

PNB MetLife Linked Critical Illness Rider
Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider

1. Part A

1.1. Welcome Letter

[Name of the Policyholder]

Date: dd-mm-yyyy

[Father/husband name]

[Address]

[Mobile number]

<Policy No> <Sourcing Branch>

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

Welcome to PNB MetLife Family. Thank You for purchasing a PNB MetLife product and showing Your faith and confidence in Us. At PNB MetLife, We believe in putting customer first. We endeavor to provide products that meet Your needs and constantly support it with superior customer service.

Please find enclosed the Rider document along with Customer Information Sheet, other related information, including a copy of Your Proposal Form.

Free look Provision: Please go through the terms and conditions of Your Rider Policy very carefully. If You have any objections to the terms and conditions of Your Rider Policy, You may cancel the Rider Policy by giving a written notice to Us within 30 (Thirty) days beginning from the date of receipt of Rider Policy document, whether received electronically or otherwise, stating the reasons for Your objection, provided no claims has been made under this Rider Policy.

In such an event, irrespective of the reason for cancellation, You will be entitled to a refund of the Rider Premium paid, subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred on medical examination and stamp duty charges.

We value Your patronage and are committed to offering You the best services always. For any queries or concerns You can contact Us via the touch points given below, We are always there to help You. For easy reference details of Agent/Broker/Corporate Agent for Your Rider Policy is also mentioned below.

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

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

Yours Sincerely,

PNB MetLife India Insurance Co. Ltd.

[Signature]

[Name of signing authority]

[Designation of signing authority]

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In case of any queries / concerns, You can reach Us at:

Call Us at 1800-425-6969 (Toll Free)	Email Us at indiaservice@pnbmetlife.co.in	Visit www.pnbmetlife.com to manage Your Rider Policy online. Register online using Your Customer ID & Policy No.	Visit Your nearest PNB MetLife Office. Our address details are available on www.pnbmetlife.com
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Stamp duty of Rs. XXX.XX paid to Government of Maharashtra through consolidated Stamp Duty via Challan No. XXXXXXXX

PNB MetLife India Insurance Company Limited,

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore - 560001, Karnataka.

Corporate office: Unit No. 101, First Floor, Techniplex I, Techniplex Complex,
Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra
IRDA of India Registration Number: 117, CI No.: U66010KA2001PLC028883

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CUSTOMER INFORMATION SHEET/KNOW YOUR RIDER POLICY

This document provides key information about Your Rider Policy. You are also advised to go through Your Rider Policy document.

Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product and Unique Identification Number (UIN)	PNB MetLife Linked Critical Illness Rider (UIN: 117A027V01)	
2	Policy Number	<<PolicyNumberfromLA>>	
3	Type of Insurance Product / Policy	Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider	
4	Sum Insured	Individual Sum Assured basis: Where each Insured Member has a defined sum assured under this policy. <<Primary>> Life Assured: Rs. <<>>	Rider Policy Schedule
5	Policy Coverage	Critical Illness Benefit The Rider Policy provides 100% of the Rider Sum Assured on survival of 14 (Fourteen) days following the first instance of confirmed diagnosis of the Insured Person(s) suffering from one of the Insured Critical Illness Conditions depending upon the Rider Plan Option chosen while the Rider coverage is in effect and provided the claim satisfies the definitions of the Critical Illnesses outlined in Rider Policy conditions. The Rider Policy terminates after a claim has been paid. The following Rider Plan Options are offered: • Silver: 10 Insured Critical Illness; • Gold: 20 Insured Critical Illness; • Platinum: 60 Insured Critical Illness. The Rider Plan Option will be chosen by the Policyholder at inception of the Rider Policy and cannot be altered during the Rider Policy Term. Maturity Benefit – Not Applicable	Part C 3.1 Part C 3.4
6	Exclusions	Following exclusions shall apply: 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider Policy; 2. Any Pre-existing Disease or any complication arising therefrom. 3. Any Critical Illness caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,	Annexure 2

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		5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide. 6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power; 7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured Person; 9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving. 10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. 11. Any Critical Illness caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Policy Term. 12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. 13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for. 14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex. 15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an accident, burn(s), or cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. 16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions: a. Surgery to be conducted is upon the advice of the Doctor; b. The Surgery / procedure conducted should be supported by clinical protocols; c. The Insured Person has to be 18 (Eighteen) years of age or older; and d. Body Mass Index (BMI):	
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		○ greater than or equal to 40 (Forty); or ○ greater than or equal to 35 (Thirty-Five) in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity related cardiomyopathy; ii. Coronary heart disease; iii. Severe Sleep Apnea; iv. Uncontrolled Type 2 Diabetes. 17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason. 18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 19. In the event of the death of the Insured Person within the stipulated Survival Period as set out above. 20. Any Critical Illness caused by sterility and infertility. This includes: a. Any type of contraception, sterilization; b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI ; c. Gestational Surrogacy; d. Reversal of sterilization.	
7	Waiting Period	• 90 (Ninety) days from Date of Commencement of Rider Policy or Rider Policy revival date, as applicable For more details, please refer to Part C of Rider Policy document.	Part C 3.2
8	Survival Period	14 (Fourteen) days. For more details, please refer to Part C clause 3.3 of Rider Policy document.	Part C 3.3
9	Financial limits of Coverage	Not Applicable	-
10	Claims / Claims Procedure	i. Turn Around Time (TAT) for claims settlement and brief procedure – a) For cases not warranting investigation - 15 (Fifteen) days from the date of intimation of claim b) For cases warranting investigation - 45 (Forty Five) days from the date of intimation of claim ii. Helpline/Call Centre number - 1800 425 6969 (Toll-free) iii. Email - claimshelpdesk@pnbmetlife.com iv. Contact details of the insurer - PNB MetLife India Insurance Co. Ltd, 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. v. Link for downloading claim form and list of documents required including bank account details. You can download the claim form from the following link https://www.pnbmetlife.com/downloads/claims-forms/english.html	Part F 6.3

