

YOUR WELCOME LETTER

[Name of the group policyholder]

Date:dd-mm-yyyy

[Address]

<Mobile number>

<Policy No> <Sourcing Branch>

<Mobile number>

Dear M/s [X], (Client ID: XXXXXXX)

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

PNB MetLife brings together financial strength, credibility and reliability of MetLife Inc, one of the leading global provider of insurance, annuities and employee benefit programs, serving more than 90 million+ customers for the last 140+ years and Punjab National Bank, a leading 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.

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

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

Free look Provision: Please go through the terms and conditions of your Policy very carefully. If you have any objections to the terms and conditions of this Group Policy, you may cancel the Group Policy by giving a signed written notice to us within 15 days from the date of receiving the Group Policy, stating the reasons for your objection and you will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

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

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

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

[Signature]

[Name of signing authority]

[Designation of signing authority]

In case of any queries / concerns, You can reach Us at:

Call us at 1800-425-6969 (Toll Free) Or 022-4179 0300 (8 am – 8 pm) / Fax: 022-4023 1225	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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GROUP POLICY PREAMBLE**[PNB MetLife Complete Care Plus]
Non-linked, Non-participating one year renewable Group Term Assurance Plan**

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 due premiums/ premium deposit and is based on the details provided in the Application received together with the other information, documentation and declarations received from You for effecting a life insurance contract on the lives of the persons named in the **Group Policy Schedule** below.

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

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

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

[Signature]
[Name of signing authority]
[Designation of signing authority]

GROUP POLICY SCHEDULE

Name of the Plan	[PNB MetLife Complete Care Plus]
Nature of the Plan	[Non-linked, Non-participating one year renewable Group Term Assurance Plan]
UIN	[117N093V02]

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

Name of the Group
Policyholder

2. Group Policy Details

Date of Inception of the Group Policy	
Annual Renewal Date	
Term of Cover	One year from the Date of Inception of the Group Policy
Free Cover Limit / Risk Cover Limit	
Base Plan	PNB MetLife Complete Care Plus
Riders Applicable	
Number of lives (At inception)	
Initial Premiums Received	Rs.
Initial Coverage Amount per Member	<Sum Assured for Flat Coverage>

	<Sum Assured for each Category for Graded Coverage>
Initial Total Coverage Amount	Rs.
Premium Due Dates	
Definition of Insured Member	
Risk Ceasing Age	
Eligibility Criteria	
Special Provisions	Accelerated Benefit Options <Yes> / <No> Waiting Period <Applicable> / <Not applicable>

3. Coverage Structure

Grade Description	Base Plan	MetLife Group ADB Plus	MetLife Group SI (only for Employer Employee)	MetLife Group APTD Plus	MetLife Group APPD Plus
Employee / Member Cover		-	-	-	-

4. Contribution: Premiums to be borne by

Contribution	Grade Name	Base Plan	MetLife Group ADB Plus	MetLife Group SI (only for EE)	MetLife Group APTD Plus	MetLife Group APPD Plus
			-	-	-	-
			-	-	-	-

*PH: Group Policyholder, IM: Insured Member

5. Details of Agent/Corporate Agent/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

6. Premium Details

Premium payment type	[Regular Premium]
Premium amount Service tax/cess*	Rs. <>
Total premium amount	Rs. <>

Includes service tax at prevailing rates. Premium rates are subject to change in case of any variance in the present tax 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 **Group Policyholder**.

PART – B

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. **Accelerated Benefit Option** means the option where, if in force, 100% of the **Sum Assured** is paid by Us, upon an **Insured Member** being diagnosed with a **Terminal Illness**.
2. **Age** means the age as of last birthday.
3. **Appointee** shall mean a person who is appointed by the **Insured Member** to receive the **Sum Assured** for and on behalf of the **Nominee**, if the **Nominee** is a minor on the date of the payment of the **Sum Assured** on the happening of the insured event.
4. **Authority** means the Insurance Regulatory and Development Authority of India
5. **Annual Renewal Date** means the date on which the **Group Policy** is due for renewal as stated in the **Group Policy Schedule**.
6. **Date of Inception of the Group Policy** means the date on which this **Group Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Schedule**.
7. **Effective Date of Coverage** is same as the **Date of Inception of the Group Policy**
8. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Group Policy Schedule**.
9. **Free Cover Limit** means insurance coverage provided by Us based on the risk characteristic of the group under all group policies issued to a **Group Policyholder** upon satisfying **Our** eligibility criteria. The **Free Cover Limit** amount is stated in the **Group Policy Schedule**.
10. **Group Policy** shall mean this this contract of insurance, as evidenced by the **Policy Document**
11. **Group Policy Schedule** means the policy schedule set out above that **We** have issued, along with any annexures, tables and/or endorsements, attached to it from time to time.
12. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Group Policy Schedule**.
13. **Nominee** means the person named in the **Group Policy Schedule** to receive the benefits under the **Group Policy** in respect of the **Insured Member**.
14. **Policy Document** means this **Group Policy**, any endorsements in this document issued by **Us**, the **Group Policy Schedule**, the **Application** and the **Annexure**.
15. **Premium** means the payment of one of the regular periodic payments that **You** pay or agree to pay to **Us** for effecting or continuing the coverage under this **Group Policy** as stated in the **Group Policy Schedule**.
16. **Premium Due Date** means the date on which the **Premium** becomes payable as stated in the **Group Policy Schedule**.



