PNB MetLife Linked Hospicash Benefit 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 no.]
<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 of the proposer 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**	**<<XXXXX>>**
E-Mail ID	**<<valuedadvisor@pnbmetlife.co.in>>**	**Mobile/ Landline No.**	**<<XXXXXX>>**

Wishing You a healthy, secured and a prosperous life.

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

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

In case of any queries / concerns, You can reach Us at:			
Call Us at **1800-425-6969** (Toll Free)	**Email** Us at **indiaservice@pnbmetlife.co.in**	**Visit** www.pnbmetlife.com to manage Your Policy online. **Register online** using Your **Customer ID & Policy No**.	**Visit** Your nearest **PNB MetLife Office**. Our address details are available on **www.pnbmetlife.com**

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

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

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

<table>
<tr><th>Sr. No</th><th>Title</th><th>Description
(Please refer to applicable Policy Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy and Unique Identification Number (UIN)</td><td>PNB MetLife Linked Hospicash Benefit Rider (UIN: 117A025V01)</td><td></td></tr>
<tr><td>2</td><td>Policy Number</td><td><<PolicyNumberfromLA>></td><td></td></tr>
<tr><td>3</td><td>Type of Insurance Product / Policy</td><td>Benefit (Where an Insurance Policy pays a fixed amount under the Policy on the occurrence of a covered event)</td><td></td></tr>
<tr><td>4</td><td>Sum Insured</td><td>Floater Sum Assured basis: Where Insured Person under this Rider Policy has a single sum assured limit which may be utilized by any or all members

Hospicash Sum Assured: Rs. <<>>

<u>Insured Person(s):</u>
<table>
<tr><th>Primary Life Assured</th><th>Spouse</th><th>Child 1</th><th>Child 2</th><th>Child 3</th></tr>
<tr><td><<Yes/No>></td><td><<Yes/No>></td><td><<Yes/No>></td><td><<Yes/No>></td><td><<Yes/No>></td></tr>
</table></td><td>Rider Schedule</td></tr>
<tr><td>5</td><td>Rider Policy Coverage (What Policy Covers?)</td><td><table>
<tr><th>Events</th><th>Benefit Payable</th></tr>
<tr><td>Daily Hospicash Benefit (for Non-ICU Hospitalization)</td><td>Daily Hospicash Benefit chosen at inception of the Rider Policy</td></tr>
<tr><td>Daily Hospicash Benefit (for ICU Hospitalization)</td><td>Additional 1 (One) time of Daily Hospicash Non-ICU Benefit for the period of ICU</td></tr>
</table>
Above Rider Benefit shall be payable subject to minimum Hospitalization period of 24 (Twenty-Four) continuous and complete hours.

Maturity Benefit – Not Applicable

Death Benefit – Not Applicable</td><td>Part C 3.1

Part C 3.2

Part C 3.3</td></tr>
</table>

		Optional Benefit "Family Coverage" - Policyholder can choose to add Family Member(s) [legal spouse and maximum of 3 (Three) dependent children of Primary Life Assured] under this Rider Policy. Daily Hospicash Benefit chosen by Policyholder at inception of the Rider Policy shall be shared among all the Insured Person(s) in this Rider Policy.	Part C 3.4
6	Exclusions (What Policy does not Cover?)	**Below Permanent Exclusions are applicable to this Rider Policy:** No Benefit shall be payable for any claim under this Section in respect of an Insured Person(s), directly or indirectly for, caused by, arising from or in any way attributable to any of the following: 1. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Rider Risk. 2. Any Pre-existing Disease or any complication arising therefrom. Pre-existing disease means any condition, aliment, injury or disease a) That is/are diagnosed by a physician not more than 36 months prior to the Date of Commencement of Rider Policy issued by the Us or its reinstatement; or b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the Date of Commencement of the Rider Policy issued by Us or its reinstatement In case of enhancement of Hospicash Sum Assured the exclusion shall apply afresh to the extent of Hospicash Sum Assured increase. Coverage under the Rider Policy after the expiry of 36 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us. 3. Any procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 (Twenty-Four) continuous hours of Hospitalization. 4. Any treatment arising from or traceable to pregnancy and its related complication, childbirth including caesarean section. 5. Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and lasik surgery. 6. Any admission for any dental treatment except any dental surgery or facial reconstruction being performed under Emergency Care due to an Accident. 7. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology. 8. Treatment by Family Member(s) and self-medication or any treatment that is not scientifically recognized. 9. Any unproven/experimental treatment	Part F 6.7

10. Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.

