

**YOUR WELCOME LETTER**

[Name of the group policyholder]

Date :dd-mm-yyyy

[Address]

&lt;Policy No&gt;&lt;Sourcing Branch&gt;

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]
Group Policy Number	<group policy no>	Premium Received	Rs. XXXXX.XX
Name of the Plan	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	<a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a>	Mobile /Landline No.	XXXXXXXX

Yours Sincerely,  
PNB MetLife India Insurance Co. Ltd.

**Shiva Kumar Nagaraj**  
**Deputy Director (Operations)**

Stamp Duty of Rs. XXX (Amount in words) paid to Karnataka Government through consolidated Stamp Duty via Challan No. XXXXXXXX dated XX/XX/XXXX

In case of any queries / concerns, You can reach Us at:			
Call us at <b>1800-425-6969</b> (Toll Free) Or <b>91-80-2650-2244</b> (8 am – 8 pm)	Email Us at <a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a>	Visit <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> to manage your policy online. <b>Register online</b> using your <b>Customer ID &amp; Policy No.</b>	Visit your nearest <b>PNB MetLife Office</b> . Our address details are available on <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a>

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

**GROUP POLICY PREAMBLE****[MetLife Complete Care 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 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]

Shiva Kumar Nagaraj Deputy Director - Operations

**GROUP POLICY SCHEDULE**

<b>Name of the Plan</b>	[MetLife Complete Care Plus]
<b>Nature of the Plan</b>	[Non-linked, non-participating group insurance plan]
<b>UIN</b>	[117N0XXXXX]

<b>Group Policy number</b>	<b>Date of Issue</b>	<b>Issuing office</b>
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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	
Policy currency	
Base Plan	MetLife Complete Care Plus
Riders Applicable	
Number of lives (At inception)	
Initial Premiums Received	Rs.

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

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**

<b>Premium payment type</b>	<b>[Regular Premium]</b>
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 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**.

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

**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 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 **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**.
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**.

## **POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS Part - C**

### **1. Policy Features**

**MetLife Complete Care Plus** is a non-linked, non-participating group insurance product. 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**

2.5. 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**.

2.6. 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**.

2.7. 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 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 **Nominee** 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**.

#### 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 **GroupPolicy** to review the terms and conditions of this **GroupPolicy**. If You have any objections to the terms and conditions, You may cancel the **GroupPolicy** 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. Reinstatement**

The **Group Policy** may be reinstated 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 reinstatement 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. Non-assignment of Benefits**

The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by the **Insured Members** or the **Nominees** or any other persons.

### **6. Loan**

Loans are not available under this **GroupPolicy**.

**7. Claims Procedure**

Written notification of a claim shall be given to **Us** along with following information and documentation within 30 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) 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 30 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.

**8. 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.

**9. Termination of the Group Policy**

9.1. 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 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.

9.2. 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:**

**You** may transfer, assign or partially assign this **Policy** in accordance with and subject to the provisions of Section 38 of the Insurance Act, 1938, as amended from time to time, by giving **Us** prior written notice. A Leaflet containing the simplified version of the provisions of **Section 38** is enclosed in **Annexure** for your reference.

### **2. 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 Indian courts.

### **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: 'Brigade Seshamahal'  
5-Vani Vilas Road,  
Basavanagudi, Bangalore – 560 004

**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 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.

**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 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](mailto:indiaservice@pnbmetlife.com)**

**Web: [www.pnbmetlife.com](http://www.pnbmetlife.com)**

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 **GroupPolicy**.

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**

**9<sup>th</sup> Floor, UnitedIndiaTowers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh**

**Fax No.: +91-40- 6678 9768**

**E-mail ID: [complaints@irda.gov.in](mailto: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:

Date of Filing:[x]

Modified Date:[x]

Final Policy documents Date:[x]

- (a) Insurance claim that has been rejected or dispute of a claim on legal construction of the **GroupPolicy**;
- (b) Delay in settlement of claim;
- (c) Dispute with regard to premium; or
- (d) Non-receipt of **YourGroupPolicy** 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 DETAILS	JURISDICTION
<b>AHMEDABAD</b> Sh. P. Ramamoorthy 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:- <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b> <b>Shri. M. Parshad</b> Office of the Insurance Ombudsman, JeevanMangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 Email: <a href="mailto:insombudbng@gmail.com">insombudbng@gmail.com</a>	New Centre
<b>BHOPAL</b> Sh.Raj Kumar Srivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpalbhopal@gmail.com">bimalokpalbhopal@gmail.com</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	State of Orissa.

