

**YOUR WELCOME LETTER**

[Mr./Ms .Name of the policyholder]  
 [Father/husband name]  
 [Address]

Date :dd-mm-yyyy

&lt;Policy No&gt; &lt;Sourcing Branch&gt;

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

Welcome to PNB MetLife Family. Thank you for purchasing a PNB MetLife product and showing your faith and confidence in us. At PNB MetLife, we believe in putting customer first. We endeavor to provide products that meet your needs and constantly support it with superior customer service.

Please find enclosed the Rider document along with other related information, including a copy of your Application. Some key details of your Rider Policy are:

Policyholder	Mr. Valued Customer	Beneficiaries/ Nominee	Mrs./Mr. Customer Nominee
Rider Number		Policy Number	<Policy no>
Name of Rider Policy	MetLife Accidental Death Benefit Rider Plus	Name of the Policy to which Rider is attached	<Plan Name>
Rider Policy Term	<N Years>	Rider Premium Payment Term	<N Years>
Payment Mode	<Mode>	Rider Premium Amount	Rs. XXXXX.XX

**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 cancel the Policy by giving a signed written notice to us within 15 days from the date of receiving your Policy, 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 and/or the expenses incurred on medical examination (if any).

We value your patronage and are committed to offering you the best services always. 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 details of Agent/Broker/Corporate Agent for your policy is also mentioned below.

Name	Valued Advisor	Code	XXXXXX
E-Mail ID	<a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a>	Mobile /Landline No.	XXXXXXXX

Wishing you a healthy, secured and a prosperous life.

Yours Sincerely,  
 PNB MetLife India Insurance Co. Ltd.

**Shiva Kumar Nagaraj**  
**Deputy Director (Operations)**

Stamp Duty of Rs. XXX (Amount in words) paid to Karnataka Government through consolidated Stamp Duty via Challan No. XXXXXXXX dated XX/XX/XXXX

In case of any queries / concerns, You can reach Us at:			
Call us at <b>1800-425-6969</b> (Toll Free) Or <b>91-80-2650-2244</b> (8 am – 8 pm)	Email Us at <b>indiaservice@pnbmetlife.co.in</b>	Visit <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> to manage your policy online. <b>Register online</b> using your <b>Customer ID &amp; Policy No.</b>	Visit your nearest <b>PNB MetLife Office</b> . Our address details are available on <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a>

**RIDER PREAMBLE****[MetLife Accidental Death Benefit Rider Plus]**

This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been effected on receipt of the Rider premium deposit and is based on the details in the Application received together with the other information, documentation and declarations received from You for effecting this Rider contract.

This Rider Policy forms a part of the Policy named in the Rider Schedule below. This Rider Policy is subject to the terms and conditions of the Policy to the extent applicable. Terms defined under the Policy shall have the same meaning when used in this Rider Policy unless the context requires otherwise. In the event of any inconsistency between the terms and conditions of this Rider Policy and the terms and conditions of the Policy, the terms and conditions of this Rider Policy shall prevail with respect to the subject matter of this Rider Policy.

We agree to pay the benefits under this Rider Policy on the occurrence of the insured event described in Part C, subject to the terms and conditions of the Rider Policy.

On examination of the Rider Policy, if You notice any mistake or error, please return the Rider Policy document to Us in order that We may rectify the mistake/error.

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

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

**RIDER SCHEDULE**

<b>Name of the Base Policy</b>	
<b>Base Policy UIN:</b>	
<b>Nature of the Base Policy</b>	
<b>Name of the Rider Policy</b>	MetLife Accidental Death Benefit Rider Plus
<b>Rider UIN:</b>	

<b>Rider Policy number</b>	<b>Date of Issue</b>	<b>Issuing office</b>
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**1. Details of the Policyholder and Insured**

Name of the Policyholder		Gender	
Name of the Insured			
Proof of identification		Gender	
Date of birth of Insured			
Whether Age admitted	<Yes/No>	Age	

**2. Rider Benefits**

Rider Sum Assured / Basic Sum Assured	Rs. <>
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**3. Rider Details**

Date of Commencement of Risk	
Date of Inception of the Policy	
Rider Policy Term	
Policy currency	
Annualised Premium	Rs. <>

**4. Details of Agent/Intermediary**

Name	
License number	
Phone number	
Address	
Email address	

**5. Premium Details**

Premium payment type	Regular / Single
Annualized Rider Premium	Rs. <>
Modal Rider Premium	Rs. <>
Service Tax	Rs. <>
Total Modal Rider premium amount*	Rs. <>
Rider Premium Frequency	
Rider Premium due date	
Last due date of Rider premium	
Rider Premium Payment term	

\* Includes service tax at prevailing rates. Rider premium rates are subject to change in case of any variance in the present rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s) by competent authority, the same would be borne by the Policyholder.

