

PNB MetLife Super Saver Plan
Individual, Non-linked, Participating, Savings, Life Insurance Plan

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. 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 Super Saver Plan (UIN: 117N123V03)	
2	Policy Number	<<Policy Number from LA>>	
3.	Type of Insurance Policy	Individual, Non-Linked, Participating, Life Insurance Plan offering fixed benefits	
4.	Basic Policy details	Plan Option - <<Savings/Savings + Family Care/Savings + Health Care>> Bonus Option - <<Accumulation/Liquidity>> Installment Premium (excluding GST) -<<Rs. xxx>> Mode of premium payment - <<>> Basic Sum Assured of - Rs. <<>> Premium payment term - <<xxx years>> Policy term - <<xxx years>>	Policy Schedule
5.	Policy Coverage/Benefits Payable	Bonus Options (3.2.1) – option to choose one bonus option at inception (1) Accumulation (2) Liquidity The policy offers three Plan options, and Your chosen plan and bonus option is displayed in Policy Schedule. (1) Savings (2) Savings + Family Care (3) Savings + Health Care All above-mentioned plan options offer Maturity Benefit (3.2.2), Death Benefit (3.2.4) and Surrender Benefit (4.4)	3.2.1 3.2.1.1 and 3.2.1.2 3.2.2, 3.2.4 and 4.4

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		Waiver of Premium Benefit (3.2.3) is available as a sub-option only with Savings + Family Care (3.2.3.2) and Savings + Health Care (3.2.3.3)	3.2.3.2 and 3.2.3.3
6.	Options available (in case of Linked Insurance Products) – Not Applicable		
7.	Options available (in case of Annuity Product) – Not Applicable		
8.	Riders opted, if any	Rider details are mentioned in the Rider CIS	3.3.1
9.	Exclusions (events where insurance coverage is not payable), if any	Exclusions applicable to Death Benefit Death caused due to Suicide within first 12 months Exclusions applicable to Savings + Health Care <u>Disease specific exclusions and Generic exclusions</u>	6.8 6.9.2.
10.	Waiting/lien Period, if any	<u>Waiting Period (6.9.1)</u> of 90 days for the Savings + Health Care from Policy Inception or subsequent Revival	6.9.1
11.	Grace Period	15 days for Monthly and 30 days for other frequencies	3.4.3
12.	Free Look Period	30 days	4.1.
13.	Lapse/paid-up and revival of the Policy	4.3.1 Lapse: If the first full Policy year's premium is not paid, the policy shall lapse at the end of the Grace Period and the risk cover and rider benefits, if any, will cease immediately. 4.3.2 Paid-up: Policy will become paid up on payment of one full year premium payment and no further payments. 4.5 Revival: Lapsed or paid-up policy can be revived within a period of 5 years from the date of first unpaid premium by paying all outstanding premium along with interest if any	4.3.1, 4.3.2 and 4.5
14.	Policy Loan, if applicable	Up to 80% of the Surrender Value as per terms and conditions	4.2
15.	Claims / Claims Procedure	i. Turn Around Time (TAT) for claims settlement and brief procedure – For cases not warranting investigation – 15 days from date of intimation of claim For cases warranting investigation – 45 days from date of intimation of claim ii. Helpline/Call Centre number - 1800 425 6969 (Toll-free) iii. Contact details of the insurer - 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. iv. Link for downloading claim form and list of documents required including bank account details.	6.3

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		https://www.pnbmetlife.com/downloads/claims-forms/english.html	
16.	Policy Servicing	<ul style="list-style-type: none"> • Turn Around Time (TAT) <ul style="list-style-type: none"> ○ Financial and Non-Financial – 7 calendar days • Helpline/Call Centre number - 1800 425 6969 (Toll-free) • Contact details of the insurer - 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. <ul style="list-style-type: none"> • Link for downloading applicable forms and list of documents required including bank account details - https://www.pnbmetlife.com/downloads/serviceform/english.html 	6.16
17.	Grievances /Complaints	<ul style="list-style-type: none"> • Contact details of Grievance Redressal Officer of the Insurer: • Call 1800-425-6969 (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 <p>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</p> <ul style="list-style-type: none"> • Link for registering the grievance with the insurer's portal: https://www.pnbmetlife.com/grievance-cell/grievance-redressal.html <p>Ombudsman Details: Please refer to https://www.cioins.co.in/Ombudsman for the list of Insurance Ombudsman</p>	7.1

Declaration by the Policyholder

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

Place: _____ (Signature of the Policyholder)

Date: _____

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

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

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

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

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

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

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

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

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Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

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

In case of any queries / concerns, You can reach Us at:			
Call us at 1800-425-6969 (Toll Free) or 022 - 4179 0300 (8am -8pm)	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. XXXXXXXX

SAMPLE

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1.2. Policy Preamble

**PNB MetLife Super Saver Plan
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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 enacted on receipt of the premium deposit and is based on the details in the Application received together with the other information, documentation and declarations received from You for effecting a life insurance contract on the life of the person named in the Schedule below.

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

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

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

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

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1.3. Policy Schedule

Name of the Plan	PNB MetLife Super Saver Plan
Nature of the Plan	Individual, Non-linked, Participating , Savings, Life insurance plan
UIN	117N123V03

Proposal Form number		Policy number		Date of issue		Issuing office	
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1. Details of the Policyholder and Life Assured

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

2. Policy Details

Base Plan	Plan Option	Bonus Option	Basic Sum Assured (Rs.)	Policy Term (years)	Premium Paying Term (years)	Installment Premium (Rs.)	Goods & Services Tax (Rs)*	Total Premiums Paid (Rs)	Annualised Premium (Rs)
PNB MetLife Super Saver Plan	<<Savings/ Savings+ Family Care/ Care/	<<Accumulation/ Liquidity >>							

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Savings + Health Care>>								
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* **Goods and Services** 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 premium(s) by competent authority.

3. Rider Details

Rider Name	Sum Assured (Rs.)	Policy Term (years)	Premium Paying Term (years)	Installment Premium (Rs.)	Goods and Services Tax (Rs)*	Total Premiums Paid (Rs)	Annualised Premium (Rs)
PNB MetLife Accidental Death Benefit Rider Plus							
PNB MetLife Serious Illness Rider							

4. Contract Details

Date of Commencement of risk	<<DD MM YY>>	Premium Due Date	<<DD MM YY>>
Date of Commencement of Policy	<<DD MM YY>>	Last Instalment Premium Due Date	<<DD MM YY>>
Policy anniversary date	<<DD MM >>	Premium Payment Term	<<5/7/10/12/15/Regular pay>>years
Maturity Date	<<DD MM YY>>	Instalment Premium (excl. taxes)	Rs.<<>>
Policy Currency	INR	GST* (applicable taxes)	Rs. <<>>
Maturity Date	<<DD MM YY>>	Total Installment Premium (incl. of rider(s) premium, any extra premium & taxes)	Rs. <<>>
Policy Term	<<PT>> years		

***Goods & Services tax**

5. Details of Agent/Intermediary

Name	
License/Registration number	
Phone number	
Address	

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Email address	
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Special provisions/options (if any)	
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6. Nominee details

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

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

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

8. E-Policy Document

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

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Key Feature Document

Plan Options	<p>Three options are available with this plan:</p> <p>Plan Option 1: Savings Plan Option 2: Savings + Family Care Plan Option 3: Savings + Health Care</p>						
Bonus Options	<p>The policyholder shall have the option to choose the following bonus options at inception of the policy:</p> <p>Bonus Option 1: Accumulation: Simple Reversionary Bonus, if any, will accrue throughout the Policy Term and is paid as lumpsum on the Maturity Date or death (except in Plan Option 2: Savings + Family Care), whichever is earlier, along with Terminal bonus, if any. For Savings + Family Care Option, Simple Reversionary Bonus, if any, shall be accrued and paid along with Maturity Benefit.</p> <p>Bonus Option 2: Liquidity:</p> <p>Simple Reversionary Bonus, if any, accrues during Premium Payment Term and is paid at the Maturity Date or death (except in Plan Option 2: Savings + Family Care) whichever is earlier. For Savings + Family Care Option, Simple Reversionary bonus, if any, shall be accrued during the Premium Payment Term and paid along with Maturity Benefit.</p> <p>Cash bonus, if any, will be paid at the end of each Policy Year after the expiry of the Premium Payment Term till the Maturity Date or death (except in Plan Option 2: Savings + Family Care), whichever is earlier.</p> <p>For Savings + Family Care Option, Cash bonus, if any, shall continue to be paid till Maturity Date. Bonus Option 2 will be available only with the following Premium Payment Term and Policy Term combinations:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Premium Payment Term (Years)</th> <th>Policy Term (Years)</th> </tr> </thead> <tbody> <tr> <td>5,7,10</td> <td>15</td> </tr> <tr> <td>10,12</td> <td>20</td> </tr> </tbody> </table>	Premium Payment Term (Years)	Policy Term (Years)	5,7,10	15	10,12	20
Premium Payment Term (Years)	Policy Term (Years)						
5,7,10	15						
10,12	20						
Maturity Benefit	<p>On survival of the Life Assured till the Maturity Date, provided that the Policy is In-force Status and all due Installment Premiums have been received by Us in full under Plan Option 2: Savings + Family Care, the Maturity Benefit will be the sum of:</p> <p>Sum Assured on Maturity Accrued Simple Reversionary Bonuses, if any Terminal Bonus, if any</p> <p>Where, Sum Assured on Maturity is the absolute amount guaranteed to be paid on the Maturity Date; which is same as the Basic Sum Assured specified in the Schedule.</p>						
Death Benefit	<p>In the event of the unfortunate death of the Life Assured provided that the Policy is in In-force status on the date of death:</p> <p>If Plan Option 1: Savings or Plan Option 3: Savings + Health Care is in force under the Policy as specified in the Schedule, We will pay the Nominee:</p> <p>Sum Assured on Death (as described below) plus the accrued Simple Reversionary Bonuses, if any, plus Terminal Bonus, if any, subject to a minimum of 105% of Total Premiums Paid up to the date of death and the Policy shall terminate.</p>						

