

MetLife Group Accidental Permanent Partial Disability Plus

YOUR WELCOME LETTER

Part - A

[Name of the group policyholder]
[Address]

Date :dd-mm-yyyy

<Policy No> <Sourcing Branch>

Dear [x], (Client ID: XXXXXX)

Welcome to the PNB MetLife family! At PNB MetLife, it has always been our endeavor to provide you with the best in class service; while guaranteeing complete peace of mind. We endeavor to provide products that meet your needs and constantly support it with superior customer service.

Please find enclosed the Rider Document along with other related information, including a copy of your Application. Some key details of your Rider are:

Group Policyholder	[x]	Type of Group	Employer-Employee / Non-Employee-Employee
Rider Number		Group Policy Number	<Group Policy no>
Name of Rider	MetLife Group Accidental Permanent Partial Disability Plus	Name of the Group Policy to which Rider is attached	<Plan Name>
Rider Term	<N Years>	Rider Premium Payment Term	<N Years>
Payment Mode	<Mode>	Rider Premium Amount	Rs. XXXXX.XX

Free look Provision: Please go through the terms and conditions of your Rider very carefully. If you have any objections to the terms and conditions of this Rider, you may cancel the Rider by giving a signed written notice to Us within 15 days from the date of receiving the Rider Document, 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 under the Rider for the period of cover, stamp duty charges and/or the expenses incurred on medical examination of the Insured Members(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 rider is also mentioned below.

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

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

Shiva Kumar Nagaraj
Deputy Director (Operations)

Stamp Duty of Rs. XXX (Amount in words) paid to Government of Maharashtra through consolidated Stamp Duty via Challan No. xxxxxx dated xxxxxx
In case of any queries / concerns, You can reach Us at:

Call us at 1800-425-6969 (Toll Free) or 022-4179 0300 (8am -8pm)/ Fax: 022-4023 1225	Email Us at indiaservice@pnbmetlife.co.in	Visit www.pnbmetlife.com to manage your policy and rider 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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RIDER PREAMBLE

[MetLife Group Accidental Permanent Partial Disability 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 regular rider premium and is based on the details in the Application received together with the other information, documentation and declarations received from You for effecting a life insurance contract on the lives of the persons named in the Rider Schedule below.

This Rider forms a part of the Policy named in the Rider Schedule below. This Rider is subject to the terms and conditions of the Policy to the extent applicable. Terms defined under the Policy shall have the same meaning when used in this Rider unless the context requires otherwise. In the event of any inconsistency between the terms and conditions of this Rider and the terms and conditions of the Policy, the terms and conditions of this Rider shall prevail with respect to the subject matter of this Rider.

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

On examination of the Rider Document, if You notice any mistake or error, please return the Rider 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]

RIDER SCHEDULE

Name of the Rider	[MetLife Group Accidental Permanent Partial Disability Plus]
Nature of the Rider	[Non-linked, Non-participating Health Rider]
UIN	[117B017V01]

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

Name of the Group Policyholder

2. Rider Details

Base Policy to which this Rider is attached	
Date of Inception of the Rider	
Annual Renewal Date	

MetLife Group Accidental Permanent Partial Disability Plus

Rider Term	
Number of Insured Members (At inception)	
Initial Premiums Received	
Initial Coverage Amount per Insured Member	
Initial Total Coverage Amount	
Risk Ceasing Age	
Eligibility Criteria	
Rider Sum Assured per Insured Member	Rs. XXXX
Rider Currency	
Special Provisions, if any	
Free Cover Limit	

3. Details of Agent/Corporate Agent/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

4. Rider Premium Details

Premium payment type	Regular / Single
Annualized Rider Premium	Rs. <>
Modal Rider Premium	Rs. <>
Service Tax/cess	Rs. <>
Total Modal Rider premium amount*	Rs. <>
Rider Premium Frequency	
Rider Premium Due Date	
Last due date of Rider premium	
Rider 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

5. Insured Member Details

On examination of the Rider, if You notice any mistake, the Rider Document must be returned to Us for correction.

