

Met Group Term Life Plus UIN: 117N049V02

PNB MetLife India Insurance Company Limited ("the Company") has entered into this contract of insurance (the "Group Policy") on the basis of the Application of group life insurance (the "Application"), any declaration that may be required from the Employee and/or the Employer also the Group Policyholder (the "Declaration") and the first Premium (as defined hereinafter) received from the Employer, for effecting a group life insurance contract on the lives of the Members Insured named in the Group Policy Schedule hereto (the "Schedule").

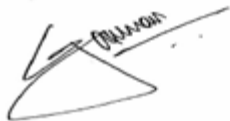
This Group Policy is subject to terms and conditions stated herein, the Final Quote, the Schedule, attached Riders and Addendums.

The Company agrees to pay the benefits stated in this Group Policy, subject to the terms and conditions stated herein, while this Group Policy is in force and effect, to the lawfully entitled person.

The effective date and number of this Group Policy are as set out in the Schedule.

Signed by and on behalf of

PNB MetLife India Insurance Company Limited



Gaurav Sharma

Chief Operating Officer (COO)

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Terms & Conditions of Group Life Plus Insurance Policy.

1.0 Definitions

- 1.1** "Annual Renewal Date" : The date on which the Group Policy is due for renewal as stated in the Schedule.
- 1.2** "Accelerated Benefit Option" or "ABO" : Where an Insured Member is diagnosed as "Terminally Ill" either 50% or 100% of the Sum Assured would be paid out immediately and the balance, if any, shall be paid out when the Insured Member dies.
Coverage of such Insured Member shall continue for the balance Sum Assured till the death benefit is paid, provided the Policy is in-force and the Insured Member continues to be a Member of the scheme.
Terminal Illness is defined as "advanced or rapidly progressing incurable illness in the opinion of an attending consultant and the Company's chief medical officer ;the life expectancy is no greater than 6 months [AIDS is specifically excluded and not covered under this definition"
- 1.3** "Effective Date of Coverage" : The date of commencement of risk on the life of an Eligible Member under this Group Policy. . i.e., the date on which the Company assumes the risk, subject to the provisions of Article 3.
- 1.4** "Effective Date of Group Policy" : Date the Group Policy takes effect.
- 1.5** "Eligible Member" : Person(s) who meet the eligibility criteria as stated in the Schedule and thus become eligible to be covered.
- 1.6** "Sum Assured" : The amount that Company promises to pay on the occurrence of Insured Event(s) as set out in the Schedule.
- 1.7** "Free Cover Limit" : It defines the maximum amount of Sum Assured as stated in the Schedule that can be accepted on an Insured Member on a non-individually underwritten basis
- 1.8** "Employer" : The owner of the Group Policy as stated in the Schedule
- 1.9** "Individual Underwriting" : 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.
- 1.10** "Insured Member " : An eligible Employee who is covered under the Group Policy.
- 1.11** "Member Data" : Member Data means the list of Eligible Members showing information required for grant of group insurance cover.
- 1.12** "Premium" : The payment or one of the regular periodic payments that Group Policy Holder pays or agrees to pay to the Company for effecting or continuing the coverage.
- 1.13** "Premium Due Date" : As stated in Schedule, the date on which the Premium becomes payable.
- 1.14** "Rider" : A "Rider" forms a part of Base Policy and provides for additional coverage(s) as stated in the Schedule on payment of

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| | | additional Premium. The terms and conditions of Rider benefit are annexed to the Group Policy. |
| 1.15 | Stamp Duty | : Amount paid to the Government towards stamp duty on first issuance or renewals of Group schemes. |
| 1.16 | "Total Sum Assured" | : Total Sum Assured is the Sum Assured of this policy as mentioned in the Schedule. |
| 1.17 | "Writing" | : A record which is transmitted by paper or electronically which is acceptable to the Company and consistent with applicable law. |

2.0 Insured Event

Death of Insured Member subject to provisions of Article 11.

3.0 Commencement of Coverage

For Eligible Members whose Total Sum Assured for all Group Policies is below or equal to the Free Cover Limit, the insurance coverage shall commence on the Effective Date of Coverage as stated in the Schedule.

