

Global Expertise, Local Reach



The key to the success of any corporation lies in the strength of its people. Your employees' well-being and job satisfaction is vital to the growth and prosperity of your business. Recent surveys indicate that employee benefits are increasingly becoming the criteria that employees value most when prospecting for a job.

At MetLife, we recognize that life is unpredictable and it is necessary for you to guard your employees against any adverse eventuality due to accident & sickness and the financial strain it brings. This is where MetLife's Employee Benefit Plan provides your employees 24 hours a day and 365 days a year worldwide protection against financial loss due to accident & sickness.

Group Life, Group Personal Accident (GPA), Group Critical Illness and Comprehensive Group Medical Insurance Policy is a pure Protection and Yearly Renewable Term Policy. The Policy comprises the following types of coverage which are customizable for the needs of the organization.

1. GROUP TERM LIFE

i. LIFE (Death due to Accident or Sickness)

In the event of the insured employee's death due to any cause - accident or sickness occurring anywhere in the world, except for death resulting from active participation in war or war like operations, and suicide in the first year of coverage, the benefit amount shall be paid in a lump-sum to his/her beneficiary.

ii. PERMANENT TOTAL DISABILITY RIDER (Due to Accident or Sickness)

If any insured employee becomes totally and permanently disabled from bodily injury due to accident or sickness and is wholly prevented from performing any occupation for remuneration or profit while less than 60 years of age, the benefit under this is payable in sixty monthly installments following a one-year disability waiting period. **Extension of Death Benefit with no additional cost:** If an insured employee becomes totally disabled due to an accident or sickness after he has been insured for twelve consecutive months and prior to his sixtieth birthday and dies within the next twelve months, the insured amount shall be paid in a lump-sum to his/her beneficiary.

iii. PERMANENT PARTIAL DISABILITY RIDER (Due to Accident or Sickness)

This benefit becomes payable if an insured employee becomes partially disabled on a permanent basis, as a result of a bodily injury due to an accident or sickness, while less than 60 years of age and at least six months after he becomes insured under this plan. The lump sum payment shall be made to the insured for that disability in accordance with the Schedule of Payments below:

Loss of arm between sholder and wrist	50%	Loss of whole middle finger	6%	Loss of all toes	15%
Loss of hand below wrist	50%	Loss of whole ring finger	5%	Loss of one eye	50%
Loss of four fingers and thumb	40%	Loss of whole little finger	4%	Deafness in both ears	50%
Loss four fingers	35%	Loss of leg at hip	50%	Deafness in one ear	15%
Loss of whole thumb	25%	Loss of leg between knee and hip	50%	Loss of great toe	5%
Loss of whole index finger	10%	Loss of leg below knee	35%	Loss of other than great toe, if more than one toe, each	1%



2. GROUP PERSONAL ACCIDENT & HEALTH

i. Accidental Death (AD)

If an accidental injury results in the death of an insured employee, the insured amount shall be paid to his/her beneficiary.

ii. Dismemberment, Loss of Sight, Hearing, and Speech Indemnity

If an accidental injury results in any of the following losses to an insured employee, the payment shall be made in one lump sum to the insured employee in accordance with the applicable percentage indicated here below to be applied to the insured amount.

Loss of Both Hands or Both Feet	100%	Loss of either Hand or Foot and Sight in one Eye	100%	Loss of either Hand of Foot	50%
Loss of Sight in Both Eyes	100%	Loss of Speech	100%	Loss of Sight in one eye	50%
Loss of one Hand and one Foot	100%	Loss of Hearing in Both Ears	100%	Loss of Thumb & Index Finger	25%

iii. Permanent Total Disability (PTD)

If, as the result of an accidental injury an insured employee becomes Totally Disabled, which disability has continued for a period of twelve (12) consecutive months and is unable to engage in any gainful occupation or employment for the remainder of the insured employee's life, the benefit amount shall be paid in a lump-sum to such insured employee.

iv. Accidental Medical Expenses Reimbursement (AMR)

If, as a result of an accidental injury, an insured employee shall require treatment by a physician, use of hospital facilities, or the employment of a licensed or graduate nurse while at the hospital, the Reasonable, Customary and Necessary medical expenses incurred within fifty two (52) weeks from the date of the accident for such physician treatment, hospital charges and nurses fees, which are in excess of the deductible (Rs. 500) and up to insured amount limit stated in the Policy shall be paid.

v. Accidental Weekly Disability Indemnity (AWI)

