

# MetLife®

peace of mind. Guaranteed.

MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560004. [www.metlife.co.in](http://www.metlife.co.in) FAX: +91-80-4150 6969

## Welcome Letter

[Redacted]

[Redacted]

Dear Ms. [Redacted]

Welcome to the MetLife family! At MetLife, we strive to provide you with world class insurance solutions, strongly supported by prompt and efficient customer service- to help build your financial independence, while guaranteeing complete peace of mind.

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

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

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

You can keep a track of your policy through the **Policy Information Portal** on our website, <http://www.metlife.co.in>. Your **Log-In ID** will be your **Customer ID** [Redacted] and your chosen password will be confirmed after successful registration.

You may also contact us at our 24 Hour helpline: 1-800-425-6969 (from all landline and mobile) or email us at [indiaservice@metlife.com](mailto:indiaservice@metlife.com). Our customer service executives would be happy to help and assist you.

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

Yours Sincerely,  
MetLife India Insurance Co. Ltd.



**Gaurav Sharma**  
Director- Customer Service and Operations

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## Policy Document

### Met Suidha – Regular Pay (A Participating Endowment Policy)

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

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

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

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

#### Signed by and on behalf of

MetLife India Insurance Co.Ltd.



**Gaurav Sharma**  
Director- Customer Service and Operations

Stamp Duty Rs.16.00/-

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Policy Number	[REDACTED]	Date Of Issue	[REDACTED]	Issuing Office	[REDACTED]
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## 1. Details of the Policy Owner and Insured

Name of the Owner	[REDACTED]			
Proof of Identification	[REDACTED]	Sex	[REDACTED]	
Name of the Insured	[REDACTED]			
Proof of Identification	[REDACTED]	Sex	[REDACTED]	
Date of Birth of Insured	[REDACTED]			
Whether age admitted	[REDACTED]	Age last birthday at entry	[REDACTED]	

## 2. Policy Features

Plan of Insurance	[REDACTED]			
Face Amount	[REDACTED]	Date of Maturity	[REDACTED]	
Effective Date of Policy (Date of Commencement)	[REDACTED]			
Policy Term	[REDACTED]	Premium Paying Period	[REDACTED]	

## 3. Premium Summary

Details of Coverage	Duration of Coverage		Amount of Coverage	Installment Premium	Frequency of Payment
	From	To	Rs.	Rs.	
<b>Base Policy</b> MET Suidha	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
<b>RIDERS</b>					
Accidental Death Benefit			[REDACTED]	[REDACTED]	
Term Rider			[REDACTED]	[REDACTED]	
Waiver of Premium			[REDACTED]	[REDACTED]	
Critical Illness			[REDACTED]	[REDACTED]	
<b>Extra Premium</b>				[REDACTED]	
<b>Total Modal Premium</b>				[REDACTED]	
<b>Due date(s) of Premium</b>				[REDACTED]	

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## The Schedule – Met Suvidha – Regular Pay (A Participating Endowment Policy)

<b>Insured Event upon which Benefits Payable</b>	1.Death of the Life Insured prior to Date of Maturity; or 2.Upon Survival of the Insured to Date of Maturity.
<b>Special Provisions / Options</b>	Automatic premium loan option: Yes Automatic vesting of ownership option: NA

### 4. Beneficiary Details

Name(s) of the Beneficiary	Relationship	Share(s) %
1) [REDACTED]	[REDACTED]	[REDACTED]
2)	–	–
3)	–	–
4)	–	–
<b>Appointee</b>		
	–	



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**First Premium Receipt**

[Redacted text block]

RECEIPT NO: [Redacted]

**POLICY DETAILS:**

Policy Number		[Redacted]	
Life Insured		[Redacted]	
Plan		[Redacted]	
Policy Term	[Redacted]	Premium Paying Term	[Redacted]
		Sum Assured / Face Amount	Installment [Redacted]
Base Policy	[Redacted]	[Redacted]	[Redacted]
Accidental Death Benefit Rider	[Redacted]	[Redacted]	[Redacted]
Critical Illness Rider	[Redacted]	[Redacted]	[Redacted]
Term Rider	[Redacted]	[Redacted]	[Redacted]
Waiver Of Premium Rider	[Redacted]	[Redacted]	[Redacted]
No.of Installments Paid		[Redacted]	
Total Premium		[Redacted]	
Service Tax		[Redacted]	
Education Cess		[Redacted]	
Total Amount Payable		[Redacted]	
Initial Deposit Paid		[Redacted]	
Balance in Policy Deposit		[Redacted]	
Balance in Top up Account		[Redacted]	
Excess Refund Amount		[Redacted]	
Effective Date	[Redacted]	Premium Frequency	[Redacted]
Premium Due	[Redacted]	Next Due Date	[Redacted]
Financial Advisor Name		[Redacted]	
Financial Advisor Code		[Redacted]	

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

\* Tax Benefits

- Premiums paid under MET Pension Plan and Met Advantage Plus Plan, are eligible for a deduction under Section 80 CCC (1) of the income Tax Act, 1961, subject to conditions as mentioned in the section.
- Premiums paid towards Critical Illness Rider, Waiver of Premium Rider and Disability Benefit Rider are eligible for a deduction under Section 80 D of the Income Tax Act, 1961, subject to conditions as mentioned in the section.
- Life Insurance Premiums paid under all other policies towards Base Premium, Term Rider Premium and Accident Benefit Rider Premiums are eligible for a deduction under 80C of the Income Tax Act, 1961 subject to conditions as mentioned in the section.

