

PNB MetLife Complete Loan Protection Plan
Non-linked, non-participating group insurance plan

1. Part A

1.1. Welcome Letter

[Name of the group policyholder]

Date:dd-mm-yyyy

[Address]

[Mobile number]

<Policy No><Sourcing Branch>

Dear M/s[x], (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.

Please find enclosed the Group Policy Document along with other related information, including a copy of your Application.

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 this Group Policy, you may return the Group Policy for cancellation by giving a signed written notice to us within 15 days from the date of receiving the Group Policy, stating the reasons for your objection and you will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

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.

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

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

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

[Signature]

[Name of signing authority]

[Designation of signing authority]

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)/ Fax:022-4023 1225	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

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1.2. Group Policy Preamble

**PNB MetLife Complete Loan Protection Plan
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This is a contract of group 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 lives of the persons named in the Group Policy Schedule below.

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

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

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

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

1.3. Group Policy Schedule

Name of the Plan	PNB MetLife Complete Loan Protection Plan
Nature of the Plan	Non-linked, non-participating group insurance plan
UIN	117N104V01

Application number	Group Policy number	Date of issue	Issuing office
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1. Details of the Group Policyholder

Name of the Group Policyholder	
Lender-Borrower Group	Y/N

2. Group Policy Details

Date of Inception of the Group Policy	
Annual Renewal Date	
Group Policy Term	
Premium Paying Term	
Nature of Group	Employer / Non-Employer
Definition of Insured Members	For example, coverage against educational loan with XYZ Bank
Life Cover option chosen	Single life cover / Joint Life cover
Cover option	Level / Reducing
Plan Option	Life Protection/ Life Protection Plus/ Accidental Safeguard/ Critical Illness Safeguard
Moratorium period	Yes / No. If Yes, Specify the number of years applicable: [X] Years
Number of lives (at Date of Inception of Group Policy)	50

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Initial Premiums Received GST/cess*	Rs.
Total initial premium received	Rs.
Initial Cover Amount per Member	<Sum Assured >
Initial Total Cover Amount	Rs.
Policy term	
Definition of Insured Member	
Risk Ceasing Age	
Eligibility Criteria	
Special Provisions (if any)	

3. Coverage Structure

Minimum Sum Assured: Rs. Maximum Sum Assured: Rs. Whether 'Loan Schedule' is attached? Yes / No Terms & Conditions as per the Quote, if any:

4. Contribution: Premiums to be borne by [PH / IM]

Contribution	Name	Borne By

PH: Group Policyholder, IM: Insured Member

5. Details of Agent/Corporate Agency/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

6. Premium Details

Premium payment type	[Single Premium / Limited Premium Payment term – 5 years]
Premium Mode	
Premium amount including Goods and Services tax(GST)*	Rs. <>
Total premium amount	Rs. <>

*Premium amount paid by the **Group Policyholder** is inclusive of GST at prevailing rates. Premium amount is subject to change in case of any variance in the present rate of tax or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s) by the competent authority. In case of any such variance in the present rate of tax or any new or additional tax/levy being imposed, the same shall be borne by the **Group Policyholder**.

Policy Currency:

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Key Feature Document

Insured Member	Single Life Cover	<p>Covers the primary borrower only</p>
	Joint Life option	<ul style="list-style-type: none"> • If there is more than one life, the Company may offer to cover the lives under the joint options. On such occasions each of the life shall be individually underwritten as per the Board approved underwriting guidelines established by the Company from time to time. Both lives shall be covered under one Certificate of Insurance. • The coverage is extended to the joint lives where the relationship between the two individuals is that of spouse, child, parent and siblings • The coverage cannot be extended to more than two people • Only Option 1 – Life Protection and Option 2 – Life Protection Plus shall be applicable under Joint Life options and Option 3 – Accidental Safeguard and Option 4 – Critical Illness Safeguard shall not be applicable under Joint Life options • Members of non-financial group and Employer – Employee are not eligible for joint life coverage <p>The conditions applicable for joint life coverage in case of housing loan and other mortgage loans are given as under:</p> <ul style="list-style-type: none"> • Both the lives must have independent sources of regular income; • The term of loan under consideration should be above 5 years
	Co-borrower coverage option	<ul style="list-style-type: none"> • If there is more than one borrower/s, the Company may offer to cover each life separately. On such occasions each life shall be individually underwritten as per the Board approved underwriting guidelines established by the Company from time to time • Maximum 5 lives can be covered • The loan should be jointly held in the names of each life. Each lives cover shall be in proportion to their respective share of the loan amount • In case of any claim from any one of the co-borrower/s, the cover would terminate to the extent of that life only and the cover for remaining surviving borrower/s would continue in proportion of their respective share of the loan amount • Each co-borrower shall be issued separate Certificate of Insurance. • All 4 plan options mentioned above shall be applicable for each co-borrower. • Each co-borrower shall choose the same plan option. • Members of non-financial group and Employer – Employee are not eligible
Cover Options	<ul style="list-style-type: none"> • Level Cover: Sum assured at the time of inception of the coverage is payable as per plan option <ul style="list-style-type: none"> ○ Level Cover option shall be allowed for interest only loans as per the loan schedule. • Reducing Cover: The Sum Assured reduces as per the cover schedule over the tenure of the coverage subject to minimum of Rs.5000. The amount payable on insured event will be as per the cover schedule specified at inception of the coverage. The cover schedule will form the part of Certificate of Insurance issued to each Insured Member of the group. 	

