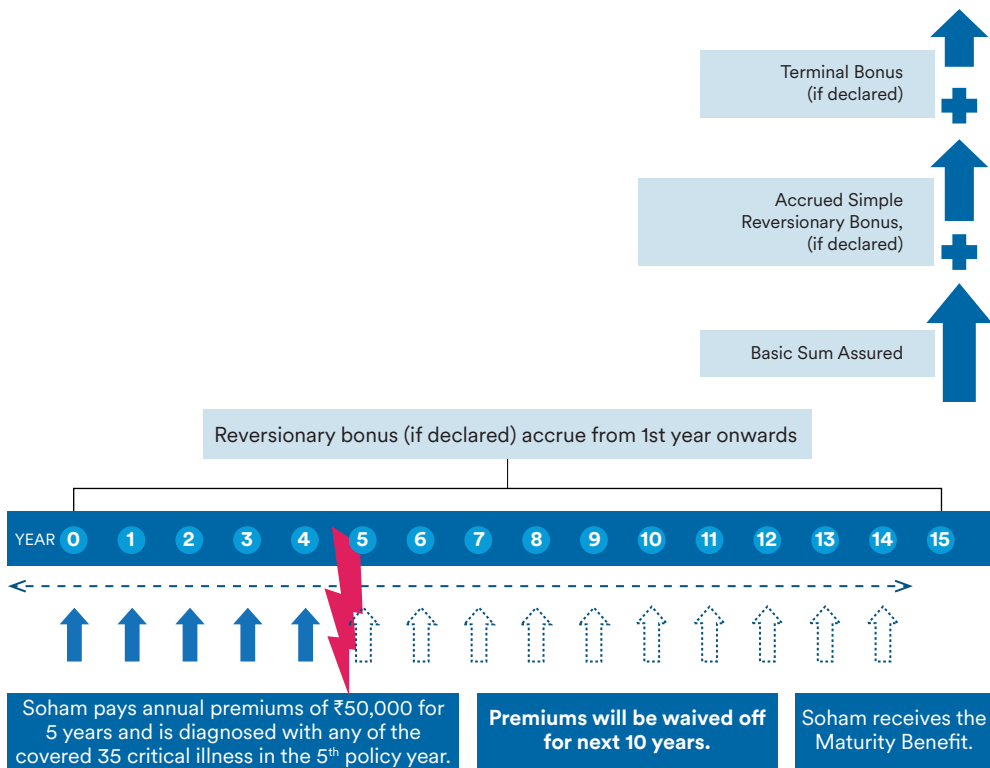
Estimated benefits at maturity	@8%	@4%
(a) Basic Sum Assured (₹)	6,60,764	6,60,764
(b) Simple Reversionary Bonuses, if declared (₹)	1,98,229	49,557
(c) Terminal Bonus, if declared (₹)	1,56,601	1,48,672
Total Maturity Benefit (₹) (a+b+c)	10,15,594	8,58,993



For illustrative purposes only.

The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and these are not the upper or lower limits.

Scenario 2: At the age of 35 years, Soham is diagnosed with a critical illness out of the 35 critical illnesses covered in the plan and he is unable to save towards his goal. With ‘Waiver of premium’ benefit available under ‘Savings + Health Care’ option during the premium payment term, all future premiums will be waived off and policy will continue to provide future benefits for the entire policy term.



For illustrative purposes only

Scenario 3: In case of unfortunate demise of Soham in the 8th policy year, his nominee receives the following benefit and the policy terminates.

Benefits at Death	@8%	@4%
(a) Sum Assured on Death (₹)	6,60,764	6,60,764
(b) Simple Reversionary Bonus (if declared) (₹)	1,05,722	26,431
Total Death Benefit (₹) (a + b)	7,66,486	6,87,195

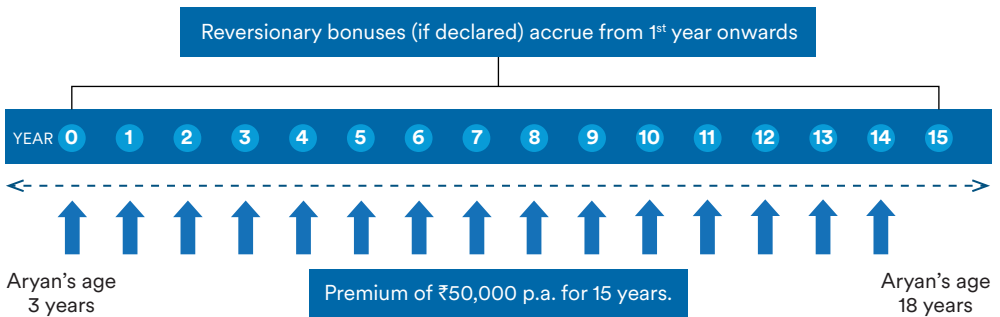
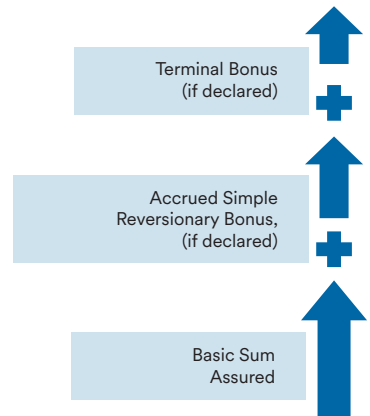
The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and these are not the upper or lower limits.

