

# MetLife®

peace of mind. Guaranteed.

MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

## Welcome Letter

[Redacted]

Date : [Redacted]

[Redacted]

Dear Mrs. [Redacted]

Welcome to the MetLife family! At MetLife, it has always been our endeavor to provide you with Best in class service; while guaranteeing complete peace of mind.

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

Policy Owner	[Redacted]	Beneficiaries/ Nominee	[Redacted]
Policy Number	[Redacted]	Premium Paying Term	[Redacted]
Plan of Insurance	[Redacted]	Policy Term	[Redacted]
Payment Mode	[Redacted]	Premium Amount	[Redacted]

We request you to read the policy Terms and Conditions carefully, and report any discrepancy or disagreement within 15 days from the date of receipt of this document. Should you have objections to any of the Terms and Conditions mentioned you also have the option to return the policy, subject to applicable terms and conditions.

For any query/ clarification please call us at 1-800-425-6969 (Toll free from all landline and mobile) or email us at [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in). or visit any of your nearest MetLife office. Alternatively log-on to [www.metlife.co.in](http://www.metlife.co.in) with your client id as mentioned above and your chosen password will be provided after successful registration.

Please find below detail of Agent/Broker/Corporate Agent of your policy:

<b>Name</b>	[Redacted]	<b>Code</b>	[Redacted]
<b>E-Mail ID</b>	[Redacted]	<b>Mobile /Landline No.</b>	[Redacted]

Thanks again, for placing your confidence in MetLife. We look forward to being your partner in this wondrous journey of life.

Yours Sincerely,  
MetLife India Insurance Co. Ltd.



**K S Raghavan**  
Chief Operating Officer

Concealment of material facts including any health conditions and any misrepresentation entitles MetLife to reject a policy claim and to even terminate the policy and forfeit the premiums received. Hence, please go through the documents attached carefully.

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 AM to 8:00 PM)

Write to us at [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in)

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## Policy Document

### Met Junior Non Par Endowment

The MetLife India Insurance Company Limited ("the Company") has entered into this contract of insurance ("the Policy") on the basis of the Application for Life Insurance and the Declaration, and the first premium received from the policyholder, for effecting a life insurance contract on the life of the person ("the Insured") named in the schedule hereto ("the Schedule").

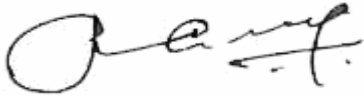
This Policy is subject to Terms and Conditions stated herein after and the Schedule, attached riders/endorsements, if any, and is governed by the law of India.

The Company agrees to pay the benefits, stated under the Policy upon satisfaction of the happening of the insured event, while this Policy is in force and effect, to the lawfully entitled person, subject to the terms and conditions as stated hereinabove.

The effective date and number of this Policy are as set out in the Schedule.

#### Signed by and on behalf of

MetLife India Insurance Co.Ltd.



**K S Raghavan**  
Chief Operating Officer

Stamp Duty Rs 70.00



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**The Schedule – MET Junior (Non-Par Endowment)**

<b>Policy Number</b>	██████████	<b>Date Of Issue</b>	██████████	<b>Issuing Office</b>	██████████
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**1. Details of the Policy Owner and Insured**

Name of the Owner	██████████				
Proof of Identification	██████████			Gender	●
Name of the Insured	██████████				
Proof of Identification	██████████			Gender	●
Date of Birth of Insured	██████████				
Whether age admitted	●	Age last birthday at entry		██████████	

**2. Policy Features**

Plan of Insurance	██████████			
Face Amount	●	██████████	Date of Maturity	██████████
Effective Date of Policy (Date of Commencement)	██████████			
Policy Term	██████████		Premium Paying Period	██████████

**3. Premium Summary**

Details of Coverage	Duration of Coverage		Amount of Coverage Rs.	Installment Premium Rs.	Frequency of Payment
	From	To			
<b>Base Policy</b> MET Junior (Non-Par Endowment)	██████████	██████████	██████████	██████████	██████████
<b>RIDERS</b>					
Accidental Death Benefit			●	●	
Term Rider			●	●	
Waiver of Premium			●	●	
Critical Illness			●	●	
<b>Extra Premium</b>				●	
<b>Total Modal Premium</b>				██████████	
<b>Due date(s) of Premium</b>					██████████



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### The Schedule – MET Junior (Non-Par Endowment)

<b>Insured Event upon which Benefits Payable</b>	1. Death of the Life Insured prior to Date of Maturity; or 2. Upon Survival of the Insured to Date of Maturity.
<b>Special Provisions / Options</b>	Automatic premium loan option: No Automatic vesting of ownership option: No

#### 4. Beneficiary Details

Name(s) of the Nominee	Relationship	Share(s) %

#### 5. Appointee Details

<b>Appointee Name</b>	
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#### 6. MetLife Branch Address:

MetLife India Insurance Co. Ltd. 2nd Floor, Plot No. 28, Industrial and Business Park Phase-I Chandigarh Punjab 160001
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To find the nearest MetLife branch, dial our customer service toll free number.

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 AM to 8:00 PM)

Write to us at [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in)

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## First Premium Receipt

[REDACTED]

Date [REDACTED]  
Policy Number [REDACTED]

Dear Mrs. Neeta Devi,

Thank you for choosing MetLife as your insurance partner.

<b>Policy Number</b>		[REDACTED]	
<b>Life Insured</b>		[REDACTED]	
<b>Plan</b>		[REDACTED]	
<b>Policy Term</b>	[REDACTED]	<b>Premium Paying Term</b>	[REDACTED]
		<b>Sum Assured / Face Amount</b>	<b>Installment Premium</b>
Base Policy		[REDACTED]	[REDACTED]
Accidental Death Benefit Rider		[REDACTED]	[REDACTED]
Critical Illness Rider		[REDACTED]	[REDACTED]
Term Rider		[REDACTED]	[REDACTED]
Waiver Of Premium Rider		[REDACTED]	[REDACTED]
<b>Total Premium</b>		[REDACTED]	
Service Tax/ Add Cess/ Edu Tax		[REDACTED]	
<b>Total Amount Payable</b>		[REDACTED]	
<b>Initial Deposit Paid</b>		[REDACTED]	
<b>Balance in Policy Deposit</b>		[REDACTED]	
<b>Effective Date</b>	[REDACTED]	<b>Premium Frequency</b>	[REDACTED]
<b>Premium Due Dates</b>	[REDACTED]	<b>Next Due Date</b>	[REDACTED]

This is a computer generated Receipt and does not require signature.

