

PART A

YOUR WELCOME LETTER

[Mr./Ms.Name of the policyholder]
[Father/husband name]
[Address]

Date :dd-mm-yyyy

<Policy No> <Sourcing Branch>

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

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

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

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

Policyholder	Mr./ Ms. [name of Policyholder]	Beneficiaries/ Nominee	Mrs. /Mr. Policyholder Nominee
Policy Number	<policy no>	Premium Payment Term	<N Years>
Name of the Plan	Met Family Income Protector Plus	Policy Term	<N Years>
Payment Mode	<Mode>	Modal Premium Amount (excluding taxes)	Rs. XXXXX.XX

The most important thing is that you should know about the terms and conditions of your policy, therefore please go through the terms and conditions of your policy very carefully. In case of any objection to the terms and conditions, you may request cancellation of the policy by submitting a written cancellation request to us within 15 days of the receipt of the present policy. Upon successful processing of your cancellation request, we will refund the premium paid by you after deducting proportionate risk premium, stamp duty and/or any expense borne by us on medical examination.

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

Name:	XXXXXXXX YYYYYYYY	Code:	XXXXXXXXXX
Mobile/Landline No.	XXXXXXXXXXXXXX		

Wishing you a healthy, secured and a prosperous life.

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

Gaurav Sharma
Chief Operating Officer

Stamp Duty of Rs.XXX (X hundred and Xty X) paid to Karnataka Government through consolidated stamp duty via challan no.XXXXXX dated XXXXX

In case of any queries/concerns, you can reach us at:

Call us at 1800-425-6969 (Toll-free) or 91-80-2650-2244 (8am - 8pm)	Email us at indiaservice@pnbmetlife.co.in	Visit www.pnbmetlife.com to manage your policy online. Register online using your Customer ID & Policy No.	Visit your nearest PNB MetLife office . Our address details are available on www.pnbmetlife.com
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Date of Filing:[x]
Modified Date:[x]
Final Policy documents Date:[x]

PART A

POLICY PREAMBLE

Met Family Income Protector Plus

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

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

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

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

[Signature]

[Name of signing authority]

[Designation of signing authority]

POLICY SCHEDULE

Name of the Plan	Met Family Income Protector Plus
Nature of the Plan	Non-Linked, Non – Participating Term Assurance Plan
UIN	[x]

Policy number	Date of issue	Issuing office
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1. Details of the Policyholder and Insured

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

2. Policy Benefits

Term with Return of Premium option	<Yes/No>
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Date of Filing:[x]
Modified Date:[x]
Final Policy documents Date:[x]

PART A

Basic Sum Assured	Rs. <>
Guaranteed Monthly Regular Income amount	Rs. <>
Benefit Payout Period	Rs. <>
Rider details	NA

3. Policy Details

Date of Commencement	
Maturity Date	
Policy Term	
Policy currency	
Annualized Premium	Rs. <>

4. Details of Agent/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

5. Premium Details

Annualized Premium	Rs. <>
Modal Premium	Rs. <>
Service Tax	Rs. <>
Total Modal premium amount*	Rs. <>
Premium Frequency	
Premium due date	
Last due date of premium	
Premium Payment term	

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

Date of Filing:[x]
Modified Date:[x]
Final Policy documents Date:[x]

PART A

Special provisions/options	
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6. Nominee details

Name(s) of the Nominee	Relationship	Share(s) %
1)		
2)		
3)		
4)		