Case 3: Arnav, aged 35 years, has a 3 year old son Aryan. Arnav wants a savings plan which will ensure that Aryan's higher education needs are fulfilled even in his absence. He opts for “**Savings + Family Care**” option of “PNB MetLife Super Saver Plan” and:

- Selects premium payment term of 15 years and policy term of 15 years
- Opts for Sum Assured of ₹ 6,36,376 and pays yearly premiums of ₹ 50,000 (exclusive of taxes/cesses), assuming that he is in good health
- He opts for Bonus option 1
- Starting from the first policy year, simple Reversionary Bonuses, if declared, accrue at the end of every policy year, throughout the Policy Term of 15 years
- At maturity, Arnav receives the sum of Basic Sum Assured, accrued Reversionary Bonuses, if declared, and Terminal Bonus, if declared

Scenario 1: If Arnav, i.e. the Life Assured, survives till maturity:

Estimated benefits at maturity	@8%	@4%
(a) Basic Sum Assured (₹)	6,36,376	6,36,376
(b) Simple Reversionary Bonuses, if declared (₹)	1,90,913	47,728
(c) Terminal Bonus, if declared (₹)	1,64,185	1,36,980
Total Maturity Benefit (₹) (a + b + c)	9,91,474	8,21,084

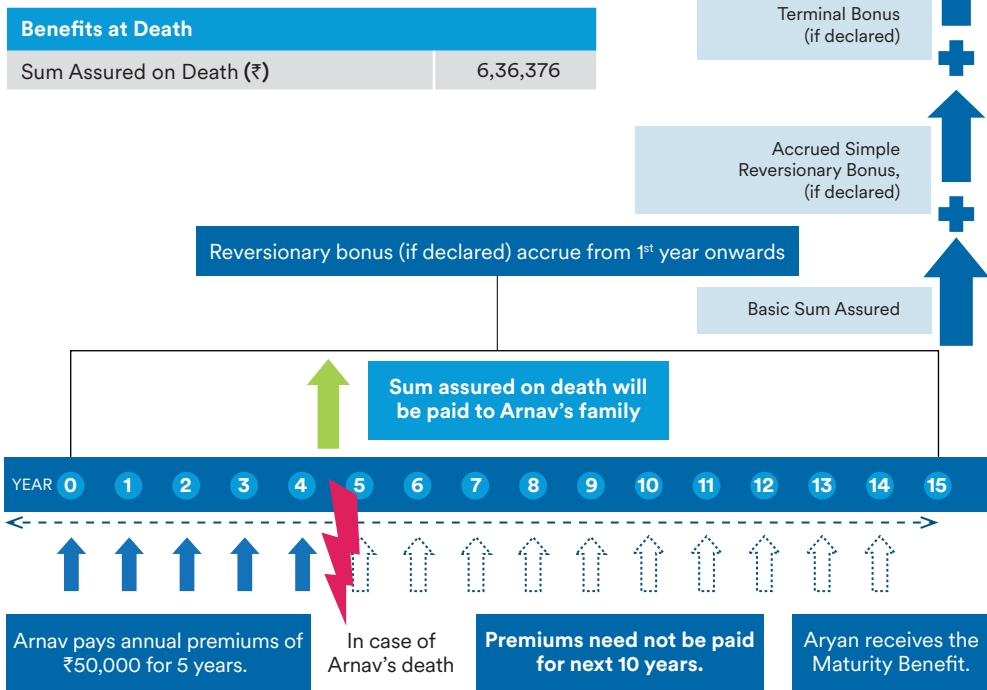


For illustrative purposes only.

Arnav receives the Maturity Benefit.

The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and these are not the upper or lower limits.

Scenario 2: In case of Arnav's unfortunate demise in the 5th policy year, Sum Assured on death will be paid as a lumpsum and all future premiums will be waived off and policy will continue to provide future benefits for the entire policy term.



For illustrative purposes only.

The examples shown above are for illustration purpose only. For full details, please refer to the Benefit Illustration. The above illustration has been determined using assumed investment returns at 4% and 8% respectively. Assumed rate of returns are not guaranteed and these are not the upper or lower limits. The above premium figures are exclusive of Goods and Services Tax and Cess. Goods and Services Tax and Cess, as applicable thereon, shall be charged as per the prevalent tax laws over and above the said premiums. Please note that the Bonuses are not guaranteed and may be declared by the Company from time to time.