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11	Policy Servicing	All notices and communications in respect of this Rider Policy shall be addressed to Us at the following address: PNB MetLife India Insurance Co. Ltd, Unit No. 101, First Floor, Techniplex I, Techniplex Complex, Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra Customer Service No.- 1800 425 6969 (Toll-free)	Part F 6.8
12	Grievances/Complaints	Contact details of Grievance Redressal Officer of the Insurer: • Call 1800-425-69-69 (Toll free) • Email at Indiaservice@pnbmetlife.co.in • Write to Our Grievance Redressal Department PNB MetLife India Insurance Co. Ltd, Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas, Sector 65, District Gurugram, Haryana – 122018 For any escalation with the resolution provided by any of the above touch points, You may, write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in • Link for registering the grievance with the insurer's portal - https://www.pnbmetlife.com/grievance-cell/grievance-redressal.html Contact details of Ombudsman: Please refer to https://www.cioins.co.in/Ombudsman for a list of updated Insurance Ombudsman	Part G 7.1
13	Things You need to know	Grace Period: 30 (Thirty) days from the due date for yearly, half-yearly and quarterly frequencies and 15 (Fifteen) days for monthly frequency. Free look Provision: You may cancel the Rider Policy if you do not wish to continue it, within 30 (Thirty) days from the date of receipt of the Rider Policy. Lapse: If Instalment Rider Premiums are not paid within Grace Period then the Rider Policy will lapse. No Rider Benefit shall be payable under lapse status. Procedure for Revival of the Rider: Lapsed Rider Policy may be revived within a period of 3 (Three) years from the date of the first unpaid Rider Premium or end of Rider Policy Term whichever is earlier by paying all outstanding Rider Premiums along with interest, if any. Termination of the Rider: The Rider shall be terminated on the occurrence of events as mentioned in the Rider Policy Document.	Part C 3.4.3 Part D 4.1 Part D 4.2 Part D 4.3

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			Part D 4.5
14	Your / Insured Person's Obligations	Please provide correct information in the Proposal Form and disclose all Pre-existing Disease/s or condition/s before buying the Rider Policy. Non-disclosure may result in claim not being paid. All information sought in the Proposal Form is material for issuance of the Rider Policy and settlement of claim.	-

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note: In case of any conflict, the terms and conditions mentioned in the Rider Policy document shall prevail.

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1.2. Rider Preamble

PNB MetLife Linked Critical Illness Rider
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This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been issued by Us on receipt of the Rider Premium deposit and is based on the details in the Proposal Form received together with the other information, documentation and declarations received from You for effecting this Rider contract.

This Rider Policy forms a part of the Base Policy named in the Rider Schedule below. This Rider Policy is subject to the terms and conditions of the Base Policy to the extent applicable. Terms defined under the Base Policy shall have the same meaning when used in this Rider Policy unless the context requires otherwise. In the event of any inconsistency between the terms and conditions of this Rider Policy and the terms and conditions of the Base Policy, the terms and conditions of this Rider Policy shall prevail with respect to the subject matter of this Rider Policy.

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

On examination of the Rider Policy, if You notice any mistake or error, please return the Rider Policy document to Us in order that We may rectify the mistake/error.

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

[Signature]

[Name of signing authority]

[Designation of signing authority]

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1.3. Rider Schedule

Name of the Base Policy	<<>>
Base Policy UIN:	<<>>
Nature of the Base Policy	<<>>
Name of the Rider Policy	PNB MetLife Linked Critical Illness Rider
Nature of the Rider	Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider
Rider UIN:	117A027V01

Proposal Number	<<>>	Rider Policy Number	<<>>	Date of Issue	<<>>	Issuing office	<<>>
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1. Details of the Policyholder and Insured Person:

	Name	Gender	Date of Birth	Age (in years)	Age admitted
Policyholder	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>
Insured Person					
<<Primary>> Life Assured	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>

Telephone Number of Policyholder	<<>>
Mobile Number of Policyholder	<<>>
Address of Policyholder	<<>>
Address of <<Primary>> Life Assured	<<>>

2. Rider Benefits

Insured Person	Rider Premium Payment Term (years)	Rider Policy Term (years)	Rider Plan Option	Critical Illness Sum Assured (Rs.)
<<Primary>> Life Assured	<<>>	<<>>	<<Silver>> /<<Gold>> /<<Platinum >>	<<>>

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3. Rider Details

Date of Commencement of Rider Risk	<<>>
Date of Commencement of Rider Policy	<<>>
Date of Expiry of Rider Policy Term	<<>>
Rider Currency	INR (Indian Rupees)
Goods & Service Tax	<<X%>>

*Goods & Service tax at prevailing rates. You will be responsible to pay any new or additional tax/levy, or any changed amount of tax/cess being made applicable/ imposed on the Rider Premium(s) by any competent Authority.

