

**Terms and Conditions of Met Group Serious Illness Rider ((117B018V01)**  
A Non-Linked One Year Renewable Group Rider  
**(This Rider is Part of the Group Policy)**

**1. Description of Benefit & Definitions**

Terms defined under the Group Policy shall have the same meaning, as that ascribed to them in the Group Policy wherever they are used in this Rider. In addition, for the purpose of this Rider, the terms defined below shall have the meaning ascribed to them whenever used in this Rider wording:

- 1.1 Serious Illness Benefit:** Rider Sum Assured as shown in the Schedule of the Base Group Policy, is payable during the tenure of Policy to an active Insured Member of the insured group in the event the Insured Member being diagnosed, by a Registered Medical Practitioner or a Specialist acceptable to the Company, as suffering from one or more of the Serious Illnesses as set out in **Annexure A**, during the tenure of the Group Policy and provided the Insured Member has survived at least thirty (30) days after the diagnosis. There are two variants of the Serious Illness Benefit. Basis the chosen Serious Illness variant, Accelerated or Additional, the member is eligible to get applicable Serious Illness benefit

**Serious Illness (Additional) Benefit:** This variant provides the payment of the rider Sum Assured upon diagnosis of fifteen specified Serious illness conditions, provided the insured survives 30 days following the diagnosis. The risk cover under the base policy continues after the settlement of the rider Sum Assured.

**Serious Illness (Accelerated) Benefit:** This variant provides for an accelerated payment of a percentage of the Base Policy Sum Assured chosen by the Group Policyholder at inception, through the Proposal Form (up to 100% of the Base Sum Assured expressed in multiples of 10%), upon diagnosis of fifteen specified Serious illness conditions, provided the Insured Member survives for a period of 30 days following the diagnosis. Thereafter, the Base Policy will continue with the base risk cover reduced to the extent of the rider benefit settled. If subsequently death of the Insured Member occurs, the reduced Sum Assured will be paid as the death benefit.

The above mentioned payments are subject to both the rider and the Base Policy being in full force for the contracted Sum Assured at the time of the diagnosis.

- 1.2 Serious Illness** means any of the conditions defined in Annexure A
- 1.2.1 Registered Medical Practitioner** A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license, but excluding a Registered Medical Practitioner who is the Policyholder or the Insured Member or the spouse or lineal relative of the Policyholder/ Insured Member.
- Specialist** means a Registered (or otherwise licensed under law) Medical Practitioner whose name appears in the Specialist Registry of the Medical Council of the country or institution with equivalent authority.
- 1.2.2 Benefit** payable is in addition to the benefits payable under the base policy and is equivalent to the amount stated in the Schedule of the Base Group Policy.
- 1.2.3 Base Plan/Base Policy** is the Group Policy to which this rider is part of.
- 1.2.4 Rider Sum Assured** means the amount specified in the Schedule of the Base Plan or the Certificate of Insurance, as applicable
- 1.2.5 Surgery:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

## 2.0 Period of Coverage

The rider will remain effective from the Effective Date of the Coverage as stated in the Schedule of the Base Policy or the Certificate of Insurance, as applicable and shall remain valid unless terminated in accordance with Article 3.0 below.

## 3.0 Termination of Rider Coverage

This Rider shall terminate, individually in respect of each Insured Member under one or more of following circumstances:

- a. Expiration, Lapse, Cancellation or termination of Base policy for any reason.
- b. Death of the Insured Member ; or
- c. On the Date member attains age 65 years or retirement age as stated in the schedule, whichever is earlier.
- d. On cancellation of Rider by the Group Policyholder.
- e. Insured member ceases to continue as a member of the policyholder group.
- f. Upon non payment of Renewal Premium on the Annual Renewal Date

## 4.0 Non-forfeiture benefits

- 4.1 In case of the Insured Member exiting the coverage provided under the Base Policy by way of resignation/retirement/separation with the Group Policyholder, 100% unexpired premium shall be refunded to the Group Policyholder.
- 4.2 In case the Group Policy is terminated by the Group Policyholder, 100% of unexpired premium shall be refunded to the Group Policyholder.

## 5.0 Exclusions

Notwithstanding anything to the contrary stated herein, no Benefits under this Rider will be payable if the Serious Illness event occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- 5.1 Congenital Condition: Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position** including disorder varying from minor cosmetic irregularities to life threatening disorders i.e. any harmful trait, physical or biochemical, present at birth, whether a result of a genetic mutation or some other non-genetic factor.
- 5.2 Drug Abuse:** Insured Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- 5.3 Pre-existing disease:** Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issues by the Company.
- 5.4 Self-inflicted Injury:** Intentional self- Inflicted injury.
- 5.5 Suicide:** If the Serious illness/ death was contracted due to attempted suicide or intentional self-inflicted injury by the Insured Member, whether sane or insane at that time.
- 5.6 Criminal acts:** Member involvement in criminal activities with criminal intent.
- 5.7 War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 5.8 Nuclear Contamination:** The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 5.9 Aviation:** Insured Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- 5.10 Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- 5.11 Pregnancy:** Any complications arising from pregnancy or childbirth.
- 5.12 HIV / AIDS:** Presence of HIV or diagnosis of AIDS.
- 5.13** No amount shall be payable under this benefit in respect of a Serious illness condition diagnosed within a maximum period of 90 days after the commencement date of the policy or effective date of joining for new members whichever is later. This is applicable for all new schemes, any new member joining existing schemes and all members of the takeover schemes where Serious/Critical illness benefit was not provided by the previous insurer. However, waiting period can be waived off for the

continuing members of the takeover schemes if the previous scheme provided for the CI benefit.

