

PART - A
YOUR WELCOME LETTER

[Name of the group policyholder]
 [Address]
 <Mobile number>
 <Policy No> <Sourcing Branch>

Date: dd-mm-yyyy

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

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 / Non-Employer-Employee]
Group Policy Number	<group policy no>	Premium Received	Rs. XXXXX.XX
Name of the Plan	PNB MetLife Loan and Life Suraksha	UIN	117N080V02
Policy Term	[xx]	Premium Paying Term	[xx]

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 Group 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 (8am -8pm)/ 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 Loan and Life Suraksha]
Non-linked, non-participating group insurance plan**

This is a contract of group insurance between You and PNB MetLife India Insurance Company Limited. This contract of group 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 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 Loan and Life Suraksha]
Nature of the Plan	[Non-linked, non-participating group insurance plan]
UIN	[117N080V02]

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

Name of the Group
Policyholder

Lender-Borrower Group Y/N

2. Group Policy Details

Date of Inception of the Group Policy	
Annual Renewal Date	
Group Policy Term	
Premium Paying Term	
Waiting Period	Yes / No. If non employer–employee group scheme, 30 days from the Date of Inception of the Policy
Nature of Group	Employer / Non-Employer
Definition of Insured Members	For example, Coverage against Educational Loan with Indian Bank
Whether Joint Life Option is chosen	Yes / No
Whether Moratorium Period exists	Yes / No. If Yes, Specify the number of years applicable: [X] Years
Base Plan	PNB MetLife Loan and Life Suraksha
Riders Applicable	Nil
Number of lives (at Date of Inception of Group Policy)	
Initial Premiums	Rs.

PNB MetLife Loan and Life Suraksha

UIN: 117N080V02

Final Policy document date : 19/05/2017

Received Service Tax/cess*	Rs,
Total initial premium received	Rs.
Type of coverage	<Reducing coverage/Level coverage>
Initial Coverage Amount per Member	<Sum Assured >
Initial Total Coverage Amount	Rs.
Premium Due Dates	
Definition of Insured Member	
Risk Ceasing Age	
Eligibility Criteria	
Special Provisions	

3. Coverage Structure

Minimum Sum Assured: Rs. Maximum Sum Assured: Rs. Whether 'Loan Schedule' is attached? Yes / No Terms & Conditions as per the Quote, if any:

4. Contribution: Premiums to be borne by [PH / IM]

Contribution	Name	Borne By

PH: Group Policyholder, IM: Insured Member

5. Details of Agent/Corporate Agency/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

6. Premium Details

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

Premium amount paid by the **Group Policyholder** is inclusive of service tax and cess at prevailing rates. Premium amount is subject to change in case of any variance in the present rate of service tax or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s) competent authority. In case of any such variance in the present rate of service tax or cess or any new or additional tax/levy being imposed, the same shall be borne by the **Group Policyholder**.

7. Nominee details

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

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

Appointee name		
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Part - B

DEFINITIONS APPLICABLE TO YOUR GROUP POLICY

The words or terms below that appear in this **Group 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. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means the age of the **Insured Member** as of last birthday.
3. **Annual Renewal Date** means the date on which the **Group Policy** is due for renewal as stated in the **Group Policy Schedule**.
4. **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..
5. **Authority** means the Insurance Regulatory and Development Authority of India
6. **Certificate of Insurance (COI)** means the certificate issued by **Us** to the **Insured Member**.
7. **Credit Account Statement** means the statement which **You** provide to **Us** in accordance with **Part C**.
8. **Date of Inception of the Group Policy** means the date of commencement of risk under this **Group Policy** with respect to an **Insured Member** as specified in the **Group Policy Schedule**.
9. **Effective Date of Coverage** is same as the **Date of Inception of the Group Policy**
10. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Group Policy Schedule**.
11. **Group Policy** means this contract of insurance, as evidenced by the **Group Policy Document**.
12. **Group Policy Document** means this document, any endorsements issued by **Us**, the **Group Policy Schedule**, the Annexures and the **Application**.
13. **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.
14. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Group Policy Schedule**.
15. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
16. **Member Data** means the list of Insured Members and all details and information pertaining to those Insured Members.
17. **Nominee** means the person(s) named in the **Group Policy Schedule** to receive the benefits under the **Group Policy** in respect of the **Insured Member**.
18. **Non Medical Insurance Limit** means the maximum amount of insurance coverage agreed to be provided to the **Insured Member** who submits a satisfactory Declaration of Good Health with **Us**.
19. **Outstanding Loan Balance Amount** means the amount of the total outstanding loan amount which is payable by the **Insured Member** to **You** on the date of the **Insured Member's** death.