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Moratorium	<ul style="list-style-type: none"> • A minimum period of 3 months and maximum moratorium period of 7 years would be applicable. • The Sum Assured can remain constant or increase according to the interest applicable and option chosen at inception of the policy. Sum assured during moratorium period; <ul style="list-style-type: none"> ○ If interest is paid by the Insured Member: the cover during the moratorium period will be as per the Cover Schedule , wherein the cover will remain level until the end of the moratorium period and thereafter, reduce each month till the end of the coverage term. ○ If interest is not paid by Insured Member: the cover during the moratorium period will be as per the Cover Schedule, wherein the cover will initially increase each month until the end of the Moratorium Period by the interest amount due and thereafter, reduce each month till the end of the coverage term. ○ In case of level cover with moratorium option: the cover will remain Level throughout the coverage term including the Moratorium period and will be equal to the Sum Assured chosen at inception of the policy. 	
Plan Options	Option 1: Life Protection	<p>In event of death of the insured member, the benefit payable shall be:</p> <ul style="list-style-type: none"> ○ Equal to the Sum Assured chosen at inception, if level cover option is selected. ○ The Sum Assured as per the cover schedule, if reducing cover option is chosen. <p>The insurance coverage will cease on payment of the benefit.</p>
	Option 2: Life Protection Plus	<p>In event of death or the insured member being diagnosed with a terminal illness as specified in the 'Terms & Conditions of benefits' section, the benefit payable shall be:</p> <ul style="list-style-type: none"> ○ Equal to the Sum Assured chosen at inception, if level cover option is selected ○ The amount as per the cover schedule on the date of death or diagnosis of terminal illness of the Insured Member, if reducing cover option is chosen <p>The insurance coverage will cease on payment of the benefit.</p>
	Option 3: Accidental Safeguard	<p>In event of the insured member's death due to accident, an additional Sum Assured will be paid as mentioned below and the coverage of the Insured member will terminate.</p> <ul style="list-style-type: none"> ○ Equal to the Sum Assured chosen at inception, if level cover option is selected ○ The Sum Assured as per the cover schedule at inception, if reducing cover option is chosen <p>In the event of first occurrence of death or total and permanent disability due to accident as specified in the 'Terms & Conditions of benefits provided' section, the benefit payable shall be:</p> <ul style="list-style-type: none"> ○ Equal to the Sum Assured chosen at inception, if level cover option is selected ○ The Sum Assured as per the cover schedule on the date of death due to causes other than accident of the Insured Member or Accidental Total and Permanent Disability of the Insured Member, if reducing cover option is chosen. <p>The maximum Sum Assured will be limited to Rs. 1 Crore. The insurance coverage will cease on payment of the benefit.</p>
	Option 4: Critical Illness Safeguard	<p>In the event of first occurrence of death or the insured member being diagnosed with a covered critical illness as specified in the 'Terms & Conditions of benefits' section, the benefit payable shall be:</p> <ul style="list-style-type: none"> ○ Equal to the Sum Assured chosen at inception, if level cover option is selected. ○ The Sum Assured as per the cover schedule at inception, on the date of death or diagnosis of Critical Illness of the Insured Member, if reducing cover option is chosen.

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	The maximum Sum Assured will be limited to Rs. 1 Crore. The insurance coverage will cease on payment of the benefit.
	Plan Options 3 & 4 i.e. Accidental Safeguard & Critical Illness Safeguard shall not be applicable under Joint Life option.
Option to continue the policy	In case of surrender of this Group Policy, individual insured members will have an option, on such surrender, to continue the cover as per the Certificate of Insurance.
Maturity Benefit	There is no maturity benefit under this plan.
Loan tenure	An insured member can opt for a cover term that is either equal to or lower than the loan tenure.
Higher or lower Sum Assured	An insured member can opt for a sum assured amount that is either equal to, higher (subject to maximum limit of 120% of loan amount) or lower than the loan amount at inception of the policy as per his requirements.

Key features:

Plan parameters	Minimum	Maximum
Age at entry of Person Insured	14 years (for education loans) 18 years (for all other loans)	Life Protection & Life Protection Plus: 75 years Accidental Safeguard, Critical Illness Safeguard: 65 years
Policy Term	Single premium: 2 years Limited premium payment term: 5 years	Life Protection, Life Protection Plus: 40 years (subject to maximum maturity age being less than or equal to 80 years) Accidental Safeguard: 40 years (subject to maximum maturity age being less than or equal to 75 years) Critical Illness Safeguard: 30 years (subject to maximum maturity age being less than or equal to 75 years)
Group Size	50 lives	No limit
Sum Assured per member	Rs. 5,000	Life Protection: No limit subject to underwriting guidelines Life Protection Plus: No limit subject to underwriting guidelines. Accidental Safeguard: 100% of base Sum Assured with a maximum limit of Rs. 1 Cr Critical Illness Safeguard: 100% of base Sum Assured with a maximum limit of Rs. 1 Cr
Premium	Based on chosen Sum Assured	
Premium Paying Options	Single premium, Limited premium 5 years	
Premium Paying Modes for Limited pay	Yearly, Half-yearly, Monthly	

[&]All references to age are as on age last birthday

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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.
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 IRDAI
Customer Service No.	1800 425 6969 (Toll-free) or 022-4179 0300(8am-8pm)
Grievance Mechanism Redressal	<p>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)/ Fax: 022 - 4023 1225</p>

For detailed benefits, please refer to policy terms and conditions

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Part B

1.4. Definitions applicable to your policy

The words or terms below that appear in this **Group Policy** 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. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Accidental Total & Permanent Disability (ATPD)** means disability which has lasted for at least 180 days without interruption from the date of on-set of disability and must be deemed permanent by independent Medical Practitioner of appropriate speciality agreeable to the Company. ATPD benefit will not be payable if the Insured Member dies in the deferred period of 180 days.
3. **Age** means the age of the **Insured Member** as of last birthday.
4. **Annual Renewal Date** means the date on which the **Group Policy** is due for renewal as stated in the **Group Policy Schedule**.
5. **Appointee** shall mean a person who is appointed by the **Insured Member** to receive the **Sum Assured** for and on behalf of the **Nominee**, if the **Nominee** is a minor on the date of the payment of the **Sum Assured** on the happening of the insured event.
6. **Authority** means the Insurance Regulatory and Development Authority of India.
7. **Certificate of Insurance (COI)** means the certificate issued by **Us** to the **Insured Member**.
8. **Credit Account Statement** means the statement which **You** provide to **Us** in accordance with **Part C**.
Critical illness means any illness as specifically listed below in Section 6.8 of **Part F**
9. **Date of Inception of the Group Policy** means the date of commencement of risk under this **Group Policy** with respect to an **Insured Member** as specified in the **Group Policy Schedule**.
10. **Diagnosis / Diagnosed** means the certified diagnosis of a **Terminal Illness** or **Critical Illness** by a **Medical Practitioner**.
11. **Effective Date of Coverage** is same as the **Date of Inception of the Group Policy**.
12. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Group Policy Schedule**.
13. **Group Policy** means this contract of insurance, as evidenced by the **Group Policy Document**.
14. **Group Policy Document** means this document, any endorsements issued by **Us**, the **Group Policy Schedule**, the Annexures and the **Application**.
15. **Group Policy Schedule** means the policy schedule set out above that **We** have issued, along with any annexures, tables and/or endorsements, attached to it from time to time.
16. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Group Policy Schedule**.
17. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
18. **“Lapse”** means a condition wherein the due Installment Premiums have not been paid in full, as required under the plan, thereby rendering the member coverage unenforceable. No Benefits will be paid when the cover is in Lapse status
19. **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

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India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The medical practitioner shall not include: a) A close relative of the Policyholder/Life Assured; or b) A person who resides with the Policyholder/Life Assured; or c) A person covered under this Policy.

