



Circle
of Life

pnb MetLife

Milkar life aage badhain

Big Dreams Ki Double Guarantee!

PNB MetLife

Guaranteed Goal Plan

An Individual Non-Linked, Non-Participating, Savings, Life Insurance Plan
(UIN: 117N131V05)



UP TO 3X**
OF TOTAL
PREMIUM



WAIVER ON FUTURE
PREMIUMS- WITH
FAMILY CARE BENEFIT



WAIVER OF PREMIUMS
ON DIAGNOSIS OF
CRITICAL ILLNESSES



TAILOR-MADE PAYMENT
AND PAYOUT OPTIONS



SAVE TAX* UNDER
SECTION 80C & 10(10D)

While taking a walk through our lives, our ultimate goal is to provide a safe, secure, and healthy life to our loved ones. We aim at securing every nuance of our life be it by planning a stable income for retirement, building a health fund for emergencies, managing our child's education dreams, or preparing for life's uncertainties.

With an aim to safeguard the dreams of your family and keep your life fully covered, PNB MetLife offers Circle of Life solutions that meet your needs through all stages of life. Keeping in mind your growing needs, we constantly strive to make new additions to our insurance bouquet.

Introducing PNB MetLife Guaranteed Goal Plan, a perfect savings solution that helps you save systematically and get guaranteed returns. PNB MetLife Guaranteed Goal Plan secures your goals against unforeseen life events and offers you complete control and flexibility to customize your savings schedule. It is specially designed to help you enjoy the freedom of life and ease your worries for your future ahead.

WITH PNB METLIFE GUARANTEED GOAL PLAN



Secure your future with Guaranteed benefits



Get flexibility to receive benefits as Lumpsum or Guaranteed Income



Boost your corpus with Guaranteed additions* and Wealth additions



Secure goals against unfortunate death or diagnosis of critical illness, with Family Care Benefit and Health Care benefit*.



Customization of income payouts to suit your needs:
Choose any date to commence the income pay-out to coincide with any special date like birthdate or anniversary date.



Get higher Sum Assured on Maturity for higher premium



Safeguard your family's future with life cover for entire policy term

*Guaranteed additions, Family Care & Health Care Benefit Options will not be available with Single Premium policies and Joint Life policies.

KEY BENEFITS

- Choose from two plan options based on your need:
 - Lumpsum Option: Guaranteed Maturity Benefit will be payable at Maturity date.
 - Income + Lumpsum Option: Guaranteed Survival Benefit will be payable every year post completion of Premium Payment Term along with a Guaranteed Maturity Benefit on Maturity date. Benefits will differ based on the option chosen.
- Pay as you like: Choose to pay for 5, 7, 10 or 12 years for either of the plan options or choose single premium with Lumpsum option.
- Option of Joint Life available under Single Premium payment option only.
- Additional benefits to boost your corpus:
 - Guaranteed addition of 5% of Total Annualised premium paid till date gets accrued every year during premium payment term.
 - Wealth additions ranging from 3.2% to 9% of Total Annualised Premium paid till date get accrued or paid every year after premium payment term¹.
 - Higher Benefits for higher premium payment.
- Flexibility to accumulate your Survival benefits and receive payouts on the date of your choice²
- Protection: Safeguard against uncertainties:
 - Get life cover for the entire policy term.
 - Get Waiver of premium on death or diagnosis of critical illness with Family Care and Health Care options.
- Option to enhance your protection through Accidental Death and Serious Illness rider coverage.
- Tax benefits: You may be eligible to avail tax benefit on premiums paid and benefits received, as per prevailing tax laws.

¹Wealth Additions accrue after completion of Premium Payment Term as a percentage of Total Annualised Premiums paid till date and will vary based on Premium payment term and Policy term. Wealth Additions will accrue if Lumpsum option is chosen or will be paid out after PPT if Income + Lumpsum option is chosen.

²Policyholder cannot choose the date preceding the due date of the Guaranteed Survival Benefit payout.

HOW DOES THE PLAN WORK?

Let's look at a few examples:

Illustration 1:

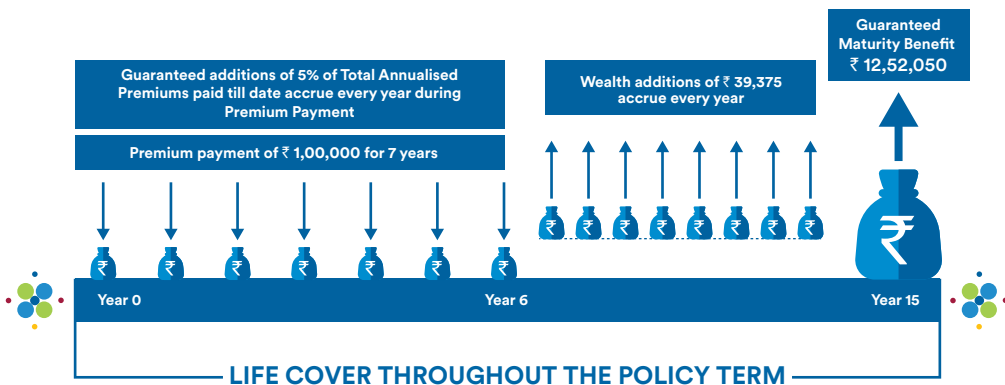
Sameer, aged 35 years has a 3-year-old daughter. He wants to save in a plan which provides a guaranteed corpus to secure his daughter's future. He chooses PNB MetLife Guaranteed Goal Plan and selects:

- Plan Option – Option 1 : Lumpsum Option.
- Premium payment term of 7 years and Policy term of 15 years.
- Annualised Premium of Rs. 1,00,000 (exclusive of taxes/cesses).

Scenario I:

If Sameer survives till Maturity, he will receive a lumpsum of Rs. 12,52,050 at maturity when his daughter turns 18 years of age.