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



<p><b>CHANDIGARH</b>  Sh.ManikB.Sonawane  Office of the Insurance Ombudsman,  S.C.O. No. 101, 102 &amp; 103, 2nd Floor,  Batra Building, Sector 17 – D,  Chandigarh – 160 017.  Tel.:- 0172-2706196/5861/6468  Fax:- 0172-2708274  Email:-<a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a></p>	<p>States of Punjab, Haryana,  Himachal Pradesh, Jammu &amp;  Kashmir and Union territory of  Chandigarh.</p>
<p><b>CHENNAI</b>  Sh. Virender Kumar  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:-<a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a></p>	<p>State of Tamil Nadu and  Union Territories -  Pondicherry Town and Karaikal  (which are part of Union  Territory of Pondicherry).</p>
<p><b>DELHI</b>  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  Email:-<a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a></p>	<p>States of Delhi and Rajasthan.</p>
<p><b>GUWAHATI</b>  Sh.D.C.Choudhury  Office of the Insurance Ombudsman,  'JeevanNivesh', 5th Floor,  Nr. Panbazar over bridge, S.S. Road,  Guwahati – 781001(ASSAM).  Tel.:- 0361-2132204/2131307/2132205  Fax:- 0361-2732937  Email:- <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a></p>	<p>States of Assam, Meghalaya,  Manipur, Mizoram, Arunachal  Pradesh, Nagaland and  Tripura.</p>
<p><b>HYDERABAD</b>  Sh. G.Rajeswara Rao  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:-<a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a></p>	<p>States of Andhra Pradesh,  Karnataka and Union Territory  of Yanam - a part of the Union  Territory of Pondicherry.</p>
<p><b>Jaipur</b>  <b>Shri. Ashok K. Jain</b>  Office of the Insurance Ombudsman,  JeevanNidhi – II Bldg., Gr. Floor,  Bhawani Singh Marg,  Jaipur - 302 005.  Tel.: 0141 -  Fax: 0141 -</p>	<p>New Centre</p>
<p><b>KOCHI</b>  Office of the Insurance Ombudsman,  2nd Floor, CC 27 / 2603, Pulinat Bldg.,</p>	<p>State of Kerala and  Union Territory of (a)  Lakshadweep (b) Mahe-a part</p>

<p>Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a></p>	<p>of Union Territory of Pondicherry.</p>
<p><b>KOLKATA</b> 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:-<a href="mailto:insombudsmankolkata@gmail.com">insombudsmankolkata@gmail.com</a></p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:-<a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a></p>	<p>States of Uttar Pradesh and Uttaranchal.</p>
<p><b>MUMBAI</b> Sh.A.K.Dasgupta Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a></p>	<p>States of Maharashtra and Goa.</p>
<p><b>Pune</b> <b>Shri. A. K. Sahoo</b> Office of the Insurance Ombudsman, JeevanDarshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - Fax: 020 - Email:</p>	<p>New Centre</p>

**YOUR WELCOME LETTER**

[Name of the group policyholder]

Date :dd-mm-yyyy

[Address]

&lt;Policy No&gt;&lt;Sourcing Branch&gt;

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	Non-employer-employee]
Group Policy Number	<group policy no>	Premium Received	Rs. XXXXX.XX
Name of the Plan	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	<a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a>	Mobile /Landline No.	XXXXXXXX

Yours Sincerely,  
For PNB MetLife India Insurance Co. Ltd.

**Shiva Kumar Nagaraj**  
**Deputy Director (Operations)**

Stamp Duty of Rs. XXX (Amount in words) paid to Karnataka Government through consolidated Stamp Duty via Challan No. XXXXXXXX dated XX/XX/XXXX

In case of any queries / concerns, You can reach Us at:			
Call us at 1800-425-6969 (Toll Free) Or 91-80-2650-2244 (8 am – 8 pm)	Email Us at <a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a>	Visit <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> 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 <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a>

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

**GROUP POLICY PREAMBLE****[MetLife Complete Care 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 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]  
Shiva Kumar Nagaraj  
Deputy Director - Operations

**GROUP POLICY SCHEDULE**

<b>Name of the Plan</b>	[MetLife Complete Care Plus]
<b>Nature of the Plan</b>	[Non-linked, non-participating group insurance plan]
<b>UIN</b>	[117NoXXXXXX]

Group Policy number	Date of issue	Issuing office
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**7. Details of the Group Policyholder**

Name of the Group  
Policyholder

Lender-Borrower Group      Y/N

**8. 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	
Policy currency	
Base Plan	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>

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

Initial Total Coverage Amount	Rs.
Premium Due Dates	
Definition of Insured Member	
Risk Ceasing Age	
Eligibility Criteria	
Special Provisions	E.g., Waiting Period

**9. 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		-	NA	-	-

**10. 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
			-	NA	-	-
			-	NA	-	-

\*PH: Group Policyholder, IM: Insured Member

**11. Details of Agent/Corporate Agency/Intermediary**

Name	
License number	
Phone number	
Address	
Email address	

**12. Premium Details**

<b>Premium payment type</b>	<b>[Regular Premium]</b>
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 rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s) competent authority, the same would be borne by the Group Policyholder.