PLAN AT A GLANCE

Product specification							
Plan options	Option 1: Savings Option 2: Savings + Family Care Option 3: Savings + Health Care						
Bonus options	Option 1: Accumulation Option 2: Liquidity						
Minimum age at entry (Years)⁴	<table border="1"> <thead> <tr> <th>Plan option</th> <th>Age at entry</th> </tr> </thead> <tbody> <tr> <td>Savings</td> <td>0 (30 days)</td> </tr> <tr> <td>Savings + Family Care and Savings + Health Care</td> <td>18</td> </tr> </tbody> </table>	Plan option	Age at entry	Savings	0 (30 days)	Savings + Family Care and Savings + Health Care	18
	Plan option	Age at entry					
	Savings	0 (30 days)					
Savings + Family Care and Savings + Health Care	18						

Maximum age at entry (Years) ⁴	Plan option	Premium payment mode	
		Annual mode	Other modes
	Savings	60	55
	Savings + Family Care	50	45
	Savings + Health Care	For PPT: 5, 7, 10 and 12 Pay - 55 yrs. For PPT 15 and Regular Pay - 50 yrs.	For PPT: 5, 7, 10 and 12 Pay - 50 yrs. For PPT: 15 and Regular Pay - 45 yrs.
Minimum age at maturity (Years) ⁴	Plan option		Age at maturity
	Savings		18
	Savings + Family Care		28
	Savings + Health Care		
Maximum age at maturity (Years) ⁴	Plan option		Age at maturity
	Savings		80
	Savings + Family Care		70
	Savings + Health Care		For PPT: 5, 7, 10 and 12 Pay - 75 For PPT: 15 Pay and Regular pay - 70
Premium Payment Term (PPT) (Years)	5, 7, 10, 12, 15 and Regular pay		
Policy Term (Years)	Premium Payment Term	Minimum Policy term	Maximum Policy term
	5 and 7	10	20
	10	11	20
	12	13	20
	15	16	20
	Regular pay	10, 12 and 15	
This product offers all integer policy terms between the minimum and maximum policy terms mentioned in the table above (both inclusive), depending on the premium payment term and plan option chosen by the policyholder. For Regular pay only policy term 10, 12 and 15 years will be allowed.			
Minimum Annualised Premium (₹)	Premium Payment Term (Years)		Premium (₹)
	5		50,000
	7		35,000
	10		25,000
12, 15 and Regular pay		20,000	
Minimum Annualised Premium (₹)	Basis the Basic Sum Assured accepted as per Board approved underwriting policy		
Minimum Sum Assured (₹)	2,20,000		
Maximum Sum Assured (₹)	As per Board approved underwriting policy		
Premium Payment modes	Yearly / Half Yearly / Monthly		

⁴All reference to age is as on age last birthday. For policies issued to minor lives the risk cover starts immediately at inception. Also, in case the life assured is a minor, the policy will vest with the life assured when the life assured attains an age of 18 years.

SAMPLE SUM ASSURED

Plan option	Savings				Savings+ Family Care				Savings + Health Care				
Premium Payment Term (years)	5	10	15	Regular Pay	5	10	15	Regular Pay	5	10	15	Regular Pay	
Policy Term (years)	15	20	20	15	15	20	20	15	15	20	20	15	
Age at entry (yrs)	5	247,672	541,067	790,264	674,128	NA	NA	NA	NA	NA	NA	NA	
	18	246,379	538,794	786,793	671,141	242,554	525,542	765,932	658,588	245,991	536,654	781,984	667,201
	20	246,257	538,445	786,535	670,961	242,225	524,219	764,176	657,809	245,822	536,136	781,128	666,578
	30	244,751	536,596	784,191	668,807	238,562	511,562	745,379	649,098	243,986	532,425	774,354	660,764
	35	242,554	533,846	780,153	665,602	233,253	495,148	720,877	636,376	241,441	527,872	765,346	653,510
	40	238,096	528,598	772,440	659,023	223,245	475,421	682,315	612,896	236,318	519,103	748,056	639,305
	45	230,511	519,211	758,841	647,501	207,547	474,699	626,960	606,649	227,480	503,779	718,908	615,309
	50	240,627	555,949	812,288	693,045	203,772	521,328	650,888	666,667	234,802	528,796	739,447	635,251
55	241,498	585,481	853,607	728,952	NA	NA	-	-	230,850	576,591	NA	NA	

Sum Assured calculated in the table above is considering Annualized Premium of ₹50,000 for ages 5, 18, 20, 30, 35, 40 & 45 years, ₹55,000 for age 50 years and ₹60,000 for age 55 years.

BENEFITS IN DETAIL

Death Benefit

In the event of the unfortunate death of the Life Assured provided that the policy is still in In-force status on the date of death:

If 'Savings' or 'Savings + Health Care' option is chosen, the nominee shall receive:

Sum Assured on Death (as described below) plus the accrued Simple Reversionary Bonuses plus Terminal Bonus, if declared, subject to a minimum of 105% of Total Premiums paid up to the date of death and the Policy shall terminate.

