

# MetLife Group Serious Illness

## YOUR WELCOME LETTER

## Part - A

[Name of the group policyholder]  
[Address]

Date :dd-mm-yyyy

<Policy No> <Sourcing Branch>

Dear [x], (Client ID: XXXXXX)

Welcome to the PNB MetLife family! At PNB MetLife, it has always been our endeavor to provide you with the best in class service; while guaranteeing complete peace of mind. We endeavor to provide products that meet your needs and constantly support it with superior customer service.

Please find enclosed the Rider Document along with other related information, including a copy of your Application. Some key details of your Rider are:

|                    |                               |   |   |
|--------------------|-------------------------------|---|---|
| Group Policyholder | [x]                           | Type of Group                                       | Employer-Employee/<br>Non-Employer-Employee |
| Rider Number       |                               | Group Policy Number                                 | <Group Policy no>                           |
| Name of Rider      | MetLife Group Serious Illness | Name of the Group Policy to which Rider is attached | <Plan Name>                                 |
| Rider Term         | <N Years>                     | Rider Premium Payment Term                          | <N Years>                                   |
| Payment Mode       | <Mode>                        | Rider Premium Amount                                | Rs. XXXXX.XX                                |

**Free look Provision:** Please go through the terms and conditions of your Rider very carefully. If you have any objections to the terms and conditions of this Rider, you may cancel the Rider by giving a signed written notice to Us within 15 days from the date of receiving the Rider Document, stating the reasons for your objection and you will be entitled to a refund of the rider premium paid, subject to a deduction of proportionate risk premium for the period of cover under the Rider, stamp duty charges and/or the expenses incurred on medical examination of the Insured Members (if any).

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

|           |  |                         |            |
|-----------|--|-------------------------|------------|
| Name      | Valued Advisor   | Code                    | XXXXXX     |
| E-Mail ID | <a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a> | Mobile<br>/Landline No. | XXXXXXXXXX |

Yours Sincerely,  
PNB MetLife India Insurance Co. Ltd.

**Shiva Kumar Nagaraj**  
**Deputy Director (Operations)**

Stamp Duty of Rs. XXX (Amount in words) paid to Government of Maharashtra through consolidated Stamp Duty via Challan No. xxxxxx dated xxxxxx  
**In case of any queries / concerns, You can reach Us at:**

|   |  |  |  |
|---|--|--|--|
| Call us at <b>1800-425-6969</b> (Toll Free) or 022-4179 0300 (8am -8pm)/ Fax: 022-4023 1225 | Email Us at <b>indiaservice@pnbmetlife.co.in</b> | Visit <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> to manage your policy and rider online. <b>Register online</b> using your <b>Customer ID &amp; Policy No.</b> | Visit your nearest <b>PNB MetLife Office</b> . Our address details are available on <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> |
|---|--|--|--|

# MetLife Group Serious Illness

## **RIDER PREAMBLE**

### **[MetLife Group Serious Illness]**

This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been effected on receipt of the regular rider premium 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 lives of the persons named in the Rider Schedule below.

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

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

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

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

[Signature]  
[Shiva Kumar Nagaraj]  
[Deputy Director - Operations]

## **RIDER SCHEDULE**

|                            |  |
|----------------------------|--|
| <b>Name of the Rider</b>   | [MetLife Group Serious Illness]              |
| <b>Nature of the Rider</b> | [Non-linked, Non-participating Health Rider] |
| <b>UIN</b>                 | [117B018V01]                                 |

| <b>Application number</b> |  | <b>Policy number</b> |  | <b>Date of issue</b> |  | <b>Issuing office</b> |  |
|---------------------------|--|----------------------|--|----------------------|--|-----------------------|--|
|---------------------------|--|----------------------|--|----------------------|--|-----------------------|--|

### **1. Details of the Group Policyholder**

Name of the Group  
Policyholder

### **2. Rider Details**

|   |  |
|---|--|
| Base Policy to which this Rider is attached |  |
| Date of Inception of the Rider              |  |
| Annual Renewal Date                         |  |
| Rider Term                                  |  |
| Number of Insured Members (At inception)    |  |
| Initial Premiums Received                   |  |