20. **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**.
21. **Premium Due Date** means the date on which the **Premium** becomes payable as stated in the **Group Policy Schedule**.
22. **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**.
23. **Sum Assured** means the amount that **We** promise to pay upon the death of an **Insured Member** covered under this **Group Policy**. If the **Group Policy Schedule** specifies that the Reducing Coverage Option is in force, then the **Sum Assured** is equal to the **Outstanding Loan Balance Amount**. If the **Group Policy Schedule** specifies that the Level Coverage Option is in force, then the **Sum Assured** is equal to the amount specified in the **Certificate of Insurance**.
24. **Surrender Value** means the amount calculated in accordance with **Part D**.
25. **Total Sum Assured** means the Initial Total Coverage Amount as specified in the **Group Policy Schedule** above.
26. **Waiting Period** shall mean a period of 30 days from the date on which the **Insured Member** was added to the **Group Policy**. In case of the death of the **Insured Member** during the **Waiting Period**, the **Sum Assured** shall not be payable except in the case of the death happening on account of an **Accident**. **Waiting Period** shall be applicable only to groups where membership is voluntary in nature.
27. **We, Us** or **Our** means PNB MetLife India Insurance Company Limited.
28. **You** or **Your** means the **Group Policyholder** named in the **Group Policy Schedule**.

POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS

1. Policy Features

2. PNB MetLife Loan and Life Suraksha is a non-linked, non-participating pure protection product offered in group platform. This **Group Policy** offers the benefits listed below during the Group Policy Term specified in the **Group Policy Schedule**. The benefits will be payable subject to the terms and conditions of this **Group Policy**, including the Premium Payment Conditions set out below. **Commencement of Insurance Coverage for Insured Members**

2.1 For an **Eligible Member** whose total sum assured under all group policies with **Us** is less than or equal to the **Non-Medical Limit**, the **Certificate of Insurance** will be issued based on the **Eligible Member's** 'Declaration of Good Health' and the coverage shall commence from the **Effective Date of Coverage**. For an **Eligible Member** whose total sum assured under all group policies with **Us** is greater than the **Non-Medical Limit**, the **Certificate of Insurance** will be issued after completion of the individual underwriting process **Our** board approved underwriting policy and the coverage shall commence from the Effective Date of Coverage.

2.2 If more than one **Eligible Members** are co-borrowers under the same loan from **You**, **We** may provide the other co-borrower with insurance coverage under the **Group Policy** as an **Insured Member** provided that:

- (a) The **Eligible Members** will be considered co-borrowers with the loan from **You** is jointly held in the names of both **Eligible Members** and each **Eligible Member's** share in the loan amount on the proposed **Effective Date of Coverage** is at least 20% of the total loan amount sanctioned.
- (b) **We** will not cover more than 2 co-borrowers as **Insured Members**.
- (c) Each **Eligible Member** has an independent source of regular income.
- (d) The term of the loan is at least 5 years if the loan is a housing or mortgage loan.
- (e) The relationship between the co-borrowers is that of spouses, parents, children or siblings if the loan is an education loan.

2.3 Increase or Decrease in Insurance Coverage of Insured Members

An Insured Member may give **Us** a written application to increase the **Sum Assured** provided that **We** will increase the **Sum Assured** by issuing a written endorsement only if:

- (a) The request for an increase in the **Sum Assured** is due to an increase in the **Insured Member's** existing loan from **You** or due to being granted an additional loan by **You**.
- (b) The applicable additional **Premium** is received in advance from the **Insured Member**.
- (c) The proposed increase in the **Sum Assured** is not less than the applicable Minimum Sum Assured limit specified in the **Group Policy Schedule**.