DEFINITIONS APPLICABLE TO YOUR RIDER

Part - B

The words or terms below that appear in this **Rider** in initial capitals and **bold** type will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means the age as of last birthday.
3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Rider**.
4. **Annual Renewal Date** means the date on which the **Rider** is due for renewal as stated in the **Rider Schedule**.
5. **Date of Inception of the Rider** means the date on which this **Rider** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Rider Schedule**.
6. **Effective Date of Coverage** is same as the **Date of Inception of the Rider**.
7. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Rider Schedule**.
8. **Financial Year** means the twelve month period between April and March of each calendar year.
9. **Free Cover Limit** means the amount stated in the **Rider Schedule**.
10. **Grace Period** means a period of 15 days if the **Regular Rider Premium** is payable monthly and 30 days for all other frequencies for payment of **Regular Rider Premium**.
11. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
12. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Rider Schedule**.
13. **Nominee** means the person named in the **Base Policy Schedule** to receive the benefits under the **Rider** in respect of the **Insured Member**.
14. **Policy** means the Policy to which this **Rider** is attached and forms a part of.
15. **Regular Rider Premium** means the regular payments to be made by **You**, to keep the **Rider** in force, in accordance with the frequency and manner of payment chosen by **You** and is the amount as specified in the **Rider Schedule**.
16. **Rider** means this contract of insurance, as evidenced by the **Rider Document**.
17. **Rider Document** means this document, any endorsements issued by **Us**, the **Rider Schedule**, Annexure and the **Application**.
18. **Rider Premium Payment Term** means the period specified in the **Rider Schedule** for which **Regular Rider Premium** must be paid.
19. **Rider Schedule** means the rider schedule set out above that **We** have issued, along with any annexures, tables and/or endorsements, attached to it from time to time.
20. **Rider Sum Assured** means the amount specified in the **Rider Schedule**.

MetLife Group Accidental Permanent Partial Disability Plus

21. **Rider Term** means the period specified in the **Rider Schedule**.
22. **We, Us** or **Our** means PNB MetLife India Insurance Company Limited.
23. **You** or **Your** means the **Group Policyholder** named in the **Rider Schedule**.

SAMPLE

RIDER FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS Part - C**1. Rider Features**

MetLife Group Accidental Permanent Partial Disability Plus is a non-linked, non-participating group health rider. This **Rider** offers the benefits listed below and is renewable annually. The benefits will be payable subject to the terms and conditions of this **Rider**, including the Regular Rider Premium Payment Conditions set out below.

2. Commencement of Insurance Coverage for Insured Members

2.1. For **Insured Members** whose total sum assured under all group policies with **Us** is less than or equal to the **Free Cover Limit**, the insurance coverage under this **Rider** shall commence on the later of the effective date on which the person becomes covered as an **Insured Member** under this **Rider** or the **Effective Date of Coverage**.

2.2. For an **Insured Member** whose total sum assured under all group policies with **Us** is greater than the **Free Cover Limit**, insurance coverage up to the **Free Cover Limit** shall commence on the later of the **Effective Date of Coverage** or the date of written acceptance by **Us** of evidence of satisfaction of **Our** tests of insurability in accordance with **Our** board approved underwriting policy. Eligibility of the **Insured Member** for receiving coverage for the **Rider Sum Assured** above the **Free Cover Limit** shall be determined after completion of the **Individual Underwriting** and coverage for such amount shall commence only from the date of written acceptance by **Us**.

2.3. If **Individual Underwriting** cannot be completed due to the **Insured Member's** inability to complete the process within the time period specified by **Us**, or **We** decline coverage for the **Rider Sum Assured** above the **Free Cover Limit** based on the results of the **Individual Underwriting**, the **Rider Sum Assured** of such **Insured Member** shall be restricted to the **Free Cover Limit**.

For the purpose of this provision, **Individual Underwriting** means the process of identifying and classifying the potential degree of mortality risk on the life of an individual **Insured Member** for whom the **Rider Sum Assured** is in excess of the **Free Cover Limit**, in accordance with **Our** Board approved underwriting policy.

3. Accidental Permanent Partial Disability Benefit

Upon the **Insured Member's** suffering Permanent and Partial Disability and/or Permanent Total Loss of use of limbs, sight, hearing and/or speech of the nature specified in the table below due to **Accident** occurring during the **Rider Term** and when this **Rider** is in full force and effect, **We** will pay the percentages of the **Rider Sum Assured** (as specified in the table below) to the **Insured Member/Nominee** in addition to any benefits payable under the **Policy** subject to the terms and conditions below.

(a) The **Accident** takes place on or after the person becomes covered as an **Insured Member** under this **Rider**.

(b) Partial Disability or loss of use must be a result of an **Accident** and should be permanent in nature.

(c) The permanence of the disability will only be established 12 months following the date of the disability except in the case of complete severance of hand at or above the wrist or foot at or above the ankle joint.

