

Health

Met Health Care

A Health Insurance Plan (Non par)

MetLife®

Guaranteed Payment of your Hospital Cash Benefit

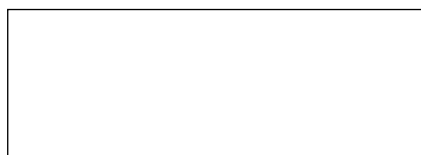
Subject to accurate and true disclosures in your proposal form and genuineness of your claim, up to your Daily Hospital Cash Benefit limit.



MetLife®

peace of mind. Guaranteed.

To ensure you and your finances remain in the pink of health, call toll free - **1800 425 6969** or SMS* **MHC** to **56161** or log on to **www.metlife.co.in**



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Insurance is the subject matter of the solicitation. LD/2009-10/EC69/206.

*Premium sms charges as applicable.



A smart health plan for you & your family

The only thing certain about life is its uncertainty! More so in today's day & age. This uncertainty, coupled with constant anxiety and pressure could affect your health. As such, you can never be sure when a health condition may come calling on you.

As you must have noted over the past few years, the quality of medical treatment available has improved by leaps & bounds. But that has come at the cost of spiraling expenses. Since everyone wants access to the best treatment available, which obviously comes at a cost, it causes a big financial impact on people across all sections of society.

In order to ensure that a health condition doesn't affect your financial health, you should opt for health insurance. Despite the increasing awareness of healthcare, very few people have adequate coverage for medical expenses. To ensure you are well protected to face any health condition that could befall you, MetLife presents - Met Health Care, a simple health insurance policy with unique and smart advantages for you and your family.

What is Met Health Care?

Met Health Care is a health insurance plan from MetLife. The plan covers you against hospitalization expenses by providing you a Daily Cash Benefit as chosen by you. It also covers you against 10 major Critical Illnesses and against Total & Permanent Disability due to accident.

What's more! Met Health Care assures you coverage till the age of 65*. It not only provides coverage to you and your family#, but also gives you an attractive discount on subsequent premiums for each year of no claim.

Furthermore, all the above benefits can be availed without the hassle of undergoing any medical examination. Just fill up the simple application form and start enjoying the unmatched benefits offered by this smart health plan from MetLife.

*Guaranteed Cover will be provided under a fresh policy issued by the Company, after receipt of the applicable premium.

#Family means spouse and two children. Every additional family member shall be underwritten as per the underwriting conditions laid by the Company from time to time.

Key Benefits of Met Health Care Plan

- Daily Cash Benefit (DCB) for you & your family in a single policy for each day of hospitalization
- Double Daily Cash Benefit for you & your family for each day in ICU
- Lump sum benefit in case of a Critical Illness
- Lump sum benefit in case of a Accidental Total & Permanent Disability
- Lump sum recuperation benefit in case of continuous hospitalization for more than 10 days
- Guaranteed coverage up to the age of 65
- Attractive No Claim Discount on premiums up to 50%
- Premiums guaranteed for Policy Term of 3 years
- Benefit paid to you in addition to your other Medical Insurance Plans
- Tax benefits on premium paid up to Rs.15,000 under section 80D* of Income Tax Act, 1961

* For details, please refer "About Taxes" section.

Met Health Care Plan at a glance

Min/Max Age of Entry	18 years - 55 Years (At first entry, for the Principal Insured) 3 months - 55 Years (for Secondary Insured)
Max Term of the Plan	3 policy years
Cover Ceasing Age	65 years
Maturity/Death Benefit Benefits Offered	No Maturity/Death Benefit payable (a) Daily hospitalization Cash Benefit (b) Daily ICU Cash Benefit (c) Recuperation Benefit (d) Critical Illness Benefit (e) Accidental Total & Permanent Disability Benefit
Premium Paying Frequency	Yearly / Half Yearly (On choosing daily HCB of Rs.3000 & above)
Modal Factor	Half Yearly - 0.5131

Sample Rates#: Yearly premium for Male & Female (standard Lives)

Age	Daily Cash Benefit		
	Rs. 3,000 Per day	Rs. 4,000 Per day	Rs. 5,000 Per day
20	Rs. 9,855	Rs. 10,236	Rs. 10,722
30	Rs. 10,507	Rs. 10,911	Rs. 11,428
40	Rs. 12,019	Rs. 12,482	Rs. 13,071
50	Rs. 15,771	Rs. 16,382	Rs. 17,158