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

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

DEFINITIONS APPLICABLE TO YOUR POLICY

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

1. **Age** means age of the **Insured** as of his last birthday and is as shown in the **Schedule**.
2. **Annualized Premium** means one full year's **Regular Premium** less loading charged if any, **by Us**.
3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
4. **Appointee** means the person named in the **Schedule** to receive payment under this **Policy**, if the **Nominee** is a minor at the time payment becomes due under this **Policy**.
5. **Benefit Payout Period** means the duration in which the death benefit becomes payable under this **Policy** in case of the death of the **Insured** and is as specified in the **Schedule**
6. **Basic Sum Assured** means the amount specified in the **Schedule**.
7. **Business Day** means a working day of **Our** registered office.
8. **Date of Commencement** means the date on which the **Policy** comes into effect and is as specified in the **Schedule**.
9. **Financial Year** means the twelve month period between April and March of each calendar year.
10. **Guaranteed Monthly Regular Income** means the amount of benefit payable during the **Benefit Payout Period** and is as specified in the **Schedule based on** amount chosen by **You**, payable on every **Monthly Anniversary Date** during the **Benefit Payout Period** to **You** or **Your Nominee** in accordance with the terms and conditions of this **Policy**.
11. **Grace Period** means a period of 15 days if the **Regular Premium** is payable monthly or via Payroll Savings Plan and 30 days for all other frequencies for payment of **Regular Premium**.
12. **Insured** means the person insured as named in the **Schedule**.
13. **IRDA** means the Insurance Regulatory and Development Authority.
14. **Maturity Date** means the expiry date of this **Policy** as shown in the **Schedule**.
15. **Monthly Anniversary Date** means a period of one month from the **Date of Commencement** and every date falling one month thereafter, till the **Maturity Date**.
16. **Nominee** means the person named in the **Schedule** who has been nominated by **You** to receive the benefits under the **Policy**.
17. **Policy** means this document, any endorsements issued by **Us**, the **Schedule** and the **Application**.
18. **Policy Anniversary** means the period of one year from the **Date of Commencement** and every date falling one year thereafter, till the **Maturity Date**.

19. **Policy Year** means a period of twelve consecutive calendar months from the **Date of Commencement**.
20. **Policy Term** means the period commencing on the **Date of Commencement** and concluding on the **Maturity Date**.
21. **Premium Payment Term** means the period specified in the **Schedule** for which **Regular Premium** must be paid.
22. **Regular Premium** means the regular payments to be made by **You**, to keep the **Policy** in force, in accordance with the frequency of payment chosen by **You** and is the amount as specified in the **Schedule**
23. **Return of Premium** means the option chosen by **You** at inception of this **Policy**, entitling you to receive maturity benefit at the end of the **Policy Term**. In case **You** have chosen **Return of Premium** at the inception of the Policy, then the column against the **Return of Premium** section in **Schedule** will display as Yes.
24. **Revival Period** means a period of 2 years from the due date of the first unpaid **Regular Premium** during which the **Policy** may be revived.
25. **Schedule** means the policy schedule set out above that **We** have issued, along with any annexure, tables or endorsements attached to it from time to time.
26. **Surrender Value** means the amount that is calculated in accordance with Part D.
27. **We, Us or Our** means PNB MetLife India Insurance Company Limited.
28. **You or Your** means the **Policyholder** as named in the **Schedule**.

POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS

1. **Policy Features**

Met Family Income Protector Plus is a non-linked, non-participating term assurance plan. This plan offers the benefits listed below. The benefits will be payable subject to the terms and conditions of this **Policy**, including the Premium Payment Conditions set out below.

2. **Policy Benefits**

2.1. **Death Benefit**

Upon the **Insured's** death when the **Policy** is in full force and effect, the **Nominee** shall exercise one of the following options to receive the death benefit payment from **Us**:

- (a) **Option 1**: receive the **Guaranteed Monthly Regular Income** specified in the **Schedule** on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death and continuing for the duration of the Benefit Payout Period specified in the **Schedule**.

If Option 1 is exercised by the **Nominee** and the **Nominee** dies during the Benefit Payout Period, the remaining installments of the **Guaranteed Monthly Regular Income** will be paid to **Your** legal heirs/legal representatives in accordance with Option 1 until the end of the **Benefit Payout Period**.

If the **Nominee** is not alive when the death benefit becomes payable, **We** will make payment of the death benefit in accordance with Option 1 above to **Your** legal heirs/legal representatives. The Policy terminates with the payment of last installment of **Guaranteed Monthly Regular Income** at the end of the **Benefit Payout Period**

- (b) **Option 2**: Receive the Death Benefit Sum Assured in lump sum. The Death Benefit Sum Assured is the highest of the following amounts:

- (i) **Annualized Premium** x 10;
- (ii) 105% of the total **Regular Premium** received (exclusive of service tax, cess, and extra premium loadings, if any) as on the date of the **Insured's** death;
- (iii) The **Basic Sum Assured**;
- (iv) The Maturity Sum Assured which is equal to 110% of the total **Regular Premium** received (exclusive of service tax, cess and extra premium loadings, if any).