- 20. Member Data** means the list of **Insured Members** and all details and information pertaining to those **Insured Members**.
- 21. Nominee** means the person(s) named in the **Certificate of Insurance** to receive the benefits under the **Group Policy** in respect of the **Insured Member**.
- 22. Non- Medical Insurance Limit** means the maximum amount of insurance coverage agreed to be provided to the **Insured Member** who submits a satisfactory Declaration of Good Health with **Us**.
- 23. "Paid-up Benefit"** means the amount payable on the occurrence of events, as specified under the Plan, when the coverage is in Paid-up Status
- 24. "Paid-up status/Reduced Paid-up Status"** means a condition during the cover Term, wherein the Installment Premiums have been paid in full for at least the first few consecutive years, as required under the Plan and the remaining due Installment Premiums have not been paid, rendering the coverage to continue at a reduced level of Benefits, as specified under the coverage.
- 25. Premium** means the payment of one of the regular periodic payments that **You** pay or agree to pay to **Us** for effecting or continuing the coverage under this **Group Policy** as stated in the **Group Policy Schedule**.
- 26. Premium Due Date** means the date on which the **Premium** becomes payable as stated in the **Group Policy Schedule**.
- 27. Regulated Entities** means entities falling in any of the below criteria:
- Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks, RBI regulated Scheduled Banks (including Co-operative Banks)
 - Non-Banking Financial Companies (NBFCs) having Certificate of Registration from RBI
 - National Housing Bank (NHB) Regulated Housing Finance Companies
 - National Minority Development Financial Corporation (NMDFC) and its State Channelizing Agencies
 - Small Finance Banks regulated by RBI
- 28. "Revival"** means payment of all due Installment Premiums that are in arrears to convert a coverage from "Lapse" or "Paid-up" Status into "In force" Status.
- 29. Sum Assured** means the amount that **We** promise to pay upon the death or occurrence of the insured event of an **Insured Member** covered under this **Group Policy**. If the **Group Policy Schedule** specifies that the Reducing Coverage Option is in force, then the **Sum Assured** is equal to the Sum Assured amount as per the agreed cover schedule issued at inception of the **Group Policy**. If the **Group Policy Schedule** specifies that the Level Coverage Option is in force, then the **Sum Assured** is equal to the amount specified in the **Certificate of Insurance**.
- 30. Surrender Value** means the amount calculated in accordance with **Part D**.
- 31. Terminal Illness** means an advanced or rapidly progressing incurable disease where, in the opinion of two independent **Medical Practitioners'** specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of the claim. The terminal illness must be diagnosed and

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confirmed by independent **Medical Practitioners'** specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by **Us. We** reserve the right for independent assessment. Terminal Illness due to AIDS is excluded. The coverage under the **Certificate of Insurance** for the **Insured Member** shall terminate on the payment of terminal illness benefit.

32. We, Us or Our means PNB MetLife India Insurance Company Limited.

33. You or Your means the **Group Policyholder** named in the **Group Policy Schedule**.

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2. Part C

Policy Features, Benefits & Premium Payment Conditions

2.1. Policy Features

PNB MetLife Complete Loan Protection Plan is a non-linked, non-participating pure protection product offered in group platform. This **Group Policy** offers the benefits listed below during the Group Policy Term specified in the **Group Policy Schedule**. The benefits will be payable subject to the terms and conditions of this **Group Policy**, including the Premium Payment Conditions set out below.

2.2. Policy Benefits

2.2.1. Life Cover Options

2.2.1.1. Single Life Cover: If an **Eligible Member** opts for Single Life Cover option as specified in the **Certificate of Insurance**, **We** will cover only the individual primary borrower for the loan who is named as the **Insured Member** in the **Certificate of Insurance**.

2.2.1.2. Joint Life option: If more than one **Eligible Members** are co-borrowers or co-applicants under the same loan from **You**, **We** may provide the other **co-borrowers/co-applicant** with "Joint Life" coverage under the **Group Policy** as an **Insured Member** provided that:

- (a) This option is not available to members of non-financial group and employer-employee groups.
- (b) **We** will not cover more than 2 co-borrowers/co-applicants, including the primary applicant, under the same loan, as joint life **Insured Members**.
- (c) **We** will assess each **Eligible Member** under **Our** Board approved underwriting guidelines before the **Certificate of Insurance** is issued. If the **Eligible Members** are accepted as **Insured Members** a single **Certificate of Insurance** will be issued.
- (d) The relationship between co-borrowers/co-applicants is that of spouses, parents, children or siblings.
- (e) The term of the loan is at least 5 years and both the lives must have independent sources of regular income if the loan is a housing loan or mortgage loan.
- (f) The loan is jointly held by each of the **Eligible Members** with the minimum share of initial loan amount of each **Eligible Member** being at least 20% of the loan amount at the time of commencement of the coverage under the **Certificate of insurance**.
- (g) **Insured Members** that have Joint Life Cover as specified in the **Certificate of Insurance** shall only be eligible for Life Protection & Life Protection Plus cover options and will not be eligible to opt for Accident Safeguard or Critical Illness Safeguard.

2.2.1.3. Co-borrower Cover option: If more than one **Eligible Members** are co-borrowers or co-applicants under the same loan from **You**, **We** may provide the other co-borrowers with insurance coverage under the **Group Policy** as an **Insured Member** provided that:

- (a) This option is not available to members of non-financial group and employer-employee groups. **We** will not cover more than 5 co-borrowers, including the primary applicant, under the same loan, as **Insured Members**. The loan is jointly held by each of the **Eligible Members** proposing to avail Co-borrower Cover option.
- (b) **We** will assess each **Eligible Member** under **Our** Board approved underwriting guidelines before the **Certificate of Insurance** is issued. For each **Eligible Member** that is accepted as an **Insured Member** a separate **Certificate of Insurance** will be issued.
- (c) The **Sum Assured** for each such **Insured Member** shall be calculated in proportion to their respective share in the loan amount.
- (d) If a claim is made in respect of any such **Insured Member**, then the insurance coverage for the remaining co-borrower **Insured Members** shall continue in accordance with the terms in their respective **Certificate of Insurance**. All 4 plan options mentioned above shall be applicable for each co-borrower and each co-borrower shall choose the same plan option.

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2.2.2. Moratorium period

This option is available for those **Insured Members** who have opted for moratorium period on the repayment of principal amount for a period of 3 months to 7 years on their loans.

The Sum Assured can remain constant or increase according to the interest applicable. Sum assured during moratorium period;

- If interest is paid by the **Insured Member**: the cover during the moratorium period will be as per the cover schedule , wherein the cover will remain level until the end of the moratorium period and thereafter, reduce each month till the end of the coverage term.
- If interest is accrued during the moratorium period: the cover during the moratorium period will be as per the cover schedule , wherein the cover will initially increase each month until the end of the Moratorium Period by the interest amount due and thereafter, reduce each month till the end of the coverage term.
- In case of level cover with moratorium option: the cover will remain Level throughout the coverage term including the Moratorium period and will be equal to the Sum Assured chosen at inception of the policy.