Place: Bangalore

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

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

## Useful Information that You Can Use

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

- **Payments can be made through:**

**Cheques / Drafts:** At any of our offices or a drop box located near you. Please ensure that the cheque/Draft is drawn out in favour of MetLife India Insurance Company Limited 1200900884789.

Note: Please mention your 13 digit policy number accurately

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

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

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

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

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

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

- **Delay in Payment:**

**Grace Period:** A grace period of 30 days is allowed, from the Premium Due Date, for payment of premium without interest.

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

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

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

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

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

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

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

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

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

### Your Customer Services Toll Free Number:

You can send email to us at:

You can write to us at:

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



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## Terms and Conditions- MET Suvidha - Regular, Limited & Single Pay

### (A Participating Endowment Policy)

#### 1. Owner of the Policy

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

#### 2. Understanding this Policy

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

#### 3. Proof of Age

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

- If the actual age proves to be higher than what is stated in the Application, the Face Amount of Insurance would be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated;  
Or
- If the actual age is lower than that stated in the Application, the premium paid in excess will be refunded to the Owner without interest or may be adjusted towards future premium. The Policy will continue to be in force as per the terms specified therein;  
Or
- If the Insured's actual age is such that it would have made him/ her ineligible for the insurance cover stated in the Policy, we reserve the right at our sole discretion to take such action as may be deemed appropriate including cancellation of the Policy and forfeiture of premium(s) received.

#### 4. Currency and place of Payment

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

#### 5. Participation in Profits

The Company will determine yearly, as a bonus, that part of the divisible surplus, if any, as may be distributed to this policy. Payment of such bonuses shall be as per the norms described in the Policy Bonuses provisions of the Policy.

#### 6. Policy Bonuses

No bonus is payable for the first two policy years. Thereafter a bonus as declared by the Company will be credited as a reversionary bonus on the policy anniversary. A reversionary bonus is an insurance amount in addition to the face amount and whenever vested in the policy is payable together with the face amount on happening of the insured event.

### (A Participating Endowment Policy)

The Company may also declare a terminal bonus as a percentage of the accrued reversionary bonus; and such terminal bonus, if any, will be payable after the 10<sup>th</sup> policy anniversary on happening of the insured event.

#### 7. Benefits Payable

On the happening of the Insured event, the following benefits will be payable:

The Face Amount of Insurance;

##### PLUS

- Any insurance on the life of the Insured that may be provided by riders to this Policy.
- Any accrued reversionary bonus.
- Any terminal bonus.

##### MINUS

- Any premium due and unpaid. – **Applicable in case of Limited Pay and Regular Pay.**
- Any outstanding policy loan and interest accrued thereon.

#### 8. Automatic Vesting

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

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

#### 9. Suicide Exclusion

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

#### 10. Premium Payment

For Regular Pay and Limited Pay-

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

For Single Pay-

- It would be a Single premium Policy.

#### 11. Grace Period – (Applicable in case of Limited Pay and Regular Pay)

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

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

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

#### 12. Automatic Premium Loan – (Applicable in case of Limited Pay and Regular Pay)

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

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

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

#### 13. Reinstatement - (Applicable for Limited Pay and Regular Pay)

When the premium is not paid within the grace period and automatic premium loan option has not been selected or the Cash Surrender Value is not sufficient to cover the full amount of premium due, this Policy shall lapse and be subject to the non-forfeiture provisions contained in this Policy.

**(A Participating Endowment Policy)**

The Owner may, however, reinstate the Policy while the Insured is alive if the Owner:

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

**14. Guaranteed Cash Surrender Value**

**In case of Limited Pay and Regular Pay**

Your Policy will acquire a Cash Surrender Value while the Insured is alive provided:

- a) Policy has been in force for atleast three years; and
- b) All premiums have been paid for three full years.

You may surrender the policy for a cash surrender value, which shall be determined by Company from time to time.

The minimum Cash Surrender Values, which are the Guaranteed Cash Surrender Values are calculated as 30% of the total premiums paid up to the date of surrender, excluding the first year's premium and any extra premium.

On surrendering the policy to us, full Cash Surrender Value less any outstanding loan and accrued interest thereon, if any, will become payable.

The Policy terminates upon the payment of the Cash Surrender Value.

**In case of Single Pay**

Guaranteed Cash Surrender Value is equal to 90% of premiums paid. Any bonus accumulation at the time of surrender is payable together with the Cash Surrender Value. No surrender value is payable until end of second policy year.

**15. Policy Loan**

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

The rate of interest on such loan amount shall be prescribed by the company from time to time.

Loan interest is due at the end of each policy year. Interest not paid within thirty days after it is due will be added to the loan principal. It will be added as of the due date and will bear interest at the same rate as the rest of the loan principal.

The policy shall be assigned absolutely to and held by the Company as security for loan and any accrued interest thereon.

**In the case of Limited Pay and Regular Pay:**

Any amount adjusted against premiums under Automatic Premium Loan, along with interest thereon, would be deducted while arriving at the loan amount.

