Part - A

WELCOME LETTER

[Name of the group policyholder]  
Date: dd-mm-yyyy  
[Address]  

Dear M/s [X],  
(Client ID: XXXXXX)  

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

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

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

<table>
<thead>
<tr>
<th>Group Policyholder</th>
<th>[x]</th>
<th>Type of Group</th>
<th>Employer-Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Policy Number</td>
<td>&lt;group policy no&gt;</td>
<td>Premium Received</td>
<td>Rs. XXXXX.XX</td>
</tr>
<tr>
<td>Name of the Plan</td>
<td>PNB MetLife Group Term Life Plus</td>
<td>Policy Term</td>
<td>[Annually renewable]</td>
</tr>
</tbody>
</table>

Free look Provision:

Please go through the terms and conditions of your Policy very carefully. If you have any objections to the terms and conditions of this Group Policy, you may cancel the Group Policy by giving a signed written notice to us within 15 days from the date of receiving the Group Policy, stating the reasons for your objection and you will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

For information on the tax benefits that may apply to this Group Policy, please consult with your tax advisor. Please note that tax benefits are subject to change.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Valued Advisor</th>
<th>Code</th>
<th>E-Mail ID</th>
<th>Mobile</th>
<th>Landline No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a></td>
<td>XXXXXXXX</td>
<td><a href="mailto:valuadvisor@pnbmetlife.co.in">valuadvisor@pnbmetlife.co.in</a></td>
<td>Mobile</td>
<td>XXXXXXXX</td>
</tr>
</tbody>
</table>

Yours Sincerely,  
PNB MetLife India Insurance Co. Ltd.

[Signature]  
[Name of signing authority]  
[Designation of signing authority]  

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

[PNB MetLife Group Term Life Plus]

This is a contract of group insurance between You and PNB MetLife India Insurance Company Limited. This contract of group insurance has been effected on receipt of the premium deposit and is based on the details in the Application received together with the other information, documentation and declarations received from You for effecting a life insurance contract on the lives of the persons named in the Group Policy Schedule below.

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

On examination of the Group Policy, if You notice any mistake or error, please return the Policy document to Us in order that We may rectify the mistake/error.

Signed by and on behalf of PNB MetLife India Insurance Company Limited

Authorized Signatory

Signed by and on behalf of
PNB MetLife India Insurance Company Limited

[Signature]
[Name of signing authority]
[Designation of signing authority]
### Policy Schedule

<table>
<thead>
<tr>
<th>Name of the Plan</th>
<th>[PNB MetLife Group Term Life Plus]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of the Plan</td>
<td>[Non-linked, non-participating group insurance plan]</td>
</tr>
<tr>
<td>UIN</td>
<td>[117N049V03]-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application number</th>
<th>Group Policy number</th>
<th>Date of issue</th>
<th>Issuing office</th>
</tr>
</thead>
</table>

1. **Details of the Group Policyholder**

   Name of the Group Policyholder

2. **Group Policy Details**

   Date of Inception of the Group Policy
   Annual Renewal Date
   Group Policy Term | One year from the Date of Inception of the Group Policy
   Free Cover Limit / Risk Cover Limit
   Policy currency
   Riders Applicable
   Number of lives (at Date of Inception of Group Policy)
   Initial Premiums Received
   Service Tax/cess* | Rs.
   Total initial Premium received | Rs.
   Initial Coverage Amount per Member | <Sum Assured for Flat Coverage>
   Initial Total Coverage Amount | Rs.
   Premium Due Dates
   Definition of Insured Member
   Risk Ceasing Age
   Eligibility Criteria for Insured Members
   Special Provisions | Accelerated Benefit Options <Yes> / <No>  
   | If yes, then % of Sum Assured payable on Terminal Illness being diagnosed: <50%> / <100%>
   Whether ‘Experience Refund’ option is opted | Yes / No

3. **Coverage Structure**

<table>
<thead>
<tr>
<th>Grade Description</th>
<th>Base Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee / Member Cover</td>
<td></td>
</tr>
</tbody>
</table>
4. Contribution: Premiums to be borne by

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Grade Name</th>
<th>Base Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PH: Group Policyholder, IM: Insured Member

5. Details of Agent/Corporate Agent/Intermediary

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment No. / License number</td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

6. Premium Details

<table>
<thead>
<tr>
<th>Premium payment type</th>
<th>[Regular Premium]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium amount</td>
<td>Rs. &lt;&gt;</td>
</tr>
<tr>
<td>Service tax/cess*</td>
<td></td>
</tr>
<tr>
<td>Total premium amount</td>
<td>Rs. &lt;&gt;</td>
</tr>
</tbody>
</table>