BENEFITS	AMOUNT (RS.)
Sum of Guaranteed additions accrued during PPT (a)	1,40,000
Sum of Wealth additions accrued post PPT (b)	3,15,000
Sum Assured on Maturity (c)	7,97,050
Guaranteed Maturity Benefit at Maturity (a + b + c)	12,52,050



Scenario II:

In case of unfortunate demise of Sameer in the 10th policy year, his nominee receives a lump sum benefit of Rs. 10,00,000 and the policy terminates.

Where Sum Assured at death is as mentioned under 'Death Benefit' section in this document.

Illustration 2:

Sachin, aged 40 years wants to plan his retirement and buy a plan that provides him guaranteed survival benefits payouts during his golden years. He chooses PNB MetLife Guaranteed Goal Plan and selects:

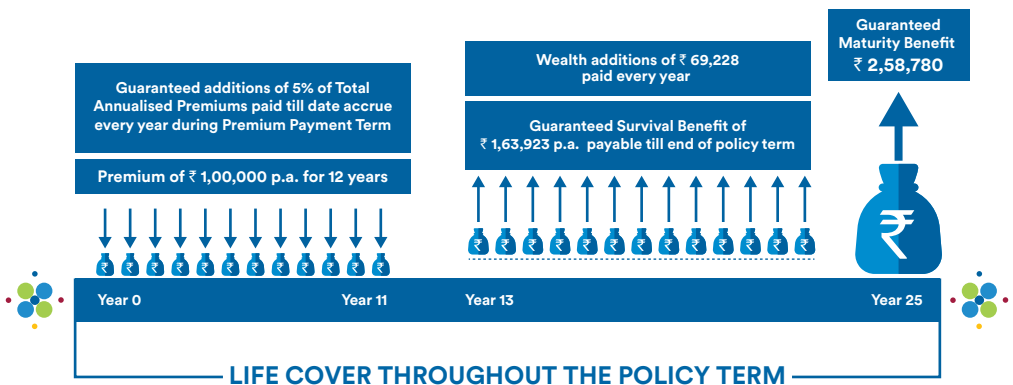
- Plan option – Option 2: Income + Lumpsum Option
- Premium payment term of 12 years, and Policy term of 25 years
- Annualised Premium of Rs. 1,00,000 (exclusive of taxes/cesses)

Scenario I:

He starts receiving a Guaranteed Survival Benefit payout of Rs. 1,63,923 from end of 13th policy year till end of the policy term.

He can choose to start receiving Guaranteed Survival Benefit payout at any selected date during the income payout year till the due date of next income payout provided it is succeeding the due date of income payout.

BENEFITS	AMOUNT (RS.)
Sum of Guaranteed additions accrued during PPT	3,90,000
Guaranteed Additions payable in each year post PPT [3,90,000 / 13] (a)	30,000
Wealth additions accrued & payable in each year post PPT (b)	69,228
Guaranteed Income payable in each year post PPT (c)	64,695
Guaranteed Survival Benefit payable in each year post PPT (a + b + c)	1,63,923
Guaranteed Maturity Benefit at Maturity	2,58,780



Scenario II:

In case of unfortunate demise of Sachin in the 10th policy year, his nominee receives a lump sum benefit of Rs. 10,50,000 and the policy terminates.

Where Sum Assured at death is as mentioned under 'Death Benefit' section in this document.

Illustration 3:

Aryan, aged 35 years is married to Neha and has a son Vihaan who is 2-year-old. Aryan wants to save for his son's education and wants a plan which provides guaranteed regular payouts to meet Vihaan's tuition fees and lumpsum for Vihaan's higher education. He also wants to secure this income even if he is unable to pay premiums due to his death.

He chooses PNB MetLife Guaranteed Goal Plan and selects:

- Plan option – Option 2: Income + Lumpsum option & with 'Family Care Benefit'
- Premium payment term of 10 years and Policy term of 20 years
- Annualised Premium of Rs. 1,00,000 (exclusive of taxes/cesses)

Scenario I: He will start receiving Guaranteed Survival Benefit pay-out of Rs. 1,43,578 from the end of 11th year which he uses to pay his son's tuition fees and receives a lumpsum of Rs. 2,24,310 at maturity which he can use towards his child's higher education.

He can choose to start receiving a Guaranteed Survival Benefit payout at any selected date during the income payout year till the due date of next income payout.

BENEFITS	AMOUNT (RS.)
Sum of Guaranteed additions accrued during PPT	2,75,000
Guaranteed Additions payable in each year post PPT [2,75,000 / 10] (a)	27,500
Wealth additions accrued & payable in each year post PPT (b)	60,000
Guaranteed Income payable in each year post PPT (c)	56,078
Guaranteed Survival Benefit payable in each year post PPT (a + b + c)	1,43,578
Guaranteed Maturity Benefit at Maturity	2,24,310

Scenario II:

In case of unfortunate demise of Aryan in the 5th policy year, his nominee receives a lump sum benefit of Rs. 10,00,000, future premiums will be waived off, and all Guaranteed Survival Benefit and Guaranteed Maturity Benefit under the policy will be payable to the Nominee as scheduled.

Where Sum Assured at death is as mentioned under 'Death Benefit' section in this document.