Where, Total Premium Paid means total of all the Premiums received under the base product excluding any extra premium and taxes, if collected explicitly

If 'Savings + Family Care' option is chosen, the nominee shall receive:

- Sum Assured on death (as described below)
 - All future premiums, if any, that would otherwise have been payable under the base policy shall be waived for the remainder of the premium payment term and
 - At the end of the policy term, following benefit shall be payable:
 - Sum Assured on Maturity + Accrued Simple Reversionary Bonus, if declared + Terminal Bonus, if declared.
 - In addition, if Bonus option 2 - Liquidity is chosen; the cash bonus payout, if declared, shall continue to be paid till maturity.
- Where, Sum Assured on Maturity is same as defined in the Maturity Benefit section.

The policy cannot be surrendered after death of the Life Assured.

Where Sum Assured on Death is the highest of:

- 10 times of the Annualised Premium
- Basic Sum Assured (BSA) which is the absolute amount assured to be paid on death

Where, Annualised Premium shall be the premium payable in a year chosen by the policyholder, excluding the taxes, underwriting extra premiums, rider premiums, if any, and loadings for modal premiums, if any.

MATURITY BENEFIT

In case the Policy is in In-force status and all due installment premiums have been received by us:

- 1) If Savings and Savings + Health Care Option is chosen and the Life Assured survives till the Maturity Date, Maturity benefit payable will be the sum of:
 - Sum Assured on Maturity
 - Accrued Simple Reversionary Bonuses, if declared
 - Terminal Bonus, if declared
- 2) If Savings + Family Care option is chosen and the Life Assured survives till the Maturity Date, Maturity benefit payable will be the sum of:
 - Sum Assured on Maturity
 - Accrued Simple Reversionary Bonuses, if declared
 - Terminal Bonus, if declared

Where,

✓ Sum Assured on Maturity is the absolute amount of benefit which is guaranteed to become payable at the end of the policy term i.e., on maturity date, which is same as Basic Sum Assured

PLAN OPTIONS

This plan offers three Plan options: Savings, Savings + Family Care, and Savings + Health Care option.

Savings option: This option offers a Lump sum benefit on death or maturity; wherein the Lump sum benefit is the sum of basic sum assured, accrued simple reversionary bonuses, if declared, and terminal bonus, if declared.

Savings + Family Care option: In addition to the Savings option benefits, all the future instalment premiums that would otherwise have been payable under the policy for the remainder premium payment term are not payable after the death of life assured of the policy and Maturity benefit (including all bonuses, if declared) will be payable as mentioned in the Maturity Benefit section.

The Policyholder, through the Proposal Form, may nominate a child or spouse to receive the Policy Benefits. The nominee is the main beneficiary under this option. In case the nominee is a minor, the details of Appointee will have to be furnished at the inception through the Proposal Form. Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. The life assured and policyholder should be same under this option.

Savings + Health Care option: In addition to the Savings option benefits, this option offers a Waiver of Premium (WOP) on occurrence of Critical Illness. All the future instalment premiums that would otherwise have been payable under the policy for the remainder premium payment term are waived on occurrence of any one of the 35 listed Critical Illnesses. All other benefits (Death, Surrender and Maturity) will be the same as mentioned in the sections below.

BONUS OPTIONS

The policyholder shall have the option to choose the following bonus options at inception of the policy:
Option 1: Accumulation: Simple Reversionary Bonus, if declared, will accrue throughout the Policy Term and is paid as lump sum on the Maturity Date or death (except in Plan option 2: Savings + Family Care), whichever is earlier. For Savings + Family Care option, after death of the Life Assured, Simple Reversionary bonus, if declared, shall be accrued and paid along with Maturity benefit.

Option 2: Liquidity:

- Simple Reversionary Bonus, if declared, accrues during Premium Payment Term and is paid at the Maturity Date or death (except in Plan option 2: Savings + Family Care) whichever is earlier. For Savings + Family Care option, after death of the Life Assured, Simple Reversionary bonus, if declared, shall be accrued during premium payment term and paid along with Maturity benefit.
- Cash bonus, if declared, will be paid at the end of each Policy Year after the expiry of the Premium Payment Term till the Maturity Date or death (except in Plan option 2: Savings + Family Care), whichever is earlier. For Savings + Family Care option, after death of the Life Assured Cash bonus, if declared, shall continue to be paid till Maturity.

Option 2 will be available only with the following Premium Payment Term and Policy Term combinations:

Premium Payment Term (Years)	Policy Term (Years)
5, 7, 10	15
10, 12	20

Where,

✓ Simple Reversionary Bonus (SRB)

- We may declare Simple Reversionary Bonus under the Policy on the Policy Anniversary commencing from the 1st Policy Anniversary till the end of the policy term, provided the Policy is In-force Status
- Once a Simple Reversionary Bonus, if declared, is declared by us it accrues under the policy and is guaranteed to be paid along with the Death Benefit (except in Plan Option 2: Savings + Family Care) or Surrender or the Maturity Benefit of the policy. Simple Reversionary Bonus, if declared, is expressed as a percentage of the Basic Sum Assured. For Savings + Family Care Option, after death of the Life Assured Simple Reversionary bonus, if declared, shall be accrued and paid along with Maturity benefit.