11. Any treatment received outside India unless specifically covered and specified in the Rider Policy.

12. Routine medical, dental, eye and ear examinations are not covered unless specifically covered and specified in the Rider Policy.

13. Circumcision unless necessary for treatment.

14. Specified disease/procedure Waiting Period - Code- Excl02
   a. In case of enhancement of Hospicash Sum Insured, the exclusion shall apply afresh to the extent of sum insured increase.
   b. If any of the specified disease/procedure falls under the Waiting Period specified for Pre-Existing Diseases, then the longer of the 2 (Two) Specific Waiting Periods shall apply.
   c. The Waiting Period for listed conditions shall apply even if contracted after the Rider Policy or declared and accepted without a specific exclusion.

I. <u>24 (Twenty-Four) Months Specific Waiting Period:</u>

a. Benign ENT disorders
b. Tonsillectomy
c. Adenoidectomy
d. Mastoidectomy
e. Tympanoplasty
f. Hysterectomy
g. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
h. Benign prostate hypertrophy
i. Cataract and age-related eye ailments
j. Gastric/ Duodenal Ulcer
k. Gout and Rheumatism
l. Hernia of all types
m. Hydrocele
n. Non-Infective Arthritis
o. Piles, Fissures and Fistula in anus
p. Pilonidal sinus, Sinusitis and related disorders
q. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident
r. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
s. Varicose Veins and Varicose Ulcers
t. Internal Congenital Anomalies

<u>36 (Thirty-six) months Specific Waiting Period:</u>

a. Treatment for joint replacement unless arising from Accident

			b. Age-related Osteoarthritis & Osteoporosis 15. Rest Cure, rehabilitation and respite care – Code - Excl05 Hospitalization related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistants or non-skilled persons. b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 16. Investigation & Evaluation - Code- Excl04 a. Hospitalization related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 17. Hazardous or adventure sports: Code - Excl09 Hospitalization related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 18. Breach of law: Code - Excl10 Hospitalization for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 19. Excluded Providers Code - Excl11 Hospitalization incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to the Policyholders are not admissible. However, in case of life-threatening situations or following an Accident, Hospitalization up to the stage of stabilization are payable but not the complete claim. 20. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl12 21. Any Hospitalization related to intentional self-injury, suicide or attempted suicide. 22. Hospitalization arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power 23. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the	

		emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. 24. Congenital external anomalies or any complications or conditions arising therefrom 25. Any Hospitalization incurred on domiciliary Hospitalization and OPD treatment. 26. In respect of the existing diseases, disclosed by You and mentioned in the Proposal Form (based on Your consent), Policyholder is not entitled to get the coverage for specified ICD codes 27. Sterility and Infertility: Code - Excl17 Hospitalization related to sterility and infertility. This includes: a. Any type of contraception, sterilization. b. Assisted reproduction 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 for Date of Commencement of Rider Policy or Rider Policy Revival date, as applicable ● 24 (Twenty-Four) months or 36 (Thirty-Six) months (Specific Waiting Period) from Date of Commencement of Rider Policy or Rider Policy Revival date, as applicable for specific conditions as mentioned in **Exclusion** (Part F) ● No Waiting Period shall be applicable for claims arising solely due to Accident.	Part C 3.3 Part F 6.7
8	Financial limits of Coverage	Not Applicable	-
9	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)	Part F 6.3

		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	
10	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
11	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

12	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 this Rider Policy if You do not want it, within 30 (Thirty) days from the beginning of the Rider Policy. **Lapse:** If Instalment Rider Premiums are not paid within Grace Period then the Rider Policy will lapse. The Rider Policy will acquire Unexpired Risk Premium Value only in case of Single Premium policies. No 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 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 3.5 Part D 4.1 Part D 4.4 Part D 4.5 Part D 4.7
13	Your / Insured'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 a claim not being paid. ● All information sought in the Proposal Form is material for issuance of the Rider Policy and settlement of claim.	-

<u>Declaration by the Policyholder</u>
I have read the above and confirm having noted the details.

