

# PNB MetLife Mera Term Plan

## WELCOME LETTER

[Mr./Ms.Name of the policyholder]  
[Father/husband name]  
[Address]  
[Mobile no']  
<Policy No> <Sourcing Branch>

Date: dd-mm-yyyy

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

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

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

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

|                  |                                   |   |                                |
|------------------|-----------------------------------|---|--------------------------------|
| Policyholder     | Mr./ Ms. [name of Policyholder]   | Beneficiaries/<br>Nominee                 | Mrs. /Mr. Policyholder Nominee |
| Policy Number    | <policy no>                       | Premium Payment Term                      | <N Years>                      |
| Name of the Plan | <b>PNB MetLife Mera Term Plan</b> | Policy Term                               | <N Years>                      |
| Payment Mode     | <Mode>                            | Modal Premium Amount<br>(excluding taxes) | Rs. XXXXX.XX                   |

**Free look Provision:** Please go through the terms and conditions of your Policy very carefully. If you have any objections to the terms and conditions of your Policy, you may cancel the Policy by giving a signed written notice to us within 30 days from the date of receiving your Policy, stating the reasons for your objection and you will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

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

|           |  |                         |          |
|-----------|--|-------------------------|----------|
| Name      | Not Applicable   | Code                    | XXXXXX   |
| E-Mail ID | <a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a> | Mobile<br>/Landline No. | XXXXXXXX |

Wishing you a healthy, secured and a prosperous life

Yours Sincerely,  
PNB MetLife India Insurance Co. Ltd.

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

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

| In case of any queries / concerns, You can reach Us at:                     |   |   |  |
|---|---|---|--|
| Call us at 1800-425-6969 (Toll Free)<br>Or 91-80-2650-2244<br>(8 am – 8 pm) | Email Us at<br><a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a> | Visit <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> to<br>manage your policy online.<br>Register online using your<br>Customer ID & Policy No. | Visit your nearest PNB MetLife<br>Office. Our address details are<br>available on <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> |

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**POLICY PREAMBLE**

**PNB MetLife Mera Term Plan**

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

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

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

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

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

**POLICY SCHEDULE**

|                           |   |
|---------------------------|---|
| <b>Name of the Plan</b>   | PNB MetLife Mera Term Plan              |
| <b>Nature of the Plan</b> | Non-Linked, Non-Participating Term Plan |
| <b>UIN</b>                | 117N092V02                              |

| Application number | Policy number | Date of issue | Issuing office |
|--------------------|---------------|---------------|----------------|
|--------------------|---------------|---------------|----------------|

**1. Details of the Policyholder and Insured**

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

|                              |   |        |  |
|------------------------------|---|--------|--|
| Is Joint Life Cover chosen?  | Yes / No If 'Yes', the following details will be provided |        |  |
| Name of the Insured (Spouse) |   |        |  |
| Proof of identification      |   | Gender |  |
| Date of birth of Spouse      |   |        |  |
| Whether Age admitted         | <Yes/No>  | Age    |  |

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**2. Policy Benefits**

|   |                          |  |  |
|---|--------------------------|--|--|
| Basic Sum Assured (Insured)                                     |                          | Rs. <>   |  |
| Basic Sum Assured (Spouse)                                      |                          | Rs. <> , payable in lump sum to the nominee in case of death   |  |
| How Death Benefit of Insured will be paid?                      | <b>Available Options</b> | <b>Benefit Details</b>   | <b>Option Selected</b>                                   |
|   | Option 1                 | By Lump Sum  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Option 2                 | 50% in lump sum and the balance in equal monthly instalments over 120 months<br>If chosen, the equal monthly instalment amount = Rs.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Option 3                 | 50% in lump sum and the balance in increasing monthly instalments over 120 months (*)<br>If chosen, the First Year monthly instalment amount = Rs.                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Option 4                 | 50% in lump sum and the balance in level monthly instalments till the nominated child (^) attains age 21 years.<br>If chosen, the current age of the nominated child: xx years | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is Life Stage Option chosen?                                    |                          | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Please refer to Section 2.4 mentioned below for further details on the chosen benefit.                             |  |
| Joint Life Cover Option   |                          | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Please refer to Section 2.3 mentioned below for further details on the chosen benefit.                             |  |
| <b>Details of Additional Benefits chosen (For Insured only)</b> |                          |  |  |
| Additional Optional Rider Benefits                              | Rider Policy Number      | Rider Sum Assured  |  |
| Accidental Death Benefit Sum Assured                            |                          | Rs. <>   |  |
| Accident Disability Benefit Sum Assured                         |                          | Rs. <>   |  |
| Critical Illness Sum Assured                                    |                          | Rs. <>   |  |
| Serious Illness Sum Assured                                     |                          | Rs. <>   |  |