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

## **DEFINITIONS APPLICABLE TO YOUR 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.

22. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
23. **Age** means the age of the **Insured Member**s of last birthday.
24. **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.
25. **Annual Renewal Date** means the date on which the **Group Policy** is due for renewal as stated in the **Group Policy Schedule**.
26. **Authority** means the Insurance Regulatory and Development Authority of India [**PMLI Legal: Below definition of IRDAI deleted**]
27. **Credit Account Statement** means the statement which is provided by **You to Us** in accordance with **Part C**.
28. **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**.
29. **Effective Date of Coverage** is same as the date on which an **Eligible Member** is added to the **Group Policy** as an **Insured Member**.
30. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Group Policy Schedule**.
31. **Group Policy** shall mean this this contract of insurance, as evidenced by the **Policy Document**
32. **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.
33. **Insured Member** means an **Eligible Member** who is named as a person insured in the **Group Policy Schedule**.
34. **Nominee** means the person named in the **Group Policy Schedule** to receive the benefits under the **Group Policy** in respect of the **Insured Member**.
35. **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**.
36. **Outstanding Loan Balance Amount** means the amount the total outstanding loan amount which is payable by the **Insured Member** to **You** on the date of the **Insured Member's** death.
37. **Policy Document** means this **Group Policy**, any endorsements in this document issued by **Us**, the **Schedule**, the **Application** and the **Annexure**.

38. **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**.
39. **Premium Due Date** means the date on which the **Premium** becomes payable as stated in the **Group Policy Schedule**.
40. **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**.
41. **Sum Assured** means the amount that **We** promise to pay upon the death of an **Insured Member** covered under this **Group Policy**.
42. **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.
43. **We, Us** or **Our** means PNB MetLife India Insurance Company Limited.
44. **You** or **Your** means the **Group Policyholder** named in the **Group Policy Schedule**.

## **POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS**

### **5. Policy Features**

**MetLife Complete Care Plus** is a non-linked, non-participating group insurance product. 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.

### **6. Commencement of Insurance Coverage for Insured Members**

6.1. Insurance coverage under this **Group Policy** for an **Insured Member** shall commence after the completion of the waiting period of 30 days from the date on which the **Insured Member** was added to the **Group Policy** as an **Insured Member**.

### **6.2. Increase or Decrease in Insurance Coverage of Insured Members**

6.3. No increase or decrease to the benefits for the **Insured Members** shall be permitted.

### **7. Policy Benefits**

#### **7.1. 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** would be payable as death benefit by **Us**. If the **Insured Member's** death occurs during the **Waiting Period** and while the is in force, the **Sum Assured** shall not be payable unless the **Insured Member's** death is due to an **Accident**.

#### **7.2. 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 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**, upon such payment.

The following provisions will be applicable only in cases of Lender – Borrower groups, as evidenced in the **Policy Schedule**:

(i) The **Insured Members** 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/legal heirs** of the **Insured Member**, in the **Nominee's/legal heirs'** names. **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 death benefit to **You**, **We** will provide the **Nominee** 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**/legal heirs of the **Insured Member**. This statement of details shall be provided to the **Nominee** of the **Insured Member** even if no amount was payable to the **Nominee** 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** 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** 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** who submitted the claim discharge form is the same person who has been registered by **You** as the **Nominee** under the **Group Policy**.

### 7.3. **Suicide Exclusion**

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

## 8. **Premium Payment Conditions**

### 8.1. **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 and

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.

### **10. Free Look Period**

- 10.1. 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 , deduction of 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**.
- 10.2. 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**.

### **11. Reinstatement**

The **Group Policy** may be reinstated 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 reinstatement along with the due **Premium** in full. The **Group Policy** will be revived in accordance with Our Board approved underwriting policy.

### **12. Group Policy Renewal**

- 12.1. This **Group Policy** shall be renewed on mutually agreed terms, on the **Annual Renewal Date**.
- 12.2. You shall provide all requisite information with respect to this insurance cover, as may be reasonably requested by Us from time to time, in order to facilitate the renewal pricing of the **Group Policy**
- 12.3. 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**.

### **13. New Members Addition**

After the **Effective Date 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.

### **14. Non-assignment of Benefits**

The benefits payable hereunder are strictly personal and cannot be assigned, charged or alienated in any way by the **Insured Members** or the **Nominees** or any other persons.

**15. Loan**

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

**16. Claims Procedure**

Written notification of a claim shall be given to **Us** along with following information and documentation within 30 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.

