

PNB MetLife Group Protection Plan (117N140V01)
Group Non-Linked Non-Participating Pure Risk Premium Life Insurance Plan

Part A

1 Welcome Letter

[Name of the group policyholder]

Date: dd-mm-yyyy

[Address]

[Mobile number]

<Policy No><Sourcing Branch>

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

Welcome to the PNB MetLife family! Thank you for choosing PNB MetLife group insurance coverage for the benefit of your members. At PNB MetLife, we value your patronage and are committed to offering you the best services to you and to all the insured members.

PNB MetLife brings together financial strength, credibility and reliability of MetLife Inc., one of the leading global providers of insurance, annuities and employee benefit programs, serving more than 90 million customers for the last 140+ years and Punjab National Bank, a leading nationalized bank in India serving more than 80 million customers in the last 120+ years. You can be assured that you have chosen the right partner for life.

Please find enclosed the Group Policy Document, Customer Information Sheet and copy of your-Proposal form.

Free look Provision: Please go through the terms and conditions of your Group 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 written notice to us within 30 days from the date of receiving the Group Policy Document whether received electronically or otherwise, 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 charges and/or the expenses, if any, incurred on medical examination.

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 sourcing details for your policy are mentioned below.

Channel	<<XX>>		
Name	Valued Advisor	Code	XXXXXXX
E-Mail ID	valuedadvisor@pnbmetlife.co.in	Mobile /Landline No.	XXXXXXXXXX

We look forward to being your partner in this journey of life.

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

[Signature]

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[Name of signing authority]
[Designation of signing authority]

In case of any queries / concerns, You can reach Us at:			
Call us at 1800-425-6969	Email Us at indiaservice@pnbm-etlife.co.in	Visit www.pnbmetlife.com to manage your policy online. Register online using your Customer ID & Policy No.	Visit your nearest PNB MetLife Office. Our address details are available on www.pnbmetlife.com

Stamp duty of Rs. XXX.XX paid to Government of Maharashtra through consolidated Stamp Duty via Challan No. XXXXXXXX

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2 Group Policy Preamble

**PNB MetLife Group Protection Plan
Group Non-linked Non Participating Pure Risk Premium Life Insurance Plan**

This is a contract of group insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been enacted on receipt of the Premium and is based on the details in the Proposal Form 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 Register of Members.

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(s) or error(s), please return the Group Policy Document to Us in order that We may rectify the mistake(s) or error(s).

Signed by and on behalf of PNB MetLife India Insurance Company Limited

[Signature]

[Name of signing authority]

[Designation of signing authority]

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3 Group Policy Schedule

Name of the Plan	PNB MetLife Group Protection Plan
Nature of the Plan	Group Non-linked Non-Participating Pure Risk Premium Life Insurance Plan
UIN	117N140V01

Proposal number		Group Policy number		Date of Issue		Issuing office	
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A. Details of the Group Policyholder

Name of the Group Policyholder	
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B. Group Policy Details

Membership Type	<Compulsory/Voluntary>	Premium paid by	<<GPH/Member>>
Sum Assured	Any One of the below <ul style="list-style-type: none"> ▪ Level ▪ Reducing 	Benefit Payout	Any one of the Following <ul style="list-style-type: none"> ▪ Lump Sum ▪ Annual Income ▪ Monthly Income ▪ Lump Sum + Annual Income ▪ Lump Sum + Monthly Income
Joint Life	<Yes/No>	Joint Life Option (If Joint Life is Yes)	Any one of the following <ul style="list-style-type: none"> ▪ Option A ▪ Option B
Waiting Period for Benefit		<<30 Days/Not Applicable>>	

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C. Membership Criteria ()

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D. Sum Assured / Coverage Structure

Minimum Sum Assured: Rs.
Maximum Sum Assured: Rs.
Terms & Conditions as per the Quote, if any:

PH: Group Policyholder, IM: Insured Member

E. Details of Agent/Corporate Agency/Intermediary

Name	
License number	
Phone number	
Address	
Email address	

F. Policy & Premium Details

Policy Term	<<PT>>	Premium Paying Term	<<PPT>>
Premium Mode	<<Single/Reg>>	Amount of Premium (Rs.)	<<Premium>>
Premium due dates	<<PDD>>	Goods & Service Tax	<<GST>>
Renewal Date (If Applicable)	<< >>	Total Amount (Rs.)	<<Total>>

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

Policy Currency: Indian Rupees (INR)

Part B

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.