For Eligible Member whose Total Sum Assured is greater than the Free Cover Limit, the insurance coverage up to the Free Cover Limit shall commence on the Effective Date of Coverage as stated in the schedule or the date of acceptance by the Company of evidence of satisfaction of simple tests of insurability prescribed, whichever is later. The eligibility of the Insured Member for receiving coverage for the Sum Assured above Free Cover Limit shall be determined after completion of the Individual Underwriting process as per the internal guidelines of the Company and coverage shall take effect on the date the Company states in Writing, provided all other eligibility conditions are met by the Insured Member on that date. However, if the Individual Underwriting process cannot be completed due to the Insured Member's inability to complete the process within the time period specified by the Company, or the Company declines coverage for the Sum Assured above Free Cover Limit based on the results of the Individual Underwriting process, the Sum Assured of such Insured Member shall be restricted to Free Cover Limit.

The Employer has the option to offer the Group Term life Plus to spouses of the employees subject to minimum participation as stipulated by the company (PNB MetLife) from time to time. The basis and terms and conditions for such option will also be as stipulated by the company from time to time

4.0 Increase in Coverage

4.1 The Insured Member is eligible for increase in Sum Assured during the term of the Group Policy either due to change in the class or grade of an employee, or an increase in salary of the employee, or both or in line with the group rules. Any such increase shall take effect subject to Articles 4.2, 4.3 and 4.4.

4.2 If for an Eligible Member, the Sum Assured after increase as mentioned in article 4.1 is below the Free Cover Limit as stated in the Schedule, the increase in the coverage shall take effect on the date the member becomes eligible for the increased coverage based on the change in his/her employment class or grade, and/or an increase in Salary.

4.3 If for an Eligible Member, after increase as mentioned in Article 4.1, a portion of the Total Sum Assured is above the Free Cover Limit as stated in the Schedule, then the portion of the increased Total Sum Assured that is up to Free Cover

Limit shall take effect on the date the member becomes eligible for the increased coverage based on the change in his/her employment class or grade, and/or an increase in Salary or under the group rules.

The eligibility of the Insured Member for the portion of the increased Sum Assured above Free Cover Limit shall be determined after completion of the Individual Underwriting process as per the internal guidelines of the Company, the cost of which shall be borne fully by the Company, and coverage shall take effect on the date the Company states in Writing, provided all other eligibility conditions are met by the Insured Member on that date. However, if the Individual Underwriting process cannot be completed due to the Insured Member's inability to complete the process within the time period specified by the Company, or the Company declines coverage for the Sum Assured above Free Cover Limit based on the results of the Individual Underwriting process, the Sum Assured of such Insured Member shall be restricted up to the Free Cover Limit.

- 4.4** If for an Eligible Member, the Sum Assured is above the Free Cover Limit before taking any such increases as mentioned in Article 4.1, the eligibility of the Insured Member for increasing the Total Sum Assured shall be determined after completion of the Individual Underwriting process as per the internal guidelines of the Company, and the increased coverage shall take effect on the date the Company accepts the risk in writing, provided all other eligibility conditions are met by the Insured Member on that date. However, if the Individual Underwriting process cannot be completed due to the Insured Member's inability to complete the process within the time period specified by the Company, or the Company declines coverage for the increase in Sum Assured based on the results of the Individual Underwriting process, the Sum Assured of such Insured Member shall be restricted to the previous insured Sum Assured, and therefore the increase in the Sum Assured shall not take effect.

5.0 Payment of Benefits

- 5.1 Insurance Benefit** – The Sum Assured, along with the Rider and ABO benefits in the event applicable and opted for, as defined in the Schedule, is payable by the Company on occurrence of the Insured Event.

- 5.2 Beneficiary/ies** – The Beneficiary/ies of the Insured Member shall be the person or persons to whom benefits are payable under this Group Policy upon the death of the Insured Member.

- 5.3 Designating a Beneficiary/ies** – An Insured Member shall name such Beneficiary, by executing and filing a written designation to that effect on a form satisfactory to the Company. Records of Beneficiary designations (including any change thereof), should be maintained by the Employer

The designation shall be effective as of the date it was recorded by the Employer. The right to change a named Beneficiary is reserved to the Insured Member, and the consent of any Beneficiary shall not be required for any change in Beneficiary.

If an Insured Member does not designate a Beneficiary, or if all the designated Beneficiaries predecease the Insured Member, any benefits payable under this contract upon the Insured Member's death shall be paid to the legal heirs based on succession certificate.

- 5.4 Notification of a claim** - The Employer must notify the Company in Writing within 30 days after occurrence of the Insured Event, or as soon thereafter as is reasonably possible.