Place:
Date:

(Signature of the Policyholder)

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

1.2 Rider Preamble

PNB MetLife Linked Hospicash Benefit Rider
Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider

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]

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 Hospicash Benefit Rider
Nature of the Rider	Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider
Rider UIN:	117A025V01

Proposal Form number	<<>>	**Rider Policy number**	<<>>	**Date of issue**	<<>>	**Issuing office**	<<>>

1. Details of the Policyholder and Insured Person(s)

	Name	Gender	Date of Birth	Age (in years)	Age admitted
Policy Holder	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>
Insured Person(s)					
Primary Life Assured	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>
<<Spouse>>	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>
<<Child 1>>	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>
<<Child 2>>	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>
<<Child 3>>	<<>>	<<>>	<<>>	<<>>	<<Yes/No>>

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

2. Rider Benefits

Rider Premium Payment Term (years)	Rider Policy Term (years)	Daily Hospicash Benefit (Rs.)	Hospicash Sum Assured (Rs.)	Number of Hospitalization Days per Policy Year	Number of Hospitalization Days for Policy Term
<<>>	<<>>	<<>>	<<>>	<<30/60>> days	<<100/200>> days

Benefits offered under PNB MetLife Linked Hospicash Benefit Rider shall be shared among Primary Life Assured and all Family Member(s), if any, covered under this Rider Policy.

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

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/Broker/ Corporate Agent

Name	
License/Registration number	
Phone number	
Address	
Email address	

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).

2. PART B

Definitions applicable to Your Rider

The words or terms below that appear in this Rider in initial capitals type 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 the last birthday in completed years.
Appointee	The person named in the Rider Policy 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.
Company/Us/We/Our	PNB MetLife India Insurance Company Limited.
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 Primary Life Assured shall depend on the Age of Primary Life Assured on commencement of the 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.
Day Care Treatment	Means medical treatment, and/or surgical procedure which is: i. undertaken under general or local anesthesia in a Hospital/Day Care Centre in less than 24 (Twenty-Four) hours because of technological advancement, and ii. which would have otherwise required Hospitalization of more than 24 (Twenty-Four) hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
Emergency Care	Means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health
Family Coverage	An option to add Family Member(s) of Life Assured/Primary Life Assured under this Rider Policy.