1. **Age** means the age of the **Insured Member** as of last birthday.
2. **Annual Renewal Date** means the date on which the **Group Policy** is due for renewal as stated in the **Group Policy Schedule**.
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. **Certificate of Insurance (COI)** means the certificate issued by **Us** to the **Insured Member**.
5. **Date of Inception of the Group Policy** means the date as specified in the **Group Policy Schedule**.
6. **Effective Date of Coverage** is same as the **Date of Inception of the Group Policy** for the **Insured Member**.
7. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria specified in the **Group Policy Schedule**.
8. **Free Cover Limit** means insurance coverage provided by **Us** based on the risk characteristic of the group under all group policies issued to a **Group Policyholder** upon satisfying **Our** eligibility criteria.
9. **Grace Period** for other than single premium policies means the time granted by **Us** from the due date for the payments of **Premium**, without any penalty or late fee, during which time that coverage under the **Group Policy** is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the **Group Policy**. The **Grace Period** for payment of **Premium** is 15 days, where the **Insured Member** pays the **Premium** on a monthly basis and 30 days in all other cases.
10. **Group Policy /Group Policy Document** means this contract of insurance, any endorsements issued by **Us**, the **Group Policy Schedule**, the Annexures and the Proposal Form.
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. **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.
13. **Insured Member** means an eligible **Member** who is named as a person insured in the **Group Policy Schedule**.
14. **Authority** or **IRDAI** means the Insurance Regulatory and Development Authority of India established under the provisions of Section 3 of the Insurance Regulatory and Development Authority Act, 1999 .
15. **Lapse** means a condition wherein the due Premiums have not been paid in full, as required under the **Group Policy** terms and conditions, thereby rendering this **Group Policy** unenforceable. No benefits will be paid when the **Group Policy** is in Lapse status.
16. **Member Data** means the list of **Insured Members** and all details and information pertaining to those **Insured Members**.
17. **Nominee (s)** means the person(s) nominated under Section 39 of the Insurance Act, 1938, as amended from time to time, by the **Insured Member** under this **Policy** and is(are) named and authorized in the

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Certificate of Insurance to receive the benefits payable under the **Group Policy** in respect of the **Insured Member**.

18. **Non - Medical Insurance Limit** means the maximum amount of insurance coverage agreed to be provided to the **Insured Member** who submits a satisfactory Declaration of Good Health with Us.
19. **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**.
20. **Premium Due Date** means the date on which the **Premium** becomes payable as stated in the **Group Policy Schedule**.
21. **Proposal Form** means a form in written or electronic or any other format permitted by the Authority, is completed by the prospect Group Policy Holder prior to issuance of this Policy for furnishing the material information and disclosures about the underlying risk inclusive of any annexures or supplementary information submitted to the Company to effect this Group Policy.
22. **Register of Members** means a register maintained by Us consisting of details of each Insured Member, Joint Life, including but not limited to name, age, sex, salary, Sum Assured, retirement date, the Effective Date of Coverage, beneficiary and any special conditions applicable to an Insured Member.
23. **Revival** means restoration of the coverage of the **Insured Member** under the **Group Policy**, which was discontinued due to the non-payment of **Premium**, with all the benefits mentioned in the **Group Policy Schedule/Certificate of Insurance**, with or without Rider benefits if any, upon the receipt of all **Premiums** due and other charges or late fee if any, during the revival period, as per the terms and conditions of the **Group Policy**, upon being satisfied as to the continued insurability of the **Insured Member** on the basis of the information, documents and reports furnished by the **Insured Member**, in accordance with **Our** Board approved underwriting policy.
24. **Revival Period** means a period of 5 consecutive complete years from the date of first unpaid Premium.
25. **Rider** means the insurance cover(s) added to a base product for additional premium or charge. The **Group Policy Schedule** will specify if any **Riders** are available and in force under the **Group Policy**.
26. **Rider Benefits** means an amount of benefit payable on occurrence of a specified event covered under the rider, and is an additional benefit to the benefit under the base product.
27. **Sum Assured** means the amount as detailed under Part C to this Group Policy, that **We** promise to pay upon the death or occurrence of the insured event of an **Insured Member** covered under this **Group Policy** in accordance with the Sum Assured Option chosen by the Group Policyholder/Insured Member and as specified in the Register of Members/Certificate of Insurance.
28. **Total Premiums Paid** means the total of all Premiums paid under the base product, excluding any extra premium, and taxes, if collected explicitly.
29. **Unexpired Premium Value** means such amount payable on voluntary termination of the Certificate of Insurance by an Insured Member in accordance with Part D of this Group Policy.
30. **Waiting Period** means the first thirty days from the Risk Commencement Date under the Group Policy or date of reinstatement of cover under the Group Policy in respect of each Insured Member, whichever is earlier.
31. **We, Us, Company or Our** means PNB MetLife India Insurance Company Limited.
32. **You or Your** means the **Group Policyholder/Master Policy Holder** named in the **Group Policy Schedule**.

