

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

1. Part A

1.1. Welcome Letter

[Name of the policyholder]

Date: dd-mm-yyyy

[Father/husband name]

[Address]

[Mobile no.]

<Policy No> <Sourcing Branch>

Dear Mr./Ms. Valued Customer, (Client ID: XXXXXX)

Welcome to the PNB MetLife family! Thank you for choosing a PNB MetLife product and showing your confidence in us. At PNB MetLife, we value your patronage and are committed to offering you the best services always.

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 bank in India serving more than 80 million customers in the last 120+ years. You can be assured that you have chosen the right plan.

This booklet contains your Policy Document along with Business Illustration, other related information and a copy of your Proposal Form. Please preserve this document as it would be required if the need arises.

PNB MetLife Dental Care Plan is a pilot product approved by IRDAI as per IRDAI Sandbox Regulations 2019.

Free look Provision: Please go through the terms and conditions of your Policy very carefully. If You have any objections to the terms and conditions of your Policy, You may return the Policy for cancellation by giving notice to Us within 15 days from the date of receiving the Policy Document, stating the reasons for Your objection and *You will be entitled to a refund of the premium paid, subject to deduction of proportionate risk premium for the period of cover, stamp duty charges and the expenses incurred on medical examinations (If any).*

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 of your policy are mentioned below.

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

Yours Sincerely,
PNB MetLife India Insurance Co. Ltd.

[Signature]

[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 (Toll Free)	Email Us at indiaservice@pnbmetlife.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
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PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

1.2. Policy Preamble

PNB MetLife Dental Care Plan An Individual, Non-linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been issued by us on receipt of the premium and is based on the details in the proposal together with the other information, documentation and declarations received from you for effecting a Health Insurance contract with You. The person assured ("Insured Person") is named in the Schedule below.

This policy provides fixed benefits when the Insured Person undergoes the Dental Care Procedures as specified in Part C of this policy document, subject to the terms and conditions of the Policy stated herein.

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

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

1.3. Policy Schedule

Name of the Plan	PNB MetLife Dental Care Plan
Nature of the Plan	Individual, Non-linked, Non-Participating, Pure Risk Premium, Health Insurance Plan
UIN	IRDAI Sandbox Registration Number – 395

Proposal Number		Policy number		Date of Issue		Issuing office	
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1. Details of the Policyholder and Insured Person

Name of Policyholder		Gender		Date of Birth	
Name of Insured Person		Gender		Date of Birth	
Address of Policyholder					
Telephone Number					
Mobile Number					
Address of Insured Person					
Age admitted of the Insured Person	<Yes/No>				

2. Policy Details

Base Plan	PNB MetLife Dental Care		
Policy Term	Six months		
Policy Commencement Date	<<DD-MM-YYYY>>	Policy Currency	<<INR>>
Policy coverage period	From 00:00 hrs of <<DD-MM-YYYY>> To 23:59 hrs of << DD-MM-YYYY>>		
Total Sum Insured	Premium Payment	Premium	Goods & Premium Amount

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

(Rs.)	Mode	Amount excluding GST (Rs.)	Services Tax (Rs.) *	including GST (Rs)
Rs.50,000	Single			

Benefits: Covered Procedures / Conditions		Frequency during Policy Term	Sum Insured*
Visits and Cleaning	1.Emergency Palliative Treatments 2.Oral consultation to Dentist 3.Regular teeth cleaning	No limits ^{&} One time only One time only	Rs.570/- per visit Rs.350/- per consultation Rs.1300/- for cleaning
X-Ray	Dental Radiology Benefits 4. Bitewings or intraoral 5. Complete series (bitewing) 6. Panoramic x-ray	2 Bitewings OR 1 Complete Series OR 1 Panoramic x-ray	Rs. 1500 /-
Fillings	7.Amalgam fillings or	No limits ^{&} , provided the mentioned fillings have been selected by the customer as selected in the claim form.	Rs.500/- per tooth
	8.Resin/ Composite-based fillings 9. Glass Ionomer Filling		Rs.1500/- per tooth
Extractions	10.Simple extraction (non-surgical) erupted tooth or exposed tooth	No limits ^{&}	Rs.500/- per tooth
	11.Complicated extraction (non-surgical) tooth or root, partially bony	No limits ^{&}	Rs. 1500/- per tooth
Complex treatment	Surgical removal of impacted, completely bony teeth	No limits ^{&}	Rs. 4000/- per tooth
Root Canal	Treatment of the pulp cavity lying in the root of a tooth *Excluding final restoration	No limits ^{&}	Rs. 2500/- per tooth
Accident related treatments	Dental Injury	One time only	Rs. 7500/-