All Premiums paid are eligible for a deduction under 80C of the Income Tax Act, 1961 subject to conditions as mentioned • Premiums paid toward Critical Illness Rider, Waiver of Premium Rider and Disability Benefit Rider are eligible for a deduction under Section 80 D of the Income Tax Act, 1961, subject to conditions as mentioned • Payment made by cheque(s) is subject to realization • If the amount paid is in excess of the balance due, excess will be held in deposit without interest • Service tax and relevant cess are charged at rates applicable from time to time • You can also request for a detailed account statement by writing to [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in) or leave a request on our 24 hour helpline: 1-800-425-6969.

In case of any queries related to the information provided in this notice or any other, please feel free to contact us at our 24 Hour helpline:1-800-425-6969 (from all landline and mobile) or email us at [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in). Our customer service executives would be happy to help and assist you.

## Useful Information that You Can Use

### Points to remember regarding your policy premium payment:

- **Payments can be made through:**

**Cheques / Drafts:** At any of our offices or a drop box located near you. Please ensure that the cheque/Draft is drawn out in favour of MetLife India Insurance Company Limited .

Note: Please mention your 8 digit policy number accurately

To enable faster processing of your cheque / draft please ensure:

- o The payment slip is completed and attached with the payment.
- o In case you have multiple policies, please clearly mention the policy numbers and the account towards each policy at the back of the cheque else it may not be accounted for correctly.

Note: No post dated or Outstation cheques would be accepted.

**Cash:** In person, by the policy owner, at any of the MetLife offices. Please do not deposit any cash in the drop box

**Credit Card :** Renewal premiums can be made through credit cards as well. Please contact the Customer Service Helpdesk,Toll Free,for this.

**Standing instructions:** You could avail the facility to auto debit your bank account or credit card for your Renewal Premium payment.Please contact the Customer Service Helpdesk,Toll Free,for this.

- **Delay in Payment:**

**Grace Period:** A grace period of 30 days (**Annual/Semi-annual/Quarterly mode**) and **15 days(Monthly mode)** is allowed, from the Premium Due Date, for payment of premium without interest

**Payment received beyond Grace Period:** If the premiums are not received within the grace period the policy may lapse or be subject to the non-forfeiture options, if applicable.

### Points to remember regarding any request for changes in your policy:

- **Address changes** may be done anytime by giving us a request in writing.
- **Frequency of premium payment** may be changed on Policy Anniversary/Premium Cycle by filling up the change of mode request form and submit this to the nearest Metlife office.
- You may **change/add a beneficiary** to the policy by filling up the beneficiary change request form and submit this to the nearest MetLife office.
- To **assign** your policy to another person/corporate, please fill up our assignment deed in 2 originals and submit along with policy document to the nearest MetLife office.

All forms and assignment deed are downloadable from our website [www.metlife.co.in](http://www.metlife.co.in). For any further details you may please get in touch with any of our servicing branch.

### Points to remember upon happening of the insured event:

You are requested to furnish the following documents to enable us to evaluate the claims:

- The Original policy document.
- The Claim forms as prescribed by us.
- The discharge voucher as prescribed by us.
- Written Intimation of death by the Beneficiary/ legal heir.
- Official death certificate issued by a competent authority acceptable to the Company.
- Proof of title to the Policy like succession certificate, legal heirship certificate.

The above list is only indicative. We may call for additional documents/information where ever felt necessary.

**Please note that the policy shall be subject to and governed by the terms and conditions of the policy document.**

**Your Customer Services Toll Free Number:**

1-800-425-6969

**You can send email to us at:**

indiaservice@metlife.co.in

**You can write to us at:**

Brigade Seshamahal,5,  
Vani Vilas Road,  
Basavanagudi,  
Bangalore – 560 004



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## Terms and Conditions- MET Junior (Non-par Endowment) UIN: - 117N005V01

### 1. Owner of the Policy

The Owner of the Policy, subject to the provisions of section 2(2) of the Insurance Act, 1938, may or may not be the Insured. An owner other than Insured would be someone (either an Individual or a company) who is purchasing the Policy for the Insured.

### 2. Understanding this Policy -

- "You" and "your" refer to the Owner of the Policy.
- "Owner" refers to the holder of the Policy.
- "We", "us", "our" and "Company" refer to MetLife India Insurance Company Private Limited.
- "Application" refers to the Proposal Form as defined under the Insurance Regulatory and Development Authority (Protection of Policyholders' Interest) Regulations 2001.
- "Insured" named in the Schedule is the person on whose death / survival, or happening of any other insured event, the benefits as defined in the Schedule, subject to the terms and conditions of this Policy, will become payable.
- "Beneficiary" refers to the person(s) nominated by the Insured to receive the insurance proceeds in accordance with the provisions of Section 39 of the Insurance Act, 1938.
- The "Contingent Beneficiary" is the Person(s) named to receive insurance proceeds in case the Beneficiary is not alive.
- "Date of attaining majority" is the date on which the Insured attains Age 18.
- "Policy Renewal Date" is one year from the Effective Date of the Policy and every date falling one year thereafter till the Date of Maturity.

### 3. Proof of Age

The age of the Insured is based on the proof of age submitted and the premiums are calculated on the last birthday prior to the date of commencement of the risk under the Policy. Should the actual age of the Insured differ from the age stated in the Application, we shall, without prejudice to the statutory rights and/ or remedies we may have, be entitled to the following at any time during the policy term:

- If the actual age proves to be higher than what is stated in the Application, the Face Amount of Insurance would be adjusted to that which would have been purchased by the amount of premium paid, had age been correctly stated; or
- If the actual age is lower than that stated in the Application, the premium paid in excess will be refunded to the Owner without interest or may be adjusted towards future premium. The Policy will continue to be in force as per the terms specified therein; or
- 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 and forfeiture of premium(s) received.

### 4. Currency and place of payment

All amounts payable either to or by us shall be in Indian Rupees and will be payable at the Head Office, Regional Office or any other office of the Company, which may be notified by us from time to time.

### 5. Benefits Payable

On the happening of the Insured event, the following benefits will be payable: The Face Amount of Insurance;

#### MINUS

- Any premium due and unpaid.
- Any outstanding policy loan (including automatic premium loan, if any) and interest accrued thereon.

#### Life Insured Less than Seven Years of Age

If the age last birthday at entry of the Life Insured is less than seven years, then the benefits payable under the policy on the death of the insured prior to attaining age seven, shall be restricted to refund of premiums received by the Company together with interest at such rates as decided by the Company from time to time.

