

Part - A

WELCOME LETTER

Date: dd-mm-yyyy

[Name of the group policyholder]
 [Address]
 [Mobile Number]

<Policy No> <Sourcing Branch>

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 nationalized bank in India serving more than 80 million + customers in the last 120 +years. You can be assured that you have chosen the right partner for life.

Please find enclosed the Group Policy Document, Customer Information Sheet (if applicable), along with other related information, including a copy of your Proposal form. Some key details of your Group Policy are:

Group Policyholder	[x]	Type of Group	Employer-Employee
Group Policy Number	<group policy no>	Premium Received	Rs. XXXXX.XX
Name of the Plan	PNB MetLife Group Term Life Plus		
Policy Term	[Annually renewable]		

Free look Provision:

Please go through the terms and conditions of your Group 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 written notice to us within 30days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, , 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 and expenses if any, incurred on medical examination and stamp duty charges

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 sourcing details for your policy are mentioned below.

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

We look forward to being your partner in this wondrous journey of life.

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:			
Call us at 1800-425-6969 (Toll Free)	Email Us at indiaservice@pnbmetlife.co.in	Visit www.pnbmetlife.com to manage your policy online. Register online using your Customer ID & Policy No.	Visit your nearest PNB MetLife Office. Our address details are available on www.pnbmetlife.com

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

Group Policy Preamble

**[PNB MetLife Group Term Life Plus]
Non-linked Non-Participating One-year Renewable Pure Risk Group Life Insurance Plan**

This is a contract of group insurance between You and PNB MetLife India Insurance Company Limited. This contract of group insurance has been enacted on receipt of the premium deposit and is based on the details in the Proposal form 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 Register of Members 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

[Signature]

[Name of signing authority]

[Designation of signing authority]

Group Policy Schedule

Name of the Plan	[PNB MetLife Group Term Life Plus]
Nature of the Plan	[Non-linked, Non-Participating One-Year Renewable Pure Risk Group Life Insurance Plan]
UIN	[117N049V04]

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

Name of the Group Policyholder	
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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	
Riders Applicable	
Number of lives (at Date of Inception of Group Policy)	
Initial Premiums Received	Rs.
GST*	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
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3. Coverage Structure

Grade Description	Base Plan
Employee / Member Cover	

4. Contribution: Premiums to be borne by

Contribution	Grade Name	Base Plan

PH: Group Policyholder, IM: Insured Member

5. Details of Agent/Corporate Agent/Intermediary

Name	
Appointment No. / License number	
Phone number	
Address	
Email address	

6. Premium Details

Premium payment type	[Regular Premium]
Premium amount GST*	Rs. <>
Total premium amount	Rs. <>

*Premium amount paid by the **Group Policyholder/Insured Member** is inclusive of GST 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) by the competent authority. In case of any such variance in the present rate of GST or any new or additional tax/levy being imposed, the same shall be borne by the **Group Policyholder**.

Policy Currency: Indian Rupees (INR)

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. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **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**.
3. **Age** means the age of the **Insured Member** as of last birthday.
4. **Annual Renewal Date** means the date on which the **Group Policy** is due for renewal as stated in the **Group Policy Schedule**.
5. **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.
6. **Authority** means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and Development Authority Act, 1999.
7. **Certificate of Insurance (COI)** means the certificate issued by **Us** to the **Insured Member**.
8. **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** and is as specified in the **Group Policy Schedule**.
9. **Effective Date of Coverage** is same as the **Date** on which an **Eligible member** is added to the **Group Policy** as an **Insured Member**.
10. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Group Policy Schedule**.
11. **Free Cover Limit** means insurance coverage provided by **Us** based on the risk characteristic of the group under all group policies issued to a **Group Policyholder** upon satisfying **Our** eligibility criteria. The **Free Cover Limit** is stated in the **Group Policy Schedule**.
12. **Grace Period** for other than single premium policies means the time granted by **Us** from the due date for the payments of **Premium**, without any penalty or late fee, during which time that coverage under the **Group Policy**

is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the **Group Policy**. The **Grace Period** for payment of **Premium** is 15 days, where the **Insured Member** pays the **Premium** on a monthly basis and 30 days in quarterly & half yearly cases.

13. **Group Policy/Group Policy Document** means this contract of insurance, and endorsements issued by Us, the **Group Policy Schedule**, the Annexures and the Proposal form.
14. **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.
15. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Group Policy Schedule**.
16. **Lapse** means a condition wherein the due Premiums have not been paid in full, as required under the Group Policy terms and conditions, thereby rendering this Group Policy unenforceable. No benefits will be paid when the Group Policy is in Lapse status.
17. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy.
18. **Nominee** means the person(s) nominated under Section 39 of the Insurance Act, 1938, as amended from time to time, to receive the benefits payable under the **Group Policy** in respect of the **Insured Member**.
19. **Policy Document** means this **Group Policy**, any endorsements in this document issued by **Us**, the **Group Policy Schedule**, the **Application** and the **Annexure**.
20. **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**.
21. **Premium Due Date** means the date on which the **Premium** becomes payable as stated in the **Group Policy Schedule**.
22. **Proposal Form** means a form in written or electronic or any other format permitted by the Authority, is completed by the prospect Group Policy Holder prior to issuance of this Policy for furnishing the material information and disclosures about the underlying risk inclusive of any annexures or supplementary information submitted to the Company to effect this Group Policy.