- 3 The **Insured Member** has complied with all additional rules for increase in the **Sum Assured** specified in the **Group Policy Schedule**. **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 the **Sum Assured** applicable as on date of death of the Insured Member and as specified in **Certificate of Insurance** would be payable as death benefit by **Us**. if the **Insured Member's** death occurs during the Waiting Period of 30 days from the date on which the **Insured Member** was added to the **Group Policy** as an **Insured Member** and while the **Group Policy** is in forced, the **Sum Assured** shall not be payable unless the **Insured Member's** death is due to an **Accident**.

If two Insured Members are co-borrowers under the same loan issued by **You**, then on the death of any one of these **Insured Members** when the **Group Policy** is in force, **We** will pay the **Nominee** the **Sum Assured** applicable as on date

of death of the **Insured Member** and as specified in the **Certificate of Insurance** and coverage for the other **Insured Member** under the **Group Policy** shall automatically terminate.

3.2 Payment to Nominee(s) & Conditions Applicable to Lender-Borrower Groups

Upon the intimation of claim to **Us** by **You** in the manner prescribed under Clause 5 in Part D of this **Group Policy** 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**, upon such payment

The following provisions will be applicable only in cases of Lender – Borrower groups, as evidenced in the **Group Policy Schedule**:(i) The **Insured Member** shall give **Us** a written authorization in the form specified by **Us** to make payment of the **Insured Member's Outstanding Loan Balance Amount** to **You** on his death from the Death Benefit payable under this **Group Policy**. This written authorization may be given to **Us** at the stage of addition to the **Group Policy** as an **Insured Member** or at any time thereafter when the **Insured Member's** cover under the **Group Policy** is in force;

(ii) If **We** have received a written authorization from the **Insured Member** to make payment of the **Insured Member's Outstanding Loan Balance Amount** to **You**, then on the death of the **Insured Member** when the **Group Policy** is in force, **We** will pay the **Outstanding Loan Balance Amount** to **You** (to the extent of the **Sum Assured**) and the remainder of the **Sum Assured** amount, if any, shall be payable to the **Nominee/Appointee** of the **Insured Member**, as the case may be, in the **Nominee's/Appointee's** name. **We** shall, under no circumstance, pay any amount more than the **Outstanding Loan Balance** as provided in the **Credit Account Statement**, to **You**.

(iii) **You** agree that in order for the **Outstanding Loan Balance Amount** in respect of an **Insured Member** to be paid to **You** from the Death Benefit of the **Insured Member**, **You** shall provide **Us** within [x] days of the **Insured Member's** death a **Credit Account Statement** in the form specified by **Us**, which shall contain at least the following details:

- (a) **Your** name;
- (b) **Your** Group Policy Number;
- (c) **Insured Member's** name (per **Your** records);
- (d) Date on which the **Insured Member's** cover under the **Group Policy** commenced;
- (e) **Sum Assured**;
- (f) Original loan amount (per **Your** records);
- (g) Complete particulars of recoveries made by **You** towards the loan;
- (h) **Outstanding Loan Balance Amount** as on the date of the **Insured Member's** death;
- (i) Balance claim amount payable to the **Nominee** of the **Insured Member**;
- (j) Declaration/Undertaking by **You** that the details in the **Credit Account Statement** have been verified for accuracy.

(iv) Following payment of the **Outstanding Loan Balance Amount** to **You**, **We** will provide the **Nominee/Appointee** of the **Insured Member** with complete details of the amount equal to the **Outstanding Loan Balance Amount** that has been

paid to **You** and the balance amount (if any) to the extent of the **Sum Assured** amount that has been paid to the **Nominee/Appointee** of the **Insured Member**. This statement of details shall be provided to the **Nominee/Appointee** of the **Insured Member** even if no amount was payable to the **Nominee/Appointee** of the **Insured Member** as the **Sum Assured** was exhausted in the payment of the **Outstanding Loan Balance Amount**.