### 6. Automatic Vesting

If automatic vesting for policy ownership rights has been opted for in the application, and if the insured is alive on the date in writing for receiving the Guaranteed Surrender Value has not been received by the Company before the date of attaining majority, from the Owner, this Policy shall vest in the insured on the date of attaining majority and shall on such vesting be deemed to be a contract between the Company and the insured as the absolute owner of the policy and the Owner till the date of attaining majority, or his estate shall cease to have any right or interest in the Policy.

The above vesting of this Policy with the Insured is subject to any assignment, lien or charge created by the Owner before the Date of attaining majority and communicated to us.

#### **7. Suicide Exclusion**

In the event the Insured commits suicide, whether sane or insane at that time, within one year from the effective date of insurance cover or the date of the Policy or the date of the last reinstatement whichever is later, the insurance cover shall be void and we shall not be liable to pay the Face Amount of Insurance, except refunding the premium(s) received without interest, if any, less any expenses incurred by us.

#### **8. Premium Payment**

The benefits of this Policy are subject to payment of premiums when due. Premiums are payable while the Insured is alive and are payable on or before their due dates as shown in the schedule. The frequency of payment may be changed with our prior written approval effective from the following policy renewal date.

#### **9. Grace Period**

If any premium is not paid on its due date a Grace period of 30 (thirty) days will be allowed for payment of premium without interest.

During the Grace period the Policy shall continue to be in force for all the Insured events.

If the premium is not paid within the grace period, the Policy shall lapse and be subject to non-forfeiture options, if applicable.

#### **10. Automatic Premium Loan**

Each premium which remains unpaid at the end of a grace period will be paid with an automatic loan if:

- a. You ask us to do so in the application for your policy or in writing while no premium is due and unpaid; and
- b. Your policy has enough Guaranteed Surrender Value to pay the premium.

This is subject to any policy loan already availed and accrued interest thereon.

#### **11. Reinstatement**

When the premium is not paid within the grace period and automatic premium loan option has not been selected or when automatic premium loan option has been selected and the Guaranteed Surrender Value is not sufficient to cover the full amount of premium due, this Policy shall lapse and be subject to the non-forfeiture provisions contained in this Policy. The Owner may, however, reinstate the Policy while the Insured is alive if the Owner:

- Requests in writing for reinstatement within 3 years from the date the Policy lapsed;
- Provides satisfactory evidence of insurability to us;
- Pays all due premiums to the date of reinstatement with compound interest at the rate prescribed by the Company at the time of Reinstatement.

#### **12. Guaranteed Surrender Value**

Your Policy has a Guaranteed Surrender Value while the insured is alive, and the policy has been in force for at least three years and provided all premiums have been paid for three full years.

The Guaranteed Surrender Values are provided in the attached table. The Guaranteed Surrender Value payable will be subject to any statutory or any other restrictions as may be applicable.

You can surrender the policy to us for its full Guaranteed Surrender Value. Alternately, if you stop paying premiums, Guaranteed Surrender Value may be used for keeping the policy in force for the full term at a reduced face amount (Reduced Paid-Up Insurance)

#### **13. Policy Loan**

You can get cash from us by taking a policy loan. If there is an existing loan you can increase it. The most you can borrow is 90% of Guaranteed Surrender Value at the end of the current policy year less any unpaid premiums for that year and loan interest to the end of that year.

Loan interest is charged daily at a rate we set from time to time. When a loan is made, we will inform you of the rate of interest to be charged. We will mail a notice to you at least thirty days before we make any rate increase that will apply to an existing loan.

Loan interest is due at the end of each policy year. Interest not paid within thirty days after it is due will be added to the loan principal. It will be added as of the due date and will bear interest at the same rate as the rest of the loan principal. Any amount adjusted against premiums under Automatic Premium Loan, along with interest thereon, would be deducted while arriving at the loan amount.

#### **14. Loan Repayment**

Repayment of all or part (but not less than Rs. 500) of a policy loan may be made at any time while the Insured is alive.

#### **15. Policy Termination**

This Policy shall terminate whenever the amount of the outstanding policy loan plus interest thereon is more than the Guaranteed Surrender Value.



## 16. Non-Forfeiture options upon Non-Payment of Premiums

If all premiums have been paid for at least three full years and any subsequent premium is not duly paid, the Owner shall have the following options:

### (i) Reduced Paid Up Insurance

If the premiums for at least three full years have been paid, and provided there is no outstanding Policy loan and any accrued interest thereon, then the minimum non-forfeiture benefit will be a reduced paid-up policy ("Reduced Paid-up Insurance"), the amount of which will be the larger of

Total number of premiums paid

a. Total number of premiums payable \_\_\_\_\_X Basic Face Amount of Insurance **AND**

b. The amount of Paid-up insurance, which can be purchased by the Guaranteed Surrender Value.

If at any time, the outstanding policy loan and any accrued interest thereon exceed the Guaranteed Surrender Value of the paid up policy, the policy shall terminate.

The policy loan provisions shall continue to apply.

(ii) Instead of continuing with the Policy the same may be surrendered for its Guaranteed Surrender Value.

## 17. The Contract

This Policy document, application and the declaration and the riders attached are all part of this contract.

## 18. Travel, residence and occupation

This Policy does not impose any restrictions as to travel, residence or occupation, except as otherwise provided in any special provisions to this Policy or by law.

## 19. Beneficiary

The Beneficiary/ Beneficiaries is/ are the person or persons the Insured may nominate, to whom the insurance proceeds are payable upon death of the Insured.

A contingent Beneficiary/ Beneficiaries may also be named by the Insured to become the Beneficiary/ Beneficiaries if the Beneficiary/ Beneficiaries die while the Insured is alive.

While the Insured is alive, the Insured may change any Beneficiary or contingent Beneficiary.

If more than one Beneficiary is alive when the Insured dies, the benefits will become payable in equal shares unless you have chosen otherwise.

Where the beneficiary is a minor, the Insured may appoint any person to receive the benefits payable during the minority of the beneficiary.

## 20. Assignment

The Owner may assign this Policy by written notice as per the provisions of Section 38 of the Insurance Act, 1938, and in such an event, the rights of the insured and/or the beneficiary(ies) shall be subject to such an assignment in favour of the assignee.

## 21. Claims Procedure

### Maturity Claims

We shall settle the benefits payable on the date of maturity provided the Insured is alive on that date, has paid all the installment premiums including interest, if any, till the date of maturity and submits the following documents to us: -

- The Original policy document.
- The Claim forms as prescribed by us.
- The discharge voucher as prescribed by us.
- Any additional forms as may be required by us.

We shall settle the maturity proceeds to the Insured or the assignee, as the case may be.