If, as the result of an accidental injury, an insured employee is Totally Disabled and remains so continuously for a period in excess of the Elimination Period i.e. 1 week (7 days), the Weekly Accidental Disability Indemnity applicable to such insured employee not exceeding 75% of weekly earned income shall be paid periodically beginning with the first day following such Elimination Period, for the continuous duration of Total Disability, but not to exceed the maximum period of fifty two (52) weeks.

vi. In-Hospital Weekly Income - Accident & Sickness (IH- A&S)

When, as the result of accidental injury or commencement of sickness, except pre-existing conditions, an insured employee shall be necessarily confined within a hospital as an in-patient for at least 24 hours under the continuous attendance of a physician, the Weekly Benefit stated in the Policy shall be paid, for each week that the insured person shall be confined therein, up to fifty two (52) weeks, commencing immediately following the Elimination Period (1 day), sickness In-Hospitalization Waiting Period (31days) and injury or sickness related to tonsils, hernia or female organs of reproduction Waiting Period (120 days) as stated in the Policy.





3. GROUP CRITICAL ILLNESS

Critical Illness provides a lump sum payment to an insured employee when the insured employee is diagnosed to be suffering from the following critical illnesses, except pre-existing conditions, as listed and defined in the Policy commencing immediately following the Waiting Period (60 days). Employees and their spouse & dependent children can be covered under one of the following two (2) plans:

Plan 1: 14 CI: Cancer of Specified Severity, Kidney Failure, Cardiovascular Diseases, Stroke, Major Organ Transplant, ENT Disease, Major Burn, Liver Disease, Benign Brain and Spinal Tumors, Blindness, Primary Pulmonary artery hypertension, End Stage Lung Disease, Coma, Hematological Disorder.

Plan 2: 20 CI: Cancer of Specified Severity, Kidney Failure, Cardiovascular Diseases, Stroke, Major Organ Transplant, ENT Disease, Major Burn, Liver Disease, Benign Brain and Spinal Tumors, Blindness, Primary Pulmonary artery hypertension, End Stage Lung Disease, Coma, Hematological Disorder, Dementia, Parkinson's Diseases, Gastrointestinal Diseases, Terminal Illness, Paralysis of the Limbs, Any Patients requiring ICU admission with conditions set forth.

4. COMPREHENSIVE GROUP MEDICAL

Comprehensive Group Medical Insurance Policy provides flexible & customizable benefits that can be tailored to fit the needs of organizations for the welfare of their employees, employees' spouse and dependent children. Medical treatment expenses against injury or sickness are reimbursed to the insured for necessary, reasonable & customary charges actually made by the insured up to a pre-determined maximum limit provided by the plan under the following benefits:

i. In-Hospitalization/In-Patient (IP)

In-hospitalization benefits are payable for covered actual expenses incurred by an insured person during insured's confinement in a hospital due to injury or sickness up to applicable plan limits for room & board, ICU/intensive care, surgeries, anesthesia, prescribed medicine, consultation, general nursing care, registered ambulance services to and from hospital, surgical benefits, diagnostic & laboratory expenses, physiotherapy, pre and post hospitalization expenses etc.

ii. Maternity (MAT)

Maternity benefits are payable for covered actual expenses incurred by an insured person due to pregnancy confinement up to plan limits. Normal delivery or cesarean section or legal abortion or miscarriage include charges for routine delivery / admission, pre and post natal cares, all check-ups and other costs of pregnancy. Reimbursement shall be made for maternity / obstetrical confinement expenses only incurred after the insured has been enrolled in the appropriate category for at least 280 consecutive days. Minimum of 10 eligible female married employees are required to avail this benefit.

iii. Out-Patient (OP)

Out-patient benefits are payable in excess of applicable co-insurance or co-payment for covered actual out-patient expenses incurred by an insured up to applicable plan limits under the doctor consultation, investigation and medicine benefits. Minimum 25 eligible employees are required to avail this benefit.

iv. Dental (DEN)

Dental benefits are payable in excess of applicable co-insurance or co-payment for covered actual routine dental treatment expenses incurred by an insured up to applicable plan limits under consultation, medication, scaling, filing, routine extraction, imaging/x-ray, root canal treatment (RCT), capping for RCT benefits. Aesthetics and Dentures are not covered. Minimum 50 eligible employees are required to avail this benefit.

v. Optical (OPT)

Optical benefits are payable in excess of applicable co-insurance or co-payment for covered actual routine optical treatment expenses incurred by an insured up to applicable plan limits under consultation / tests for errors of refraction, prescribed medicine, prescribed frames & glass lenses for refraction benefits. Cost of contact lenses is not covered. Minimum 50 eligible employees are required to avail this benefit.

FREQUENTLY ASKED QUESTIONS

What is Group Insurance and why?