Part C

1. Policy Features

PNB MetLife Group Protection Plan is a Group Non-linked Non-Participating Pure Risk Premium Life Insurance Plan. This Group Policy offers benefits as listed below and mutually agreed by the Group Policyholder and Us. The benefits will be payable subject to the terms and conditions of this Group Policy, including the Premium Payment Conditions set out below.

2. Policy Benefits

2.1 Death Benefit: The plan offers life cover on the life of an Insured Member under the Group Policy. On the occurrence of death of the Insured Member during the coverage period, 100% of the Sum Assured shall be payable. The coverage under the Group Policy for the Insured Member shall automatically terminate on payment of the Sum Assured.

The benefits payable on death of the Insured Member shall be subject to the suicide exclusion specified under Part F to this Group Policy.

Where, Sum Assured is equal to one of the following

- a. Absolute amount assured chosen at inception in case of Level Cover; Or
- b. Absolute amount assured as on the date of insured event as per the cover schedule in case of Reducing Cover.

2.2. Benefit Payout Options: The following payout options may be available to the Insured Members under this Group Policy as stated in the Group Policy Schedule. The Benefit Payout Option once chosen at the Inception of the Group Policy cannot be changed at any time during the Group Policy Term.

- a. **Lump Sum:** 100% of the Sum Assured shall be payable as lump sum.
 - b. **Annual Income:** 100% of the Sum Assured shall be payable as level annual instalment over the payout period as chosen by the master policyholder/insured member at inception.
 - c. **Monthly Income:** 100% of the Sum Assured shall be payable as level monthly installments over the payout period as chosen by the master policyholder/insured member at inception.
 - d. **Lump Sum plus Annual Income:** 50% of the Sum Assured, shall be payable immediately as lump sum and the remaining 50% shall be payable as level annual instalments over the payout period as chosen by the master policyholder/insured member at inception.
 - e. **Lump Sum plus Monthly Income:** 50% of the Sum Assured, shall be payable immediately as lump sum and the remaining 50% shall be payable as level monthly instalments over the payout period as chosen by the master policyholder/insured member at inception.
- **Joint Life Options:** The cover may be taken for single life or jointly for two lives. The Coverage needs to be chosen at the inception of the policy by the member. Once this option is chosen the member cannot discontinue the coverage of a particular life, unless it is due to the insured event.

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Joint life cover is allowed subject to the following conditions:

- The relationship between the Joint Lives can only be that of spouse for Option A as defined below;
- The relationship between the Joint Lives can only be that of spouse, parents or children for Option B as defined below;
- The Benefit Payout Option available for Joint Life Cover shall always be Lump Sum only.

Joint life cover has the following two variants and the applicable variant shall be mentioned in the Certificate of Insurance:

Option A: 100% of the Sum Assured is payable on first occurrence of death of either of the lives and the cover on the second life terminates.

Option B: 100% of the Sum Assured is payable on occurrence of first death (of any life) as well as 100% of Sum Assured on subsequent or simultaneous death of the second life. On death of any one life prior to the death of the other life, the future premiums will reduce to the premiums corresponding to the surviving life.

The cover will terminate on payment on benefit as per the option chosen.