Family Member(s)	Family Member(s) shall include 1 (One) legal spouse and maximum of 3 (Three) dependent children of Primary Life Assured.
Grace Period (for other than Single Premium policies)	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 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 Premium is received. The Grace Period for payment of the Premium shall be: 15 (Fifteen) days where Premium payment mode is monthly and 30 (Thirty) days in all other cases.
Hospital	Means any institution established for in-patient care and Day Care Treatment of disease / Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under: ● has qualified nursing staff under its employment round the clock; ● has at least 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.
Hospicash Sum Assured	Means the amount specified in the Rider Schedule. Hospicash Sum Assured shall be computed as follows: (a) **In case of 30 (Thirty) days as Number of Hospitalization days:** Daily Hospicash Benefit chosen by Policyholder * 100 (Hundred) (b) **In case of 60 (Sixty) days as Number of Hospitalization days:** Daily Hospicash Benefit chosen by Policyholder * 200 (Two Hundred)
Hospitalization	Means admission in a Hospital for a minimum period of 24 (Twenty-Four) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-Four) consecutive hours.
In-Force Status	A condition during the term of the Rider Policy, wherein the coverage of risk on the life of the Primary Life Assured/Life Assured is subsisting and You have paid all the due Instalment 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.
IRDAI	Means Insurance Regulatory and Development Authority of India
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(s)	Insured Person means name(s) of person covered in this Rider Policy as mentioned in the Rider Schedule. Apart from Primary Life Assured, 'Insured Person' may include Family Member(s) of Primary Life Assured/Life Assured.
Intensive Care Unit (ICU)	Means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
Medical Practitioner	Medical Practitioner means a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: ● The Policyholder/ Primary Life Assured 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/ Primary Life Assured 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(s); 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.
Number of Hospitalization Days	Means the maximum number of days for which Hospitalization benefit shall be payable under this Rider Policy, during a Rider Policy Year
OPD treatment	Means the one in which the Insured Person(s) visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Person(s) is not admitted as a day care or in-patient.
Pre-existing Diseases	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 the 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 the Rider Policy issued by Us or its reinstatement.
Primary Life Assured/Life Assured	The person named as such in the Rider Schedule, on whose life, the insurance cover is effected in the terms of this Rider Policy.
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 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 premium.
Rider	Means this Rider Policy added to 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.
Rider Policy Document/Rider Policy	Means this document, any endorsements issued by Us, the Rider Schedule, Annexure and the proposal/application.
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 the Rider 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.
Specific Waiting Period	Means a period up to 36 (Thirty-Six) months from the Date of Commencement of the Rider Policy during which period specified diseases/treatments (except due to an Accident) are not covered. On completion of this period, diseases/treatments shall be covered provided this Rider Policy has been continuously renewed without any break.
Surrender	Means complete withdrawal/termination of the Rider Policy by You.
Surrender Value	Means an amount, if any, that becomes payable in case of Surrender in accordance with the terms and conditions of the Rider Policy.
Total Rider Premiums Paid	Means total of all the Rider Premiums paid, 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 or where the Hospitalization for the claim has occurred due to sickness within 90 (Ninety) days of Date of Commencement of Rider Policy or date of Revival of Rider Policy, as applicable.
You/Your/Proposer/ Policyholder	The Policyholder named in the Rider Schedule of this Rider Policy.

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

3. PART C

Rider Features, Benefits & Rider Premium Payment Conditions

PNB MetLife Linked Hospicash Benefit 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

Subject to this Rider Policy being In-force Status and on completion of Hospitalization of Insured Person for a minimum period of continuous and completed 24 (Twenty-Four) hours, for Medically Necessary Treatment for an Illness/Accident, We shall pay the below Daily Hospicash Benefit:

Daily Hospicash Benefit

In case of Non-Intensive Care Unit (ICU) admission during Hospitalization - You can claim daily benefit equal to Daily Hospicash Benefit for Medically Necessary Treatment of any Illness/Accident subject to Hospitalization for a minimum period of continuous 24 (Twenty-Four) hours.

The Daily Hospicash Benefit chosen by You at inception of this Rider Policy and as stated in the Rider Schedule shall be payable for a maximum of either 30 days or 60 days in a Rider Policy Year.

- In case the number of Hospitalization Days is chosen as 30 (Thirty) days per Rider Policy Year, the maximum total of 100 (Hundred) days of Hospitalization shall be allowed over the Rider Policy Term.
- In case the number of Hospitalization Days is chosen as 60 (Sixty) days per Rider Policy Year, the maximum total of 200 (Two Hundred) days of Hospitalization shall be allowed over the Rider Policy Term.

In case of Intensive Care Unit (ICU) admission during Hospitalization - An additional Daily Hospicash Benefit of 1 (One) time of Non-ICU Daily Hospicash Benefit shall be payable for each day of Hospitalization in the ICU.

The number of Hospitalization Days per Rider Policy Year or over the Rider Policy Term shall be inclusive of the Hospitalization days in ICU.

Above Daily Hospicash Benefit shall be payable subject to the following conditions:

- Daily Hospicash Benefit and Number of Hospitalization Days once chosen by Policyholder at inception of the Rider Policy, cannot be altered during the Rider Policy Term.
- A claim under this Benefit shall be admissible only after a continuous and completed 24 (Twenty-Four) hours of Hospitalization of the Insured Person(s) for each claim. The Hospitalization is for Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- We shall not be liable to pay the Daily Hospicash Benefit for more than the maximum number of Hospitalization Days as specified in the Rider Schedule, during the Rider Policy Term.
- A Waiting Period of 90 (Ninety) days from the Date of Commencement of Rider Policy or Rider Policy Revival date, as applicable shall apply for Daily Hospicash Benefit related to sickness. Such a Waiting

Period is not applicable to claims arising due to Accident provided the Accident occurs after the Date of Commencement of Rider Policy or the date of Revival.