5.5 Filing of a claim - The primary documents required for processing the claim include:

- Claimant Statement prescribed by the Company.
- Certified copy of the official death certificate issued by a competent authority acceptable to the Company.
- Leave records of the Insured Member.
- Employer certifying that the Insured Member was a Member of the group at the time of the Insured Event.
- Last attending physician's certificate, in the format provided by the Company, if the Insured Event is due to natural cause.
- Police inquest report, and post mortem report if the Insured Event is due to an unnatural cause.
- Any additional document(s) as required by the Company.

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

5.6 Processing of claim – A claim under Group Policy shall be paid or repudiated giving all the relevant reasons, within 30 days from the date of receipt of all required documents and clarifications for the purpose of settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, which shall be done in no case later than 6 months from the date of receipt of primary documents

5.7 Payment of claim – The claim shall be paid to the Beneficiary as per provisions of Article 5.2 or to the Employer with the understanding that the Benefit amount shall be passed on to the appropriate Beneficiary of the Insured Member.

5.8 Repudiation of claim – If the Company repudiates a claim in whole or in part, the notification of the claim decision shall state the reasons for repudiation of the claim.

6.0 Premiums

6.1 Premium Rate(s) – The initial Premium Rate(s) are as stated in the Final Quote. 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 process 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 Schedule.

6.2 Payment of Premium – Premium is payable to the Company on the Premium Due Dates as specified in the Schedule. The amount of Premium due on any Premium Due Date is determined by the total Sum Assured provided by this Group Policy on such Premium Due Date, multiplied by the appropriate Premium rate(s) which is then in effect.

For any new Insured Member covered by this Group Policy, a proportionate Premium shall be charged from the day he/she achieves the status of an Insured Member under this Group Policy, up to the next Annual Renewal Date or the next Premium Due date whichever occurs first.

Insurance Coverage shall not be extended to new joinees of the Group scheme

unless money is held in a deposit account to cover the premiums due with respect to them.

6.3 Grace Period – Each premium due after the effective date of the Group policy, as per premium due dates specified in the schedule, may be paid within a grace period. A grace period of 30 (thirty) days for modes of premium payment other than monthly and 15 (fifteen) days in the case of monthly mode will be allowed for payment of Premium without interest. Beyond the grace period risk cover will cease. All the insurance coverage provided under this Group Policy shall stay in effect during this Grace Period. However, in the event of a claim during the Grace Period, the claim shall be settled in accordance with Article 5, only upon payment of the Premiums due. If the Group Policy Holder chooses to discontinue the Group Policy then the Claim may, at the Company's discretion, be settled in accordance with Article 5, only on the payment of the Premium for the entire period till the effective date of cancelling the Group Policy and subject to any conditions placed by the Company for revoking the cancellation of the policy.

The Group Policy shall automatically terminate / lapse after the expiry of this Grace Period. However, the Company may, subject to Article 10, choose to reinstate the policy and consider claims under the Policy provided the Premium for the period from due date to actual date of payment are received by the Company, subject to any conditions placed by the Company for reinstating the Policy.

6.4 Right to Change Premium Rate(s) – The Company may change Premium Rate(s) for changes which materially affect the risk assumed under this Group Policy, as follows:

- (a) When this Group Policy is amended or endorsed.
- (b) When a class of Eligible Members is added to or deleted from this Group Policy for any reason including corporate restructuring, acquisition, spin-off or similar situations.
- (c) When there is a significant change in the geographic or demographic distribution of Insured Members.
- (d) When applicable law requires a change in:
 - the insurance provided by this Group Policy; and/or
 - the class of persons eligible for insurance under this Group Policy.
- (e) If during the Group Policy tenure, there is:
 - a change greater than 10% in the number of Insured Members; and/or
 - a change greater than 10% in the Sum Assured provided by this Group Policy.
- (f) At Annual Renewal Date, due to change in the overall group profile.
- (g) Any change in the group profile that materially affects the risk assumed under this Group Policy.

The new Premium Rate(s) shall apply only to Premiums due on or after the date the rate change takes effect.

6.5 Communication of Change in Premium Rate(s) - Any change in the Premium Rate(s) shall be communicated to the Employer in Writing stating the

new applicable Premium Rate(s), the date from which the rate change will take effect, the reason for effecting the change in Premium Rate and any other information as may be deemed necessary by the Company.