The moratorium option has to be provided by the loan offering institution only and **We** will prepare the cover schedule accordingly. If the **Insured Member** has loan with moratorium period, the same shall be invariably incorporated in the computation of loan/cover schedule. The moratorium option once chosen cannot be altered during the term of coverage under the **Group Policy**.

2.2.3. Policy Benefits

The following benefits are available to an Insured Member only if the Certificate of Insurance specifies that the benefit is in force for that Insured Member.

Option 1: Life Protection:

On the occurrence of the death of an **Insured Member** when the **Group Policy** is in force, the Sum Assured as per the cover schedule specified in the Certificate of Insurance will be payable by **Us**

- **For Reducing cover:** The amount payable on the death of the Insured Member shall be equal to the Sum Assured as per the Cover schedule specified in the Certificate of Insurance on the date of death of the Insured Member.
- **For Level Cover:** The amount payable on the death of the Insured Member shall be equal to the Sum Assured payable chosen at inception.

The insurance coverage for that **Insured Member** under the **Group Policy** automatically terminates on payment of the claim amount.

If the Joint Life Coverage Option is in force, then:

- (a) The Sum Assured as per the cover schedule specified in the Certificate of Insurance will be paid on first occurrence of Death of any one of the Insured Member.
- (b) On the simultaneous death of both the **Insured Members** under the **Certificate of Insurance**, the **Sum Assured** as per the Cover schedule specified in the Certificate of Insurance will be paid only in respect of one life as the cover is held jointly with a single **Sum Assured**.
- (c) If a claim is made in respect of any such **Insured Member**, then all insurance coverage for the surviving joint life under the Group Policy shall cease.

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If the Co-borrower Coverage is in force, then if a claim is made in respect of any such **Insured Member**, the insurance coverage for the remaining **Insured Members** shall continue in accordance with the terms in their respective **Certificate of Insurance**.

Option 2: Life Protection Plus:

On the first occurrence of the death of an **Insured Member** or the **Insured Member's Diagnosis** with a **Terminal Illness** when the **Group Policy** is in force, the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable by **Us**.

For Reducing cover: The amount payable on the death or diagnosis of terminal illness of the Insured Member shall be equal to the Sum Assured as per the Cover schedule specified in the Certificate of Insurance on the date of death or diagnosis of terminal illness of the Insured Member.

For Level Cover: The amount payable on the death or diagnosis of terminal illness of the Insured Member shall be equal to the Sum Assured payable chosen at inception.

The insurance coverage for that **Insured Member** under the **Group Policy** automatically terminates on payment of the claim amount.

If the Joint Life Coverage Option is in force, then:

- a) The Sum Assured as per the cover schedule specified in the Certificate of Insurance will be paid on first occurrence of Death or **Diagnosis of Terminal Illness** of any one of the Insured Member.
- b) On the simultaneous death and/or **Diagnosis** of Terminal Illness of both the **Insured Members** under the **Certificate of Insurance**, the cover amount will be paid only in respect of one life as the cover is held jointly with a single Sum Assured.
- c) If a claim is made in respect of any such Insured Member, then all insurance coverage for the surviving joint life under this contract shall cease.

If the Co-borrower coverage is in force, then if a claim is made in respect of any such **Insured Member**, the insurance coverage for the remaining co-borrower **Insured Members** shall continue in accordance with the terms in their respective **Certificate of Insurance**.

Option 3: Accidental Safeguard:

In the event of the **Insured Member's** death solely and directly due to physical bodily injury sustained in an **Accident** when the **Group Policy** is in force 200% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable by **Us**:

- **For Reducing cover option:** The amount payable will be 200% of Sum assured as per the Cover schedule specified in the Certificate of Insurance on the date of death of the Insured Member.
- **For Level cover option:** The amount payable shall be equal to 200% of the Sum Assured chosen at inception.

The insurance coverage for that **Insured Member** under the **Group Policy** automatically terminates on payment of the claim amount.

In the event of the death of an **Insured Member** due to causes other than accident or the **Insured Member's Accidental Total and Permanent Disability** when the **Group Policy** is in force, 100% of the Sum Assured as per the Cover schedule specified in the Certificate of Insurance will be payable by **Us**:

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- **For Reducing cover option:** The amount payable will be equal to 100% of the **Sum assured** as per the Cover schedule specified in the Certificate of Insurance on the date of death or Accidental Total and Permanent Disability of the **Insured Member**.
- **For Level cover option:** The amount payable shall be equal to the 100% of the **Sum Assured** chosen at inception.

The insurance coverage for that **Insured Member** under the **Group Policy** automatically terminates on payment of the claim amount.

If the Co-borrower Coverage is in force, then if a claim is made in respect of any one of such **Insured Member**, the insurance coverage for the remaining co-borrower **Insured Members** shall continue in accordance with the terms in their respective **Certificate of Insurance**.

Option 4: Critical Illness Safeguard:

On the first occurrence of the death of an **Insured Member** or the **Insured Member** being **Diagnosed** with a **Critical Illness** when the **Group Policy** is in force, the Sum Assured as per the cover schedule specified in the Certificate of Insurance will be payable by **Us**:

- **For Reducing cover option:** The amount payable will be equal to the **Sum Assured** as per the Cover schedule specified in the Certificate of Insurance on the date of death or diagnosis of Critical Illness of the **Insured Member**.
- **For Level cover option:** The amount payable shall be equal to the **Sum Assured** chosen at inception.

The insurance coverage for that **Insured Member** under the **Group Policy** automatically terminates on payment of the claim amount.

If the Co-borrower Coverage is in force, then if a claim is made in respect of any one of such **Insured Member**, the insurance coverage for the remaining co-borrower **Insured Members** shall continue in accordance with the terms in their respective **Certificate of Insurance**.

Please refer to **Part F**, for details and exclusions for covered **Critical Illnesses, Accidental Death, and Accidental Total and Permanent Disability**.

2.2.4. Maturity Benefit

There is no maturity benefit payable under this **Group Policy**.

2.2.5. Lapse

If the installment premiums for first two years are not paid in full for a limited pay option, the coverage will lapse at the end of the grace period and the risk cover will cease immediately.

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

2.2.6. Reduced Paid-Up Value:

If a Certificate of Insurance has acquired a surrender value and no future installment premiums are paid, the coverage will continue as a paid up cover with reduced benefits, however the Insured Member shall have the option to surrender the Certificate of Insurance. A paid-up coverage can be revived as defined in the Revival section.