#The sample rates mentioned above are inclusive of applicable Service Tax and Education Cess

Description of Coverages

Daily hospitalization Cash Benefit & Daily ICU Cash Benefit

- The Minimum Daily Cash Benefit that can be chosen by you or your family member is Rs.1,000/- per day. You also have the choice of opting for Daily Cash Benefit in multiples of Rs.1,000/- up to Rs.5,000/- per day
- This benefit is payable where the Person(s) Insured has been hospitalized in a regular ward or admitted in an Intensive Care Unit for more than one consecutive night
- This benefit becomes payable from the second day of hospitalization to the extent of the eligible limit
- You would be eligible to claim for a maximum of 30 days in the first year, 40 days in the second year & 50 days in the 3rd year. This limit is inclusive of the days in ICU
- A maximum of 30 (thirty) days of hospitalization or not more than 15 (fifteen) days of Intensive Care Unit in the first Policy year

- A maximum of 40 (forty) days of hospitalization or not more than 20 (twenty) days of Intensive Care Unit in the second Policy year
- A maximum of 50 (fifty) days of hospitalization or not more than 25 (twenty five) days of Intensive Care Unit in the third Policy year
- A maximum of 50 (fifty) days of hospitalization or not more than 25 (twenty five) days of Intensive Care Unit in each of subsequent Policy years after the extension of cover from the expiry of the original Policy term
- The total amount payable under the Daily Hospitalisation Cash Benefit or the Daily ICU Cash Benefit or any ratio of the two will not exceed the amount payable for the maximum number of days for which the Daily Hospitalisation Cash Benefit is payable in a Policy Year or the amount payable for the whole of the Policy Term in respect of the Person Insured
- The number of days shall be limited to a maximum Life Time limit of 250 (two hundred and fifty) days for which a Person Insured can claim the Daily Cash Benefit including Daily hospitalization Benefit or 125 (One hundred and twenty five) days of Daily ICU Cash Benefit and Recuperation Benefit under this Policy or any other Policy issued by the Company. Upon attainment of this limit by the Person Insured, the hospitalization Cash Benefit in respect of that Person Insured shall cease immediately
- The policy will be in force for CI and TPD Benefits for the remaining part of the policy term. On completion of the remaining part of the policy term, the Person Insured would not be eligible to extend his / her coverage any further.
- For each day of hospitalization in ICU, 2 (two) days of daily cash benefit will be payable subject to a maximum of Rs. 6,000 per day.
- Every subsequent hospitalization for the same reason and within the first 15 (fifteen) days from the date of discharge from the hospital of the first admission for the said condition will be considered as continuous hospitalization.

Recuperation Benefit

- In case of continuous hospitalization for more than 10 (ten) days at a stretch, the Policy provides a lump sum recuperation benefit which is equal to 3(three) times the Daily Cash Benefit as chosen by you, subject to a maximum of Rs. 10,000 for the entire policy term.

- This benefit is payable to you subject to you being eligible for Daily Hospital Cash Benefit and shall be paid only once in a block of 3 years starting in the first year.

Critical Illness Benefit

- In case you contract any one of the ten Critical Illnesses during the coverage, a onetime benefit will be paid as follows:
 - 100 x Daily Cash Benefit, subject to a maximum of Rs. 3,00,000
- The Critical Illness Benefit can be claimed only once in each block of 3 (three) years, starting in the first year for an illness for which this benefit has not already been claimed subject to a overall maximum benefit of Rs.10,00,000 under all the policies taken on your life with MetLife

Total Permanent Disability Benefit

- In case you are totally & permanently disabled due to an accident, a onetime benefit will be paid as follows:
 - 100 x Daily Cash Benefit, subject to a maximum of Rs. 3,00,000

The above benefits are payable subject to the Policy terms and conditions mentioned in the Policy document.