### Death Claims

Upon death of the Insured before the date of maturity, we shall settle the benefits payable on submission of the following documents that are normally required, provided all premiums fallen due till the date of death have been paid:

- Original Policy Document.
- The Claim forms as prescribed by us.
- Written Intimation of death by the Beneficiary/ legal heir.
- Official death certificate issued by a competent authority acceptable to the company.
- Police inquest report, post-mortem report where the death is due to an unnatural cause.
- Proof of title to the Policy like succession certificate, legal heirship certificate.
- Discharge voucher as prescribed by us.
- Any additional forms as may be required by us.

## 22. Grievance Redressal Mechanism

1. In case **You** have any complaint /grievance, **You** may approach any of our following touch points:



Call **1800-425-69-69** (Toll free) or **080-26502244** or Fax 080 41506969



Email us at [India\\_GrievanceCell@metlife.co.in](mailto:India_GrievanceCell@metlife.co.in)



Write to “**Customer Service Department**”, MetLife India Insurance Co Ltd, Brigade Seshmahal,5, Vani Vilas Road, Basavangudi, Bangalore-560004, India



Visit our website [www.metlife.co.in](http://www.metlife.co.in)



Visit our nearest MetLife branch across the country

2. In case **You** are not satisfied with the resolution provided by the above touch points,

**You** can write to **Our Grievance Redressal Officer** at [GRO@metlife.co.in](mailto:GRO@metlife.co.in) or send a letter to the Registered Office “MetLife India Insurance Co Ltd, Brigade Seshmahal,5, Vani Vilas Road, Basavangudi, Bangalore-560004, India”

Please address **Your** queries or complaints to the Customer Services Department, and **Your** grievances to the 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** complaints and 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**.

3. 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 following official of the Insurance Regulatory and Development Authority for resolution:

**Grievance cell (Complaint against Life insurer)  
Insurance Regulatory and Development Authority  
Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.  
Toll Free: 155255 E-mail: [lifecomplaints@irda.gov.in](mailto:lifecomplaints@irda.gov.in)**

4. In case **You** are not satisfied with the decision/resolution of the Company, **You** may approach the Insurance Ombudsman at the address enclosed as Annexure A, if **Your** grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the **Policy**
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of **Your Policy** document

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

5. As per provision 13(3)of the Redress of Public Grievances Rules 1998, the complaint to the 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
- If it is not simultaneously under any litigation.

## 23. Disclosure

This Policy has been issued on your representations that you have made full and accurate disclosures of all material facts and circumstances and that you have not misrepresented or suppressed any material facts or circumstances. In the event it comes to our knowledge that you have misrepresented or suppressed any material facts and circumstances we shall reserve the right at our sole discretion to take such action, as we deem appropriate including cancellation of the Policy and forfeiture of premium(s) received.

## 24. Incontestability

In accordance with the provisions of Section 45 of the Insurance Act, 1938, except for fraud, misrepresentation of any kind or non-disclosure or suppression of material facts, this policy will be incontestable by the Company after it has been in force during the lifetime of the Life Insured, for two years from the date of policy or date of reinstatement.

**25. Governing Laws and Jurisdiction**

The terms and conditions of the Policy shall be governed by and subject to the laws of Republic of India. The parties shall be subject to the jurisdiction of the law courts situated at Bangalore for all matters and disputes arising from relating to or concerning the application and declaration and the Policy.

The Tax benefits on the Policy would be as per the prevailing provisions of the tax laws in India. If required by the relevant legislations prevailing from time to time, the Company will withhold taxes from the benefits payable under the Policy.

Taxes as applicable, including but not limited to Service Tax, will be levied on the premium paid by you. We reserve the right to recover from you, any levies or duties or taxes (including but not limited to service tax), as imposed by the government from time to time.

**26. Your Rights**

To exercise your rights, you should follow the procedures stated in this Policy. If you want to request a payment, change a Beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your Financial Advisor or your local MetLife India office.

**27. Computation of Values** We have filed a detailed statement of the method of computation of Guaranteed Surrender Values with the Insurance Regulatory and Development Authority (IRDA). These values are equal to or greater than those required by IRDA.**28. Free look provision**

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option to return the Policy stating the reasons for the objections and you shall be entitled to a refund of the premium paid subject to only a deduction of a proportionate premium for the time on risk that we have borne plus the expenses incurred on medical examination and the stamp charges.

All Free Look cancellation request should be in writing, duly signed by the Policyholder, and should be accompanied by the original Policy Document. The Free Look cancellation request should be submitted either to your nearest MetLife branch office (details of the same is available at our [website www.metlife.co.in.](http://www.metlife.co.in)) or to our registered office at

MetLife India Insurance Company Limited  
'Brigade Seshamahal'  
5, Vani Vilas Road,  
Basavanagudi, Bangalore – 560 004.

**29. Address for Communication**

All communications in respect of this Policy shall be addressed to the Company at the following address:  
MetLife India Insurance Company Limited  
Registered Office  
'Brigade Seshamahal' 5, Vani Vilas Road,  
Basavanagudi, Bangalore – 560 004.

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## Annexure A – List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.: 079-27546840; Fax : 079-27546142 Email <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel.: 0755-2569201 ; Fax : 0755-2769203 Email <a href="mailto:bimalokpalbhopal@airtelmail.in">bimalokpalbhopal@airtelmail.in</a>	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455 Fax : 0674-2596429 Email <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706468 Fax : 0172-2708274 Email <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 /5284 Fax : 044-24333664 Email <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23239633; Fax : 011-23230858 Email <a href="mailto:jobdelrai@rediffmail.com">jobdelrai@rediffmail.com</a>	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/5 ; Fax : 0361-2732937 Email <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a>	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email <a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a>	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email <a href="mailto:jokochi@asianetindia.com">jokochi@asianetindia.com</a>	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4th Floor, KOLKATA-700 001. Tel : 033-22134866 ; Fax : 033-22134868 Email <a href="mailto:jombsbpa@bsnl.in">jombsbpa@bsnl.in</a>	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email <a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a>	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a>	Maharashtra , Goa

**Note : Address and contact number of Governing Body of Insurance Council:**

**Smt. Rita Bhattacharya,**  
Secretary General  
**Shri D V Dixit, Dy. Secretary**  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santacruz(W),  
MUMBAI – 400 021  
Tel : 022-26106245 ; Tel : 022-26106980  
Fax : 022-26106949  
Email- [inscoun@gmail.com](mailto:inscoun@gmail.com)

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# MetLife®

Application No.