**3. Policy Details**

|                                    |  |
|------------------------------------|--|
| Date of Inception of the Policy    |  |
| Date of Commencement of the risk   |  |
| Completion Date of the Policy Term |  |
| Policy Term                        |  |
| Policy currency                    |  |
| Annualized Premium                 | Insured Rs. <>                      Spouse Rs.<>   |
| Rider Premiums                     | PNB MetLife Accidental Death Benefit              Rs.<br>MetLife Accidental Disability Benefit              Rs.<br>MetLife Critical Illness Benefit                      Rs.<br>PNB MetLife Serious Illness Benefit                Rs. |

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**4. Premium Details**

|                             | <b>Insured</b> | <b>Spouse</b> | <b>Accidental Death Benefit</b> | <b>Accidental Disability Benefit</b> | <b>Critical Illness Benefit</b> | <b>Serious Illness Benefit</b> |
|-----------------------------|----------------|---------------|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|
| <b>Annualized Premium</b>   | Rs. <>         |               |                                 |                                      |                                 |                                |
| Modal Premium               | Rs. <>         |               |                                 |                                      |                                 |                                |
| GST                         | Rs. <>         |               |                                 |                                      |                                 |                                |
| Total Modal premium amount* | Rs. <>         |               |                                 |                                      |                                 |                                |
| Premium Frequency           |                |               |                                 |                                      |                                 |                                |
| Premium due date            |                |               |                                 |                                      |                                 |                                |
| Last due date of premium    |                |               |                                 |                                      |                                 |                                |
| Premium Payment term        |                |               |                                 |                                      |                                 |                                |

\* Includes GST at prevailing rates. Premium rates are subject to change in case of any variance in the present rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s) by competent authority, the same would be borne by the Policyholder.

|                                     |  |
|-------------------------------------|--|
| <b>Special provisions / options</b> |  |
|-------------------------------------|--|

**5. Nominee details**

| <b>Name(s) of the Nominee (For Insured)</b> | <b>Relationship</b> | <b>Share(s) %</b> |
|---|---------------------|-------------------|
| 1)  |                     |                   |
| 2)  |                     |                   |
| 3)  |                     |                   |
| 4)  |                     |                   |

| <b>Name(s) of the Nominee (For Spouse)</b> | <b>Relationship</b> | <b>Share(s) %</b> |
|--|---------------------|-------------------|
| 1)   |                     |                   |
| 2)   |                     |                   |
| 3)   |                     |                   |
| 4)   |                     |                   |

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

|                       |  |  |
|-----------------------|--|--|
| <b>Appointee name</b> |  |  |
|-----------------------|--|--|

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

(\*) The first year Monthly Income shall be 0.39% of the Base Sum Assured thereafter increasing @ 12% simple per annum

(^) Please check the level monthly income factor to be applied on Base Sum Assured given under Part - C