## MetLife Group Serious Illness

|  |  |
|--|--|
| Initial Coverage Amount per Insured Member |  |
| Initial Total Coverage Amount              |  |
|  |  |
| Risk Ceasing Age                           |  |
| Eligibility Criteria of Rider              |  |
| Rider Sum Assured per Insured Member       | Rs. XXXX   |
| Rider Currency                             |  |
| Special Provisions, if any                 |  |
| Free Cover Limit                           |  |
| Variant                                    | Serious Illness – Additional / Accelerated<br>If Accelerated option is chosen, then [x]% |

### 3. Details of Agent/Corporate Agent/Intermediary

|                |  |
|----------------|--|
| Name           |  |
| License number |  |
| Phone number   |  |
| Address        |  |
| Email address  |  |

### 4. Rider Premium Details

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

|                                   |         |
|-----------------------------------|---------|
| Premium payment type              | Regular |
| Annualized Rider Premium          | Rs. <>  |
| Modal Rider Premium               | Rs. <>  |
| Service Tax/cess                  | Rs. <>  |
| Total Modal Rider premium amount* | Rs. <>  |
| Rider Premium Frequency           |         |
| Rider Premium due date            |         |
| Last due date of Rider premium    |         |
| Rider Premium Payment Term        |         |

\*Includes service tax at prevailing rates. You will be responsible to pay any new or additional tax/levy or any changed amount of service tax/cess being made applicable/ imposed on the premium(s) by competent authority

### 5. Insured Member Details

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

## **DEFINITIONS APPLICABLE TO YOUR RIDER**

**Part - B**

## MetLife Group Serious Illness

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

1. **Age** means the age as of last birthday.
2. **Annual Renewal Date** means the date on which the **Rider** is due for renewal as stated in the **Rider Schedule**.
3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Rider**.
4. **Date of Inception of the Rider** means the date on which this **Rider** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Rider Schedule**.
5. **Effective Date of Coverage** means the **Date of Inception of the Rider**.
6. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Rider Schedule**.
7. **Financial Year** means the twelve month period between April and March of each calendar year.
8. **Free Cover Limit** means the amount stated in the **Rider Schedule**.
9. **Grace Period** means a period of 15 days if the **Regular Rider Premium** is payable monthly and 30 days for all other frequencies for payment of **Regular Rider Premium**.
10. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
11. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Rider Schedule**.
12. **Nominee** means the person named in the **Base Policy Schedule** to receive the benefits under the **Rider** in respect of the **Insured Member**.
13. **Policy** means the Policy to which this **Rider** is attached and forms a part of.
14. **Regular Rider Premium** means the regular payments to be made by **You**, to keep the **Rider** in force, in accordance with the frequency and manner of payment chosen by **You** and is the amount as specified in the **Rider Schedule**.
15. **Rider** means this contract of insurance, as evidenced by the **Rider Document**.
16. **Rider Document** means this document, any endorsements issued by **Us**, the **Rider Schedule**, Annexure and the **Application**.
17. **Rider Premium Payment Term** means the period specified in the **Rider Schedule** for which **Regular Rider Premium** must be paid.
18. **Rider Schedule** means the rider schedule set out above that **We** have issued, along with any annexures, tables and/or endorsements, attached to it from time to time.
19. **Rider Sum Assured** means the amount specified in the **Rider Schedule**.
20. **Rider Term** means the period specified in the **Rider Schedule**.
21. **We, Us** or **Our** means PNB MetLife India Insurance Company Limited.

## MetLife Group Serious Illness

**22. You or Your** means the **Group Policyholder** named in the **Rider Schedule**.

## **RIDER FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS Part - C**

### **1. Rider Features**

MetLife Group Serious Illness is a non-linked, non-participating group health rider. This **Rider** offers the benefits listed below and is renewable annually. The benefits will be payable subject to the terms and conditions of this **Rider**, including the Regular Rider Premium Payment Conditions set out below.