- Premium amount paid by the Group Policyholder is inclusive of service tax and cess at prevailing rates. Premium amount is subject to change in case of any variance in the present rate of service tax or in the event of any new or additional tax/levy being made applicable/imposed on the premium(s) competent authority. In case of any such variance in the present rate of service tax or cess or any new or additional tax/levy being imposed, the same shall be borne by the Group Policyholder.
PART- B

DEFINITIONS APPLICABLE TO YOUR POLICY

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

1. **Accelerated Benefit Option** means the option under this Group Policy, where, if opted by the Insured Member, either 50% or 100% of the Sum Assured as specified in the Group Policy Schedule is paid by Us, upon an Insured Member being diagnosed with a Terminal Illness and the balance amount (if any) would be paid to You / Nominee on the death of that Insured Member.

2. **Age** means the age of the Insured Member as of last birthday.

3. **Appointee** shall mean a person who is appointed by the Insured Member to receive the Sum Assured for and on behalf of the Nominee, if the Nominee is a minor on the date of the payment of the Sum Assured on the happening of the insured event.

4. **Authority** means the Insurance Regulatory and Development Authority of India

5. **Annual Renewal Date** means the date on which the Group Policy is due for renewal as stated in the Group Policy Schedule.

6. **Date of Inception of the Group Policy** means the date on which this Group Policy is issued after We have accepted the risk under the Application. The Date of Inception of the Group Policy is shown in the Schedule.

7. **Effective Date of Coverage** is same as the Date of Inception of the Group Policy

8. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the Group Policy Schedule.

9. **Free Cover Limited** means insurance coverage provided by Us under all group polices issued to a Group Policyholder upon satisfying Our eligibility criteria. The Free Cover Limit is stated in the Group Policy Schedule.

10. **Group Policy** means this contract of insurance, as evidenced by the Group Policy Document.

11. **Group Policy Schedule** means the policy schedule set out above that We have issued, along with any annexures, tables and/or endorsements, attached to it from time to time.

12. **Insured Member** means an Eligible Member who is named as a person insured in the Group Policy Schedule.

13. **Policy Document** means this Group Policy, any endorsements in this document issued by Us, the Group Policy Schedule, the Application and the Annexure.

14. **Nominee** means the person(s) named in the Group Policy Schedule to receive the benefits under the Group Policy in respect of the Insured Member.

15. **Premium** means the payment of one of the regular periodic payments that You pay or agree to pay to Us for effecting or continuing the coverage under this Group Policy as stated in the Group Policy Schedule.

16. **Premium Due Date** means the date on which the Premium becomes payable as stated in the Group Policy Schedule.
17. **Rider** means the rider terms and conditions that are attached to and form a part of the **Group Policy**. The **Group Policy Schedule** will specify if any **Riders** are available and in force under the **Group Policy**.

18. **Sum Assured** means the amount that **We** promise to pay upon the death of an **Insured Member** covered under this **Group Policy**.

19. **Terminal Illness** means advanced or rapidly progressing incurable illness certified by an attending consultant and **Our** Chief Medical Officer to the effect that life expectancy of the **Insured Member** is not greater than 6 months.

20. **We**, **Us** or **Our** means PNB MetLife India Insurance Company Limited.

21. **You** or **Your** means the **Group Policyholder** named in the **Group Policy Schedule**.
1. Policy Features

PNB MetLife Group Term Life Plus is a non-linked, non-participating group insurance product. This Group Policy offers the benefits listed below and is renewable annually. The benefits will be payable subject to the terms and conditions of this Group Policy, including the Premium Payment Conditions set out below.

2. Commencement of Insurance Coverage for Insured Members

   For Insured Members whose total sum assured under all group policies held by the Group Policyholder with Us is less than or equal to the Free Cover Limit, the insurance coverage under this Group Policy shall commence on the Effective Date of Coverage.

   For Insured Members ‘Actively at work’ clause stands as follows: Employees who are absent from work on medical ground for 10 or more continuous days (including the date of commencement of coverage) on the date of commencement of coverage are not actively at work. The coverage of all such employees will commence from the day they resume their work subject to acceptance of risk cover by the Company’s Board approved underwriting policy.

   For an Insured Member whose total sum assured under all group policies held by the Group Policyholder 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 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.

   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 Sum Assured above the Free Cover Limit based on the results of the Individual Underwriting, the 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 Sum Assured is in excess of the Free Cover Limit, in accordance with Our Board approved underwriting policy.