7.0 Group Policy Renewal

- 7.1** This Group Policy shall be renewed on mutually agreed terms, on the Annual Renewal Date as stated in the Schedule.
- 7.2** The Company shall provide all requisite information in order to facilitate the renewal pricing of the Group scheme.
- The Company has the right to change the Premium Rate/s as per Article 6.4 of this Group Policy at the time of renewal. The Company will inform the Employer of the revised Premium Rate/s no later than 15 days prior to Annual Renewal Date. The Premium determined using the revised Premium Rate/s is the "Renewal Premium".
- 7.3** The Company has the right to change the Free Cover Limit at the time of renewal. The Company will inform the Employer of the revised Free Cover Limit along with the quotation for Renewal Premium.
- 7.4** If the Employer decides to renew the Group Policy with the Company, the Employer shall communicate the decision to the Company in Writing before the Annual Renewal Date.
- 7.5** The Employer shall make the payment towards Renewal Premium within a period of 30 days from the Annual Renewal Date. The renewed Group Policy will be effective from the Annual Renewal Date
- 7.6** If, the Employer fails to make the Renewal Premium payment within the grace period, all coverage under this Group Policy shall be deemed to have been terminated on the day before Annual Renewal Date.

Insurance Coverage shall be extended to new joinees of the Group scheme and a grace period of 30 days will be given to make the premium payment.

8.0 New Members Addition

- 8.1** New Members will be allowed to enter the Scheme based on intimation given by the Employer to the Company in a form and manner as described in Articles 8.2, 8.3 and 8.4
- 8.2** The Employer shall provide the details regarding the New Members in a format and as per a schedule that is mutually agreed upon by the Employer and the Company
- 8.3** For a New Member whose Total Sum Assured for all Group Policies is below or equal to the Free Cover Limit, the insurance coverage would be deemed to have commenced from the date the New Member becomes an Eligible Member under the terms and conditions laid down in the Schedule of this Policy.
- 8.4** For a New Member whose Sum Assured is greater than the Free Cover Limit, the insurance coverage up to the Free Cover Limit would be deemed to have commenced from the date the New Member becomes an Eligible Member under the terms and conditions laid down in the Schedule of this Policy on the date of confirmation by the Company in writing of having been satisfied about the evidence relating to simple tests of insurability. The eligibility of the Insured Member for receiving coverage for the Sum Assured above Free Cover Limit shall be determined after completion of the Individual Underwriting process as per the internal guidelines of the Company, and coverage shall take effect on the date the Company states in writing, provided all other eligibility conditions are met by the Insured Member on

that date. However, if the Individual Underwriting process cannot be completed due to the Insured Member's inability to complete the process within the time period specified by the Company, or the Company declines coverage for the Total Sum Assured above Free Cover Limit based on the results of the Individual Underwriting process, the Total Sum Assured of such Insured Member shall be restricted to Free Cover Limit

9.0 Termination of Coverage

This coverage shall terminate, upon earliest of the following circumstances:

9.1 For the Employer upon:

- a. Expiration as a result of Article 7.6 or lapse, or termination of this Group Policy for any reason,
- b. Termination of this Group Policy by either party (i.e. the Employer or the Company). Either party may terminate this Group Policy by giving a minimum of 30 days written notice to the other party. In case the policy is terminated by the Employer, 80% of the unexpired premium shall be refunded.

9.2 For Insured Member(s) upon:

- a. Death of the Insured Member; or
- b. The Date the Insured Member attains age 81
- c. The date the Insured Member ceases to be an Eligible Member of the Employer.

Any termination of coverage in accordance with this section shall be without prejudice to any claim originating prior to the effective date of such termination.

10.0 Reinstatement

If this Group Policy is lapsed in accordance with provisions as mentioned in Article 6.3 above, the Company may reinstate the Group Policy in accordance with reinstatement guidelines as follows:

Reinstatement Guidelines

| Duration from lapse date | Process to be followed by Employer |
|--------------------------|---|
| 0 – 30 days | 1. Request for Reinstatement. 2. Payment of Arrears of Premium, along with interest. |
| 31 - 90 days | 1. Request for Reinstatement explaining reason for lapse and provision of data relating to deaths and other risks covered under the policy. 2. Payment of Arrears of Premium, along with interest. |
| 90 – 180 days | 1. Request for Reinstatement explaining reason for lapse. 2. Payment of Arrears of Premium, along with interest. 3. Reinstatement only on payment of Premium on annual mode. |

More than 180 days

Re-instatement shall be made at the discretion of the company and subject to the terms and conditions it determines at that point in time.