### **2. Commencement of Insurance Coverage for Insured Members**

2.1. For **Insured Members** whose total sum assured under all group policies with **Us** is less than or equal to the **Free Cover Limit**, the insurance coverage under this **Rider** shall commence on the **Effective Date of Coverage**.

2.2. For an **Insured Member** whose total sum assured under all group policies with **Us** is greater than the **Free Cover Limit**, insurance coverage up to the **Free Cover Limit** shall commence on the later of the **Effective Date of Coverage** or the date of written acceptance by **Us** of evidence of satisfaction of **Our** tests of insurability in accordance with **Our** board approved underwriting policy. Eligibility of the **Insured Member** for receiving coverage for the **Rider Sum Assured** above the **Free Cover Limit** shall be determined after completion of the **Individual Underwriting** and coverage for such amount shall commence only from the date of written acceptance by **Us**.

2.3. If **Individual Underwriting** cannot be completed due to the **Insured Member's** inability to complete the process within the time period specified by **Us**, or **We** decline coverage for the **Rider Sum Assured** above the **Free Cover Limit** based on the results of the **Individual Underwriting**, the **Sum Assured** of such **Insured Member** shall be restricted to the **Free Cover Limit**.

For the purpose of this provision, **Individual Underwriting** means the process of identifying and classifying the potential degree of mortality risk on the life of an individual **Insured Member** for whom the **Rider Sum Assured** is in excess of the **Free Cover Limit**, in accordance with **Our** Board approved underwriting policy.

### **3. Serious Illness Benefits**

The **Rider** is available in two variants, one of which can be chosen by **You** at inception. The **Rider Schedule** will specify the variant of the **Rider** which is force

These variants are as follows:

1. **SI – Additional:** If this variant is specified to be in force under the **Rider Schedule**, **We** will pay the **Rider Sum Assured** upon diagnosis of any one of the **Serious Illness Conditions** (as defined below) during the **Rider Term** and when this **Rider** is in full force and effect, provided that the **Insured Member** survives at least 30 days following the diagnosis of such **Serious Illness Condition(s)**. The risk cover under the **Policy** shall continue after settlement of the **Rider Sum Assured**.

2. **SI – Accelerated:** If this variant specified to be in force under the **Rider Schedule**, **We** will pay such percentage of the **Death Benefit** payable under the **Policy**, as specified in the **Rider Schedule** upon diagnosis of any one of the **Serious Illness Conditions** (as defined below) during the **Rider Term** when this **Rider** is in full force and effect, provided that the **Insured Member** survives at least 30 days following the diagnosis of such **Serious Illness Condition(s)**. The **Policy** will continue with the **Death Benefit** reduced to the extent of **Rider** benefit settled by **Us**. If subsequently death occurs, the reduced **Death Benefit** will be paid to the **Nominee** under the **Policy**.

The above mentioned payments are subject to both the **Rider** and the **Policy** being in full force for the contracted **Death Benefit** under the **Policy** at the time of the diagnosis.

The benefits payable under this **Rider** are in addition to any benefits payable under the **Policy**.

**We** will not make payment under this **Rider** more than once in respect of any **Insured Member**.

For the purposes of the Benefits payable under this **Rider**, "**Serious Illness Condition**" means the first time diagnosis of the **Insured Member** with any of the following illnesses or the first performance of any of the following medical procedures/surgeries by a medical practitioner in respect of the **Insured Member**.

**1. MYOCARDIAL INFARCTION**  
**First Heart Attack – Of Specified Variety**

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

**2. Stroke resulting in Permanent Symptoms**

I. 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. II.

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.

**3. Cancer of specified Severity**

I. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded -

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

#### **4. OPEN CHEST CABG**

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

The following are excluded:

Angioplasty and/or any other intra-arterial procedures

#### **5. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

#### **6. Major Organ/Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

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

II. The following are excluded:

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

#### **7. Aorta Surgery**

The actual undergoing of surgery via a thoracotomy or laprotomy to repair or correct a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.



**Specific Exclusions:**

Traumatic injury of the aorta is excluded.