3. Increase or Decrease in Insurance Coverage of Insured Members

   The Sum Assured with respect to an Insured Member may be increased or decreased during the term of the Group Policy due to change in the employment status of the Insured Member. We and You can mutually agree in writing on such other rules for the purpose increasing or decreasing the Sum Assured to the Insured Member.

   For an Insured Member, whose total sum assured under all group policies held by the Group Policyholder with Us after an increase in Sum Assured is less than the Free Cover Limit, the increased cover shall take effect on the date the Insured Member becomes eligible for the increased coverage based on the rules as agreed by Us.

   For an Insured Member, whose total sum assured under all group policies held by the Group Policyholder with Us after
an increase in **Sum Assured** is greater than the **Free Cover Limit**, the eligibility of the **Insured Member** for the portion of the increased **Sum Assured** in excess of the **Free Cover Limit** shall be determined in accordance with the Individual Underwriting process set out above.

4. **Policy Benefits**

4.1. **Death Benefit for Insured Members**

On the occurrence of the death of an **Insured Member** when the **Group Policy** is in force we will pay the **Nominee** the **Sum Assured** or the balance of the **Sum Assured** (if any), if any payment has already been made to **You** / **Nominee** under the **Accelerated Benefit Option**.

4.2. **Accelerated Benefit Option**

This benefit will be available only if the **Group Policy Schedule** specifies that the **Accelerated Benefit Option** is in force for the **Insured Member**.

On the **Insured Member** being diagnosed with a **Terminal Illness** when the **Group Policy** is in force we will pay **You** / **Nominee** the agreed percentage of the **Sum Assured** as specified in the **Group Policy Schedule**.

If the **Sum Assured** has been paid in full in respect of an **Insured Member** under the **Accelerated Benefit Option**, the **Insured Member** will be included as an **Insured Member** under the **Group Policy** on the next **Annual Renewal Date** only if the inclusion of that person as an **Insured Member** is in accordance with our Board approved underwriting policy.

4.3. **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 **Group Policy** for your reference.

4.4. **Suicide Exclusion**

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

This suicide exclusion will not be applicable if:

(a) the group enrolled for this **Group Policy** is shifting from another life insurer or

(b)

(c) all **Your** employees compulsorily participate under the **Group Policy** and the group has at least 1,000 **Insured Members** and the **Insured Members** cannot exercise any choice in terms of choosing the amount of coverage.

5. **Premium Payment Conditions**

5.1. **Premium rate**

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

You shall pay the Premium in full by the Premium Due Date and in any event before the expiry of the grace period (a period of 15 days if the Premium is payable monthly and a period of 30 days if the Premium is payable in any other mode. If the Premium is not received in full at the expiry of the grace period the Group Policy shall lapse and insurance cover under this Group Policy for all Insured Members shall forthwith terminate. Upon the Insured Member’s death during the grace period, the benefits under this Group Policy shall be payable in full after deduction of the Premium due in respect of that Insured Member. For any new Insured Member covered by this Group Policy, a proportionate Premium shall be charged from the day he becomes an Insured Member, up to the next Annual Renewal Date or the next Premium Due Date whichever occurs first. Insurance cover for such Insured Members shall not commence unless such proportionate Premium is paid to Us.

6. Experience Refund:

If the Group Policy Schedule specifies that an experience refund option has been availed of by the Group Policy Holder then the Group Policy Holder shall be entitled to an experience refund calculated on the following basis:

The experience refund would be calculated at the end of each Group Policy anniversary based on following formula. If there is any positive amount; the same can be adjusted against the Premium to be paid on renewal of the Group Policy or may be refunded as cash even if the Group Policy is not renewed with the Company.

Experience Refund = X% * (P – E – C – B – L)

Where:

- X % is the profit sharing factor as fixed by the Company.
- P = premiums received
- E = expenses allocated
- C = incurred claims (both Reported and incurred but not reported claims)
- B = Remuneration / Commission paid
- L = losses carried forward from the previous year, if any

The losses shall be “carried forward” until they are set off completely i.e. until their value is reduced to zero subject to a maximum of 5 years from the end of the year when losses occurred.

While calculating experience refund, health extra and rider premiums are excluded. There will be a loading in the Premium rate for availing the experience refund feature. The experience refund option is only available to groups where the minimum number of life to be covered is not less than 1000 lives.

