



*peace of mind. Guaranteed.*

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

## Terms & Conditions – Met Monthly Income Plan – 7 Pay (Par Endowment)

### 1. Basic Definitions

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

- 1.1. **Age** means age of the **Insured** as of his last birthday and is as shown in the Schedule.
- 1.2. **Annualized Premium** means one full year's **Regular Premium**.
- 1.3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
- 1.4. **Appointee** means the person **You** have named to receive payment under this **Policy**, if the **Nominee** is a minor at the time payment becomes due under this **Policy**.
- 1.5. **Basic Sum Assured** is the amount of Life Insurance cover which is 96 times the Guaranteed Monthly Regular income chosen by **You** and is as specified in the **Schedule**. This amount is paid as **Monthly Regular Income** spread out through the **Payout Period**.
- 1.6. **Business Day** means a **working day of Our Registered office**.
- 1.7. **Cash Surrender Value** is the amount, as calculated by **Us**, that is payable to **You** upon surrender of the **Policy**.
- 1.8. **Coverage Term** is the number of Policy Years for which the **Policy** continues, starting from the **Date of Commencement** of the **Policy** and concluding on the **Maturity Date** and is as specified in the **Schedule**.
- 1.9. **Date of Commencement** is the Date, Month, and Year the **Policy** comes into effect and is as specified in the section (1) of the **Schedule**.
- 1.10. **Date of Issue** means the date on which this **Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Schedule**.
- 1.11. **Date of Maturity** means the expiry date of this **Policy** as shown in the **Schedule**.
- 1.12. **Death Benefit** means the amount payable under this **Policy** in accordance with clause 2.1 in case of the death of the **Insured**.
- 1.13. **Guaranteed Monthly Regular Income** is the amount of benefit payable during the **Payout Period** and is as specified in the **Schedule**. This is the amount chosen by **You** at inception and is payable on every **Monthly Anniversary Date** during the **Payout Period**, subject to the terms and conditions of this **Policy**.

- 1.14. **Guaranteed Surrender Value** refers to the minimum guaranteed amount of Cash Value of the **Policy** payable in the event that the **Policy** is surrendered, provided that the Regular Premium of this **Policy** has been paid for at least three consecutive years. The **Guaranteed Surrender Value**, when allowable under the **Policy**, is at least equal to the percentage as set out in Section 3.5 of the total amount of **Regular Premiums** paid for the **Sum Assured** excluding the Annualised Premium for the first Policy year and all extra premiums paid on account of adverse health condition or occupation of the **Person Insured**.
- 1.15. **Insured** means the person insured as named in the **Schedule**.
- 1.16. **Insured Event** is the death of the **Person Insured**, subject to the exclusionary provisions mentioned under Section 6.4 of this **Policy**.
- 1.17. **Maturity Date** means the expiry date of this **Policy** as shown in the **Schedule**.
- 1.18. **Monthly Anniversary Date** is one month from the **Date of Commencement** of the **Policy** and every date falling one month thereafter, till the **Maturity Date**.
- 1.19. **Nominee** means the person nominated by **You** as per the **Application** (or as may be subsequently notified to **Us** from time to time) to receive the benefits under the **Policy** in the event of the death of the **Insured** before the **Date of Maturity**.
- 1.20. **Payout Period** refers to the period commencing from the **Monthly Anniversary Date** that immediately succeeds the completion of the **Premium Payment Term** or the date of death of the **Insured**, whichever is earlier, and concluding on the date of settlement of the last **Guaranteed Monthly Regular Income** under the **Policy**, which shall be at the end of 8 years from the date of the first **Guaranteed Monthly Regular Income** payment.
- 1.21. **Insured** is the person on whose death or survival (as applicable), the benefits as set out in the **Schedule**
- 1.22. **Policy** means this document, any endorsements issued by **Us**, the **Schedule** and the **Application**.
- 1.23. **Policy Anniversary Date** is one year from the **Date of Commencement** of the **Policy** and every date falling one year thereafter, till the **Date of Maturity**.
- 1.24. **Policy Year** is measured from the **Date of Commencement** of the **Policy** and is a period of twelve consecutive calendar months.
- 1.25. **Premium Payment Term** is the number of Policy Years for which the **Insured** is required to pay the **Annualised Premium** and is as specified in the **Schedule**.
- 1.26. **Regular Premium** is the regular payments to be made by **You**, to keep the **Policy** in force, in accordance with the frequency of payment chosen by **You** and is as specified in the **Schedule**.
- 1.27. **Schedule** means the **Schedule We** issue along with any annexure, unit statement, tables or endorsements attached to it from time to time
- 1.28. **Survival Benefit** means the amount payable under this **Policy** in accordance with clause 2.2
- 1.29. "**We**", "**us**", "**our**" and "**Company**" refers to MetLife India Insurance Company Limited.
- 1.30. "**You**" and "**Your**" refers to the **Policyholder** as named in the Schedule

