



PNB MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office : Brigade Seshmahal, 5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004  
[www.pnbmetlife.com](http://www.pnbmetlife.com); Fax +90-80-41506969

## Terms & Conditions – Met Deferred Monthly Income Plan – 7

### 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. **Base Sum Assured** means the chosen **Guaranteed Monthly Regular Income \* Benefit Payout Period \* 12 \* 1.2**. The **Base Sum Assured** as appearing in this **Policy** is provided only illustrative and is used for the purpose of determining the benefits payable under the **Policy**.
- 1.6. **Benefit Payout Period** means the period specified in the **Schedule** that commences from the **Monthly Anniversary Date** that immediately succeeds the completion of the 10<sup>th</sup> Policy Year 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 chosen **Benefit Payout Period** from the date of the first **Guaranteed Monthly Regular Income** payment.
- 1.7. **Cash Bonus** means the amount calculated in accordance with Clause 2.3.1(2) and payable in accordance with the terms and conditions of this **Policy**.
- 1.6. **Date of Commencement** means the date on which the **Policy** comes into effect and is as specified in the **Schedule**.
- 1.7. **Enhanced Monthly Income** means the amount which is calculated as follows and is payable in accordance with the terms and conditions of this **Policy**:  

$$\text{Guaranteed Monthly Regular Income} + \{\text{all Simple Reversionary Bonuses that have accrued at the end of the 10}^{\text{th}} \text{ Policy Year} / (\text{Benefit Payout Period} \times 12)\}$$
- 1.9. **Financial Year** means the financial year followed by **Us**.
- 1.10. **Guaranteed Monthly Regular Income** means the amount of benefit payable during the **Benefit 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**.
- 1.11. **Insured** means the person insured as named in the **Schedule** and on whose death or survival (as applicable) the benefits become payable as set out in the **Schedule**.
- 1.12. **Maturity Date** means the expiry date of this **Policy** as shown in the **Schedule**.
- 1.13. **Monthly Anniversary Date** means one month from the **Date of Commencement** and every date falling one month thereafter, till the **Maturity Date**.
- 1.14. **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 **Maturity Date**.
- 1.15. **Policy** means this document, any endorsements issued by **Us**, the **Schedule** and the **Application**.
- 1.16. **Policy Anniversary Date** means one year from the **Date of Commencement** and every date falling one year thereafter, till the **Maturity Date**.
- 1.17. **Policy Year** is measured from the **Date of Commencement** of the **Policy** and is a period of twelve consecutive calendar months.
- 1.18. **Policy Term** means the number of **Policy Years** for which the **Policy** continues, starting from the **Date of Commencement** and concluding on the **Maturity Date** and is as specified in the **Schedule**.
- 1.19. **Premium Payment Term** means the number of **Policy Years** for which the **Insured** is required to pay the **Annualized Premium** and is as specified in the **Schedule**.
- 1.20. **Reduced Paid-Up Value** means the value that is calculated as follows:  

$$\text{Total Income Benefit} \times (\text{number of Regular Premiums received} / \text{number of Regular Premiums})$$

payable during the **Premium Payment Term**)

- 1.21. **Regular Premium** means the regular payments to be made by **You**, to keep the **Policy** in force, in accordance with the frequency of payment chosen by **You** and is as specified in the **Schedule**.
- 1.22. **Revised Enhanced Monthly Income** means the amount referred to in Clause 3.2.4 which is payable in accordance with the terms and conditions of the **Policy** and is calculated as follows:  

$$\text{Revised Monthly Income} + \{\text{all Simple Reversionary Bonuses that have accrued till the first unpaid Regular Premium} / (\text{Benefit Payout Period} \times 12)\}$$
- 1.23. **Revised Monthly Income** means the amount referred to in Clause 3.2.4 which is payable in accordance with the terms and conditions of the **Policy** and is calculated as follows:  

$$\text{Reduced Paid-Up Value} / (\text{Benefit Payout Period} \times 12)$$
- 1.24. **Simple Reversionary Bonus** means the amount calculated in accordance with Clause 2.3.1(1) and payable in accordance with the terms and conditions of this **Policy**.
- 1.25. **Schedule** means the **Schedule We** issue along with any annexure, tables or endorsements attached to it from time to time.
- 1.26. **Terminal Bonus** means the amount calculated in accordance with Clause 2.3.1(3) and payable in accordance with the terms and conditions of this **Policy**.
- 1.27. **Total Income Benefit** means an amount which is calculated as follows:  

$$\text{Guaranteed Monthly Regular Income} * \text{Benefit Payout Period} * 12$$
- 1.28. **We, Us, or Our** means PNB MetLife India Insurance Company Limited.
- 1.29. **You or Your** means the **Policyholder** as named in the **Schedule**.

