

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. 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.									
C. Spouse Cover		<input type="checkbox"/> Yes <input type="checkbox"/> No		Membership		<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary							
3. Coverage Structure													
Base Plan													
A. Uniform Sum Assured of Rs													
B. 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.													
5. 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:													
6. Cost of Insurance scheme to be borne by													
Employer / Policy Holder (%age)					Employee / Member (%age)								
7. Desired date of commencement of coverage							D	D	M	M	Y	Y	Y
8. Premium Frequency <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly													
9. Mode of Payment		<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Direct Debit <input type="checkbox"/> Other (please specify)											
10. 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										
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:			<table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y
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 MASTER POLICYHOLDER

I/We, the proposer authorized representative of the Master Policyholder, 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 providing subsequent services including but not limited to settlement of claims and to communicate with proposer for such purposes. I/We also provide my/our consent in accordance with Aadhaar Act, 2016, and regulations made thereunder for: (a) collecting, storing and using, (b) validating/authenticating, and (c) updating my Aadhaar number.

Authorised Signatory of the Master Policyholder:		Signature of	
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 :

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

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.