The Monthly Income Option as, explained as Option 1 above, represents the distribution of the Base SA by way of level monthly payments calculated at rate of 6%, 5.50% and 5% p.a depending upon the death happening in Year 1 to 10 or Year 11 to 15 or Year 16 to 20 respectively

2.2. **Maturity Benefit**

This benefit will be payable only if the **Schedule** specifies that the Return of Premium option has been opted.

We will pay the Maturity Sum Assured which is equal to 110% of the total **Regular Premium** received (exclusive of service tax, cess and extra premium loadings, if any) if the **Insured** is alive and the **Policy** is in force on the **Maturity Date**. All other benefits under the **Policy** shall automatically cease to be in force on the **Maturity Date**.

3. Premium Payment Conditions

3.1. Payment of Regular Premium

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

3.2. Alteration of the Regular Premium Frequency

You may change the frequency of **Regular Premium** payments provided that You give Us a written request and make payment of the Alteration Charges listed in Part E. The change in frequency will be applied only from the **Policy Anniversary** following the date of Your request.

3.3. Grace Period

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

3.4. Premium Discontinuance during the first 3 Policy Years

If the **Regular Premium** for the first 3 **Policy Years** has not been received and the due **Regular Premium** is not received in full during the **Grace Period**, the **Policy** will lapse and no benefits shall be payable under the **Policy** on the occurrence of the **Insured's** death or otherwise.

3.5. Premium Discontinuance after the completion of the first 3 Policy Years

If the **Regular Premium** for the first 3 **Policy Years** has been received but the due **Regular Premium** is not received in full during the **Grace Period**, the **Policy** will:

- (a) **in the event of the Return of Premium Option not being opted (the availed option is specified in the Schedule),** lapse and no benefits shall be payable under the **Policy** on the occurrence of the **Insured's** death or otherwise;
- (b) **In the event of the Return of Premium Option being chosen (the availed option is specified in the Schedule),** become a Reduced Paid-up Policy if the **Schedule** specifies that the Return of Premium option has been opted. The following benefits will be payable when the **Policy** is a Reduced Paid-up Policy:
 - (i) **Reduced Death Benefit:** Upon the **Insured's** death when the **Policy** is a Reduced Paid-up Policy, the **Nominee** shall exercise one of the following options to receive the reduced death benefit payment from Us:
 - (I) **Option 1:** receive the Reduced Death Benefit Sum Assured in lump sum. The Reduced Death Benefit Sum Assured is calculated as follows:

$$\text{Death Benefit Sum Assured} * (\text{Number of Regular Premiums received} / \text{Number of Regular Premiums payable during the Premium Payment Term})$$
 - (II) **Option 2:** receive the Reduced Guaranteed Monthly Regular Income on every **Monthly Anniversary Date** commencing from the **Monthly Anniversary Date** immediately succeeding the **Insured's** death and continuing for the duration of the Benefit Payout Period specified in the **Schedule**. The Reduced

Guaranteed Monthly Regular Income is calculated as follows:

Guaranteed Monthly Regular Income specified in the Schedule * (Number of **Regular Premiums** received/Number of **Regular Premiums** payable during the **Premium Payment Term**)

- (ii) **Reduced Maturity Benefit:** This benefit will be payable only if the **Schedule** specifies that the Return of Premium option has been opted. **We** will pay the Reduced Maturity Sum Assured if the **Insured** is alive and the **Policy** is a Reduced Paid-up Policy on the **Maturity Date**. All other benefits under the **Policy** shall automatically cease to be in force on the **Maturity Date**. The Reduced Maturity Sum Assured is calculated as follows:

Maturity Sum Assured * (Number of **Regular Premiums** received/Number of **Regular Premiums** payable during the **Premium Payment Term**)

- (iii) **Surrender:** **You** may surrender the Reduced Paid-up Policy in accordance with the surrender provisions in Part D.

POLICY SERVICING CONDITIONS

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

1. Free Look Period

You have a period of 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 may cancel the Policy by giving written notice to Us stating the reasons for Your objection and You will be entitled to a refund of the Regular Premiums paid subject to a deduction of proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges.

2. Procedure for Revival of a Lapsed/Reduced Paid-up Policy

A Policy that has lapsed or that has been converted to a Reduced Paid-up Policy in accordance with Part C may be revived during the Revival Period by giving Us written notice to revive the Policy, provided that:

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

3. Loan

Loans are not available under this Policy.