**17. 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.

**18. Termination of the Group Policy**

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

- (c) Expiration as a result of non-payment of **Premium** due within the grace period or renewal **Premiums** as set out in **Part C**.
- (d) 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.

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

- (d) The **Insured Member's** death;
- (e) The date the **Insured Member** ceases to be an **Eligible Member** or 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 the **Group Policy**.

## **GENERAL TERMS & CONDITIONS**

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

### **9. Assignment as per Section 38 of the Insurance Act 1938:**

You may transfer, assign or partially assign this **Policy** in accordance with and subject to the provisions of Section 38 of the Insurance Act, 1938, as amended from time to time, by giving **Us** prior written notice. A Leaflet containing the simplified version of the provisions of **Section 38** is enclosed in **Annexure** for your reference.

### **10. Nomination as per Section 39 of the Insurance Act, 1938:**

- 11.** 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.

**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.

### **12. 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 Indian courts.

### **13. Section 45 of the Insurance Act 1938**

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.

6. 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:
- e. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
  - f. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - g. Any other act fitted to deceive; and
  - h. 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.

7. 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.
8. 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.
9. 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.
14. **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

**15. 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: 'Brigade Seshamahal'  
5-Vani Vilas Road,  
Basavanagudi, Bangalore – 560 004

**16. 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 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.



## **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 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](mailto:indiaservice@pnbmetlife.com)**

**Web: [www.pnbmetlife.com](http://www.pnbmetlife.com)**

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 **GroupPolicy**.

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 Authority by any of the following means for resolution:

### **Authority Grievance Call Centre (IGCC)**

**Toll Free No.: 155255**

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

You can write or fax your complaints to

### **Consumer Affairs Department**

**Insurance Regulatory and Development Authority of India**

**9<sup>th</sup> Floor, UnitedIndiaTowers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh**

**Fax No.: +91-40- 6678 9768**

**E-mail ID: [complaints@irda.gov.in](mailto: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:

- (e) Insurance claim that has been rejected or dispute of a claim on legal construction of the **GroupPolicy**;
- (f) Delay in settlement of claim;

Date of Filing:[x]

Modified Date:[x]

Final Policy documents Date:[x]

- (g) Dispute with regard to premium; or  
 (h) Non-receipt of **YourGroupPolicy** document.

The complaint should be made in writing duly signed by the **You, Insured Member/Nominee** or 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:

- (d) Only if the grievance has been rejected by the grievance redress machinery of the Insurer;  
 (e) Within a period of one year from the date of rejection by the insurer; and  
 (f) If it is not simultaneously under any litigation.

#### List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Sh. P. Ramamoorthy 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:- <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b> <b>Shri. M. Parshad</b> Office of the Insurance Ombudsman, Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 Email: <a href="mailto:insombudbng@gmail.com">insombudbng@gmail.com</a>	New Centre
<b>BHOPAL</b> Sh.Raj Kumar Srivastava 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:- <a href="mailto:bimalokpalbhopal@gmail.com">bimalokpalbhopal@gmail.com</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	State of Orissa.
<b>CHANDIGARH</b> Sh.Manik B.Sonawane	States of Punjab, Haryana, Himachal Pradesh, Jammu

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

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:- <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	&Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b> Sh. Virender Kumar 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:- <a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>DELHI</b> 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 Email:- <a href="mailto:jobdelrai@rediffmail.com">jobdelrai@rediffmail.com</a>	States of Delhi and Rajasthan.
<b>GUWAHATI</b> Sh.D.C.Choudhury 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:- <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> Sh. G.Rajeswara Rao 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:- <a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a>	States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>Jaipur</b> <b>Shri. Ashok K. Jain</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - Fax: 0141 -	New Centre
<b>KOCHI</b> Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.

<p>Tel.:- 0484-2358734/759/9338          Fax:- 0484-2359336          Email:- <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a></p>	
<p><b>KOLKATA</b>          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:-<a href="mailto:insombudsmankolkata@gmail.com">insombudsmankolkata@gmail.com</a></p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b>          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:-<a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a></p>	<p>States of Uttar Pradesh and Uttaranchal.</p>
<p><b>MUMBAI</b>          Sh.A.K.Dasgupta          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:- <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a></p>	<p>States of Maharashtra and Goa.</p>
<p><b>Pune</b>  <b>Shri. A. K. Sahoo</b>          Office of the Insurance Ombudsman,          Jeevan Darshan Bldg., 2nd Floor,          C.T.S. No.s. 195 to 198,          N.C. Kelkar Road, Narayan Peth,          Pune – 411 030.          Tel.: 020 -          Fax: 020 -          Email:</p>	<p>New Centre</p>