168367547

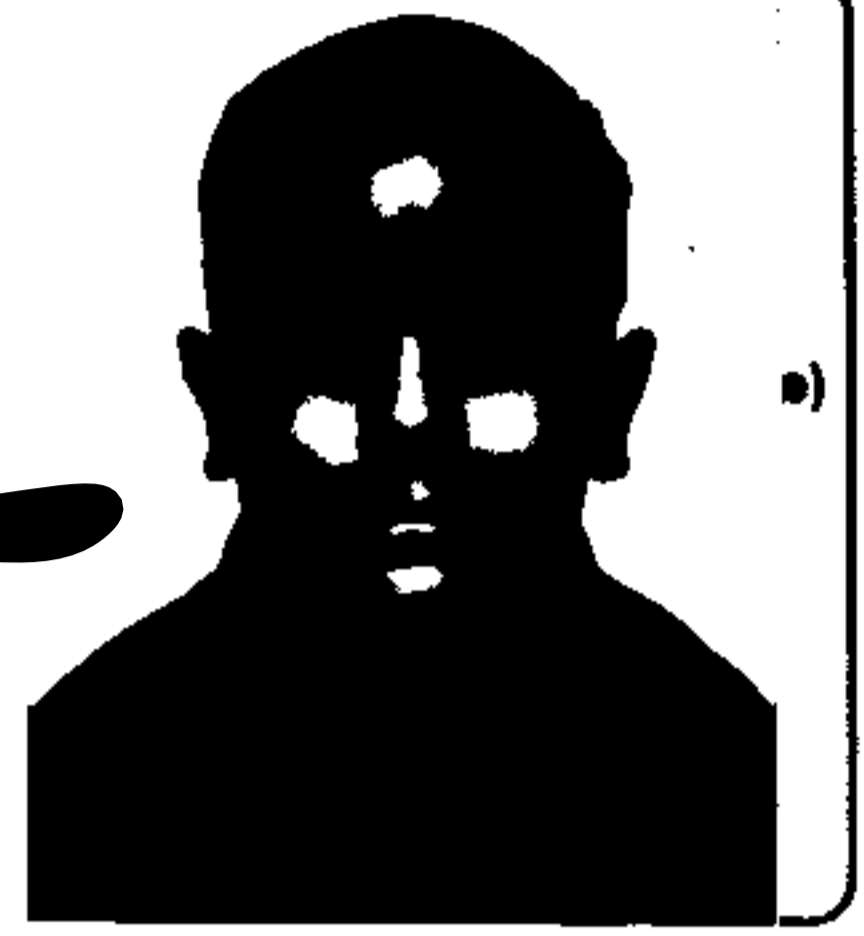
peace of mind. Guaranteed.  
MetLife India Insurance Company Limited

(Insurance Regulatory and Development Authority Life Insurance Registration No.117)

Registered Office: 'Brigade Seshamahal', 5 Vani Vilas Road, Basavanagudi, Bangalore-560004 www.metlife.co.in Phone: +91-80-2643 8638. Fax: +91-80-41506969

### Application Form

Please fill	Code	Name	Policy Type	Channel Type
FA/FPC/CSO				FC-WAD
MetLife Branch				
Relationship Branch				



Corrections or over writing, if any, must bear full signature of the Applicant.

IN UNIT- LINKED INSURANCE PRODUCT, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

#### A. Proposed Insured Details (To be filled in BLOCK CAPITALS)

1. Full Name  Mr.  Mrs.  Ms.  Others (Specify) \_\_\_\_\_ This is how your name will appear on the policy schedule, please leave a space between each part of the name

2.  Resident Indian  Non Resident Indian  Foreign National\* (Specify) \_\_\_\_\_

3.  Male  Female

4.  Married  Single  Widowed

5. Nationality \_\_\_\_\_ (Foreign National\*, please mention the country you reside in)

6. Marital Status \_\_\_\_\_

7. Father's Name in Full \_\_\_\_\_ (Specify)

8.  Do you wish to receive communication via E-mail?  Yes  No

9.  Do you wish to receive service communication via E-mail?  Yes  No

10. Telephone with STD Code : Residence \_\_\_\_\_ Office \_\_\_\_\_

11. If you wish to backdate\* your policy, please indicate date: \_\_\_\_\_  
\*(Backdation can be done up to 180 days within the same financial year only).  
\*This option is not applicable for Unit-Linked Insurance Product

12. Educational Qualification  
 Post Graduate and Above  Graduate  Diploma  12th Pass  10th Pass  Below 10th Pass.  Illiterate  Other (Specify) \_\_\_\_\_

13. Occupation  
 Service  Business  Self Employed  Professional  Student  Retired  Housewife  Others (Specify) \_\_\_\_\_

14. Occupation Details Name of the Organization/Business \_\_\_\_\_  
 Address of the Organization/Business \_\_\_\_\_ Annual Gross Income (in Rs.) \_\_\_\_\_

15. Purpose of Insurance  
 Planning for Child's Education  Retirement  End of Life  Others (Specify) \_\_\_\_\_

16. Spouse's Name in Full \_\_\_\_\_ (Specify)

17. Spouse's Occupation  
 Service  Business  Self Employed  Professional  Student  Retired  House wife  Others (Specify) \_\_\_\_\_

**B. Policyholder / Nominee Details**

Please select any one  Policyholder  Nominee  Others

1. Full Name: [Redacted] This is how your name will appear on the policy schedule, please leave a space between each part of the name

2. Date of Birth: [Redacted] 4. Marital Status:  Married  Divorced  Widowed

5. Nationality:  Indian  Non-Resident Indian  Foreign

8. Father's/Husband's Name: [Redacted] 9. Occupation:  Service  Homemaker  Others

10. Permanent Address (if different from Mailing Address): [Redacted]

11. Telephone with STD Code: Residence: [Redacted] Office: [Redacted]

12. Educational Qualification:  Post Graduate  Graduate  Below Graduate  Illiterate  Others (Specify)

14. Occupation Details: Name of Organization: [Redacted] Address of the Organization: [Redacted] Annual Income (in Rs.): [Redacted]



**C. APPOINTEE DETAILS - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured) is a minor.)**

1. Full Name:  Mr.  Mrs.  Ms.  Others (Specify) [Redacted] This is how your name will appear on the policy schedule, please leave a space between each part of the name

2. Date of Birth: [Redacted] 4. Marital Status:  Married  Divorced  Widowed

5. Nationality:  Indian  Non-Resident Indian  Foreign

6. Mailing Address:  Residence  Office [Redacted]

7. Relationship with the Nominee: [Redacted] 8. Signature Accepting the Appointment: [Redacted]

**D. Details of Insurance Policies of the Proposed Insured with MetLife India Insurance Co. Ltd. and Other Life Insurance Companies**

Also, in case the Proposed Insured is a minor/student provide the following details for the entire family & husband insurance details in case of a house wife

Relationship with Proposed Insured (Self, family member)	Name of the Insurance Company	Policy/Application Number	Type of Policy	Sum Assured/ Face Amount (Rs.) Base + Term Rider	Annualised Premium	Year of Issue	In force/ lapsed/in case of revival, date of revival/ pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/restricted benefits)
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]



E. Medical Details & Family History of the Proposed Insured

168367547

1 Height in cms or Ft 04 Inches 01 Weight In Kgs 32 or Pounds

Table with 4 columns: Relationship, Health and full particulars of any illness (Diabetes, Cancer, Heart and Kidney disease problems), including age of onset of illness, Age, Cause of Death. Rows include Father, Mother, Brothers/Sister, Spouse, Children.