- More than 1 (One) claim can be considered in respect of the Insured Person(s) during the Rider Policy Term, subject to the maximum number of Hospitalization Days specified in Rider Schedule, and provided that the Illness/Accident causing the Injury is distinct and unrelated for each such claim. On exhaustion of the maximum number of Hospitalization days allowed during Rider Policy Term, this Rider Policy shall terminate for such Insured Person(s).
- Once claim is considered admissible, the Insured Person(s) is/are eligible for the Daily Hospicash Benefit from the first day of Hospitalization after completion of Waiting Period, if applicable.
- The Benefit payable shall be calculated on the basis of the number of continuous and completed days of Hospitalization and will be given as a single lump sum payment for each admissible claim.
- Any procedure or treatment which leads to Hospitalization of less than 24 (Twenty-Four) hours is not covered.

3.2. Maturity Benefit

Maturity Benefit is not applicable for this Rider Policy.

3.3. Death Benefit

Death Benefit is not applicable for this Rider Policy.

3.4. Optional Rider Benefit – Family Coverage

You shall have an option to add Family Member(s) i.e., maximum of 1 (one) legal spouse and 3 (Three) dependent children of Primary Life Assured subject to underwriting at inception of the Rider Policy or at Rider Policy Anniversary subject to this Rider Policy being In-force.

Under this Rider Benefit, the Daily Hospicash Benefit and number of Hospitalization Days chosen by You for the Primary Life Assured at the inception of the Rider Policy, shall be shared among all the Insured Person(s) in this Rider Policy.

In case of claim of multiple Insured Person(s) on a single day,

- We shall be liable to pay the applicable Hospicash Benefit basis the Daily Hospicash Benefit as chosen by You and as stated in the Rider Schedule irrespective of the actual claim amount made on account of Hospitalization.
- In case Hospitalization involves combination of both Non-ICU and ICU Hospitalization for more than one Insured Person(s) at the same time, We shall pay the higher applicable Daily Hospicash Benefit for that day.
- In case more than 1 (One) Insured Person is hospitalized on the same day, such Hospitalization shall be treated as one Hospitalization day for the purpose of calculation of Hospicash Benefit.

3.5. Waiting Period

In case of claim for Daily Hospicash Benefit, during the applicable Waiting Period, no Rider Benefit shall be payable.

For all Insured Person(s) under this Rider Policy,

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

In case of addition of Family Member(s) under Family Coverage Benefit, Waiting Period shall be applicable on the life of each Family Member added to this Rider Policy basis the date on which each Family Member has been added to this Rider Policy.

3.6. Rider Premium Mode Loading / Modal Factors

Following factors are applied to yearly Rider Premium when Rider 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

3.7. Payment of Rider Premium

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 Rider Premium. If You have chosen other than Single Rider 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.

3.8. Grace Period (for other than single Premium policies)

Instalment 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 loss of continuity Rider Benefits pertaining to Waiting Periods and coverage of Pre-existing Diseases. The Grace Period for payment of the Rider Premium for all shall be 15 (Fifteen) days, where the Policyholder pays the Rider Premium on a monthly basis and 30 (Thirty) days in all other cases.

3.9. Rider Premium Discontinuance

For a Regular Rider Premium Policy, in case You fail to pay Instalment Rider Premium 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 Policy very carefully. If You have any objections to the terms and conditions of this 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 Policy.

In such an event, irrespective of the reason for cancellation, You will be entitled to a refund of the Rider Premiums 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.

4.2. Alteration of 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. The change in frequency will be applied only from the Policy Anniversary following the date of Your request in accordance with the Terms and Conditions applicable to the Policy.