**DEFINITIONS APPLICABLE TO YOUR POLICY**

Part - B

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

1. **Age** means age of the **Insured** as of his last birthday and is as shown in the **Schedule**.
2. **Annualized Premium** means one full year's **Regular Premium** less loading charged if any, by **Us**.
3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
4. **Appointee** means the person named in the **Schedule** to receive payment under this **Policy**, if the **Nominee** is a minor at the time payment becomes due under this **Policy**.
5. **Basic Sum Assured** means the amount specified in the **Schedule**.
6. **Business Day** means a working day of **Our** registered office.
7. **Completion Date of the Policy Term** means the expiry date of this **Policy** as shown in the **Schedule**
8. **Date of Commencement of Risk** means the date on which the risk under the **Policy** comes into effect and is as specified in the **Schedule**.
9. **Date of Inception of the Policy** means the date on which this **Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Schedule**.
10. **Date of commencement of the Policy** is the same of the **Date of Inception of the Policy**.
11. **Death Benefit** means the **Death Sum Assured** which is higher of 10 times the annualized premium or 105% of all premiums paid as on the date of death or the minimum guaranteed sum assured on maturity or any absolute amount to be paid on death  
Wherein; Absolute amount paid on death is the **Basic Sum Assured** of the policy  
Minimum guaranteed sum assured on maturity is zero as it is a term product.
12. **Financial Year** means the twelve month period between April and March of each calendar year.
13. **Grace Period** means a period of 15 days if the **Regular Premium** is payable monthly and 30 days for all other frequencies for payment of **Regular Premium**.
14. **Insured** means the person insured as named in the **Schedule**.
15. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
16. **Nominee** means the person named in the **Schedule** who has been nominated by **You** to receive the benefits under the **Policy**.
17. **Policy** means this contract of insurance, as evidenced by the **Policy Document**.
18. **Policy Document** means this document, any endorsements issued by **Us**, the **Schedule** and the **Application**.

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19. **Policy Anniversary** means the period of one year from the **Date of Commencement of Risk** and every date falling one year thereafter, till the **Completion Date of the Policy Term**.
20. **Policy Year** means a period of twelve consecutive calendar months from the **Date of Commencement of Risk**.
21. **Policy Term** means the period commencing on the **Date of Commencement** and concluding on the **Completion Date of the Policy Term**.
22. **Premium Payment Term** means the period specified in the **Schedule** for which **Regular Premium** must be paid.
23. **Regular Premium** means the regular payments to be made by **You**, to keep the **Policy** in force, in accordance with the frequency of payment chosen by **You** and is the amount as specified in the **Schedule**
24. **Revival Period** means a period of 2 years from the due date of the first unpaid **Regular Premium** during which the **Policy** may be revived.
25. **Schedule** means the policy schedule set out above that **We** have issued, along with any annexure, tables or endorsements attached to it from time to time.
26. **We, Us or Our** means PNB MetLife India Insurance Company Limited.
27. **You or Your** means the Policyholder as named in the **Schedule**. The Policyholder and the **Insured** are the one and the same under this **Policy**.

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

MetLife Mera Term Plan is a non-linked, non-participating term plan. This plan offers the benefits listed below. The benefits will be payable subject to the terms and conditions of this **Policy**, including the Premium Payment Conditions set out below.

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

Upon the **Insured's** death when the **Policy** is in full force and effect, **We** shall pay the **Nominee** (or the **Appointee**, in the event applicable) the **Death Sum Assured** as the Death Benefit through the options appearing below. The **Schedule** will specify the option chosen, at the inception of the **Policy**, for paying the **Death Benefit**:

- (a) **Option 1 - Lump Sum Option**: Receive the **Basic Sum Assured** specified in the **Schedule** forthwith in lump sum.
- (b) **Option 2 - Family Income Option**: Receive 50% of the **Basic Sum Assured** in lump sum and a monthly income in the form of equal monthly installments on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death and continuing for 120 months with each monthly installment being 0.58% of the **Basic Sum Assured**.
- (c) **Option 3 - Increasing Family Income Option**: Receive 50% of the **Basic Sum Assured** in lump sum and a monthly income on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death and continuing for 120 months in the following manner:
- (i) During the first year, **We** will pay a level monthly income of 0.39% of the **Basic Sum Assured**, limited to a total of 12 (Twelve) regular monthly incomes; and
- (ii) After the first 12 months till the end of the aforesaid period of 120 months, the monthly income payable by **Us** shall increase by 12% simple per annum of the first year monthly income of 0.39 % of the **Basic Sum Assured**.
- (d) **Option 4 - Child Benefit Option**: Receive 50% of the **Basic Sum Assured** in lump sum and a monthly income on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death till the **Nominee** child attains the age of 21 years in the following manner:

| Attained Age of child at the time of Insured's death | Level Monthly Income Factor (as a proportion of Base Sum Assured) |
|--|---|
| 0  | 0.37%   |
| 1  | 0.38%   |
| 2  | 0.39%   |
| 3  | 0.40%   |
| 4  | 0.41%   |
| 5  | 0.42%   |
| 6  | 0.44%   |
| 7  | 0.46%   |
| 8  | 0.48%   |
| 9  | 0.51%   |
| 10   | 0.54%   |

| Attained Age of child at the time of Insured's death | Level Monthly Income Factor (as a proportion of Base Sum Assured) |
|--|---|
| 11   | 0.58%   |
| 12   | 0.63%   |
| 13   | 0.68%   |
| 14   | 0.76%   |
| 15   | 0.86%   |
| 16   | 1.00%   |
| 17   | 1.21%   |
| 18   | 1.57%   |
| 19   | 2.28%   |
| 20   | 4.43%   |

If the nominated child attaining 21 years, the policy shall continue with the full Death Sum Assured and the death benefit shall be as lump sum.

In case the nominated child predeceases, the policyholder shall have the following options:

- Nominate any other child, having age less than 21 years; or
- Continue the Policy with the Death Sum Assured as lump sum death benefit payable.

However, in case the nominated child dies during the pay-out period of death benefit, then the pay-outs shall continue to be paid to the legal heirs of the insured.

The **Policy** terminates with the payment of last installment of the monthly income.

## 2.2. Additional Optional Rider Benefits

The following additional Optional Rider Benefits are available under the **Policy**. The **Schedule** will specify if the Optional Benefit(s) is in force in respect of the **Insured**. In the event opted for, the Optional Benefit(s) -will be payable in addition to the Death Benefit.

- (a) **Accidental Death Benefit**
- (b) **Accidental Disability Benefit**
- (c) **Critical Illness Benefit**
- (d) **Serious Illness Benefit**

Please refer to the respective Rider Policy Document for full details, if **You** have chosen any of these options

## 2.3 Joint Life Cover:

If **You** have chosen the Joint Life Coverage Option, both **You** (the First life) and **Your** spouse (the Second Life) are covered. The coverage to the Second life shall be equal to 50% of the Sum Assured chosen by **You** subject to a maximum of Rs. 50 lacs. Under this option

- In case of death of the First life the Death Sum Assured in respect of the First life will be paid. The Policy continues with future premium being waived. On the death of Second life thereafter Death Sum Assured in respect of Second Life is paid and the Policy is terminated.
- In case of Second Life predeceasing the First Life, the Death Sum Assured in respect of the Second Life is paid. The Policy shall continue with the base premium.
- If case of death of the both lives simultaneously the Death Sums Assured in respect of both the First Life and the Second Life will be paid and the policy is terminated.



- Once the Joint Life Cover is chosen the policyholder cannot discontinue the coverage of the particular life, unless it is due to the events as mentioned above.
- The option shall only be available where the sum assured of First Life greater than equal to Rs. 50 lacs.

Death sum assured for 'Second life' is defined as higher of 10 times the additional premium or 105% of all additional premiums paid for Second Life cover as on the date of death of the second life or any absolute amount to be paid on death of second life; wherein; Absolute amount paid on death of second life is the Sum Assured payable under this option.

#### 2.4 Life Stage Benefit - Option to increase Sum

If the Life Stage Benefit - Option to increase Sum Assured is chosen, **You** shall have an option to increase the coverage during the Term policy under the following circumstances:

- On **Your** marriage: Equal to 50% of the original cover subject to maximum of Rs. 5,000,000.
- On the birth of the first child: Equal to 25% of the original cover subject to maximum of Rs. 2,500,000.
- On the birth of the second child: Equal to 25% of the original cover subject to maximum of Rs. 2,500,000.