- **Maturity Benefit:** There is no maturity benefit payable under this Group Policy.

3. Premium Payment Conditions

The Insured Members are required to remit the required Premium(s) either directly to Us or to the Group Policyholder. When the Group Policyholder funds the Premiums or collects the Premium(s) on the Company's behalf from the Insured Members, the same needs to be remitted to Us within agreed timelines.

In case premium in respect of Member is collected by the Group Policyholder within grace period but is not remitted to the Company for some reason, then on expiry of grace period risk cover will continue in respect of those members.

4. Grace Period (for other than Single premium policies)

Under this **Group Policy**, there is a Grace Period of 15 days (if **Premium** is payable on a monthly mode) and a period of 30 days (if **Premium** is payable in any other mode) for the payment of **Premium**. If a valid death claim arises under the policy during the Grace period, but before the payment of due premium, the due and unpaid premium for the respective member will be deducted from the Death Benefit. During the Grace Period, the risk on the life of the member will continue to be covered. If the **Premium** is not received until the expiry of the Grace Period the **Group Policy** shall automatically Lapse.

Part D

1. Free Look Period

If Group Policyholder has any objections to the terms and conditions of this Group Policy, the policy may be cancelled by giving a written notice to Us within 30 days from the date of receiving the Group Policy Document whether received electronically or otherwise, stating the reasons for objection. The Group Policyholder 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).

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/she may cancel his/her coverage under the Group Policy by giving Us a written notice within 30 days of receiving confirmation of coverage, whether received electronically or otherwise, 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. Lapse

If the Premium is not received by Us either on the Premium Due Date or before expiry of Grace Period, all benefits under the Group Policy will cease.

3. Surrender

There is no surrender value payable under this Group Policy.

However, an Unexpired Premium Value is payable only for Single Premium policies, when master policyholder or insured member terminates the contract.

On payment of the Unexpired Premium Value to the Insured Member, the risk cover for that particular Insured Member / joint lives immediately terminates.

Unexpired Premium Value is calculated as per formula given below:

Unexpired Premium Value =

$$50\% \times \frac{\text{Total Number of Months Remaining to Maturity}}{\text{Total Number of Months in the Policy Term}} \times \text{Total Premiums Paid} \\ \times \frac{\text{SA in – force at the time of termination}}{\text{SA at the inception of the Coverage}}$$

In case of termination request of the Group Policy by the Group Policyholder, the Insured Member will be permitted to continue insurance coverage to the extent available under the Group Policy.

4. Paid-up Value

Not available under this Group Policy.

5. Revival

If cover under the Group Policy has lapsed due to non-payment of due Premium, provided that the Group Policy has not been terminated, the risk cover under the Group Policy may be revived with the consent of the Company within five (5) years from the date of first unpaid Premium for that Insured Member, subject to the following conditions:

- The application for Revival is made within five (5) years from the due date of the first unpaid Premium for that Insured Member. The application should be submitted before the Maturity Date for that Insured Member;
- The Insured Member through the Group Policyholder furnishes, at his / her own expense, satisfactory evidence of health and continuity of insurability.
- All due Premiums till the date of Revival along with interest at prevailing rate of interest, if any along with applicable taxes are paid in full. The Company may change this interest rate from time to time. Currently, the Company is charging an interest of 7.5% p.a. on Revivals.
- The rate of interest is calculated as the 10 Year G-Sec rate as on 1st of April plus 50 basis points, rounded up to the nearest 50 basis points. The Company will review the rate on an annual basis in April based on the prevailing 10 Year G-Sec rate. However, under special circumstances where the prevailing 10 Year G-Sec rate is changing in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, the Company shall review the interest rate based on the prevailing 10 Year G-Sec rate.
- The formula may be reviewed and altered by the Company subject to prior approval of the Company's Product Management Committee
- The Revival of the coverage will be as per Board approved underwriting Policy.
- On Revival, the terms and conditions of the Group Policy with respect to the Insured Member may be different from those applicable before the cover under the Group Policy lapsed. The Company may revive a lapsed policy by imposing such extra premium as it deems fit as per the Board approved underwriting policy.
- The Revival will take effect only on it being specifically communicated by the Company to the Group Policyholder or the Insured Member, as applicable.
- The Company may revive or refuse to revive the cover for the Insured Member, based on the prevailing board approved underwriting guidelines. If the Insured Member is refused Revival, the Company will refund the amount received for the purpose of Revival of cover.
- On Revival, all the benefits under the Group Policy which prevailed before the date of latest lapse will be automatically reinstated.