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17. **Rider** means the rider terms and conditions that are attached to and form a part of the **Group Policy**. The **Group Policy Schedule** will specify if any **Riders** are available and in force under the **Group Policy**.
18. **Sum Assured** means the amount that **We** promise to pay upon the death of an **Insured Member** covered under this **Group Policy**.
19. **Terminal Illness** means advanced or rapidly progressing incurable illness (excluding AIDS) certified by an attending consultant and **Our** Chief Medical Officer to the effect that life expectancy of the **Insured Member** is not greater than 6 months.
20. **We, Us** or **Our** means PNB MetLife India Insurance Company Limited.
21. **You** or **Your** means the **Group Policyholder** named in the **Group Policy Schedule**.



PART – C

POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS

1. Policy Features

PNB MetLife Complete Care Plus is a non-linked, non-participating one year renewable Group Term Assurance Plan. This **Group Policy** offers the benefits listed below and is renewable annually. The benefits will be payable subject to the terms and conditions of this **Group Policy**, including the Premium Payment Conditions set out below.

2. Commencement of Insurance Coverage for Insured Members

2.1. For **Insured Members** whose total sum assured under all group policies held by the **Group Policyholder** with **Us** is less than or equal to the **Free Cover Limit**, the insurance coverage under this **Group Policy** shall commence on the **Effective Date of Coverage**.

2.2. For an **Insured Member** whose total sum assured under all group policies with **Us** is greater than the **Free Cover Limit**, insurance coverage up to the **Free Cover Limit** shall commence on the later of the **Effective Date of Coverage** or the date of written acceptance by **Us** of evidence of satisfaction of **Our** tests of insurability in accordance with **Our** board approved underwriting policy. Eligibility of the **Insured Member** for receiving coverage for the **Sum Assured** above the **Free Cover Limit** shall be determined after completion of the Individual Underwriting and coverage for such amount shall commence only from the date of written acceptance by **Us**.

2.3. If Individual Underwriting cannot be completed due to the **Insured Member's** inability to complete the process within the time period specified by **Us**, or **We** decline coverage for the **Sum Assured** above the **Free Cover Limit** based on the results of the Individual Underwriting, the **Sum Assured** of such **Insured Member** shall be restricted to the **Free Cover Limit**.

For the purpose of this provision, Individual Underwriting means the process of identifying and classifying the potential degree of mortality risk on the life of an individual **Insured Member** for whom the **Sum Assured** is in excess of the **Free Cover Limit**, in accordance with **Our** Board approved underwriting policy.

2.4. Increase or Decrease in Insurance Coverage of Insured Members

The **Sum Assured** with respect to an **Insured Member** may be increased or decreased during the term of the **Group Policy** due to change in the employment status of the **Insured Member**. **We** and **You** can mutually agree in writing on such other rules for the purpose increasing or decreasing the **Sum Assured** to the **Insured Member**.

For an **Insured Member**, whose total sum assured under all group policies held by the **Group Policyholder** with **Us** after an increase in **Sum Assured** is less than the **Free Cover Limit**, the increased cover shall take effect on the date the **Insured Member** becomes eligible for the increased coverage based on the rules as agreed by **Us**.

For an **Insured Member**, whose total sum assured under all group policies held by the **Group Policyholder** with **Us** after



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an increase in **Sum Assured** is greater than the **Free Cover Limit**, the eligibility of the **Insured Member** for the portion of the increased **Sum Assured** in excess of the **Free Cover Limit** shall be determined in accordance with the Individual Underwriting process set out above

3. Policy Benefits

3.1. Death Benefit for Insured Members

On the occurrence of the death of an **Insured Member** when the **Group Policy** is in force **We** will pay the **Nominee** the **Sum Assured** unless the **Sum Assured** has already been paid to the **Nominee** under the **Accelerated Benefit Option**.