4. Rider Premium Details

	<<Primary>> Life Assured
Annualized Rider Premium	Rs. << >>
Instalment Rider Premium	Rs. << >>
Goods & Services Tax	Rs. << >>
Total Instalment Rider Premium*	Rs. << >>
Rider Premium Frequency	<<>>
Rider Premium due date	<<>>
Last due date of Rider Premium	<<>>

* Includes Goods & Services Tax at prevailing rates. Rider Premium rates are subject to change in case of any variance in the present rates or in the event of any new or additional tax/levy being made applicable/ imposed on the Rider Premium(s) by competent Authority, the same would be borne by the Policyholder.

5. Details of Agent/Intermediary

Name	
License/Registration number	
Phone number	
Address	
Email address	

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6. Nominee details

Name(s) of the Nominee	Relationship	Age	Gender	Share(s) %
1)				
2)				
3)				

7. Appointee details (Only in case Nominee is a Minor)

Appointee name	Relationship with Nominee	Age	Gender

On examination of the Rider Policy, if You notice any mistake, the Rider Policy document must be returned to Us for correction.

8. E-Policy document

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

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2. PART B

Definitions applicable to Your Rider

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

Accident	Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the Date of Commencement of Rider Risk and before termination of the Rider Policy.
Age	Age as on last birthday in completed years.
Appointee	The person named in the Rider Schedule to receive payment under this Rider Policy, if the Nominee is a Minor at the time payment becomes due under this Rider Policy.
Base Policy	Means the insurance policy to which this Rider Policy is being attached
Beneficiary/ Claimant	Means either the Insured Person or the Policyholder or the Nominee or the assignee or the legal heir of the Nominee / Policyholder as the case may be.
Company/Us/We/Our	PNB MetLife India Insurance Company Limited.
Critical Illness/Insured Critical Illness	Means any Illness, medical event or Surgical Procedure as specifically defined in Annexure 1 whose signs or symptoms first commence at least after the specified Waiting Period after the Date of Commencement of Rider Policy.
Date of Commencement of Rider Risk	The date on which the risk under this Rider Policy comes into effect and is as specified in the Rider Schedule. The commencement of risk cover on the Insured Person shall depend on the Age of Insured Person on Date of Commencement of Rider Policy.
Date of Commencement of Rider Policy	The same as the Date of Commencement of Rider Risk, on which this Rider Policy is issued after We have accepted the risk under the proposal form.
Day Care Centre	Means any institution established for day care treatment of Illness and/or Injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under – • has qualified nursing staff under its employment; • has qualified Medical Practitioner/s in charge; • has fully equipped operation theatre of its own where Surgical Procedures are carried out; • maintains daily records of patients and will make these accessible to Our authorized personnel.
Grace Period	Means the specified period of time, immediately following the Rider Premium due date during which Rider Premium payment can be made to renew or continue this Rider Policy In-force Status without loss of continuity of Rider Benefits pertaining to Waiting Period(s) and coverage of Pre-Existing Diseases. Coverage shall be available during the period for which no Rider Premium is received. The Grace Period for payment of the Rider Premium shall be: 15 (Fifteen) days where Rider Premium payment mode is monthly and 30 (Thirty) days in all other cases.

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Hospital	Means any institution established for in-patient care and Day Care Treatment of Illness/ Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under: • has qualified nursing staff under its employment round the clock; • has at least 10 (Ten) inpatient beds, in those towns having a population of less than ten lakhs and 15 (Fifteen) inpatient beds in all other places; • has qualified Medical Practitioner (s) in charge round the clock; • has a fully equipped operation theatre of its own where Surgical Procedures are carried out; and • maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
In-force Status	A condition during the term of the Rider Policy, wherein the coverage of risk on the life of the Insured Person is subsisting and You have paid all the due Rider Premiums under the terms and conditions of this Rider Policy.
Injury	Means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
Illness	Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. (a) Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery (b) Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics: • it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests; • it needs ongoing or long-term control or relief of symptoms; • it requires rehabilitation for the patient or for the patient to be specially trained to cope with it; • it continues indefinitely; • it recurs or is likely to recur.
Instalment Rider Premium / Rider Premium	The amount stipulated in the Rider Schedule and paid either as a single premium or at regular intervals (Yearly/Half-Yearly/ Quarterly or Monthly mode as shall be applicable) by You for the chosen Rider Premium Payment Term as consideration for acceptance of risk and Rider Benefits specified as such in the Rider Policy Document.
Insured Person	Insured Person means the name of the person covered in this Rider Policy as mentioned in the Rider Schedule.
IRDA of India	Means the Insurance Regulatory and Development Authority of India
Life Assured / Primary Life Assured	Means the person, named as such in the Rider Schedule, on whose life, the insurance cover is effected in the terms of this Rider Policy.
Medical Practitioner	Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine

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	within its jurisdiction; and is acting within the scope and jurisdiction of his license. Medical Practitioner shall not include: • The Policyholder/ Insured Person himself/herself; or • An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or • Employed by or under contractual engagement with the Insurance Company; • Related to the Policyholder/ Insured Person by blood or marriage.
Medically necessary Treatment	Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which: • is required for the medical management of the Illness or Injury suffered by the Insured Person; and • must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; and • must have been prescribed by a Medical Practitioner; and • must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
Minor	Person below the legal age of majority or adulthood
Rider Policy Anniversary	The start date of every subsequent Rider Policy Year.
Pre-Existing Disease	Pre-Existing Disease means any condition, ailment, Injury or disease: • That is/are diagnosed by a physician not more than 36 (Thirty-Six) months prior to the Date of Commencement of Rider Policy issued by Us or its reinstatement; or • For which medical advice or treatment was recommended by, or received from, a physician not more than 36 (Thirty-Six) months prior to the Date of Commencement of Rider Policy issued by Us or its reinstatement.
Proposal Form	Means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by Us in respect of risk, in order to enable Us to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
Revival	Means restoration of the Rider Policy, which was discontinued due to the non-payment of Instalment Rider Premium, with all the Rider Benefits mentioned in the Rider Policy Document, upon the receipt of all the Instalment Rider Premiums due and other charges/late fee if any, during the Revival Period, as per the terms and conditions of the Rider Policy, upon being satisfied as to the continued insurability of the Primary Life Assured or Life Assured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with the Board approved underwriting policy.
Revival Period	Revival Period means the period of 3 (Three) consecutive complete years from the date of first unpaid Rider Premium.
Rider	Means this Rider Policy added to a Base Policy for additional premium or charge.
Rider Benefits	Means the amount of benefit payable on occurrence of a specified event covered under the Rider and is an additional benefit to the benefit under the Base Policy.