Benefits at a Glance

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
Daily hospitalization Cash Benefit	Rs. 1 000 per day	Rs. 2 000 per day	Rs. 3 000 per day	Rs. 4 000 per day	Rs. 5 000 per day
Daily ICU Cash Benefit	Rs. 2 000 per day	Rs. 4 000 per day	Rs. 6 000 per day	Rs. 6 000 per day	Rs. 6 000 per day
Recuperation Benefit	Rs. 3 000	Rs. 6 000	Rs. 9 000	Rs. 10 000	Rs. 10 000
Critical Illness Benefit	Rs. 1 Lakh	Rs. 2 Lakh	Rs. 3 Lakh	Rs. 3 Lakh	Rs. 3 Lakh
Accidental Total & Permanent Disability Benefit	Rs. 1 Lakh	Rs. 2 Lakh	Rs. 3 Lakh	Rs. 3 Lakh	Rs. 3 Lakh

Other Benefits:

No Claim Discount: A 10% 'No Claim Discount' on the initial annual premium shall be granted in each subsequent year, if you have not made any claims during each previous Policy year as per the Policy Terms and Conditions.

You will continue to get additional 'No Claim Discount' after the expiry of the Policy Term of 3 years, provided you wish to extend the cover for another 3 years. The maximum discount allowed will be 50%, reckoned from the first discount availed by you as per the Policy Terms and Conditions.

If at any point of time a claim is made during the previous year, the No Claim Discount level would be set to zero for the following Policy year. You can start accumulating the No Claim Discount again as explained above subject to the maximum discount allowed of 50%, reckoned from the first discount availed by you.

This benefit is allowed separately for you and your family member/(s).

Addition of family members: You can add your family members (Secondary Insureds) at inception to avail discount on premiums of your family members' policies. The percentage of discount will be as shown in the benefit illustration. Addition of family members is not allowed during the Coverage Period.

In the event of death of any of the Person(s) Insured, the deceased shall be deleted from the Person Insured schedule and the benefit provided to that Person Insured shall be terminated.

Waiting Period

There shall be a waiting period of 90 (ninety) days from the Date of Commencement of Cover or Date of Reinstatement of Cover in respect of each Person Insured, during which no Applicable Daily Cash Benefit or Critical Illness Benefit shall be payable in the event of hospitalization, if the said hospitalization occurred due to sickness.

There shall be no waiting period for Hospital Cash Benefit or Critical Illness Benefit due to Accidental Bodily Injury

Details of Coverage under Critical Illness Benefit

In the event the Person(s) Insured is/are diagnosed to be suffering from any of the Critical Illnesses as defined below, the benefit payable shall be to the extent and subject to the fulfillment of the conditions specified for each Critical Illness and subject to the Policy being in full force on the date of diagnosis.

- Only one claim shall be admissible in respect of one Critical Illness during the Policy Term
- A Critical Illness shall mean any one of the following Critical Illness which first occurs or first manifests itself and is diagnosed and is subject to the conditions as stated in the exclusions section and other sections of the Policy terms and conditions.
- The Maximum Critical Illness Benefit payable under all the policies taken on the life of the same Person Insured in our Company is restricted to Rs. 10,00,000 (Rupees Ten Lakhs Only).

Critical Illness	Cover offered
Heart Attack	<p>Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as a consequence of coronary artery disease. The diagnosis must be supported by all three (3) of the following criteria and be diagnostic of a new definite acute myocardial infarction:</p> <ul style="list-style-type: none"> • Symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction; and • New characteristic electrocardiographic changes; and • The characteristic rise above accepted normal values of biochemical cardiac specific markers. <p>Heart failure, non-cardiac chest pain, angina, unstable angina, myocarditis, pericarditis, and traumatic myocardial injury are not covered. Myocardial infarction that occurs within fourteen (14) days of any coronary artery interventional procedure, including but not limited to, coronary angioplasty or coronary bypass surgery, will only be covered if it has resulted in new Q waves on the electrocardiogram or a new permanent regional wall motion abnormality on cardiac imaging thirty (30) days after the coronary procedure.</p>
Stroke	<p>"Stroke" is defined as a cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or due to embolism or thrombosis in an intra cranial vessel; subarachnoid hemorrhage is also covered under this definition. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a neurologist at least 3 months after the event. The diagnosis must also be supported by findings on Magnetic Resonance Imaging, Computerized Tomography or cerebral spinal fluid examination and must be consistent with the diagnosis of a new stroke.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks (TIA) • Brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine; • Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina; • Ischaemic disorders of the vestibular system; • Asymptomatic silent stroke found on imaging.
Cancer	<p>Cancer is a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer includes leukemia, lymphoma, and Hodgkin's disease. The cancer must require treatment by surgery, radiotherapy, or chemotherapy. The diagnosis must be confirmed with a valid pathology report and a report from an approved specialist.</p> <p>The following cancers are excluded:</p> <ul style="list-style-type: none"> • All tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, or non-invasive; • Any lesion described as carcinoma in-situ; + Polycythemia Rubra Vera + Essential Thrombocythemia; • All non-melanoma skin cancers • All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least class T2NOMO by the AJCC Sixth Edition TNM Classification; • Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi's sarcoma; • Thin Melanomas with pathology report showing Clark's Level less than III or Breslow thickness less than 1.0 mm; + Early thyroid cancers that are less than 1 cm in diameter and histologically described as T1 by the AJCC Sixth Edition TNM Classification unless there are metastases;