& The limits shall be subject to availability of Sum Insured for that Benefit and availability of the Total Sum Assured.

* **Goods and Services Tax** at prevailing rates. You will be responsible to pay any new or additional tax/levy or any changed amount of tax/ cess being made applicable/ imposed on the premium(s) by any competent authority.

3. Details of Agent/Intermediary

Name	
License/Registration number	
Phone number	
Address	
Email address	

Special provisions/options (if any)	
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4. Nominee details

Name(s) of the Nominee	Age	Relationship with Insured Person	Percentage
1) <<Name off nominee>>	<<X>>	<<Relation>>	<<100%>>

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

5. Appointee details (Only in case Nominee is less than 18 years of Age)

Appointee name	Relationship with Nominee	Age
<<Name off appointee>>	<<Relation>>	<<Age>>

6. E-Policy document

Your soft copy of policy document is available in the customer portal. You can access through www.pnbmetlife.com > **Customer login** > **Provide user ID and password** (for existing customer), else click **New User** (for new customer).

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

2. Part B

2.1. Definitions Applicable to Your Policy

The words or terms below that appear in this **Policy** in initial capitals and **bold** type will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

1. **“Accident”** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **“Age”** means age as on the last birthday; i.e. the age of the Insured Person in completed years as on the Policy Commencement Date and is as specified in the Schedule.
3. **“Appointee”** means the person named in the Schedule to receive payment under this Policy, if the Nominee is a minor at the time payment becomes due under this Policy.
4. **“Amalgam Fillings”** means a dental filling material that is a silver/mercury mixture used to fill cavities caused by tooth decay.
5. **“Bitewing x-rays”** means the x-ray that shows details of the Upper and lower teeth in one area of the mouth. X-ray shows a tooth from its crown (the exposed surface) to the level of the supporting bone.
6. **“Cashless Facility”** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly paid to the Network Service Provider / Dentist by the insurer to the extent pre-authorization is approved.
7. **“Claim”** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person”
8. **“Claimant”** means either the Insured Person or the Policyholder as the case may be.
9. **“Company/Us/We/Our”** means PNB MetLife India Insurance Co. Ltd
10. **“Complicated Extraction”** means anesthetic given, after numbness sets in, dentists perform the extraction but has difficulty in removing the tooth.
11. **“Complete Series”** means a survey of whole mouth consisting of 14-22 periapical and posterior bitewing images.
12. **“Condition Precedent”** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
13. **“Dental Treatment”** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **“Dentist”** is a person who holds a valid registration from Dental Council of India set up by the Government of India or a State Government and is thereby entitled to practice dentistry within its jurisdiction; and is acting within the scope and jurisdiction of license.
15. **“Diagnosis”** means a pathological conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.
16. **“Emergency Palliative Treatment”** means temporary or palliative treatment that aims to relieve patient's discomfort until a more permanent treatment can be done.
17. **Free Look Period”** means the period of 15 days' time from the date of receipt of the Policy Document by You for raising any disagreement with the terms and conditions of the policy and request for cancellation and refund of the premium. Refund of the premium shall be subject to a deduction of a proportionate risk premium for the period of cover and expenses incurred by Us on medical examination of the proposer, if applicable and stamp duty charges.
18. **“Glass Ionomer Filling”** is a flexible paste, that is used to form a tight seal between the internal tooth and surrounding environment. Glass ionomers is a translucent, tooth-colored material made of a mixture of acrylic acids and fine glass powders that is used to fill cavities, particularly those on the root surfaces of teeth
19. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
20. **“Insured Person”** means the person named in the Schedule who is covered under this Policy and in respect of whom the appropriate premium has been received.
21. **“IRDAI”** means the Insurance Regulatory and Development Authority of India

