

YOUR WELCOME LETTER

[Mr./Ms.Name of the policyholder]
 [Father/husband name]
 [Address]

Date :dd-mm-yyyy

<Policy No> <Sourcing Branch>

Dear Mr./Ms. Valued Customer, (Client ID: XXXXXX)

Welcome to PNB MetLife Family. Thank you for purchasing a PNB MetLife product and showing your faith and confidence in us. At PNB MetLife, we believe in putting customer first. We endeavor to provide products that meet your needs and constantly support it with superior customer service.

PNB MetLife brings together financial strength, credibility and reliability of MetLife Inc, one of the leading global provider of insurance, annuities and employee benefit programs, serving more than 90 million+ customers for the last 140+ years and Punjab National Bank, a leading bank in India serving more than 80 million + customers in the last 120 + years. You can be Double Sure that you have chosen the right partner for life.

This booklet contains details of your Policy Document along with other related information, including a copy of your Application. Please keep this document in a safe place, so that your loved ones can refer to it if the need arises. Some key details of your Policy are:

Policyholder	Mr./ Ms. [name of Policyholder]	Nominees/Nominee(s)	Ms. /Master. Nominee
Policy Number	<policy no>	Premium Payment Term	<N Years>
Name of the Plan	MetLife Family Income Protector Plus	Policy Term	<N Years>
Payment Mode	<Mode>	Premium Amount	Rs. XXXXX.XX

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 your Policy, you may cancel the Policy by giving a signed written notice to us within 15 days from the date of receiving your 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).

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

Name	Valued Advisor	Code	XXXXXX
E-Mail ID	valuedadvisor@pnbmetlife.co.in	Mobile /Landline No.	XXXXXXXX

Wishing you a healthy, secured and a prosperous life.

Yours Sincerely,
 PNB MetLife India Insurance Co. Ltd.

Shiva Kumar Nagaraj
Deputy Director (Operations)

Stamp Duty of Rs. XXX (Amount in words) paid to Karnataka Government through consolidated Stamp Duty via Challan No. XXXXXXXX dated XX/XX/XXXX

In case of any queries / concerns, You can reach Us at:

Call us at 1800-425-6969 (Toll Free) Or 91-80-2650-2244 (8 am – 8 pm)	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
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Date of Filing:[x]
 Modified Date:[x]
 Final Policy documents Date:[x]

POLICY PREAMBLE**MetLife Family Income Protector Plus**

This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been effected on receipt of the 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 life of the person named in the Policy Schedule below.

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

On examination of the Policy, if You notice any mistake or error, please return the 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]
[Shiva Kumar Nagaraj]
[Deputy Director - Operations]

POLICY SCHEDULE

Name of the Plan	MetLife Family Income Protector Plus
Nature of the Plan	Non-Linked, Non – Participating Term Assurance Plan
UIN	[117N086V01]

Application Number	Policy number	Date of issue	Issuing office

1. Details of the Policyholder and Insured

Name of the Policyholder		Gender	
Name of the Insured			
Proof of identification		Gender	
Date of birth of Insured			
Whether Age admitted	<Yes/No>	Age	

2. Policy Benefits

Term with Return of Premium option	<Yes/No>
Basic Sum Assured	Rs. <>

Guaranteed Monthly Regular Income amount	Rs. <>
Benefit Payout Period	120 / 180 / 240 months
Rider details	NA

3. Policy Details

Date of Inception of the Policy	
Date of Commencement of the risk	
Completion Date of the Policy Term	
Policy Term	
Policy currency	
Annualized Premium	Rs. <>

4. Details of Agent/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

5. Premium Details

Annualized Premium	Rs. <>
Premium Installment	Rs. <>
Service Tax	Rs. <>
Total premium Installment amount*	Rs. <>
Premium Frequency	
Premium due date	
Last due date of premium	
Premium Payment Term	

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

Special provisions/options (if any)	
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6. Nominee details

Name(s) of the Nominee	Relationship	Share(s) %
1)		
2)		
3)		
4)		