3. Medical Details. Have you ever had symptoms of, been treated for, been advised to receive treatment or have any investigations for any of the following. (The below conditions are provided as examples only and would request you to disclose all disorders, disease, disturbance or other health conditions, which are, or might be relevant. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available.)

Table with 17 numbered questions regarding medical conditions such as High Blood Pressure, Depression, Seizures, Stroke, Tuberculosis, Cancer, etc. Includes Yes/No checkboxes.

4. Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? Yes No

5. Personal Physician. Name, Address, Phone with, Date of consultation, Reason for consultation, etc.

6. Proposed Insured Only. 1) Maiden Name, 2) Pregnant, 3) Miscarried, 4) Suffering from any disorder of the breast or reproductive organs?

Life Style & Personal Details of Proposed Insured

1. Life Style Information: 1) Have you smoked or consumed tobacco or nicotine products in any form\* in the last 5 years? Yes No

Table for substance consumption: Substance Consumed, Yes, No, Consumed As, Quantity, For No. of months, If stopped consuming, state date since when you stopped.

3) Are you employed in Armed, Para Military or Police? 4) Are you ever been convicted of a criminal offence? 5) Have you flown in the last 5 years or do you expect to fly either as a Student Pilot, Pilot, Crew Member Passenger in Non-Commercial/ Personal/

Question No. \_\_\_\_\_

\_\_\_\_\_

**G. Product Details**

1. Plan Name MIL

2. (a) Policy Term (in years) 30 (b) Minimum Premium (in Rs.) 1000

(d) Annualised/Single Premium 2221

(e) Face Amount/Sum Assured (in Rs.) 1000000

(f) Premium Payment Frequency  Annual  Semi-Annual  Quarterly  Monthly  Single

(g) Preferences for Repayment Premium Payment Mode  Cheque/DD  Credit Card\*  Direct Debit/ECS\*  PSP  Others (Specify) \_\_\_\_\_

3. (a) UNIT-LINKED

(i) Multiple Chosen  Annualized Premium  Multiple  Sum Assured

(ii) Rider Name | Face Amount / Sum Assured (in Rs.) | Rider Term (in Years)

Accidental Death Benefit		
Critical Illness		

(iii) For unit-linked policies, please choose the investment management option

Self Managed  Automatic

Choose the Allocation Option (Choose Allocation Proportion#)

Preserve II	%	Protector II	%
...	%	Total *	%
Virtue II	%	Choose the rebalancing event (as % of Fund Value)	
Multiplier II	%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%
	%	<input type="checkbox"/> 20%	<input type="checkbox"/> 25%

Total should always add up to 100% #Minimum Allocation in any fund has to be 20%

(b) TRADITIONAL

(i) Type of plan  Participating  Non-Participating

(iii) If the plan is Mat Bhavishya:

3.1) Name of the Child \_\_\_\_\_

3.2) Relationship with the Proposed Insured \_\_\_\_\_

3.3) Date of Birth \_\_\_\_\_ 3.4) Gender  Male  Female

(iv) In case of Met Monthly Income Plan (MMIP) Choose the Mode of Regular Income \_\_\_\_\_

**H. Additional Information**

1. Details of Initial Deposit Type of Deposit  Crossed Cheque  Bank Draft  Cash\*  Credit Card  AutoDebit-AxisBank

Investment Name \_\_\_\_\_ Instrument Date \_\_\_\_\_ Annual (in Rs.) \_\_\_\_\_ Name of the Bank and Branch \_\_\_\_\_

2. Premiums will be paid by  Proposed Insured  Policyholder

3. Permanent Account Number (PAN) \_\_\_\_\_ Applied for  Yes  NA

4. To be funded by  Bank  Other (Specify) \_\_\_\_\_

1) Name of the Relationship Bank \_\_\_\_\_ 2) Please mention date of opening Bank Account \_\_\_\_\_

2) Type of Account  Savings  Current  Salary  Other (Specify) \_\_\_\_\_

**I. Documentation Required**

1. Age Proof  Passport  Pan Card  Driving License  Others (Specify) \_\_\_\_\_

2. Identity Proof  Passport  Voter's ID Card  Driving License  Others (Specify) \_\_\_\_\_

3. Recent Passport size photograph to be submitted (not more than 6 months old)  Yes  No

1. Identity Proof  Passport  Pan Card  Voter's ID Card  Driving License  Others (Specify) \_\_\_\_\_

2. Address Proof  Telephone Bill\*  Electricity Bill\*  Bank Statement  Others (Specify) \_\_\_\_\_

3. Income Proof  ITR  Audited P&L a/c  CA Certificate  Others (Specify) \_\_\_\_\_

4. Recent Passport size photograph to be submitted (not more than 6 months old)  Yes  No

\* The electricity bill, telephone bill and bank statement should not be more than six months old.

**RISK PROFILE ( To be signed for Unit - Linked Policies only)**

In addition to the insurance coverage, the Proposed Insured/Policyholder has the ability to control the allocation of premium to various funds, except in case Automatic option is chosen. In order to understand more about your risk tolerance, you can discuss with MetLife sales representative and use the risk profile questionnaire to select the ideal investment portfolio. The Proposed Insured/Policyholder can discuss with MetLife sales representative and use the risk profile questionnaire to select the ideal investment portfolio. The Proposed Insured/Policyholder Declaration : Based on my investment goals, risk tolerance level and personal financial situation as discussed, the fund option exercised by me is in accordance with my risk portfolio.

Signature of the Proposed Insured / Policyholder

**INCONTTESTABILITY**

**Section 45 of the Insurance Act, 1938:**

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

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

**STATUTORY WARNING as per Section 41 of the Insurance Act, 1938**

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

**DECLARATION, AGREEMENT & AUTHORISATION**

**DECLARATION**

I have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I have also understood the terms and conditions of the plan that I have applied for. I have made complete, true and accurate disclosure of all facts to the best of my knowledge and belief and that I have not withheld any information.