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

22. **“Medical Advice”** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
23. **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. For the purpose of this Policy, Medical Practitioner will include a Dentist.
24. **“Network Service Provider”** means Dentist(s) enlisted by the Company, TPA or jointly by the Company and TPA to provide Dental Treatment services to the Insured Person by Cashless Facility.
25. **“Nominee”** means the person or persons named in the Schedule to receive the benefits payable under this Policy if the Insured Person is deceased. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor on the date when payment becomes due under the Policy, payment shall be made to the Appointee named in the Schedule.
26. **“OPD treatment”** means the one in which the Insured visits a clinic / hospital or associated facility like consultation room for diagnosis and treatment based on the advice of a Medical Practitioner.
27. **“Policy Term”** means the entire term of the Policy as specified in the Schedule.
28. **“Premium”** means the amount to be paid by You to keep the Policy in force and avail benefits under this Policy subject to the terms and conditions, and is the amount specified in the Schedule.
29. **“Policy” or “Policy Document”** means this PNB MetLife Dental Care Plan, which is the evidence of the contract between PNB MetLife India Insurance Co. Ltd and You.
30. **“Policyholder/ Proposer/You”** means the person specified as such in the Schedule or such other person, who may become the holder of this Policy in respect of the terms and conditions of this contract or by virtue of operation of law. In the event the Proposer is different from the Insured Person, then the Proposer shall be the Policyholder.
31. **“Pre-Existing Disease (PED)”** means any condition, ailment, injury or disease
 - a) That is/are diagnosed by a physician within 12months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 12 months prior to the effective date of the policy issued by the insurer or its reinstatement.
32. **“Panoramic X-ray”** means a two-dimensional dental x-ray examination that captures the entire mouth in a single image, including the teeth, upper and lower jaws, surrounding structures and tissues.
33. **“Root Canal”** refers to part of the pulp cavity lying in the root of a tooth.
34. **“Resin Fillings”** means a dental material used for treatment of cavity.
35. **“Sum Insured”** means the maximum, total and cumulative amount payable by Us under a Benefit as specified in the Schedule in respect of the Insured Person, subject always to the availability of the Total Sum Insured.
36. **“Schedule”** means the attached Schedule that provides Your Policy Benefits, the terms of the contract and details provided by You, along with all its annexes, issued by Us for this Policy. The Schedule also includes any amendments to the attached Schedule which may be issued from time to time.
37. **“Simple Extraction”** means anesthetic given, after numbness set in, dentist extracts the tooth without any complications.
38. **“Total Sum Insured”** means the amount specified in the Schedule which is Our maximum, total and cumulative liability for any and all claims arising in respect of the Insured Person under any and all Benefits during the Policy Term.
39. **“You/Your”** means the Policyholder named in the Schedule.

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

3. Part C

Policy Features, Benefits & Premium Payment Conditions

3.1 Policy Benefits

Benefits under this Policy are payable subject to the terms, conditions, waiting periods and exclusions of this Policy. The Sum Insured and/or the sub-limit that is applicable for each Benefit is specified against that Benefit in the Schedule. Payment of Benefits under this Policy shall be subject to the availability of the Sum Insured for that Benefit and subject always to the availability of the Total Sum Insured.

We shall cover the following listed Dental Treatments, procedures and conditions as specified in the Schedule, for the Insured Person during the Policy Term at Our Network Service Providers listed on Our Website.