3.2. Accelerated Benefit Option

This benefit will be available only if the **Group Policy Schedule** specifies that the **Accelerated Benefit Option** is in force for the **Insured Member**.

On the **Insured Member** being diagnosed with a **Terminal Illness** when the **Group Policy** is in force **We** will pay the **Insured Member** the **Sum Assured**. Upon such payment of **Sum Assured**, the coverage of such **Insured Member** shall cease under the **Group Policy** and no further payment shall be made by **Us** upon the death of the **Insured Member** at a later date.

If the **Sum Assured** has been paid in respect of an **Insured Member** under the **Accelerated Benefit Option**, the **Insured Member** will be included as an **Insured Member** under the **Group Policy** on the next **Annual Renewal Date** only if the inclusion of that person as an **Insured Member** is in accordance with **Our** Board approved underwriting policy.

3.3. Payment to Nominees

Upon the intimation of claim to **Us** by **You** in the manner prescribed under Clause 7 in Part D of this **Policy Document** and after **Our** scrutiny of the documents and satisfaction of the bonafides of the claim, **We** shall pay the **Sum Assured** under the **Group Policy** to the **Nominee(s)** and/or the **Appointee**, as the case may be, and shall stand discharged of **Our** obligation under the **Group Policy**.

3.4. Suicide Exclusion

If the **Insured Member's** death is due to suicide (whether sane or insane at the time) within one year from the **Date of Inception of the Group Policy**, **Our** liability to make payment under the **Group Policy** will be limited to refunding 80% of the **Premium** received in respect of the **Insured Member**, without interest

This suicide exclusion will not be applicable if:

- (a) the group enrolled for this **Group Policy** is shifting from another life insurer or
- (b) the group has enrolled for this **Group Policy** for the first time, provided all **Your** employees compulsorily participate under the **Group Policy**.

4. Premium Payment Conditions

4.1. Premium rate

For **Insured Member(s)** with coverage above the **Free Cover Limit**, the final **Premium** rate(s) and **Premium** shall be determined after completion of the Individual Underwriting for the **Insured Member(s)**; and such final **Premium** rate shall be applicable only on the **Sum Assured** above the **Free Cover Limit** as stated in the **Group Policy Schedule**.



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4.2. Payment of Premium

You shall pay the **Premium** in full by the **Premium Due Date** and in any event before the expiry of the grace period (a period of 15 days if the **Premium** is payable monthly and a period of 30 days if the **Premium** is payable in quarterly or half-yearly mode. If the **Premium** is not received in full at the expiry of the grace period the **Group Policy** shall lapse and insurance cover under this **Group Policy** for all **Insured Members** shall forthwith terminate. Upon the **Insured Member's** death during the grace period, the benefits under this **Group Policy** shall be payable in full. For any new **Insured Member** covered by this **Group Policy**, a proportionate **Premium** shall be charged from the day he becomes an **Insured Member**, up to the next **Annual Renewal Date** or the next **Premium Due Date** whichever occurs first. Insurance cover for such **Insured Members** shall not commence unless such proportionate **Premium** is paid to **Us**.



GROUP POLICY SERVICING CONDITIONS

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

1. Free Look Period

- 1.1. You have a period of 15 days from the date of receipt of the **Group Policy** to review the terms and conditions of this **Group Policy**. If You have any objections to the terms and conditions, You may cancel the **Group Policy** by giving written notice to Us stating its reasons for objection and You will be entitled to a refund of the **Premium** received subject to a deduction of proportionate risk premium for the period of cover, expenses incurred on medical examination of the **Insured Members** (if any) and the stamp duty charges. All rights under this **Group Policy** shall immediately stand extinguished at the cancellation of the **Group Policy**.
- 1.2. If the **Premium** is paid entirely by the **Insured Member** and the **Insured Member** disagrees with the terms and conditions of the **Group Policy**, he may cancel his coverage under the **Group Policy** by giving Us a written notice within 15 days of receiving confirmation of coverage stating the reasons for objection and We shall refund the **Premium** received in respect of such **Insured Member** after deducting proportionate risk premium for the period of cover, stamp duty charges and expenses towards medical examination, if any, for that **Insured Member**.

2. Revival

The **Group Policy** may be revived within the earlier of 60 days from the date of lapse or within the next **Annual Renewal Date** provided that You give Us written notice for revival along with the due **Premium** in full. The **Group Policy** will be revived in accordance with Our Board approved underwriting policy.

