

IMPORTANT NOTES TO THE PROPOSER:

1. Please fill the Proposal form in BLOCK LETTERS and disclose all facts. Any correction or overwriting in the Proposal must bear your full signature along-with the seal of the Company.
2. You would be required to disclose ALL material facts and circumstances in this proposal, which shall form the basis of the contract, otherwise the policy issued shall be voidable at the option of PNB MetLife India Insurance Company Ltd. If you are in doubt as to whether any of the facts and circumstances are material or not, you must disclose them.
3. Evidence of Insurability will be required if the Sum Insured exceeds the amount of "Non-Medical Limit" granted under the Group Insurance Scheme or Members do not meet the eligibility criteria under the Scheme.
4. Initial payment accompanying this Proposal by crossed cheque must be made at any of PNB MetLife India's Regional Offices. The cheques must be issued in favour of PNB MetLife India Insurance Company Ltd.

Quotation Reference No. _____

PART I: DETAILS OF PROPOSER AND COVERAGE INFORMATION

1. Name of Proposer			
IA. Nature of Firm/ Company/ Association		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Any other	
IB. Category of Firm/ Company/ Association		<input type="checkbox"/> Reserve Bank of India (RBI) Regulated Scheduled Banks (including Co-operative Banks) <input type="checkbox"/> NBFCs having Certificate of Registration from RBI <input type="checkbox"/> National Housing Bank (NHB) Regulated Housing Finance Companies <input type="checkbox"/> National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies <input type="checkbox"/> Small Finance Banks regulated by RBI <input type="checkbox"/> Others Note: For all categories except "Others", necessary documentation evidencing the licensing/registration status with the respective regulator needs to be submitted.	
2. Address (Registered Office/ Principal Office)			
City			
State		Postal Code	
Country		Telephone No.	
E-mail address		Fax No.	

3. Plan Name <input type="checkbox"/> Complete Loan Protection Plan <input type="checkbox"/> Loan & Life Suraksha <input type="checkbox"/> Complete Care Plus <input type="checkbox"/> Group Flexi Term Plus <input type="checkbox"/> Group Term Life Plus <input type="checkbox"/> Group Protection Plan			
4.A Plan Details Applicable for Complete Loan Protection Plan, Group Flexi Term Plus and Group Protection Plan			
Plan Option			
Benefit Payout <input type="checkbox"/> Lumpsum <input type="checkbox"/> Annual Income <input type="checkbox"/> Monthly Income <input type="checkbox"/> Lumpsum + Annual Income <input type="checkbox"/> Lumpsum + Monthly Income (Choose any one or more from the options above)			
Membership		<input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory	
Joint Life cover		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select any one of the option <input type="checkbox"/> Option A <input type="checkbox"/> Option B Type of Plan Option: _____	
Premium Payment Term		<input type="checkbox"/> Regular Pay <input type="checkbox"/> Single Pay Policy Term: _____	
4.A.1 Other Conditions of Eligibility for Membership of Scheme (Subject to Approval)			

4.B Benefit Details	Applicable for Loan & Life Suraksha, Complete Care Plus, Group Term Life Plus and Group Protection Plan
Is the Policy being taken in lieu of EDLI? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, has Accelerated Benefit Option been chosen? <input type="checkbox"/> No <input type="checkbox"/> Yes If Accelerated Benefit Option has been chosen it is <input type="checkbox"/> 50% of Sum Assured <input type="checkbox"/> 100% of Sum Assured	

Membership	<input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory								
Type of Policy	<input type="checkbox"/> Profit Sharing <input type="checkbox"/> Non-Profit Sharing								
B. Riders	Rider- 1					Rider- 4			
(Please specify)	Rider- 2					Rider- 5			
	Rider- 3					Rider- 6			
C. Spouse Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No				Membership	<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary			
4.B.1 Coverage Structure									
Base Plan					Riders				
A. Uniform Sum Assured of Rs					A. Uniform Sum Assured of Rs				
B. If formula-linked, specify the formula:					B. If formula-linked, specify the formula:				
C. If graded, specify basis of categorization:									
Category	Definition	No. of Members	Base	Rider-1	Rider-2	Rider-3	Rider-4	Rider-5	Rider-6
I									
II									
III									
IV									
If total number of Categories is more than 4 then please attach a separate annexure with the full details.									
4.B.2 Are all employees/ members (in case of association groups) covered? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If No, specify percentage of employees / members, NOT covered and basis for exclusion:									
.....									
4.B.3 Cost of Insurance scheme to be borne by									
Employer / Policy Holder (%age)					Employee / Member (%age)				