- 23. Register of Members** means a register maintained by Us consisting of details of each Insured Member, Joint Life, including but not limited to name, age, sex, salary, Sum Assured, retirement date, the Effective Date of Coverage, beneficiary and any special conditions applicable to an Insured Member.
- 24. Rider** means the insurance cover(s) added to a base product for additional premium or charge. The **Group Policy Schedule** will specify if any **Riders** are available and in force under the **Group Policy**.
- 25. Rider benefits** means an amount of benefit payable on occurrence of a specified event covered under the rider and is an additional benefit to the benefit under the base product.
- 26. Sum Assured** means the amount that **We** promise to pay upon the death of an **Insured Member** covered under this **Group Policy**.
- 27. Terminal Illness** means advanced or rapidly progressing incurable disease where, in the opinion of two independent Medical Practitioners' specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent Medical Practitioners' specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. The policy terminates with the payment of terminal illness benefit.
- 28. We, Us or Our** means PNB MetLife India Insurance Company Limited.
- 29. You or Your** means the **Group Policyholder** named in the **Group Policy Schedule**.

PART – C

POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS

1. Policy Features

PNB MetLife Group Term Life Plus is a Non-linked, Non-participating One-Year Renewable Pure Risk Group Life Insurance Plan. 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. Policy Benefits

2.1. 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**.

2.2. 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.

3. Premium Payment Conditions

3.1. 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**.

3.2. **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 case of quarterly & half yearly 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.

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 If Group Policyholder has any objections to the terms and conditions of this Group Policy, the policy may be cancelled by giving a written notice to Us within 30 days from the date of receiving the Group Policy Document, whether received electronically or otherwise, stating the reasons for objection. The Group Policyholder 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).

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/she may cancel his/her coverage under the **Group Policy** by giving Us a written notice within 30 days of receiving confirmation of coverage, whether received electronically or otherwise, stating the reasons for objection and **We** shall refund the **Premium** received in respect of such **Insured Member** after deducting proportionate risk premium for the period of cover, stamp duty charges and expenses towards medical examination, if any, for that **Insured Member**.

2 Group Policy Renewal

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

You shall provide all requisite information with respect to this insurance cover, as may be reasonably requested by Us from time to time, in order to facilitate the renewal pricing of the **Group Policy**

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 New Members Addition

After the **Effective date 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.

4 **Loan**

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

5 **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.

6 **Termination of the Group Policy**

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.

(c) **Termination of the Group Policy by the Company**

Company may terminate this Group Policy by giving at least 30 days written notice to the Group Policyholder.

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

(a) The date of receipt of the intimation of death of the insured member

(b) The Date the Insured Member attains age 81 years or retirement age as stated in the Schedule, whichever is earlier.

(c) 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;

(d) The date the **Insured Member** ceases to be an **Eligible Member** or resigns / retires / voluntarily withdraws from the membership.

(e) At the end of the coverage tenure (i.e. Maturity of the coverage)

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

Not applicable

PART F

GENERAL TERMS & CONDITIONS

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

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 A to this Group 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 A to this Policy for your reference.

3. 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.

4. **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. **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.

$$\text{Experience Refund} = X\% * (P - E - C - B - L)$$

Where:

- X % is the profit sharing factor as fixed by the Company.
- P = premiums received (excluding conversion option)
- E = expenses allocated
- C = incurred claims (both Reported and incurred but nor 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.

5. Claims Procedure

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

We request following set of documents:

1. Duly filled and signed Claim form
2. Copy of valid death certificate issued by local authority.
3. Current address proof & Photo identity proof of the rightful nominee/ legal heir
4. PAN Card or Form 60 of the nominee
5. Cancelled cheque / Copy of bank passbook of the rightful nominee/legal heir
6. Complete Medical records (Indoor Case Papers/Death Summary/ Discharge summary /Medical Test & investigation reports etc.) for any treatment taken in past or at the time of death.
7. Copy of FIR, Panchnama, Inquest report, Postmortem report
8. Viscera / Chemical analysis report, Obituary/ Newspaper cutting (if available)
9. Succession certificate/ Legal Heir certificate in case of absence of nominee

Note - The company has the right to ask for additional documents deemed necessary to decide the claim which do not form part of the above-mentioned list.

6. Taxation

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

7. Fraud and Misstatement

Fraud, and Misstatement 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

8. Suicide Exclusion

If the Insured Member's death is due to suicide within 12 months from the Date of Joining 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. Suicide clause will be applicable only for a period of 1 year from the date of joining of a member in the scheme and shall not be reimposed upon continuous renewal of the member's coverage in Group Policy

This suicide exclusion will not be applicable if:

- (a) If the group enrolled for this **Group Policy** is shifting from another Life Insurer or
- (b) 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.