For loss of	% of SA payable
Both Hands	100%
Both Feet	100%

Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand	50%
One foot	50%
Sight of one eye	50%
Speech	50%
Hearing in both ears	50%
4 fingers and thumb on same hand	40%
4 fingers on same hand	35%
Thumb- both phalanges	25%
Hearing in one ear	25%

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

- (a) **Loss of eye sight:** Total and permanent and irreversible loss of eyesight (or, alternatively, total, permanent and irreversible blindness) in both eyes due to **Accident**. Blindness must be certified through an Ophthalmologists report.
- (b) **Loss of speech:** Total and permanent and irrecoverable loss of the ability to speak, due to **Accident**
- (c) **Loss of hearing:** Total and permanent and irreversible loss of hearing of all sounds in both ears due to **Accident**. Medical evidence in the form of audiometric and sound-threshold test must be provided.
- (d) **Loss of Limb:** Total and permanent loss or loss of use of one or both hands at or above the wrist due to **Accident**. Total and permanent loss or loss of use of one or both feet at or above the ankle joint due to **Accident**.

4. **Suicide Exclusion:**

If the **Insured Member's** death is due to suicide within one year from the **Date of Inception of the Rider**, **Our** liability to make payment under the **Rider** will be limited to refunding 80% of the **Regular Rider Premium** received in respect of the **Insured Member**, without interest

5. **Regular Rider Premium Payment Conditions**

5.1. **Premium rate**

For **Insured Member(s)** with coverage above the **Free Cover Limit**, the final **Regular Rider Premium** rate(s) and **Regular Rider Premium** shall be determined after completion of the **Individual Underwriting** for the **Insured Member(s)**, and such final **Regular Rider Premium** rate shall be applicable only on the **Rider Sum Assured** above the **Free Cover Limit** as stated in the **Rider Schedule**.

5.2. **Payment of Premium**

You shall pay the **Regular Rider Premium** in full by the Rider Premium Due Date and in any event before the expiry of the **Grace Period** If the **Regular Rider Premium** is not received in full at the expiry of the **Grace Period** the **Rider** shall lapse and insurance cover under this **Rider** for all **Insured Members** shall forthwith terminate. Upon the **Insured Member's** death during the **Grace Period**, the benefits under this **Rider** shall be payable in full. For any new **Insured Member** covered by this **Rider**, a proportionate **Regular Rider Premium** shall be charged from the day he becomes an **Insured**

Member, up to the next **Annual Renewal Date** or the next Rider Premium Due Date whichever occurs first. Insurance cover for such **Insured Members** shall not commence unless such proportionate **Regular Rider Premium** is paid to **Us**.

6. Rider Exclusions

Notwithstanding anything to the contrary stated herein, no Benefits under this Rider will be payable if the Accidental Permanent Partial Disability occurs from an Accident, due to one of the following:

- (a) **Drug Abuse: Insured Member** under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- (b) **Self-inflicted Injury:** Intentional self-inflicted injury.
- (c) **Criminal acts: Insured Member's** involvement in criminal activities with criminal intent.
- (d) **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.
- (e) **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.
- (f) **Aviation: Insured Member** 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.
- (g) **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby pursuit or any race not previously declared to and accepted by **Us**, including, but not limited to the following:
 - a) All forms of racing (i.e. whether in a powered vehicle or not)
 - b) Trekking/rock climbing/mountaineering
 - c) River Rafting/kayaking/canoeing
 - d) Bungee Jumping
 - e) Skydiving, Scuba diving and other such activities.
- (h) **Infection:** Loss caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
- (i) **Poison:** Taking or absorbing, accidentally or otherwise, any poison.
- (j) **Toxic Gases:** Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

These exclusions apply in addition to the exclusions listed in the **Base Policy**, if any.

RIDER SERVICING CONDITIONS**Part - D**

You are requested to refer to the Rider Servicing Conditions described below before making a request for Rider servicing to Us.

1. Free Look Period

- 1.1. You have a period of 15 days from the date of receipt of the **Rider Document** to review the terms and conditions of this **Rider**. If You have any objections to the terms and conditions, You may cancel the **Rider** by giving written notice to **Us** stating its reasons for objection and You will be entitled to a refund of the **Regular Rider Premium** received subject to a deduction of expenses incurred on medical examination of the **Insured Members** (if any), proportionate risk premium for the period of the cover and the stamp duty charges. All rights under this **Rider** shall immediately stand extinguished at the cancellation of the **Rider**.
- 1.2. If the **Regular Rider Premium** is paid entirely by the **Insured Member** and the **Insured Member** disagrees with the terms and conditions of the **Rider**, he may cancel his coverage under the **Rider** by giving **Us** a written notice within 15 days of receiving confirmation of coverage stating the reasons for objection and **We** shall refund the **Regular Rider Premium** received in respect of such **Insured Member** after deducting stamp duty charges, proportionate risk premium for the period of the cover and expenses towards medical examination, if any, for that **Insured Member**.