✓ Terminal Bonus (TB)

- We may declare Terminal Bonus under the Policy from the 10th Policy Year onwards or from the third last policy year whichever is earlier.
- Terminal Bonus is expressed as a percentage of all accrued Simple Reversionary Bonuses and all Cash Bonus paid, if any. The declared Terminal Bonus is payable along with Death Benefit (except for Savings + Family Care option). For maturing policies, the declared Terminal Bonus, if declared, will be paid along with the Maturity Benefit. For policies that are surrendered, the declared Terminal Bonus, if declared, will be payable along with the Surrender Benefit.

✓ Cash Bonus

- The Cash bonus, if declared, is declared and paid at end of every policy year after expiry of the premium payment term. It is expressed as a percentage of the Basic Sum Assured. Cash bonus, if declared, is available only if the Bonus option 2: Liquidity is chosen at inception of the policy. Cash bonus, if declared, is payable till end of the policy term or death (except in Plan option 2: Savings + Family Care), whichever is earlier, provided the Policy is In-force Status. For Savings + Family Care option, after death of the Life Assured, Cash bonus, if declared, shall continue to be paid till Maturity.

The future bonus rates are not guaranteed and purely depend on the experience of the underlying Participating Fund.

WAIVER OF PREMIUM BENEFIT

Plan Option 1: Savings

Waiver of Premium benefit is not applicable under this plan option.

Plan Option 2: Savings + Family Care

In case of death of the Life Assured while the Policy is In-force status, the following benefits will be payable:

- 1) Sum Assured on death will be paid as lump sum on death of the life assured
- 2) No future premiums shall be payable after the death and
- 3) Maturity benefit (including all bonuses if declared) will be payable as mentioned in the Death Benefit section

Plan Option 3: Savings + Health Care

If the Life Assured is diagnosed to be suffering from any of the covered 35 Critical Illnesses while the Policy is In-force status, all future premiums that would otherwise have been payable under the base policy shall be waived for the remainder of the premium payment term subject to:

- Waiting period of 90 days (from the later of the Date of Inception of the Policy or the date of the last revival of the Policy, as applicable).

Waiver of benefit shall not be applicable on Riders. All applicable riders shall terminate if waiver of premium benefit is triggered under Savings + Health Care option and on death of the Life Assured under Savings + Family Care option.

Critical Illnesses covered

Following thirty five (35) Critical Illnesses are covered under “Savings + Health Care” option of this plan:

1. Cancer of Specified Severity
2. Myocardial Infarction (First Heart Attack – of specified severity)
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure Requiring Regular Dialysis
7. Stroke resulting in Permanent Symptoms
8. Major Organ/Bone Marrow Transplant
9. Permanent Paralysis of Limbs
10. Motor Neurone Disease with permanent symptoms
11. Multiple Sclerosis with permanent symptoms
12. Blindness
13. Apallic Syndrome
14. Benign Brain Tumour
15. End stage Liver failure
16. End stage Lung failure
17. Third-degree burns
18. Loss of Limbs
19. Major Head Trauma
20. Surgery of the Aorta
21. Alzheimer’s Disease
22. Aplastic Anaemia
23. Cardiomyopathy
24. Deafness
25. Loss Of Speech
26. Medullary Cystic Disease
27. Muscular Dystrophy
28. Primary (Idiopathic) Pulmonary Hypertension
29. Systemic Lupus Erythematosus (SLE) with Renal Involvement
30. Amyotrophic Lateral Sclerosis
31. Bacterial Meningitis
32. Chronic Pancreatitis
33. Acute Viral Encephalitis
34. Fulminant Viral Hepatitis
35. Severe Rheumatoid Arthritis

OTHER FEATURES

Loans

You may opt for a loan against your policy as per terms & conditions specified in the policy document. Currently, the Company charges a rate of interest of 10% p.a. compounded annually on outstanding policy loan. The rate of interest to be charged on outstanding loan is taken as the 10 Year G-Sec rate as on 1st of April plus 250 basis points, rounded up to the nearest 50 basis points.

Riders

To safeguard your family against certain unfortunate events, you can opt for the following riders at the beginning of your policy or at any policy anniversary during the Premium Payment term:

PNB MetLife Accidental Death Benefit Rider Plus (UIN: 117B020V04)	This Rider provides additional protection over and above the death benefit under this Policy in the event of the death of the Life Assured in an Accident
PNB MetLife Serious Illness Rider (UIN: 117B021V04)	This Rider provides additional protection over and above the Death Benefit under this Policy in the event of the Life Assured being diagnosed with any of the 10 critical illnesses covered under the Rider

Please refer to the rider brochure and rider terms and conditions for further details.

- o Rider Sum Assured limits shall be as per the respective Rider types and limits.
- o Total Premium for health riders put together shall be subject to a ceiling of 100% of the premium of the Base Policy
- o Total Premium for non-health riders put together shall be subject to a ceiling of 30% of the premium of the Base Policy.
- o The Rider premium payment term should be less than or equal to the outstanding Premium Payment Term of the Base Policy.
- o Rider will not be offered if the outstanding term under the base policy is less than 5 years.
- o Rider can be attached at the inception of the Policy or at Policy Anniversary

FLEXIBLE PREMIUM PAYMENT MODES AND MODAL FACTORS

You may choose to pay premiums by Yearly, Half Yearly or Monthly mode subject to the minimum annualized premium under each mode.