**8. Blindness**

1. Total, permanent, and irreversible loss of all vision in both eyes as a result of illness or accident
2. 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.
3. The diagnosis of blindness must be confirmed and must not be correctable by medical or surgical procedure.

**9. 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.

**10. 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.

**11. Coma OF SPECIFIED SEVERITY**

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

**12. Parkinson's Disease**

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- i. The disease cannot be controlled with medication;
- ii. signs of progressive impairment; and
- iii. inability of the Insured Member to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living" for a continuous period of at least six months:

**Activities of Daily Living:**

- i. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

- ii. Dressing: The ability to put on, takes 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.

**Specific Exclusions:**

Drug-induced or toxic causes of Parkinsonism are excluded.

**13. Multiple Sclerosis with Persisting Symptoms**

- I. The unequivocal diagnosis of definite multiple sclerosis confirmed and evidenced by all of the following:
  - a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis;
  - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- II. Other causes of neurological damage such as SLE are excluded.

**14. Benign Brain Tumour**

- I. 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.
- II. 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:

- i. Cysts
- ii. Granulomas
- iii. Malformations in the arteries or veins of the brain
- iv. Haematomas
- v. Abscesses
- vi. pituitary tumors
- vii. tumors of skull bones, and
- viii. Tumours of the spinal cord.

**15. 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.

#### 4. **Suicide Exclusion:**

If the **Insured Member's** death is due to suicide within one year from the **Date of Inception of the Rider**, **Our** liability to make payment under the **Rider** will be limited to refunding 80% of the **Regular Rider Premium** received in respect of the **Insured Member**, without interest

#### 5. **Waiting Period**

No amount shall be payable under this **Rider** in respect of a **Serious Illness Condition** diagnosed within a period of 90 days from the **Date of Inception of the Rider** or effective date of joining for the **Insured Members** whichever is later. The foregoing waiting period is applicable for all new schemes, any new **Insured Member** joining existing schemes and all **Insured Members** of the takeover schemes where a Serious Illness benefit was not provided by the previous Insurer. However, the foregoing waiting period will not be applicable for the continuing members of the takeover schemes if the previous scheme provided for a Serious Illness benefit.

#### 6. **Regular Rider Premium Payment Conditions**

##### 6.1. **Premium rate**

For **Insured Member(s)** with coverage above the **Free Cover Limit**, the final **Regular Rider Premium** rate(s) and **Regular Rider Premium** shall be determined after completion of the **Individual Underwriting** for the **Insured Member(s)**, and such final **Regular Rider Premium** rate shall be applicable only on the **Rider Sum Assured** above the **Free Cover Limit** as stated in the **Rider Schedule**.

##### 6.2. **Payment of Premium**

**You** shall pay the **Regular Rider Premium** in full by the Regular Rider Premium Due Date and in any event before the expiry of the **Grace Period**. If the **Regular Rider Premium** is not received in full at the expiry of the **Grace Period** the **Rider** shall lapse and insurance cover under this **Rider** for all **Insured Members** shall forthwith terminate. Upon the **Insured Member's** death during the **Grace Period**, the benefits under this **Rider** shall be payable in full. For any new **Insured Member** covered by this **Rider**, a proportionate **Regular Rider Premium** shall be charged from the day he becomes an **Insured Member**, up to the next **Annual Renewal Date** or the next Regular Rider Premium Due Date whichever occurs first. Insurance cover for such **Insured Members** shall not commence unless such proportionate **Regular Rider Premium** is paid to **Us**.

#### 7. **Other Rider Exclusions**

Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Serious Illness Benefit under this **Rider** will be payable if the **Serious Illness Condition** occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- (a) **Congenital Condition: Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- (b) **Drug Abuse: Insured Member** is under the influence of Alcohol or solvent abuse or use of drugs except under the

direction of a registered medical practitioner.

- (c) **Pre-existing disease: Any condition that is pre-existing at the time of inception of the policy**
- Pre-existing Disease means any condition, ailment, injury or disease: That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
  - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- (d) **Self-inflicted Injury:** Intentional self- inflicted injury.
- (e) **Criminal acts: Insured Member's** involvement in criminal activities with criminal intent.
- (f) **War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- (g) **Nuclear Contamination:** The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- (h) **Aviation: Insured Member's** participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- (i) **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by **Us**.
- (j) **Pregnancy:** Any complications arising from pregnancy or childbirth.