## 2.0 Policy Benefits

Met Monthly Income Plan - 7 Pay is the name of the product of the **Company**. It is a traditional endowment life insurance plan and is participating in nature. The **Policy** provides for participation in the distribution of surplus or profits that may be declared by the **Company**.

### Coverage Term, Premium Payment Term & Payout Period

The following are the **Coverage Term** options available under this **Policy** and the corresponding **Premium Payment Term** and the **Payout Period**:

Coverage Term	Premium Payment Term	Payout Period
15 years	7 years	8 years

### 2.1 Death Benefit

2.1.1 Upon the death of the **Person Insured** and provided that the **Policy** is in full force and effect, **We** shall pay, subject to the Policy terms and conditions and prevailing laws, **You** or **Your Nominee** the the following Death Benefit:

- a. **If the Death of the Person Insured occurs during the Premium Payment Term** : 24 times the chosen Monthly Income under the **Policy** plus all the Simple Reversionary Bonuses accrued till then will be paid immediately on death, provided that the claim has been admitted for payment by the **Company**. The **Policy** continues after the death of the **Insured** and the **Guaranteed Monthly Regular Income** chosen at inception will commence from the first Monthly Anniversary falling immediately after the date of the death and continue to be paid to the **Nominee** for the next 8 years. At the end of 8 years from the date of the first **Guaranteed Monthly Regular Income** payment, the **Policy** ceases with payment of Terminal Bonus (as mentioned in Section 2.3.1 (ii)), if any. However the **Policy** shall not eligible to participate in the Simple Reversionary Bonuses declared by the **Company**, after the date of death of the **Insured**.
- b. **If the Death of the Person Insured occurs during the Payout Period** : 24 times the **Guaranteed Monthly Regular Income** plus all the Simple Reversionary Bonuses accrued till then will be paid immediately on death, provided that the claim has been admitted for payment by the **Company**. The **Policy** continues after the death of the **Insured** and the balance of the **Guaranteed Monthly Regular Income** chosen at inception will continue to be paid to the **Nominee** till maturity. The maximum period of payment of the **Guaranteed Monthly Regular Income** is 8 years.

2.1.2 In case of death of the **Nominee** during these **Guaranteed Monthly Regular Income** payments period, the same will be made to the legal heir's of the **Person Insured** or the **Policyholder** (in the event that the **Person Insured** is different from the **Policyholder**).

### 2.2 Survival Benefits

2.2.1 Subject to the **Policy** being in force for full Sum Assured and upon the end of the **Premium Payment Term**, **Guaranteed Monthly Regular Income** as opted by **You** at inception will be payable on every Monthly Anniversary during the **Payout Period**. The **Guaranteed Monthly Regular Income** payments shall commence from the **Monthly Anniversary Date** that immediately succeeds the completion of the **Premium Payment Term**.