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

Subject to this Rider Policy being In-force, You shall have an option to add Family Member(s) at inception of this Rider Policy or at Policy Anniversary subject to underwriting and provided that such addition of Family Member should happen within 30 (Thirty) days from the date of Policy Anniversary. Family Member(s) shall include a maximum of 1 (One) legal spouse and up to 3 (Three) dependent children of Primary Life Assured.

In case of addition of spouse or children - either at inception of the Policy or at Policy Anniversary, following conditions shall apply:

- A spouse can be added provided at least 6 (Six) months have passed from the date of marriage as of date of inception of Policy or Policy Anniversary, as applicable
- Children can be added only upon completion of 91 (Ninety- One) days from the date of birth as of date of inception of Policy or Policy Anniversary, as applicable

On such an event of addition of Family Member(s), the Daily Hospicash Benefit chosen by You at inception of this Rider Policy, shall be shared among the Insured Person.

You can request for addition of Family Member(s) anytime during the Policy Term. Addition of spouse or dependent children shall be allowed only on the succeeding Rider Policy Anniversary post completion of minimum eligibility conditions. Rider Premium payable shall be revised in case of such addition.

<u>Deletion of covered Family Member(s) can happen only on occurrence of following events:</u>

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

You can request for deletion of covered Family Member(s) anytime during the Rider Policy Term. Rider Premium payable shall be revised from the next Rider Premium due date in case of such deletion.

In case of Addition or Deletion of Family Member(s), highest Age of Insured Person shall be considered for the purposes of Rider Premium and the Rider Premium shall be re-calculated and notified to the Policyholder and all future Rider Premiums will be payable as per such notification from the Company. The current Age of Insured Person being added/deleted shall be compared with the current Age of the existing/remaining Insured Person in this Rider Policy.

4.3. 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 Policy is in lapsed status. Also, no Unexpired Risk Premium Value will be payable for Regular Premium Policy.

4.4. Procedure for Revival of Rider

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

i. All due arrears of Instalment Rider Premiums along with interest at prevailing rate of Interest, if any, are received by Us in full.

ii. We may change this revival interest rate from time to time. Currently, We charge 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. We will review the rate on an annual basis in April based on the prevailing 10 Year G-Sec rate. However, under special circumstances where the prevailing 10 Year G-Sec rate is changing in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, We shall review the interest rate based on the prevailing 10 Year G-Sec rate.

iv. The Revival of the Rider Policy will be subject to Board approved underwriting Policy. A Surrendered Rider Policy cannot be revived.

v. We may revive the Lapsed Rider Policy by imposing such extra Rider Premium as it deems fit as per the Board approved underwriting Policy.

vi. The Rider Policy would be reinstated only if Base Policy, at that time, is In- Force and in premium paying status.

vii. On Revival of this Rider Policy and provided that the Base Policy is revived and In-force, this Rider Policy shall be entitled to the Benefits specified under this Rider Policy. Any Benefit due but unpaid as on date of Revival shall be payable in accordance with terms and conditions of this Rider Policy.

4.5. Surrender

You may surrender this Rider Policy and following Unexpired Risk Premium Value shall be payable for Single Premium Policy.

Single Premium - Unexpired Risk Premium Values are calculated as:

70% * Total Rider Premium Paid * [Outstanding months in the Rider Policy Term / 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.

4.6. Termination of Rider

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

(a) On exhaustion of Hospicash Sum Assured opted by Policyholder; or
(b) On exhaustion of 100 Hospitalization Days during the Rider Policy Term, in case Number of Hospitalization Days is opted as 30 days by Policyholder; or
(c) On exhaustion of 200 Hospitalization Days during the Rider Policy Term, in case of Number of Hospitalization Days is opted as 60 days by Policyholder; or
(d) On expiry of the Rider Policy Term; or
(e) At Maturity Date of the Base Policy; or
(f) The Life Assured/Primary Life Assured's death; or
(g) The date on which the Base Policy or Rider Policy or both are terminated or cancelled for any reason; or
(h) On the date of Surrender of the Rider; or
(i) At the expiry of the Revival Period, if this Rider Policy has not been revived during the said period.