These exclusions apply in addition to the exclusions listed in the **Base Policy**, if any.

## **RIDER SERVICING CONDITIONS**

### **Part - D**

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

#### **1. Free Look Period**

- 1.1. **You** have a period of 15 days from the date of receipt of the **Rider Document** to review the terms and conditions of this **Rider**. If **You** have any objections to the terms and conditions, **You** may cancel the **Rider** by giving written notice to **Us** stating its reasons for objection and **You** will be entitled to a refund of the **Regular Rider Premium** received subject to a deduction of expenses incurred on medical examination of the **Insured Members** (if any), proportionate risk premium for the period of the cover and the stamp duty charges. All rights under this **Rider** shall immediately stand extinguished at the cancellation of the **Rider**.
- 1.2. If the **Regular Rider Premium** is paid entirely by the **Insured Member** and the **Insured Member** disagrees with the terms and conditions of the **Rider**, he may cancel his coverage under the **Rider** by giving **Us** a written notice within 15 days of receiving confirmation of coverage stating the reasons for objection and **We** shall refund the **Regular Rider Premium** received in respect of such **Insured Member** after deducting stamp duty charges, proportionate risk premium for the period of the cover and expenses towards medical examination, if any, for that **Insured Member**.

#### **2. Reinstatement**

The **Rider** may be reinstated within the earlier of 60 days from the date of lapse or within the next **Annual Renewal Date**

provided that **You** give **Us** written notice for reinstatement along with the due **Regular Rider Premium** in full. The **Rider** will be revived in accordance with **Our** Board approved underwriting policy and will only be revived if the **Policy** is also revived or the **Policy** continues to be in force.

### 3. **Rider Renewal**

3.1. This **Rider** shall be renewed on mutually agreed terms, on the **Annual Renewal Date**.

3.2. If **You** decide to renew the **Rider** with **Us**, **You** shall communicate the decision to **Us** in writing before the **Annual Renewal Date** and **You** shall make the payment towards applicable renewal premium on the **Annual Renewal Date**.

### 4. **New Members Addition**

After the **Date of Inception of the Rider** or the **Annual Renewal Date**, an **Eligible Member** shall become an **Insured Member** only after due intimation to **Us** and submission of all information and details in the form and manner specified by **Us** provided coverage of such **Insured Member** shall commence in accordance with **Part C. We** shall require evidence of insurability for providing the group life cover to the **Insured Members** in accordance with **Our** Board approved underwriting policy.

### 5. **Loan**

Loans are not available under this **Rider**.

### 6. **Claims Procedure**

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

- (a) Claimant statement in format prescribed by **Us**, duly completed.
- (b) Leave records of the **Insured Member** (if applicable).
- (c) **Your** declaration and certificate that that the **Insured Member** was a member of **Your** group at the time of the death of **Insured Member**.
- (d) Last attending physician's certificate, in the format provided by the **Us**.
- (e) Certification of the details of the **Nominee** (if any).
- (f) Any additional document(s) as required by **Us**.

**You/claimant** shall 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 **Your/claimant** part.

Subject to **You/claimant** submitting all the documents as mentioned above within 45 days of the occurrence of the claim incidence or within the permitted extended timelines provided above, **We** shall pay the claim amount within 30 days from the date of receipt of the last of the documents as mentioned above, failing which **We** shall pay interest on the claim amount to **You/claimant** at the rate of 2% more than the prevailing bank rate for savings accounts prevalent at the beginning of the **Financial Year** in which the claim has been reviewed by **Us**.

### 7. **Provision of Information**

**You** shall furnish **Us** with all particulars relevant to the **Rider** and to the operation of this **Rider** and the particulars so furnished may be accepted by **Us** as conclusive. **You** shall also furnish the relevant particulars to **Us** upon an **Insured Member** or a **Nominee** becoming entitled to receive the benefits under the **Rider**, and **We** shall pay the appropriate benefits. Proof of existence and identity of the **Insured Member** or the **Nominee**, as the case may be shall be furnished to **Us** before the payment of benefit is made.