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	<p>If Plan Option 2: Savings + Family Care is in force under the Policy as specified in the Schedule, We will pay the Nominee:</p> <p>Sum Assured on Death (as described below) subject to a minimum of 105% of Total Premiums Paid up to the date of death No future premiums shall be payable after the death, and the Policy benefits will be payable in accordance with Clause 3.2.3.2. of this Policy Document. Where Sum Assured on Death shall be the highest of: 10 times of the Annualized Premium Basic Sum Assured which is the absolute amount assured to be paid on death of the Life Assured.</p>
<p>Waiver of Premium Benefit</p>	<p>If Plan Option 1: Savings is in force under the Policy as specified in the Schedule, the Waiver of Premium Benefit is not applicable under this plan option.</p> <p>If Plan Option 2: Savings + Family Care is in force under the Policy as specified in the Schedule, then in the event of the death of the Life Assured while the Policy is in In-force Status, no future premiums shall be payable after the death and Maturity Benefit shall continue to be payable under the Policy on the scheduled date of payment In addition, if Bonus option 2 - Liquidity is chosen; the cash bonus payout, if any, shall continue to be paid till maturity. The Policy cannot be surrendered once waiver of premium is triggered on death of the Life Assured. All applicable Riders shall terminate on the Life Assured's death. The policyholder and life assured under this policy will be same.</p> <p>If Plan Option 3: Savings + Health Care is in force under the Policy as specified in the Schedule, then in the event of the Life Assured being diagnosed to be suffering from any of the Critical Illnesses listed in Appendix A, while the Policy is in In-force Status, all the future Installment Premiums that would otherwise have been payable under the Policy for the remainder of the Premium Payment Term shall be waived and the Death Benefit, Surrender Benefit and Maturity Benefit shall continue to be payable under the Policy on the scheduled date of payment. For Savings + Health Care Options no waiver of premium benefit shall be applicable on riders. All applicable riders shall terminate if waiver of premium benefit is triggered under Savings + Health Care Option and on death of the Life Assured under Savings + Family Care Option.</p>

Key Product Conditions

<p>Product specification</p>

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Minimum age at entry (Years)¹	Plan option		Age at entry	
	Savings		0 (30 days)	
	Savings + Family Care and Savings + Health Care		18	
Maximum age at entry (Years)¹	Plan option	Premium payment mode		
		Annual mode	Other modes	
	Savings	60	55	
	Savings + Family Care	50	45	
Savings + Health Care	For PPT: 5,7,10 and 12 Pay - 55 years For PPT 15 and Regular Pay - 50 years	For PPT:5,7,10 and 12 Pay - 50 years For PPT:15 and Regular Pay - 45 years		
Minimum age at maturity (Years)¹	Plan option		Age at maturity	
	Savings		18	
	Savings + Family Care Savings + Health Care		28	
Maximum age at maturity (Years)¹	Plan option		Age at maturity	
	Savings		80	
	Savings + Family Care Savings + Health Care		70 For PPT: 5,7,10 and 12 - 75 For PPT: 15 and Regular pay - 70	
Premium Payment Term (PPT) (Years)	5, 7,10,12,15 and Regular pay			
Policy Term (Years)	Premium Payment Term	Minimum Policy term	Maximum Policy term	
	5 and 7	10	20	
	10	11	20	
	12	13	20	
	15	16	20	
	Regular pay	10, 12 and 15		
This product offers all integer Policy Terms between the minimum and maximum Policy Terms mentioned in the table above (both inclusive), depending on the Premium Payment Term and plan option chosen by the Policyholder. For Regular pay, only policy term 10, 12 and 15 years will be allowed.				
Minimum Annualised Premium (Rs.)	Premium Payment Term		Premium (Rs.)	
	5		50,000	
	7		35,000	
	10		25,000	
	12, 15 and Regular pay		20,000	

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Maximum Annualised Premium (Rs.)	Basis the Basic Sum Assured accepted as per Board approved underwriting policy
Minimum Sum Assured (Rs.)	2,20,000
Maximum Sum Assured (Rs.)	As per Board approved underwriting policy
Premium Payment modes	Yearly / Half Yearly / Monthly

¹All reference to age is as on age last birthday. For policies issued to minor lives the risk cover starts immediately at inception. Also, in case the life assured is a minor, the policy will vest with the life assured when the life assured attains an age of 18 years.

Key Service Features

Nomination	Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
Assignment	Assignment shall be allowed under this policy as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.
Policy Loan	The maximum amount of policy loan that you can avail will be limited to 80% of the Surrender Value at the end of the Policy Year (in which loan is requested) less any unpaid Installment Premiums for that Policy Year, any outstanding loans previously granted on this Policy and loan interest (if any) accrued to the end of that Policy Year. The Policy must be assigned to Us to the extent of the loan taken. The rate of interest on such loan amount shall be prescribed by Us from time to time. Currently, We charge interest rate of 10% p.a. compounding annually. The rate of interest is taken as the 10 Year G-Sec rate as on 1 st April plus 250 basis points rounded up to nearest 50 basis points. However, at any point in time, if the prevailing 10 Year G-Sec rate changes in excess of 200 basis points from the rate prevailing as on 1st Apr of that year; the company may review the rate of interest based on the prevailing 10 Year G-Sec rate.
Riders	<p>You may opt for any of the following Riders at inception or at any policy anniversary during premium payment term. Each rider shall be subject to the terms and conditions of that rider:</p> <p>a) PNB MetLife Accidental Death Benefit Rider Plus (UIN: 117B020V04) – This rider provides additional protection over and above the Death Benefit under this Policy in the event of the death of the Life Assured in an Accident.</p> <p>b) PNB MetLife Serious Illness Rider (UIN: 117B021V04) - This rider provides additional protection over and above the Death Benefit under this Policy in the event of the Life Assured being diagnosed with any of the 10</p>

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	critical illnesses listed in the rider. Please refer to the rider brochure and rider terms and conditions for further details.
Premium Payment	Premium payment can be made by cash, cheque, credit card, ECS, online payment, demand draft, and direct debit or any other mode as prescribed by the IRDA of India
Customer Service No.	1800 425 6969 (Toll-free)
Grievance Mechanism	Redressal Visit us www.pnbmetlife.com Email us: indiaservice@pnbmetlife.co.in Write to us: PNB MetLife India Insurance Co. Ltd, Unit No. 101, First Floor, Techniplex I, Techniplex Complex, Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra. 022 - 4179 0300 (8am -8pm)

For detailed benefits, please refer to policy terms and conditions

2. Part B

Definitions applicable to your policy

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

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1. **“Age”** means age as on the last birthday; i.e. the age of the Life Assured in completed years as on Date of Commencement of the Policy and is as shown in the Schedule
2. **“Annualised Premium”** means the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
3. **“Appointee”** means the person named in the Schedule to receive payment under this Policy, if the Nominee is a minor at the time payment becomes due under this Policy
4. **“Assignee”** means the person to whom the rights, Benefits and liabilities under this Policy are transferred by virtue of an assignment under Section 38 of the Insurance Act, 1938, as amended from time to time
5. **“Assignment”** means the process of transferring the rights, Benefits and liabilities to an “assignee”. Assignment should be in accordance with the provisions of Section 38 of insurance act, 1938 as amended from time to time
6. **Basic Sum Assured (BSA)** means the absolute amount specified in the Schedule which is the minimum amount assured to be paid on the death of the Life Assured
7. **“Benefit Illustration”** means an Annexure along with the Schedule that illustrates the premiums, guarantees, returns, benefits and values of the proposed Policy. This Benefit Illustration complies with IRDA of India Regulations and contains clear disclosure of both guaranteed and non-guaranteed benefits, if any, of the Policy
8. **“Benefits”** means the Death Benefit, Maturity Benefit, Surrender Benefit or any other benefit, as the case may be, applicable in the terms and conditions of this Policy
9. **“Cash Bonus”** means the bonus that may be declared and paid by Us at the end of each Policy Year after the completion of Premium Payment Term. The Cash Bonus, if any, will be expressed as a percentage of the Basic Sum Assured. Cash Bonus, if any, is available only if the Bonus Option 2: Liquidity is in force under the Policy. Cash Bonus will be declared only if the Policy is in In-force Status.
10. **“Claimant”** means either the Life Assured or the Policyholder or the Nominee or the assignee or the legal heir of the Nominee / Policyholder as the case may be
11. **“Date of Commencement of risk”** means the date on which the risk under the Policy and Riders, if opted for, comes into effect and is as specified in the Schedule. The commencement of risk cover on the Life Assured shall depend on the age of the Life Assured on commencement of the Policy
12. **“Date of Inception of the Policy”** means the date on which this Policy is issued after We have accepted the risk under the Application. The Date of Inception of the Policy is shown in the Schedule
13. **“Date of commencement of the Policy”** is the same as the Date of Inception of the Policy
14. **“Death Benefit”** means the benefit, which is payable on death of life assured, as stated in the Policy Document
15. **“Grace Period”** for other than single premium policies means the time granted by the insurer from the due date of payment of premium, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the policy. The grace

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period for payment of the premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases.