## 2. Policy Benefits

**Met Deferred Monthly Income Plan - 7** is the name of the product offered by **Us**. 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 **Us**.

### 2.1. Death Benefit

Upon the death of the **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 following death benefit:

- i. If the **Insured** dies on or before the 10<sup>th</sup> **Policy Anniversary** when the **Policy** is in force, then:
  - a. **We** will pay a lump sum amount equal to 20% of the **Total Income Benefit**;
  - b. **We** will pay a lump sum amount equal to all the **Simple Reversionary Bonuses** (if any) that have accrued till the date of the **Insured's** death;
  - c. **We** will pay a lump sum amount equal to the **Terminal Bonus**, if any;
  - d. **We** will pay the **Guaranteed Monthly Regular Income** amount on every **Monthly Anniversary Date** subsequent to the **Insured's** death until completion of the **Benefit Payout Period**;
  - e. **We** will pay an amount equal to all **Simple Reversionary Bonuses** (if any) which accrue after the **Insured's** death but before the 10<sup>th</sup> **Policy Anniversary** as a lump sum on the completion of the 10<sup>th</sup> **Policy Year**;
  - f. **Cash Bonus** (if any) declared by **Us** will be payable in accordance with Clause 2.3.1(2) below.

The **Policy** shall terminate immediately and automatically on the expiry of the **Benefit Payout Period** when the last **Guaranteed Monthly Regular Income** payment is made.

- ii. If the **Insured** dies after the 10<sup>th</sup> **Policy Anniversary**, when the **Policy** is in force, then:
  - a. **We** will pay a lump sum amount equal to the 20% of the **Total Income Benefit**;
  - b. **We** will pay a lump sum amount equal to the **Terminal Bonus**, if any;
  - c. **We** will continue to pay the **Enhanced Monthly Income** amount on every **Monthly Anniversary Date** subsequent to the **Insured's** death until the **Maturity Date**;
  - d. **Cash Bonus** (if any) declared by **Us** will be payable in accordance with Clause 2.3.1(2) below.

The **Policy** shall terminate immediately and automatically on the **Maturity Date** when the last **Enhanced Monthly Income** payment is made.



## 2.2 Survival Benefits

- 2.2.1. If the **Insured** is alive and the **Policy** is in force on the completion of the 10<sup>th</sup> **Policy Year** then **We** will pay the **Enhanced Monthly Income** amount on every **Monthly Anniversary Date** subsequent to the completion of the 10<sup>th</sup> **Policy Year** until the **Maturity Date**.
- 2.2.2. In addition to the amount payable in accordance with Clause 2.2.1, any **Cash Bonus** declared by **Us** will be payable in accordance with Clause 2.3.1(2) below.
- 2.2.3. If the **Insured** dies after the **Enhanced Monthly Income** has become payable in accordance with Clause 2.2.1, then **We** will continue to pay the **Enhanced Monthly Income** to the **Nominee** on every **Monthly Anniversary Date** until the **Maturity Date** in accordance with Clause 2.1(ii)(c) above.

**Note:** The maximum period for which **Guaranteed Monthly Regular Income/ Enhanced Monthly Income** is payable is 120/180/240 months from the commencement of first **Guaranteed Monthly Regular Income/ Enhanced Monthly Income** payment if the **Benefit Payout Period** applicable as specified in the **Schedule** is 10/15/20 years respectively.

Any amount payable in accordance with Clause 2.1 (i) or (ii) or 2.2 shall be payable to **You** and if **You** are not alive on the date payment becomes due, then **We** shall make payment to the **Nominee**. If the **Nominee** is not alive when the payment becomes due, **We** will make payment to Your legal heirs or legal representatives.

## 2.3 Bonus

- 2.3.1 The following 3 bonuses may be declared by **Us** under this **Policy** in **Our** sole and absolute discretion. None of these bonuses are guaranteed and declaration will depend on **Our** actual experience.