2.2.2 The **Guaranteed Monthly Regular Income** payments would cease upon payment of the **Maturity Benefit**. This survival benefit (**Guaranteed Monthly Regular Income**) will be proportionately reduced in case of Reduced Paid-Up policies as defined in Section 3.4.1 (i)

## 2.3 Bonus

2.3.1 The bonuses are not guaranteed and they are based on the actual experience of the **Company**. There are two types of bonuses

### i) Simple Reversionary Bonus

- a. Subject to the **Policy** being in force (other than as a Reduced Paid-up Insurance under Section 3.4.1 (1)), **You** or the **Nominee** (as applicable) will be eligible for Simple Reversionary Bonus. At the end of each financial year the **Company** may declare a rate of Simple Reversionary Bonus expressed as a percentage of the **Basic Sum Assured**. Simple Reversionary bonus, once declared, shall vest in the **Policy** and will be credited on each **Policy** anniversary occurring immediately after the declaration of bonus provided all the premiums have been paid. The Simple Reversionary Bonus shall be paid along with either of the Death, Surrender or Maturity Benefit, whichever applicable
- b. Simple Reversionary Bonus is declared by the **Company** starting from year 3 onwards based on the **Company's** experience and this is not guaranteed. The Simple Reversionary Bonus will not accrue for policies after settlement of death claim.

### ii) Terminal Bonus

- a. Depending on the experience of the **Company**, the **Company** may also declare a Terminal Bonus at the time of maturity of the **Policy** or at the time of the payment of the last **Guaranteed Monthly Regular Income** (applicable only in case of a death claim during the **Premium Payment Term**).
- b. The Terminal Bonus will be expressed as a percentage of the accrued Simple Reversionary Bonus. The Terminal Bonus is payable only on the **Maturity Date** or at the time of payment of the last **Monthly Guaranteed Regular Income** payment, as applicable, and the same is not guaranteed.

## 2.4 Maturity Benefits

2.4.1 Subject to the **Policy** being in force and upon the **Insured** surviving to the **Maturity Date**, the Maturity Benefit payable shall be equal to the total of the Simple Reversionary Bonus and Terminal Bonus as provided in Section 2.3.1 (ii)

2.4.2 The Maturity Benefit is payable on the **Maturity Date** set out in the **Schedule**. All benefits payable under the **Policy** shall cease upon the payment of the Maturity Benefit.

## 2.5 Policy Loan

2.5.1 Loan is not available under this Plan

### 3.0 Premium Provisions

#### 3.1 Regular Premium

- 3.1.1 **You** must pay the amount of **Regular Premium** on or before its due date. All taxes, cess, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the premiums to be paid by **You**.
- 3.1.2 **You** may only change the frequency of premium payment with **Our prior** written approval, and such approval if given will only be effective from the following **Policy Year** after payment of applicable Miscellaneous Charges
- 3.1.3 **All amounts** payable to **Us** or by **Us** shall be paid in Indian Rupees (INR) and will be payable or paid at **Our** Corporate Office, Registered Office, Regional Office or any other office.

#### 3.2 Premium Discontinuance

- 3.2.1 If **You** fail to pay **Regular Premium** due on the premium due date, then **We** will allow a grace period of 30 days (15 days if **Regular Premium** is due monthly)
- 3.2.2 During the grace period, the **Policy** shall continue to be in force for the **Insured Event**.
- 3.2.3 If the Regular Premium is not paid within the grace period, the **Policy** shall lapse and have no further value except as may be provided below under reinstatement

#### 3.3 Reinstatement

- 3.3.1 When the Regular Premium is not paid within the grace period, the **Policy** shall lapse. **You** may, however, reinstate the **Policy** while the **Insured** is alive if **You**:
- 3.3.2 Request in writing for reinstatement within three (3) years from the date of the **Policy** being lapsed
- 3.3.3 Provide satisfactory evidence of insurability to **Us** and fill all such requirements which may be reasonably prescribed by **Us**.
- 3.3.4 Pay all due **Regular Premiums** till the date of reinstatement along with applicable charges (if any) and compound interest at the rate prescribed by the **Company** at the time of such reinstatement.
- 3.3.5 On fulfillment of any other reinstatement requirement as specified by the **Company** from time to time.