16. **“In-force Status”** means a condition during the Policy Term, wherein the coverage of risk on the life of the Life Assured is subsisting and You have paid all the due Installment Premiums
17. **“Installment Premium”** means the amount stipulated in the Schedule and paid at regular intervals (yearly/half yearly/ or monthly mode as shall be applicable) by You for the chosen Premium Payment Term as consideration for acceptance of risk and Benefits specified as such in the Policy Document
18. **“IRDAI”** means the Insurance Regulatory and Development Authority of India
19. **“Lapse”** means a condition wherein the Policy has not acquired Surrender Value and the due Installment Premium is not paid for the first full Policy Year, as required under the Policy, thereby rendering this Policy unenforceable. No Benefits will be paid when the Policy is in Lapse status
20. **“Life Assured”** means the person, named as such in the Schedule, on whose life, the insurance cover is effected in the terms of this Policy
21. **“Maturity Benefit”** means sum assured on maturity, any additional and accrued benefit, which is payable on maturity in accordance with the terms and conditions of the policy.
22. **“Maturity Date”** means the date specified in the Schedule on which the Maturity Benefit is payable to You
23. **“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 within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner shall not include:
 - a) Your close relative; or
 - b) A person who resides with the Policyholder; or
 - c) A person covered under this Policy
24. **“Nomination”** means the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time
25. **“Nominee”** means the person or persons nominated under Section 39 of the Insurance Act, 1938, as amended from time to time, by You, under this Policy and is (are) named and authorized in the Policy Document to receive the claim benefit payable under this Policy.
26. **“Participating”** means the Policy\ entitled to share in surplus (profits) during the term of the policy as per section 49 of the Insurance Act, 1938 as amended from time to time
27. **“Paid-up Benefit”** means the amount payable on the occurrence of events, as specified under the Policy, when the Policy is in Paid-up Status
28. **“Policy Document”** means this document, which is the evidence of the contract between Us and You

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29. **“Policy Anniversary”** means the start date of every subsequent Policy Year
30. **“Policy Term”** means the entire term of the Policy as specified in the Schedule
31. **“Policy Year”** means a period of 12 consecutive months starting from the date of commencement of the Policy as stated in the Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period of 12 consecutive months thereafter
32. **“Policyholder”** is the owner of the Policy and is referred to as the proposer in the proposal form
33. **“Premium Payment Term”** means the period or the term of the Policy during which You are required to pay the premiums with respect to the Policy, to Us
34. **“Prevailing Rate of Interest”** means the applicable rate of interest as declared by Us from time to time that shall be charged to You on specified transactions related to the Policy.
35. **“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 the insurer in respect of a risk, in order to enable the insurer 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.
36. **“Reduced Paid-up Status”** means a condition during the Policy Term, wherein the Installment Premium has been paid in full for first full Policy Year, and the remaining due Installment Premiums have not been paid, rendering the Policy to continue at a reduced level of Benefits, as specified under the Policy
37. **“Regulation”** means rules and guidelines issued by the IRDAI from time to time
38. **“Revival”** means restoration of the Policy, which was discontinued due to the non-payment of Installment Premium, with all the benefits mentioned in the Policy Document, with or without Rider benefits if any, upon the receipt of all the Installment Premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the Insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Board approved underwriting policy.
39. **“Revival Period”** means the period of five consecutive complete years from the date of first unpaid Installment Premium.
40. **“Rider”** means the insurance cover(s) added to a base product for additional premium or charge,. The Schedule will specify if any Riders are available and in force under the Policy.
41. **“Rider benefits”** means an 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 product, and may include waiver of premium benefit on other applicable riders.
42. **“Schedule”** means the attached Schedule that provides your Policy Benefits, the terms of the contract and details provided by You, along with all its annexes, issued by Us for this Policy. The Schedule also includes any amendments to the attached Schedule which may be issued from time to time.

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- 43. “Simple Reversionary Bonus”** means a bonus which may be declared by Us under the Policy on each Policy Anniversary commencing from the first Policy Year and throughout the Premium Payment Term or throughout the Policy Term based on the Bonus Option in force and as specified in the Schedule. Simple Reversionary Bonus will be declared only if the Policy is in In-force Status. The Simple Reversionary Bonus will be declared as a percentage of the Basic Sum Assured. Once a Simple Reversionary Bonus is declared it accrues under the Policy and is guaranteed to be paid along with the Death Benefit (except for Savings + Family Care Option) or the Maturity Benefit or as part of the Surrender Benefit.
- 44. “Specialist”** means a person who holds a recognised post graduate qualification in any specialised stream of allopathic medicine, is registered by the Medical Council and is practicing within the scope of such license, and shall not include:
- a) Any relative of the Policyholder / Life Assured; or
 - b) Any person who resides with the Policyholder / Life Assured; or
 - c) Any person covered under this Policy
- 45. “Sum Assured on Death”** means the absolute amount of benefit which is guaranteed to become payable on occurrence of death of the Life Assured, in accordance with the terms and conditions of the Policy.
- 46. “Sum Assured on Maturity”** means the absolute amount of benefit which is guaranteed to become payable at the end of the policy term i.e. on maturity of the policy, in accordance with the terms and conditions of the Policy.
- 47. “Surrender”** means the complete withdrawal/ termination of the entire policy contract
- 48. “Surrender Value”** means an amount, if any, that becomes payable on surrender of a policy during its term, in accordance with the terms and conditions of the policy.
- 49. “Terminal Bonus”** a bonus which may be declared by Us under the Policy from the 10th Policy Year onwards or from the last three policy years whichever is earlier. Terminal Bonus will be declared only if the Policy is in In-force Status. If Bonus Option 1: Accumulation is in force, the Terminal Bonus will be declared as a percentage of all accrued Simple Reversionary Bonuses. If Bonus Option 2: Liquidity is in force, the Terminal Bonus will be declared as a percentage of all accrued Simple Reversionary Bonuses and all Cash Bonuses paid, if any. The declared Terminal Bonus is payable along with Death Benefit (except for Savings + Family Care option). For Policies maturing, the declared Terminal Bonus is payable along with Maturity Benefit. For policies that are surrendered, the declared Terminal Bonus is payable along with the Surrender Benefit. .
- 50. “Total Premiums Paid”** means total of all the Premiums paid under the base product excluding any extra premium and taxes, if collected explicitly.
- 51. “Us/We/Our/Company”** means PNB MetLife India Insurance Company Limited
- 52. “UIN”** means the Unique Identification Number as prescribed by the IRDAI
- 53. “Waiting Period”** means a period of 90 days from the Date of commencement of the Policy or from any subsequent revival, whichever is later.

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54. **“You/Your”** means the Policyholder named in the Schedule

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3. Part C

Policy Features, Benefits & Premium Payment Conditions

3.1. Policy Features

PNB MetLife Super Saver Plan is an Individual, Non-Linked, Participating, Savings, Life Insurance Plan that offers benefits on death and maturity as listed below. The benefits will be payable subject to the terms and conditions of this Policy, as mentioned in this Policy Document.

3.2. Policy Benefits

3.2.1. Bonus options

The policyholder shall have the option to choose the following bonus options at inception of the policy, on survival of the Life Assured till the end of the Policy Term, provided that the Policy is In-force Status and all due Installment Premiums have been received by Us in full:

3.2.1.1. If Bonus Option 1 - Accumulation is in force under the Policy as specified in the Schedule, the Simple Reversionary Bonus, if any, will accrue throughout the Policy Term and is paid as lumpsum on the Maturity Date or death (except in Plan Option 2: Savings + Family Care), whichever is earlier. For Savings + Family Care Option, after death of the Life Assured Simple Reversionary bonus, if any, shall be accrued and paid along with Maturity benefit.

3.2.1.2. If Bonus Option 2 - Liquidity is in force under the Policy as specified in the Schedule, We will pay a Cash bonus, if any, at the end of each Policy Year after the expiry of the Premium Payment Term till the end of Policy Term or death of the Life Assured (except for Savings + Family Care Option), whichever is earlier. For Savings + Family Care Option after death of the Life Assured Cash bonus, if any, will continue to be paid till the Maturity Date.

3.2.2. Maturity Benefit

On survival of the Life Assured till the Maturity Date, provided that the Policy is In-force Status and all due Installment Premiums have been received by Us in full under Plan Option 2: Savings + Family Care, the Maturity Benefit will be the sum of:

- Sum Assured on Maturity
- Accrued Simple Reversionary Bonuses, if any.
- Terminal Bonus, if any

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3.2.3. Waiver of Premium Benefit

3.2.3.1. For Plan Option 1: Savings , the Waiver of Premium Benefit is not applicable.

3.2.3.2. If Plan Option 2: Savings + Family Care is in force under the Policy as specified in the Schedule, then in the event of the death of the Life Assured while the Policy is in In-force Status, no future premiums shall be payable after the death and the Maturity Benefit along with all the accrued bonuses as mentioned in the Section 3.2.4.2. shall continue to be payable under the Policy on the scheduled date of payment. All applicable Riders shall terminate on the Life Assured's death. Under this Plan option, the policyholder and the life assured in this policy will be same.

3.2.3.3. If Plan Option 3: Savings + Health Care is in force under the Policy as specified in the Schedule, then in the event of the Life Assured being diagnosed to be suffering from any of the Critical Illnesses listed in Appendix A, while the Policy is in In-force Status, all the future Installment Premiums that would otherwise have been payable under the Policy for the remainder of the Premium Payment Term shall be waived the Death Benefit and Maturity Benefit shall continue to be payable under the Policy on the scheduled date of payment. All applicable riders shall terminate if waiver of premium benefit is triggered.

This Waiver of Premium Benefit shall be applied subject to the following :The Critical Illness is contracted by the Life Assured after the completion of the Waiting Period of 90 days (from the later of the Date of Inception of the Policy or the date of the last revival of the Policy, as applicable). If a Critical Illness is contracted during the Waiting Period, then the Waiver of Premium Benefit automatically terminates and future Installment Premiums under the Policy shall be reduced to the Installment Premium payable under Plan Option 1: Savings for a similar contract (i.e. same age at entry, Basic Sum Assured, policy term, premium payment mode, including any discounts, if applicable). The reduced Annualized Premium will be considered for calculation of the Benefits for the remainder of the Policy Term; and

- We receive notice of the claim and the specified claim documentation in accordance with Section 6.3 of Part F; and
- The Critical Illness has been confirmed in writing by a Medical Practitioner, including a Specialist acceptable to Us, (the costs of which shall be borne by You); and
- The Waiver of Premium Benefit shall not be available for any event which is a direct or indirect result of a condition which was not disclosed by the Life Assured and for which, prior to the Date of Commencement of Risk, medical advice or treatment was recommended or given by a Medical Practitioner; or evidence of the event existed which would cause a reasonable person to seek diagnosis, care or treatment from a Medical Practitioner. This provision shall be governed by Section 45 of Insurance Act, 1938 as amended from time to time.
- Waiver of Premium Benefit will not be applicable on Riders, if any.
- We reserve the right to require examination of the Life Assured and confirmation of the diagnosis of the Critical Illness by a Medical Practitioner approved by Us.