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Rider Policy Document/ Rider Policy	Means this document, any endorsements issued by Us, the Rider Schedule, Annexure and the proposal
Rider Policy Term	The entire term of the Rider Policy as specified in the Rider Schedule.
Rider Policy Year	A period of 12 (Twelve) consecutive months starting from the Date of Commencement of Rider Policy as stated in the Rider Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period of 12 (Twelve) consecutive months thereafter.
Rider Premium Payment Term	The period or the term of the Rider during which You are required to pay the Rider Premiums to Us with respect to the Rider.
Rider Schedule	Means the attached schedule that provides Your Rider Benefits, details provided by You, along with all its annexures, if applicable, issued by Us for this Rider Policy.
Rider Sum Assured	Means the amount specified in the Rider Schedule.
Surgery or Surgical Procedure	Means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or Day Care Centre by a Medical Practitioner.
Survival Period	Means the period from the diagnosis and fulfilment of the definition of the conditions covered which the Insured Person must survive before the Rider Benefit will be paid.
Surrender	Means the complete withdrawal or termination of the Rider Policy by You.
Surrender Value	Means an amount, if any, that becomes payable on Surrender of a Rider Policy during its term, in accordance with the terms and conditions of the Rider Policy.
Total Rider Premiums Paid	Means total of all the Rider Premiums paid under the Rider Policy, excluding any extra premium and taxes., if collected explicitly
Waiting Period	No Rider Benefit shall be payable during the term of the Rider Policy for the claim which occurs within 90 (Ninety) days of Date of Commencement of Rider Policy or date of Revival of the Rider Policy, as applicable.

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

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3. PART C

Rider Features, Rider Benefits & Rider Premium Payment Conditions

PNB MetLife Linked Critical Illness Rider is an Individual, Unit-Linked, Non-participating, Pure Risk, Health Insurance Rider. This Rider Policy offers the Rider Benefits as listed below. The Rider Benefits will be payable subject to the terms and conditions of this Rider Policy set out below.

3.1 Rider Benefits

Critical Illness Benefit

We shall pay 100% of the Rider Sum Assured in lumpsum if the Insured Person survives the Survival Period of 14 (Fourteen) days, following the first instance of confirmed diagnosis of the Insured Person with Insured Critical Illness depending upon the Rider Plan Option chosen by You at inception of the Rider Policy subject to this Rider Policy being in In-Force Status.

The Rider Plan Option chosen by You under this Rider Policy are mentioned in the Rider Schedule. The Rider Plan Option and Rider Sum Assured once chosen by You at inception of the Rider Policy cannot be altered during the Rider Policy Term.

Insured Critical Illnesses covered shall differ basis the Rider Plan Option chosen by You. Rider Plan Options are classified as:

- **Silver:** 10 (Ten) Insured Critical Illness;
- **Gold:** 20 (Twenty) Insured Critical Illness;
- **Platinum:** 60 (Sixty) Insured Critical Illness.

Rider Plan Option: Silver

	Insured Critical Illness
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Coma of Specified Severity
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis With Persisting Symptoms
7	Blindness
8	Deafness
9	End Stage Liver Failure
10	End Stage Lung Failure

Rider Plan Option: Gold

Sr. No.	Insured Critical Illness
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Coma of Specified Severity
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis With Persisting Symptoms
7	Blindness
8	Deafness
9	End Stage Liver Failure
10	End Stage Lung Failure
11	Major Organ / Bone Marrow Transplant
12	Permanent Paralysis of Limbs
13	Motor Neuron Disease with Permanent Symptoms
14	Loss of Speech
15	Kidney Failure Requiring Regular Dialysis

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Insured Critical Illness

Sr. No.	Insured Critical Illness
16	Stroke Resulting in Permanent Symptoms
17	Loss of Limbs
18	Major Head Trauma
19	Primary (Idiopathic) Pulmonary Hypertension
20	Third Degree Burns

Rider Plan Option: Platinum

	Insured Critical Illness
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Coma of Specified Severity
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis With Persisting Symptoms
7	Blindness
8	Deafness
9	End Stage Liver Failure
10	End Stage Lung Failure
11	Major Organ / Bone Marrow Transplant
12	Permanent Paralysis of Limbs
13	Motor Neuron Disease with Permanent Symptoms
14	Loss of Speech
15	Kidney Failure Requiring Regular Dialysis
16	Stroke Resulting in Permanent Symptoms
17	Loss of Limbs
18	Major Head Trauma