3. Group Policy Renewal

- 3.1. This **Group Policy** shall be renewed on mutually agreed terms, on the **Annual Renewal Date**.
- 3.2. If You decide to renew the **Group Policy** with Us, You shall communicate the decision to Us in writing before the **Annual Renewal Date** and You shall make the payment towards applicable renewal **Premium** on the **Annual Renewal Date**.

4. New Members Addition

After the **Date of Inception of the Group Policy** or the **Annual Renewal Date**, an **Eligible Member** shall become an **Insured Member** only after due intimation to Us and submission of all information and details in the form and manner specified by Us provided coverage of such **Insured Member** shall commence in accordance with **Part C**. We shall require evidence of insurability for providing the group life cover to the **Insured Members** in accordance with Our Board approved underwriting policy.

5. Loan

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

6. Claims Procedure

Written notification of a claim shall be given to Us along with following information and documentation within 90 days of the death of an **Insured Member** or as soon thereafter as is reasonably possible:



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- (a) Claimant statement in format prescribed by **Us**, duly completed.
- (b) Certified copy of the official death certificate issued by a competent authority acceptable to **Us**.
- (c) Leave records of the **Insured Member**.
- (d) **Your** declaration and certificate that that the **Insured Member** was a member of **Your** group at the time of the death of **Insured Member**.
- (e) Last attending physician's certificate, in the format provided by the **Us**, if the death of the **Insured Member** is due to a natural cause.
- (f) Police inquest report and post mortem report if the death of the **Insured Member** is due to an unnatural cause.
- (g) Certification of the details of the **Nominee** (if any).
- (h) Any additional document(s) as required by **Us**.

Written notification of claims for payment of the **Accelerated Benefit Option** shall be given to **Us** along with following information and documentation within 90 days of the **Insured Member** being conclusively diagnosed with the **Terminal Illness** or as soon thereafter as is reasonably possible:

- (a) Claimant statement in format prescribed by **Us**.
- (b) Leave records of the **Insured Member**.
- (c) **Your** declaration and certificate that that the **Insured Member** is a member of **Your** group at the time of the conclusive diagnosis of the **Terminal Illness**.
- (d) Last attending physician's certificate, in the format provided by the **Us**.
- (e) Certification of the details of the **Nominee** (if any).
- (f) Any additional document(s) as required by **Us**.

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

7. Provision of Information

You shall furnish **Us** with all particulars relevant to the **Group Policy** and to the operation of this **Group Policy** and the particulars so furnished may be accepted by **Us** as conclusive. **You** shall also furnish the relevant particulars to **Us** upon an **Insured Member** or a **Nominee** becoming entitled to receive the benefits under the **Group Policy**, and **We** shall pay the appropriate benefits. Proof of existence and identity of the **Insured Member** or the **Nominee**, as the case may be shall be furnished to **Us** before the payment of benefit is made.

8. Termination of the Group Policy

- 8.1. Coverage under this **Group Policy** for all **Insured Members** shall terminate on the occurrence of the earliest of the following:



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- (a) Expiration as a result of non-payment of **Premium** due within the grace period or non-payment of renewal **Premiums** on the **Annual Renewal Date** as set out in **Part C**.
- (b) Termination of the **Group Policy** by the **Group Policyholder**.

You may terminate this **Group Policy** by giving **Us** at least 30 days written notice. If the **Group Policy** is terminated by **You**, 100% of the unexpired **Premium** shall be refunded without interest, provided however in the event of such termination, the **Insured Member(s)** shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.

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

- (a) The **Insured Member's** death;
- (b) Settlement of an **Accelerated Benefit Option** claim in respect of the **Insured Member** (if applicable);
- (c) The date the **Insured Member** ceases to be an **Eligible Member** or resigns / retires / voluntarily withdraws from the membership.

Any termination of coverage of an **Insured Member** shall be without prejudice to any claim originating prior to the effective date of such termination. In case the **Insured Member** exits the **Group Policy** by way ceasing to be an **Eligible Member** or voluntarily withdraws from the membership, 100% of the unexpired **Premium** with respect to the **Insured Member** shall be refunded without interest.



POLICY CHARGES

There are no policy charges applicable under this **Group Policy**.



GENERAL TERMS & CONDITIONS

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

1. Assignment as per Section 38 of the Insurance Act 1938:

2. Assignment shall be as per the Section 38 of Insurance Act, 1938, as amended from time to time. **Nomination as per Section 39 of the Insurance Act, 1938**

The **Insured Member** may nominate **Nominee(s)** or change an existing **Nominee** before the completion of **Policy Term** in accordance with and subject to the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of **Section 39** is enclosed in **Annexure** for your reference

3. Taxation

Any tax benefits under the **Group Policy** shall be in accordance with the prevailing laws relating to taxation in India and any amendments thereto from time to time. **We** reserve the right to 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 **Group Policy**. Tax benefits are subject to change.