Experience Rating Adjustment percentage shall not exceed 90% for the Group Policy.
PART – D

GROUP POLICY SERVICING CONDITIONS

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

1. Free Look Period
   1.1. You have a period of 15 days from the date of receipt of the Group Policy to review the terms and conditions of this Group Policy. If You have any objections to the terms and conditions, You may cancel the group policy by giving written notice to Us stating its reasons for objection and You will be entitled to a refund of the Premium received subject to deduction of proportionate risk premium for the period of cover, stamp duty charges and/or the expenses incurred on medical examination (if any) of the Insured Members (if any). All rights under this Group Policy shall immediately stand extinguished at the cancellation of the Group Policy.

   1.2. If the Premium is paid entirely by the Insured Member and the Insured Member disagrees with the terms and conditions of the Group Policy, he may cancel his coverage under the Group Policy by giving Us a written notice within 15 days of receiving confirmation of coverage stating the reasons for objection and We shall refund the Premium received in respect of such Insured Member after deducting stamp duty charges and expenses towards medical examination, if any, for that Insured Member.

2. Reinstatement

The Group Policy 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 Premium in full. The Group Policy will be revived in accordance with Our Board approved underwriting policy.

3. Group Policy Renewal

This Group Policy shall be renewed on mutually agreed terms, on the Annual Renewal Date.

If You decide to renew the Group Policy 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.

3.1.

4. New Members Addition

After the Date of Inception of the Group Policy 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. Claims Procedure

Written notification of a claim shall be given to Us along with following information and documentation within 30 days of the death of an Insured Member or as soon thereafter as is reasonably possible:

(a) Claimant statement in format prescribed by Us, duly completed.
(b) Certified copy of the official death certificate issued by a competent authority acceptable to Us.

(c) Leave records of the Insured Member.

(d) Your declaration and certificate that that the Insured Member was a member of Your group at the time of the death of Insured Member.

(e) Last attending physician’s certificate, in the format provided by the Us, if the death of the Insured Member is due to a natural cause.

(f) Police inquest report and post mortem report if the death of the Insured Member is due to an unnatural cause.

(g) Certification of the details of the Nominee (if any).

(h) Any additional document(s) as required by Us.

Written notification of claims for payment of the Accelerated Benefit Option shall be given to Us along with following information and documentation within 30 days of the Insured Member being conclusively diagnosed with the Terminal Illness or as soon thereafter as is reasonably possible:

(a) Claimant statement in format prescribed by Us.

(b) Leave records of the Insured Member.

(c) Your declaration and certificate that that the Insured Member is a member of Your group at the time of the conclusive diagnosis of the Terminal Illness.

(d) Last attending physician’s certificate, in the format provided by the Us.

(e) Certification of the details of the Nominee (if any).

(f) Any additional document(s) as required by Us.

In the event of delay in intimation of a claim to Us, due to reasons beyond Your/claimant's control, We may condone such delay on merits.

6. Provision of Information

You shall furnish Us with all particulars relevant to the Group Policy and to the operation of this Group Policy 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 Group Policy, 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.

7. Termination of the Group Policy

7.1. Coverage under this Group Policy for all Insured Members shall terminate on the occurrence of the earliest of the following:

(a) Expiration as a result of non-payment of 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 Group Policy by the Group Policyholder**

You may terminate this Group Policy by giving Us at least 30 days written notice. If the Group Policy is terminated by You, 100% of the unexpired 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.

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

(a) The Insured Member’s death;

(b) Settlement of an Accelerated Benefit Option claim in respect of the Insured Member (if applicable), provided that the entire Sum Assured has been paid under the Accelerated Benefit Option claim;

(c) 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 Group Policy by way ceasing to be an Eligible Member or voluntarily withdraws from the membership, 100% of the unexpired Premium with respect to the Insured Member shall be refunded without interest.
PART E

POLICY CHARGES

There are no policy charges applicable under this Group Policy.
PART F

GENERAL TERMS & CONDITIONS

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

1. **Taxation**
   
   Any tax benefits under the **Group Policy** 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 **Group Policy**, 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 **Group Policy** for your reference.

2. **Non-assignment of Benefits**

   No assignment of the benefits is permissible under this **Group Policy**. The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by **You**, the **Insured Members** or the **Nominees** or any other persons.

3. **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.

4. **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.

5. **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.

6. **Address for communications**

All notices and communications with respect to this Group Policy shall be sent to Us at 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](http://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

7. **Loss of the Group Policy document**
If the **Group Policy** is lost or destroyed, **You** may make a written request for a duplicate **Group Policy** 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 policy document. Upon the issue of a duplicate policy 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 **Group Policy** document.
PART G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

Grievance Redressal Mechanism

In case You or the Insured Member or the Nominee have any query or complaint or grievance, You/Insured Member/Nominee 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/Insured Member’s/Nominee’s queries or complaints to Our customer services department, and Your/Insured Member’s/Nominee’s grievances to Our grievance redressal officer, who are authorized to review Your/Insured Member’s/Nominee’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/Insured Member’s/Nominee’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 Group Policy.