<b>Special provisions/options</b>	
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**6. Nominee details**

<b>Name(s) of the Nominee</b>	<b>Relationship</b>	<b>Share(s) %</b>
1)		
2)		
3)		
4)		

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

<b>Appointee name</b>		

On examination of the Rider Policy, if You notice any mistake, the Rider Policy document must be returned to Us for correction.

## **DEFINITIONS APPLICABLE TO YOUR RIDER**

The words or terms below that appear in this **Rider** 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.

- 1.1. **Age** means age of the **Insured** as of his last birthday and is as shown in the **Rider Schedule**.
- 1.2. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.3. **Annualized Rider Premium** means one full year's **Regular Rider Premium** paid to **Us**, in accordance with the option chosen in the **Rider Schedule**.
- 1.4. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Rider Policy**
- 1.5. **Appointee** means the person named in the **Rider Schedule** to receive payment under this **Rider Policy**, if the **Nominee** is a minor at the time payment becomes due under this **Rider Policy**
- 1.5 **Basic Sum Assured** means the amount specified in the **Schedule**.
- 1.6 **Business Day** means a working day of **Our** registered office.
- 1.7 **Date of Commencement of Risk** means the date on which the risk under the **Policy** comes into effect and is as specified in the **Schedule**.
- 1.8 **Date of Inception of the Policy** means the date on which this **Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Schedule**.
- 1.9 **Date of commencement of the Policy** is the same of the **Date of Inception of the Policy**.
- 1.10 **Financial Year** means the twelve month period between April and March of each calendar year.
- 1.11 **Grace Period** means a period of 15 days if the **Regular Rider Premium** is payable monthly or via Payroll Savings Plan and 30 days for all other frequencies for payment of **Regular Rider Premium**.
- 1.12 **Insured** means the person insured as named in the **Rider Schedule**.
- 1.13 **IRDA of India** means the Insurance Regulatory and Development Authority of India.
- 1.14 **Nominee** means the person named in the **Schedule** who has been nominated by **You** to receive the benefits under the **Policy** and this **Rider Policy**
- 1.15 **Policy** means this contract of insurance, as evidenced by the **Policy Document**.
- 1.16 **Policy Document** means this document, any endorsements issued by **Us**, the **Schedule**, Annexure and the **Application**.
- 1.17 **Policy Anniversary** means the period of one year from the **Date of Commencement** and every date falling one year thereafter, till the **Maturity Date**.
- 1.18 **Policy Anniversary** means the period of one year from the **Date of Commencement** and every date falling one year thereafter, till the **Maturity Date** of the **Policy**.

**1.19 Premium Payment Term** means the period specified in the **Rider Schedule** for which **Regular Rider Premium** must be paid.

**1.20 Regular Rider Premium** means the regular payments to be made by **You**, to keep the **Rider Policy** in force, in accordance with the frequency and manner of payment chosen by **You** and is the amount as specified in the **Rider Schedule**.

**1.21 Revival Period** means a period of 2 years from the due date of the first unpaid **Regular Rider Premium** during which the **Policy** may be revived.

**1.22 Rider Policy Term** means the period specified in the **Rider Schedule**.

**1.23 Rider Sum Assured** means the amount specified in the **Schedule**.

**1.24 Single Rider Premium** means the single premium payable by **You**, at the inception for issuing this **Rider Policy**

**1.25 We, Us or Our** means PNB MetLife India Insurance Company Limited.

**1.26 You or Your** means the **Policyholder** as named in the **Rider Schedule**.

**RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT CONDITIONS****1. Rider Features**

MetLife Accidental Death Benefit Rider Plus is a non-linked, health insurance rider. This **Rider Policy** offers the benefits as listed below. The benefits will be payable subject to the terms and conditions of this **Rider Policy**, including the **Regular Rider Premium** payment conditions set out below.