The enhancement of the coverage will be subject additional premiums. The additional premium for the enhanced cover shall be calculated based on **Your** attained age and the prevailing standard premium rates for term assurance cover at the time of exercising the option (i.e., on happening of defined life events) without any medical examination. The maximum additional sum assured put together under all these events will be Rs. 50,00,000.

This option is not available if **You** have opted for Joint Life Coverage.

#### 2.5 Maturity Benefit

There is no maturity benefit payable under this **Policy**.

#### 2.6 Maturity Benefit

There is no survival benefit payable under this **Policy**.

### 3 Premium Payment Conditions

#### 3.1 Payment of Regular Premium

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

#### 3.2 Alteration of the Regular Premium Frequency

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

#### 3.3 Grace Period

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

#### 3.4 Premium Discontinuance

If the **Regular Premium** is not received at any time during the **Policy Term** and the due **Regular Premium** is not received in full during the **Grace Period**, the **Policy** will lapse and no benefits shall be payable under the **Policy** on the occurrence of the **Insured's** death or otherwise. The lapsed **Policy** may be revived in accordance with Section 2 of Part D.

**POLICY SERVICING CONDITIONS**

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

**1. Free Look Period**

You have a period of 30 days from the date of receipt of the **Policy** to review the terms and conditions of this **Policy**. If You have any objections to the terms and conditions, You may cancel the **Policy** by giving written notice to **Us** stating the reasons for Your objection and You will be entitled to a refund of the **Regular Premiums** paid subject to a deduction of proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges.

**2. Procedure for Revival of a Lapsed Policy**

A **Policy** that has lapsed in accordance with Part C may be revived during the **Revival Period** by giving **Us** written notice to revive the **Policy**, provided that:

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

**3. Loan**

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

**4. Surrender**

This **Policy** does not acquire a Surrender Value.

**5. Claims Procedure**

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

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

**6. Termination of the Policy**

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

- (a) Payment of the Death Benefit specified in Part C in full;
- (b) The **Completion Date of the Policy Term**
- (c) On the expiry of the **Revival Period**.

**POLICY CHARGES**

The following fees/charges are applicable under this **Policy**:

1. **Miscellaneous Fee**: This fee is payable for issuing a new **Policy** document if the original **Policy** document has been lost. The Miscellaneous Fee is presently Rs. 200 for each such request.

2. **Notices**:

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

**PNB MetLife India Insurance Company 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](mailto:indiaservice@pnbmetlife.co.in) or

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

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

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

**GENERAL TERMS & CONDITIONS**

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

If You wish to change the **Nominee**, assign the **Policy** or update **Your/Nominee's** address or other contact details in **Our** records, You should do so only through the forms prescribed by **Us** for these purposes. These forms are available at **Our** offices or may be obtained from **Your** financial advisor.

1. **Nomination:**

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as **Annexure** to this **Policy** for your reference.

2. **Assignment:**

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as **Annexure** to this **Policy** for your reference.

3. **Taxation**

The tax benefits on the **Policy** shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under this **Policy**, **We** will deduct or charge or recover taxes including GST and other levies as applicable at such rates as notified by the government or such other body authorized by the government from time to time. Tax laws are subject to change.

4. **Currency & Place of Payment**

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

5. **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. **Suicide Exclusion:** If the Life Assured's death is due to suicide (whether sane or insane at the time of suicide) within one year from the Date of Inception of the Policy, Our liability to make payment under the Policy will be limited only to refunding to the Nominee 80% of the total Premiums paid under the Policy provided the Policy is in Inforce Status. We shall not be liable to pay any interest on this amount.

If the Life Assured's death is due to suicide (whether sane or insane at the time of suicide) within one year from the date of the Revival of the Policy, Our liability to make payment under the Policy to the Nominee will be only limited to the higher of the Surrender Value on the date of death or 80% of the total Premiums paid under the Policy till the date of death provided the Policy is in Inforce Status, We shall not be liable to pay any interest on this amount.