(v) **We** may, in **Our** discretion, on the completion of the financial year followed by **Us**, carry out an audit of the **Credit Account Statements** provided to **Us** by **You** in respect of the **Insured Members**. If there is any discrepancy in any such statements **We** will pay the difference in amounts to the **Nominee/Appointee** of the **Insured Member** and **You** shall be solely and absolutely liable to re-pay this amount to **Us** with interest at the rate specified by **Us** within [x] days of **Us** identifying the discrepancy and notwithstanding **Our** rights to commence any other actions under applicable law.

(vi) Where the claim discharge form issued by the **Nominee/Appointee** is obtained through **You**, then in such case, **You** shall submit to **Us** a certification/declaration, either in the claim discharge form or by way of a separate document, that the **Nominee/Appointee** who submitted the claim discharge form is the same person who has been registered by **You** as the **Nominee** under the **Group Policy**.

3.3 Suicide Exclusion

If the **Insured Member's** death is due to suicide (whether sane or insane at the time) within one year from the **Effective Date of Coverage**, **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

If an **Insured Member** commits suicide, whether sane or not at the time, within one year from the date of the last reinstatement of his or her coverage then **Our** liability under the **Group Policy** shall be limited to refunding the higher of 80% of the unexpired premium (defined as the total premiums paid multiplied by [Balance number of months to the maturity date divided by total number of months in the policy term]) or the **surrender value** at the time of death.

In case if one of the Co-borrower commits suicide, the risk coverage will continue on the life of the surviving Co-borrower.

4 Premium Payment Conditions

4.1 Payment of Premium

The initial Premium Rate(s) are as stated in the Final Quote. For **Insured Member(s)** with coverage above the **Non-Medical Limit**, the final Premium Rate(s) and **Premium** shall be determined after completion of the Individual Underwriting process for the **Insured Member(s)**.

If the **Group Policy Schedule** specifies that the mode of **Premium** payment is Single Premium, then the following provision is not applicable. If the **Group Policy Schedule** specifies that the Premium payment mode is any mode other than Single Premium, the **Premium** in full is payable on the **Premium Due Date** and in any event before the expiry of the Grace Period.

4.2 Grace Period

Under this **Group Policy**, there is a grace period of 15 days (if **Premium** is payable on a monthly mode) and a period of 30 days (if **Premium** is payable in any other mode) for the payment of **Premium**. If the **Premium** is not received in full at the expiry of the Grace Period the **Group Policy** shall automatically lapse and no amount shall be payable on the occurrence of an **Insured Member's** death and **We** will pay the **Surrender Value** (if any).

Part - D**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, stamp duty and/or the expenses incurred on medical examination of the **Insured Members** (if any). 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 (30 days if **Group Policy** is sourced by Distance Marketing Channel) receiving confirmation of coverage stating the reasons for objection and We shall refund the **Premium** received in respect of such **Insured Member** after deducting stamp duty charges and expenses towards medical examination, if any, for that **Insured Member**.

2. Reinstatement

The risk under the **Group Policy** may be reinstated within 3 years from the date of lapse provided that the **Insured Member** gives written notice for reinstatement along with the due **Premium** in full, compound interest at the rate specified by Us, all applicable charges (if any) specified in the **Group Policy Schedule** and provides satisfactory evidence of insurability of the **Insured Members** in accordance with Our Board approved underwriting policy.