	Insured Critical Illness
21	Alzheimer's Disease
22	Aorta Graft Surgery
23	Fulminant Hepatitis
24	Loss of Independent Existence (cover up to Insurance Age 74)
25	Parkinson's disease
26	Apallic Syndrome or Persistent Vegetative State (PVS)
27	Bacterial Meningitis
28	Brain Surgery
29	Cardiomyopathy – of specified severity
30	Chronic Adrenal Insufficiency
31	Creutzfeldt-Jakob disease
32	Dissection of Aorta
33	Eisenmenger's Syndrome
34	Elephantiasis
35	Encephalitis
36	Hemiplegia
37	Infective Endocarditis
38	Medullary Cystic Disease

	Insured Critical Illness
41	Progressive Supranuclear Palsy – resulting in permanent symptoms
42	Progressive Scleroderma
43	Poliomyelitis
44	Severe Rheumatoid Arthritis
45	Systemic Lupus Erythematosus
46	Tuberculosis Meningitis
47	Muscular Dystrophy
48	Benign Brain Tumor
49	Amputation of Feet Due to Complications from Diabetes
50	Severe Crohn's Disease
51	Loss of One Limb and One Eye
52	Myelofibrosis
53	Necrotising Fasciitis
54	Other Serious Coronary Artery Disease
55	Severe Ulcerative Colitis
56	Terminal Illness
57	Pneumectomy
58	Aplastic Anaemia

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19	Primary (Idiopathic) Pulmonary Hypertension	39	Myasthenia Gravis	59	Chronic Relapsing Pancreatitis
20	Third Degree Burns	40	Pheochromocytoma	60	Multiple System Atrophy

Above Critical Illness Benefit shall be payable subject to following conditions:

- The claim shall be eligible under this Rider Benefit provided that definitions for all the Insured Critical Illnesses conditions are to be satisfied. **‘Definitions and Exclusions for PNB MetLife Linked Critical Illness Rider’** are mentioned in **Annexure 1** and **Annexure 2** respectively.
- The claim payment shall be eligible subject to confirmatory diagnosis of the Insured Critical Illness conditions covered while the Insured Person is alive. A claim would not be admitted if the diagnosis of Insured Critical Illness condition is made post-mortem.
- Only one claim shall be payable to the Insured Person. Once the claim is paid for Insured Person this Rider Policy shall terminate. No further Rider Premiums shall be charged.

No Death Benefit will be payable upon death of Insured Person under this Rider Policy. The Base Policy shall remain unaffected irrespective of claim under this Rider Policy.

3.2 Waiting Period

In case of claim for Critical Illness Benefit, during applicable Waiting Period, no Rider Benefit shall be payable. However, 100% of the Rider Premium shall be refunded and this Rider Policy shall terminate.

For all the Insured Critical Illness conditions covered under all the Rider Plan Options, Waiting Period of 90 (Ninety) days shall be applicable from the Date of Commencement of Rider Policy or date of Revival of Rider Policy, as applicable.

3.3 Survival Period

Survival Period refers to the period from the diagnosis and fulfilment of the definition of the Insured Critical Illness conditions which the Insured Person must survive before the Critical Illness Benefit shall be paid.

Applicable Survival Period under this Rider Policy is 14 (Fourteen) days.

We shall not be liable to pay the Critical Illness Benefit under this Rider Policy in case the Insured Person does not survive during the Survival Period. The claim shall be eligible subject to confirmed diagnosis of the Insured Critical Illness conditions covered while the Insured Person is alive. A claim shall not be admitted if the diagnosis is made post-mortem.

3.4 Maturity Benefit

Maturity Benefit shall not be applicable under this Rider Policy.

3.5 Payment of Rider Premium

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Rider Premium Payment Conditions:

The Rider Premium payment option chosen by You is set out in the Rider Schedule. The provisions set out herein are applicable only to cases where the Policyholder opts to pay Rider Premium in modes other than in Single Premium. If You have chosen other than Single Premium mode, You must pay the Rider Premium on or before its due date specified in the Rider Schedule. All taxes, cess, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the Rider Premium to be paid by You.

3.5.1. Alteration of the Rider Premium Frequency

Rider Premiums can be paid through Single Pay, Yearly, Half-yearly, Quarterly or Monthly as opted for the Base Policy. You may change the frequency of Rider Premium payments provided that You give Us a written request and Rider Premium frequency is same as the Base Premium frequency. The change in frequency will be applied only from the Rider Policy Anniversary following the date of Your request in accordance with the terms and conditions applicable to the Rider Policy.

3.5.2. Premium Mode Loading / Modal Factors

Following factors are applied to yearly Rider Premium when premiums are paid in other than the Yearly mode:

Mode of Rider Premium	Multiplicative Factor
Semi-Annual	0.5100
Quarterly	0.2580
Monthly	0.0870

3.5.3. Grace Period (For other than single premium policies)

Installment Rider Premium that is not received in full by Us by its due date, may be paid in full without any penalty or late fee, during which time the Rider Policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the Rider Policy. The Grace Period for payment of the Rider Premium shall be 15 (Fifteen) days, where the Policyholder pays the Rider Premium on a monthly basis and 30 (Thirty) days in all other cases. In case, the Insured Person is Diagnosed with any of the covered Insured Critical Illnesses conditions during the Grace Period, the Critical Illness Benefit shall be payable after deduction of the due Rider Premiums.

3.5.4. Rider Premium Discontinuance

For a regular premium Rider Policy, in case You fail to pay Installment Rider Premiums due under this Rider Policy beyond the Grace Period, then the Rider Policy shall lapse and the cover will cease. If the Rider Policy is not revived within the stipulated Revival Period, then the Rider Policy will be foreclosed with no Rider Benefit Payable.