2. Reinstatement

The **Rider** may be reinstated within the earlier of 60 days from the date of lapse or within the next **Annual Renewal Date** provided that You give **Us** written notice for reinstatement along with the due **Regular Rider Premium** in full. The **Rider** will be revived in accordance with **Our** Board approved underwriting policy and will only be revived if the **Policy** is also revived or the **Policy** continues to be in force.

3. Rider Renewal

- 3.1. This **Rider** shall be renewed on mutually agreed terms, on the **Annual Renewal Date**.
- 3.2. If You decide to renew the **Rider** with **Us**, You shall communicate the decision to **Us** in writing before the **Annual Renewal Date** and You shall make the payment towards applicable renewal premium on the **Annual Renewal Date**.

4. New Members Addition

After the **Date of Inception of the Rider** or the **Annual Renewal Date**, an **Eligible Member** shall become an **Insured Member** only after due intimation to **Us** and submission of all information and details in the form and manner specified by **Us** provided coverage of such **Insured Member** shall commence in accordance with **Part C**. **We** shall require evidence of insurability for providing the group life cover to the **Insured Members** in accordance with **Our** Board approved underwriting policy.

5. Loan

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

6. Claims Procedure

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

- (a) Claimant statement in format prescribed by **Us**, duly completed.
- (b) Leave records of the **Insured Member** (if applicable).
- (c) **Your** declaration and certificate that that the **Insured Member** was a member of **Your** group at the time of the death of **Insured Member**.
- (d) Certification of the details of the **Nominee** (if any).
- (e) Any additional document(s) as required by **Us**.

You/claimant shall submit all the above documents within 45 days of the occurrence of the claim incidence. **We** shall consider submission of the above documents beyond 45 days but not later than 90 days from the occurrence of the claim incidence if there are valid reasons for such a delay on **Your/claimant** part.

Subject to **You/claimant** submitting all the documents as mentioned above within 45 days of the occurrence of the claim incidence or within the permitted extended timelines provided above, **We** shall pay the claim amount within 30 days from the date of receipt of the last of the documents as mentioned above, failing which **We** shall pay interest on the claim amount to **You/claimant** at the rate of 2% more than the prevailing bank rate for savings accounts prevalent at the beginning of the **Financial Year** in which the claim has been reviewed by **Us**.

7. Provision of Information

You shall furnish **Us** with all particulars relevant to the **Rider** and to the operation of this **Rider** and the particulars so furnished may be accepted by **Us** as conclusive. **You** shall also furnish the relevant particulars to **Us** upon an **Insured Member** or a **Nominee** becoming entitled to receive the benefits under the **Rider**, and **We** shall pay the appropriate benefits. Proof of existence and identity of the **Insured Member** or the **Nominee**, as the case may be shall be furnished to **Us** before the payment of benefit is made.

8. Termination of the Rider

8.1. Coverage under this **Rider** for all **Insured Members** shall terminate on the occurrence of the earliest of the following:

- (a) Expiration as a result of non-payment of **Regular Rider Premium** due within the grace period or non-payment of renewal premiums on the **Annual Renewal Date** as set out in **Part C**.

- (b) **Termination of the Rider by You.**

You may terminate this **Rider** by giving **Us** at least 30 days written notice. If the **Rider** is terminated by **You**, 100% of the unexpired **Regular Rider Premium** shall be refunded without interest, provided however in the event of such termination, the **Insured Member(s)** shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.

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

- (a) The **Insured Member's** death;
- (b) The date the **Insured Member** ceases to be an **Eligible Member** or resigns / retires / voluntarily withdraws from the membership.

Any termination of coverage of an **Insured Member** shall be without prejudice to any claim originating prior to the effective date of such termination. In case the **Insured Member** exits the **Rider** by way ceasing to be an **Eligible Member** or voluntarily withdraws from the membership, 100% of the unexpired **Regular Rider Premium** with respect to the **Insured Member** shall be refunded without interest.

SAMPLE

RIDER CHARGES

Part - E

There are no charges applicable under this **Rider**.

SAMPLE

GENERAL TERMS & CONDITIONS**Part - F**

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

1. Payment to Nominees

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 **Rider** for your reference.

If the **Group Policy Schedule** specifies that the group is a Lender-Borrower Group and the **Insured Member** has given **Us** a written authorization in the form specified by **Us** to make payment of the **Insured Member's Outstanding Loan Balance Amount** (as defined under the **Policy**) to **You** on the occurrence of the insured event under this Rider from the Accidental Permanent Partial Disability Benefit payable under this **Rider**, then the terms of the **Policy** will govern the manner of payment to **You** and the **Insured Member/Nominee** respectively.