If the Group Policy has lapsed due to non-payment of due Premium, provided that the Group Policy has not been terminated, the Group Policy may be revived with the consent of the Company within five (5) years from the date of first unpaid Premium, by paying all the due Premiums within five (5) years from the date of first unpaid Premium, and subject to fulfilment of the requirements applicable for individual members specified above.

6. New Members Addition

Any eligible Member that becomes a member of Your group after the Effective Date of Coverage or the Annual

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Renewal Date can be covered under this Group Policy provided You provide Us with due intimation and all information and details about such eligible Members in the form and manner specified by Us. Coverage of these eligible Members shall only commence in accordance with the provisions of Part C. We shall require evidence of insurability for providing the group life cover to the Insured Members in accordance with Our Board approved underwriting policy.

7. Waiting Period

Waiting Period shall only apply to groups where the cover under the group Policy is voluntary in nature. Waiting Period if applicable shall be specified in the Group Policy Schedule.

Waiting period of 30 days applies at individual member level from the member's date of commencement of risk or reinstatement whichever is later.

During the Waiting Period, no claim other than **accidental death** shall be admissible.

In the event of a non-accidental claim admitted during the Waiting Period, 80% of all the total premiums paid in respect of the Insured Member till the date of claim/occurrence of the insured event shall be paid and the cover under the Group Policy shall immediately terminate.

Total premiums paid means total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.

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Part E

Not Applicable

Sample

Part F

1. General Terms & Conditions

If you wish to change the nomination or assign the coverage under the **Group Policy** or update **Your/Nominee's** address or other contact details in Our records, you should do so only through the forms prescribed by Us for these purposes. These forms are available at Our offices or may be obtained from Your financial advisor or can be downloaded from Our website www.pnbmetlife.com

2. Nomination

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure A to this Group Policy Document for your reference.

3. Assignment:

Assignment facility is available in accordance with provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure A to this Group Policy Document for your reference.

4. 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.

5. Claims Procedure

We will not be obliged to make any payment of the Death Benefit unless and until we have received all of the information and documentation. We request the following set of documents:

1. Duly filled and signed Claim form
2. Copy of valid death certificate issued by local authority.
3. Claimant's current address proof & Photo identity proof
4. PAN Card / Form 60 of the nominee
5. Cancelled cheque / Copy of bank passbook
6. **Doctor's Certificate prescribed in PNB MetLife Format (From the family physician or treating doctor)

Additional documents* required basis cause of death for faster processing of your Claim

If the death is due to accident, suicide, and murder then below additional documents required:

- Copy of the First Information Report (FIR), Panchnama and Postmortem Report (PMR), Viscera report if applicable
- Copy of the Final Police Investigation report (FPIR)/ Charge sheet if applicable
- Obituary/Newspaper cutting

If the death at home & hospital, then below additional documents required:

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- Complete Medical records for any treatment taken in past or at the time of death
 - Indoor Case papers
 - Death summary
 - Discharge summary
- Medical cause of death certificate
- **Employer Certificate - Only if Life assured was a salaried individual (prescribed in PNB MetLife Format)

*PNB MetLife reserves the right to call for any additional documents /evidence apart from the given below, if required

**To download the forms, please visit our website www.pnbmetlife.com

In case you need any assistance, please call us on our toll-free number 1800-425-6969 or email on claimshelpdesk@pnbmetlife.com. Our customer service executives would be happy to help and assist you.