Life cover throughout the policy term

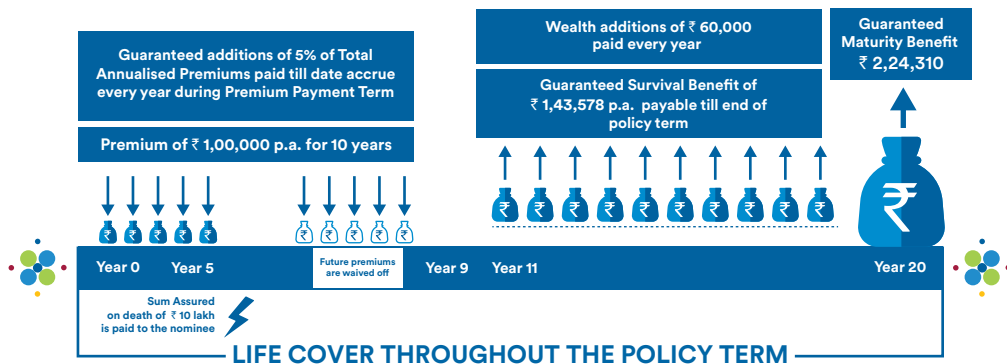


Illustration 4:

Ayush, aged 30 years has a 3 year old daughter and wants a savings plan that provides him a corpus after 20 years to take care of his daughter's higher education expenses. He is also concerned about his health and what will happen to his daughter's aspirations if he is diagnosed with a critical illness. He chooses PNB MetLife Guaranteed Goal Plan and selects:

- Benefit Payout option – Option 1: Lumpsum option with 'Health Care Benefit' Option
- Premium payment term of 10 years and Policy term of 20 years
- Annualised Premium of Rs. 1,00,000 (exclusive of taxes/cesses) and gets Sum Assured of Rs.10,00,000

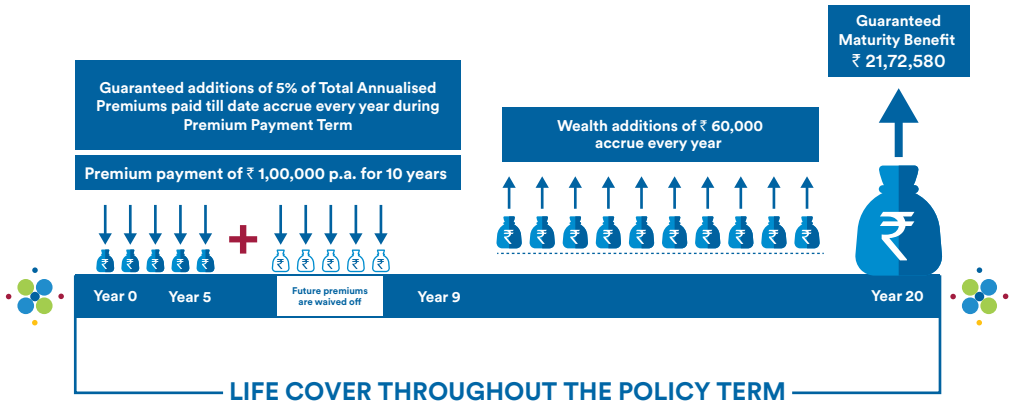
Scenario I: On Ayush's survival till the end of policy term, he will receive Rs. 21,72,580 as lumpsum on maturity date when his daughter is 23 years old.

BENEFITS	AMOUNT (RS.)
Sum of Guaranteed additions accrued during PPT (a)	2,75,000
Sum of Wealth additions accrued post PPT (b)	6,00,000
Sum Assured on Maturity (c)	12,97,580
Guaranteed Maturity Benefit at Maturity (a + b + c)	21,72,580

Scenario II:

In case when Ayush is diagnosed with a Critical Illness in the 5th policy year, his future premiums will be waived off, and Guaranteed Maturity Benefit under the policy will be payable as scheduled to ensure that his daughter's education expenses are taken care. Sum Assured on Death will continue to exist and will be payable in case of Ayush's unfortunate death during Policy Term and the policy will terminate.

Where Sum Assured on Death is as mentioned under 'Death Benefit' section in this document.



PLAN AT A GLANCE

This is a guaranteed savings plan wherein at inception of the policy, the policyholder can choose to receive benefits in any one following form:

Benefit payout options

Option 1: Lumpsum Option: Sum Assured on Maturity along with accrued Guaranteed Additions and accrued Wealth additions is paid as a lumpsum at the end of the policy term. For Single Premium, Guaranteed Additions are nil.

Option 2: Income + Lumpsum Option: Guaranteed Survival Benefits will be payable at each policy anniversary after the completion of Premium Payment Term till Maturity. Sum Assured on Maturity is payable as Lumpsum at Maturity.

The above benefits will be payable provided the policy in-force and all due instalment premiums have been paid.

Additional Benefits

Family Care Benefit: Waiver of Premium in case of Death of Life Assured

Health Care Benefit: Waiver of Premium in case of diagnosis of any of 35 Critical Illness listed. Family Care Benefit and Health Care Benefit cannot be chosen with Single Premium policies.

Income pay-out Mode **Yearly / Half-yearly / Quarterly / Monthly**

	Premium Payment Term (in Years)	Policy Term: Lumpsum Option (in Years)	Policy Term: Income + Lumpsum Option (in Years)
Premium Paying Term (PPT) (Years)	Single Premium	5, 7, 10, 12, 15, 20	Not available
	5	10, 12 and 15	10, 12 and 15
Policy term (Years)	7	12, 15 and 20	12, 15 and 20
	10	15, 20 and 25	20 and 25
	12	20, 25 and 30	20, 25 and 30

For Single Premium:

Cover Type	Minimum Entry Age (in Years)
Single Life	0 (30 days)
Joint Life	18 Years

Minimum age⁶ at entry (Years)

For Limited Premium:

	Minimum Entry Age (in Years)
Without Family Care and/or Health Care Option	0 (30 days)
With Family Care and/or Health Care Option	18

Maximum age⁶ at entry (Years)

For Single Premium:

Cover Type	Age at Entry (last birthday)
Single Life	65 Years
Joint Life	60 Years

For Limited Premium:

	Policy Term (years)					
	10	12	15	20	25	30
Without Family Care and Health Care Benefit	60				55	50
With Family Care and Health Care Benefit	55					

Minimum age⁶ at Maturity (Years)

For Single Premium:

Cover Type	Policy Term (years)					
	5	7	10	12	15	20
Single Life	5	7	10	12	15	20
Joint Life	23	25	28	30	33	38

For Limited Premium:

Whether Family Care / Health Care Benefit is chosen	Policy Term (years)					
	5	7	10	12	15	20
No	5	7	10	12	15	20
Yes	23	25	28	30	33	38