2. Non-assignment of Benefits

The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by the **Insured Members** or the **Nominees** or any other persons.

3. Taxation

Any tax benefits under the **Rider** shall be in accordance with the prevailing laws relating to taxation in India and any amendments thereto from time to time. **We** reserve the right to deduct charge or recover taxes or applicable duties in accordance with applicable law from any payments received or made under or in relation to the **Rider**. Tax benefits are subject to change.

4. Governing laws and jurisdiction

The terms and conditions of the Group Policy shall be governed by and be interpreted in accordance with Indian law and all disputes and differences arising under or in relation to the Group Policy shall be subject to the sole and exclusive jurisdiction of the courts situated in Mumbai.

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 for your reference
7. **Address for communications**

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

PNB MetLife India Insurance Company Limited,

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka.

Call us Toll-free at 1-800-425-6969,

Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in or

Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

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

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

8. Loss of the Rider Document

If the **Rider Document** is lost or destroyed, **You** may make a written request for a duplicate **Rider Document** which **We** will issue duly endorsed to show that it is in place of the original document, provided that **We** receive the fee prescribed by **Us** for issuing the duplicate **Rider Document**. Upon the issue of a duplicate **Rider Document**, the original shall cease to have any legal force or effect. **You** agree that **You** shall indemnify and hold **Us** free and harmless from and against any claims or demands that may arise under or in relation to the original **Rider Document**.

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS**Part - G****Grievance Redressal Mechanism**

In case **You/Nominee**/claimant has any query or complaint or grievance, **You/Nominee**/claimant may approach **Our** office at the following address:

PNB MetLife India Insurance Company Limited,

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka.

Call us Toll-free at 1-800-425-6969,

Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in or

Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062.

Phone: +91-22-41790000, Fax: +91-22-41790203

Please address **Your/Nominee**/claimant's queries or complaints to **Our** customer services department, and **Your/Nominee**/claimant's grievances to **Our** grievance redressal officer, who are authorized to review **Your/Nominee**/claimant's 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/Nominee**/claimant's 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 **Rider**.

In case **You/Nominee**/claimant are not satisfied with the decision of the above office, or have not received any response within 10 days, **You/Nominee**/claimant's may contact the Authority 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/Nominee**/claimant is not satisfied with **Our** decision/resolution of the complaint/grievance, **You/Nominee**/claimant may approach the insurance ombudsman at the address in the list of ombudsman below, if **Your/Nominee**/claimant's grievance pertains to:

- (a) Insurance claim that has been rejected or dispute of a claim on legal construction of the **Rider**;
- (b) Delay in settlement of claim;
- (c) Dispute with regard to premium; or

9. Non-receipt of **Your Rider** document.

The complaint should be made in writing duly signed by the **You, Nominee**/claimant 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:

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

List of Insurance Ombudsman

CONTACT LOCATION	CONTACT DETAILS	JURISDICTION
AHMEDABAD	2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546840 , 27545441. Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in	State of Gujarat, Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU	19/19, Jeevan Soudha Building, Ground Floor 24 th Main, J.P. Nagar First Phase, Bengaluru- 560 025 Tel.: 080 – 26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
BHOPAL	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003. Tel.:- 0755-2769201/202. Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chhattisgarh.
BHUBANESHWAR	62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596003/2596455. Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH	S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706468, 2773101. Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh.
CHENNAI	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	State of Tamil Nadu and Union Territory Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23234057/23232037. Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi.
KOCHI	2 nd Floor, CC-27/2603, Pulinat Building, M.G. Road, Ernakulam, Kochi-682 015. Tel.:-0484-2358759, 2359338. Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
GUWAHATI	Jeevan Nivesh' Bldg., 5th Floor, Near. Pan bazar over bridge, S.S. Road, Guwahati – 781001. Tel.:- 0361-2132204/2132205. Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	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	State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondicherry.
JAIPUR	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005.	State of Rajasthan.

	Tel.: 0141 -2740363 Email:- bimalokpal.jaipur@gbic.co.in	
KOLKATA	Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124339/22124346. Fax : 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW	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.in	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.
MUMBAI	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	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Bhagwan Sahai Palace, 4 th Floor, Main Road, Naya Bans, Sector-15, G.B. Nagar, NOIDA-201301 Tel.:- 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in	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, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Kalpna Arcade Building, 1 st Floor, Bazar Samiti Road, Bahadurpur, Patna- 800 006 Tel.: 0612- 2680952 Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkand
PUNE	3 rd Floor, Jeevan Darshan Bldg., N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 -32341320 Email: bimalokpal.pune@gbic.co.in	State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.