9. Loss of the Group Policy document

If the **Group Policy** is lost or destroyed, a duplicate **Group Policy** document shall be issued upon receipt of a written request from You subject to submission of affidavit- cum-indemnity in the format prescribed by US on stamp paper of requisite value of Rs. 200. Please note that laws related to stamp duty are subject to amendments made thereto from time to time. Upon the issuance of a duplicate Policy, the original Policy Document will 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 Policy document.

10. Policyholder's Rights

To exercise **Your** rights or options, under this **Group Policy**, **You** should follow the procedures stated in this **Group Policy**. If **You** want to change the address or exercise any other options under the **Group Policy**, **You** shall do so only using the forms prescribed for each purpose which are available with **Your** financial advisor, from **Our** local office or can be downloaded from **Our** website www.pnbmetlife.com.

11. Travel, Residence & Occupation

This Policy does not impose any restrictions as to travel and residence. This Policy does not impose any restrictions as to occupation.

12. 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.

13. Address for communications

All notices and communications with respect to this **Group Policy** shall be addressed to **Us** at following address:

PNB MetLife India Insurance Company Limited,

Unit No. 101 , First Floor, Techniplex I,

Techniplex Complex, Off Veer Savarkar Flyover,

S.V. Road, Goregaon (West),

Mumbai – 400 062, Maharashtra

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

Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in or

1. PART – G

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:

Level 1

For any complaint/grievance, approach any of Our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at indiaservice@pnbmetlife.co.in
- Write to

Customer Service Department,

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

- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

Level 2:

In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, You may

- Write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in or

Send a letter to

PNB MetLife India Insurance Co. Ltd,

Unit No 302,3rd Floor, Tower 3, Worldmark,

Maidawas, Sector - 65, Gurugram, Haryana – 122018

Please address Your queries or complaints to our customer services department, and Your grievances to our grievance redressal officer on the address referred above, 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.

Level 3:

If You are not satisfied with the response or do not receive a response from Us within fifteen (15) days, You may approach the Bima Bharosa Shikayat Nivaran Kendra on the following contact details:

- Online : You can register Your complaint online at <https://bimabharosa.irdai.gov.in> or refer IRDAI website for more details.
- By Post : You can write Your complaints to
Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500032, Telangana
- By E-mail : E-mail ID: complaints@irdai.gov.in
- By Phone : 1800 4254 732

In case You are not satisfied with the decision/resolution, You may approach the Insurance Ombudsman at the following link: <https://www.cioins.co.in/Ombudsman>, if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy;
- Delay in settlement of claim;
- any partial or total repudiation of claims by Us;
- Dispute with regard to premium; or
- Misrepresentation of terms and conditions of the Policy;
- Policy servicing related grievances against Us or Our agent/intermediary;
- Issuance of Policy in non-conformity with the proposal form;
- Non-issuance of the Policy after receipt of premium; or
- Any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the Regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned above.

- 1) The complaint should be made in writing duly signed by You, Nominee, Assignee or by Your legal heirs with full name, address and contact information of the complainant, the details of our branch or office against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. Per Rule 14(3) of the Insurance Ombudsman Rules, 2017 (Rules), a complaint to the Insurance Ombudsman can be made if the complainant makes a written representation to the Insurer and either the Insurer rejected the complaint or the complainant did not receive any reply within one month after the

Insurer received the complaint, or the complainant is not satisfied with the reply given to him by the Insurer. Further, such a complaint to the Insurance Ombudsman can be made and filed, within one year

- after the order of the Insurer rejecting the representation is received; or
 - after receipt of decision of the Insurer which is not to the satisfaction of the complainant;
 - after expiry of a period of one month from the date of sending the written representation to the Insurer if the Insurer fails to furnish reply to the complainant.
- 2) The Insurance Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these Rules.
- 3) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

List of Insurance Ombudsman

[Note: A list of Insurance Ombudsman is set out below. Please refer to <https://www.cioins.co.in/Ombudsman> for a list of updated Insurance Ombudsman.]

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Office of the Insurance Ombudsman, 1st Floor, “Jeevan Shikha”, 60- Bs, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/2769203</p>	<p>Madhya Pradesh Chhattisgarh.</p>

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.bhopal@cioins.co.in	
BHUBANESHWAR, ODISHA - Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH - Office of the Insurance Ombudsman, Jeevan Deep Building S.C.O. No. 20-27, Ground Floor Sector-17 A, Chandigarh – 160 017. Tel.: 0172 - 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205/ 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

Office Details	Jurisdiction of Office (Union Territory, District)
<p>JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI - Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp. To Maharaja’s College, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:022- 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road,</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri,</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhavan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region),</p>

Annexure A

Section 39, Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the maturity of the policy.

04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.

09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.

11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

13. Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the

policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).

16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details

Section 38, Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a

loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

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Section 45, Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 are as follows:

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a. the date of issuance of policy or b. the date of commencement of risk or c. the date of revival of policy or d. the date of rider to the policy whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from a. the date of issuance of policy or b. the date of commencement of risk or c. the date of revival of policy or d. the date of rider to the policy whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by 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.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.