Maximum age⁶ at Maturity (Years)	For Single Premium:							
	Cover Type	Policy Term (years)						
		5	7	10	12	15	20	
	Single Life	70	72	75	77	80		
Joint Life	65	67	70	72	75	80		
	For Limited Premium:							
		Policy Term (years)						
		10	12	15	20	25	30	
	Without Family Care and Health Care Benefit	70	72	75	80		80	
With Family Care and Health Care Benefit	65	67	70	75	80			
Minimum Annualised Premium (Rs.)	PPT	Single Premium			5	7	10	12
	Min. Annualised Premium	50,000			30,000	15,000		
Maximum Annualised Premium (Rs.)	Subject to maximum Sum Assured on Death limit as per Board Approved Underwriting Policy.							
Minimum Sum Assured (Rs.)	PPT	Single Premium						
		Single Life	Joint Life	5	7	10	12	
Minimum Sum Assured (in Rs.)	62,500	5,00,000	3,00,000	1,50,000				
Maximum Sum Assured (Rs.)	As per Board approved underwriting policy.							
Rider options	PNB MetLife Accidental Death Benefit Rider Plus (UIN: 117B020V04), PNB MetLife Serious Illness Rider (UIN: 117B021V04)							
Premium Payment modes	Yearly / Half Yearly / Quarterly/ Monthly							

⁶All reference to age are 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. For Joint Life, age (last birthday) of older of the two lives will considered as entry age.

POS BOUNDARY CONDITIONS (POINT OF SALE)

Benefit payout options Option 1: Lumpsum Option
Option 2: Income + Lumpsum Option

Income pay-out Mode Yearly / Half-yearly / Quarterly / Monthly

Premium Paying Term (PPT)(Years)/ Policy Terms (PT)(Years)	Premium Payment Term (in Years)	Policy Term: Lumpsum Option (in Years)	Policy Term: Income + Lumpsum Option (in Years)
	5	10, 12 and 15	10, 12 and 15
7	12, 15 and 20	12, 15 and 20	
10	15, 20	20	
12	20	20	

Minimum age⁶ at entry (Years) 0 (30 days)

Maximum age⁶ at entry (Years)

Policy Term (Years)			
10	12	15	20
55	53	50	45

Maximum age⁶ at Maturity (Years) 65 Years

Minimum Annualised Premium (Rs.)

PPT (Years)	5	7	10	12
Minimum Annualised Premium (Rs.)	30,000	30,000	15,000	

Maximum Annualised Premium (Rs.)

Subject to maximum Sum Assured on Death as per Board Approved Underwriting Policy.

Minimum Sum Assured (Rs.)

PPT (Years)	5	7	10	12
Minimum Sum Assured	3,00,000		1,50,000	

Maximum Sum Assured (Rs.)

25,00,000, without any medicals as per prevailing POS guidelines, amended from time to time.

Premium Payment modes

Yearly / Half Yearly / Quarterly / Monthly
Single premium mode will not be available.

POS BOUNDARY CONDITIONS (POINT OF SALE)

Following options will not be available for POS policies:

Rider options	Riders will not be available
Additional Benefits	Family Care Benefit Health Care Benefit
Single Premium mode	Single Premium: Single Life and Joint Life will not be available



BENEFITS IN DETAIL



SURVIVAL BENEFIT

On survival of the Life Assured until the end of the Premium Payment Term, provided that the Policy is in In-force Status and all due Installment Premiums have been received in full by Us, the following benefit will be payable on each

Option 1: Lumpsum Option: No survival benefit will be payable under this option.

Option 2: Income + Lumpsum Option: If this option is chosen, Survival Benefit will be payable on each Policy Anniversary following the completion of the Premium Payment Term, provided the Life Assured is alive on the due date of each such instalment. Survival Benefit payable in each year will be sum of:

- Guaranteed Income
- Sum of Accrued Guaranteed Additions divided by Income Payout Period (years)
- Wealth Additions

Where:

Guaranteed Income = 25% of Sum Assured on Maturity

Guaranteed Additions = 5% of Total Annualised Premium paid till date will accrue at each Policy Anniversary during Premium Payment Term, provided that the policy is in in-force status.

Wealth Additions will accrue to Policy at each Policy Anniversary after the Premium Payment Term provided the Policy is in-force and all due Instalment Premiums have been paid.

Wealth Addition = Wealth Addition Rate x Total Annualised Premium paid till date



Wealth Addition rates are as mentioned in the table below:

PPT (in Years)	PT (in Years)	Wealth Addition Rate per 1000 Total Annualised Premiums Paid (₹)
	5	37.50
	7	35.00
Single Premium	10	33.33
	12	32.73
	15	32.14
	20	31.58
	10	60.00
5	12	51.43
	15	45.00
	12	72.00
7	15	56.25
	20	46.15
	15	90.00
10	20	60.00
	25	50.00
	20	75.00
12	25	57.69
	30	50.00



MATURITY BENEFIT

Option 1 – Lumpsum Option:

On survival of the Life Assured till the Maturity Date, provided that the Policy is in In-force Status, the Guaranteed Maturity Benefit shall be paid which is equal to sum of:

For Limited Premium policies:

- Sum Assured at Maturity; plus
- Accrued Guaranteed Additions; plus
- Accrued Wealth Additions

For Single Premium policies:

- Sum Assured at Maturity
- Accrued Wealth Additions



Option 2 – Income + Lumpsum Option:

On survival of the Life Assured till the Maturity Date, provided that the Policy is in In-force Status, the Guaranteed Maturity Benefit shall be paid which is equal to Sum Assured on Maturity.

Where, Sum Assured on Maturity means the amount of benefit guaranteed to be paid on maturity and is defined as a percentage of Annualised Premium. Sum Assured on Maturity varies by age, Premium Payment Term, Policy Term, amount of Annualised Premium and option chosen.