## **8. Termination of the Rider**

8.1. Coverage under this **Rider** for all **Insured Members** shall terminate on the occurrence of the earliest of the following:

- (a) Expiration as a result of non-payment of **Regular Rider Premium** due within the grace period or non-payment of renewal **Regular Rider Premium** on the **Annual Renewal Date** as set out in **Part C**.
- (b) **Termination of the Rider by You.**

**You** may terminate this **Rider** by giving **Us** at least 30 days written notice. If the **Rider** is terminated by **You**, 100% of the unexpired **Regular Rider Premium** shall be refunded without interest, provided however in the event of such termination, the **Insured Member(s)** shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.

8.2. Coverage of an **Insured Member** shall terminate automatically on the occurrence of earliest of the following:

- (a) The **Insured Member's** death;
- (b) The date the **Insured Member** ceases to be an **Eligible Member** or resigns / retires / voluntarily withdraws from the membership.

Any termination of coverage of an **Insured Member** shall be without prejudice to any claim originating prior to the effective date of such termination. In case the **Insured Member** exits the **Rider** by way ceasing to be an **Eligible Member** or voluntarily withdraws from the membership, 100% of the unexpired **Regular Rider Premium** with respect to the **Insured Member** shall be refunded without interest.

**RIDER CHARGES**

**Part - E**

There are no charges applicable under this **Rider**.

**GENERAL TERMS & CONDITIONS****Part - F**

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

**1. Payment to Nominees**

Nomination should 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 to this **Rider** for your reference.

If the **Group Policy Schedule** specifies that the group is a Lender-Borrower Group and the **Insured Member** has given **Us** a written authorization in the form specified by **Us** to make payment of the **Insured Member's Outstanding Loan Balance Amount** (as defined under the **Policy**) to **You** on the occurrence of the insured event under this Rider from the Serious Illness Benefit payable under this **Rider**, then the terms of the **Policy** will govern the manner of payment to **You** and the **Insured Member/Nominee** respectively.

**2. Non-assignment of Benefits**

The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by the **Insured Members** or the **Nominees** or any other persons.

**3. Taxation**

Any tax benefits under the **Rider** shall be in accordance with the prevailing laws relating to taxation in India and any amendments thereto from time to time. **We** reserve the right to deduct charge or recover taxes or applicable duties in accordance with applicable law from any payments received or made under or in relation to the **Rider**. Tax benefits are subject to change.

**4. Governing laws and jurisdiction**

The terms and conditions of the Group 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 Group Policy shall be subject to the sole and exclusive jurisdiction of the courts situated in Mumbai.

**5. Section 45 of the Insurance Act 1938**

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with 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.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

3. Notwithstanding anything contained in sub section 2, no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer; provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.
4. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. The mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact, no life insurance policy would have been issued to the insured.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.
6. **Fraud, Misrepresentation and Forfeiture:** Fraud, Misrepresentation and Forfeiture 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 for your reference

**7. Address for communications**

Any notice, request direction or instructions given to **Us**, under this **Rider**, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:

**PNB MetLife India Insurance Company Limited,**

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

**Call us** Toll-free at 1-800-425-6969,

**Website:** [www.pnbmetlife.com](http://www.pnbmetlife.com),

**Email:** [indiaservice@pnbmetlife.co.in](mailto:indiaservice@pnbmetlife.co.in) or

**Write to us:** 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062.

Phone: +91-22-41790000, Fax: +91-22-41790203

Similarly, any notice, direction or instruction to be given by **Us**, under the **Rider** shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to **Your** updated address in **Our** records.

**You** are requested to communicate any change in address, immediately, to enable **Us** to serve **You** promptly.

**8. Loss of the Rider Document**

If the **Rider Document** is lost or destroyed, **You** may make a written request for a duplicate **Rider Document** which **We** will issue duly endorsed to show that it is in place of the original document, provided that **We** receive the fee prescribed by **Us** for issuing the duplicate **Rider Document**. Upon the issue of a duplicate **Rider Document**, the original shall 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 **Rider Document**.

**GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS****Part - G**

In case **You/Nominee**/claimant has any query or complaint or grievance, **You/Nominee**/claimant may approach **Our** office at the following address:

**PNB MetLife India Insurance Company Limited,**

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

**Call us** Toll-free at 1-800-425-6969,

**Website:** [www.pnbmetlife.com](http://www.pnbmetlife.com),

**Email:** [indiaservice@pnbmetlife.co.in](mailto:indiaservice@pnbmetlife.co.in) or

**Write to us:** 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

Please address **Your/Nominee**/claimant's queries or complaints to **Our** customer services department, and **Your/Nominee**/claimant's grievances to **Our** grievance redressal officer, who are authorized to review **Your/Nominee**/claimant's 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/Nominee**/claimant's 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 **Rider**.

In case **You/Nominee**/claimant are not satisfied with the decision of the above office, or have not received any response within 10 days, **You/Nominee**/claimant's may contact the **IRDAI of India** by any of the following means for resolution:

**IRDA of India Grievance Call Centre (IGCC)**

**Toll Free No.:** 155255

You can register your complaint online at <http://www.igms.irda.gov.in>

You can write or fax your complaints to

**Consumer Affairs Department****Insurance Regulatory and Development Authority of India**

**9<sup>th</sup> Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh**

**Fax No.:** +91-40- 6678 9768

**E-mail ID:** [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

In case **You/Nominee**/claimant is not satisfied with **Our** decision/resolution of the complaint/grievance, **You/Nominee**/claimant may approach the insurance ombudsman at the address in the list of ombudsman below, if **Your/Nominee**/claimant's grievance pertains to:

- (a) Insurance claim that has been rejected or dispute of a claim on legal construction of the **Rider**;
- (b) Delay in settlement of claim;
- (c) Dispute with regard to premium; or
- (d) Non-receipt of **Your Rider** document.

The complaint should be made in writing duly signed by the **You, Nominee**/claimant or by **Your** legal heirs with full details of the complaint and the contact information of complainant.

As per Rule 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the insurance ombudsman can be made:

- (a) Only if the grievance has been rejected by the grievance redress machinery of the Insurer;
- (b) Within a period of one year from the date of rejection by the insurer; and
- (c) If it is not simultaneously under any litigation.