3. Surrender Value

If the Group Policy is surrendered, the Insured Member will be permitted to continue life insurance coverage to the extent available under this Group Policy and as set out in the Certificate of Insurance issued to the Insured Member. In the event that an **Insured Member** is not willing to continue with his or her coverage, following the surrender of the **Group Policy**, the following **Surrender Value** will be payable:

- (a) For Single Pay the guaranteed surrender value will be -

$$\text{X\% of total premiums paid} * \frac{\text{(Total number of months remaining to maturity)}}{\text{(Total number of months in the policy term)}} * \frac{\text{SA in-force at the time of surrender}}{\text{SA at the inception of the group scheme}}$$

Where X = 70 if surrendered anytime within third policy year, 90 if surrendered on or after fourth policy year

- (b) For 5 Pay option, the guaranteed surrender value, provided all premiums have been paid for at least two consecutive years, will be –

$$\frac{\text{Y\% of total premiums paid} * \left(\frac{\text{(Total number of months remaining to maturity)}}{\text{(Total number of months in the policy term)}} \right) * \text{SA in-force at the time of surrender}}{\text{SA at the inception of the group scheme}}$$

Where Y = 0 if surrendered in the first policy year, 30 if surrendered between the second year and third year of the policy (both inclusive), 50 if surrendered between fourth year and seventh year of the policy (both inclusive) and 90 if surrendered on or after seventh policy year

- (c) For 10 Pay option, the guaranteed surrender value, provided all premiums have been paid for at least three consecutive years, will be –

$$\frac{\text{Z\% of total premiums paid} * \left(\frac{\text{(Total number of months remaining to maturity)}}{\text{(Total number of months in the policy term)}} \right) * \text{SA in-force at the time of surrender}}{\text{SA at the inception of the group scheme}}$$

Where Z = 0 if surrendered in the first two policy years, 30 if surrendered in the third year of the policy, 50 if surrendered between fourth year and seventh year of the policy (both inclusive) and 90 if surrendered on or after seventh policy year

4. New Members Addition

Any **Eligible Member** that becomes a member of **Your** group after the **Effective Date of the Group Policy** or the **Annual Renewal Date** can be covered under this **Group Policy** provided **You** provide **Us** with due intimation and all information and details about such **Eligible Members** in the form and manner specified by **Us**. Coverage of these **Eligible Members** shall only commence in accordance with the provisions of **Part C**.

5. 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:

- (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) **Credit Account Statement** showing the **Outstanding Loan Balance Amount** of the **Insured Member** (applicable only in case of Lender – Borrower groups)
- (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**.

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.

6. 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.

7. Termination of the Group Policy

- 7.1. Coverage under this **Group Policy** for all **Insured Members** shall terminate on the occurrence of the earliest of the following:
- a) Expiration as a result of non-payment of **Premium** due or renewal premiums within the grace period or if the **Group Policy** lapses and is not reinstated in accordance with the terms of the **Group Policy**.

Termination of the Group Policy by **You**: **You** may terminate this **Group Policy** by giving a minimum of 30 days written notice to **Us**. In case the **Group Policy** is terminated by **You**, the **Surrender Value**, if any shall be payable 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) Death of the **Insured Member**; or
- b) The date the **Insured Member** attains the lesser of **Age 70** or the date specified in the **Group Policy Schedule**.
- c) The date the **Insured Member** ceases to be an **Eligible Member** or voluntarily withdraws from the membership.
- d) In case the loan is prepaid before the date of maturity (under both reducing cover and flat cover options), if the **Insured Member** gives in writing to terminate the risk cover, the applicable surrender value as on the date of surrender will be paid to the **Insured Member** and the risk cover terminates.

Any termination of coverage 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, the applicable **Surrender Value** in respect of such **Insured Member** shall be payable.

POLICY CHARGES

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

GENERAL TERMS & CONDITIONS

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

1. 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.

2. Payment to Nominees

Nomination should be in accordance with 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 as Annexure to this **Group Policy** for your reference.

3. Non-assignment of Benefits

No assignment of the benefits is permissible under this **Group Policy**. The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by **You**, the **Insured Members** or the **Nominees** or any other persons.

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 courts situated in Mumbai.

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. 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.

Part – G**GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS****Grievance Redressal Mechanism**

In case **You/Insured Member/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 **IRDA of India** by any of the following means for resolution:

IRDA of India 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, **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;

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- (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** or by **Insured Member's** 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;
 (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.
ERNAKULAM	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, Pratappgarh, 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.