DEATH BENEFIT

On death of the Life/Lives Assured during the policy term provided that the policy is still In-force status on the date of death of Life Assured, and all due Installment Premiums are received in full by Us, the nominee shall receive Death Benefit which is Sum Assured on Death and the Policy shall immediately and automatically terminate.

For Limited Premium policies, Sum Assured on Death is higher of 10 times of Annualised Premium or 105% of Total premiums paid up to the date of death of Life Assured.

For Single Premium with Single Life policies, Sum Assured on Death is 1.25 times Single Premium. The policy terminates with the payment of Sum Assured on Death.

For Single Premium policies where Joint Life Cover is in-force, the following Sum Assured on Death will be payable:

- a) In case of death of first Life Assured during the Policy Term: 1.25 times of Single Premium will be payable to the last surviving Life Assured
- b) In case of death of last surviving Life Assured during Policy Term: 10 times of Single Premium will be payable to the Nominee and the policy terminates.

The policy will continue after First Death and shall terminate with the payment of Benefit on Second Death.

If at the time of death of Life Assured is a minor, death benefit shall be paid to the Proposer of the Policy.

Except for policies where Family Care Benefit is chosen or Joint Life cover is opted, the death benefit shall be higher of the Sum Assured on Death or the Surrender Benefit payable at date of death.

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

Where, the Total premiums paid means total of all the premiums received under the base product, excluding any extra premium, and taxes, if collected explicitly.

The policy cover terminates with the payment of death benefit, except where Family care has been chosen.





FAMILY CARE BENEFIT

Where Family Care Benefit option is in force (as specified in the Schedule), then in the event of death of Life Assured during the Policy Term, all future Installment Premiums (if any) shall be waived off, and the Nominee shall receive the Sum Assured on Death as lumpsum. Policy continues to accrue all benefits, and all future Survival Benefits and Maturity Benefit as defined above shall also be paid to the Nominee.

The Policy does not terminate on payment of the Sum Assured on Death where the Family Care Benefit option is chosen under the Policy.

The Policy cannot be surrendered once waiver of premium is triggered on death of Life Assured.

Family Care Benefit option shall not be available to Single Premium policies and Policies sourced through POSP channel.

The Life assured and policy holder should be same under this option.



HEALTH CARE BENEFIT

Where Health Care Benefit option is in force (as specified in the Schedule), then in the event of the Life Assured being diagnosed to be suffering from any of the Critical Illnesses listed in Appendix A, while the Policy is in In-force Status, all the future Instalment Premiums that would otherwise have been payable under the Policy for the remainder of the Premium Payment Term shall be waived off. Guaranteed Survival Benefits, Guaranteed Maturity Benefit and Death Benefit, shall continue to be payable under the Policy as defined in the relevant sections of this document.

The Policy will not terminate with waiver of premium being triggered under Health Care Benefit. The policy will function as a fully paid-up policy.

In the event of the death of the Life Assured when Health Care Benefit is opted, provided that the Policy is in In-force status on the date of death, Sum Assured on Death as defined in Death Benefit section will be payable to the Nominee and the Policy shall terminate.

Health Care Benefit option will not be available to Single Premium policies and Policies sourced through POS platform.



THE HEALTH CARE BENEFIT SHALL BE APPLIED SUBJECT TO THE FOLLOWING:

- The Critical Illness is contracted by the Life Assured after the completion of the 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).
- If a Critical Illness is contracted during the Waiting Period, then Total premiums paid shall be refunded and the policy will terminate.

The policyholder can either choose Family Care or Health Care option at inception of the policy, the option once chosen cannot be changed during the policy term.



OTHER FEATURES



FLEXIBILITY TO CHOOSE THE DATE OF BENEFIT PAYOUT

Survival Benefits will be paid on policy anniversaries by default. Alternatively, the policyholder can choose to receive the survival benefits on any one date, as per their choice.

The date of Survival Benefit Payout specified in the Schedule can be changed before the start of Survival Benefit payout by giving the Company a written notice at least 30 days before the Survival Benefit Payout Start Date. The chosen date of receiving the Survival Benefit payout must be before the date of immediately succeeding Policy Anniversary.

The Survival Benefit payout shall be accumulated monthly at Reverse Repo Rate published by RBI on its website. This rate will be reviewed at the beginning of every month and will be aligned with latest Reverse-Repo Rate published on RBI's website. Such accumulated Survival Benefit shall be paid on the chosen date of Survival Benefit payout.



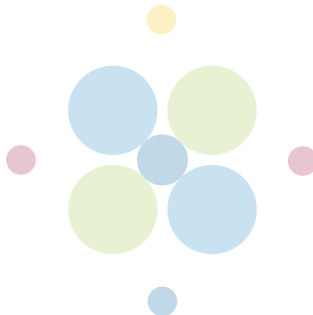
FLEXIBILITY TO ACCUMULATE SURVIVAL BENEFIT:

At any point during the Policy Term, the Policyholder shall have an option to defer the Guaranteed Survival Benefit, if applicable, and accumulate them instead by giving the Company a written notice at least 30 days before next Survival Benefit Payout.

The accrued Survival Benefit Payouts will be accumulated monthly at Reverse Repo Rate published by RBI on its website and this rate will be reviewed at the beginning of every month and will be aligned with latest Reverse-Repo Rate published on RBI's website.

The Policyholder can withdraw from the accumulated Income, partly/ fully at any point during the Policy Term by giving the Company a written notice. If the unpaid Survival Benefits are not taken by the Policyholder during the Policy Term, the same shall be payable along with benefits payable at the time of termination of the Policy on death of the Life Assured, maturity or surrender of the Policy. This option can be availed when the Policy is in In-force Status.

The Policyholder can choose to opt in or opt out of this option at any point during the Policy Term by giving the Company a written notice at least 30 days before next Survival Benefit Payout.