A group insurance plan insures a group of people under a single insurance contract and every individual member of the group enjoys a comparatively lower premium rate than insuring one person individually.

What is the premium rate of the Group Insurance?

Premium will be determined based on the age, gender, occupation and amount of insurance of all employees in a group. Proposal with the detail of benefit and premium will be submitted after receiving details of your employees from you.

Why should an employer buy a Group Insurance?

- Employees and their family would feel financially secure.
- It ensures medical care of employees & their dependents thereby reducing absenteeism resulting from illness.
- It helps increasing loyalty of employees towards their organization resulting in higher productivity of employees.
- It safeguards the employer from paying huge amount in the event of adverse eventuality, like death, disability, injury & illness of employees.
- It reduces administrative hassles, undue claims thereby preventing abuse of benefits or moral hazards by employees
- Premium is lower in group insurance.
- It enables the organizations to plan and budget for the future accurately.

Who is eligible to apply for this plan?

This plan is available to a group of 10 or more full time regular and salaried employees actively at work in the employer's office in Nepal for at least 30 hours per week, under 65 years of age, in service on the policy effective date. Refers to an employee being actively at work on a full-time basis with the employer, and who is not disabled, granted a leave of absence, temporarily laid-off, or placed on part-time employment. Spouse of insured employees may be eligible for medical coverage only up to age 65 years while their unmarried, dependent children may be eligible for medical coverage only up to age 19. The employer shall provide full details of employees & their dependents to MetLife. Coverage shall commence on the employees subject to MetLife's written confirmation.

What type of groups can buy Employee Benefit Plan?

In order to be eligible for Group Insurance coverage, the group must be an employer- employee group and have been formed as a formal group for a reason other than to obtain insurance.

Can we take the Group Insurance coverage on premium contribution basis?

Yes. If the insured group members are not required to contribute any part of the premium payment for the coverage where as employer pays full premium, the group insurance plan is a non-contributory plan. If the group members must contribute some or all of the premium payment in order to be covered under the group insurance policy, then the plan is a contributory plan. For Contributory Plans, participation must be at a minimum 75% of total eligible members of the Group.

What happens if an insured employee leaves the organization due to retirement or termination?

His/her coverage is terminated from the day he/she leaves the organization. The unutilized premium is refunded or adjusted on a pro-rata basis against the premium for newly enrolled employees or the next renewal premium as per the preference of the Employer.

What happens if a new employee joins the organization?

His/her coverage starts from his/her date of enrollment accepted by MetLife. MetLife will charge only the pro-rated premium for the remaining period up to the renewal date or the Policy anniversary. If any unutilized premium is available, this amount can be credited towards the premium for new employees.

Are we covered at work, at home or during vacation and travelling?

Yes. This plan provides 24 hours a day and 365 days a year worldwide protection.

How is coverage amount determined?

Coverage amount of each member can be determined in any of the following three (3) ways:

- Flat Amount Plan: The amount of insurance is identical for all eligible employees.
- Multiple of Earning Plan: The amount of insurance is determined by a multiple of the employees' earning-be it 12 / 24 / 36 / 48 times of monthly gross or basic salary.
- Class Plan: Amount of insurance varies according to the occupation or designation or salary level classification. Group Medical coverage can be determined only in Flat Amount or Class Plan.

Can we choose only certain coverage as we want to, on an optional basis?

Yes. We can customize the coverage package for your organization's needs. However, Life and Accidental Death coverage are mandatory in order to qualify for other coverage.

How do we make a claim?

You can call our office for assistance. Our friendly representatives will guide you on the claim process.

Disclaimers:

This plan is underwritten by American Life Insurance Company. The information contained in this brochure is intended for general customer understanding and is subject to the terms and conditions of the Policy & Riders and any endorsement attached to it issued to the policyholder. Detailed terms, conditions and exclusions are included in the Policy Document. In case of Discrepancy between this brochure and the policy document, the latter shall prevail.

MetLife, Inc. (NYSE: MET), through its subsidiaries and affiliates (“MetLife”), is one of the world’s leading financial services companies, providing insurance, annuities, employee benefits and asset management to help its individual and institutional customers navigate their changing world. Founded in 1868, MetLife has operations in more than 40 countries and holds leading market positions in the United States, Japan, Latin America, Asia, Europe and the Middle East. For more information, visit www.metlife.com.

MetLife has been operating in Nepal since 2001 as a branch of American Life Insurance Company, incorporated in the USA, subsidiary of MetLife, Inc. In Nepal, MetLife provides consumers and businesses with life insurance, accident & health insurance and employee benefits (group insurance). For more information, visit www.metlife.com.np or call +977 1 5970166



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