**16. Loan Repayment**

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

**17. Policy Termination**

If at any point of time, the outstanding loan along with the accrued interest exceeds the Cash Surrender Value, the policy shall be forfeited and no benefits will be payable.

**18. Non-Forfeiture options upon Non-Payment of Premiums – (Applicable for Limited Pay and Regular Pay)**

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

(i) Reduced Paid Up Insurance

If at least three full years' premiums have been paid and if any subsequent premium due has not been received by the Company and the policy has acquired a Cash Surrender Value, the policy shall be continued as a non-participating and reduced paid-up insurance policy for the remaining term of the policy. Reduced paid-up insurance is obtained by converting the cash surrender value available at the time and on the terms and conditions prevailing and ascertained at that time.

The minimum amount of such reduced paid-up insurance shall be calculated as follows:

$$\frac{\text{Total number of premiums paid}}{\text{Total number of premiums payable}} * \text{Basic Face Amount of Insurance} + \text{Vested Reversionary Bonus, if any}$$

The Reduced Paid-up insurance policy shall cease to participate in the profits of the Company from the earliest date at which the premium was due and not paid.

**(A Participating Endowment Policy)**

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

The policy loan provisions shall continue to apply. Benefits provided by any riders shall terminate.

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

**19. The Contract**

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

**20. Travel, residence and occupation**

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

**21. Beneficiary**

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

Where the owner of the policy is different from the insured, nomination of a beneficiary is not permissible as per Section 39 of the Insurance Act, 1938.

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

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

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

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

**22. Assignment**

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

**23. Claims Procedure**Maturity Claims

We shall settle the maturity claim on the date of maturity, after deducting outstanding policy loan and accrued interest thereon, provided the Insured is alive on that date, has paid all the installment premiums including interest, if any, till the date of maturity and submits the following requirements to us:

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

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

Death Claims

Upon death of the Insured before the date of maturity, we shall settle the death claim, after deducting outstanding policy loan and accrued interest thereon, on submission of the following requirements, provided all premiums fallen due till death have been paid:

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

**(A Participating Endowment Policy)****24. Grievance Redressal Mechanism**

1. In case you have any query or complaint/grievance, you may approach our office at the following address:  
MetLife India Insurance Company Ltd.,  
'Brigade Seshamahal', 5 Vani Vilas Road, • Basvangudi • Bangalore – 560 004, India.  
Toll Free Help line: 1-800-425-6969 (8am –8pm) • Phone: +91 80 2650 2244 • Fax +91 80 41506969  
Email: [indiaservice@metlife.com](mailto:indiaservice@metlife.com) • Web: [www.metlife.co.in](http://www.metlife.co.in)

Please address your queries or complaints to the Customer Services Department, and your grievances to the Grievance Redressal Officer, who are authorized to review your queries or complaints or grievances and address the same. Please note that only a duly authorized officer of the Company has the authority to resolve your complaints and grievances. The Company 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.

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official of Insurance Regulatory and Development Authority for resolution:  
Grievance cell (Complaint against Life insurer)  
Insurance Regulatory and Development Authority  
Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.  
Phone: +91-40- 6682 0964/6678 9768 (Ext –251)  
E-mail: [lifecomplaints@irda.gov.in](mailto:lifecomplaints@irda.gov.in)
3. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address enclosed as Annexure A mentioned after the terms and condition section if your grievance pertains to:
  - Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
  - Delay in settlement of claim
  - Dispute with regard to premium
  - Non-receipt of your insurance document
4. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
5. As per provision 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:
  - Only if the grievance has been rejected by the Grievance Redress Machinery of the Insurer
  - Within a period of one year from the date of rejection by the insurer
  - If it is not simultaneously under any litigation.

**25. Disclosure**

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

**26. Incontestability**

In accordance with the provisions of Section 45 of the Insurance Act, 1938, "No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that the such statement was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

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

## 27. Governing Laws and Jurisdiction

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

### (A Participating Endowment Policy)

## 28. Your Rights

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

## 29. Computation of Values

We have filed a detailed statement of the method of computation of Guaranteed Surrender Values with the Insurance Regulatory and Development Authority (IRDA). The values under this policy are equal to or greater than those required by IRDA.

## 30. Free look provision

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

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

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

## 31. Address for Communication

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

# MetLife®

peace of mind. Guaranteed.

MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560004. [www.metlife.co.in](http://www.metlife.co.in) FAX: +91-80-4150 6969

## Annexure A - List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House, Nr. C.U.Shah College,5, Navyug Colony, Ashram Road, <b>AHMEDABAD - 380 014</b> Tel.079- 27546150,Fax:079-27546142	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsm Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor,Malviya Nagar, <b>BHOPAL</b> Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR - 751 009</b> , Tel.0674-2596461(Direct) Secretary No.:0674-2596455, Tele Fax - 0674-2596429 E-mail: iobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building, Sector 17-D , <b>CHANDIGARH - 160 017</b> Tel.: 0172-2706196, Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, <b>CHENNAI - 600 018</b> Tel. 044-24333678, Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, <b>NEW DELHI - 110 002</b> Tel. 011-23239611,Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor, Nr. Panbazar Overbridge , S.S. Road, <b>GUWAHATI - 781 001</b> , Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool <b>HYDERABAD - 500 004</b> Tel. 040-23325325,Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building, Opp. Cochin, Shipyard,M.G. Road , <b>ERNAKULAM - 682 015</b> Tel: 0484-2358734, Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, <b>KOLKATA - 700 001</b> Tel.:033-22134869, Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj <b>LUCKNOW - 226 001</b> , Tel.:0522-2201188, Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Jttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), <b>MUMBAI - 400 054</b> , PBX: 022-26106928, Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra

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

**Secretary General  
Governing Body of Insurance Council  
Jeevan Seva Annexe, 3rd Floor,  
S.V. Road, Santacruz (W)  
Mumbai - 400 054  
Tel. No. : 022 - 2610 6889, 26106245  
Fax No. : 022 - 26106949, 2610 6052**

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

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

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

# MetLife

Application No.



134985587

MetLife India Insurance Company Limited

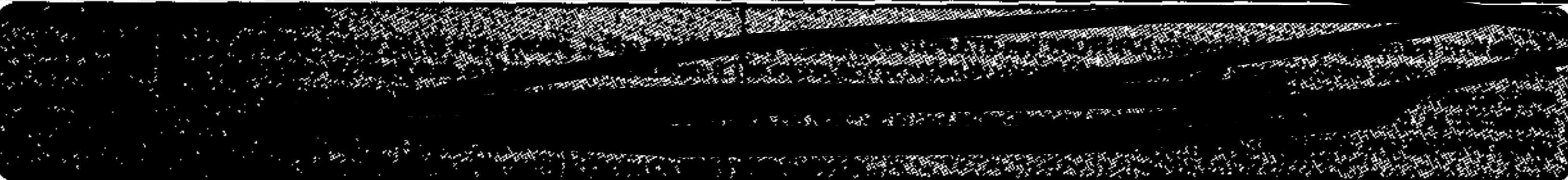
(Insurance Regulatory and Development Authority Life Insurance Registration No.117)

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

Policy Type:  FA Work  FA/FA/MSU  MetLife Branch  Relationship Branch

Channel Type:  BARR  Individual  Key Person

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



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

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

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

2. Date of Birth: [Redacted]  Male  Female

3. Nationality: [Redacted]  Resident  Non-Resident  Divorced  Widowed

4. Married:  Mr.  Others

5. Mailing Address:  Residence  Office

6. Permanent Address: [Redacted]

7. City: [Redacted] PIN: [Redacted] State: [Redacted]

8. Telephone with STD Code: Residence [Redacted] Office [Redacted] E-mail: [Redacted]

9. If you wish to backdate\* your policy, please indicate date: [Redacted]

10. Educational Qualification: [Redacted]  Others (Specify) [Redacted]

11. Occupation: [Redacted]  Homemaker  Others (Specify) [Redacted]

Address of the Office	Exact Nature of Duties	Designation	Is it a business?	Annual Gross Income (in Rs.)
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

12. Purpose of Insurance:  Planning for Child's future  Protection  Saving  Key person  Retirement  Gift of Life  Others (Specify) [Redacted]

13. Spouse's Name: [Redacted]  Wife  (Specify) [Redacted]

14. Spouse's Occupation: [Redacted]  Service  Business  Self-employed  Professional  Student  Retired  House wife  Others (Specify) [Redacted]

**B. Policy Owner / Nominee Details / Beneficiary Details**

Please Tick (✓) any one  Policy Owner  Nominee  Beneficiary

1. Full Name  Mr.  Mrs.  Ms.  Others

This is how your name will appear on the policy schedule, please leave a space between each part of the name

2. Date of Birth

3. Marital Status

Married  Divorced  Widowed

5. Nationality

If a Non-Resident Indian<sup>A</sup> or Foreign National<sup>B</sup>, please mention the Country you reside in

Resident Indian  Non Resident Indian  Foreign National<sup>B</sup>

6. Relationship with the Proposed Insured

8. Father's /Husband's Name

9. Mailing Address

Residence  Office

City

PN

State

Country

10. Permanent Address (if different from Mailing Address)

City

PN

State

Country

11. Telephone with STD Code: Residence

Mobile

E-mail

Office

(i) Do you wish to receive service communication via E-mail?  Yes  No

(ii) Do you wish to receive service SMS Alerts?  Yes  No

12. Educational Qualification

Post Graduate and Above  Graduate  Diploma  12th Pass  10th Pass  Below 10th Pass  Illiterate  Others (Specify)

13. Occupation

Service  Business  Self Employed  Professional  Student  Retired  Homemaker  Others (Specify)

14. Occupation Details

Name of the Organization/Business:

Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)

15. In case the Proposed Insured is a minor, do you wish to have automatic vesting of policy ownership rights to the Proposed Insured on his / her attaining age 18?  Yes  No

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

1. Full Name  Mr.  Mrs.  Ms.  Others (Specify)

This is how your name will appear on the policy schedule, please leave a space between each part of the name

2. Date of Birth

3. Gender

4. Marital Status

Male  Female  Single  Married  Divorced  Widowed

5. Nationality

If a Non-Resident Indian or Foreign National, please mention the Country you reside in