FLEXIBILITY TO CHOOSE INCOME PAYOUT MODE

The policyholder can choose to receive the Guaranteed Survival Benefits under Income + Lumpsum option at less frequent intervals. The amount of Survival Benefit shall be as given below:

Income Payout Frequency	Income Payout Factor
Annual	100% of Annual Amount
Half-Yearly	97% of Annual Amount x ½
Quarterly	96% of Annual Amount x ¼
Monthly	95% of Annual Amount x 1/12

Policyholder may submit request to alter Income Payout Frequency at any time during the policy term. Alteration in the Income Payout Frequency will be applicable only from next policy anniversary.



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 and any interest accrued thereon. 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 and will be reviewed annually.



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 critical illnesses listed in the Rider

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

- For Policies where Family Care Benefit or Health Care Benefit is in force, no waiver of premium benefit shall be applicable on Rider.
- Rider Sum Assured limits shall be as per the respective rider type and limits.
- Total premium for all non-health riders put together shall be subject to maximum of 30% of

the premium of the Base Policy.

- Total premium for all health Riders put together shall be subject to a ceiling of 100% of the total premium under the Base Policy.
- The Rider premium payment term should be less than or equal to the outstanding Premium Payment Term of the Base Policy.
- Riders shall not be available under the Base Policy if the term of Rider exceeds the outstanding Policy term of the Base Policy.
- Rider can be attached at the inception of the Policy or at Policy Anniversary
- When the Base Policy is paid-up, lapsed, surrendered or forfeited, the rider attached to the Base Policy will also terminate immediately. For more details on the rider benefits, features, terms and conditions, please refer to the rider terms and conditions carefully or contact Your insurance advisor.
- Rider shall not be offered for POS policies.



FLEXIBLE PREMIUM PAYMENT MODES & MODAL FACTORS

You may select to pay premiums by Yearly, Half Yearly, Quarterly or Monthly mode subject to the minimum Annualised premium under each mode.

Modal factors shall be used to derive the Annualised Premium. In case a mode other than annual is chosen then the Annualised premium is equal to (Installment premium / modal factor). Modal Factors on premium will be applicable as per the table below:

Premium Paying Mode	Modal Factors
Annual	1
Half-Yearly	0.5131
Quarterly	0.2605
Monthly	0.0886

Alterations between different modes of premium payment is allowed at any policy anniversary on request. Future Installment Premiums payable shall be revised such that Benefits under the Policy remain unchanged.



GRACE PERIOD FOR OTHER THAN SINGLE PREMIUM

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



LAPSE

If due premium for the first full year is not paid, except in case of Single Premium policies, the policy shall lapse at the end of the grace period and the risk cover and rider benefits, if any, will cease immediately. No benefits will be paid when the policy is in lapsed status. A lapsed policy can be revived as per terms and conditions as mentioned in the Revival section.

If a lapsed policy is not revived by the end of the revival period, the policy will be terminated.



SURRENDER VALUE

For Limited Premium policies: If all due Premium is paid for the first full Policy Year, the Policy shall acquire a Special Surrender Value after completion of first Policy Year.

If all due Premiums have been paid for at least two full Policy Years, the Policy shall acquire a Guaranteed Surrender Value.

For Single Premium policies : Guaranteed Surrender Value and Special Surrender Value will be acquired immediately on date of commencement of risk.

The Policy will automatically terminate after payment of the Surrender Value. The Surrender Value payable shall be higher of Guaranteed Surrender Value and Special Surrender Value as given below:



GUARANTEED SURRENDER VALUE:

GSV = {GSV Factor x Total premiums paid + GSV Factor on Guaranteed Additions and Wealth Additions x (Accrued Guaranteed Addition (as applicable) + Accrued Wealth Addition) minus Survival benefits (as applicable) already paid till the date of Surrender}; subject to a minimum of zero.



THE GSV FACTORS ARE AS MENTIONED BELOW: FOR LIMITED PREMIUM POLICIES:

Policy Year of Surrender (Years)	Policy Term (Years)					
	10	12	15	20	25	30
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%
3	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
4	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
8	70.00%	60.00%	55.71%	53.33%	52.35%	51.82%
9	90.00%	70.00%	61.43%	56.67%	54.71%	53.64%
10	90.00%	80.00%	67.14%	60.00%	57.06%	55.45%
11	0.00%	90.00%	72.86%	63.33%	59.41%	57.27%
12	0.00%	90.00%	78.57%	66.67%	61.76%	59.09%
13	0.00%	0.00%	84.29%	70.00%	64.12%	60.91%
14	0.00%	0.00%	90.00%	73.33%	66.47%	62.73%
15	0.00%	0.00%	90.00%	76.67%	68.82%	64.55%
16	0.00%	0.00%	0.00%	80.00%	71.18%	66.36%
17	0.00%	0.00%	0.00%	83.33%	73.53%	68.18%
18	0.00%	0.00%	0.00%	86.67%	75.88%	70.00%
19	0.00%	0.00%	0.00%	90.00%	78.24%	71.82%
20	0.00%	0.00%	0.00%	90.00%	80.59%	73.64%
21	0.00%	0.00%	0.00%	0.00%	82.94%	75.45%
22	0.00%	0.00%	0.00%	0.00%	85.29%	77.27%
23	0.00%	0.00%	0.00%	0.00%	87.65%	79.09%

Policy Year of Surrender (Years)	Policy Term (Years)					
	10	12	15	20	25	30
24	0.00%	0.00%	0.00%	0.00%	90.00%	80.91%
25	0.00%	0.00%	0.00%	0.00%	90.00%	82.73%
26	0.00%	0.00%	0.00%	0.00%	0.00%	84.55%
27	0.00%	0.00%	0.00%	0.00%	0.00%	86.36%
28	0.00%	0.00%	0.00%	0.00%	0.00%	88.18%
29	0.00%	0.00%	0.00%	0.00%	0.00%	90.00%
30	0.00%	0.00%	0.00%	0.00%	0.00%	90.00%



FOR SINGLE PREMIUM POLICIES

Policy Year of Surrender	1	2	3	4	>=5
GSV Rates (%)	75.0%	75.0%	75.0%	90.0%	90.0%

The details of GSV Premium Factors and GSV Factors for Guaranteed Additions and Wealth Additions can be downloaded from our website www.pnbmetlife.com.