Benefits: Covered procedures / Conditions	
Visits and Cleaning	1. Emergency palliative treatments 2. Oral consultation to Dentist 3. Regular teeth cleaning
X-Ray	Dental Radiology Benefits 4. Bitewings or intraoral 5. Complete series (bitewing) 6. Panoramic x-ray
Fillings	7. Amalgam fillings or
	8. Resin/ Composite-based fillings 9. Glass Ionomer Filling
Extractions	10. Simple extraction (non-surgical) erupted tooth or exposed tooth 11. Complicated extraction (non-surgical) tooth or root, partially bony
Complex treatment	Surgical removal of impacted, completely bony teeth
Root Canal	Treatment of the pulp cavity lying in the root of a tooth *Excluding final restoration
Accidental related treatments	Lump sum benefit for dental Injury arising from external trauma, excluding those arising from disease or illness

3.1.1 Special Conditions applicable to the Benefits:

1. The services listed in Section 3.1 above shall be arranged by Us only on a Cashless Facility basis at Our Network Service Providers, in accordance with the Claim Procedure detailed under Part D of this Policy. Appointments to avail the services listed above may be scheduled through Mobile Application / Customer Portal or by emailing Us at dentalclaims@pnbmetlife.com. Confirmation request of the treatment and time of Your appointment shall be notified to You.
2. Benefits claimed outside Our Network Service Providers shall be admissible only if availed by the Insured Person in the event of an emergency or for treatments arising directly from an Accident. In such cases, We will reimburse You in accordance with the Claim Procedure detailed under Part D of this Policy.
3. Welcome letter will be sent to You on your registered email id provided to Us which shall consist information on downloading Mobile Application/ login to customer portal which is required for scheduling appointment.
4. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations made by the Network Service Providers in relation to the services availed under this Policy.

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

5. The services are provided through Network Service Providers in select cities for select treatment procedures only. Please contact Us or refer to Our website for updated list of cities where these services are provided.

3.1.2 Waiting Period:

We shall not be liable to cover any expenses or claims related to any Dental Treatments, procedures or conditions which are undertaken by the Insured Person during the first 24 days of the Policy Term unless such claim arises solely and directly due to an Accident and is covered per the Schedule.

3.1.3 Exclusions:

No Benefits shall be payable if the Dental Treatment, procedures or condition is caused or aggravated directly or indirectly, wholly or partly by any one of the following:

1. Deliberate self-inflicted Injury or act of self-destruction;
2. Any Pre-existing Disease;
3. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatments;
4. Any cosmetic procedures with focus on improving appearance of the teeth, gums and/or bite or dental aesthetics in color, shape, size, alignment and overall smile;
5. Any charge related to dentures, implants, artificial teeth and not specifically covered/provided under Part C of this Policy.
6. Delay in treatment in order to circumvent the waiting period or other conditions specified in this Policy.
7. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner practicing outside the discipline for which he is licensed
8. Self-medication
9. Any Dental Treatment or procedure taken from other than Our Network Service Providers except to the extent admitted by Us in accordance with Claim Procedure under Part D of this Policy.
10. If the Insured Person indulges or engages in any activities prohibited by law.

3.2 Payment of Premium

This Policy is available only with Single Premium Payment Mode.

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

4 Part D

General Terms & Conditions

The following general terms and conditions are applicable to Your Policy. If You wish to change the nomination 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.

4.1 If you have an existing PNB MetLife Dental Care Plan coverage or have submitted another proposal form for PNB MetLife Dental Care Plan which is pending with Us in addition to this policy, you will not be entitled for any coverage or claim than under one policy. Non- disclosure of the existence of such policy or proposal form or any instance of fraud will be a material non- disclosure that could result in the rejection of coverage under this policy after rendering the policy *void ab initio* or null and void as the case may be and you shall be paid the premium received after the deductions of proportionate risk premium for the period of cover and expenses incurred by Us on medical examination of the proposer and stamp duty charges. You are encouraged to do a cancellation of this policy during the free-look period if you have an existing PNB MetLife Dental Care Plan with us or have submitted any other proposal form for availing PNB MetLife Dental Care Plan to avoid confusions or hardships or disputes at a later stage. Please note that the applications for cancellations received by us beyond the free-look period shall be rejected. You shall not be entitled for any free look cancellation benefits if you have used any of our services or availed any benefits, under this Policy.

4.2 Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, We will pay the Nominee (as named in the Schedule) and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of Our liability under the Policy.