**AGREEMENT**

I also do hereby agree that

- 1. My statements and this declaration shall be the basis of any policy issued by MetLife India Insurance Co. Ltd ("MetLife").
- 2. Any untrue statement be contained in this Application, the policy contract shall be null and void and all the money, which have been paid, in respect thereof, shall stand forfeited to MetLife.
- 3. In case non-standard age proof (where applicable) is submitted - "I agree to pay the extra premium @2.50 Per thousand sum assured in lieu of the standard age proof".
- 4. After submission of this Application and before issue of the Policy,
  - (i) There are any adverse circumstances connected with the general health of myself, or (ii) An Application for insurance on my life made to any other insurance company or an Application for revival has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or, (iii) There is any change in my occupation or financial position, I shall forthwith intimate the same to MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my part to do so shall render the contract based on this Application invalid and all monies which have been paid in respect of the contract shall stand forfeited to MetLife
- 5. The payment made along with the Application is a Deposit with the Company to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me. Unless accepted and Policy is issued, no risk shall attach to the Company. I further acknowledge that the process of consideration of the Application by the underwriter and decision on acceptance of risk may involve a period of time for which I have no objection. In the event that the Application is found acceptable, you shall be entitled to issue the Policy commencing from any date subsequent to the date of submission of Application by me. I agree to undergo all medical tests required by MetLife as per its guidelines, including HIV-Elisa test.
- 6. I certify that I have received the Benefit illustration and have read and understood the same. I understand that the terms and conditions including the premium and benefits under the policy are subject to taxes / duties / charges as per the applicable laws.
- 7. In Unit-Linked Insurance Product, I have been explained and have understood all the applicable charges payable under the product.
- 8. I hereby declare that money used by me to pay the premium under this proposal has not been derived from any criminal or illegal activity or any unknown sources.
- 9. In case where premium is paid in cash, the Financial Advisor/Channel Sales Officer is acting as my Agent and MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of MetLife.
- 10. Customer understands that renewal premiums if paid by cash, has to be paid only in MetLife branches, Suvidhaa outlets & other authorized cash collection agencies against an official receipt. If it is paid to FA for depositing with the company, then the FA for this purpose is acting as his authorized representative and not that of the Company and the Company shall not be liable for any loss incurred by the customer while doing so.
- 11. I further authorise MetLife to use and disclose any personal information collected or available with MetLife (whether contained in this application or obtained otherwise) to individuals/organizations/entities associated or affiliated or engaged by/with it (within or outside India, including reinsurers and claim investigative companies and agencies, and industry associations/federations) for the purpose of evaluating insurance on this application and providing subsequent services including the claims arising out of this contract.

**AUTHORISATION**

I hereby irrevocably authorise any organisation, institution, or individual, that has any record or knowledge of my health and medical condition or any treatment or advice that has been given or may hereafter be provided or other personal information, to disclose to MetLife, such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity, in so far as legally possible. A photocopy of this authorisation shall be valid as the original.

Signature of the Proposed Insured / Policyholder  
Name of Policyholder  
Mobile No.  
Address  
Date  
Signature of the Witness  
Place



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*peace of mind. Guaranteed.*

MetLife India Insurance Company Limited.  
(Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, [www.metlife.co.in](http://www.metlife.co.in), Fax: +91-80-4150 6969

## Privacy Policy at MetLife India Insurance Company Limited

MetLife India is committed to protecting your privacy. MetLife India does not collect personal information about individuals except when such individuals specifically provide such information on a voluntary basis which information will not be sold or otherwise transferred to unaffiliated third parties unless otherwise stated at the time of collection or with the approval of the user as the case may be.

MetLife India treats your personal information as private and confidential and does not check, edit, or reveal it, to any third parties except where it believes in good faith, such action is necessary to comply with the applicable legal and regulatory processes or where such action is necessary towards processing your application for insurance or administering the insurance policy issued to you or towards investigating any claim arising from such a policy.

Except where specifically agreed or necessary for operational or regulatory reasons, MetLife India will not send you any unsolicited information. MetLife India may use any e-mail addresses of its customers to send occasional e-mails pertaining to information on products and services. You can nevertheless unsubscribe from receipt of such e-mails by following instructions provided therein.

We will communicate with you via e-mail or by other online delivery devices only in the event that you have agreed to/elected to receive such communications. In the event that you believe that you are receiving our communications in error or no longer desire to receive them, you should inform us and we will remove your name from our mailing lists. MetLife India will be judicious in the use of e-mail and paper mail to communicate with users.

*In case of any queries related to the information provided in this notice or any other, please feel free to contact us at 1-800-425-6969 (from all landline and mobile) or email us at [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in). Our customer service executives would be happy to help and assist you.*

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peace of mind. Guaranteed.

MetLife India Insurance Co. Ltd.

(Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004. www.metlife.co.in. Fax: +91-80-4150 6969

Standing Instruction Mandate - Direct Debit / ECS / Credit Card

Tick the applicable payment option to pay your renewal insurance premium:

Direct Debit ECS (Electronic Clearing Service) Credit Card

MANDATORY FIELDS
Policy Owner Name
Policy Number
Mobile Number
E-mail Address
Payment Frequency
Amount in Rupees\*\*
Standing Instruction Start Date:
Standing Instruction End Date:

Please fill the following information if the chosen SI option is Direct Debit or ECS
Yes, I have attached a copy of cancelled bank cheque for Direct Debit / ECS
Bank Account Details
Name of the Account Holder (s)
Account Number
Name and Address of the Bank / Branch
Account Type
9 Digit MICR Code
Ledger No. / Ledger Folio No. (For Bank use)
If the chosen option is Direct Debit, please also fill the below details.
Direct Debit to my / our account operated in the bank mentioned below:

Please fill the following information if the chosen SI option is Credit Card
Yes, I have attached a copy of the front side of the Credit Card
Name of the Credit Card Holder
Credit Card No.
Credit Card Expiry Date
Name of the issuing Bank
Card Issuing Authority

\*\*Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offers, revised premiums, additional insurance / riders. Please Note: Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday

Declaration by the Policy Owner

I hereby authorize MetLife India Insurance Company Limited and/or its authorized service providers, to debit my bank account under Direct Debit / ECS debit clearing / Credit Card account by automatic debit, as applicable for collection of the insurance premiums. I hereby declare that the particulars given above are correct and complete in all respects.