SPECIAL SURRENDER VALUE (SSV):

Special Surrender Value is the Surrender Value specified by Us on receipt of a request for Surrender. SSV is not guaranteed, and the Company will review SSV annually in accordance with the applicable Regulations issued from time to time.



REDUCED PAID-UP VALUE

If a policy has acquired a surrender value and future due instalment premiums are not paid, the policy will continue as a paid up policy with reduced benefits. However, the policyholder shall have the option to surrender the policy.

A reduced paid-up policy shall accrue Reduced Wealth Addition at each policy anniversary after the end of premium payment term. No Guaranteed Addition shall accrue once a policy converts to reduced paid-up.

If the policyholder does not surrender the policy and policy continues with reduced benefits following shall be payable:



Benefits	Payout
<p>Death Benefit</p>	<p>On death of Life Assured, Paid-Up Sum Assured on Death shall be payable & defined as Sum Assured on Death x (t / n), subject to a minimum of 105% of Total Premiums Paid till Date of Death</p> <p>Where,</p> <p>“t” refers the Number of Installment Premiums paid and “n” refers the Number of Installment Premiums payable during the PPT.</p> <p>If Family Care Benefit is not chosen the policy cover terminates with the payment of Reduced Paid-up Sum Assured on Death.</p> <p>If Family Care Benefit is chosen by the Policyholder at inception, then Paid-Up Sum Assured on Death shall be payable as lumpsum. Policy will continue to be reduced paid up and will receive benefits at maturity as mentioned under Maturity section</p> <p>Except for policies where Family Care Benefit is chosen , the death benefit shall be higher of the Paid-up Sum Assured on Death or the Surrender Benefit payable at date of death.</p>
<p>Survival Benefit</p>	<p>No survival benefit is payable if the policy is in Paid-Up status with reduced benefits.</p>
<p>Maturity Benefit</p>	<p>Paid-Up Sum Assured on Maturity is defined as;</p> <p>Option 1: Lumpsum Option: Reduced Paid-Up Sum Assured on Maturity plus Sum of accrued Guaranteed Additions plus Sum of accrued Reduced Wealth Additions shall be payable as lumpsum at maturity date.</p> <p>Option 2: Income + Lumpsum Option: Reduced Paid-Up Sum Assured on Maturity plus Accumulated Value of each Reduced Paid-up Guaranteed Survival Payouts at compound interest of 4.5% p.a. from their respective date of income payment till maturity date shall be payable as lumpsum at maturity date</p> <p>Where,</p> <p>Reduced Paid-up Guaranteed Survival Payout = Guaranteed Income x (t/n) + Sum of all Accrued Guaranteed Additions / Income Payout Period+ Reduced Wealth Addition</p> <p>Reduced Wealth Addition = 75% x Wealth Addition Rate x Total Annualised Premium paid till date</p> <p>Reduced Paid-Up Sum Assured on Maturity = Sum Assured on Maturity x (t/n)</p> <p>Where,</p> <p>“t” refers to the Number of Installment Premiums paid and “n” refers the Number of Installment Premiums payable during the PPT.</p> <p>The policy cover terminates with the payment of reduced maturity benefit at maturity date.</p>

If Health Care Benefit is opted, no waiver of premium benefit will be applicable as the policy shall be in reduced paid up status. Rider benefits (if any), shall cease immediately after payment of surrender value with respect to rider benefits (if applicable).



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 8.0% p.a. 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.

In the event of revival of the policy as per terms and conditions stated above, Guaranteed Additions corresponding to all the installment premiums paid on revival shall accrue in the policy as if the policy had continued without any break.

The benefit payouts will be as mentioned below:

Revival during PPT: All benefit payouts shall be made when due as if the policy had continued without any break.

Revival after PPT: Sum of all due Guaranteed Survival Payouts (if applicable) till the date of revival will be paid as lumpsum upon revival of the policy. The other benefits which fall due subsequently in the policy tenure shall be paid as and when due.



TERMINATION

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

- o On payment of free-look cancellation amount
- o The date of Payment of Surrender Value
- o At the expiry of the Revival period, when the Policy has not been reinstated and provided the said Policy has not acquired any Paid-Up Value
- o Upon payment of death claim (except Family Care Benefit is opted) or maturity claim amount
- o On return of eligible premium/surrender value under suicide clause



AVAILABLE ONLINE

PNB MetLife Guaranteed Goal Plan is available for sale through online mode.



TERMS & CONDITIONS



FREE LOOK PERIOD

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 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 any changes made in the tax laws in future. Please consult your tax advisor for advice on the availability of tax benefits for the premiums paid and proceeds received under the policy.



EXCLUSIONS

1) Suicide exclusion:

If the Life Assured's death is due to suicide within twelve months from the date of commencement of the 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 premium paid under the Policy 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.

2) Waiting Period for policies sourced through POSP:

For policies sourced through Point of Sales Persons (POSP), a Waiting Period of 90 days will be applicable from date of acceptance of risk. In the event of death (except accidental death) within waiting period, 100% of Total premiums paid shall be payable to the nominee.





CRITICAL ILLNESSES DEFINITIONS AND EXCLUSIONS



DEFINITIONS OF 35 CRITICAL ILLNESSES APPLICABLE FOR HEALTH CARE BENEFIT

1. Cancer of Specified Severity

- A. 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.
- B. 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 behaviour, 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. Open Chest CABG

- A. 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.
- B. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

3. 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.

4. Myocardial Infarction (First Heart Attack of specific severity)

- A. 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.
- B. 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

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. Major Organ/Bone Marrow Transplant

- A. The actual undergoing of a transplant of:
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner
- B. The following are excluded:
- Other stem-cell transplants.
 - Where only islets of Langerhans are transplanted.