#### 3.4 Non-Forfeiture options upon Non-Payment of Regular Premiums

- 3.4.1 If all Regular Premiums have been paid for at least three (3) full Policy Years and any subsequent premium is not duly paid, **You** shall have the following options:

i) Convert the **Policy** to a Reduced Paid up Insurance

If the **Regular Premiums** for at least three full years have been paid and no further due premiums are paid, then the **Policy** will be eligible for a non-forfeiture benefit. The non-forfeiture benefit will be a Reduced Paid Up **Policy** ("Reduced Paid-up Insurance"). The amount of the Reduced Paid-up Insurance shall be determined by multiplying the **Basic Sum Assured** with the ratio of the number of **Regular Premiums** paid to the total number of **Regular Premiums** payable during the **Premium**

**Payment Term.** The **Guaranteed Monthly Regular Income** payments will then become the Reduced Paid Up Value divided by 96 and the same will be payable as Survival Benefit. In case of death of the **Insured** an additional payment of 24 times of the Revised Monthly Income will be paid together with the accrued Simple Reversionary Bonus. If the Reduced Monthly Income is less than Rs. 500, then the Survival Benefit will be paid on a yearly basis. The Reduced Paid-up Insurance is not eligible for any future Simple Reversionary Bonuses and Terminal Bonus.

**Or**

ii) Surrender the **Policy**

If the **Regular Premiums** for at least three full years have been paid, the **Policy** acquires a Surrender Value as set out in Section 3.5. Instead of continuing with the **Policy** the same may be surrendered for its Surrender Value. Upon payment of the Surrender Value, the **Policy** terminates and all other benefits payable by the **Company** under the **Policy** shall cease.

### **3.5 Surrender Value**

3.5.1 The **Policy** acquires a Surrender Value provided:

- a) The **Policy** has been in full force for at least three years, and
- b) All **Regular Premiums** up to the third **Policy** Anniversary has been paid in full.

#### **3.5.2 Guaranteed Surrender Value:**

3.5.2.1 Guaranteed Surrender Value is equal to 30% of the **Regular Premiums** paid excluding the first year **Annualised Premium** and any extra premiums paid on account of adverse health condition or occupation of the **Insured**, if any, less the Survival Benefits already paid.

3.5.2.2 The **Guaranteed Surrender Value** payable will be subject to any statutory or any other restrictions/requirements as may be applicable.

#### **3.5.3 Cash Surrender Value**

3.5.3.1 The **Policy** may acquire a **Cash Surrender Value** which shall, at no point of time, be lesser than the Guaranteed Surrender Value. The **Cash Surrender Value** will depend on the Paid- Up Value as defined in Section 3.4(i) suitably reduced by the Survival benefits already paid and the surrender value factor.

3.5.3.2 The **Cash Surrender Value** will be quoted only on receipt of a surrender request and the surrender value factor depends on the then prevailing market conditions and is not guaranteed. The Company can change the surrender value factors at any time during the term of the **Policy**, at its discretion.

## **4 Ownership Provisions**

### **4.1 The Policyholder**

You are the Policyholder and beneficiary of this **Policy** as shown on the **Schedule** until changed. Only **You** can, during the **Insured's** lifetime, exercise all rights, privileges and options provided under this **Policy** subject to any assignee's rights.