Resident Indian  Non Resident Indian  Foreign National

6. Mailing Address

Residence  Office

City

PIN

State

Country

7. Relationship with the Nominee

8. Signature Accepting the Appointment

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

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

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



134985587

E. Medical Details & Family History of the Proposed Insured

1. Height		Living		Deceased	
Relation to Proposed Insured	Age	Details of present health and full particulars of any major illness (Diabetes, Cancer, Stroke, Heart and Kidney related problems) including age at onset of illness	Age	Cause of Death	
Father					
Spouse					
Children					

3. Medical Details

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

1. High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	Yes <input type="checkbox"/>	11. Depression, Stress, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same?	Yes <input type="checkbox"/>
2. Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	<input type="checkbox"/>	12. Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Diseases?	<input type="checkbox"/>
3. Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath or any other Respiratory Disorder?	<input type="checkbox"/>	13. During the past five years, (a) Have you Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough? (b) Have you Undergone ECG, x-rays, blood test or other tests? (c) Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/>
4. Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	<input type="checkbox"/>	14. In the past two years have you been involved in any motor vehicle accidents?	<input type="checkbox"/>
5. Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?	<input type="checkbox"/>	15. Do you have any Physical Deformity/Defect?	<input type="checkbox"/>
6. Ulcers or any Stomach or Intestinal Disorder?	<input type="checkbox"/>	16. Has there been drastic weight loss or weight gain (>=5 Kgs) in the past year?	<input type="checkbox"/>
7. Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/>	17. Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	<input type="checkbox"/>
8. Is vision corrected by glasses, if yes, please specify the power of glasses for both eyes. Right Eye _____ Left Eye _____	<input type="checkbox"/>		
9. Any Disorder related to Ear, Nose and Throat?	<input type="checkbox"/>		
10. Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<input type="checkbox"/>		

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

If yes, please provide details of the illness and the treatment/medication taken or being taken.

5. Personal Physician

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone with STD Code \_\_\_\_\_ Date of consultation \_\_\_\_\_

Reason for consultation, diagnosis, treatment and advice \_\_\_\_\_

6. For Female Proposed Insured Only

1) Maiden Name \_\_\_\_\_

2) Are you Pregnant?  Yes  No If yes, please mention current months of pregnancy.  Less than or equal to 6 months  More than 6 months

If any complications relating to pregnancy please give details. \_\_\_\_\_

3) Have you delivered, undergone caesarian section, had any abortion or miscarriage?  Yes  No If yes, please mention the period elapsed since the last occasion

In last 3 months  3 to 6 months  More than 6 months

4) Have you suffered / are suffering from any disorder of the breast or reproductive organs?  Yes  No If yes, please provide details \_\_\_\_\_

F. Life Style & Personal Details of the Proposed Insured

1. Life Style Information:

1) Please give the following details:

Substance Consumed	Yes	No	Consumed As				Quantity	For No. of months	If stopped consuming, state date since when you stopped	
			Pipe	Cigar	Cigarettes	Beedi			Years	Months
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Gutkha							
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			Beer	Wine	Liquor					
Narcotics / Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			Marijuana	Cocaine	Addictive Drugs					

2) Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc) please complete the respective Occupation Questionnaire?  Yes  No

3) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire?  Yes  No

4) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you?  Yes  No

5) Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)

6) Do you engage in Automobile or Motor-cycle Racing, Skiing, Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire.  Yes  No

**"IN UNIT-LINKED INSURANCE PRODUCT THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"**  
 For each "Yes" answer in Section E & F, please identify the question and give full details conditions, dates, duration and results. Give full names and addresses of Doctor/Hospital/Clinic etc.

Question No.	Details

**G. Product Details**

1. Plan Name (Please note: If in case there is any change before the policy is issued, the change should be made before the policy is issued.)

UNIT - LINKED  Met Smart Plus  Met Smart Plus  Met Growth  Other: \_\_\_\_\_

Met Junior  Met Bhavishya  Other: \_\_\_\_\_

2. (a) Policy Term (in Years) (if applicable) \_\_\_\_\_

(d) Annual Premium (in Rs.) \_\_\_\_\_

(f) Premium Payment Mode:  Annual  Semi-Annual  Quarterly  Monthly

Bank Card  ECS\*  PSP

\_\_\_\_\_ (Specify) \*Please fill in the relevant Standing Instruction Form.

3. (a) UNIT - LINKED

(i) Multiple Chosen  $\text{Multiple Chosen} \times \text{Annualised/Single Premium} = \text{Sum Assured}$

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

(iii) For Met Little Star, please select one of the Future Premium Protection Benefit Option

a) Lump Sum Option  (On Death, balance premiums credited into the fund as a Lump Sum)

b) Regular Option  (On Death, balance premiums credited into the fund as and when due annually)

(iv)

Fund Allocation	Preserver	Protector	Moderator*	Balancer	Accelerator*	Virtue	Multiplier	Total
% Allocation	%	%	%	%	%	%	%	%

\*Moderator and Accelerator funds are not offered for Met Smart Gold, Met Growth and Met Little Star.