4. PART D

Rider Servicing Conditions

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

4.1 Free Look Period

Please go through the terms and conditions of Your Rider Policy very carefully. If You have any objections to the terms and conditions of the Rider Policy, You may cancel the Rider Policy by giving a written notice to Us within 30 (Thirty) days beginning from the date of receipt of Rider Policy document whether received electronically or otherwise, stating the reasons for Your objection, provided no claims has been made under this Rider Policy.

In such an event, irrespective of the reason for cancellation, You will be entitled to a refund of the Rider Premium paid, subject to a deduction of proportionate risk premium for the period of cover, the expenses, if any, incurred on medical examination and stamp duty charges.

In case the Base Policy is cancelled within the Free Look period, the Rider Policy shall also be cancelled along with Base Policy.

4.2 Lapse

If due Rider Premium is not paid within the Grace Period allowed for the Rider Policy, then the Rider Policy shall lapse. No Benefits will be paid when the Rider Policy is in lapsed status. Also, no Unexpired Risk Premium Value will be payable for regular pay Rider Policy. In case of single premium Rider Policy, Lapse status shall not be applicable.

4.3 Procedure for Revival of the Rider

A Rider Policy that has lapsed may be revived during the Revival Period of 3 (Three) years from the date of first unpaid Rider Premium but before the end of Rider Policy Term by giving Us written notice to revive the Rider Policy, provided that:

- i. All due arrears of instalment premiums for Base Policy & Rider Policy 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 interest at 8.00% 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. The Company 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 used for calculating the current interest rate, the company shall review the interest rate based on prevailing 10 year G-Sec rate..
- iv. The Revival of the Rider Policy will be subject to Company's Board approved underwriting Policy. A surrendered Rider Policy cannot be revived.
- v. We may revive the Lapsed Rider Policy by imposing such extra premium as it deems fit as per the Company's Board approved underwriting Policy.
- vi. The Rider Policy would be reinstated only if Base Policy, at that time, is In- Force Status and in premium paying status.
- vii. On Revival of this Rider Policy and provided that the Base Policy is revived and In-force Status, this Rider Policy shall be entitled to the Rider Benefits specified under this Rider Policy.

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4.4 Surrender

Unexpired Risk Premium Value will be payable for Single Pay Rider Policy.

Single Premium - Unexpired Risk Premium Values are calculated as:

$70\% * \text{Total Rider Premium Paid} * [\text{Outstanding months in the Rider Policy Term} / \text{Total Number of month(s) in the Rider Policy Term}]$

Where,

“Total Rider Premiums Paid” means total of all the Rider Premiums paid under the Rider Policy, excluding any extra premium and taxes, if collected explicitly.

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

4.5 Termination of the Rider

The Rider shall be terminated on the occurrence of the earliest of the following:

- (a) Upon approval of claim of Insured Critical Illness; or
- (b) The expiry of the Rider Policy Term; or
- (c) The Maturity Date of the Base Policy; or
- (d) Death of Insured Person; or
- (e) The date on which the Base Policy or Rider Policy or both are terminated or cancelled for any reason; or
- (f) On the date of Surrender of the Rider Policy; or
- (g) At the expiry of Revival Period, if this Rider Policy has not been revived during the said period;

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5. PART E

Not Applicable

SAMPLE

6. PART F

General Terms & Conditions

The following general terms and conditions are applicable to Your Rider Policy.

If You wish to change the Nominee, assign the Rider Policy or update Your/Nominee's address or other contact details in Our records, You should do so only through the forms prescribed by Us for these purposes. These forms are available at Our offices or may be obtained from Your financial advisor or can be downloaded from Our website www.pnbmetlife.com

6.1 Nomination

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

6.2 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 Rider Policy is not applicable if the Rider Policy has been executed under Section 6 of the Married Women's Property Act 1874.

6.3 Claim Procedure

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

- Claim form duly completed and signed by the Owner/Proposer
- Doctor's Certificate (From the family physician or treating doctor) preferably in the standardized PNB MetLife format
- Discharge Summary confirming the surgery/procedure undergone
- All past medical records for any treatment taken
- Cancelled cheque / Copy of bank passbook of the Owner/Proposer
- Copy of PAN Card/ Form 60 of the Owner/Proposer
- Copy of Owner/Proposer address proof
- Copy of Owner / Proposer photo identity proof
- Copy of Insured Person address proof
- Copy of Insured Person identity proof
- Authorization letter from the Beneficiary/Claimant in case the claim intimation is received through third party for claims received at the Branch/ GPH

You shall submit all the above documents within 90 (Ninety) days of the occurrence of the claim incidence. We shall consider submission of the above documents beyond 90 (Ninety) days from the occurrence of the claim incidence if there are valid reasons for such a delay on Your part.

Subject to You submitting all the documents as mentioned above within 90 (Ninety) days of the occurrence of the claim incidence or within the permitted extended timelines provided above, We shall pay the claim amount within regulatory timelines, failing which We shall pay interest on the claim amount to You at the rate of 2%

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more than the prevailing bank rate for savings accounts prevalent at the beginning of the financial year in which the claim has been reviewed by Us.

6.4 Taxation

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

6.5 Currency & Place of Payment

All amounts payable either to or by Us will be paid in the currency shown in the Rider Schedule.

6.6 Fraud and Misstatement

Fraud and misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

6.7 Exclusion

Exclusions Applicable to this Rider Policy

There are exclusions where We shall not be liable to pay the Critical Illness Rider Benefit under this Rider Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the clauses as mentioned in **Annexure 2**.