All Reinstatements shall be allowed ONLY from the first unpaid Premium Due Date. Interest on arrears shall be charged at SBI PLR + 3%, compounded monthly. Any claim that occurs after lapse of Group Policy shall not be admitted. However if any claim is reported after lapse of Group Policy, which occurred during the Grace Period, shall be admitted in accordance with conditions laid down under Article 6.3.

11.0 Exclusion

If an Insured Member commits suicide, whether sane or not at the time, within one year from the Effective Date of Coverage or the date of last reinstatement of the Policy, whichever is later, then the liability of the Company shall be limited to a refund of the Premium(s) received, without interest, less any expenses incurred by the Company. Expenses included would be stamp duty charges and medical examination fee applicable to such individual member.

The above clause is applicable for all the new schemes. In case of renewal schemes or if the group enrolled for the Group Policy is shifting from another life insurer, this clause will not be applicable for all the members who have been with the group for at least one year. If an Insured Member is yet to complete one year of coverage with the earlier life insurer, then the provision of the suicide clause will be applicable for the outstanding period till completion of one year.

Further, in case an Insured Member dies while travelling to, or from, or during his period of stay in, any areas notified as unsafe according to travel advisory rules of the local government then the liability of the Company shall be limited to a refund of the Premium(s) received, without interest, less any expenses incurred by the Company. Expenses included would be stamp duty charges and medical examination fee applicable to such individual member.

Where the group has enrolled for the Met Group Term Life Plus Plan for the first time, the suicide exclusion clause under the Met Group Term Life Plus Plan will not apply provided the group meets all of the following criteria:

1. The group has a minimum membership of 1000 members
2. The premiums under the Met Group Term Life Plus Plan are fully paid for by the employer.
3. The employees (members) cannot exercise any choice in terms of choosing the amount of coverage.

Where the group enrolled for the Met Group Term Life Plus Plan is not shifting from another Life insurer or does not meet the criteria stated under (2), then the suicide exclusion clause will apply without any modifications.

12.0 Medical Reports

Medical Report - No request for a copy of the Medical Report, if any, issued by any Medical Examiner who examined any Insured Member covered under this Policy, will be entertained from the Employer.

Provided that a request, from an Insured Member covered under this Policy, for a copy of the Medical Report, if any, issued by any Medical Examiner who examined the Insured Member, will be entertained subject to the condition that such Medical Report shall be

sent directly to the insured member only, at the address of the insured member furnished to the Company.
 Provided further that, where the Insured Member authorizes the Employer, in writing to receive a copy of the Medical Report issued on the said Insured Member, the Company shall furnish a copy of the Medical Report to the Employer, based on the said authorization.

13.0 General Provisions

13.1 Generality - In this Group Policy, where the context so admits, the masculine shall include the feminine, the singular shall include the plural.

13.2 Evidence of Age - Evidence of age of the Member satisfactory to the Company must be furnished to the Company before paying any benefits hereunder.

13.3 Evidence of Insurability - The Company shall require the Evidence of Insurability for providing the Group Life Cover to the Members covered under this Group Policy. Such Evidence of Insurability shall include, but not limited to Actively At Work Clause and such other provisions as mentioned in the copy of Final Quote accepted by the Employer.

13.4 Providing the Data, other requirements for administration and settlement of claims - The Employer shall furnish the Company 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 the Company as conclusive. The Employer shall also furnish the relevant particulars to the Company upon Member or a Nominee becoming entitled to receive the benefits under the Group Policy, and the Company shall pay the appropriate benefits.

Proof of existence and identity of the Member or the Nominee, as the case may be shall be furnished to the Company before the payment of benefit is made.

13.5 Modifications to the Group Policy - Any amendment or modification of the Group Policy shall have effect for the purpose of this Group Policy only to such extent as the Company shall in writing agree and the consequential changes to the relevant provisions hereof shall be given effect to by endorsements to the Group Policy.

13.6 Intimation of variation of benefits - Variations in the total benefits assured hereunder as on the Annual Renewal Date shall be given effect to by endorsements to the Group Policy.