(b) TRADITIONAL

(i) Type of Plan \_\_\_\_\_ Rider Name \_\_\_\_\_ Sum Assured (in Rs.) \_\_\_\_\_ Rider Term (in Years) \_\_\_\_\_

(iii) If the plan is Met Bhavishya:  Option A  Option B

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

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

3.3) Date of Birth \_\_\_\_\_

\*Riders are not allowed with Met Income Guaranteed

If the plan is Met Sunaksha:  IA  TROP  Age Up to 60

**H. Additional Information**

1. Details of Initial Deposit Type of Deposit  Crossed Cheque  Bank Draft  Cash

Instrument No.	Instrument Date	Amount (in Rs.)	Name of the Bank and Branch
_____	_____	_____	_____

In case where premium is paid in cash, the Policyholder/Relationship Bank Sales Officer is acting as an agent of customer and MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of MetLife.

2. Premiums will be paid by  Proposed Insured  Policy Owner  Others (Specify) \_\_\_\_\_

If other, please provide the following details. Name \_\_\_\_\_ Relationship to Proposed Owner \_\_\_\_\_ Annual Income of the Premium Payer \_\_\_\_\_

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

4. To be filled by BASP Customers only

1) Name of the Relationship Bank \_\_\_\_\_ 3) Please mention date of opening Bank Account \_\_\_\_\_

2) Type of Account  Savings  Current  Priority  Salaried  Others (Specify) \_\_\_\_\_

**I. Documentation Required**

1. Age Proof  Passport  School Certificate  Birth Certificate  Others (Specify) \_\_\_\_\_

2. Identity Proof  Voter's Card  PAN Card  Others (Specify) \_\_\_\_\_

3. Recent Passport size photograph to be submitted (not more than 6 months old)  Yes  NA

\*The electricity bill, telephone bill and the bank statement should be submitted for more than six months old.

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

In addition to the insurance coverage, the Proposed Insured/Owner has the ability to control the allocation of premium, after deduction of charges into various funds. In order to understand more about your risk tolerance levels, the Proposed Insured/Owner can discuss with MetLife sales representative and use the risk profile questionnaire to select the ideal fund option/portfolio. The final decision is left to the Proposed Insured/Owner.  
 Declaration : Based on my investment goals, risk tolerance level and personal financial situation as discussed and explained to me, the fund option exercised by me is in accordance with my risk portfolio.

Signature of the Proposed Insured / Owner

**INCONTESTABILITY**

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

"No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.  
 Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

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

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

**DECLARATION, AGREEMENT & AUTHORISATION**

**DECLARATION**

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

**AGREEMENT**

I also do hereby agree that

- 1. My statements and this declaration shall be the basis of any policy issued by MetLife India Insurance Co. Ltd ("MetLife").
- 2. Any untrue statement be contained in this Application, the policy contract shall be null and void and all the money, which have been paid, in respect thereof, shall stand forfeited to MetLife.
- 3. After submission of this Application and before issue of the Policy,
  - (i) There are any adverse circumstances connected with the general health of myself, or
  - (ii) An Application for insurance on my life made to any other insurance company or an Application for revival has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or, (iii) There is any change in my occupation or financial position.
 I shall forthwith intimate the same to MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my part to do so shall render the contract based on this Application invalid and all monies which have been paid in respect of the contract shall stand forfeited to MetLife.
- 4. Commencement of risk under this Application will not take effect until the risk is accepted by MetLife after receiving the required premium and the policy is issued. I agree to undergo all medical tests required by MetLife as per its guidelines, including HIV-Elisa test.
- 5. I certify that I have received the Benefit illustration and have read and understood the same. I understand that the terms and conditions including the premium and benefits under the policy are subject to taxes / duties / charges as per the applicable laws.
- 6. In Unit-Linked Insurance Product, I have been explained and have understood all the applicable charges payable under the product.
- 7. I hereby declare that money used by me to pay the premium under this proposal has not been derived from any criminal or illegal activity or any unknown sources.
- 8. In case where premium is paid in cash, the Financial Advisor/Channel Sales Officer is acting as my Agent and MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of MetLife.

**AUTHORISATION**

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

Signature of Proposed Insured: \_\_\_\_\_

Signature of Proposed Owner (If different from Proposed Insured): \_\_\_\_\_

Name of the Proposed Insured: \_\_\_\_\_ Name of Proposed Owner: \_\_\_\_\_

Name: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature of the Witness (Witness should not be related to the Proposed Insured / Proposed Owner): \_\_\_\_\_

**DECLARATION IN CASE OF VERNACULAR**

**Declaration by the person filling in the Application. (In case the Application is filled up / signed in a language different from that of the Application form.)**

I declare that I have fully explained the contents of the Application form and all other documents incidental to availing the insurance from MetLife to the Applicant in the language understood by him/her. The same have been fully understood by him / her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to, fully understood and confirmed by the Applicant.

Declarant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Pin: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Declarant: \_\_\_\_\_

**DECLARATION IN CASE THE APPLICANT IS ILLITERATE**

**In case the Applicant\* is illiterate, a person of standing, unconnected with MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant \***

I hereby declare that I have explained the contents of this Application in \_\_\_\_\_ language to the Applicant. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Applicant and the replies have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/her left thumb impression in my presence.