7. Appointee details (Only in case Nominee is less than 18 years of Age)

Appointee name		
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DEFINITIONS APPLICABLE TO YOUR POLICY

The words or terms below that appear in this **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. **Age** means age of the **Insured** as of his last birthday and is as shown in the **Schedule**.
2. **Annualized Premium** means the amount stated in the **Schedule** which is equal to one full year's **Regular Premium** less loading, if any, charged by **Us**.
3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
4. **Appointee** means the person named in the **Schedule** to receive payment under this **Policy**, if the **Nominee** is a minor at the time payment becomes due under this **Policy**.
5. **Benefit Payout Period** means the duration in which the death benefit becomes payable under this **Policy** in case of the death of the **Insured** and is as specified in the **Schedule**
6. **Basic Sum Assured** means the amount specified in the **Schedule**.
7. **Date of Commencement of Risk** means the date on which the risk under the **Policy** comes into effect and is as specified in the **Schedule**.
8. **Date of Inception of the Policy** means the date on which this **Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Schedule**.
9. **Date of commencement of the Policy** is the same of the **Date of Inception of the Policy**
10. **Financial Year** means the twelve month period between April and March of each calendar year.
11. **Guaranteed Monthly Regular Income** means the amount of benefit payable during the **Benefit Payout Period** and is as specified in the **Schedule** based on amount chosen by **You**, payable on every **Monthly Anniversary Date** during the **Benefit Payout Period** to **You** or **Your Nominee in** accordance with the terms and conditions of this **Policy**.
12. **Grace Period** means a period of 15 days from the premium due date if the **Regular Premium** is payable monthly or via Payroll Savings Plan and 30 days for all other frequencies for payment of **Regular Premium**. The **Policy** shall continue to be in force with the insurance cover during the **Grace Period**.
13. **Insured** means the person insured as named in the **Schedule**.
14. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
15. **Completion Date of the Policy Term** means the expiry date of this **Policy** as shown in the **Schedule**.
16. **Monthly Anniversary Date** means a period of one month from the **Date of Commencement** and every date falling one month thereafter, till the **Completion Date of the Policy Term**.
17. **Nominee** means the person named in the **Schedule** who has been nominated by **You** to receive the benefits under the **Policy**.

18. **Policy** means this contract of insurance, as evidenced by the **Policy Document**.
19. **Policy Document** means this document, any endorsements issued by **Us**, the **Schedule**, the **Annexures** and the **Application**.
20. **Policy Anniversary** means the period of one year from the **Date of Commencement of Risk** and every date falling one year thereafter, till the **Completion Date of the Policy Term**.
21. **Policy Year** means a period of twelve consecutive calendar months from the **Date of Commencement of Risk**.
22. **Policy Term** means the period commencing on the **Date of Commencement of Risk** and concluding on the **Completion Date of the Policy Term**.
23. **Premium Payment Term** means the period specified in the **Schedule** for which **Regular Premium** must be paid.
24. **Regular Premium** means the regular payments to be made by **You**, to keep the **Policy** in force, in accordance with the frequency of payment chosen by **You** and is the amount as specified in the **Schedule**
25. **Return of Premium** means the option chosen by **You** at inception of this **Policy**, entitling you to receive maturity benefit at the end of the **Policy Term**. In case **You** have chosen **Return of Premium** at the inception of the Policy, then the column against the **Return of Premium** section in **Schedule** will display as Yes.
26. **Revival Period** means a period of 2 consecutive years from the date of discontinuance of the **Policy** due to non-payment of **Regular Premium**, during which **You** are entitled to revive the **Policy**.
27. **Schedule** means the policy schedule set out above that **We** have issued, along with any annexure, tables or endorsements attached to it from time to time.
28. **Surrender Value** means the amount that is calculated in accordance with Part D.
29. **We, Us** or **Our** means PNB MetLife India Insurance Company Limited.
30. **You** or **Your** means the **Policyholder** as named in the **Schedule**.

POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS**1. Policy Features**

MetLife Family Income Protector Plus is the name of the product offered by **Us**. It is a non-linked, non-participating term assurance plan. This plan offers the benefits listed below. The benefits will be payable subject to the terms and conditions of this **Policy**, including the Premium Payment Conditions set out below.