### 1) Simple Reversionary Bonus:

The **Policy** will be eligible for any **Simple Reversionary Bonus** declared by **Us**, only after the completion of the first 3 **Policy Years**. Any **Simple Reversionary Bonus** declared by **Us** at the end of the **Financial Year** will accrue to the **Policy** at the next **Policy Anniversary** only if the **Policy** is in force and all **Regular Premium** until the date of accrual or till the death of the **Insured**, has been received.  
All accrued **Simple Reversionary Bonuses** will either be:

- (a) Payable in lump sum on the **Insured's** death in accordance with Clause 2.1(i)(b) and 2.1 (i)(d) if the **Insured's** death occurs on or before the 10<sup>th</sup> **Policy Anniversary**; OR
- (b) Added to the **Guaranteed Monthly Regular Income** to form the **Enhanced Monthly Income** which shall be payable in accordance with Clause 2.2.1 and Clause 2.1(b)(iii) respectively.

### 2) Cash Bonus

The **Policy** will be eligible for any **Cash Bonus** declared by **Us** only after the completion of the first ten **Policy Years**. Any **Cash Bonus** declared by **Us** after the completion of a **Financial Year** will be payable on or before September 30<sup>th</sup> of the next **Financial Year** to all policies. No cash bonus will be paid on lapsed policies.

### 3) Terminal Bonus

**We** may also declare a **Terminal Bonus**, which is payable on the earlier of the **Maturity Date** or the death of the **Insured**.

## 2.4 Maturity Benefits

If the **Insured** is alive and the **Policy** is in force on the **Maturity Date**, then the **Terminal Bonus** (if any) will be payable and the **Policy** and all benefits there under shall immediately and automatically cease.

## 2.5 Policy Loan

No loan will be granted under this **Policy**.

### 3. Premium Provisions

#### 3.1 Regular Premium

- 3.1.1 **You** must pay the **Regular Premium** in full on the due date specified in the **Schedule** during the **Premium Payment Term**. **Regular Premium** received before the due date shall be credited to the **Policy** only on the due date and **You** understand and agree that **You** shall not be entitled to any interest on such **Regular Premium** paid. 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 change the frequency of premium payment by giving **Us** written notice. The revised frequency shall only be applicable once **We** have received the Alteration Charges specified in the **Schedule** and issued an endorsement to the **Schedule**.
- 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 **We** do not receive the **Regular Premium** in full on the due date specified in the **Schedule**, then **We** will allow a grace period of 30 days (15 days if **Regular Premium** is due monthly). The **Policy** shall remain in force during the grace period and any benefits payable under the **Policy** shall continue to be paid.
- 3.2.2 If the **Regular Premium** is not received in full within the grace period, the **Policy** shall lapse.
- 3.2.3 If the **Policy** lapses when **Regular Premium** for the first 2 **Policy Years** has not been received, no benefits shall fall due or be payable under the **Policy**.
- 3.2.4 If the **Policy** lapses when **Annualized Premium** for at least the first 2 **Policy Years** has been received in full the **Policy** shall be automatically converted to a Reduced Paid-up **Policy** from the date of the first unpaid **Regular Premium** and the benefit amounts payable on death, survival or maturity of the **Policy** shall be only in accordance with the following:

##### Death Benefit:

- (a) If the **Insured** dies on or before the 10<sup>th</sup> **Policy Anniversary** after the **Policy** has been converted to a Reduced Paid-up **Policy**, then:
- (i) **We** will pay a lump sum amount equal to 20% of the **Reduced Paid Up Value** ;
  - (ii) **We** will also pay a lump sum amount equal to all the **Simple Reversionary Bonuses** (if any) that have accrued till the date of the first unpaid **Regular Premium**;
  - (iii) **We** will pay the **Revised Monthly Income** on every **Monthly Anniversary Date** subsequent to the **Insured's** death until completion of the **Benefit Payout Period**;

The **Policy** shall terminate immediately and automatically on the expiry of the **Benefit Payout Period** when the last **Revised Monthly Income** payment is made. No **Simple Reversionary Bonus, Cash Bonus** or **Terminal Bonus** declared by **Us** after the first unpaid **Regular Premium** shall be payable under the Reduced Paid-up **Policy**.

- (b) If the **Insured** dies after the 10<sup>th</sup> **Policy Anniversary** and after the **Policy** has been converted to a Reduced Paid-up **Policy**, then:
- e. **We** will pay a lump sum amount equal to 20% of the **Reduced Paid Up Value**;
  - f. **We** will continue to pay the **Revised Enhanced Monthly Income** on every **Monthly Anniversary Date** subsequent to the **Insured's** death until the **Maturity Date**;

The **Policy** shall terminate immediately and automatically on the **Maturity Date** when the last **Revised Enhanced Monthly Income** payment is made. No **Cash Bonus** or **Terminal Bonus** declared by **Us** after the first unpaid **Regular Premium** shall be payable under the Reduced Paid-up **Policy**.