Name of Declarant: \_\_\_\_\_

Address: \_\_\_\_\_

Pin: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Left Thumb Impression of Proposed Insured / Owner: \_\_\_\_\_

Signature of Declarant: \_\_\_\_\_

**DECLARATION IN CASE PREMIUM PAYER DIFFERENT FROM THE APPLICANT**

**In Case the premium payer is different from the Applicant\* he/she needs to attest the following declaration.**

I declare that I will pay the premiums falling due on this Application for life insurance till such time proposed insured starts earning and becomes capable of paying the Premiums on his/her own.

Name of Premium Payer: \_\_\_\_\_

Relationship with Proposed Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Pin: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature of Premium Payer: \_\_\_\_\_

\*Applicant referred here is the Proposed Owner or else it is Proposed Insured.



FA / FPC REPORT

FA/FPC CODE

NAME OF THE FA/FPC

FA/FPC Mobile No

1. Name of the Proposed Insured

2. Are you related to the Proposed Insured/Owner?

Yes  No

If yes, nature of relationship

3. Is this Application of

Yes  No

4. Name of Plan offered

5. Face Amount/Sum Assured (in Rs.)

7. Height of the Proposed Insured

8. Does the Applicant\* currently reside in Rural area?

Yes  No

9. (a) Since when has the Proposed Insured/Owner?

(b) Are you satisfied with the identity of the Proposed Insured/Owner?

(c) Do you know if the Proposed Insured/Owner has any physical deformities?

(d) What is the estimated income of the Proposed Insured/Owner?

10. Do you know if the Proposed Insured, in respect of this Application

Height in cms or Ft. Inches Weight in Kgs or Pounds

12. Is this Application a replacement for an existing policy of the Applicant?

11. Is this Application a replacement for an existing policy of the Applicant? Attachment of Replacement Questionnaire.

13. Has the Applicant\* been informed about the following?

(a) Charges

Premium and benefits under the policy are subject to taxes and charges as per the applicable laws.

(b) Surrender charges

Yes  No

(c) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Policyholder (To be filled for Unit-Linked Policies only).

14. Do you recommend acceptance of this Application considering all the factors, including moral hazard?

Yes  No

Certification: I hereby certify that the answers are true and correct to the best of my knowledge and belief.

Date

Signature of the FA/FPC

Applicable for BABP only :

Lead Generator Code

Lead Generator Name

Signature of the Lead Generator

To be filled by the Sales Management (Depending on the CAF Matrix)

The agency management must, wherever necessary, verify and certify the following

1. Was Financial Advisor licensed to write personal life insurance on the date Application was submitted?

2. Has the Financial Advisor personally reviewed this Application?

3. Whether you are satisfied with the identity of the Proposed insured?

Yes  No

4. If the total premium exceeds 30% of the annual income of the Applicant\*, are you satisfied that the product is suitable?

Yes  No

5. Is the product recommended suitable for the Applicant\* keeping in mind his/her age, needs, risk appetite, income, life term financial goals and long term premium paying capacity? If No, please give the reason.

Yes  No

6. Has the Applicant\* been informed about the following?

(a) Charges

Yes  No

(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws.

(b) Surrender charges

Yes  No

(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Policyholder (To be filled for Unit - Linked Insurance Product only).

7. Do you recommend acceptance of this Application considering all the factors, including moral hazard?

Yes  No

Based on the review as above I am satisfied that the product is suitable to the customer and may be placed subject to other underwriting guidelines.

Name	Signature	Date	Place
[Redacted]	[Redacted]	[Redacted]	[Redacted]



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MetLife India Insurance Company Limited.

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

**Standing Instruction For Direct Debit Authorization – Credit Card Only**

I hereby authorize MetLife India Insurance Company Limited. To debit their premium due and other charges as it may become applicable from time to time to my Credit Card account by automatic debit. The entire amount of my premiums relating to my policy and/or related expenses on account of these instructions shall be valid and binding for the validity period and subsequent renewal period of the card account, unless and until rescinded by me in writing to the bank and **MetLife Insurance Company Limited.**

Policy Holder Name			
Policy Number			
Mode of Premium		Amount (In Rupees)*	
Credit Card Account Details			
Name of the Card Holder			
Credit Card Number			
Name of the Issuing Bank/ Branch		Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (MM/YY)
Card Issuing Authority	<input type="checkbox"/> Master	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex <input type="checkbox"/> Diners

**Note: Please enclose a clear copy of front side of the credit card in order for us to process the transaction**

I understand that:

- Premium and other expenses relating to my policy are to be charged to my nominated as and when accrued.
- The record of changes in respect of the above services received or availed by me and submitted by you to my credit card/savings account will neither bear my signature nor the imprint of my card.
- I agree to inform MetLife India Insurance Company Limited. if my nominated option is cancelled, substituted or not renewed (in case of credit card)
- I confirm having read and understood the terms and conditions mentioned in this form and agree to abide by them at all points of time.
- I, therefore agree to unconditionally honor and pay without demure and contestation all the said charges including interim change when I thereof. This understanding is part of the terms and conditions listed.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Terms and Conditions:**

1. In case of transaction being declined, policy holder is liable to pay the premium and/or expenses by cash or cheque failing which the policy will lapse. The Company shall not be responsible for making any follow up in relation to receipt of premium(s).
2. The policy holder has to furnish fresh SI form in case of transaction being declined.
3. Credit card should be in the name of the policy holder.
4. Authorization will remain in effect till intimate otherwise by the policy holder.
5. In case of credit card renewal, policy holder should furnish fresh SI form
6. If for any reason whatsoever, there is delay in the Company obtaining credit for such amounts, or if the company does not obtain the credit, the Company will not be responsible for the same.
7. For transactions processed prior to the cancellation date the card holder has to liaise with MetLife India Insurance Company directly for refunds, if any.
8. SI can only be given for a policy in force.
9. The Policy holder will receive advising him/her about the acceptance of the standing instruction and the date of effect of mandate.