4. Surrender

We will pay the Surrender Value if the Policy is surrendered after the Regular Premium for at least the first 3 Policy Years has been received and if the Schedule specifies that the Return of Premium option has been opted. The Policy and all benefits under the Policy shall automatically terminate on the surrender of the Policy. The Surrender Value payable on surrender of the Policy is the higher of the Guaranteed Surrender Value and the Special Surrender Value which are calculated as follows:

- (a) **Guaranteed Surrender Value:** The Guaranteed Surrender Value is the minimum surrender value guaranteed to be paid by Us which is calculated in accordance with the table below:

Guaranteed Surrender Value (as % of the total Regular Premiums received, excluding service tax, cess and extra premium loadings, if any)			
Policy Year in which surrender request is received	Policy Term		
	10 years	15 years	20 years
1	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%

Guaranteed Surrender Value (as % of the total Regular Premiums received, excluding service tax, cess and extra premium loadings, if any)			
Policy Year in which surrender request is received	Policy Term		
	10 years	15 years	20 years
3	30.00%	30.00%	30.00%
4	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%
8	70.00%	55.71%	53.33%
9	90.00%	61.43%	56.67%
10	90.00%	67.14%	60.00%
11		72.86%	63.33%
12		78.57%	66.67%
13		84.29%	70.00%
14		90.00%	73.33%
15		90.00%	76.67%
16			80.00%
17			83.33%
18			86.67%
19			90.00%
20			90.00%

- (b) **Special Surrender Value:** The Special Surrender Value is calculated by **Us** using an asset share approach in a way such that in later policy durations the **Surrender Value** is close to asset share and in initial policy durations, **We** are able to recover expenses incurred till date on the **Policy**. **Special Surrender Value** is expressed as a percentage of total premiums paid and varies with the **Policy Term** and the year of discontinuance of the **Policy**. It should be noted that **Special Surrender Value** is always higher than **Guaranteed Surrender Value** (defined above). The Special Surrender Value is not guaranteed and the special surrender value factors may be changed by **Us** from time to time with the approval of the **IRDA**. The current Special Surrender Values as approved by **IRDA** are as follows:

Special Surrender Value (as % of total premiums paid)			
Year of surrender	Policy Term		
	10 years	15 years	20 years
1	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%
3	55.00%	45.00%	45.00%
4	60.00%	50.00%	50.00%
5	70.00%	60.00%	55.00%
6	75.00%	65.00%	60.00%

Special Surrender Value (as % of total premiums paid)			
Year of surrender	Policy Term		
	10 years	15 years	20 years
7	80.00%	70.00%	65.00%
8	90.00%	75.00%	70.00%
9	100.00%	80.00%	75.00%
10	105.00%	85.00%	80.00%
11		90.00%	85.00%
12		95.00%	85.00%
13		100.00%	90.00%
14		100.00%	90.00%
15		105.00%	95.00%
16			95.00%
17			100.00%
18			100.00%
19			100.00%
20			105.00%

These Surrender Value Factor depends on the then prevailing market conditions and is not guaranteed. **You** may check the applicable special surrender value with **Us** before surrendering the **Policy**.

5. **Claims Procedure**

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

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

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:

- (a) The **Policy** document.
- (b) The claim form prescribed by **Us**, duly completed;
- (c) The discharge voucher prescribed by **Us**, duly completed

6. **Termination of the Policy**

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

- (a) Payment of the Death Benefit specified in Part C in full;
- (b) The surrender of the **Policy**;

- (c) The **Maturity Date**;
- (d) On the expiry of the **Revival Period** provided that the **Policy** has not been converted to a Reduced Paid-up Policy in accordance with Part C.

POLICY CHARGES

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

1. **Alteration Charges:** This charge is payable for each request that **You** make to **Us** to change the applicable frequency for payment of the **Regular Premium** under the **Policy** in accordance with the Premium Payment Conditions in Part C. The Alteration Charges presently are Rs.100 for each request. This charge is subject to change with the approval of the **IRDA**.
2. **Revival Fee:** This fee is payable for each request that **You** make to **Us** to revive a lapsed/Reduced Paid-up Policy in accordance with the Revival provisions in Part D. The Revival Fee is presently Rs.250 for each request. This fee is subject to change with the approval of the **IRDA**.
3. **Miscellaneous Fee:** This fee is payable for issuing a new Policy document if the original Policy document has been lost. The Miscellaneous Fee is presently Rs. 200 for each such request.