**2. Rider Benefits****2.1. Accidental Death Benefit**

Subject to this **Rider Policy** being in full force and effect, upon the **Death** of the **Insured** due to an **Accident** happening within the **Policy Term**, **We** will pay the **Rider Sum Assured** as specified in the **Rider Schedule** to the **Nominee**.

Where, "**Accident**" means sudden, unforeseen and involuntary event caused by external, visible and violent means. The death should happen within 180 days from the date of accident.

**2.2. Suicide Exclusion**

In the event the Person Insured commits suicide, whether sane or insane at that time, within one year from the Date of Inception of the Policy, the insurance cover shall be void. The Company will not be liable to pay any of the benefits available under the product including but not limited to the Sum Assured except refunding 80% of premium(s) received without interest.

In the event the Person Insured commits suicide, whether sane or insane at that time, within one year from the date of the last reinstatement, the insurance cover shall be void. The Company will not be liable to pay any of the benefits available under the product except the higher of the Surrender Value or 80% of the premiums paid till the date of death, provided the policy is in force.

**2.3. Other Exclusions Applicable to this Rider Policy**

**We** shall not be liable to pay the Accidental Death Benefit under this **Rider Policy** if the Accidental Death of the **Insured** occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

2.3.1 Suicide: If the death was due to suicide, whether sane or insane at that time;

2.3.2 Self-inflicted injury: Intentional self-inflicted injury.

2.3.3 Any condition that is pre-existing at the time of inception of the rider policy. Where, Pre-existing condition is defined as "Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer"

2.3.4 War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.

2.3.5 Taking part in any naval, military or air force operation during peace time.

2.3.6 Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.

2.3.7 Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.

2.3.8 Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

2.3.9 Participation by the insured person in any flying activity, except as a bonafide, fare paying passenger or pilot and cabin crew of a commercially licensed airline.

2.3.10 During first 48 months of the rider policy, all infections and diseases except gynogenic infection which shall occur with and through an accidental wound shall not be covered.

2.3.11 Nuclear contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. These exclusions are in addition to the exclusions listed in the Base Policy, if any.

**3. Regular Rider Premium Payment Conditions**, The Rider Premium payment option chosen by you is set out in the Rider Schedule. The provisions set out herein are applicable only to cases where the Policyholder opts to pay rider premium in modes other than in Single Premium.

**3.1. Payment of Regular Rider Premium**

If **You** have chosen other than **Single Premium** mode, **You** must pay the **Regular Rider Premium** on or before its due date specified in the **Rider Schedule**. All taxes, cess, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the **Regular Rider Premium** to be paid by **You**.

**3.2. Alteration of the Rider Premium Frequency**

**You** may change the frequency of **Regular Rider Premium** payments provided that **You** give **Us** a written request. The change in frequency will be applied only from the **Policy Anniversary** following the date of **Your** request in accordance with the **Terms and Conditions** applicable to the **Policy**.

**3.3. Grace Period**

**Regular Rider Premium** that is not received in full by its due date may be paid in full during the **Grace Period** specified under the **Policy**. Upon the **Insured's** Accidental Death during the **Grace Period**, the Accidental Death Benefit shall be payable in full.

**3.4. Rider Premium Discontinuance**

In case you fail to pay rider premium due under this **Rider Policy** beyond the **Grace Period** in case of regular premium option and for the first 2 **Policy Years/3 Policy Years** in case of 5 year/ 10 year premium payment option respectively, then the **Rider Policy** shall lapse and no benefits would be payable under this **Rider Policy**.

**3.5. Premium Discontinuance after the completion of the first 3 Policy Years**

We will pay **Surrender Value** as set out in Part D of this **Rider Policy** subject to **Regular Rider Premium** for 2 **Policy Year** in case of single premium and 5 years premium payment option and 3 **Policy Year** been paid in full, in case of 10 year premium payment option chosen by **You** in the **Rider Schedule**. There is no Surrender Value payable in case of regular premium payment option.