## 4.2 Nomination & Assignment

- 4.2.1 If **You** are also the **Insured** under this **Policy**, then at any time before the **Date of Maturity** **You** may nominate an individual or change any existing nomination by giving **Us** prior written notice. No nomination or change in **Nominee** will be effective before it is registered in **Our** records and **We** have sent an endorsement confirming the identity of the **Nominee**.
- 4.2.2 If no nomination has been made or all **Nominee(s)** die before payment becomes due under the **Policy**, then **Our** payment to **You** or **Your** legal heirs or **Your** legal representatives will be a final and valid discharge of **Our** obligations under the **Policy**.
- 4.2.3 If the **Nominee** is a minor at the time payment becomes due under the **Policy**, then **We** shall make payment to the **Appointee, You** named in the **Application**.
- 4.2.4 **You** may assign this **Policy** by giving **Us** written notice. An assignment will be effective against **Us** only once **We** have received written notice of the assignment, a copy of the **Policy** document and **We** have sent an endorsement confirming that the assignment has been recorded.
- 4.2.5 In registering an assignment or nomination, **We** do not accept any responsibility or express any opinion as to its validity or legality.

## 5 Termination of Policy

The **Policy** will be terminated on the earliest of the following:

- The Date on which the **Policy** is surrendered.
- At the expiry of three years from the date of lapsation, when the **Policy** has not been reinstated and provided the said **Policy** has not acquired any value under Section 4.4.
- On the **Company's** payment of the Maturity Benefit on the **Maturity Date** of the **Policy** or the payment of the last **Guaranteed Monthly Regular Income** payment (in case of a death claim during the **Premium Payment Term**).

## 6 General Provisions

- 6.1 **Free Look Period:** **You** have a period of 15 days from the date of receipt of the **Policy** to review the terms and conditions of this **Policy**. If you have any objections to the terms and conditions, **You** have the right to cancel the **Policy** by giving written notice to **Us** stating the reasons for **Your** objection and **You** will be entitled to a refund of the Regular Premiums paid subject to a deduction of proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp charges. Such notice must be signed by **You** and received directly by **Us** within 15 days after **You** or **Your** designated agent receive the **Policy**
- 6.2 **Grace period:** If **You** fail to pay **Regular Premium** due on the due date, then **We** will allow a grace period of 30 days, 15 days if **Regular Premium** is due monthly (the "Grace Period"). The **Policy** will remain in force during the Grace Period. If any Regular Premium remains unpaid at the end of its Grace Period, the **Policy** shall lapse from the due date of the first unpaid Regular Premium except in the event that all the Regular Premiums for the first 3 **Policy Years** have been paid.
- 6.3 **Taxation:** The tax benefits on the Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under this Policy, **We** will deduct or charge or recover taxes including 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.