7. **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.

**8. Proof of Age**

- (a) Subject to Section 45 of the Insurance Act 1938, if the actual age of the **Insured** differs from the **Age** stated in the **Application** then:
- (i) If the actual age proves to be higher than what is stated in the **Application**, the **Basic Sum Assured** will be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated. The **Policy** will continue to be in force;
  - (ii) If the actual age proves to be lower than what is stated in the **Application**, the premium paid in excess will be refunded to **You** without interest or may be adjusted towards future premium at **Our** sole discretion. The **Policy** will continue to be in force.
- (b) If the **Insured's** actual age is such that it would have made him/her ineligible for the insurance cover stated in the **Policy**, **We** reserve the right at **Our** sole discretion to take such action as may be deemed appropriate including cancellation of the **Policy** upon payment of the **Surrender Value**.

**9. Loss of the Policy Document**

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

**10. Travel, Residence & Occupation**

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

**11. Changes to the Terms & Conditions**

**We** may, in **Our** sole discretion change the **Policy** terms and conditions with the prior approval of the **IRDA of India**. **We** will notify **You** of any changes to the terms and conditions within four weeks of the change taking place. If **You** object to the changes **You** must give written notice to **Us** within a further four weeks or **You** will be deemed to have accepted the change. If **You** give written notice of **Your** objection within four weeks the **Policy** will be deemed to be surrendered and the applicable **Surrender Value** shall be payable.

**12. Governing Law & Jurisdiction**

The terms and conditions of the 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 Policy shall be subject to the sole and exclusive jurisdiction of the courts situated in Mumbai..

**12. Fraud**

In case of Fraud / Misrepresentation by the **Policyholder**, the **Policy** will be cancelled immediately by refunding the Surrender Value subject to fraud or misrepresentation being proved as per Section 45 of the Insurance Act, 1938

**13. Our Address for Communications**

All notices and communications in respect of this **Policy** shall be addressed to **Us** 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](http://www.pnbmetlife.com),

**Email:** [indiaservice@pnbmetlife.co.in](mailto: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



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

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

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

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

**IRDA of India Grievance Call Centre (IGCC)**

**Toll Free No.: 155255**

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

You can write or fax your complaints to

**Consumer Affairs Department**

**Insurance Regulatory and Development Authority of India**

**9<sup>th</sup> Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh**

**Fax No.: +91-40- 6678 9768**

**E-mail ID:** [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

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

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

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

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

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

#### List of Insurance Ombudsman

| CONTACT LOCATION | CONTACT DETAILS  | JURISDICTION  |
|------------------|--|---|
| AHMEDABAD        | 2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014<br>Tel.:- 079-27546840 , 27545441. Fax:- 079-27546142<br>Email:- <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>                                  | State of Gujarat, Union Territories of Dadra & Nagar Haveli and Daman and Diu.  |
| BENGALURU        | 19/19, JeevanSoudha Building, Ground Floor 24 <sup>th</sup> Main, J.P. Nagar First Phase, Bengaluru- 560 025<br>Tel.: 080 – 26652049/26652048<br>Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a>                             | State of Karnataka.   |
| BHOPAL           | JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003.<br>Tel.:- 0755-2769201/202. Fax:- 0755-2769203<br>Email:- <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>                                | States of Madhya Pradesh and Chhattisgarh.  |
| BHUBANESHWAR     | 62, Forest park, Bhubneshwar – 751 009.<br>Tel.:- 0674-2596003/2596455. Fax:- 0674-2596429<br>Email:- <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>   | State of Orissa.  |
| CHANDIGARH       | S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.<br>Tel.:- 0172-2706468, 2773101. Fax:- 0172-2708274<br>Email:- <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>                                | States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh.                           |
| CHENNAI          | Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018.<br>Tel.:- 044-24333668/24335284. Fax:- 044-24333664<br>Email:- <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>                                 | State of Tamil Nadu and Union Territory Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). |
| DELHI            | 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.<br>Tel.:- 011-23234057/23232037. Fax:- 011-23230858<br>Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>   | State of Delhi.   |
| KOCHI            | 2 <sup>nd</sup> Floor, CC-27/2603, Pulinat Building, M.G. Road, Ernakulam, Kochi-682 015.<br>Tel.:-0484-2358759, 2359338. Fax:- 0484-2359336<br>Email:- <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>                             | State of Kerala and Union Territory of<br>(a) Lakshadweep<br>(b) Mahe – a part of Union Territory of Pondicherry          |
| GUWAHATI         | JeevanNivesh' Bldg., 5th Floor, Near. Pan bazar over bridge, S.S. Road, Guwahati – 781001.<br>Tel.:- 0361-2132204/2132205. Fax:- 0361-2732937<br>Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>                              | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.                                    |
| HYDERABAD        | 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.<br>Tel.:- 040-65504123/23312122. Fax:- 040-23376599<br>Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a> | State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondicherry.                 |
| JAIPUR           | JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005.<br>Tel.: 0141 -2740363<br>Email:- <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a>  | State of Rajasthan.   |
| KOLKATA          | Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072.  | States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.                                       |