If the Insured Member continues the cover as a reduced paid-up cover the reduced benefits given below shall become payable:

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2.2.6.1. Life Protection: On death of the Insured Member during the term the benefit as mentioned under **section 2.2.3 – Option 1** will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

2.2.6.2. Life Protection Plus: On death or diagnosis of Terminal Illness of the Insured Member during the Term the benefit mentioned **under section 2.2.3 – Option 2** will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

2.2.6.3. Accidental Safeguard: On Accidental death or death (due to causes other than accident) or Accidental Total and Permanent Disability of the Insured Member during the term the benefit mentioned **under section 2.2.3 – Option 3** will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

2.2.6.4. Critical Illness Safeguard: On death or diagnosis Critical Illness of the Insured Member during the term the benefit mentioned **under section 2.2.3 – Option 4** will be reduced to the extent of (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

2.2.7. Surrender Benefit

The **Insured Member** may surrender the **Certificate of Insurance** and the following surrender value would be paid to the **Insured Member**:

For Single Pay, the coverage shall acquire guaranteed surrender value immediately after the payment of Single premium, which will be -

$$\begin{array}{l} \text{X\% of total premiums} \\ \text{paid} * \end{array} \frac{\text{(Total number of months remaining to maturity)} *}{\text{(Total number of months in the policy term)}} \quad \begin{array}{l} \text{SA in-force at the time of surrender} \\ \text{SA at the inception of the coverage} \end{array}$$

Where X = 70 if surrendered anytime within third year from the commencement of the coverage, 90 if surrendered on or after fourth year from the commencement of the coverage.

For 5 Pay option, the coverage shall acquire guaranteed surrender value, provided all premiums have been paid for at least two consecutive years. The guaranteed surrender value will be –

$$\begin{array}{l} \text{Y\% of total} \\ \text{premiums paid} * \end{array} \frac{\text{(Total number of months remaining to maturity)} *}{\text{(Total number of months in the term)}} \quad \begin{array}{l} \text{SA in-force at the time of surrender} \\ \text{SA at the inception of the coverage} \end{array}$$

Where Y = 0 if surrendered in the first year from the commencement of the coverage, 30 if surrendered between the second year and third year from the commencement of the coverage (both inclusive), 50 if surrendered between fourth year and seventh year from the commencement of the coverage.(both inclusive) and 90 if surrendered after seventh year from the commencement of the coverage.

If the **Group Policy** is surrendered, the **Insured Member** will be permitted to continue the insurance coverage to the extent available under this **Group Policy** and as set out in the **Certificate of Insurance**.

In case the loan is prepaid before the date of maturity (under both reducing cover and level cover options), if the Insured Member gives in writing to terminate the risk cover, the applicable surrender value as on the date of surrender will be paid to the Insured Member and the risk cover terminates.

2.3. Commencement of Insurance Coverage for Insured Members

- For an **Eligible Member** whose total sum assured under all group policies with **Us** is less than or equal to the Non-Medical Limit, the **Certificate of Insurance** will be issued based on the **Eligible Member's**

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'Declaration of Good Health' and the coverage shall commence from the **Effective Date of Coverage**.

- For an **Eligible Member** whose total sum assured under all group policies with **Us** is greater than the Non-Medical Limit, or cases where there is history of adverse health, the **Certificate of Insurance** will be issued after completion of the individual underwriting process as per **Our** Board approved underwriting policy and the coverage shall commence from the **Effective Date of Coverage**.

2.4. Payment to Nominee(s) & Conditions Applicable to Lender-Borrower Groups

For other than Regulated Entities

Upon the intimation of claim to **Us** by **You** in the manner prescribed under Clause 5 in **Part D** and after **Our** scrutiny of the documents and satisfaction of the bonafides of the claim, **We** shall pay the amount due under the **Group Policy** to the **Nominee(s)** and/or the **Appointee**, as the case may be, and shall stand discharged of **Our** obligation under the **Group Policy**, in respect of such **Insured Member** upon such payment.

For Regulated Entities:

- The **Insured Member** shall give **Us** a written authorization in the form specified by **Us** to make payment of the **Insured Member's** cover schedule balance amount to **You** on his death/diagnosis of a covered contingency from the benefit payable under this **Group Policy**. This written authorization may be given to **Us** at the stage of addition to the **Group Policy** as an **Insured Member** or at any time thereafter when the **Insured Member's** cover under the **Group Policy** is in force;
- If **We** have received a written authorization from the **Insured Member** to make payment of the **Insured Member's** cover schedule balance amount to **You**, then on the death/diagnosis of a covered contingency of the **Insured Member** when the **Group Policy** is in force, **We** will pay the cover schedule balance amount to **You** (to the extent of the Sum Assured) and the remainder of the Sum Assured amount, if any, shall be payable to the Nominee/Appointee, in the **Nominee's** name. **We** shall, under no circumstance, pay any amount more than the cover schedule balance amount to **You**.
- **You** agree that in order for the cover schedule balance amount in respect of an **Insured Member** to be paid to **You** from the benefit amount payable in respect of the **Insured Member**, **You** shall provide **Us** within 90 days of the **Insured Member's** death/diagnosis of covered contingency a **Credit Account Statement** in the form specified by **Us**, which shall contain at least the following details:
 - **Your** name;
 - **Your** Group Policy Number;
 - **Insured Member's** name (per **Your** records);
 - Date on which the **Insured Member's** cover under the **Group Policy** commenced;
 - **Sum Assured**;
 - Original loan amount (per **Your** records);
 - Complete particulars of recoveries made by **You** towards the loan;
 - Cover schedule balance amount as on the date of the **Insured Member's** death/diagnosis of covered contingency;
 - Balance claim amount payable to the **Nominee**;
 - Declaration/Undertaking by **You** that the details in the **Credit Account Statement** have been verified for accuracy.
- Following payment of the benefit to **You**, **We** will provide the **Nominee/Appointee** of the **Insured Member** with complete details of the amount equal to the cover schedule balance amount that has been paid to **You** and the balance amount (if any) to the extent of the **Sum Assured** amount that has been paid to the **Nominee/Appointee**. This statement of details shall be provided to the **Nominee/Appointee** even if no amount was

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payable to the **Nominee/Appointee** as the Sum Assured was exhausted in the payment of the cover schedule balance amount.

- **We** may, in **Our** discretion, on the completion of the financial year followed by **Us**, carry out an audit of the **Credit Account Statements** provided to **Us** by **You** in respect of the **Insured Members**. If there is any discrepancy in any such statements **We** will pay the difference in amounts to the **Nominee** and **You** shall be solely and absolutely liable to re-pay this amount to **Us** with interest at the rate specified by **Us** within 15 days of **Us** identifying the discrepancy and notwithstanding **Our** rights to commence any other actions under applicable law.
- Where the claim discharge form issued by the **Nominee** is obtained through **You**, then in such case, **You** shall submit to **Us** a certification/declaration, either in the claim discharge form or by way of a separate document, that the **Nominee** who submitted the claim discharge form is the same person who has been registered by **You** as the **Nominee** under the **Group Policy**.