##### Survival Benefit:

If the **Insured** is alive and the **Policy** is converted to a Reduced Paid-up **Policy** on the completion of the 10<sup>th</sup> **Policy Year** then **We** will pay the **Revised Enhanced Monthly Income** amount on every **Monthly Anniversary Date** subsequent to the completion of the 10<sup>th</sup> **Policy Year** until the **Maturity Date**

If the **Insured** dies after the **Revised Enhanced Monthly Income** has become payable, then **We** will continue to pay the **Revised Enhanced Monthly Income** to **You** or the **Nominee** in accordance with Clause 3.2.4(b)(ii) until the **Maturity Date**.



No **Simple Reversionary, Cash Bonus** or **Terminal Bonus** declared by **Us** after the first unpaid **Regular Premium** shall be payable under the Reduced Paid-up Policy.

**Note:**

The **Revised Monthly Income** and **Revised Enhanced Monthly Income** mentioned in the above two Clauses, would be payable on a monthly basis if the **Revised Monthly Income** is Rs.500 and above. Otherwise, 12 times of the **Revised Monthly Income** amount will be payable on annual basis at the end of the **Policy Year**.

**Maturity Benefit:**

No maturity benefit will be payable under the Reduced Paid-up Policy.

**3.3 Reinstatement**

A lapsed **Policy** may be reinstated within the earlier of 3 years from the first unpaid **Regular Premium** and the expiry of the **Policy Term** by giving **Us** written notice to reinstate the **Policy** and provided that the **Insured** is alive and:

- a) **You** pay all the due **Regular Premium** in full along with any extra premium specified by **Us**, applicable revival charges specified in the **Schedule** and interest at the rate specified by **Us**;
- b) **You** provide **Us** with satisfactory evidence of insurability at **Your** own cost, unless the written notice to reinstate is received by **Us** within 6 months of the first unpaid **Regular Premium** and provided that **Annualized Premium** for at least the first 2 **Policy Years** has been received in full;
- c) **You** provide **Us** with all other information and documentation **We** request;

**3.4 Surrender Value**

If the **Policy** is surrendered after the completion of 2 **Policy Years**, provided that all **Regular Premiums** for the first 2 **Policy Years** have been received in full, **We** will pay the Surrender Value which is the higher of the **Guaranteed Surrender Value** and **Special Surrender Value** which are calculated as follows:

**Guaranteed Surrender Value** is equal to 30% of the (total **Regular Premium** received minus all extra premiums(if any)) minus any Survival Benefits already paid in accordance with Clause 2.2

**Special Surrender Value** is the surrender value specified by **Us** on receipt of a request for surrender and shall be calculated based on the paid-up value factors (determined by **Total Income Benefit** x (number of **Regular Premiums** received/number of **Regular Premiums** payable during the **Premium Payment Term**) and accrued **Simple Reversionary Bonuses** reduced by the **Survival Benefits** already paid in accordance with Clause 2.2 and the Surrender Value Factors determined by **Us** in **Our** sole discretion.

The **Special Surrender Value** will be quoted only on receipt of a surrender request and the Surrender Value Factors depends on the then prevailing market conditions and are not guaranteed.

**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 **Maturity Date** **You** may nominate a **Nominee** 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 **Nominees** 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**.
- 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 immediately and automatically terminated on the occurrence of the earliest of the following:

- 5.1 The date on which the **Policy** is surrendered.
- 5.2 At the expiry of three years from the date of lapsation, if the **Policy** has not been reinstated and provided that the **Policy** has not been converted to a Reduced Paid-up Policy.
- 5.3 Upon payment of the last **Monthly Regular Income** and **Terminal Bonus**, if any, in case of expiry of the **Policy Term**
- 5.4 Upon payment of the last **Monthly Regular Income**, in case of death of the **Insured**