Terms and Conditions

- The Proposer/ Policy Owner confirms, understands and agrees that:
1. Without prejudice to any rights of the Company, the Policy Owner will indemnify and hold the Company harmless against any and all liability, costs and expenses that may be incurred by the Company arising out of any acts of omission or commission or negligence on the part of the Proposer / Policy Owner.
2. The Policy Owner has a right to opt by written notice to the Company of not less than 15 days, for any other mode of premium payment as may be acceptable to the Company from time to time, and shall have right to revoke this Mandate by giving not less than 15 days' notice in writing simultaneously to the Company and to the Bank.
3. The Company shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
4. The Company is authorized to enable the Direct Debit / ECS / CC SI facility for the premium payments and in the instance of Direct Debit / ECS / CC debit dishonor, to re-debit the Policy Owner / Account Holder's account with the mentioned bank to recover the premium payable.

Signature of the Policy Owner: Date:
Name: Place:

Certificate of the Bank Named in the Mandate (to be filled in case of Direct Debit / ECS)

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, is true, as per our records and that a copy of this form duly completed has been submitted to us

Bank's Stamp: Signature of the Authorized official of the Bank
Place: Date:

Authorization of the Bank Account / Credit Card Holder (to be signed by the Account / Credit card Holder)

This is to state that I have registered for the RBI's Electronic Clearing Service and that my premium payment shall be made from the mentioned account / Credit Card with your bank. I hereby authorize the representative carrying this ECS / Direct Debit mandate form to get it verified & executed. (Only for ECS / Direct Debit)

Account Holder/s Signature Account Number / Credit Card:
(As in Bank Records)

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# MetLife®

peace of mind. Guaranteed.

## Claim Intimation Form

To,

MetLife India Insurance Co. Ltd.,

Notification of Claim under **Policy No.** \_\_\_\_\_ **Nature of Claim** \_\_\_\_\_

**Member ID/ Certificate No.** \_\_\_\_\_ **GPH** \_\_\_\_\_ (For Group Policies)

Details	To be filled up by the Claimant/Informant
Name of the Insured Person	
Name of the Informant/Claimant	
Address of the Informant/Claimant	
Phone Number of the Informant/Claimant	
Particulars of Illness/Disability (Compulsory for Critical Illness/Disability)	
Date of Event	
Type of Illness/Disability	
Name, Address & Telephone Numbers of the Doctors/Hospitals treated the Life Assured for illness/disability	
<b>For Death Claims:</b>	
Relationship of the Claimant with Insured Person	
Date of Death	
Place of Death	
Time of Death	
Cause of Death	
Address of the Police Station where FIR was lodged (If Applicable)	
Name & Address of Hospital where post-mortem was performed (If Applicable)	
Particulars of other Life Insurance Policies on the life of insured issued by other companies	

**Signature of Claimant:** \_\_\_\_\_

**Date** \_\_\_\_\_ **Place** \_\_\_\_\_

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 AM to 8:00 PM)

Write to us at [indiaservice@metlife.co.in](mailto:indiaservice@metlife.co.in)



**TO BE FILLED BY METLIFE BRANCH / REGIONAL OFFICE**  
(PLEASE FILL IN BLOCK CAPITALS)

Name of the Branch / Regional Office where the Intimation has been received	
Date of receipt of Claim Intimation	
Name of the person receiving the Claim Intimation along with phone no and email id	
Name, phone no and email id of concerned ASM	
Name of concerned AM with phone no and email id	
Name of concerned SM with Phone no and email id	
Name of concerned FA with Phone no and email id	
Date of dispatch to HO	
<b>CHECK POINTS (Please answer in YES / NO)</b>	
Have you put a Date and Time of Receipt Stamp on Page 1 of the Claim Intimation Form?	
Have you e-mailed scanned copy of the intimation form, death certificate (if recd) to the HO?	

*Please do not leave any column blank. Please write N.A, if not applicable*

Signature of person receiving the intimation (as mentioned in row # 3 above)

\_\_\_\_\_ Date \_\_\_\_\_

**Documents to be submitted by the Claimant/ Informant along with Claim Intimation Form:**

	<b>Item</b>	<b>Attestation /Signature</b>	<b>Action</b>
1	Policy Document Issued by MetLife at the time of taking the policy	Not Applicable	Original Policy Document to be submitted.
2	Claim Intimation form	MetLife Ops official	Documents have to be <b>completely</b> filled as per the format by <b>the Claimant / Informer</b> . To be <b>sealed and signed</b> on both the sheets with <b>date and time of receiving the documents</b> by MetLife Ops official.
3	Claimant Statement	Gazetted Officer / Notary Public / Magistrate / Person of Local Standings (with their <b>Official Seal</b> )	Documents have to be <b>completely</b> filled as per the format by <b>Claimant</b> .
4	Attending Physician statement	Concerned Physician with Official Seal	Documents have to be <b>completely</b> filled as per the format by <b>Physician only (with his /her seal and signature)</b> .To be <b>sealed and signed</b> by MetLife Ops official.
5	Family Doctors Statement	Concerned Doctor with Seal and Sign	Documents have to be <b>completely</b> filled as per the format by <b>Family Doctor only (with his /her seal and signature)</b> .To be <b>sealed and signed</b> by MetLife Ops official.
6	Copy of the Death Certificate	Issuing Authority / Notary Public	Only Death certificate issued by the Registrar of Births and Deaths shall be accepted. (In case where the death occurs / is registered in a non Municipal area in the State of Jammu and Kashmir, the Death Certificate issued by the Chowkidar of the concerned Police Station with the official seal may be accepted).
7	Copy of Photo ID and address proof of the nominee	Notary Public/ MetLife Ops Official	Copy has to be attested by MetLife Ops official / Notary Public with seal and signature (Statement to the effect that the original Photo ID and address proof are seen and verified are required)
8	Copy of Post Mortem Report and FIR (if applicable)	Notary Public / Issuing Authority	Copy of Post Mortem Report if not attested by Issuing authority has to be notarized
9	Paper Cuttings (if available)	Not Applicable	Local newspaper wherever the particular death is published

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# MetLife®

*peace of mind. Guaranteed.*

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## Receipt for Policy Delivered

<b>Policy No.</b>	██████████
<b>Name of the Policy Owner</b>	██████████████████
<b>Place</b>	██████████
<b>FA Name &amp; Code</b>	██████████████████████████████

I acknowledge that the Policy described above was delivered to me on : \_\_\_\_\_

Witnessed by \_\_\_\_\_  
(Financial Advisor)

Signature of Policy Owner \_\_\_\_\_

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