#### **6.0 Notice of Claim**

The Company must be notified in writing within 30 days of date from the date after the initial diagnosis of the Serious Illness. We will settle claims, including its rejection within thirty days of the receipt of the last document as listed to settle the claims.

List of documents, but not limited to for filing SI claim:

1. Employer's Declaration for being in employment and leave taken for medical purposes
2. Statement of Attending Physician
3. Bank Account details
4. Full Medical Documents

A claim shall be paid or repudiated giving all the relevant reasons, within 30 days from the date of receipt of all required documents and clarifications for the purpose of settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, which shall be done in no case later than 6 months from the date of receipt of primary documents. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim has been reviewed.

Admission of any claim will be subject to production of such proof as the Company may reasonably require being given within ninety days from the date of initial diagnosis at the cost of Policy Holder / Insured Member. In the event of there being a delay in intimation of a claim to the Company, due to reasons beyond the Group Policyholder's/Claimant's control, the Company may condone such delay on merits.

#### **7.0 Payment of Premium**

Premiums for this Rider are payable periodically on the Premium Due Date stated in the Schedule of the Base Group Policy or the Certificate of Insurance, as applicable.

#### **8.0 Renewal**

This Rider is renewable on every Annual Renewal Date along with the Base Plan as stated in the Schedule of the Base Policy or the Certificate of Insurance, as applicable, by paying the Renewal Premium on the Annual Renewal Date.

The Rider shall be ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non – cooperation by the insured. In case of renewal of Rider has been denied, same shall be supported by cogent reasons for such denial.

#### **9.0 Free Look Provision:**

Group Policyholder / Insured Member (if the premium is paid entirely by the Insured Member) have a period of 15 days from the date of receipt of the Policy document (within 30 days in case of solicitation over distance mode), to review the terms and conditions of this rider and to return if not acceptable clearly stating the reason for cancellation.

The Group Policyholder / Insured shall be entitled to-

- a) A refund of the premium less any expenses incurred, if any, by the insurer on medical examination of the members and the stamp duty charges or;
- b) a deduction towards the proportionate risk premium for period of cover or;
- c) All rights of the Group Policyholder / Insured Member under this Rider shall immediately stand extinguished at the cancellation of the Rider and / or the Group Policy.

- 10. Grace Period:** The Group Policyholder will have Grace period of 30 (thirty) days for modes of premium payment other than monthly and 15 days in the case of monthly mode for payment of premium without interest. The risk cover will cease in case of non receipt of premium on the due date.

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## **Annexure A- Details of the coverage and specific exclusions**

### **1. CANCER**

- I.** A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded:**
- i.** Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
  - ii.** Any skin cancer other than invasive malignant melanoma
  - iii.** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
  - iv.** Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
  - v.** Chronic lymphocytic leukaemia less than RAI stage 3
  - vi.** Microcarcinoma of the bladder
  - vii.** All tumours in the presence of HIV infection

### **2. FIRST HEART ATTACK**

- I.** The first occurrence of 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 this will be evidenced by all of the following criteria:
- i.** a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
  - ii.** new characteristic electrocardiogram changes
  - iii.** elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:**
- i.** Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
  - ii.** Other acute Coronary Syndromes
  - iii.** Any type of angina pectoris.

### **3. OPEN CHEST CABG**

- I.** The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:**
- i.** Angioplasty and/or any other intra-arterial procedures
  - ii.** any key-hole or laser surgery.

### **4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

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

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## **5. COMA**

- I.** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i.** no response to external stimuli continuously for at least 96 hours;
  - ii.** life support measures are necessary to sustain life; and
  - iii.** permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II.** The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

## **6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS**

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

## **7. STROKE RESULTING IN PERMANENT SYMPTOMS**

- I.** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:**
  - i.** Transient ischemic attacks (TIA)
  - ii.** Traumatic injury of the brain
  - iii.** Vascular disease affecting only the eye or optic nerve or vestibular functions

## **8. MAJOR ORGAN /BONE MARROW TRANSPLANT**

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

### **II. The following are excluded:**

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

## **9. PERMANENT PARALYSIS OF LIMBS**

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

## **10. Aorta Surgery**

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

### **Specific Exclusions:**

Traumatic injury of the aorta is excluded.

## **11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**

- I.** The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
- i.** investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
  - ii.** there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
  - iii.** well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
- II.** Other causes of neurological damage such as SLE and HIV are excluded.

## **12. BLINDNESS**

Total, permanent, and irreversible loss of sight in both eyes as a result of sickness or injury as confirmed by a consultant Ophthalmologist.

### **Specific Exclusions:**

Irreversible here means the blindness should not be correctable by medical or surgical procedure

## **13. PARKINSONS'S DISEASE**

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

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

### **Activities of Daily Living:**

- 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, takes 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.

### **Specific Exclusions:**

Drug-induced or toxic causes of Parkinsonism are excluded.

## **14. BENIGN BRAIN TUMOUR**

A benign tumour in the brain where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and

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- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques.

**Specific Exclusions:**

- Cysts
- Granulomas
- Vascular Malformations
- Haematomas and
- Tumours of the pituitary gland or spinal cord

**15. MAJOR BURNS**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Member's body.