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3.2.4. Death Benefit

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

3.2.4.1. If Plan Option 1: Savings or Plan Option 3: Savings + Health Care is in force under the Policy as specified in the Schedule, We will pay the Nominee:

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

3.2.4.2. If Plan Option 2: Savings + Family Care is in force under the Policy as specified in the Schedule, We will pay the Nominee:

- Sum Assured on Death (as described below) subject to a minimum of 105% of Total Premiums paid up to the date of death
- No future premiums shall be payable after the death, in accordance with Clause 3.2.3.2. and at the end of the policy term, following benefit shall be payable:
 - Sum of Sum Assured on Maturity, Accrued Simple Reversionary Bonus, if any, and Terminal Bonus, if any.
 - In addition, if Bonus option 2 - Liquidity is in-force under the Policy; the cash bonus payout, if any, shall continue to be paid till maturity.
Where, Sum Assured on Maturity is same as defined in the Maturity Benefit section.
- The Policy cannot be surrendered after the death of the Life Assured.

Where Sum Assured on Death shall be the highest of:

- I. 10 times of the Annualised Premium
- II. Basic Sum Assured which is the absolute amount assured to be paid on death of the Life Assured.

3.3. Other features and benefits

3.3.1. Rider Benefits

You may opt for any of the following Riders on commencement of the Policy or on any Policy Anniversary during the Premium Payment Term. Each Rider shall be subject to the terms and conditions of that Rider:

- a. **PNB MetLife Accidental Death Benefit Rider Plus (UIN: 117B020V04)** – This Rider provides additional protection over and above the Death Benefit under this Policy in the event of the death of the Life Assured due to an Accident.
- b. **PNB MetLife Serious Illness Rider (UIN: 117B021V04)** - This Rider provides additional protection over and above the Death Benefit under this Policy in the event of the Life Assured being diagnosed with any of the 10 critical illnesses covered under the Rider.
 - I. Rider Sum Assured limits shall be as per the respective Rider types and limit.

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- II. Total Premium for health riders put together shall be subject to a ceiling of 100% of the premium of the Base Policy
- III. Total Premium for non-health riders put together shall be subject to a ceiling of 30% of the premium of the Base Policy.
- IV. The Rider policy term and premium payment term opted shall be less or equal to the outstanding Premium Payment Term of the Base Policy.
- V. Rider will not be offered if the outstanding term under the base policy is less than 5 years.
- VI. When the Base Policy is in Reduced Paid-up Status, Lapsed, Surrendered or forfeited, all Riders attached to the Base Policy will also terminate immediately and automatically.
- VII. For more details on the Rider benefits, features, terms and conditions, please refer to the Rider terms and conditions carefully or contact Your insurance advisor.
- VIII. For Plan Option 3: Savings + Health Care, no Waiver of Premium Benefit shall be applicable on any Riders. All applicable riders shall terminate if waiver of premium benefit is triggered under Savings + Health Care Option and on death of the Life Assured under Savings +Family Care Option.
- IX. Rider can be attached at the inception of the Policy or at Policy Anniversary.

3.4. Premium Payment Conditions

3.4.1. Payment of Premium

- (a) The available premium payment modes under the Policy are annual, half yearly and monthly.
- (b) You must pay the Installment Premiums on or before the due date specified in the Schedule.
- (c) Premiums are payable for the entire Premium Payment Term unless the Waiver of Premium Benefit is applied in accordance with Clause 3.2.3.2.
- (d) All taxes, cesses, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the Installment Premiums to be paid by You
- (e) Collection of advance premium shall be allowed under this Policy provided due Installment Premiums are collected in the same financial year. However, where the Installment Premium due in one financial year is being collected in advance in an earlier financial year, We will accept the same for a maximum period of 3 months in advance of the due date of that Installment Premium.

3.4.2. Alteration of the Premium payment mode

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

Any alteration request will be accepted, subject to adherence on minimum / maximum limits, as applicable.

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3.4.3. Grace Period for other than Single Premium policies

Installment 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 policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the policy. The grace period for payment of the premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases. In the event of the Life Assured's death during the Grace Period, the Death Benefit shall be payable in full in accordance with Clause 3.2.4 after deduction of due premium.

3.4.4. Rider Premium

Riders will be available, on payment of additional premium over and above the Base Installment Premium provided that the conditions applicable to the Rider (such as permitted entry age, Rider Term, Premium Payment Term and Sum Assured) are satisfied. Rider premium should be paid on the due date or within the Grace Period. The mode of rider premium payment shall be same as the mode of premium payment under the Base Plan. The rider premium payment term will be either equal to or lower than the Premium Payment Term of the Base Policy.

3.4.5. Premium mode loading / Modal Factors

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

Premium Paying Mode	Modal Factors
Half Yearly	0.5131
Monthly	0.0886

3.4.6. High Sum Assured Discount

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

Premium Payment Term (Years)	Discount per 1000 Basic Sum Assured per annum
5	for Premium of Rs 1 lacs and above but less than Rs 2 lacs = Rs 1.5 for Premium of Rs 2 lacs and above = Rs 3.25
7	for Premium of Rs 50,000 and above but less than Rs 1 lacs = Rs 2 for Premium of Rs 1 lacs and above but less than Rs 2 lacs = Rs 4 for Premium of Rs 2 lacs and above = Rs 5

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

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4. Part D

Policy Servicing Conditions

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

4.1. Free Look Period

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

4.2. Loan

Eligibility for Policy Loan

After a Surrender Value has been acquired under the Policy and provided that the Policy is in In-force Status, We may grant You a loan under the Policy provided that:

- (a) The proposed loan amount does not exceed 80% of the Surrender Value at the end of the Policy Year (in which loan is requested) less any unpaid Installment Premiums for that Policy Year, any outstanding loans previously granted on this Policy and loan interest (if any) accrued to the end of that Policy Year;
- (b) The Policy is assigned to Us to the extent of the outstanding loan amount. It is understood and agreed that, subject to the provisions of Section 38 and 39 of the Insurance Act 1938, as amended from time to time, this assignment will automatically cancel all nominations and other assignments in force at the time, to the extent of the outstanding loan and interest.

Applicable rate of interest

- (a) The rate of interest to be charged for new loans shall be 10 Year G-Sec Rate as on 1st of April plus 250 basis points rounded up to the nearest 50 basis points. If the G-Sec Rates have not been declared on 1st April, the G-Sec rate declared on the first date of the financial year shall be reckoned.
- (b) However, at any point in time, if the prevailing 10 Year G-Sec rate changes in excess of 200 basis points from the rate prevailing as on 1st Apr of that year; the company may review the rate of interest based on the prevailing 10

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Year G-Sec rate.

- (c) As on 1st Apr 2024, the Company charges 10% compounded annually on outstanding loan amounts and interest accrued thereon.
- (d) The Company may review the formula for determining aforementioned loan rate of interest and reserves the right to change it
- (e) The applicable rate will apply to new loans including any incremental loan on policies which already have existing loan from previous years.
- (f) Once a loan is granted at a given rate, such interest rate will remain fixed until the respective loan amount and interest thereof is received by Us.

Repayment of loan

- (a) You shall re-pay the loan in the manner and in the amounts specified by Us at the time of disbursement of the loan.
- (b) Interest on the loan shall become due at the end of each Policy Year. If the interest amount is not received in full by the Company within 30 days of it becoming due, the interest amount will be added to the loan principal amount.
- (c) The revised loan principal (including the unpaid interest) will bear interest at the same rate as the original loan amount.
- (d) If the Life Assured dies before all outstanding loan amounts have been received by the Company, then the amount equal to the outstanding loan amount plus the interest due thereon shall be deducted from the Death Benefit payable under the Policy.
- (e) If the outstanding loan amounts have not been received by the Company before the date of Surrender, an amount equal to the outstanding loan amount plus the interest due thereon shall be deducted from the surrender benefit payable under the Policy.
- (f) If the outstanding loan amounts have not been received by the Company before a survival benefit or income benefit or cash bonus payout becomes due, such amount shall first be utilized towards repayment of outstanding loan and interest thereon.
- (g) If the outstanding loan amounts have not been received by the Company before the maturity date, an amount equal to the outstanding loan amount plus the interest due thereon shall be deducted from the maturity benefit payable under the Policy.

Additional loans

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- (a) You may take additional loan under the Policy provided that the proposed loan amount and the existing loan principal cumulatively do not exceed 80% of the Surrender Value at the end of the current Policy Year less any unpaid Premiums for that Policy Year and loan interest (if any) accrued to the end of that Policy Year.
- (b) Rate of interest for such additional loan shall be the loan rate prevailing for the year and may be different from the interest rate for any previously granted loans.

Foreclosure

- (a) Any in-force and fully paid-up policy will not be foreclosed on the ground of outstanding policy loan amount including interest exceeds the surrender value.
- (b) For other than in-force and fully paid-up, wherein the loan outstanding (including interest thereon) exceeds the prevailing Surrender Value, the Company shall send a notice to Policyholder to repay the outstanding loan amount along with the interest. If the Policyholder does not repay the loan or fails to respond to the notice within 90 days of the date of issuance of such notice, the Policy shall be foreclosed, and the Policyholder will be paid the Surrender Value less loan outstanding including interest.

Foreclosure:

4.3. Premium Discontinuance

If You discontinue paying Installment Premium, the Policy will either Lapse or get converted to Reduced Paid-Up Status in accordance with the following provisions:

4.3.1. Lapse

If due Installment Premium for the first full Policy Year is not received, the Policy shall Lapse at the end of the Grace Period and the risk cover, and Rider Benefits, if any, shall cease immediately and automatically.