#### List of Insurance Ombudsman

| CONTACT LOCATION | CONTACT DETAILS  | JURISDICTION  |
|------------------|--|---|
| AHMEDABAD        | 2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014<br>Tel.:- 079-27546840 , 27545441. Fax:- 079-27546142<br>Email:- <a href="mailto:bimalokpal.ahmedabad@qbic.co.in">bimalokpal.ahmedabad@qbic.co.in</a>                                  | State of Gujarat, Union Territories of Dadra & Nagar Haveli and Daman and Diu.  |
| BENGALURU        | 19/19, Jeevan Soudha Building, Ground Floor 24 <sup>th</sup> Main, J.P. Nagar First Phase, Bengaluru- 560 025<br>Tel.: 080 – 26652049/26652048<br>Email: <a href="mailto:bimalokpal.bengaluru@qbic.co.in">bimalokpal.bengaluru@qbic.co.in</a>                            | State of Karnataka.   |
| BHOPAL           | Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003.<br>Tel.:- 0755-2769201/202. Fax:- 0755-2769203<br>Email:- <a href="mailto:bimalokpal.bhopal@qbic.co.in">bimalokpal.bhopal@qbic.co.in</a>                               | States of Madhya Pradesh and Chhattisgarh.  |
| BHUBANESHWAR     | 62, Forest park, Bhubneshwar – 751 009.<br>Tel.:- 0674-2596003/2596455. Fax:- 0674-2596429<br>Email:- <a href="mailto:bimalokpal.bhubaneswar@qbic.co.in">bimalokpal.bhubaneswar@qbic.co.in</a>   | State of Orissa.  |
| CHANDIGARH       | S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.<br>Tel.:- 0172-2706468, 2773101. Fax:- 0172-2708274<br>Email:- <a href="mailto:bimalokpal.chandigarh@qbic.co.in">bimalokpal.chandigarh@qbic.co.in</a>                                | States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh.                         |
| CHENNAI          | Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018.<br>Tel.:- 044-24333668/24335284. Fax:- 044-24333664<br>Email:- <a href="mailto:bimalokpal.chennai@qbic.co.in">bimalokpal.chennai@qbic.co.in</a>                                 | State of Tamil Nadu and Union Territory Pondichery Town and Karaikal (which are part of Union Territory of Pondichery). |
| DELHI            | 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.<br>Tel.:- 011-23234057/23232037. Fax:- 011-23230858<br>Email:- <a href="mailto:bimalokpal.delhi@qbic.co.in">bimalokpal.delhi@qbic.co.in</a>   | State of Delhi.   |
| KOCHI            | 2 <sup>nd</sup> Floor, CC-27/2603, Pulinat Building, M.G. Road, Ernakulam, Kochi-682 015.<br>Tel.:-0484-2358759, 2359338. Fax:- 0484-2359336<br>Email:- <a href="mailto:bimalokpal.ernakulam@qbic.co.in">bimalokpal.ernakulam@qbic.co.in</a>                             | State of Kerala and Union Territory of<br>(a) Lakshadweep<br>(b) Mahe – a part of Union Territory of Pondichery         |
| GUWAHATI         | Jeevan Nivesh' Bldg., 5th Floor, Near. Pan bazar over bridge, S.S. Road, Guwahati – 781001.<br>Tel.:- 0361-2132204/2132205. Fax:- 0361-2732937<br>Email:- <a href="mailto:bimalokpal.guwahati@qbic.co.in">bimalokpal.guwahati@qbic.co.in</a>                             | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.                                  |
| HYDERABAD        | 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.<br>Tel.:- 040-65504123/23312122. Fax:- 040-23376599<br>Email:- <a href="mailto:bimalokpal.hyderabad@qbic.co.in">bimalokpal.hyderabad@qbic.co.in</a> | State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondichery.                |
| JAIPUR           | Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005.<br>Tel.: 0141 -2740363<br>Email:- <a href="mailto:bimalokpal.jaipur@qbic.co.in">bimalokpal.jaipur@qbic.co.in</a>   | State of Rajasthan.   |
| KOLKATA          | Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072.  | States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.                                     |

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|----------------|--|---|
|                | TEL : 033-22124339/22124346. Fax : 033-22124341<br>Email:- <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>  |   |
| <b>LUCKNOW</b> | 6th Floor, Jeevan Bhawan,<br>Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001.<br>Tel.:- 0522-2231330/1<br>Fax:- 0522-2231310<br>Email:- <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a> | Districts of Uttar Pradesh : Laitpur, 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. |
| <b>MUMBAI</b>  | 3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W), Mumbai - 400 054.<br>Tel.:- 022-26106552/6960. Fax:- 022-26106052<br>Email:- <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>           | States of Goa,<br>Mumbai Metropolitan Region<br>excluding Navi Mumbai & Thane   |
| <b>NOIDA</b>   | Bhagwan Sahai Palace, 4 <sup>th</sup> Floor, Main Road, Naya Bans,<br>Sector-15, G.B. Nagar, NOIDA-201301<br>Tel.:- 0120-2514250/51/53<br>Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a>      | State of Uttaranchal and the following<br>Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautamdohanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.  |
| <b>PATNA</b>   | Kalpana Arcade Building, 1 <sup>st</sup> Floor, Bazar Samiti Road,<br>Bahadurpur, Patna- 800 006<br>Tel.: 0612- 2680952<br>Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>                     | States of Bihar and Jharkand  |
| <b>PUNE</b>    | 3 <sup>rd</sup> Floor, Jeevan Darshan Bldg.,<br>N.C. Kelkar Road, Narayan Peth, Pune – 411 030.<br>Tel.: 020 -32341320<br>Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a>                        | State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.   |