	<ul style="list-style-type: none"> • Early localized bladder cancers that are histologically described by the AJCC Sixth Edition TNM Classification as Ta or equivalent classification, unless there are metastases; • Chronic Lymphocytic Leukaemia (CLL) less than RAI Stage 3; • All cancers that are a recurrence or metastases of a tumor that first occurred within the qualifying waiting period.
Surgery to Coronary Arteries	The actual undergoing of open-heart surgery with a thoracotomy and sternotomy to correct narrowing or blockage of one or more coronary arteries with insertion of bypass graft(s). Pre-operative angiographic evidence of more than 50% coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist. Balloon angioplasty (PTCA), heart catheterization, laser relief, rotablate, stenting and all other intra-arterial catheter based techniques are excluded. Key-hole coronary artery bypass surgery is also excluded.
Kidney failure	The total and chronic irreversible failure of both kidneys. Continuous renal dialysis must be instituted and the dialysis must be deemed medically necessary by a certified nephrologist. Acute reversible kidney failure that only needs temporary renal dialysis and single kidney failure is not covered.
Major Organ Transplant	The actual undergoing, as a recipient of, a transplant of a heart, lung, liver, pancreas, or kidney. This transplantation must have been deemed medically necessary to treat the irreversible end-stage failure of the relevant organ. Bone marrow transplant is also covered if the insured has undergone the transplant and a specialist confirms that the bone marrow transplant was medically necessary. Other stem cell transplants and islet cell transplants are excluded.
Aorta Surgery	Undergoing of a laporcomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of a diseased aortic artery. There must have been excision and replacement of a portion of diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of aorta is removed during the operative procedure. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.
Blindness	Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.
Heart Valve Replacement	The undergoing of open-heart valve surgery with a thoracotomy performed to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The surgery must be considered medically necessary by a consulting cardiologist and supported by appropriate investigations. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.
Paralysis	Total and irreversible loss of use of two or more limbs through paralysis as a result of injury or disease. The paralysis must be supported by appropriate neurological evidence. A specialist 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. Paralysis due to self-harm, partial paralysis, temporary post-viral paralysis, or paralysis due to psychological causes are all excluded.

Details of coverage under Total and Permanent Disability Benefit

Upon the establishment of Total and Permanent Disability due to an Accident (as defined hereinafter) of the Person Insured, subject to conditions for Total and Permanent Disability, as set out hereinafter, being met and acceptance of the claim by the Company, the Company shall pay to the Person Insured the Sum Assured chosen by the Person Insured.

'Total and Permanent Disability' or TPD means disablement of the Person Insured which meets the definitions in any of Parts 1, 2 or 3.

Part1: Unable to work

The Person Insured suffers an injury due to accident and

- The injury causes the Person Insured to be unable to engage in any occupation or employment or business for remuneration or profit for an uninterrupted period of at least six months; and
- The injury means that the Person Insured is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit.

Part 2: Loss of use of limbs or sight

The Person Insured suffers from total and irrecoverable loss of:

- The use of two limbs; or
- The sight of both eyes; or
- The use of one limb and the sight of one eye,

for an uninterrupted period of at least six months. Limb means the whole hand below the wrist or the whole foot below the ankle.