Factors on premium will be applicable as per the table below:

Premium Paying Mode	Modal Factors
Half Yearly	0.5131
Monthly	0.0886

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

HIGH SUM ASSURED DISCOUNT

You will be eligible for the following discount on the tabular Premium for Savings, Savings + Family Care, and Savings + Health Care options, for higher Sum Assured amount depending on the premium payment type:

Premium Payment Term (Years)	Discount per 1000 Basic Sum Assured per annum
5	for Premium of ₹1 lacs and above but less than ₹2 lacs = ₹1.5 for Premium of ₹2 lacs and above = ₹3.25
7	for Premium of ₹50,000 and above but less than ₹1 lacs = ₹2 for Premium of ₹1 lacs and above but less than ₹2 lacs = ₹4 for Premium of ₹2 lacs and above = ₹5
10	for Premium of ₹50,000 and above but less than ₹1 lacs = ₹1.5 for Premium of ₹1 lacs and above but less than ₹2 lacs = ₹3 for Premium of ₹2 lacs and above = ₹4.5
12, 15 and Regular Pay	for Premium of ₹50,000 and above but less than ₹1 lacs = ₹3 for Premium of ₹1 lacs and above but less than ₹2 lacs = ₹4 for Premium of ₹2 lacs and above = ₹5

GRACE PERIOD FOR OTHER THAN SINGLE PREMIUM POLICIES

Grace period is 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 any interruption, as per the terms & conditions of the policy. 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. If a valid death claim arises under the policy during the Grace period, but before the payment of due premium, the due and unpaid premium for the policy year will be deducted from the Death benefit. During the Grace Period, the risk on the life of the Life Assured will continue to be covered.

PREMIUM DISCONTINUANCE

If you discontinue paying premium, your policy will be Lapsed or Reduced Paid-Up.

o Policy in Lapse status

If the due premium for the first full year is not paid, the policy lapses at the end of the grace period and the risk cover will cease immediately.

No benefits will be paid when the Policy is in lapsed status. A lapsed policy can be revived as defined in 'Revival' section.

o **Policy in Reduced Paid-Up Value**

The policy acquires Surrender value if the due installment premium for first full year is paid.

The policy will continue as a Reduced Paid-Up policy with reduced benefits unless the policy is surrendered.

If you continue the policy as a Reduced Paid-Up policy the reduced benefits are payable as given below:

Benefits	Payout
<p>Death Benefit</p>	<p>For Savings and Savings + Health Care option:</p> <p>Sum Assured on Death as mentioned in the Death Benefit section x (Number of Installment Premiums paid / Number of Installment Premiums payable during the Premium Payment Term); Plus sum of all accrued Simple Reversionary Bonuses, if declared.</p> <p>At any point in time the minimum death benefit shall be 105% of total premiums paid up to the date of death</p> <p>For Savings + Family Care option:</p> <p>Sum Assured on Death as mentioned in the Death Benefit section x (Number of Installment Premiums paid / Number of Installment Premiums payable during the Premium Payment Term).</p> <p>At any point in time the minimum death benefit shall be 105% of total premiums paid up to the date of death.</p> <p>For policies in Reduced Paid-up status, after death of the Life assured the policy will continue till maturity with reduced benefit as defined below.</p>
<p>Maturity Benefit</p>	<p>Sum Assured on Maturity x (Number of Installment Premiums paid / Number of Installment Premiums payable during the Premium Payment Term); Plus sum of all accrued Simple Reversionary Bonuses, if declared, added till the date of Reduced Paid-up Status.</p>
<p>Critical Illness</p>	<p>Savings & Savings + Family Care option: Not applicable</p> <p>Savings + Health Care option: if critical illness occurs when the policy is in Paid-up status, Waiver of premium benefit shall not be applicable.</p>

Once the policy becomes Reduced Paid-Up,

- The policy will not be eligible for any type of bonuses in future
- Rider benefits, if any, will cease immediately once the policy acquires Reduced Paid-Up status

SURRENDER VALUE

If the due premium has been paid for the first full policy year, the policy shall acquire Special Surrender Value (SSV) after completion of first policy year.

If all due premiums have been paid for at least two full policy years, the policy shall acquire Guaranteed Surrender Value (GSV).

Where,

SSV is the Surrender Value specified by Us on receipt of a request for Surrender. SSV is not guaranteed, and the Company can change these SSV factors at any time during the Policy Term in accordance with the applicable Regulations issued by IRDAI from time to time.

$GSV = GSV \text{ Premium Factor multiplied by Total premiums paid Plus GSV Simple Reversionary Bonus Factor multiplied by sum of all accrued Simple Reversionary Bonuses, if any.}$

For GSV Factors please refer to details of this product in your policy document.

If your Policy has acquired a Surrender Value, as explained in the premium discontinuance section, and you choose to discontinue your Policy, you will be entitled to the Surrender Value, which is higher of the Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV) of the policy. The policy will be terminated once it is surrendered and cannot be revived.