In case You/Insured Member/Nominee are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Member/Nominee may contact the Authority by any of the following means for resolution:

Authority Grievance Call Centre (IGCC)
Toll Free No.: 155255

You/Insured Member/Nominee can register your complaint online at http://www.igms.irda.gov.in

You/Insured Member/Nominee 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/Insured Member/Nominee are not satisfied with the decision/resolution of the Company, You/Insured Member/Nominee may approach the Insurance Ombudsman at the address in the list of ombudsman below, if Your/Insured Member’s/Nominee’s grievance pertains to:

(a) Insurance claim that has been rejected or dispute of a claim on legal construction of the Group Policy;
(b) Delay in settlement of claim;
(c) Dispute with regard to premium; or
(d) Non-receipt of Your Group Policy document.
The complaint should be made in writing duly signed by the You, Insured Member/Nominee with full details of the complaint and the contact information of complainant.

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

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

List of Insurance Ombudsman

<table>
<thead>
<tr>
<th>CONTACT LOCATION</th>
<th>CONTACT DETAILS</th>
<th>JURISDICTION</th>
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<tbody>
<tr>
<td>AHMEDABAD</td>
<td>2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel.: 079-27546840 , 27545441. Fax: 079-27546142 Email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a></td>
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<td>19/19, Jeevan Soudha Building, Ground Floor 24th Main, J.P. Nagar First Phase, Bengaluru- 560 025 Tel.: 080 – 26652049/26652048 Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></td>
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<td>State of Gujarat, Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</td>
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<td>State of Karnataka.</td>
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<td>States of Madhya Pradesh and Chhattisgarh.</td>
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<td>State of Orissa.</td>
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<td>BHOPAL</td>
<td>Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003. Tel.: 0755-2769201/202. Fax: 0755-2769203 Email: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></td>
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<td>62, Forest park, Bhubneshwar – 751 009. Tel.: 0674-2596003/2596455. Fax: 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a></td>
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<td>States of Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union Territory of Chandigarh.</td>
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<tr>
<td>CHENNAI</td>
<td>Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044-24333668/24335284. Fax: 044-24333664 Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></td>
<td></td>
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<tr>
<td></td>
<td>2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23234057/23232037. Fax: 011-23230858 Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></td>
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<td>State of Tamil Nadu and Union Territory Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</td>
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<td>State of Delhi.</td>
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<tr>
<td>KOCHI</td>
<td>2nd Floor, CC-27/2603, Pulinat Building, M.G. Road, Ernakulam, Kochi-682 015. Tel.:0484-2358759, 2359338. Fax: 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></td>
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<td>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry</td>
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<td>GUWAHATI</td>
<td>Jeevan Nivesh' Bldg., 5th Floor, Near Pan bazar over bridge, S.S. Road, Guwahati –</td>
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<td>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and</td>
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<td>City</td>
<td>Address</td>
<td>State</td>
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<tr>
<td>Tripura</td>
<td>6-2-46, 1st floor, &quot;Moin Court&quot;, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040-65504123/23312122. Fax.: 040-23376599</td>
<td>State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondicherry.</td>
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<tr>
<td>JAIPUR</td>
<td>Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141 -2740363</td>
<td>State of Rajasthan.</td>
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<tr>
<td>LUCKNOW</td>
<td>6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522-2231330/1 Fax: 0522-2231310</td>
<td>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bhalraiz, Barabanki, Raebareli, Sarvasi, Gonda, Faizabad, Amethi, Kaushambi, Balsampa, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Amravati, Krishna, Gokhpur, Deoria, Mau, Ghazipur, Chauda, Ballia, Sidharathnagar.</td>
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<tr>
<td>MUMBAI</td>
<td>3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/6960. Fax: 022-26106052</td>
<td>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane</td>
</tr>
<tr>
<td>PATNA</td>
<td>Kalpana Arcade Building, 1st Floor, Bazar Samiti Road, Bahadurpur, Patna- 800 006 Tel.: 0612- 2680952</td>
<td>States of Bihar and Jharkand</td>
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<tr>
<td>PUNE</td>
<td>3rd Floor, Jeevan Darshan Bldg., N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 -32341320</td>
<td>State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</td>
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