2.5. Suicide Exclusion

If the Insured Member whether sane or insane, commits suicide within one year:

- From the date of inception of the coverage, the nominee or beneficiary of the Insured Member shall be entitled to 80% of the premiums paid without interest, provided the policy is in-force or
- From the date of revival of the coverage, the nominee or beneficiary of the Insured Member shall be entitled to an amount which is higher of the Surrender Value on the date of death or 80% of the premiums paid till the date of death.

2.6. Premium Payment Conditions

The initial Premium Rate(s) are as stated in the Final Quote. For **Insured Member(s)** with coverage above the Non- Medical Limit or cases where there is history of adverse health, the final Premium Rate(s) and **Premium** shall be determined after completion of the individual underwriting process for the **Insured Member(s)**.

If the **Group Policy Schedule** specifies that the mode of **Premium** payment is Single Premium, then the following provision is not applicable. If the **Group Policy Schedule** specifies that the Premium payment mode is limited pay, the **Premium** in full is payable on the Premium Due Date and in any event before the expiry of the **Grace Period**.

2.7. Grace Period

Under this **Group Policy**, there is a grace period of 15 days (if **Premium** is payable on a monthly mode) and a period of 30 days (if **Premium** is payable in any other mode) for the payment of **Premium**. If the **Premium** is not received in full at the expiry of the Grace Period the **Group Policy** shall automatically lapse and no amount shall be payable on the occurrence of an **Insured Member's** death/diagnosis of a covered contingency.

For limited pay: If Premium is not paid within the grace period for the first two years, the Certificate of Insurance shall lapse and has no further value except as may be provided under surrender benefit.

In case of failure of the Master Policyholder to remit the premium to Us, provided the premium is received from Insured Member within grace period, the insurance coverage of the Insured Member, even after expiry of grace period, shall continue, provided the Insured Member establishes that he had paid the premium and secured a proper receipt for the same.

If a Certificate of Insurance has acquired a surrender value and the installment premiums are not paid within the grace period, the coverage will continue as a paid up coverage with reduced benefits as mentioned under section 2.2.6.

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3. 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**.

3.1. Free Look Period

If **You** have any objections to the terms and conditions of this **Group Policy**, **You** may return the **Group Policy** by giving a signed written notice to **Us** within 15 days from the date of receiving the **Group Policy**, stating the reasons for Your objection for cancellation and **You** will be entitled to a refund of the **Premium** paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

If the **Premium** is paid entirely by the **Insured Member** and the **Insured Member** disagrees with the terms and conditions of the **Group Policy**, he/she may cancel his/her coverage under the **Group Policy** by giving **Us** a written notice within 15 days of receiving confirmation of coverage stating the reasons for objection and **We** shall refund the **Premium** received in respect of such **Insured Member** after deducting proportionate risk premium for the period of cover, stamp duty charges and expenses towards medical examination, if any, for that **Insured Member**.

3.2. Revival

The cover under the **Group Policy** may be revived within 2 years from the date of lapse provided the coverage has not acquired Paid-Up value and provided that the **Insured Member** gives written notice for revival along with the due **Premium** in full at the prevailing rate of interest, if any., **We** may change the rate of interest from time to time. The revival of the coverage will be in accordance with **Our** Board approved underwriting policy.

3.3. New Members Addition

Any **Eligible Member** that becomes a member of **Your** group after the **Effective Date of the Group Policy** or the **Annual Renewal Date** can be covered under this **Group Policy** provided **You** provide **Us** with due intimation and all information and details about such **Eligible Members** in the form and manner specified by **Us**. Coverage of these **Eligible Members** shall only commence in accordance with the provisions of **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.

3.4. Claims Procedure

Written notification of a claim shall be given to **Us** along with following information and documentation within 90 days of the occurrence of the insured event or as soon thereafter as is reasonably possible:

- (a) Claimant statement in format prescribed by **Us**, duly completed.
- (b) Certified copy of the official death certificate issued by a competent authority acceptable to **Us**.
- (c) **Credit Account Statement** showing the cover schedule balance amount of the **Insured Member** (applicable only in case of Lender – Borrower groups)
- (d) **Your** declaration and certificate that that the **Insured Member** was a member of **Your** group at the time of the death of **Insured Member**.

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- (e) In case Life Protection Plus/Critical Illness Safeguard option is in force, medical report confirming the occurrence of **Critical Illness/Terminal Illness** which is acceptable to **Us**;
 - (i) Attending consultant's statement confirming occurrence of the **Critical Illness/Terminal Illness**.
 - (ii) Attested true copy of indoor case papers of all the Hospital(s)
 - (iii) First consultation and all follow- up consultation notes.
 - (iv) Diagnosis certificate from specialist
- In case of death claim:
 - (v) All past and present medical records (such as discharge summary, daily records and investigation test reports), if available;
 - (vi) All Medical Examination Reports, including: Laboratory Test Reports, X-Ray/CT Scan/MRI Reports & Plates, Ultrasonography Report, Histopathology Report, Clinical/Hospital Reports, any other investigation report
 - (vii) Treatment papers (Chemotherapy, Radiotherapy etc.) or Surgery/Operation notes.
- (f) Police inquest report and post mortem report if the death of the **Insured Member** is due to an unnatural cause.
- (g) Certification of the details of the **Nominee** (if any).
- (h) Any additional document(s) as required by **Us**.

In the event of delay in intimation of a claim to **Us**, due to reasons beyond **Your**/claimant's control, **We** may condone such delay on merits.

3.5. Provision of Information

You shall furnish **Us** with all particulars relevant to the **Group Policy** and to the operation of this **Group Policy** 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 **Group Policy**, 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.

3.6. Termination of the Group Policy

Coverage under this **Group Policy** for all **Insured Members** shall terminate on the occurrence of the earliest of the following:

- a) At the expiry of two years from the date of lapsation, when the coverage has not been revived and provided the said Coverage has not acquired any Paid- Up Value.

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b) Termination of the **Group Policy** by **You**:

You may terminate this **Group Policy** by giving a minimum of 30 days written notice to **Us**. In case the **Group Policy** is terminated by **You**, the **Insured Member(s)** shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.

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

- a) At the expiry of two years from the date of lapsation, when the coverage has not been revived and provided the said Coverage has not acquired any Paid- Up Value.
- b) Date of payment of the claim on death of the **Insured Member**; or
- c) Date of payment of the claim on **Diagnosis of Terminal Illness, Critical Illness or Accidental Total and Permanent Disability**, if these Benefits are in force under the **Group Policy** for the **Insured Member**.
- d) The Date on which the Surrender Benefits are settled under the Certificate of Insurance.
- e) The date the **Insured Member** ceases to be an **Eligible Member** or voluntarily withdraws from the membership.
- f) In case the loan is prepaid before the date of maturity (under both reducing cover and level cover options), if the **Insured Member** gives in writing to terminate the risk cover, the applicable surrender value as on the date of surrender will be paid to the **Insured Member** and the risk cover terminates.
- g) In case the **Insured Member** has chosen lower coverage term than the loan tenure, then on the completion of the coverage term as per the cover schedule issued at inception of the **Certificate of Insurance**, which can be before actual loan repayment.