2. Policy Benefits**2.1. Death Benefit**

Upon the **Insured's** death when the **Policy** is in full force and effect, the **Nominee** shall exercise one of the following options to receive the death benefit payment from **Us**:

- (a) **Option 1**: receive the **Guaranteed Monthly Regular Income** specified in the **Schedule** on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death and continuing for the duration of the **Benefit Payout Period** specified in the **Schedule**.
- (b) **Option 2**: Receive the Death Benefit Sum Assured in lump sum. The Death Benefit Sum Assured is the highest of the following amounts:
 - (i) **Annualized Premium** x 10;
 - (ii) 105% of the total **Regular Premium** received (exclusive of service tax, cess, and extra premium loadings, if any) as on the date of the **Insured's** death;
 - (iii) The **Basic Sum Assured**;
 - (iv) The Maturity Sum Assured which is equal to 110% of the total **Regular Premium** received (exclusive of service tax, cess and extra premium loadings, if any).

The Monthly Income Option as, explained as Option 1 above, represents the distribution of the Base SA by way of level monthly payments calculated at rate of 6%, 5.50% and 5% p.a depending upon the death happening in Year 1 to 10 or Year 11 to 15 or Year 16 to 20 respectively

2.2. Maturity Benefit

This benefit will be payable only if the **Schedule** specifies that the Return of Premium option has been opted.

We will pay the Maturity Sum Assured which is equal to 110% of the total **Regular Premium** received (exclusive of service tax, cess and extra premium loadings, if any) if the **Insured** is alive and the **Policy** is in force on the **Completion Date of the Policy Term**. All other benefits under the **Policy** shall automatically cease to be in force on the **Completion Date of the Policy Term**.

2.3 Suicide Exclusion

If the **Insured's** death is due to suicide (whether sane or insane at the time) within one year from the **Date of Inception of the Policy**, **Our** liability to make payment under the **Policy** will be limited only to refunding 80% of the total **Regular Premium** received under the **Policy**. **We** shall not be liable to pay any interest on this amount.

If the **Insured's** death is due to suicide (whether sane or insane at the time of suicide) within one year from the date of the last revival of the **Policy**, **Our** liability to make payment under the **Policy** will be limited to:

- (a) The higher of the **Surrender Value** or 80% of the total **Regular Premium** received under the **Policy**, if the **Schedule** specifies that the Return of Premium option has been opted.
- (b) Refunding 80% of the total **Regular Premium** received under the **Policy**, if the **Schedule** specifies that the Return of Premium option has not been opted.

We shall not be liable to pay any interest on this amount.

3. Premium Payment Conditions

3.1. Payment of Regular Premium

You must pay the **Regular Premium** on or before its due date specified in the **Schedule**. **Regular Premium** is due for the entire **Premium Payment Term**. All taxes, cess, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the **Regular Premiums** to be paid by **You**.

3.2. Alteration of the Regular Premium Frequency

You may change the frequency of **Regular Premium** payments provided that **You** give **Us** a written request. The change in frequency will be applied only from the **Policy Anniversary** following the date of **Your** request.

3.3. Grace Period

Regular Premium that is not received in full by its due date may be paid in full during the **Grace Period**. Upon the **Insured's** death during the **Grace Period**, the Death Benefit shall be payable in full.

3.4. Premium Discontinuance during the first 3 Policy Years

- 3.5. If the **Regular Premium** for the first 3 **Policy Years** has not been received and the due **Regular Premium** is not received in full during the **Grace Period**, the **Policy** will lapse and no benefits shall be payable under the **Policy** on the occurrence of the **Insured's** death or otherwise. The lapsed **Policy** can be reinstated the **Revival Period**. No benefits will be payable under the **Policy** if the **Policy** is not reinstated in accordance with the provisions stated in **Part D. Premium Discontinuance after the completion of the first 3 Policy Years**

If all **Regular Premiums** for the first 3 **Policy Years** has been received but the due **Regular Premium** is not received in full during the **Grace Period**, the **Policy** will:

- (a) In the event of the Return of Premium Option not being opted (the availed option is specified in the **Schedule**), lapse and no benefits shall be payable under the **Policy** on the occurrence of the **Insured's** death or otherwise;
- (b) In the event of the Return of Premium Option being chosen (the availed option is specified in the **Schedule**), become a Reduced Paid-up Policy. The following benefits will be payable when the **Policy** is a Reduced Paid-up Policy:
 - (i) **Reduced Death Benefit**: Upon the **Insured's** death when the **Policy** is a Reduced Paid-up Policy, the **Nominee** shall exercise one of the following options to receive the reduced death benefit payment from **Us**:
 - (I) **Option 1**: receive the Reduced Death Benefit Sum Assured in lump sum. The Reduced Death Benefit Sum Assured is calculated as follows:

Death Benefit Sum Assured * (Number of **Regular Premiums** received/Number of **Regular Premiums** payable during the **Premium Payment Term**)

- (II) **Option 2:** receive the Reduced Guaranteed Monthly Regular Income on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death and continuing for the duration of the Benefit Payout Period specified in the **Schedule**. The Reduced Guaranteed Monthly Regular Income is calculated as follows:

Guaranteed Monthly Regular Income specified in the Schedule * (Number of **Regular Premiums** received/Number of **Regular Premiums** payable during the **Premium Payment Term**)

- (ii) **Reduced Maturity Benefit:** This benefit will be payable only if the **Schedule** specifies that the Return of Premium option has been opted. **We** will pay the Reduced Maturity Sum Assured if the **Insured** is alive and the **Policy** is a Reduced Paid-up Policy on the **Completion Date of the Policy Term**. All other benefits under the **Policy** shall automatically cease to be in force on the **Completion Date of the Policy Term**. The Reduced Maturity Sum Assured is calculated as follows:

Maturity Sum Assured * (Number of **Regular Premiums** received/Number of **Regular Premiums** payable during the **Premium Payment Term**)

- (iii) **Surrender: You** may surrender the Reduced Paid-up Policy in accordance with the surrender provisions in 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.

1. Free Look Period

You have a period of 15 days from the date of receipt of the **Policy** to review the terms and conditions of this **Policy**. If You have any objections to the terms and conditions, You may cancel the **Policy** by giving written notice to Us stating the reasons for Your objection and You will be entitled to a refund of the **Regular Premiums** paid subject to a deduction of proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges.

2. Procedure for Revival of a Lapsed/Reduced Paid-up Policy

A **Policy** that has lapsed or that has been converted to a Reduced Paid-up Policy in accordance with **Part C** may be revived during the **Revival Period** by giving Us written notice to revive the **Policy**, provided that:

- (a) Satisfactory evidence of insurability of the **Insured** in accordance with **Our** board approved underwriting policy is provided to Us at Your expense. We may impose extra premium for the continuance of the **Policy** in accordance with **Our** board approved underwriting policy;
- (b) The due **Regular Premium** and interest at the rate specified by Us is paid to Us in full. We may change the applicable interest rate from time to time with the approval of the **IRDA of India**;

3. Loan

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

4. Surrender

- (a) You may surrender the **Policy** after the commencement of the 3rd **Policy Year** if all due **Regular Premium** during these years have been received in full and if the **Schedule** specifies that the Return of Premium option has been opted. We will pay a **Surrender Value** which is equal to the higher of the **Guaranteed Surrender Value** or **Special Surrender Value** which are calculated as below.