13.7 Availability of Loans - The Employer or Insured Member will not be entitled to any loan under this Group Policy.

13.8 Free look provision - The Employer shall have a period of 15 days from the date of receipt of the Group Policy document to review the terms and conditions of this Group Policy. If there are any objections to any of the Terms and Conditions, the Employer will have the option to return the Group Policy stating the reasons for the objections and shall be entitled to a refund of the Premium paid subject to only a deduction of a proportionate Premium for the time on risk that have been borne plus the expenses incurred on medical examination and the full stamp duty charges.

13.9 Statutory Orders & Provisions-

1. In any case, where the Company is liable to account to the revenue authorities for income-tax or any other taxes or duties on the benefits to be paid under this Group Policy, the Company shall be entitled to deduct the appropriate

amounts for that purpose from the respective payments and shall not be liable to the Employer for the sums so deducted.

2. Where the Company is liable to account to the Revenue Authorities for income tax or any other taxes or duties or any payments under this Group Policy, the Company shall deduct such sums from the respective payments and the Company shall not be liable to the Insured Member or the Employer for the sum so deducted.
3. Any dispute which may arise in connection with this Group Policy shall be submitted to the appropriate Court.
4. If the Employer fail to observe or comply with any of the terms and conditions of this Group Policy, the Company may decline to accept further Premium hereunder and thereupon the Employer shall be deemed to have discontinued payment of Premiums hereunder.
5. The tax benefits on the Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under this Policy, We will deduct or charge taxes including service tax and other levies as applicable at such rates as notified by the Government or such other body authorized by the Government from time to time.
6. In case any condition herein contained or endorsement made hereto is contravened or in case it appears hereafter that an untrue or incorrect averment is contained in the Proposal Form or other statements furnished to the Company by the Employer or that any material information has been withheld, then the benefits under this Group Policy insofar as the same relate to any Member shall be void and the relative Assurances shall cease and be determined and the amounts paid therefore to the Company shall be forfeited to the Company.

13.10 Governing Laws and Jurisdiction – The terms and conditions of the Group Policy shall be governed by and subject to the laws of the Republic of India. The parties shall be subject to the jurisdiction of the law courts situated in Bangalore for all matters and disputes arising from or related to or concerning the Application, the Declaration, and the Group Policy.

13.11 Incontestability – In accordance with the provisions of Section 45 of the Insurance Act, 1938, No policy of life insurance shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

13.12 Disclosure – This Policy has been issued on Employer's representations that Employer has made full and accurate disclosures of all material facts and circumstances and that Employer has not misrepresented or suppressed any material facts or circumstances. In the event it comes to the Company's knowledge that Employer has misrepresented or suppressed any material facts and circumstances the Company shall reserve the right at its sole discretion to take such action, as it deems appropriate including cancellation of the Policy and forfeiture of Premium(s) received.

13.13 Breach of Warranty – If any falsification, inaccuracy, mis-statement, concealment or suppression of information contained in the Application, the Declaration and/or such other documents on the basis of which this Group Policy is issued, is proved, any claim for the Benefit(s) shall stand repudiated

13.14 Assignment – The benefits under this Group Policy are not assignable, chargeable, or alienated in any manner whatsoever.

13.15 Address for Communications- All Communications with respect to this Group Policy shall be sent to the following Address:

PNB MetLife India Insurance Company Limited
Registered Office: 'Brigade Seshamahal'
5-Vani Vilas Road,
Basavanagudi, Bangalore – 560 004

14.0 Grievance Redressal Mechanism

14.1 In case you have any query or complaint/grievance, you may approach our office at the following address:

PNB MetLife India Insurance Company Ltd.,
'Brigade Seshamahal', 5 Vani Vilas Road, • Basvangudi • Bangalore – 560 004, India.
Toll Free Help line: 1-800-425-6969 (8am –8pm) • Phone: +91 80 2650 2244 • Fax +91 80 41506969
Email: indiaservice@pnbmetLife.com • Web: www.pnbmetLife.co.in

14.2 In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official of Insurance Regulatory and Development Authority for resolution:

Grievance cell (Complaint against Life insurer)
Insurance Regulatory and Development Authority
Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.
Phone: +91-40- 6682 0964/6678 9768 (Ext –251)
E-mail: lifecomplaints@irda.gov.in

14.3 In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the addresses mentioned at the end of this document (if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

14.4 The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

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

- Only if the grievance has been rejected by the Grievance Redress Machinery of the Insurer
- Within a period of one year from the date of rejection by the insurer If it is not simultaneously under any litigation