- 6.4 **Suicide:** In the event the **Insured** commits suicide, whether sane or insane at that time, within one year from the **Date of Commencement** of insurance cover or the date of issue of the **Policy** (as set out in the **Schedule**) or the date of the last reinstatement, whichever is later, the insurance cover shall be void and we shall not be liable to pay any of the benefits provided under the **Policy**, including but not limited to the **Basic Sum Assured**. However, the Regular Premiums paid shall be refunded without interest, less the expenses incurred on medical examination (if any) and stamp charges.
- 6.5 **Currency & place of payment:** All amounts payable either to or by **Us** will be paid in the currency shown in the **Schedule**. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank in the country in which the currency of this **Policy** is denominated
- 6.6 **Disclosure:** This **Policy** has been issued on **Your** representation 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 to take such action, as **We** deem appropriate including cancellation of the **Policy** and forfeiture of the **Regular Premium(s)** received. If **You** or anyone acting for **You** or at **Your** direction or with **Your** knowledge makes or advances any claim knowing it to be false, fraudulent or dishonest in any respect, then this **Policy** will be void and any payments due to **You** or made by **You** will be forfeited.
- 6.7 **Proof of Age:** Subject to Section 45 of the Insurance Act 1938, if the actual age of the **Insured** differs from the **Age** stated in the **Application** then:
- 6.7.1 If the actual age proves to be higher than what is stated in the **Application**, the **Basic Sum Assured** would be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated;
- 6.7.2 If the actual age proves to be lower than what is 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
- 6.7.3 If the **Insured's** actual age is such that it would have made him/ her ineligible for the insurance cover stated in the **Policy**, the Company reserves the right at its sole discretion to take such action as may be deemed appropriate including cancellation of the **Policy** and forfeiture of Premium(s) received.
- 6.8 **Claims Procedure**
- 6.8.1 **We** will not be obliged to make any payment of **Death Benefit** unless and until **We** have received all of the information and documentation **We** request, including but not limited to
- The Original **Policy** document.
  - The Claim forms as prescribed by **Us**.
  - The official death certificate issued by a competent governmental authority.
  - Written intimation of death by the Policyholder, **Nominee**, Appointee or legal heir.
  - First Information Report, Police inquest report and a post-mortem report where the death is due to an unnatural cause.
  - Proof of title to the **Policy** where applicable
  - **Nominee**/legal heir Identification and Address proof as per regulatory requirement.
- 6.8.2 **We** will not be obliged to make any payment of the **Maturity Benefit** unless and until **We** have received all of the information and documentation **We** request, including but not limited to
- The **Policy** document
  - The claim forms as prescribed by **Us**
  - The discharge voucher as prescribed by **Us**
- 6.8.3 **We** will pay the Survival Benefits equal to the Guaranteed Monthly Regular Income to the **Insured** or

the **Nominee** as when due.

- 6.9 **Loss of the Policy document:** If the **Policy** is lost or destroyed, **You** may make a written request for a duplicate **Policy** which **We** will issue duly endorsed to show that it is in place of the original document, as long as **You** first pay **Us** the fee **We** prescribe for issuing the duplicate **Policy**. Upon the issue of a duplicate **Policy**, the original will cease to have any legal force or effect.
- 6.10 **Policyholder's Rights** ; To exercise **Your** rights, under this **Policy**, **You** should follow the procedures stated in this **Policy**. If **You** want to request a change in payment mode, change in **Nominee**, change an address or any other action by **Us**, **You** should do so only on the forms prescribed for each purpose. These forms are available from the **Your** Financial Advisor or from **Our** local office.
- 6.11 **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 notified by local governments for travel advisory risks.
- 6.12 **Changes to Terms and Conditions:** **We** may, in **Our** sole and absolute discretion change the **Policy** terms and conditions for the **Funds** with the prior approval of the Insurance Regulatory Development Authority. **We** will tell **You** of any changes to the terms and conditions within four weeks of the change taking place. If **You** object to the changes **You** must let **Us** know within a further 4 weeks or **You** will be deemed to have accepted the change. If **You** give notice of **Your** objection within 4 weeks the **Policy** will be surrendered and the **Policy** terminated.
- 6.13 **Governing Law & Jurisdiction:** The terms and conditions of the **Policy** shall be governed by and be subject to Indian law and be subject to the sole and exclusive jurisdiction of the courts situated in Bangalore.
- 6.14 **Address for Communication:** All notices and communications in respect of this **Policy** shall be addressed to **Us** at the following address:

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

**6.15 Grievance Redressal Mechanism**

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 an officer duly authorized by **Us** has the authority to resolve **Your** complaints and grievances. **We** shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling **You** this **Policy**.

6.16 In case **You** are not satisfied with the decision of the above office, or have not received any response within 10 days, **You** may contact the following official of the Insurance Regulatory and Development Authority for resolution:

**Grievance cell (Complaint against Life insurer)**  
**Insurance Regulatory and Development Authority**  
**Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.**  
**Phone: +91-40- 6682 0964/6678 9768 (Ext –251)**  
**E-mail: [lifecomplaints@irda.gov.in](mailto:lifecomplaints@irda.gov.in)**

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

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

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

6.18 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.

#### **6.19 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 policy owner and that the owner 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.