For Savings + Family Care option, after death of the life assured, the policy shall continue till maturity and cannot be surrendered.

REVIVAL

A Policy that has Lapsed or that has been converted to a Paid-up Policy Status may be revived during the Revival Period by giving Us written notice to revive the Policy, provided that:

- i. All due arrears of Instalment Premiums along with interest at Prevailing Rate of Interest, if any, are received by Us in full.
- ii. We may change this revival interest rate from time to time. Currently, We charge 8.00% p.a. interest on revivals compounded annually
- iii. 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.
- iv. The Revival of the Policy will be subject to Board approved underwriting policy. A surrendered Policy cannot be revived.
- v. We may revive the Lapsed Policy by imposing such extra premium as it deems fit as per the Board approved underwriting policy.

TERMINATION

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

- o On Cancellation during Free look Period
- o Upon payment of Surrender Benefit
- o At the expiry of the Revival period, when the Policy has not been revived and provided the said Policy has not acquired any Reduced Paid-Up Value
- o Upon payment of death claim (except Savings + Family Care Option) or maturity claim amount.

TERMS & CONDITIONS

Free look period

Please go through the terms and conditions of Your Policy carefully. If You have any objections to the terms and conditions of Your Policy, You may cancel the Policy by giving a written notice to Us within 30 days beginning from the date of receipt of Policy Document whether received electronically or otherwise, stating the reasons for Your objection and You will be entitled to a refund of the premium paid, subject only to a deduction of proportionate risk premium for the period of cover and the expenses if any, incurred on medical examination and stamp duty charges.

Tax benefits

Tax benefits under this plan may be available as per the provisions and conditions of the Income Tax Act, 1961 and are subject to amendments made thereto from time to time. Please consult your tax advisor for advice on the availability of tax benefits for the premiums paid and proceeds received under the policy.

Suicide exclusions

If the Life Assured, commits suicide within twelve months from the Date of commencement of risk or from the Date of Revival of the Policy as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to 80% of the Total Premiums paid till the date of death or Surrender Value available as on the date of death, whichever is higher, provided the Policy is in Inforce status. We shall not be liable to pay any interest on this amount.

Waiting period

For Savings + Health Care option there will be a waiting period of 90 days from Policy inception or from any subsequent revival, whichever is later. If a claim occurs for the waiver of premium (WOP) benefit under Savings + Health Care option during the waiting period, the WOP cover terminates and future premiums for the plan shall be reduced to the premiums payable under Savings option for a similar contract (i.e. same age at entry, Sum Assured, policy term, premium payment mode, including any discounts, if applicable). On death of Life Insured during Waiting Period, Death Benefit, as applicable under Death Benefit section shall be payable to the Nominee.

CRITICAL ILLNESSES DEFINITIONS AND EXCLUSIONS

1. Cancer of Specified Severity

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. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

- i. 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.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. 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;

2. 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 should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

3. 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:

- i. Angioplasty and/or any other intra-arterial procedures

4. 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.

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neurone Disease with permanent symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Permanent Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE are excluded.

12. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioral responses to external stimuli
- iv. Preserved brain stem functions
- v. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

14. Benign Brain Tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

15. End stage Liver failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

16. End stage Lung failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- iv. Dyspnea at rest.

17. Third-Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i. Spinal cord injury

20. 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.

21. Alzheimer’s Disease

A definite diagnosis of Alzheimer’s disease evidenced by all of the following:

- i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- ii. Personality change
- iii. Gradual onset and continuing decline of cognitive functions
- iv. No disturbance of consciousness
- v. Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Other forms of dementia due to brain or systemic disorders

22. Aplastic Anaemia

A definite diagnosis of Aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressant
- iii. Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Hematologist and evidenced by bone marrow histology. Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

23. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy
- iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death.

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram or cardiac MRI. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis
- iii. Cardiomyopathy due to systemic diseases
- iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome).

24. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

25. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

26. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst

formation in the corticomedullary junction

- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- iv. The diagnosis must be confirmed by a Consultant Nephrologists.

For the above definition, the following are not covered:

- i. Polycystic kidney disease
- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

27. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system. The diagnosis must be confirmed by a company appointed Registered Medical Practitioner who is a neurologist based on all the following conditions:

- i. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- ii. Characteristic Electromyogram; or
- iii. Clinical suspicion confirmed by muscle biopsy.

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

- i. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- ii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iii. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- iv. Getting between rooms – the ability to get from room to room on a level floor.
- v. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings

28. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

29. Systemic Lupus Erythematosus (SLE) with Renal Involvement

The Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease. It can affect any part of the body. The immune system erroneously attacks the body's cells and tissue resulting in inflammation and damage. It can be diagnosed by typical laboratory findings and associated symptoms, the so-called butterfly rash being the most known, and has to be treated with corticosteroids or other immune suppressants.