Any termination of coverage shall be without prejudice to any claim originating prior to the effective date of such termination. In case the **Insured Member** exits the **Group Policy** by way ceasing to be an **Eligible Member** or voluntarily withdraws from the membership, the applicable Surrender Value in respect of such **Insured Member** shall be payable.

4. Part E

Not applicable

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5. Part F

General Terms & Conditions

If you wish to change the nomination or assign the coverage under the **Group 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

5.1. Nomination

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 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

5.2. Assignment

Assignment should 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

5.3. 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 GST 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.

5.4. Currency & Place of Payment

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

5.5. 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 A for your reference.

5.6. Accidental Death:

Accident is defined as sudden, unforeseen and involuntary event caused by external, visible and violent means.

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Death due to Accident:

- i) The member has sustained any bodily injury directly and solely from the accident, which has been caused by external, violent and visible means and the injury is independent of all other causes.
- ii) The death must occur within 180 days of the date of accident due to such injury as stated above solely, directly and independently of all other causes of death.
- iii) The accident which eventually leads to death has occurred during the term of the policy, even if the death occurs after policy term but within 180 days of accident.

5.7. Accidental Total and Permanent disability (ATPD)

ATPD means disability which has lasted for at least 180 days without interruption from the date of on-set of disability and must be deemed permanent by independent Medical Practitioner of appropriate speciality agreeable to the Company. ATPD benefit will not be payable if the Insured Member dies in the deferred period of 180 days.

On occurrence of ATPD due to Accident, ATPD benefit will be triggered if the Insured Member is unable to perform 3 out of the 6 following Activities of Daily Work cause by an Accident:

- o Mobility: The ability to walk a distance of 200 meters on flat ground.
- o Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- o Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- o Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- o Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- o Blindness –permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

ATPD due to Accident should not be caused by the following:

- o Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Insured Member is under the influence of any narcotic substance or drug unless taken in accordance with the lawful directions and prescription of a registered medical practitioner or intoxicating liquor; or
- o Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger and crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
- o The Insured Member with criminal intent, committing any breach of law; or
- o Due to war, whether declared or not or civil commotion; or
- o Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

5.8. Critical Illness:

The list of Critical Illness conditions covered under the **Group Policy** are mentioned in the table below:

Sr.No	Critical Illnesses
1	Cancer Of Specified Severity
2	Open Chest CABG
3	Kidney Failure Requiring Regular Dialysis
4	Myocardial Infarction (First Heart Attack of Specific Severity)
5	Open Heart Replacement Or Repair Of Heart Valves
6	Major Organ /Bone Marrow Transplant

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7	Permanent Paralysis Of Limbs
8	Stroke Resulting In Permanent Symptoms
9	Coma Of Specified Severity
10	Surgery of Aorta
11	Third Degree Burns
12	End Stage Liver disease
13	Loss of limbs
14	Blindness
15	End Stage Lung disease
16	Major Head trauma
17	Benign Brain Tumor
18	Deafness
19	Loss of Speech
20	Primary (Idiopathic) Pulmonary Hypertension
21	Motor Neuron Disease with Permanent Symptoms
22	Multiple Sclerosis with Persisting Symptoms
23	Apallic Syndrome
24	Loss of Independent Existence
25	Cardiomyopathy
26	Brain Surgery
27	Alzheimer's Disease
28	Parkinson's Disease
29	Muscular Dystrophy
30	Poliomyelitis
31	Medullary Cystic Disease
32	Systematic lupus Erythematosus(SLE) with Renal Involvement
33	Aplastic Anaemia
34	Encephalitis
35	Fulminant Viral Hepatitis

1. Cancer: 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:
- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - Malignant melanoma that has not caused invasion beyond the epidermis;
 - 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
 - All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - Chronic lymphocytic leukaemia less than RAI stage 3
 - Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - 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;
 - All tumors in the presence of HIV infection.

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

- Angioplasty and/or any other intra-arterial procedures

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

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

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

The following are excluded:

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

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

6. Major Organ/Bone Marrow Transplant: The actual undergoing of a transplant of:

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

The following are excluded:

- Other stem-cell transplants.
- Where only islets of Langerhans are transplanted

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

8. Stroke resulting in permanent symptoms: 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:

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

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

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

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

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10. Surgery of aorta: The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.

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

12. End Stage Liver Disease: Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy

Liver failure secondary to drug or alcohol abuse is excluded.

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

14. Blindness: Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or ;
- 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.

15. End Stage Lung Disease: End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest

16. 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:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

The following is excluded:

- Spinal cord injury;

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

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

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- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- 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

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

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

20. 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:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- 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.

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

22. Multiple Sclerosis with Persisting Symptoms: The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- 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 and HIV are excluded.

23. Apallic Syndrome: universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month

24. Loss of Independent Existence: Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the 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 hope of recovery with current medical knowledge and technology. 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
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces

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- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

25. **Cardiomyopathy:** An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:

- Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

26. **Brain Surgery:** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out

27. **Alzheimer's Disease:** Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage (III) Any other type of irreversible organic disorder/dementia

28. **Parkinson's Disease:** Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;
- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms in a permanent inability to perform at least three (3) of the 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).

Drug-induced or toxic causes of Parkinson's disease are excluded.

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
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

29. **Muscular Dystrophy:** Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- Family history of other affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; or
- Clinical suspicion confirmed by muscle biopsy

The condition must result in the inability to perform at least three (3) of the 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)

30. **Poliomyelitis:** The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause and is proved by Stool Analysis,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

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31. Medullary Cystic Disease: Medullary Cystic Disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- Isolated or benign kidney cysts are specifically excluded from this benefit

32. Systemic lupus Erythematosus (SLE) with Renal Involvement: Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only haematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

- Class I - Minimal mesangial lupus nephritis
- Class II - Mesangial proliferative lupus nephritis
- Class III - Focal lupus nephritis
- Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- Class V - Membranous lupus nephritis Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology

33. Aplastic Anaemia: Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

34. Encephalitis: Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Encephalitis caused by HIV infection is excluded.

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
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

35. Fulminant Viral Hepatitis: A submassive 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:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

Important Terms and Conditions for CI Benefits

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Pre-Existing disease: Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which the Life Assured had signs or symptoms, and/or was diagnosed, and/or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Exclusions for Critical Illness benefit

No benefits will be payable to the Insured Member under this Group Policy if a claim or event suffered by the Insured Member is directly or indirectly caused or exacerbated as a result of any of the following:

- Pre-Existing Diseases are not covered.
- Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.
- No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless life assured has disclosed the same at the time of proposal or date of revival whichever is later and the company has accepted the same.
- Any illness related condition manifesting itself within 90 days from risk commencement date/ revival date whichever is later.
- Unreasonable failure to seek or follow medical advice by the Life Insured that result in delayed medical treatment in order to circumvent the waiting period or other conditions and restrictions applying to this policy.
- Living abroad (living outside India for more than 13 consecutive weeks in any 12 months). This exclusion does not apply if the Insured Member is medically examined and/or has undergone tests in India after the occurrence of the event, and is available for medical examination or other reasonable tests in India to confirm the occurrence of an insured event.
- War or hostilities (whether war be declared or not).
- Civil war, rebellion, revolution, civil unrest or riot.
- Participation in any armed force or peace keeping activities.
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means.
- An intentional or self-inflicted act.
- Drug-taking other than under the direction of a qualified Medical Practitioner, abuse of alcohol or the taking of poison.
- HIV/AIDS.
- Nuclear fusion nuclear fission, nuclear waste or any radioactive or ionising radiation.
- Deliberate participation of the Insured Member in an illegal or criminal act with criminal intent.

5.9. Proof of Age

Subject to Section 45 of the Insurance Act 1938, as amended from time to time if the actual age of the **Insured Member** differs from the **Age** stated in the Application then:

- a. If the actual age of the **Insured Member** proves to be higher than what is stated in the Application, the **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 coverage under the **Group Policy** will continue to be in force;
- b. If the actual age proves to be lower than what is stated in the Application, the premium paid in excess will be refunded without interest or may be adjusted towards future premium at **Our** sole discretion. The coverage under the **Group Policy** will continue to be in force.
- c. If the **Insured Member's** actual age is such that it would have made him/her ineligible for the insurance cover stated in the **Group Policy**, **We** reserve the right at **Our** sole discretion to take such action as may be deemed appropriate including cancellation of the **Certificate of Insurance** upon payment of the Surrender Value.

5.10. Loss of the Policy Document

If the **Group Policy Document** is lost or destroyed, **You** may make a written request for a duplicate **Group Policy Document** which **We** will issue duly endorsed to show that it is in place of the original document. Upon

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the issue of a duplicate policy 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 **Group Policy Document**.

5.11. Policyholder's Rights

To exercise **Your** rights or options, under this **Group Policy**, **You** should follow the procedures stated in this **Group Policy**. If **You** want to change the address or exercise any other options under the **Group 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.

5.12. Travel, Residence & Occupation

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

5.13. Governing Law & 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 Policy shall be subject to the sole and exclusive jurisdiction of the jurisdictional courts in India.

5.14. 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,
1st Floor, Techniplex -1,
Techniplex Complex, Off Veer Savarkar Flyover,
Goregaon (West), Mumbai – 400062,
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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6. Part G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

6.1. 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) or 080-26502244
- Email at india_grievancecell@pnbmetlife.co.in
- Write to
**Customer Service Department,
1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai
– 400062. Phone: +91-22-41790000, Fax: +91-22-41790203**
- Online through our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

Level 2:

In case you are not satisfied with the resolution provided by the above touch points, or have not received any response within 2 weeks, you may

- Write to our Grievance Redressal Officer at gro@pnbmetlife.co.in or
- Send a letter to

**Grievance Redressal Officer
PNB MetLife India Insurance Co. Ltd,
Platinum Towers, 4th Floor, Sohna Road,
Sector - 47, Gurgaon – 122002**

Please address your queries or complaints to our customer services department, on the address referred above, who are authorized to review your queries or complaints and address the same. Please note that only an officer duly authorized by PNB MetLife has the authority to resolve your queries or complaints. 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.

Level 3:

In case you are not satisfied with the decision from above offices, you may contact the Insurance Regulatory and Development Authority of India. Grievance Cell Centre (IGCC) on the following contact details:

- Online : You can register your complaint online at <http://www.igms.irda.gov.in>
- By Post : You can write or fax your complaints to

**Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,**

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Nanakramguda, Gachibowli, Hyderabad – 500032, Telangana State

- 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;
 - Dispute with regard to premium; or
 - Misrepresentation of terms and conditions of the Policy;
 - Policy servicing related grievances against Us or Our agent/intermediary;
 - Issuance of Policy in non-conformity with the proposal form;
 - Non-issuance of insurance policy after receipt of premium or
 - Any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned above.
- 1) The complaint should be made in writing duly signed by You, Nominee, Assignee or by Your legal heirs with full name, address and contact information of the complainant, the details of our branch or office against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. As per Rule 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the insurance ombudsman can be made if the complainant makes a written representation to Us/Insurer and files the complaint, 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 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.

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6.2. List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh, Chattisgarh.</p>
<p>BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</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 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.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 - 65504123 / 23312122, Fax: 040</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>

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<p>- 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	
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Annexure A

Section 39, Nomination by policyholder

1. Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:
2. 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.
3. 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 is to be laid down by the company.
4. Nomination can be made at any time before the maturity of the policy.
5. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the company and can be registered by the company in the records relating to the policy.
6. 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.
7. A notice in writing of Change or Cancellation of nomination must be delivered to the company for the company to be liable to such nominee. Otherwise, company 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 company.
8. Fee to be paid to the company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
9. On receipt of notice with fee, the company should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
10. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the company 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 company's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
11. 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.
12. 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.
13. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
14. Where the policyholder whose life is insured nominates his
 - parents or
 - spouse or
 - children or
 - spouse and children
 - or any of them

the nominees are beneficially entitled to the amount payable by the company 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.

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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 nomination is made in favor 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 Act, 1938, as amended from time to time 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 details.]

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Section 38, Assignment and Transfer of Insurance Policies

1. Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:
2. This policy may be transferred/assigned, wholly or in part, with or without consideration.
3. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Company.
4. 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.
5. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
6. The transfer of assignment shall not be operative as against an company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the company.
7. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the company should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the company of duly receiving the notice.
9. If the company maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
10. The company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - not bonafide or
 - not in the interest of the policyholder or
 - not in public interest or
 - is for the purpose of trading of the insurance policy.
11. Before refusing to act upon endorsement, the Company 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
12. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
13. 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 company; 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.
14. 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 policySuch conditional assignee will not be entitled to obtain a 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.
15. In other cases, the company 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
 - 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
 - may institute any proceedings in relation to the policy

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- 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

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.

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Section 45, 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 from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
For this, the company 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.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the company or to induce the company to issue a life insurance policy:
 - The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specifically declares to be fraudulent.
4. 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.
5. No Company 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 company. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. 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 company 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.
7. 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. However, the payment will be as per IRDAI direction/Regulation/Circular from time to time.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the company. The onus is on company to show that if the company had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The company 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.

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