4. **Notices:**

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

PNB MetLife India Insurance Company 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@pnbmetlife.co.in / Web: www.pnbmetlife.co.in

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

You are requested to communicate any change in address, immediately, to enable us to serve you promptly.

GENERAL TERMS & CONDITIONS

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

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

1. **Nomination**

You may nominate a Nominee or change an existing Nominee before the Maturity Date in accordance with Section 39 of the Insurance Act, 1938 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. In registering a nomination, We do not accept any responsibility or express any opinion as to its validity or legality.

2. **Assignment**

You may assign this Policy in accordance with Section 38 of the Insurance Act, 1938 by giving Us prior written notice. An assignment will be effective against Us only once We have received written notice of the assignment and a copy of the Policy document and We have sent an endorsement confirming that the assignment has been recorded. In registering an assignment, We do not accept any responsibility or express any opinion as to its validity or legality.

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. Tax laws are subject to change.

4. **Currency & Place of Payment**

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

5. **Disclosure & Fraud**

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 is proved in accordance with Section 45 of Insurance Act, 1938 that You have misrepresented or suppressed any material fact or circumstances We shall have the right to take such action as We deem appropriate including cancellation of Policy. Upon cancellation We will pay the Surrender Value.

If You or the Nominee anyone acting for You/Nominee or at Your/Nominee's direction or with Your/Nominee's knowledge is proved in accordance with Section 45 of Insurance Act, 1938 to have sent or advanced any claim knowing it to be false, fraudulent or dishonest in any respect then this Policy will be void and We will pay the Surrender Value.

6. **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.

7. **Proof of Age**

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

8. **Loss of the Policy Document**

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

9. **Travel, Residence & Occupation**

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

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

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

11. **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 Indian courts.

12. Fraud

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

13. Suicide Exclusion

If the **Insured's** death is due to suicide (whether sane or insane at the time) within one year from the **Date of Commencement**, **Our** liability to make payment under the **Policy** will be limited to refunding 80% of the total **Regular Premium** received under the **Policy**. **We** shall not be liable to pay any interest on this amount.

If the **Insured's** death is due to suicide (whether sane or insane at the time) within one year from the date of the last revival of the **Policy**, **Our** liability to make payment under the **Policy** will be limited to:

(a) The higher of the **Surrender Value** or 80% of the total **Regular Premium** received under the **Policy**, if the **Schedule** specifies that the Return of Premium option has been opted.

(b) Refunding 80% of the total **Regular Premium** received under the **Policy**, if the **Schedule** specifies that the Return of Premium option has not been opted.

We shall not be liable to pay any interest on this amount.

14. Our Address for Communications

All notices and communications in respect of this **Policy** shall be addressed to **Us** at the following address:

PNB MetLife India Insurance Company Ltd.,
'Brigade Seshamahal'
5 Vani Vilas Road
Basvangudi
Bangalore – 560 004
India.

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

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

**PNB MetLife India Insurance Company 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@pnbmetlife.com

Web: www.pnbmetlife.com

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

In case **You** are not satisfied with the decision of the above office, or have not received any response within 10 days, **You** may contact the following official of the **IRDA** 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**

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

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

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

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

- (a) Only if the grievance has been rejected by the grievance redress machinery of the Insurer;

Date of Filing:[x]
Modified Date:[x]
Final Policy documents Date:[x]

- (b) Within a period of one year from the date of rejection by the insurer; and
(c) If it is not simultaneously under any litigation.

List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD</p> <p>Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:-ins.omb@rediffmail.com</p>	<p>State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</p>
<p>BHOPAL</p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:-bimalokpalbhopal@gmail.com</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:-ioobbsr@dataone.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH</p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:-ombchd@yahoo.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>CHENNAI</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:-chennaiinsuranceombudsman@gmail.com</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>DELHI</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858</p>	<p>States of Delhi and Rajasthan.</p>

Date of Filing:[x]
Modified Date:[x]
Final Policy documents Date:[x]

Email:- jobdelraj@rediffmail.com	
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-23325325/23312122 Fax:- 040-23376599 Email:- insombudhyd@gmail.com	States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
KOCHI Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- iokochi@asianetindia.com	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124346/22124339 Fax : 033-22124341 Email:- insombudsmankolkata@gmail.com	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:- insombudsman@rediffmail.com	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- ombudsmanmumbai@gmail.com	States of Maharashtra and Goa.