The Lapsed Policy can be revived within the Revival Period. No Benefits will be payable under the Policy if the Policy is not revived in accordance with Clause 4.5

4.3.2. Reduced Paid-Up Value

If due Installment Premium for the first full Policy Year has been received and if the Policy has acquired a Surrender Value and future Installments Premiums are not received, the Policy will continue in the Reduced Paid-Up Status

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with reduced Benefits unless the policy is surrendered in accordance with Clause 4.4. If the Policy continues in Reduced Paid-Up Status, the reduced Benefits payable shall be in accordance with the table below

Benefits	Payout
Death Benefit	<p>For Plan Option 1: Savings and Plan Option 3: Savings + Health Care: Sum Assured on Death calculated in accordance with Clause 3.2.4 of Part C X (Number of Installment Premiums paid / Number of Installment Premiums payable during the Premium Payment Term); Plus sum of all accrued Simple Reversionary Bonuses, if any. At any point in time the minimum Death Benefit shall be 105% of Total Premiums Paid up to the date of death</p> <p>For Plan Option 2: Savings + Family Care: Sum Assured on Death calculated in accordance with Clause 3.2.4 of Part C X (Number of Installment Premiums paid / Number of Installment Premiums payable during the Premium Payment Term). At any point in time the minimum Death Benefit shall be 105% of Total Premiums paid up to the date of death. For policies in Reduced Paid-up Status, after death of the Life assured the Policy will continue till the Maturity Date with reduced Benefits as defined below.</p>
Maturity Benefit	Sum Assured on Maturity x (Number of Installment Premiums paid / Number of Installment Premiums payable during the Premium Payment Term); Plus sum of all accrued Simple Reversionary Bonuses, if any, added till the date of Reduced Paid-up Status.
Critical Illness	<p>For Plan Option 1: Savings and Plan Option 2: Savings + Family Care: Not applicable</p> <p>For Plan Option 3: Savings + Health Care: Waiver of Premium Benefit shall be not be applicable if the Life Assured is diagnosed with a Critical Illness when the Policy is in Reduced Paid-up Status, however the Policy will continue till the Maturity Date with reduced Benefits as defined above.</p>

If the Policy is in Reduced Paid-up Status:

- The Policy shall not be eligible for any future Simple Reversionary Bonuses, if any, and Terminal Bonus declared by Us.
- Rider benefits, if any, shall cease immediately and automatically.

4.4. Surrender

You may surrender the Policy provided that policy has acquired Surrender Value in accordance with the following provisions. We will pay a Surrender Value which is equal to the higher of the Guaranteed Surrender Value or Special Surrender Value which are calculated as specified below. Once Surrendered, the Policy cannot be revived.

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If due Installment Premium for the first full Policy Years has been received, the Policy shall acquire a Special Surrender Value after completion of first Policy Year.

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

Guaranteed Surrender Value:

Guaranteed Surrender Value is equal to GSV Premium Factor multiplied by the total Installment Premiums received Plus GSV Simple Reversionary Bonus Factor multiplied by the sum of all accrued Simple Reversionary Bonuses, if any

The GSV Premium Factors and GSV Simple Reversionary Bonus Factors are shown in Annexure B.

Special Surrender Value (SSV):

Special Surrender Value is the surrender value specified by Us on receipt of a request for Surrender and shall be calculated on the following approach using Special Surrender Value Factors:

For Savings and Savings + Health Care Options:

SSV = {Reduced Paid-Up Sum Assured on Death plus Accrued Simple Reversionary Bonuses, subject to a minimum of 105% of Total Premiums Paid} x SSV Factor 1 *plus*

{Reduced Paid-up Sum Assured on Maturity plus Accrued Simple Reversionary Bonuses} x SSV Factor 2 *plus*

Terminal Bonus declared, if any

For Savings + Family Care Option:

{Reduced Paid-Up Sum Assured on Death} x SSV Factor 1 *plus* {Reduced Paid-up Maturity Benefit plus Accrued Simple Reversionary Bonuses} x SSV Factor 3 *plus* Terminal Bonus declared, if any

Where:

- Reduce Paid-up Sum Assured on Death = Sum Assured on Death x (t/n)
- Reduce Paid-up Sum Assured on Maturity = Sum Assured on Maturity x (t/n)

Where,

“t” refers to the Number of Instalment Premiums paid and “n” refers to the Number of Instalment Premiums payable during the PPT

SSV Factor1 is the factor derived to compute expected present value of paid-up death benefit payable, calculated at the end of the policy month of surrender.

SSV Factor2 is the factor derived to compute expected present value of paid-up maturity benefit payable, calculated at the end of the policy month of surrender.

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SSV Factor³ is the factor derived to compute the present value of paid-up maturity benefit payable, calculated at the end of the policy month of surrender.

For Savings + Family Care option, once the waiver of premium benefit triggered, the policy shall continue till maturity and cannot be surrendered.

SSV is not guaranteed and We may change these factors at any time during the term of the policy in accordance with the applicable regulations issued by IRDAI from time to time.

Rider benefits (if any), shall cease immediately after payment of surrender value with respect to rider benefits (if applicable).

4.5. Policy Revival

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

- i. All due arrears of Instalment Premiums along with interest at Prevailing Rate of Interest, if any, are received by Us in full.
- ii. We may change this revival interest rate from time to time. Currently, We charge 8.00% compounded annually.
- iii. The rate of interest is calculated as the 10 Year G-Sec rate as on 1st of April plus 50 basis points, rounded up to the nearest 50 basis points. We will review the rate on an annual basis in April based on the prevailing 10 Year G-Sec rate. However, under special circumstances where the prevailing 10 Year G-Sec rate is changing in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, We shall review the interest rate based on the prevailing 10 Year G-Sec rate.
- iv. The Revival of the Policy will be subject to Board approved underwriting policy. A surrendered Policy cannot be revived.

We may revive the Lapsed Policy by imposing such extra premium as it deems fit as per the Board approved underwriting policy.

On revival of the Policy, accrued Simple Reversionary Bonuses, if any and Cash Bonuses, if any, will also be revived.

4.6. Termination of the Policy

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

1. The date of payment of Surrender Value.
2. At the expiry of the Revival Period, if the Policy has not been revived and provided the said Policy has not been converted into Reduced Paid-Up Status.
3. On payment of the Death Benefit (except in the case of Plan Option 2 : Savings + Family Care) or Maturity Benefit, whichever applicable.

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4. On cancellation during Free Look Period
5. On payment of eligible premium/surrender value described in suicide exclusion clause

5. Part E

Not applicable

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6. Part F

General Terms & Conditions

The following general terms and conditions are applicable to your Policy. If you wish to change the nomination or assign the 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. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure A to this Policy for your reference. Nomination of this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.2. Assignment

Assignment shall be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure A to this Policy for your reference. Assignment of this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.3. Claims Procedure

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

1. Duly filled and signed Claim form
2. Copy of valid death certificate issued by local authority.
3. Current address proof & Photo identity proof of the rightful nominee/legal heir
4. PAN Card or Form 60 of the nominee
5. Cancelled cheque / Copy of bank passbook of the rightful nominee/legal heir
6. Complete Medical records(Admission notes & Discharge / Death summary/Medical Test / investigation reports, Indoor case papers etc.) for any treatment taken in past or at the time of death
7. Copy of FIR, Panchnama, Inquest report, Postmortem report
8. Viscera/Chemical analysis report, Orbituary/Newspaper cutting(if available)
9. Succession certificate/Legal Heir certificate in case of absence of nominee

Note: The company has the right to ask for additional documents deemed necessary to decide the claim which do not form part of the above-mentioned list.

Furnishing of the above information and documentation is a condition precedent for Us to pay a claim under this

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Policy. We request the claimant to submit all the above documents within 45 days of the occurrence of the claim incidence. We shall consider submission of the above documents beyond 45 days but not later than 90 days from the occurrence of the claim incidence if there are valid reasons for such a delay on the Claimant's part

6.4. Maturity Benefit Payout Procedure

We will not be obliged to make any payment of the Maturity Benefit unless and until we have received all of the information and documentation.

6.4.1 Procedure for payment of Maturity Benefit

You will have to submit the following information and documentation we request, including but not limited to:

- a. Updated bank details and cancelled cheque copy
- b. Current address proof & Photo identity proof of the policyholder
- c. PAN Card or Form 60 of the policyholder

6.5. Taxation

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

6.6. Currency & Place of Payment

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

6.7. Fraud 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. A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure A for your reference.

6.8. Suicide Exclusion

If the Life Assured's death is due to suicide within twelve months from the Date of commencement of risk or from the date of Revival of the Policy as applicable, the Nominee of the Policyholder shall be entitled to receive at least

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80% of the Total Premiums Paid and received by Us till the date of death of the Life Assured or Surrender Value available as on the date of death of the Life Assured, whichever is higher, provided the Policy is in Inforce status. We shall not be liable to pay any interest on this amount.

6.9. Exclusions (applicable only to Plan Option 3: Savings + Health Care)

- 6.9.1. Waiting period:** There will be a waiting period of 90 days from Policy inception or from any subsequent revival, whichever is later. If a claim occurs for the waiver of premium (WOP) benefit under Savings + Health care option during waiting period, the WOP cover terminates and future premiums for the plan shall be reduced to the premiums payable under Savings option for a similar contract (i.e. same age at entry, Sum Assured, policy term, premium payment mode, including any discounts, if applicable).
- 6.9.2.** Apart from the disease specific exclusions given along with definitions of diseases, no Waiver of Premium Benefit will be payable if the Critical Illness is caused or aggravated directly or indirectly by any of the following acts of the Life Assured unless those are beyond his / her control:
- a. Any diseases occurring within 90 days of the start of coverage or date of revival (i.e. during the waiting period) or date of reinstatement whichever is later.
 - b. Pre-existing Disease means any condition, ailment, injury or disease:
 - i. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
 - c. External congenital condition
 - d. Intentional self-inflicted injury, attempted suicide.
 - e. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
 - f. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
 - g. Taking part in any naval, military or air force operation during peace time
 - h. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger or pilot and cabin crew of a recognized airline on regular routes and on a scheduled timetable.
 - i. Participation by the Insured person in a criminal or unlawful act with illegal or criminal intent.

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- j. Engaging in or taking part in professional or adventure sport(s) which are hazardous in nature including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
- k. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

6.10. Proof of Age

Subject to Section 45 of the Insurance Act 1938, if the actual age of the Life Assured differs from the Age stated in the Proposal Form then:

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

6.11. Vesting on attaining age of majority

If the Policy has been issued on the life of a minor, the Policy will automatically vest in him/her on his/her attaining majority (eighteen years) and thereafter the Life Assured would be the Policyholder and We shall enter into all correspondence directly with him/her. Any assignment or nomination of the Policy contrary to this provision would be null and void against Us.

6.12. Loss of the Policy Document

If the Original Policy Document is lost or destroyed, a duplicate Policy document shall be issued upon receipt of a written request from You subject to submission of affidavit-cum-indemnity in the format prescribed by Us on stamp paper of requisite value of Rs. 200. Please note that laws related to stamp duty are subject to amendments made thereto from time to time. Upon the issuance of a duplicate Policy, the original Policy Document will cease to have any legal force or effect. You agree that You shall indemnify and hold Us free and harmless from and against any claims or demands that may arise under or in relation to the original Policy document.