7. 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

8. Stroke resulting in permanent symptoms

- A. 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.
- B. The following are excluded:
- Transient ischemic attacks (TIA)
 - Traumatic injury of the brain
 - Vascular disease affecting only the eye or optic nerve or vestibular functions

9. Coma of specified severity

- A. 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:
- No response to external stimuli continuously for at least 96 hours;
 - Life support measures are necessary to sustain life; and
 - Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma
- B. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

10. Surgery of 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.

11. 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.

12. End Stage Liver Failure

- A. 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
- B. Liver failure secondary to drug or alcohol abuse is excluded.

13. 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.

14. Blindness

- A. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- B. 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.
- C. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

15. End Stage Lung Failure

- A. 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



16. Major Head Trauma

- A. 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.
- B. 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.
- C. 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.
- D. The following is excluded:
 - i. Spinal cord injury;

17. Benign Brain Tumor

- A. 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.
- B. 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.
- C. The following conditions are excluded:
 - i. 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.

18. 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.

19. 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.

20. Primary (Idiopathic) Pulmonary Hypertension

- A. 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.
- B. 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.
- C. 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.

21. Motor Neuron 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.

22. Multiple Sclerosis with Persisting Symptoms

- A. 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.
- B. Other causes of neurological damage such as SLE are excluded.

23. Apallic Syndrome

- A. 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 behavioural 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.

24. Bacterial meningitis

- A. 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.
- B. For the above definition, the following are not covered:
- i. Aseptic, viral, parasitic or non-infectious meningitis

25. Cardiomyopathy

- A. 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
- B. 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
- C. 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.

- D. 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)

26. Amyotrophic lateral sclerosis

- A. A definite diagnosis of amyotrophic lateral sclerosis. Should be characterized by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculation, 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.
- B. 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.
- C. 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).
- D. 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

27. Alzheimer's Disease

- A. 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)
- B. 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.
- C. For the above definition, the following are not covered:
- i. Other forms of dementia due to brain or systemic disorders

28. Chronic pancreatitis

- A. 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
- B. 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).
- C. For the above definition, the following are not covered:
- i. Chronic pancreatitis due to alcohol or drug use
 - ii. Acute pancreatitis

29. Muscular Dystrophy

- A. 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.
- B. 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.
- C. 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.
- D. The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings

30. Severe rheumatoid arthritis

- A. 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
- B. The diagnosis must be confirmed by a Consultant Rheumatologist appointment of Insurance company
- C. For the above definition, the following are not covered:
- i. Reactive arthritis, psoriatic arthritis and activated osteoarthritis

31. Medullary Cystic Disease

- A. 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 Nephrologist.
- B. 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

32. Systemic lupus Erythematosus (SLE) with Renal Involvement

- A. 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 immunosuppressants .
- B. 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 immunosuppressants
- C. 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 Nephrologist.
 - v. The other form of lupus erythematosus the Discoid lupus erythematosus or sub acute cutaneous lupus erythematosus or a lupus erythematosus that is drug-induced are not covered.

33. Aplastic Anaemia

- A. 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

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

34. Acute Viral Encephalitis

- A. 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.
- B. For the above definition, the following are not covered:
 - i. Encephalitis caused by bacterial or protozoal infections
 - ii. Myalgic or paraneoplastic encephalomyelitis

35. Fulminant Viral Hepatitis

- A. 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
- B. The diagnosis must be confirmed by a Consultant Gastroenterologist appointed by Insurance company.
- C. 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



EXCLUSION OF CRITICAL ILLNESS (35 CONDITIONS)

Apart from the disease specific exclusions given along with definitions of diseases above, no benefit will be payable if the critical illness is caused or aggravated directly or indirectly by any of the following:

- A. 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.
- B. Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period) or date of reinstatement whichever is later.
- C. External congenital condition.

- D. Intentional self-inflicted injury, attempted suicide.
- E. 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.
- F. 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.
- G. Taking part in any naval, military or air force operation during peace time.
- H. 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.
- I. Participation by the insured person in a criminal or unlawful act with criminal intent.
- J. Engaging in or taking part in professional sport(s) or any hazardous pursuits, 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.
- K. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.



NOMINATION

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



ASSIGNMENT

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



ABOUT PNB METLIFE

PNB MetLife India Insurance Company Limited (PNB MetLife) is one of the leading life insurance companies in India. PNB MetLife's shareholders are 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 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.

- 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 the Insurance Ombudsman on <https://www.cioins.co.in/Ombudsman>



FRAUD AND MISSTATEMENT

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

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

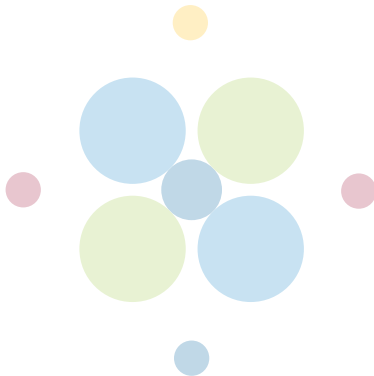
- (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or 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.



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¹Provided all premiums are paid as and when due. ^{**}Returns mentioned above are applicable for inforced policies at Age 40, AP1 Lakhs, Lumpsum Option, Annual Mode, PPT12, Term 30. Total Benefit varies basis actual Entry Age, Premium Payment Term, Policy Term, Annualised Premium amount, and Option chosen. [†]Waiver of Premium in case of Death of Life Assured. 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 Guaranteed Goal Plan (UIN:117N131V05) is an Individual, Non-Linked, Non-Participating, Savings, Life Insurance Plan. 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 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. The marks "PNB" and "MetLife" are registered trademarks of Punjab National Bank and Metropolitan Life Insurance Company, respectively. PNB MetLife India Insurance Company Limited is a licensed user of these marks. 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/2024-25/1126.

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