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|----------------|--|---|
|                | TEL : 033-22124339/22124346. Fax : 033-22124341<br>Email:- <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>  |   |
| <b>LUCKNOW</b> | 6th Floor, JeevanBhawan,<br>Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226<br>001.<br>Tel.:- 0522-2231330/1<br>Fax:- 0522-2231310<br>Email:- <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a> | Districts of Uttar Pradesh : Laitpur, Jhansi,<br>Mahoba, Hamirpur, Banda,<br>Chitrakoot, Allahabad, Mirzapur, Sonbhadra,<br>Fatehpur, Pratapgarh, Jaunpur, Varanasi,<br>Gazipur, Jalaun, Kanpur, Lucknow, Unnao,<br>Sitapur, Lakhimpur, Bahraich, Barabanki,<br>Raebareli, Sravasti, Gonda, Faizabad, Amethi,<br>Kaushambi, Balrampur, Basti, Ambedkarnagar,<br>Sultanpur, Maharajgang, Santkabirnagar,<br>Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau,<br>Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| <b>MUMBAI</b>  | 3rd Floor, JeevanSevaAnnexe,<br>S. V. Road, Santacruz (W), Mumbai - 400 054.<br>Tel.:- 022-26106552/6960. Fax:- 022-26106052<br>Email:- <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>               | States of Goa,<br>Mumbai Metropolitan Region<br>excluding Navi Mumbai & Thane   |
| <b>NOIDA</b>   | BhagwanSahai Palace, 4 <sup>th</sup> Floor, Main Road, Naya Bans,<br>Sector-15, G.B. Nagar, NOIDA-201301<br>Tel.:- 0120-2514250/51/53<br>Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a>         | State of Uttaranchal and the following Districts of<br>Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly,<br>Bijnor, Budaun, Bulandshehar, Etah, Kanooj,<br>Mainpuri, Mathura, Meerut, Moradabad,<br>Muzaffarnagar, Oraiyya, Pilibhit, Etawah,<br>Farrukhabad, Firozbad, Gautambodhanagar,<br>Ghaziabad, Hardoi, Shahjahanpur, Hapur,<br>Shamli, Rampur, Kashganj, Sambhal, Amroha,<br>Hathras, Kanshiramnagar, Saharanpur.  |
| <b>PATNA</b>   | Kalpana Arcade Building, 1 <sup>st</sup> Floor, Bazar Samiti Road,<br>Bahadurpur, Patna- 800 006<br>Tel.: 0612- 2680952<br>Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>                       | States of Bihar and Jharkand  |
| <b>PUNE</b>    | 3 <sup>rd</sup> Floor, JeevanDarshan Bldg.,<br>N.C. Kelkar Road, Narayan Peth, Pune – 411 030.<br>Tel.: 020 -32341320<br>Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a>                           | State of Maharashtra, Area of Navi Mumbai and<br>Thane excluding Mumbai Metropolitan Region.  |