4.3 Claims Procedure

4.3.i Claim Notification

You can reach Us through any of the following means:

- a) PNB MetLife Mobile Application can be downloaded through link provided to You on your registered email-id.
- b) Call at 1800-425-6969 (Toll Free) Or
- c) Email us at dentalclaims@pnbmetlife.com

4.3.ii Claim Processing

Cashless Facility

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

- a. Cashless Facilities can be availed only at Our Network Service Providers. The complete list of Network Service Providers is available on Our website.
- b. We reserve the right to modify, add or restrict any Network Service Provider for Cashless Facilities at Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Service Providers.
- c. The Network Service Provider on verifying Your E-card generated through the Mobile application / Customer portal will proceed with the Diagnosis and in case of any follow up treatment or procedure, we shall request You to complete claim form provided by Us.
- d. If any requisite details are not provided in full or are incomplete to consider the request at our end, We will request additional information or documentation in respect of that request.
- e. Once We have obtained sufficient details, Pre-authorization approval shall be initiated by the Network Service Provider for your treatment.
- f. Basis approval from Us on Pre-authorization, Network Service Provider shall commence Your treatment.
- g. We shall also further notify You by specifying the sanctioned amount, any specific limitation on the claim, non-payable items, if applicable, or reject the request for pre-authorization specifying reasons for the rejection, on Your registered number as specified in the Schedule.
- h. Detailed summary invoice of the benefits and charges levied will be shared with You.
- i. In case the invoice value is more than the eligible Sum Insured specified in the Schedule, You will have to pay the difference directly to the Network Service Provider.
In case the invoice value is less than the eligible Sum Insured specified in the Schedule, We will pay You the balance amount as per Policy Schedule.

Claim Reimbursement (Applicable for Emergency / Accidental claims)

- a. Benefits claimed outside Our Network Service Providers shall be admissible only if availed by the Insured Person in the event of an emergency or for treatments arising directly from an Accident on reimbursement basis.
- b. You shall give Us notice of the claim along with the following details within [48 hours] of the Insured Person's Dental Treatment, procedure or condition, along with the documents listed in 4.3iii below at dentalclaims@pnbmetlife.com Or You can also submit these documents at any of Our branches. The address of PNB MetLife branches can be accessed on Our Website.
- c. If the claim is not notified to Us within 48 hours of the Insured Person's Dental Treatment, procedure or condition, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the Claimant's control.
- d. We have the right to ask for further documents if required, for processing the claim and the same will be informed to You.
- e. If the Claim is approved, the claim amount admitted by Us shall be transferred to Your bank account recorded with Us with intimation to You on Your registered phone number specified in the Schedule.
- f. In case the claim is rejected, You will be notified of the same.

4.3.iii Claim Documents (Only for Reimbursement process)

It is a Condition Precedent to Our liability in respect of a claim under the Policy that We are provided with all the following documents within 30 days of the occurrence of the Insured Person's Dental Treatment, procedure or condition:

- a. Duly filled claim form
- b. Bills and receipts, if any
- c. Consultation notes and relevant dental reports
- d. Invoice of treatment/procedure
- e. Know your Customer documents (Govt issued identity cards like Pan card, Aadhar card, Passport, Driving license)
- f. Cancelled cheque copy and Bank passbook
- g. Any other documents required by Us for claim processing and settlement

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

We shall consider submission of the above documents beyond 30 days but not later than 30 days from the occurrence of the claim incidence if there are valid reasons for such a delay on the Claimant's part.

4.3. iv Claim Settlement (provision for Penal interest)

- a. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a claim, We shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. However, where the circumstances of a claim warrant an investigation in the opinion of We, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4.4. Sandbox period and Portability and Migration The plan offered to the Policyholder is pure risk health plan with fixed term of six months from the date of issuance of Policy. There is presently no similar /same plan available in the Indian market which customer can migrate or port to, respectively, once the Policy Term expires. Any extension of the existing plan shall be subject to approval from the IRDAI.

4.5 Taxation

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 or in relation to this Policy, we will deduct or charge or recover taxes including Goods and 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. Tax laws are subject to change.

4.6. Currency & Place of Payment

All amounts payable either to or by Us will be paid in the currency shown in the Schedule and in India only.