5. Desired date of commencement of coverage							D	D	M	M	Y	Y
6. Premium Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Single											
7. Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Direct Debit <input type="checkbox"/> Other (please specify)											
8. e - Policy Document	The Company will issue and send the policy document in electronic form. Do you wish to receive your policy document in physical form also? <input type="checkbox"/> Yes <input type="checkbox"/> No											

PART II: GROUP DEMOGRAPHICS

1. Definition of Group																
1.1 Nature of Group <input type="checkbox"/> Employer Employee Groups <input type="checkbox"/> Non-Employer Employee Groups <input type="checkbox"/> Non-Employer Employee Homogenous Groups																
2. Group Size			4. Minimum Age at Entry													
3. Retirement Age			5. Maximum Age at Entry													
6. Cover for new members to be effective from:			<input type="checkbox"/> Date of Appointment <input type="checkbox"/> Date of confirmation <input type="checkbox"/> Next Renewal Date <input type="checkbox"/> Date of Joining the Group <input type="checkbox"/> Other (please specify)													
7. Any Special Requirements																
8. Has this group ever been covered by Group Life Insurance in any other company?										<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please state the name of the company: Date cover ceased:										D	D	M	M	Y	Y	Y
9. Other current coverages provided. (Please provide details as an attachment.)																
<input type="checkbox"/> GPA <input type="checkbox"/> Mediclaim <input type="checkbox"/> Gratuity <input type="checkbox"/> Superannuation <input type="checkbox"/> Other (please specify)																

PART III : DECLARATION AND CONFIRMATION BY THE PROPOSER

I/We, the proposer authorized representative of the Proposer, do hereby declare that the statements made herein and answers have been given by me/us after fully understanding the questions contained here in and the importance of disclosing all material information while answering such questions, I/We declare that answers given in the proposal form are true and complete in every respect. I/We agree that if any statement made by me/us is untrue, it shall be treated in accordance with Section 45 of the Insurance Act, as amended from time to time. I/We hereby declare that any personal information collected or held by PNB MetLife India Insurance Co. Ltd (the Company) (whether contained in this proposal or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals / organizations associated with the Company for the purpose of processing this Proposal and resulting Policy.

Declaration from the Authorized Signatory of the Master Policyholder

I/We hereby further consent, and duly authorize, PNB MetLife to use, store, share, transfer and disclose any of the personal and sensitive information (PI Data) of mine collected or available with PNB MetLife (whether contained in this document or obtained otherwise). PNB MetLife may share my PI Data to any Governmental and/or Regulatory authority as required under the applicable laws and regulations or to protect PNB MetLife's legal rights to the extent authorized or permitted by law. I/We understand that the data and information collected shall be retained: (a) Only for the time period necessary for the purpose specified hereinabove, and (b) PNB MetLife has a mechanism for the redressal of my/our grievances, if any, in this regard and I/We can raise my concerns in respect of my data privacy in accordance with the Privacy policy updated on the Company's website.

Authorised Signatory of the Proposer:

Signature of Witness:

Signature:		Signature:	
Name:		Name:	
Designation:		Address:	
Dated thisday of		Please affix Company/Authorised signatory seal	

The employees, whose name and signature appear below are hereby authorised to send and receive all communication to PNB MetLife on behalf of for all matters related to the proposed Group Policy.

Signature	Signature
Name	Name

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 issuance 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 issuance 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. Explanation I.—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 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 specially declares to be fraudulent. Explanation II. —Mere silence as to facts likely to affect the assessment of the 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 misstatement 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. Explanation. —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 issuance 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: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the 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. Explanation. —For the purposes of this sub-section, the misstatement 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.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

STATUTORY WARNING as per Section 41 of the Insurance Act, 1938:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Declaration on the Listing Status of the Applicant Company for Group Insurance

This is to confirm that the Listing Status of the Company is as follows:-

(1) Listed in any of the Stock Exchanges in India ☐ Yes ☐ No

(a) If Yes, name of the Stock Exchange:

(2) Listed in any of the Stock Exchanges outside India ☐ Yes ☐ No

(b) If Yes, name of the Stock Exchange:

(Seal of the Authorised Signatory of the Applicant)

Name:

Designation:

Note:-

(1) The above declaration is required for all Applicants for Group Insurance cover.

(2) Where the Company is not listed in any of the Stock Exchanges - either in India or abroad - a self-certified true copy of the Certificate of Incorporation of the Applicant Company should be attached with the declaration.