- (b) **Guaranteed Surrender Value**: The Guaranteed Surrender Value is the minimum surrender value guaranteed to be paid by Us which is calculated in accordance with the table below:

Guaranteed Surrender Value (as % of the total Regular Premiums received, excluding service tax, cess and extra premium loadings, if any)			
Policy Year in which surrender request is received	Policy Term		
	10 years	15 years	20 years
1	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%
3	30.00%	30.00%	30.00%
4	50.00%	50.00%	50.00%

Guaranteed Surrender Value (as % of the total Regular Premiums received, excluding service tax, cess and extra premium loadings, if any)			
Policy Year in which surrender request is received	Policy Term		
	10 years	15 years	20 years
5	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%
8	70.00%	55.71%	53.33%
9	90.00%	61.43%	56.67%
10	90.00%	67.14%	60.00%
11		72.86%	63.33%
12		78.57%	66.67%
13		84.29%	70.00%
14		90.00%	73.33%
15		90.00%	76.67%
16			80.00%
17			83.33%
18			86.67%
19			90.00%
20			90.00%

- (c) **Special Surrender Value:** The **Special Surrender Value** is calculated by **Us** using an asset share approach in a way such that in later policy durations the **Surrender Value** is close to asset share and in initial policy durations, **We** are able to recover expenses incurred till date on the **Policy**. **Special Surrender Value** is expressed as a percentage of total premiums paid and varies with the **Policy Term** and the year of discontinuance of the **Policy**. The **Special Surrender Value** is not guaranteed and the special surrender value factors may be changed by **Us** from time to time with the approval of the **IRDA of India**. The current **Special Surrender Values** as approved by **IRDA of India** are as follows:

Special Surrender Value (as % of total premiums paid)			
Year of surrender	Policy Term		
	10 years	15 years	20 years
1	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%
3	55.00%	45.00%	45.00%
4	60.00%	50.00%	50.00%
5	70.00%	60.00%	55.00%
6	75.00%	65.00%	60.00%
7	80.00%	70.00%	65.00%
8	90.00%	75.00%	70.00%
9	100.00%	80.00%	75.00%
10	105.00%	85.00%	80.00%
11		90.00%	85.00%
12		95.00%	85.00%

Special Surrender Value (as % of total premiums paid)			
Year of surrender	Policy Term		
	10 years	15 years	20 years
13		100.00%	90.00%
14		100.00%	90.00%
15		105.00%	95.00%
16			95.00%
17			100.00%
18			100.00%
19			100.00%
20			105.00%

These Surrender Value Factor depends on the then prevailing market conditions and is not guaranteed. **You** may check the applicable **Special Surrender Value** with **Us** before surrendering the **Policy**.

5. Claims Procedure

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

- (a) The original **Policy** document;
- (b) The claim form prescribed by **Us**, duly completed;
- (c) The official death certificate issued by a competent governmental authority;
- (d) First Information Report, police inquest report and a post-mortem report where the **Insured's** death is due to an unnatural cause;
- (e) Proof of title to the **Policy** where applicable;
- (f) **Nominee/Appointee**/legal heir identification and address proof as per regulatory requirements.

6. Maturity Benefit payout procedure: **We** will not be obliged to make any payment of the Maturity Benefit unless and until **We** have received all of the information and documentation **We** request, including but not limited to:

- (a) The **Policy** document.
- (b) The claim form prescribed by **Us**, duly completed;
- (c) The discharge voucher prescribed by **Us**, duly completed.

7. Termination of the Policy

The **Policy** shall be terminated on the occurrence of the earliest of the following:

- (a) Payment of the Death Benefit specified in **Part C** in full;
- (b) The date of surrender of the **Policy**;
- (c) The **Completion Date of the Policy Term**;
- (d) On the expiry of the **Revival Period** provided that the **Policy** has not been converted to a Reduced Paid-up Policy in accordance with **Part C**.

POLICY CHARGES

There are no fees / charges applicable under this **Policy**:

GENERAL TERMS & CONDITIONS

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

If You wish to change the Nominee, assign the 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.

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 to this Policy for your reference. Nomination of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

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 to this Policy for your reference. Assignment of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

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 service tax 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.

4. **Currency & Place of Payment**

All amounts payable either to or by Us will be paid in the currency shown in the Schedule. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank in the country in which the currency of this Policy is denominated.