4.7 Proof of Age

If the Insured Person's actual age is such that it would have made him/her ineligible for the insurance cover stated in the Policy, We reserve the right at Our sole discretion to take such action as may be deemed appropriate including cancellation of the Policy.

4.8 Loss of the Policy Document

If the Policy is lost or destroyed, you may make a written request for a duplicate Policy which We will issue duly endorsed to show that it is in place of the original document. Upon the issue of a duplicate Policy, the original will cease to have any legal force or effect.

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

4.9 Policyholder's Rights

To exercise Your rights or options, under this Policy, You should follow the procedures stated in this Policy. If You want to change Your Nominee, change an address or exercise any other options under the 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.

4.10. Travel, Residence & Occupation

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

4.11 Governing Law & Jurisdiction

The terms and conditions of the 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.

4.12. Our Address for Communication

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

**PNB MetLife India Insurance Co. Ltd,
Unit No. 101, First Floor, Techniplex I,
Techniplex Complex, Off Veer Savarkar Flyover,
S.V. Road, Goregaon (West),
Mumbai – 400 062, Maharashtra**

5.GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

5.1 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) or 080-26502244
- Email at india_grievancecell@pnbmetlife.co.in
- Write to

Customer Service Department,

**1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West),
Mumbai – 400062. Phone: +91-22-41790000**

- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

Level 2:

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

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,
Platinum Towers, 4th Floor, Sohna Road,
Sector - 47, Gurgaon – 122002

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.

Level 3:

If You are not satisfied with the response or do not receive a response from Us within fifteen (15) days, You may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:

- Online : You can register Your complaint online at <https://igms.irda.gov.in/LoginAdmin.aspx>
- By Post : You can write or fax Your complaints to
Consumer Affairs Department
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, 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;
- any partial or total repudiation of claims by Us;
- Dispute with regard to premium; or
- Misrepresentation of terms and conditions of the Policy;
- Policy servicing related grievances against Us or Our agent/intermediary;
- Issuance of Policy in non-conformity with the proposal form;
- 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 IRDAI from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned above.

1) 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

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

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 Rules, 2017 (Rules), a complaint to the Insurance Ombudsman can be made if the complainant makes a written representation to the Insurer and either the Insurer rejected the complaint or the complainant did not receive any reply within one month after the Insurer received the complaint, or the complainant is not satisfied with the reply given to him by the Insurer. Further, such a complaint to the Insurance Ombudsman can be made and filed, within 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.
- 2) 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.
- 3) 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.

5.2 List of Insurance Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001	Tel.:- 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Smt Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU – 560 078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

<p>BHOPAL Smt Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <u>BHOPAL- 462 003.</u></p>	<p>Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR- 751 009.</u></p>	<p>Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email:bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa</p>
<p>CHANDIGARH Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, <u>CHANDIGARH-160 017.</u></p>	<p>Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI Shri M Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, <u>CHENNAI-600 018.</u></p>	<p>Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <u>NEW DELHI-110 002.</u></p>	<p>Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi (4 districts of Haryana viz Gurugram, Faridabad, Sonapat and Bahadurgarh)</p>
<p>GUWAHATI Shri Kiriti .B .Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, <u>GUWAHATI-781 001(ASSAM)</u></p>	<p>Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD. Shri I.Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u></p>	<p>Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

<p>JAIPUR Smt Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi II, Ground Floor, Bhawani Singh Marg, JAIPUR – 302005.</p>	<p>Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, ERNAKULAM-682 015.</p>	<p>Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700072</p>	<p>Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001.</p>	<p>Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh: Laitpur, 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.</p>
<p>MUMBAI Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054.</p>	<p>Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt. Gautam Buddha Nagar U.P – 201301.</p>	<p>Tel.: 0120-2514250 / 2514252 / 2514253 Email : bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras,</p>

PNB MetLife Dental Care Plan

Individual, Non – Linked, Non-Participating, Pure Risk Premium, Health Insurance Plan

		Kanshiramnagar, Saharanpur.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3 rd Floor, C. T.S No.s 195 to198, N.C. Kelkar Road, Narayan Peth, PUNE – 411030.	Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
PATNA Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006	Tel.: 0612-2680952 Email id: bimalokpal.patna@cioins.co.in .	Bihar, Jharkhand.