Part 3: Loss of independent living

The Person Insured is permanently unable to perform independently three or more of the following six activities of daily living:

- Bathing (ability to wash in the bath or shower)
- Dressing (ability to put on, take off, secure and unfasten garments)
- Personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene)
- Mobility (ability to move indoors on a level surface)
- Contenance (ability to manage bowel and bladder functions)
- Eating and drinking (ability to feed oneself, but not to prepare the food).

Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. In the event of death of the Person Insured within the above period, no benefits will be payable under Total and Permanent Disability. TPD benefit

ceases upon the Person Insured attaining age 65 years. TPD benefit can be claimed only once in the life time starting from the first year.

Advantages in Met Health Care Plan

Payouts in addition to other Insurance plans

- You have the benefit of claiming from this policy as well as any other medical insurance policy you may have since we pay the lump sum benefits irrespective of your medical expenses.

Multiple Claims

- Life being uncertain, you may incur medical treatment costs several times. You can make multiple claims during the policy term, so long as the total amount payable does not exceed the benefit limit you are entitled to.

Coverage for entire family

- You can also add your spouse and up to two children at inception to cover them as well. By doing so you are also eligible to avail a 10% discount on such additional lives. However, children can only be included under this plan as a dependant.

No Claim Discounts

- A discount of 10% in the subsequent annual premium shall be granted for each of your claims free years. The No Claims Discount will increase by 10% for each year of No Claims up to a maximum of 50%.

Guaranteed Cover till the age of 65

- At the end of the Policy term of 3 (three) years, the Person Insured can continue the cover by submitting the necessary details and by remitting the applicable premium as determined by the Company. The Company will not refuse to extend cover once such request is made. The extension of cover for each policy term of 3 (three) years will continue till the Person Insured completes the lifetime limit of 250 (two hundred & fifty) days of Hospital Cash Benefit (including Daily Hospital Cash Benefit, Daily ICU Benefit and Recuperation Benefit) or attains the maximum age limit. However, after the expiry of the 250 (two hundred & fifty) days limit of Hospital Cash Benefit, the policy shall remain in force for CI and TPD Benefits for the remaining part of the policy term, if these benefits are not claimed. On completion of the remaining part of the policy term, the Person Insured would not be eligible to extend his/her coverage any further.

Tax benefits*

- The premiums paid by you are eligible for tax benefits under Section 80D of the Income Tax Act, 1961, which are subject to amendments from time to time.

*For details, please refer 'About Taxes' section.

What is not covered under Met Health Care Plan?

Suicide Exclusion

In the event any claim arising from the Person(s) Insured's attempt of suicide, whether sane or insane at that time, within one year from the Date of Commencement of insurance cover or the issue date of the policy or the date of the last reinstatement whichever is later, no benefit under this Policy shall be payable and the premiums will be forfeited.

Other Exclusions

No benefits are available hereunder and no payment will be made by the Company for any claim for Hospital Cash Benefit under this Policy on account of Hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- 'Pre-existing condition'- any medical condition or any related condition (e.g. illnesses, symptoms, treatments, pains and surgery) that have arisen at some point prior to the commencement of this coverage, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition about which the PI or insured dependant know, knew or could reasonably have been assumed to have known, will be deemed to be pre-existing. The following conditions will also be deemed to be 'pre-existing':
 - Conditions arising between signing the application form and confirmation of acceptance by the Company
 - Any sickness, illness, complication or ailment arising out of or connected to the pre-existing illness
- Any Sickness that has been classified as an Epidemic by the Central or State Government.
- Self-afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
- Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human Immuno Deficiency (HIV) Virus or any syndrome or condition of a similar kind commonly referred to as AIDS.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, terrorism, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.

- g. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
- h. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.
- i. Radioactive contamination.
- j. Non-allopathic methods of surgery and treatment
- k. Hospitalization due to illness within the first 90 (ninety) days from the Date of Cover commencement or 90 (ninety) days from the date of revival/ reinstatement if revived after discontinuance of the cover.
- l. Removal of any material that was implanted in a former surgery before Date of Cover commencement.
- m. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
- n. Hospitalization for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology.
- o. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
- p. Any routine or prescribed medical check-up or examination.
- q. Medical Expenses relating to any hospitalization primarily for diagnostic, X-ray or laboratory examinations.
- r. Circumcision, cosmetic or aesthetic treatments of any description, change of gender surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of Illness or Accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
- s. Hospitalization for donation of an organ.
- t. Hospitalization for correction of birth defects or congenital anomalies.
- u. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
- v. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure.