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

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;

- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

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

3. Notwithstanding anything contained in sub section 2, no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer; provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.
4. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. The mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact, no life insurance policy would have been issued to the insured.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.
6. **Fraud, Misrepresentation and Forfeiture**: Fraud, Misrepresentation and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure to this **Policy**.
7. **Proof of Age**
 - (a) Subject to Section 45 of the Insurance Act 1938, if the actual age of the **Insured** differs from the **Age** stated in the **Application** then:
 - (i) If the actual age proves to be higher than what is stated in the **Application**, the **Basic 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 **Policy** will continue to be in force;
 - (ii) If the actual age proves to be lower than what is stated in the **Application**, the premium paid in excess will be

refunded to **You** without interest or may be adjusted towards future premium at **Our** sole discretion. The **Policy** will continue to be in force.

- (b) If the **Insured's** actual age is such that it would have made him/her ineligible for the insurance cover stated in the **Policy**, **We** reserve the right at **Our** sole discretion to take such action as may be deemed appropriate including cancellation of the **Policy** upon payment of the **Surrender Value**.

8. **Loss of the Policy Document**

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

9. **Travel, Residence & Occupation**

This **Policy** does not impose any restrictions as to travel, residence or occupation.

10. **Governing Law & Jurisdiction**

The terms and conditions of the **Policy** shall be governed by and be subject to Indian law and be subject to the sole and exclusive jurisdiction of the Indian courts.

13. **Our Address for Communications**

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

PNB MetLife India Insurance Company Ltd.,
'Brigade Seshamahal', 5 Vani Vilas Road, Basvanguadi,
Bangalore – 560 004, India.
Toll Free Help line: 1-800-425-6969 (8am –8pm)
Phone: +91 80 2650 2244 / Fax +91 80 41506969
Email: indiaservice@pnbmetlife.co.in / Web: www.pnbmetlife.co.in

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

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

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS**Grievance Redressal Mechanism**

In case **You** have any query or complaint or grievance, **You** may approach **Our** office at the following address:

PNB MetLife India Insurance Company Ltd.,
'Brigade Seshamahal'
5 Vani Vilas Road
Basvangudi
Bangalore – 560 004
India.

Toll Free Help line: 1-800-425-6969 (8am –8pm)

Phone: +91 80 2650 2244

Fax +91 80 41506969

Email: indiaservice@pnbmetlife.com

Web: www.pnbmetlife.com

Please address **Your** queries or complaints to **Our** customer services department, and **Your** grievances to **Our** grievance redressal officer, who are authorized to review **Your** queries or complaints or grievances and address the same. Please note that only an officer duly authorized by **Us** has the authority to resolve **Your** queries or complaints or grievances. **We** shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling **You** this **Policy**.

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

IRDA of India Grievance Call Centre (IGCC)

Toll Free No.: 155255

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

You can write or fax your complaints to

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

9th Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh

Fax No.: +91-40- 6678 9768

E-mail ID: complaints@irda.gov.in

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

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

Date of Filing:[x]

Modified Date:[x]

Final Policy documents Date:[x]

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

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

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

List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
AHMEDABAD Sh. P.Ramamoorthy Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Sh.Raj Kumar Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH Sh.Manik B.Sonawane Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Chandigarh.

Date of Filing:[x]
 Modified Date:[x]
 Final Policy documents Date:[x]

<p>Tel.:- 0172-2706196/6468 Fax:- 0172-2708274 Email:-bimalokpal.chandigarh@gbic.co.in</p>	
<p>CHENNAI Sh. Virender Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668/24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in</p>	<p>Tamil Nadu and Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239633/23237539 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>Delhi.</p>
<p>GUWAHATI Sh.D.C.Choudhury 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@gbic.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Sh. G.Rajeswara Rao 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:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of the Territory of Pondicherry.</p>
<p>JAIPUR Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Fax: 0141 -Bimalokpal.jaipur@gbic.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/9338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA</p>	<p>West Bengal, Bihar,</p>

<p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124340/22124339 Fax : 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>Sikkim, Jharkhand and Andaman and Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330/1 Fax:- 0522-2231310 Email:- bimalokpal.lucknow@gbic.co.inmailto:ioblko@sancharnet.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Sh.A.K.Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/6960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
<p>NOIDA Office of the Insurance Ombudsman, Email: bimalokpal.noida@gbic.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad,</p>

	Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PUNE Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 -32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.