5. PART E

Not Applicable

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 Daily Hospicash 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 including Part B of Form filled by Hospital
- Copy of Owner/proposer address proof
- Copy of Owner / proposer photo identity proof
- Copy of Insured Person(s) address proof
- Copy of Insured Peron(s) identity proof
- Pan card / Form 60 of the Owner / proposer
- Copy of cancelled cheque / bank statement / bank passbook of the Owner / proposer
- Copy of Discharge Summary confirming the surgery undergone,(if any)
- Copy of indoor case papers duly attested by the Hospital
- Copy of past Medical Reports duly attested by the Hospital
- Copy of Diagnostic/Investigation reports duly attested by the Hospital
- Copy of Final Bill

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% 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 this 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

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

- Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Rider Risk.
- Any Pre-existing Disease or any complication arising therefrom.

  Pre-existing Disease means any condition, ailment, Injury or disease

  a. That is/are diagnosed by a physician not more than 36 (Thirty-Six) months prior to the Date of Commencement of Rider Policy issued by the Us or its reinstatement; or
  b. For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 (Thirty-Six) months prior to the Date of Commencement of Rider Policy issued by Us or its reinstatement.

     In case of enhancement of Hospicash Sum Assured the exclusion shall apply afresh to the extent of Hospicash Sum Assured increase.

     Coverage under the 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 and accepted by Us.

- Any procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 (Twenty-Four) continuous hours of Hospitalization.
- Any treatment arising from or traceable to pregnancy and its related complication, childbirth including caesarean section.
- Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and lasik surgery.
- Any admission for any dental treatment except any dental surgery or facial reconstruction being performed under Emergency Care due to an Accident.
- Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
- Treatment by Family Member(s) and self-medication or any treatment that is not scientifically recognized.
- Any unproven/experimental treatment.

- Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.
- Any treatment received outside India unless specifically covered and specified in the Rider Policy.
- Routine medical, dental, eye and ear examinations are not covered unless specifically covered and specified in the Rider Policy.
- Circumcision unless necessary for treatment.
- Specified disease/procedure Waiting Period - Code- Excl02
  - In case of enhancement of Hospicash Sum Assured the exclusion shall apply afresh to the extent of sum insured increase.
    a. If any of the specified disease/procedure falls under the Waiting Period specified for Pre-existing Diseases, then the longer of the 2 (Two) Specific Waiting Periods shall apply.
    b. The Waiting Period for listed conditions shall apply even if contracted after the Rider Policy or declared and accepted without a specific exclusion.

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

  36 (Thirty-Six) months Specific Waiting Period
  i. Treatment for joint replacement unless arising from Accident
  ii. Age-related Osteoarthritis & Osteoporosis

- Rest cure, rehabilitation and respite care – Code - Excl05 Hospitalization related to any admission primarily for enforced bed rest and not for receiving treatment.
  This also includes:
  i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- Investigation & Evaluation - Code- Excl04

a. Hospitalization related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

- Hazardous or adventure sports: Code - Excl09 Hospitalization related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- Breach of law: Code - Excl10 Hospitalization for treatment directly arising from or consequent upon any Insured Person(s) committing or attempting to commit a breach of law with criminal intent.
- Excluded Providers: Code - Excl11 Hospitalization incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policyholders are not admissible. However, in case of life-threatening situations or following an Accident, Hospitalization up to the stage of stabilization are payable but not the complete claim.
- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl12
- Any Hospitalization related to intentional self-injury, suicide or attempted suicide.
- Hospitalization arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power
- Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
  a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
  b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
  c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- Congenital External Anomalies or any complications or conditions arising therefrom.
- Any Hospitalization incurred on domiciliary Hospitalization and OPD treatment.
- In respect of the existing diseases, disclosed by the Insured Person(s) and mentioned in the Proposal Form (based on insured's consent), Policyholder is not entitled to get the coverage for specified ICD codes.
- Sterility and infertility: Code - Excl17 Hospitalization related to sterility and infertility. This includes:
  i. Any type of contraception, sterilization.

  ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
  iii. Gestational Surrogacy .
  iv. Reversal of sterilization.

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 https://www.cioins.co.in/Ombudsman, if Your grievance pertains to:

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

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.