Exclusions Applicable for Critical Illness Benefit:

The following are the exclusions for the Critical Illness cover.

Benefits shall not be paid in case of claims arising as a result of any of the following:

1. Diseases in the presence of an HIV infection;
2. Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer);
3. Any diseases occurring within 90 (ninety) days of the start of coverage during the waiting period) and any diseases causing the death of the insured within 30 (thirty) days of the incidence of the illness (i.e., the survival period);
4. For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician;
5. Any congenital condition;
6. Intentional self-inflicted injury, attempted suicide, while sane or insane;
7. Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
8. Failure to seek or follow medical advice;
9. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, terrorism, riot or civil commotion, strikes;
10. Taking part in any naval, military or air force operation during peacetime;
11. Participation by the insured person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable;

12. Participation by the Insured Person in a criminal or unlawful act;
13. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting & bungee jumping;
14. Nuclear Contamination; the radio active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Exclusions Applicable for Accidental Total and Permanent Disability Benefit:

The benefit payable on Total and Permanent disability due to Accident will not be made if Accidental Death occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- Drug Abuse: Person Insured is under the influence of alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
- Self-inflicted Injury: Intentional self- Inflicted injury.
- Unlawful acts: Person Insured takes part in crime and/or unlawful acts.
- War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, terrorism or taking part in a riot or civil commotion.
- 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.
- Aviation: Person Insured's participation in any flying activity, other than as a passenger in a commercially licensed aircraft. Or was participating in a non-military flight for the purpose of descent from the aircraft while in flight.
- Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby pursuit or any race not previously declared and



accepted by the Company, including, but not limited to the following:

- All forms of racing (i.e. whether in a powered vehicle or not)
- Trekking/rock climbing/mountaineering
- River Rafting/kayaking/canoeing
- Bungee Jumping
- Skydiving, Scuba diving, etc.
- Infection: Loss caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.

About Taxes

The Premium paid under this plan is eligible for Tax benefits under Section 80 D of the Income Tax Act as per the provisions and conditions given therein and are subject to any changes made in the tax laws in future. Please consult your tax advisor for more details.

Please note that Service Tax shall be chargeable at the prevailing rate on that part of premium as prescribed under the prevailing Tax regulations. MetLife reserves the right to charge service tax or any other taxes as may be applicable and imposed by the Tax Authorities from time to time.

Free Look Provision

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option to return the Policy document stating the reasons for the objections and you shall be refunded the premiums paid by you after adjusting Stamp Duty charges (the 'Free Look Cancellation').

All your rights under this Policy shall immediately stand extinguished on such Free Look Cancellation of the Policy.

Statutory warning

Prohibition of Rebates:

Section 41 of the Insurance Act, 1938 states:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Non-Disclosure -Section 45 of the Insurance Act, 1938 states:

“No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the Person Insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such a statement was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy owner and that the owner knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for

proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Person Insured was incorrectly stated in the proposal.”

About MetLife

MetLife India Insurance Company Limited (MetLife) is an affiliate of MetLife, Inc. and was incorporated as a joint venture between MetLife International Holdings, Inc., The Jammu and Kashmir Bank, M. Pallonji and Co. Private Limited and other private investors. MetLife is one of the fastest growing life insurance companies in the country. It serves its customers by offering a range of innovative products to individuals and group customers at more than 700 locations through its bank partners and company-owned offices. MetLife has more than 55,000 Financial Advisors, who help customers achieve peace of mind across the length and breadth of the country. For more information about MetLife, please visit the company's website at www.metlife.co.in.

MetLife, Inc., through its affiliates, reaches more than 70 million customers in the Americas, Asia Pacific and Europe. Affiliated companies, outside of India, include the number one life insurer in the United States (based on life insurance in force), with over 140 years of experience and relationships with more than 90 of the top one hundred FORTUNE 500® companies. The MetLife companies offer life insurance, annuities, automobile and home insurance, retail banking and other financial services to individuals, as well as group insurance, reinsurance and retirement and savings products and services to corporations and other institutions.