6. Termination of the Policy

Coverage under this **Group Policy** where Premium is paid by the Group Policyholder shall terminate on occurrence of the earliest of the following:

- a) At the expiry of five years from the date of lapse
- b) **You** may terminate this **Group Policy** by giving a minimum of 30 days' written notice to **Us**. In case the **Group Policy** is terminated by **You**, the **Insured Member(s)** shall have the option to continue the risk cover on an individual basis till the expiry of the coverage.
- c) On Free Look Cancellation

Coverage of an **Insured Member** under the Certificate of Insurance, where Premium is paid by the Insured Member shall terminate on occurrence of earliest of the following:

- a) At the expiry of five years from the date of lapse
- b) Date of payment of the claim on the insured benefit under the Group Policy
- c) The date the Insured Member ceases to be an Eligible Member or voluntarily withdraws from the membership of the group
- d) On Free Look Cancellation
- e) At the end of the coverage tenure

7. Suicide Exclusion

In case of death of the member due to suicide within 12 months from the date of commencement of risk under the policy or from the date of latest revival of the member under the policy, as applicable, the nominee or beneficiary of the Insured Member shall be entitled to 80% of all the total premiums paid till the date of death or the unexpired premium value available as on the date of death whichever is higher.

‘Total premiums paid’ means total of all the premiums paid in respect of the Insured Member under the base product, excluding any extra premium and taxes, if collected explicitly.

The Suicide Exclusion shall not be applicable to the following cases of employer-employee groups:

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- a) If the group enrolled for this Group Policy is shifting from another Life Insurer;
- b) Where the group has enrolled for this Group Policy for the first time, and where the group has compulsory participation for all employees as Insured Members.

8. Taxation

The tax benefits on the Group 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 or in relation to this Policy, We will deduct or charge or recover taxes including GST 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. Tax laws are subject to change.

9. Currency & Place of Payment

All amounts payable either to or by Us will be paid in Indian Rupees (INR).

10. Fraud and Misstatement

Fraud and Misstatement 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 A to this Group Policy Document for your reference.

11. Proof of Age

Subject to Section 45 of the Insurance Act 1938, as amended from time to time if the actual age of the Insured Member differs from the Age communicated to the Company, then:

- a. If the actual age of the Insured Member proves to be higher, the Sum Assured will be adjusted to a value which would have been purchased by the amount of premium paid, had the age been correctly stated. The coverage under the Group Policy will continue to be in force;
- b. If the actual age proves to be lower, the premium paid in excess will be refunded without interest or may be adjusted towards future premium. The coverage under the Group Policy will continue to be in force.
- c. If the Insured Member's actual age is such that it would have made him/her ineligible for the insurance cover stated in the Group Policy, We reserve the right to take such action as may be deemed appropriate including cancellation of the Certificate of Insurance along with refund of Unexpired Premium Value to the Insured Member.

12. Loss of the Policy Document

If the Group Policy Document is lost or destroyed, a duplicate Group Policy document shall be issued upon receipt of a written request from the Group Policyholder subject to submission of affidavit-cum-indemnity in the format prescribed by Us on stamp paper of value of Rs. 200. Please note that stamp laws are subject to

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amendments made thereto from time to time. Upon the issue of a duplicate Policy, the original will 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.

13. Policyholder's Rights

To exercise Your rights or options, under this Group Policy, You should follow the procedures stated in this Group Policy. If You want to change the address or exercise any other options under the Group Policy, You shall do so only using the forms prescribed for each purpose which are available with Your financial advisor, from Our local office or can be downloaded from Our website www.pnbmetlife.com.

14. Travel, Residence & Occupation

This Group Policy does not impose any restrictions as to travel and residence. This Group Policy does not impose any restrictions as to occupation.

15. Our Address for Communications

All notices and communications in respect of this Policy shall be addressed to us at the following address:

PNB MetLife India Insurance Co. Ltd,
1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover,
Goregaon (West), Mumbai – 400062, Maharashtra
Call us Toll-free at 1-800-425-6969,
Visit our Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in

16. Governing Law & 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 Policy shall be subject to the sole and exclusive jurisdiction of the jurisdictional courts in India.

PART G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

7.1. Grievance Redressal Mechanism

In case You have any query or complaint or grievance, You may approach Our office at the following address:

Level 1

For any complaint/grievance, approach any of Our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at indiaservice@pnbmetlife.co.in
- Write to
**Customer Service Department,
1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover,
Goregaon (West), Mumbai – 400062.**
- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

Level 2:

In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, You may

- Write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in or
- Send a letter to
**PNB MetLife India Insurance Co. Ltd,
Unit No.302, 3rd floor, Tower No 3, Worldmark, Village Maidawas, Sector 65, Gurugram,
Haryana – 122018**

Please address Your queries or complaints to our customer services department, and Your grievances to our grievance redressal officer on the address referred above, who are authorized to review Your 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 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 Policy.