6.8 Our Address for Communications

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

PNB MetLife India Insurance Co. Ltd,
Unit No. 101, First Floor, Techniplex I,
Techniplex Complex, Off Veer Savarkar Flyover,
S.V. Road, Goregaon (West),
Mumbai – 400 062, Maharashtra
Call us Toll-free at 1800-425-6969,

Visit our website: www.pnbmetlife.com, **Email:** indiaservice@pnbmetlife.co.in

7. PART G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

7.1. Grievance Redressal Mechanism

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

Level 1

For any complaint/grievance, approach any of Our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at indiaservice@pnbmetlife.co.in
- Write to

**Grievance Redressal Department, PNB MetLife India Insurance Co. Ltd.,
Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas,
Sector 65, District Gurugram,
Haryana-122018.**

- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

Level 2:

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

- Write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in or
- Send a letter to
**PNB MetLife India Insurance Co. Ltd,
Unit No 302, 3rd Floor, Tower 3, Worldmark,
Maidawas Sector - 65, District Gurugram, Haryana – 122018**

Level 3:

If still not satisfied with the response or do not receive a response from Us

- Register Your complaint online at <https://bimabharosa.irdai.gov.in> or refer IRDAI website for more details.

In case You are not satisfied with the decision/resolution and the claim amount is up to Rs. 50 lakhs, You may approach the Insurance Ombudsman at the address in the list of Ombudsman below, if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy;
- Delay in settlement of claim;
- Dispute with regard to premium; or
- Misrepresentation of terms and conditions of the Policy;
- Policy servicing related grievances against Us or Our agent/intermediary;
- Issuance of Policy in non-conformity with the proposal form;
- Non-issuance of insurance Policy after receipt of premium or
- Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy contract, in so far as they relate to issues mentioned above.

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- 1) The complaint should be made in writing duly signed by You, Nominee, Assignee or by Your legal heirs with full name, address and contact information of the complainant, the details of Our branch or office against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. As per Rule 14(3) of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made if the complainant makes a written representation to Us/Insurer and either the Insurer rejected the complaint or the complainant did not receive any reply within 1 (one) month after the Insurer received the complaint, or the complainant is not satisfied with the reply given to him by the Insurer. Further, such a complaint to the Insurance Ombudsman can be made and filed, within 1(one) year;
 - after the order of the Insurer rejecting the representation is received; or
 - after receipt of decision of the Insurer which is not to the satisfaction of the complainant;
 - after expiry of a period of 1 (One) month from the date of sending the written representation to the insurer if the insurer fails to furnish reply to the complainant.
- 2) The Insurance Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- 3) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

OMBUDSMAN DETAILS:

Please refer the details mentioned in the Base Policy.

Annexures

Annexure 1: Definitions under PNB MetLife Linked Critical Illness Rider

1. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform 3 (Three) or more "Activities of Daily Living" (listed below) with "Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 (Ninety) days.

For the above definition, the following are not covered:

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- a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.

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.

2. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.

The diagnosis must be supported by all of the following conditions:

- a. the disease cannot be controlled with medication;
- b. signs of progressive impairment; and
- c. inability of the Insured Person to perform at least 3 (Three) of the 6 (Six) "Activities of Daily Living" as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 (Six) months:

Activities of Daily Living:

- 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 bed to a upright chair or wheelchair and vice versa;
- iv **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v **Feeding:** The ability to feed oneself once the food has been prepared and made available;
- vi **Mobility:** The ability to move indoors from room to room on level surfaces.

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

3. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The Insured Person understands and agrees that We will not cover:

- a) Surgery performed using only minimally invasive or intra-arterial techniques.

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- b) Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.
Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

4. Amputation of Feet due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

5. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the patient should be documented to be in a vegetative state for a minimum of at least 1 (One) month in order to be classified as UWS, PVS, Apallic Syndrome.

6. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least 1 (One) of the following:

- a. Blood product transfusion; or
- b. Marrow stimulating agents; or
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any 2 (Two) of the following:

- a. Absolute neutrophil count of less than $500/\text{mm}^3$ or less;
- b. Platelets count less than $20,000/\text{mm}^3$ or less;
- c. Reticulocyte count of less than $20,000/\text{mm}^3$ or less;

Temporary or reversible Aplastic Anaemia is excluded.

7. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 (Six) weeks resulting in permanent inability to perform 3 (Three) or more "Activities of Daily Living" (listed below).

This diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist.

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;

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- 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.

8. Brain Surgery

The actual undergoing of Surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain Surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.

9. Cardiomyopathy

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

NYHA Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

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

10. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through 1 (One) of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

11. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

12. Severe Crohn's Disease

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Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- Fistula formation between loops of bowel, and
- At least 1 (One) bowel segment resection.

The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

13. Dissection of Aorta

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

14. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Doctor who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

15. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 (Six) weeks. The permanent deficit should result in permanent inability to perform 3 (Three) or more Activities for Daily Living (listed below).

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.

16. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- a. Rapid decreasing of liver size;

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- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - c. Rapid deterioration of liver function tests;
 - d. Deepening jaundice; and
 - e. Hepatic encephalopathy.
- Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

17. Loss of Independent Existence (cover up to Insurance age 74)

The Insured Person is physically incapable of performing at least 3 (Three) of the “Activities of Daily Living” as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least 6 (Six) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

Only Insured Person with insurance Age between 18 (Eighteen) and 74 (Seventy-Four) on first diagnosis is eligible to receive a benefit under this Illness.

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. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. **Feeding:** the ability to feed oneself once food has been prepared and made available;
- vi. **Mobility:** The ability to move indoors from room to room on level surfaces.

18. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

19. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least 3 (Three) of the 6 (Six) “Activities of Daily Living” (listed below) for a continuous period of at least 6 (Six) months.

Activities of Daily Living:

- 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;

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- 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. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. **Feeding:** the ability to feed oneself once food has been prepared and made available;
- vi. **Mobility:** The ability to move indoors from room to room on level surfaces.

20. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- The diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

21. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least 1 (One) coronary artery by a minimum of 75% and of 2 (Two) others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

22. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- i. Poliovirus is identified as the cause,
- ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 (Three) months.

23. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

24. Progressive Supranuclear Palsy

Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

25. Severe Rheumatoid Arthritis

Unequivocal diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least 2 (Two) "Activities of Daily Living" (listed below);
- Widespread joint destruction and major clinical deformity of 3(Three) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least 6 (Six) months.

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.

26. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

- the entire colon is affected, with severe bloody diarrhoea; and
- the necessary treatment is total colectomy and ileostomy; and
- the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

27. Pneumonectomy

The undergoing of Surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic Injury suffered by the Insured Person.

The following conditions are excluded:

- a. Removal of a lobe of lungs (lobectomy);
- b. Lung resection or incision.

28. Systemic Lupus Erythematosus with Lupus Nephritis

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A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Rider Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

29. 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.

30. 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 (Three) months has to be produced.

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.

31. 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.

32. Permanent Paralysis of Limbs

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Total and irreversible loss of use of 2 (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 (Three) months.

33. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair 1 (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.

34. 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.

35. Multiple Sclerosis with Persisting 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 (Six) months.

Neurological damage due to SLE is excluded.

36. 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 (Three) months.

37. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. 1 (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.

38. Major Head Trauma

Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than 3 (Three) 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 3 (Three) of the following Activities of Daily Living (listed below) 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 is excluded:

- i. Spinal cord injury.

39. Benign Brain Tumor

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 1 (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 (Ninety) consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

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.

40. 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.

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41. 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.

42. 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 (Three) occasions 3 (Three) 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 ($\text{PaO}_2 < 55 \text{ mmHg}$); and
- iv. Dyspnea at rest.

43. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all 3 (Three) of the following:

- i. permanent jaundice; and
- ii. ascites; and
- iii. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

44. 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 (Twelve) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

45. Loss of Limbs

The physical separation of 2 (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.

46. 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.

47. Infective Endocarditis

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

- i. Positive result of the blood culture proving presence of the infectious organism(s);
- ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and

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- iii. The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

48. 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 (Ninety-Six) hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 (Thirty) 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.

49. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, 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 (Six) 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,

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- 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;

50. Myocardial Infarction (First Heart Attack of Specific 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.

51. Creutzfeldt-Jacob Disease (CJD)

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

52. Terminal illness

The conclusive diagnosis of an Illness, which in the opinion of a Registered Doctor who is an attending consultant and agreed by Our appointed Registered Doctor, life expectancy is no greater than 12 (Twelve) months from the date of notification of claim, regardless of any treatment that might be undertaken.

53. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.

The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aids or surgical procedures.

54. Necrotising Fasciitis

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

55. Hemiplegia

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The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 (Six) weeks and with no foreseeable possibility of recovery caused by Illness or Injury, except when such injury is self-inflicted.

56. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 (One Hundred and Eighty Days) consecutive days. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of Insured Person.

57. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured Person requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Doctor who is a specialist.

58. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of Surgery to remove the tumour.

The diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

59. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- i. Mean pulmonary artery pressure > 40 mm Hg;
- ii. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- iii. Normal pulmonary wedge pressure < 15 mm Hg.

60. Multiple System Atrophy

A diagnosis of multiple system atrophy by a specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 (Thirty) days of either:

- i. Motor function with associated rigidity of movement; or
- ii. The ability to coordinate muscle movement; or
- iii. Bladder control and postural hypotension.

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Annexure 2 - Permanent Exclusions under PNB MetLife Linked Critical Illness Rider

We shall not be liable to make any payment under the Rider Policy towards a covered condition/Illness/procedure, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Insured Critical Illnesses under this Rider Policy;
2. Any Pre-existing Disease or any complication arising therefrom.
Pre-existing Disease means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician not more than 36 (Thirty-Six) months prior to the Date of Commencement of Rider Policy issued by Us or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 (Thirty-Six) months prior to the Date of Commencement of Rider Policy issued by Us or its reinstatement.In case of enhancement of sum assured the exclusion shall apply afresh to the extent of sum assured increase.
Coverage under the Rider Policy after the expiry of 36 (Thirty-Six) months for any Pre-Existing Disease is subject to the same being declared at the time of application/proposal and specifically accepted by Us.
3. Any Critical Illness caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide,
6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured Person;
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving;
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Policy Term.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.

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15. Any Critical Illness caused due to cosmetic or plastic Surgery or any treatment to change the appearance unless for reconstruction following an accident, burn(s), or cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor;
 - b. The Surgery / Procedure conducted should be supported by clinical protocols;
 - c. The Insured Person has to be 18 (Eighteen) years of age or older and
 - d. Body Mass Index (BMI):
 - o greater than or equal to 40 (Forty); or
 - o greater than or equal to 35 (Thirty-Five) in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy;
 - ii. Coronary heart disease;
 - iii. Severe Sleep Apnea;
 - iv. Uncontrolled Type 2 Diabetes.
17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated Survival Period as set out above.
20. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization;
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI;
 - c. Gestational Surrogacy;
 - d. Reversal of sterilization.