6.13. Policyholder's Rights

To exercise Your rights or options, under this Policy, You should follow the procedures stated in this Policy. If

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You want to change Your Nominee, change an address or exercise any other options under the Policy, You shall do so only using the forms prescribed for each purpose which are available with Your financial advisor, from Our local office or can be downloaded from Our website www.pnbmetlife.com. . If You change Your address, or if the address of the Nominee changes, You must notify Us immediately. Failure in timely notification of change of address could result in a delay in processing of benefits payable under the Policy.

6.14. Travel, Residence & Occupation

This Policy does not impose any restrictions as to travel and residence. This Policy does not impose any restrictions as to occupation.

6.15. Governing Law & Jurisdiction

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

6.16. Our Address for Communications

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

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

Call us Toll-free at 1-800-425-6969,
Visit Our Website: www.pnbmetlife.com,
Email: indiaservice@pnbmetlife.co.in

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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
**Customer Service Department,
1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West),
Mumbai – 400062.**
- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

Level 2:

In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, You may

- 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, Gurugram, Haryana – 122018**

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

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Level 3:

If You are not satisfied with the response or do not receive a response from Us within fifteen (15) days, You may approach the Bima Bharosa Shikayat Nivaran Kendra on the following contact details.:

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

- By Post : You can write Your complaints to

**Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500032, Telangana**

- By E-mail : E-mail ID: complaints@irda.gov.in
- By Phone : 1800 4254 732

In case You are not satisfied with the decision/resolution, You may approach the Insurance Ombudsman at the address in the list of Ombudsman below, if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy;
- Delay in settlement of claim;
- any partial or total repudiation of claims by Us;
- 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 the Policy after receipt of 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 IRDA of India from time to time or the terms and conditions of the Policy, 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. Per Rule 14(3) of the Insurance Ombudsman Rules, 2017 (Rules), a complaint to the Insurance Ombudsman can be made if the complainant makes a written representation to the Insurer and either the Insurer rejected the complaint or the complainant did not receive any reply within one month after the Insurer received the complaint, or the

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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 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 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.

7.2. List of Insurance Ombudsman

[Note: A list of Insurance Ombudsman is set out below. Please refer to <https://www.cioins.co.in/Ombudsman> for a list of updated Insurance Ombudsman.]

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Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 – 25501x`201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Office of the Insurance Ombudsman, , 1st Floor, “Jeevan Shikha”, 60- Bs, Hoshangabad Road , Opp. Gayatri Mandir , Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chhattisgarh.</p>
<p>BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Odisha.</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,</p>	<p>Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
<p>CHENNAI – 600 018. Tel.: 044 - 24333668 / 2433678 Email: bimalokpal.chennai@cioins.co.in</p>	
<p>DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI - Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp. To Maharaja’s College, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
<p>KOLKATA - Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhavan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region),

Annexure A

Section 39 of the Insurance Act 1938 as amended from time to time, Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

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03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a

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nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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

SAMPLE

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Section 38 of the Insurance Act 1938 as amended from time to time, Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a

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loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

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

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

SAMPLE

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Section 45 of the Insurance Act 1938 as amended from time to time, Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 are as follows:

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a. the date of issuance of policy or b. the date of commencement of risk or c. the date of revival of policy or d. the date of rider to the policy whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from a. the date of issuance of policy or b. the date of commencement of risk or c. the date of revival of policy or d. the date of rider to the policy whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b. The active concealment of a fact by the insured having knowledge or belief of the fact; c. Any other act fitted to deceive; and d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

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07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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

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Annexure B:

Guaranteed Surrender Value factors

GSV Premium factor

<i>Guaranteed Surrender Value Factors as % of premiums</i>											
<i>Year/Term</i>	10	11	12	13	14	15	16	17	18	19	20
1	-	-	-	-	-	-	-	-	-	-	-
2	30%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
3	35%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%
4	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
5	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
6	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
7	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
8	70%	63.3%	60.0%	58.0%	56.7%	55.7%	55.0%	54.4%	54.0%	53.6%	53.3%
9	90%	76.7%	70.0%	66.0%	63.3%	61.4%	60.0%	58.9%	58.0%	57.3%	56.7%
10	90%	90.0%	80.0%	74.0%	70.0%	67.1%	65.0%	63.3%	62.0%	60.9%	60.0%
11		90.0%	90.0%	82.0%	76.7%	72.9%	70.0%	67.8%	66.0%	64.5%	63.3%
12			90.0%	90.0%	83.3%	78.6%	75.0%	72.2%	70.0%	68.2%	66.7%
13				90.0%	90.0%	84.3%	80.0%	76.7%	74.0%	71.8%	70.0%
14					90.0%	90.0%	85.0%	81.1%	78.0%	75.5%	73.3%
15						90.0%	90.0%	85.6%	82.0%	79.1%	76.7%
16							90.0%	90.0%	86.0%	82.7%	80.0%
17								90.0%	90.0%	86.4%	83.3%
18									90.0%	90.0%	86.7%
19										90.0%	90.0%
20											90.0%

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GSV Simple Reversionary Bonus Factor

<i>GSV Factors for Reversionary Bonuses</i>											
<i>Policy Term</i>	10	11	12	13	14	15	16	17	18	19	20
<i>Policy Term (in months) → Policy Month ↓</i>	120	132	144	156	168	180	192	204	216	228	240
1	7.50%	6.52%	5.67%	4.93%	4.29%	3.73%	3.24%	2.82%	2.45%	2.13%	1.85%
2	7.59%	6.60%	5.74%	4.99%	4.34%	3.77%	3.28%	2.85%	2.48%	2.16%	1.88%
3	7.68%	6.68%	5.81%	5.05%	4.39%	3.82%	3.32%	2.89%	2.51%	2.18%	1.90%
4	7.77%	6.76%	5.87%	5.11%	4.44%	3.86%	3.36%	2.92%	2.54%	2.21%	1.92%
5	7.86%	6.84%	5.94%	5.17%	4.49%	3.91%	3.40%	2.95%	2.57%	2.23%	1.94%
6	7.95%	6.92%	6.01%	5.23%	4.55%	3.95%	3.44%	2.99%	2.60%	2.26%	1.97%
7	8.05%	7.00%	6.08%	5.29%	4.60%	4.00%	3.48%	3.02%	2.63%	2.29%	1.99%
8	8.14%	7.08%	6.15%	5.35%	4.65%	4.05%	3.52%	3.06%	2.66%	2.31%	2.01%
9	8.24%	7.16%	6.23%	5.41%	4.71%	4.09%	3.56%	3.10%	2.69%	2.34%	2.04%
10	8.33%	7.24%	6.30%	5.48%	4.76%	4.14%	3.60%	3.13%	2.72%	2.37%	2.06%
11	8.43%	7.33%	6.37%	5.54%	4.82%	4.19%	3.64%	3.17%	2.76%	2.40%	2.08%
12	8.53%	7.42%	6.45%	5.61%	4.88%	4.24%	3.69%	3.21%	2.79%	2.42%	2.11%
13	8.63%	7.50%	6.52%	5.67%	4.93%	4.29%	3.73%	3.24%	2.82%	2.45%	2.13%
14	8.73%	7.59%	6.60%	5.74%	4.99%	4.34%	3.77%	3.28%	2.85%	2.48%	2.16%
15	8.83%	7.68%	6.68%	5.81%	5.05%	4.39%	3.82%	3.32%	2.89%	2.51%	2.18%
16	8.93%	7.77%	6.76%	5.87%	5.11%	4.44%	3.86%	3.36%	2.92%	2.54%	2.21%
17	9.04%	7.86%	6.84%	5.94%	5.17%	4.49%	3.91%	3.40%	2.95%	2.57%	2.23%
18	9.15%	7.95%	6.92%	6.01%	5.23%	4.55%	3.95%	3.44%	2.99%	2.60%	2.26%
19	9.25%	8.05%	7.00%	6.08%	5.29%	4.60%	4.00%	3.48%	3.02%	2.63%	2.29%
20	9.36%	8.14%	7.08%	6.15%	5.35%	4.65%	4.05%	3.52%	3.06%	2.66%	2.31%
21	9.47%	8.24%	7.16%	6.23%	5.41%	4.71%	4.09%	3.56%	3.10%	2.69%	2.34%
22	9.58%	8.33%	7.24%	6.30%	5.48%	4.76%	4.14%	3.60%	3.13%	2.72%	2.37%
23	9.69%	8.43%	7.33%	6.37%	5.54%	4.82%	4.19%	3.64%	3.17%	2.76%	2.40%
24	9.81%	8.53%	7.42%	6.45%	5.61%	4.88%	4.24%	3.69%	3.21%	2.79%	2.42%
25	9.92%	8.63%	7.50%	6.52%	5.67%	4.93%	4.29%	3.73%	3.24%	2.82%	2.45%
26	10.04%	8.73%	7.59%	6.60%	5.74%	4.99%	4.34%	3.77%	3.28%	2.85%	2.48%
27	10.16%	8.83%	7.68%	6.68%	5.81%	5.05%	4.39%	3.82%	3.32%	2.89%	2.51%
28	10.27%	8.93%	7.77%	6.76%	5.87%	5.11%	4.44%	3.86%	3.36%	2.92%	2.54%
29	10.40%	9.04%	7.86%	6.84%	5.94%	5.17%	4.49%	3.91%	3.40%	2.95%	2.57%