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Level 3:

If You are not satisfied with the response or do not receive a response from Us within 2 (two) weeks, You may approach the Bima Bharosa Shikayat Nivaran Kendra on the following contact details:

- Online: You can register Your complaint online at <https://bimabharosa.irdai.gov.in/> or refer to [IRDAI website for more details.](https://bimabharosa.irdai.gov.in/)
- By Post: You can write or fax Your complaints to
**General Manager,
Policyholder Protection and Grievance Redressal Department- Grievance Redressal
Cell,
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500032, Telangana**
- By E-mail: E-mail ID: complaints@irdai.gov.in
- By Phone: 1800 4254 732

In case You are not satisfied with the decision/resolution and the claim amount is up to 50 lakhs, You may approach the Insurance Ombudsman at the address in the list of Ombudsman below, 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; or
- Dispute with regard to premium; or
- Misrepresentation of terms and conditions of the Policy; or
- Policy servicing related grievances against Us or Our agent/intermediary; or
- Issuance of Policy in non-conformity with the proposal form; or
- Non-issuance of the Policy after receipt of premium; or
- Any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the Regulations, circulars, guidelines or instructions issued by the IRDA of India from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned above.
- The complaint should be made in writing duly signed by You, Nominee, Assignee or by Your legal heirs with full name, address and contact information of the complainant, the details of our branch or office against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. Per Rule 14(3) of the Insurance Ombudsman

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Rules, 2017 (Rules), a complaint to the Insurance Ombudsman can be made if the complainant makes a written representation Us/Insurer and files the complaint, within 1 (one) year

- after the order of the Insurer rejecting the representation is received; or
- after receipt of decision of the Insurer which is not to the satisfaction of the complainant;
- after expiry of a period of one month from the date of sending the written representation to the Insurer if the Insurer fails to furnish reply to the complainant.

- 1) The Insurance Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these Rules.
- 2) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

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List of Insurance Ombudsman

[Note: A list of Insurance Ombudsman is set out below. Please refer to <https://www.cioins.co.in/Ombudsman> for a list of updated Insurance Ombudsman.]

Insurance Ombudsman	Address	Territorial Jurisdiction	Contact details
Ahmedabad	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
Bengaluru	Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078.	Karnataka.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Bhopal (MP)	1 st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011.	Madhya Pradesh, Chhattisgarh.	Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in
Bhubaneswar, Odisha	62, Forest Park, Bhubaneswar – 751 009.	Odisha.	Tel.: 0674 - 2596461 / 2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in
Chandigarh	Jeevan Deep Building SCO 20-27, Ground Floor Sector-17 A, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in
Chennai	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi & following Districts of Haryana -Gurugram, Faridabad, Sonapat & Bahadurgarh.	Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in
Guwahati	Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM)	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in
Hyderabad	6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom, A.C.Guards,	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325

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	Lakdi-Ka-Pool, Hyderabad - 500 004		Email: bimalokpal.hyderabad@cioins.co.in
Jaipur	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan.	Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kochi (Kerala)	10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground M.G.Road, Kochi - 682 011.	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Tel.: 0484 – 2358759 Email: bimalokpal.ernakulam@cioins.co.in
Kolkata	Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.	Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in
Lucknow	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in
Mumbai	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	List of wards under Mumbai Metropolitan Region (excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.	Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in
Noida	Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj,	Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in

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		Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
Patna	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	Bihar, Jharkhand.	Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Pune	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region	Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in
Thane	2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West) Thane – 400604	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."	Email: bimalokpal.thane@cioins.co.in

Annexure A

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. This Policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the Policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance Policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments

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of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

- a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
- b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the Policy

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person

- a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
- b. may institute any proceedings in relation to the Policy
- c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.]

Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
02. Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the Policy.
04. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
05. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of themthe nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).

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16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.

17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details..]

Section 45, Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 are as follows:

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from

- a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policy
- whichever is later.

02. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policy
- whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by 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.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or

suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.

09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details..]