## 6 General Provisions

- 6.1 **Free Look Period:** **You** may cancel the **Policy** by giving **Us** signed written notice within 15 days (30 days if the **Policy** has been purchased through direct marketing, including telemarketing) of receiving the **Policy** stating the reasons for **Your** objection and **We** will pay an amount equal to the **Regular Premium** received after deduction of stamp duty, proportionate risk premium for the period on cover and any expenses incurred on medical examination.
- 6.2 **Taxation:** Any tax benefits under the **Policy** shall be as in accordance with the prevailing laws relating to taxation in India and amendments thereto from time to time. **We** will deduct, charge or recover taxes or applicable duties in accordance with applicable law from any payments received or made under or in relation to the **Policy**.
- 6.3 **Suicide:** If the **Insured** commits suicide, whether sane or insane at that time, within one year from the **Date of Commencement** **Our** liability to make any payment under this **Policy** shall be limited to refund of the **Regular Premium** received after deduction of stamp duty and any expenses incurred on medical examination and **We** shall not be liable to make payment of any of the benefits under the **Policy**.  
  
In the event the **Insured** commits suicide, whether sane or insane at that time, within one year from the date of the last reinstatement of the **Policy**, **Our** liability to make any payment under this **Policy** shall be limited to making payment of the surrender value calculated in accordance with Clause 3.5 and **We** shall not be liable to make payment of any of the benefits under the **Policy**.
- 6.5 **Currency & place of payment:** All amounts payable either to or by **Us** under the **Policy** 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. If it comes to **Our** knowledge that **You** have misrepresented or suppressed any material facts or 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** 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 **Insured's** actual age proves to be higher than the **Age** stated in the **Application**, the amount payable under Clause 2.1(a) and (b) shall 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 **Insured's** actual age proves to be lower than the **Age** stated in the **Application**, the **Regular Premium** paid in excess will be refunded to **You** 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 this **Policy**, **We** may, at **Our** sole discretion take such action as may be deemed appropriate including cancellation of the **Policy** and forfeiture of the **Regular Premium** received.

## 6.8 Claims Procedure

- 6.8.1 It is a condition precedent to **Our** liability under this **Policy** that **We** have received all of the following information and documentation and any other information or documentation **We** request, including but not limited to :

- a) The original **Policy** document
- b) **Our** claim form duly completed
- c) The official death certificate issued by a competent governmental authority
- d) Proof of title to the **Policy** where applicable
- e) **Nominee**/legal heir identification and address proof.

- 6.8.2 **We** will not be obliged to make any payment of the other benefits under the **Policy** unless **We** have received all of the following information and documentation and any other information or documentation **We** request, including but not limited to

- a) The **Policy** document
- b) The discharge voucher as prescribed by Us

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

- 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. **You** agree that **You** will indemnify and hold **Us** free and harmless from and against any claims or demands which may arise under or in relation to the original **Policy** document.
- 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 with **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.
- 6.12 **Changes to Terms and Conditions:** **We** may, in **Our** sole and absolute discretion change the **Policy** terms and conditions 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 interpreted in accordance with Indian law and all disputes or differences arising under or in relation to the **Policy** shall 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:

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

#### 6.15 Grievance Redressal Mechanism

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



Call **1800-425-69-69** (Toll free) or **080-26502244** or Fax 080 41506969



Email us at [India\\_GrievanceCell@pnbmetlife.co.in](mailto:India_GrievanceCell@pnbmetlife.co.in)



Write to "**Customer Service Department**", PNB MetLife India Insurance Co Ltd, Brigade Seshmahal,5, Vani Vilas Road, Basavangudi, Bangalore-560004, India



Visit our **website [www.pnbmetlife.com](http://www.pnbmetlife.com)**



Visit our nearest PNB MetLife branch across the country

2. In case **You** are not satisfied with the resolution provided by the above touch points,

**You** can write to **Our Grievance Redressal Officer** at [GRO@pnbmetlife.co.in](mailto:GRO@pnbmetlife.co.in) or send a letter to the Registered Office

"PNB MetLife India Insurance Co Ltd,  
 Brigade Seshmahal,5, Vani Vilas Road,  
 Basavangudi,  
 Bangalore-560004, India"; or

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**.

3. 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.**

**Toll Free: 155255 Phone: +91-40- 6682 0964/6678 9768 (Ext –251)**  
**E-mail: [lifecomplaints@irda.gov.in](mailto:lifecomplaints@irda.gov.in)**

4. In case **You** are not satisfied with the decision/resolution of **Our** 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



5. As per provision 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:
- a) Only if the grievance has been rejected by the Grievance Redress Machinery of the Insurer
  - b) Within a period of one year from the date of rejection by the insurer.
  - c) If it is not simultaneously under any litigation

**6.16. 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.