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30	10.52 %	9.15%	7.95%	6.92%	6.01%	5.23%	4.55%	3.95%	3.44%	2.99%	2.60%
31	10.64 %	9.25%	8.05%	7.00%	6.08%	5.29%	4.60%	4.00%	3.48%	3.02%	2.63%
32	10.76 %	9.36%	8.14%	7.08%	6.15%	5.35%	4.65%	4.05%	3.52%	3.06%	2.66%
GSV Factors for Reversionary Bonuses											
Policy Term	10	11	12	13	14	15	16	17	18	19	20
Policy Term (in months) → Policy Month ↓	120	132	144	156	168	180	192	204	216	228	240
33	10.89 %	9.47%	8.24%	7.16%	6.23%	5.41%	4.71%	4.09%	3.56%	3.10%	2.69%
34	11.02 %	9.58%	8.33%	7.24%	6.30%	5.48%	4.76%	4.14%	3.60%	3.13%	2.72%
35	11.15 %	9.69%	8.43%	7.33%	6.37%	5.54%	4.82%	4.19%	3.64%	3.17%	2.76%
36	11.28 %	9.81%	8.53%	7.42%	6.45%	5.61%	4.88%	4.24%	3.69%	3.21%	2.79%
37	11.41 %	9.92%	8.63%	7.50%	6.52%	5.67%	4.93%	4.29%	3.73%	3.24%	2.82%
38	11.54 %	10.04 %	8.73%	7.59%	6.60%	5.74%	4.99%	4.34%	3.77%	3.28%	2.85%
39	11.68 %	10.16 %	8.83%	7.68%	6.68%	5.81%	5.05%	4.39%	3.82%	3.32%	2.89%
40	11.82 %	10.27 %	8.93%	7.77%	6.76%	5.87%	5.11%	4.44%	3.86%	3.36%	2.92%
41	11.95 %	10.40 %	9.04%	7.86%	6.84%	5.94%	5.17%	4.49%	3.91%	3.40%	2.95%
42	12.09 %	10.52 %	9.15%	7.95%	6.92%	6.01%	5.23%	4.55%	3.95%	3.44%	2.99%
43	12.24 %	10.64 %	9.25%	8.05%	7.00%	6.08%	5.29%	4.60%	4.00%	3.48%	3.02%
44	12.38 %	10.76 %	9.36%	8.14%	7.08%	6.15%	5.35%	4.65%	4.05%	3.52%	3.06%
45	12.52 %	10.89 %	9.47%	8.24%	7.16%	6.23%	5.41%	4.71%	4.09%	3.56%	3.10%
46	12.67 %	11.02 %	9.58%	8.33%	7.24%	6.30%	5.48%	4.76%	4.14%	3.60%	3.13%
47	12.82 %	11.15 %	9.69%	8.43%	7.33%	6.37%	5.54%	4.82%	4.19%	3.64%	3.17%
48	12.97 %	11.28 %	9.81%	8.53%	7.42%	6.45%	5.61%	4.88%	4.24%	3.69%	3.21%
49	13.12 %	11.41 %	9.92%	8.63%	7.50%	6.52%	5.67%	4.93%	4.29%	3.73%	3.24%

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50	13.28 %	11.54 %	10.04 %	8.73%	7.59%	6.60%	5.74%	4.99%	4.34%	3.77%	3.28%
51	13.43 %	11.68 %	10.16 %	8.83%	7.68%	6.68%	5.81%	5.05%	4.39%	3.82%	3.32%
52	13.59 %	11.82 %	10.27 %	8.93%	7.77%	6.76%	5.87%	5.11%	4.44%	3.86%	3.36%
53	13.75 %	11.95 %	10.40 %	9.04%	7.86%	6.84%	5.94%	5.17%	4.49%	3.91%	3.40%
54	13.91 %	12.09 %	10.52 %	9.15%	7.95%	6.92%	6.01%	5.23%	4.55%	3.95%	3.44%
55	14.07 %	12.24 %	10.64 %	9.25%	8.05%	7.00%	6.08%	5.29%	4.60%	4.00%	3.48%
56	14.24 %	12.38 %	10.76 %	9.36%	8.14%	7.08%	6.15%	5.35%	4.65%	4.05%	3.52%
57	14.40 %	12.52 %	10.89 %	9.47%	8.24%	7.16%	6.23%	5.41%	4.71%	4.09%	3.56%
58	14.57 %	12.67 %	11.02 %	9.58%	8.33%	7.24%	6.30%	5.48%	4.76%	4.14%	3.60%
59	14.74 %	12.82 %	11.15 %	9.69%	8.43%	7.33%	6.37%	5.54%	4.82%	4.19%	3.64%
60	14.92 %	12.97 %	11.28 %	9.81%	8.53%	7.42%	6.45%	5.61%	4.88%	4.24%	3.69%
61	15.09 %	13.12 %	11.41 %	9.92%	8.63%	7.50%	6.52%	5.67%	4.93%	4.29%	3.73%
62	15.27 %	13.28 %	11.54 %	10.04 %	8.73%	7.59%	6.60%	5.74%	4.99%	4.34%	3.77%
63	15.45 %	13.43 %	11.68 %	10.16 %	8.83%	7.68%	6.68%	5.81%	5.05%	4.39%	3.82%
64	15.63 %	13.59 %	11.82 %	10.27 %	8.93%	7.77%	6.76%	5.87%	5.11%	4.44%	3.86%
65	15.81 %	13.75 %	11.95 %	10.40 %	9.04%	7.86%	6.84%	5.94%	5.17%	4.49%	3.91%
66	15.99 %	13.91 %	12.09 %	10.52 %	9.15%	7.95%	6.92%	6.01%	5.23%	4.55%	3.95%

GSV Factors for Reversionary Bonuses

Policy Term	10	11	12	13	14	15	16	17	18	19	20
Policy Term (in months) → Policy Month ↓	120	132	144	156	168	180	192	204	216	228	240
67	16.18 %	14.07 %	12.24 %	10.64 %	9.25%	8.05%	7.00%	6.08%	5.29%	4.60%	4.00%
68	16.37 %	14.24 %	12.38 %	10.76 %	9.36%	8.14%	7.08%	6.15%	5.35%	4.65%	4.05%
69	16.56 %	14.40 %	12.52 %	10.89 %	9.47%	8.24%	7.16%	6.23%	5.41%	4.71%	4.09%

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70	16.76 %	14.57 %	12.67 %	11.02 %	9.58%	8.33%	7.24%	6.30%	5.48%	4.76%	4.14%
71	16.95 %	14.74 %	12.82 %	11.15 %	9.69%	8.43%	7.33%	6.37%	5.54%	4.82%	4.19%
72	17.15 %	14.92 %	12.97 %	11.28 %	9.81%	8.53%	7.42%	6.45%	5.61%	4.88%	4.24%
73	17.35 %	15.09 %	13.12 %	11.41 %	9.92%	8.63%	7.50%	6.52%	5.67%	4.93%	4.29%
74	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %	8.73%	7.59%	6.60%	5.74%	4.99%	4.34%
75	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %	8.83%	7.68%	6.68%	5.81%	5.05%	4.39%
76	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %	8.93%	7.77%	6.76%	5.87%	5.11%	4.44%
77	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %	9.04%	7.86%	6.84%	5.94%	5.17%	4.49%
78	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %	9.15%	7.95%	6.92%	6.01%	5.23%	4.55%
79	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %	9.25%	8.05%	7.00%	6.08%	5.29%	4.60%
80	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %	9.36%	8.14%	7.08%	6.15%	5.35%	4.65%
81	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %	9.47%	8.24%	7.16%	6.23%	5.41%	4.71%
82	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %	9.58%	8.33%	7.24%	6.30%	5.48%	4.76%
83	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %	9.69%	8.43%	7.33%	6.37%	5.54%	4.82%
84	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %	9.81%	8.53%	7.42%	6.45%	5.61%	4.88%
85	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %	9.92%	8.63%	7.50%	6.52%	5.67%	4.93%
86	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %	8.73%	7.59%	6.60%	5.74%	4.99%
87	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %	8.83%	7.68%	6.68%	5.81%	5.05%
88	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %	8.93%	7.77%	6.76%	5.87%	5.11%
89	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %	9.04%	7.86%	6.84%	5.94%	5.17%
90	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %	9.15%	7.95%	6.92%	6.01%	5.23%
91	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %	9.25%	8.05%	7.00%	6.08%	5.29%
92	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %	9.36%	8.14%	7.08%	6.15%	5.35%
93	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %	9.47%	8.24%	7.16%	6.23%	5.41%

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94	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %	9.58%	8.33%	7.24%	6.30%	5.48%
95	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %	9.69%	8.43%	7.33%	6.37%	5.54%
96	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %	9.81%	8.53%	7.42%	6.45%	5.61%
97	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %	9.92%	8.63%	7.50%	6.52%	5.67%
98	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %	8.73%	7.59%	6.60%	5.74%
99	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %	8.83%	7.68%	6.68%	5.81%
100	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %	8.93%	7.77%	6.76%	5.87%

GSV Factors for Reversionary Bonuses

<i>Policy Term</i>	10	11	12	13	14	15	16	17	18	19	20
<i>Policy Term (in months) → Policy Month ↓</i>	120	132	144	156	168	180	192	204	216	228	240
101	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %	9.04%	7.86%	6.84%	5.94%
102	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %	9.15%	7.95%	6.92%	6.01%
103	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %	9.25%	8.05%	7.00%	6.08%
104	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %	9.36%	8.14%	7.08%	6.15%
105	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %	9.47%	8.24%	7.16%	6.23%
106	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %	9.58%	8.33%	7.24%	6.30%
107	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %	9.69%	8.43%	7.33%	6.37%
108	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %	9.81%	8.53%	7.42%	6.45%
109	26.39 %	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %	9.92%	8.63%	7.50%	6.52%
110	26.70 %	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %	8.73%	7.59%	6.60%
111	27.01 %	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %	8.83%	7.68%	6.68%
112	27.33 %	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %	8.93%	7.77%	6.76%
113	27.65 %	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %	9.04%	7.86%	6.84%

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114	27.98 %	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %	9.15%	7.95%	6.92%
115	28.30 %	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %	9.25%	8.05%	7.00%
116	28.63 %	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %	9.36%	8.14%	7.08%
117	28.97 %	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %	9.47%	8.24%	7.16%
118	29.31 %	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %	9.58%	8.33%	7.24%
119	29.65 %	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %	9.69%	8.43%	7.33%
120	30.00 %	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %	9.81%	8.53%	7.42%
121		26.39 %	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %	9.92%	8.63%	7.50%
122		26.70 %	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %	8.73%	7.59%
123		27.01 %	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %	8.83%	7.68%
124		27.33 %	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %	8.93%	7.77%
125		27.65 %	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %	9.04%	7.86%
126		27.98 %	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %	9.15%	7.95%
127		28.30 %	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %	9.25%	8.05%
128		28.63 %	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %	9.36%	8.14%
129		28.97 %	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %	9.47%	8.24%
130		29.31 %	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %	9.58%	8.33%
131		29.65 %	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %	9.69%	8.43%
132		30.00 %	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %	9.81%	8.53%
133			26.39 %	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %	9.92%	8.63%
134			26.70 %	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %	8.73%