4. Governing laws and jurisdiction

The terms and conditions of the Group Policy shall be governed by and be interpreted in accordance with Indian law and all disputes and differences arising under or in relation to the Group Policy shall be subject to the sole and exclusive jurisdiction of the jurisdictional courts in India

5. Section 45 of the Insurance Act 1938

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.



3. Notwithstanding anything contained in sub section 2, no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer; provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.
4. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. The mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact, no life insurance policy would have been issued to the insured.
5. 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.
6. **Fraud, Misrepresentation and Forfeiture:** Fraud, Misrepresentation and Forfeiture would be dealt with in accordance with provisions of **Section 45** of the **Insurance Act 1938** as amended from time to time. A Leaflet containing the simplified version of the provisions of **Section 45** is enclosed in **Annexure** for your reference

7. **Address for communications**

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

PNB MetLife India Insurance Company Limited,

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka.

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

Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in or

Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

8. **Loss of the Group Policy document**

If the **Group Policy** is lost or destroyed, **You** may make a written request for a duplicate **Group Policy** which **We** will issue duly endorsed to show that it is in place of the original document, provided that **We** receive the fee prescribed by **Us** for

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issuing the duplicate policy document. Upon the issue of a duplicate policy document, the original shall cease to have any legal force or effect. **You** agree that **You** shall indemnify and hold **Us** free and harmless from and against any claims or demands that may arise under or in relation to the original **Group Policy** document.

A handwritten signature or set of initials, possibly 'AB', written in black ink and underlined with a diagonal stroke.

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

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

PNB MetLife India Insurance Company Limited,

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka.

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

Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in or

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

Phone: +91-22-41790000, Fax: +91-22-41790203

Please address **Your/Insured Member's/Nominee's** queries or complaints to **Our** customer services department, and **Your/Insured Member's/Nominee's** grievances to **Our** grievance redressal officer, who are authorized to review **Your/Insured Member's/Nominee's** 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/Insured Member's/Nominee's** 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 **Group Policy**.

In case **You/Insured Member/Nominee** are not satisfied with the decision of the above office, or have not received any response within 10 days, **You/Insured Member/Nominee** may contact the Authority by any of the following means for resolution:

Authority Grievance Call Centre (IGCC)

Toll Free No.: 155255

You/Insured Member/Nominee can register your complaint online at <http://www.igms.irda.gov.in>

You/Insured Member/Nominee can write or fax your complaints to

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

9th Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh

Fax No.: +91-40- 6678 9768

E-mail ID: complaints@irda.gov.in

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

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



The complaint should be made in writing duly signed by the **You, Insured Member/Nominee** 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;
- (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 LOCATION	CONTACT DETAILS	JURISDICTION
AHMEDABAD	2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546840 , 27545441. Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in	State of Gujarat, Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU	19/19, Jeevan Soudha Building, Ground Floor 24th Main, J.P. Nagar First Phase, Bengaluru- 560 025 Tel.: 080 – 26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
BHOPAL	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003. Tel.:- 0755-2769201/202. Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chhattisgarh.
BHUBANESHWAR	62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596003/2596455. Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH	S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706468, 2773101. Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh.
CHENNAI	Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018. Tel.:- 044-24333668/24335284. Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territory Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23234057/23232037. Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi.
KOCHI	2nd Floor, CC-27/2603, Pulinat Building, M.G. Road, Ernakulam, Kochi-682 015. Tel.:-0484-2358759, 2359338. Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
GUWAHATI	Jeevan Nivesh' Bldg., 5th Floor, Near. Pan bazar over bridge, S.S. Road, Guwahati – 781001. Tel.:- 0361-2132204/2132205. Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD	6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122. Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondicherry.
JAIPUR	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141 -2740363 Email:- bimalokpal.jaipur@gbic.co.in	State of Rajasthan.
KOLKATA	Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124339/22124346. Fax : 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330/1 Fax:- 0522-2231310 Email:- bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/6960. Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, G.B. Nagar, NOIDA-201301 Tel.:- 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Kalpna Arcade Building, 1st Floor, Bazar Samiti Road, Bahadurpur, Patna- 800 006 Tel.: 0612- 2680952 Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkand
PUNE	3rd Floor, Jeevan Darshan Bldg., N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 -32341320 Email: bimalokpal.pune@gbic.co.in	State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