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- iii. Continuous treatment with corticosteroids or other immune suppressants

Additionally, one of the following organ involvements must be diagnosed:

- i. Lupus nephritis with proteinuria of at least 0.5 g/day and a Glomerular filtration rate of less than 60 ml/min (MDRD formula)
- ii. Libman-Sacks endocarditis or myocarditis
- iii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings.
- iv. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologists.
- v. The other form of lupus erythematosus the Discoid lupus erythematosus or subacute cutaneous lupus erythematosus or a lupus erythematosus that is drug-induced are not covered.

30. Amyotrophic Lateral Sclerosis

A definite diagnosis of amyotrophic lateral sclerosis. Should be characterized by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and exterior plantar reflexes, evidence of corticospinal tract involvement, dysarthric and dysphagia. Appropriate neuromuscular testing such as Electromyogram (EMG) must be present.

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
- vii. The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

- i. Other forms of motor neurone disease
- ii. Multifocal motor neuropathy (MMN) and inclusion body myositis
- iii. Post-polio syndrome
- iv. Spinal muscular atrophy
- v. Polymyositis and dermatomyositis

31. Bacterial Meningitis

A definite diagnosis of Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

- i. Aseptic, viral, parasitic or non-infectious meningitis

32. Chronic Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

33. Acute Viral Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- i. Encephalitis caused by bacterial or protozoal infections
- ii. Myalgic or paraneoplastic encephalomyelitis

34. Fulminant Viral Hepatitis

A sub massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.

The diagnosis must be supported by all of the following:

- i. A rapidly decreasing liver size as confirmed by abdominal ultrasound;
- ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- iii. Rapidly deteriorating liver functions tests
- iv. Deepening jaundice and
- v. Development of Hepatic Encephalopathy.
- vi. Coagulopathy with an international normalized ratio (INR) greater than 1.5

The diagnosis must be confirmed by a Consultant Gastroenterologist appointed by Insurance company.

For the above definition, the following are not covered:

- i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- ii. Fulminant viral hepatitis associated with intravenous drug use

35. Severe Rheumatoid Arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- iii. Continuous treatment with corticosteroids
- iv. Treatment with a combination of “Disease Modifying Anti-Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months
- v. Radiographic evidence of bony erosions or loss of cartilage in at least 2 of the following joint areas: fingers, hand, wrist, elbow, cervical spine, knee, ankle, foot

The diagnosis must be confirmed by a Consultant Rheumatologist appointment of Insurance company.

For the above definition, the following are not covered:

- i. Reactive arthritis, psoriatic arthritis and activated osteoarthritis

EXCLUSIONS FOR CRITICAL ILLNESS BENEFIT

Apart from the disease specific exclusions given along with definitions of diseases, no waiver of premium benefit will be payable if the Critical Illness is caused or aggravated directly or indirectly by any of the following acts of the life insured unless those are beyond his / her control:

- i. Any diseases occurring within 90 days of the start of coverage or date of revival (i.e. during the waiting period) or date of reinstatement whichever is later.
- ii. Pre-existing Disease means any condition, ailment, injury or disease:
 - i. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
- iii. External congenital condition
- iv. Intentional self-inflicted injury, attempted suicide
- v. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- vi. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- vii. Taking part in any naval, military or air force operation during peace time
- viii. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger or pilot and cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- ix. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent
- x. Engaging in or taking part in professional or adventure sport(s) which are hazardous in nature including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping
- xi. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

NOMINATION

Nomination shall be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. Nomination of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

ASSIGNMENT

Assignment shall be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. Assignment of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

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

EXTRACT OF SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME STATES

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

GRIEVANCE REDRESSAL

In case you have any query or complaint or grievance. You may approach any of Our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at indiaservice@pnbmetlife.co.in
- Write to
Customer Service Department,
1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West),
Mumbai – 400062. Phone: +91-22-41790000.
- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

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.
- ✓ The product is 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 of life insurance 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 of life insurance 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 a life 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 life insurance 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 of life insurance 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 of life insurance 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 life insurance 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.'



www.pnbmetlife.com



1800-425-6969

PNB MetLife India Insurance Company Limited, Registered office address: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDAI Registration number 117. CI No: U66010KA2001PLC028883. PNB MetLife Super Saver Plan (UIN:117N123V03) is an Individual, Non-Linked, Participating, Savings, Life Insurance Plan. For more details on terms & conditions, please read the Sales brochure carefully before concluding any sale. This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. This version of the document invalidates all previous printed versions for this particular plan. The risk factors of the bonuses projected under the product are not guaranteed. Past performance doesn't construe any indication of future bonuses. The product is subject to the overall performance of the insurer in terms of investments, management of expenses, mortality and lapses. The detailed Terms and Conditions are contained in the Policy Document. Tax benefits are as per the Income Tax Act, 1961, & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details. Goods and Services Tax (GST) shall be levied as per prevailing tax laws which are subject to change from time to time. Trade Logo displayed above belongs to Punjab National Bank and Metropolitan Life Insurance Company and used by PNB MetLife India Insurance Company Limited under License. Email: indiaservice@pnbmetlife.co.in or Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062, Maharashtra. AD-F/2024-25/850.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

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