GSV Factors for Reversionary Bonuses

Policy Term	10	11	12	13	14	15	16	17	18	19	20
Policy Term (in months) →	120	132	144	156	168	180	192	204	216	228	240

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Policy Month ↓											
135			27.01 %	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %	8.83%
136			27.33 %	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %	8.93%
137			27.65 %	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %	9.04%
138			27.98 %	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %	9.15%
139			28.30 %	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %	9.25%
140			28.63 %	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %	9.36%
141			28.97 %	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %	9.47%
142			29.31 %	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %	9.58%
143			29.65 %	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %	9.69%
144			30.00 %	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %	9.81%
145				26.39 %	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %	9.92%
146				26.70 %	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %	10.04 %
147				27.01 %	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %	10.16 %
148				27.33 %	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %	10.27 %
149				27.65 %	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %	10.40 %
150				27.98 %	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %	10.52 %
151				28.30 %	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %	10.64 %
152				28.63 %	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %	10.76 %
153				28.97 %	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %	10.89 %
154				29.31 %	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %	11.02 %
155				29.65 %	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %	11.15 %
156				30.00 %	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %	11.28 %
157					26.39 %	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %	11.41 %

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158					26.70 %	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %	11.54 %
159					27.01 %	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %	11.68 %
160					27.33 %	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %	11.82 %
161					27.65 %	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %	11.95 %
162					27.98 %	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %	12.09 %
163					28.30 %	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %	12.24 %
164					28.63 %	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %	12.38 %
165					28.97 %	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %	12.52 %
166					29.31 %	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %	12.67 %
167					29.65 %	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %	12.82 %
168					30.00 %	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %	12.97 %

GSV Factors for Reversionary Bonuses

<i>Policy Term</i>	10	11	12	13	14	15	16	17	18	19	20
<i>Policy Term (in months) → Policy Month ↓</i>	120	132	144	156	168	180	192	204	216	228	240
169						26.39 %	22.95 %	19.96 %	17.35 %	15.09 %	13.12 %
170						26.70 %	23.22 %	20.19 %	17.56 %	15.27 %	13.28 %
171						27.01 %	23.49 %	20.43 %	17.76 %	15.45 %	13.43 %
172						27.33 %	23.77 %	20.67 %	17.97 %	15.63 %	13.59 %
173						27.65 %	24.04 %	20.91 %	18.18 %	15.81 %	13.75 %
174						27.98 %	24.33 %	21.15 %	18.39 %	15.99 %	13.91 %
175						28.30 %	24.61 %	21.40 %	18.61 %	16.18 %	14.07 %
176						28.63 %	24.90 %	21.65 %	18.83 %	16.37 %	14.24 %
177						28.97 %	25.19 %	21.91 %	19.05 %	16.56 %	14.40 %

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178						29.31 %	25.49 %	22.16 %	19.27 %	16.76 %	14.57 %
179						29.65 %	25.78 %	22.42 %	19.50 %	16.95 %	14.74 %
180						30.00 %	26.09 %	22.68 %	19.73 %	17.15 %	14.92 %
181							26.39 %	22.95 %	19.96 %	17.35 %	15.09 %
182							26.70 %	23.22 %	20.19 %	17.56 %	15.27 %
183							27.01 %	23.49 %	20.43 %	17.76 %	15.45 %
184							27.33 %	23.77 %	20.67 %	17.97 %	15.63 %
185							27.65 %	24.04 %	20.91 %	18.18 %	15.81 %
186							27.98 %	24.33 %	21.15 %	18.39 %	15.99 %
187							28.30 %	24.61 %	21.40 %	18.61 %	16.18 %
188							28.63 %	24.90 %	21.65 %	18.83 %	16.37 %
189							28.97 %	25.19 %	21.91 %	19.05 %	16.56 %
190							29.31 %	25.49 %	22.16 %	19.27 %	16.76 %
191							29.65 %	25.78 %	22.42 %	19.50 %	16.95 %
192							30.00 %	26.09 %	22.68 %	19.73 %	17.15 %
193								26.39 %	22.95 %	19.96 %	17.35 %
194								26.70 %	23.22 %	20.19 %	17.56 %
195								27.01 %	23.49 %	20.43 %	17.76 %
196								27.33 %	23.77 %	20.67 %	17.97 %
197								27.65 %	24.04 %	20.91 %	18.18 %
198								27.98 %	24.33 %	21.15 %	18.39 %
199								28.30 %	24.61 %	21.40 %	18.61 %
200								28.63 %	24.90 %	21.65 %	18.83 %
201								28.97 %	25.19 %	21.91 %	19.05 %

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202								29.31 %	25.49 %	22.16 %	19.27 %
GSV Factors for Reversionary Bonuses											
Policy Term	10	11	12	13	14	15	16	17	18	19	20
Policy Term (in months) → Policy Month ↓	120	132	144	156	168	180	192	204	216	228	240
203								29.65 %	25.78 %	22.42 %	19.50 %
204								30.00 %	26.09 %	22.68 %	19.73 %
205									26.39 %	22.95 %	19.96 %
206									26.70 %	23.22 %	20.19 %
207									27.01 %	23.49 %	20.43 %
208									27.33 %	23.77 %	20.67 %
209									27.65 %	24.04 %	20.91 %
210									27.98 %	24.33 %	21.15 %
211									28.30 %	24.61 %	21.40 %
212									28.63 %	24.90 %	21.65 %
213									28.97 %	25.19 %	21.91 %
214									29.31 %	25.49 %	22.16 %
215									29.65 %	25.78 %	22.42 %
216									30.00 %	26.09 %	22.68 %
217										26.39 %	22.95 %
218										26.70 %	23.22 %
219										27.01 %	23.49 %
220										27.33 %	23.77 %
221										27.65 %	24.04 %

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222										27.98 %	24.33 %
223										28.30 %	24.61 %
224										28.63 %	24.90 %
225										28.97 %	25.19 %
226										29.31 %	25.49 %
227										29.65 %	25.78 %
228										30.00 %	26.09 %
229											26.39 %
230											26.70 %
231											27.01 %
232											27.33 %
233											27.65 %
234											27.98 %
235											28.30 %
236											28.63 %

GSV Factors for Reversionary Bonuses

Policy Term	10	11	12	13	14	15	16	17	18	19	20
Policy Term (in months) →	120	132	144	156	168	180	192	204	216	228	240
Policy Month ↓											
237											28.97 %
238											29.31 %
239											29.65 %
240											30.00 %

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Appendix – A

Definitions and Exclusions of Critical Illness Benefit

1. Cancer of Specified Severity

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

The following are excluded:

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

2. Myocardial Infarction (First Heart Attack of specified severity):

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

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

The following are excluded:

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

3. Open Chest CABG

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

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The following are excluded:

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

4. Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of Specified Severity

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

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

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

6. Kidney Failure Requiring Regular Dialysis

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

7. Stroke Resulting In Permanent Symptoms

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

The following are excluded:

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

8. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

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- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

9. Permanent Paralysis of Limbs

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

10. Motor Neurone Disease with Permanent Symptoms

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

11. Multiple Sclerosis with Persistent Symptoms

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

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

Other causes of neurological damage such as SLE are excluded.

12. Blindness

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

The Blindness is evidenced by:

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

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

13. Apallic Syndrome

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

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

14. Benign Brain Tumour

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

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

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

The following conditions are excluded:

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

15. End Stage Liver Failure

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

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

Liver failure secondary to drug or alcohol abuse is **excluded**.

16. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

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17. Third Degree Burns

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

18. Loss of Limbs

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

19. Major Head Trauma

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

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

The Activities of Daily Living are:

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

The following are excluded:

- i. Spinal cord injury

20. Surgery of The Aorta

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical

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replacement of the diseased part of the aorta with a graft. The term “aorta” means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

21. Alzheimer’s Disease

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

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

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

For the above definition, the following are not covered:

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

22. Aplastic Anaemia

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

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

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

23. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

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

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

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

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- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death.

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

For the above definition, the following are not covered:

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

24. Deafness

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

25. Loss of Speech

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

26. Medullary Cystic Disease

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

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- iv. The diagnosis must be confirmed by a Consultant Nephrologists.

For the above definition, the following are not covered:

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

27. Muscular Dystrophy

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

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

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

Activities of Daily Living are:

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

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

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

28. Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

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

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

29. Systemic Lupus Erythematosus (SLE) with Renal Involvement

The Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease. It can affect any part of the body. The immune system erroneously attacks the body's cells and tissue resulting in inflammation and damage. It can be diagnosed

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by typical laboratory findings and associated symptoms, the so-called butterfly rash being the most known, and has to be treated with corticosteroids or other immunosuppressants.

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

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

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

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

30. Amyotrophic Lateral Sclerosis

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

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

Activities of Daily Living are:

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

For the above definition, the following are not covered:

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

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- v. Polymyositis and dermatomyositis

31. Bacterial Meningitis

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

For the above definition, the following are not covered:

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

32. Chronic Pancreatitis

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

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

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

For the above definition, the following are not covered:

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

33. Acute Viral Encephalitis

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

For the above definition, the following are not covered:

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

34. Fulminant Viral Hepatitis

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

The diagnosis must be supported by all of the following:

- i. A rapidly decreasing liver size as confirmed by abdominal ultrasound;
ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework;

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- iii. Rapidly deteriorating liver functions tests
- iv. Deepening jaundice and
- v. Development of Hepatic Encephalopathy.
- vi. Coagulopathy with an international normalized ratio (INR) greater than 1.5

The diagnosis must be confirmed by a Consultant Gastroenterologist appointed by Insurance Company.
For the above definition, the following are not covered:

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

35. Severe Rheumatoid Arthritis

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

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

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

For the above definition, the following are not covered:

- Reactive arthritis, psoriatic arthritis and activated osteoarthritis.