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## Mandate Form For ECS (Direct Debit)

### Authorization to pay insurance premiums through Electronic Clearing Service (ECS)

Policy holder Name			
Policy Number			
Mode of Premium		Amount (In Rupees)*	
ECS Debit Date (Choose (✓) any one) <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> Yes, I have attached a blank cancelled cheque.			
<b>Bank Account Details</b>			
Name of the Account Holder		Account Number	
Name and Address of the Bank/Branch		Account Type (Please check one) <input type="checkbox"/> Savings (Code 10) <input type="checkbox"/> Current (Code 11) <input type="checkbox"/> Cash Credit (Code 13)	
9 Digit MICR Code		Ledger No./ Ledger Folio No.	
<b>Alert Mode</b>			
SMS Alert		Mobile Number	
E-mail Alert		E-mail address	

- In the event of the above amount varying on account of counter offers, revised premiums, additional insurance/rides, the account may be debited with an amount different from the above, which could be higher or lower than the amount mentioned above. For Counter Offers, the amount would also be mentioned in the Acceptance Letter that you provide at the time of taking the policy.

#### Declaration by the Proposer/Policy holder

I hereby authorize TechProcess Solutions Ltd. (formerly Bill Junction Payments Ltd.), the authorized service provider for MetLife India Insurance Company Limited., to debit my/our bank account under ECS debit clearing, through the National Clearing Cell of the Reserve Bank of India for collection of the insurance premiums.

I hereby declare that the particulars given above are correct and complete in all respects. I authorize MetLife India Insurance Company Limited. (the "Company") to collect any amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/policy (ies), and Rider(s) (if any), as issued by the Company, by Direct Debit to my Bank Account as per details provided above. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance directly to the Company. I will also inform the company of any changes in my Bank Account.

#### Mandate Terms and Conditions

The Proposer/Policy Holder confirms, understands and agrees that:

- It will be the Proposer's/Policy holder's responsibility to ensure that MetLife India insurance Company Limited. (The "Company" ) receives credit for the payments due towards premium(s) when payable and/or on or before the respective due dates. The Company shall not be responsible for making follow-up in relation to receipt or non-receipt of premium(s).
- The Proposer/Policy Holder shall at all times maintain sufficient credit balance in the Bank Account specified in the Mandate so that the Mandate is honoured and credit for the premiums payments due is received in the first instance by the Company within the time specified therefore.
- Without prejudice to any rights of the Company, the Proposer/Policy Holder will indemnify and hold the Company harmless against any and all liability, costs and expenses that may be incurred by the Company arising out of any acts of omission or commission or negligence on the part of the Proposer/Policy Holder.
- The ECS facility of making life insurance premium payments by way of Direct Debit is offered by the Company in accordance with the guidelines issued by Reserve Bank of India ("RBI") and shall also be subject to any modifications to such guidelines, and other rules, orders, directions, instructions etc., as may be issued by RBI from time to time.
- The ECS facility of making life insurance premium payments by way of Direct Debit may be withdrawn by the Company at any time, and should this facility be withdrawn by the Company at any time, subsequent premium payments due will be made in any other manner acceptable to or stipulated by the Company.
- In case of Unit Linked Life Insurance Policies net premiums, after deduction of applicable charges, will be used to buy units in the Linked Funds using the net asset value as on the ECS Debit Date.
- In case of decline of a said transaction for any due the Proposer/Policy Holder would make payment for the policy for due through an alternate mode. The policy would not be removed from the standing instruction mode. The Company reserves the right to remove the policy from standing instruction mode of payment in case three consecutive decline transactions.
- You have a right to opt by written notice to the Company of not less than 60 (sixty) days, for any other mode of premium payment as may be the Company from time to time, and shall have right to revoke this Mandate by giving not less than 60(sixty) days' notice in writing simultaneously to the Company and to the Bank.
- The Company shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate or non-availability of sufficient funds in my account or for other reason beyond the company's control.

Signature of the Policy Holder: \_\_\_\_\_  
Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

#### Certificate Of The Bank Names In The Mandate

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

Bank's Stamp:  
Place:

Signature of the Authorized Officials of the Bank  
Date:

#### Authorization of the Bank Account Holder (to be signed by the Account Holder)

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

Account Holder's Signature  
(As in Bank Records)

Account Number: \_\_\_\_\_

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# MetLife®

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## Claim Intimation Form

To,

MetLife India Insurance Co. Ltd.,

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

# MetLife®

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MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office:  
'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560004. [www.metlife.co.in](http://www.metlife.co.in) FAX: +91-80-4150 6969

## Receipt for Policy Delivered

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

I acknowledge that the Policy described above was delivered to me on \_\_\_\_\_  
(Date)

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

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

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