**3.6 Non Forfeiture benefit**

Non forfeiture benefit set out above would not be available to you in the following cases:

- 3.6.1 in case You have chosen regular premium payment option under this Rider Policy.**
- 3.6.2** In case you have failed to pay **Regular Rider Premium** due in accordance with the **Rider Schedule** for first 2 **Policy Years**, in case of 5 pay option/Single Pay option and/or the 3 **Policy Years** in case of 10 pay option chosen by **You**,
- 3.6.3 In both the aforesaid cases, the Rider Policy would terminate and no benefit would be payable under this Rider Policy.**

**3.7 Surrender:** **You** may surrender the Rider Policy in accordance with the surrender provisions in Part D.

## **RIDER SERVICING CONDITIONS**

**You** are requested to refer to the Rider Servicing Conditions described below before making a request for **Rider Policy** servicing to **Us**.

### **1. Free Look Period**

**You** have a period of 15 days from the date of receipt of the **Rider Policy** to review the terms and conditions of this **Rider Policy**. If **You** have any objections to the terms and conditions, **You** may cancel the **Rider Policy** by giving written notice to **Us** stating the reasons for **Your** objection and **You** will be entitled to a refund of the **Regular Rider Premium** paid subject to a deduction of proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges.

### **2. Procedure for Revival of the Rider**

A **Rider Policy** which has lapsed in accordance with Part C may be revived within a period of 2 years in accordance with the terms of the base **Policy**.

### **3. Surrender**

**Surrender Value** will be payable for policies with Premium frequency other than Regular Pay.

The Policies with the following premium mode will be eligible for payment of Surrender Value:

- For single premium mode
- For Limited Pay Rider Policy with Term less than 10 years provided that at least two full years' premiums have been paid and
- For Limited Pay Rider Policy with Term more than equal to 10 years provided that at least three full years' premiums have been paid.

Subject to the **Rider Policy** being eligible to receive the **Surrender Value** under Part C above, **Surrender Value** being the higher of the **Guaranteed Surrender Value** or **Special Surrender Value** shall be payable to the Insured / Nominee. **Guaranteed Surrender Value (GSV)** is computed as under.

Applicable **GSV %** multiplied by Total Premiums Paid multiplied by [Outstanding Months in the Rider Policy Term / Number of Months in the Rider Policy Tenure]

**Special Surrender Value (SSV)** is computed as under:

Applicable **SSV %** multiplied by Total Premiums Paid multiplied by [Outstanding Months in the Rider Policy Term / Number of Months in the Rider Policy Tenure]

The Guaranteed Surrender Value is the minimum surrender value guaranteed to be paid by **Us** and applicable **GSV%** and **SSV%** given in **Appendix 1**

- ### **4. Special Surrender Value:** The Special Surrender Value is calculated by **Us** using a proxy asset share approach. The Special Surrender Value is not guaranteed and the special surrender value factors may be changed by **Us** from time to time with the approval of the **IRDA of India**. The current Special Surrender Values as approved by IRDA are given in **Appendix I**

**5. Claims Procedure**

**We** will not be obliged to make any payment of the Accidental Death Benefit unless and until **We** have received all of the information and documentation **We** request, including but not limited to:

- (a) The original **Rider** document;
- (b) The claim form prescribed by **Us**, duly completed;
- (c) The official death certificate issued by a competent governmental authority;
- (d) First Information Report, police inquest report and a post-mortem report;
- (e) Proof of title to the **Rider** where applicable;
- (f) **Nominee/Appointee**/legal heir identification and address proof as per regulatory requirements.

**You** shall submit all the above documents within 45 days of the occurrence of the claim incidence. We shall consider submission of the above documents beyond 45 days but not later than 90 days from the occurrence of the claim incidence if there are valid reasons for such a delay on **Your** part.

Subject to **You** submitting all the documents as mentioned above within 45 days of the occurrence of the claim incidence or within the permitted extended timelines provided above, **We** shall pay the claim amount within 30 days from the date of receipt of the last of the documents as mentioned above, failing which **We** shall pay interest on the claim amount to **You** at the rate of 2% more than the prevailing bank rate for savings accounts prevalent at the beginning of the financial year in which the claim has been reviewed by **Us**.

**6. Termination of the Rider**

The **Rider** shall be terminated on the occurrence of the earliest of the following:

- (a) The expiry of the **Rider Term**;
- (b) The **Maturity Date** of the Base Policy;
- (c) The **Insured's** death;
- (d) The **Policy Anniversary** following the receipt by **Us** of a written request for the termination of the **Rider**;
- (e) The date on which the **Policy** or **Rider** or both is surrendered, terminated or cancelled for any reason;
- (f) Non-payment of **Rider Premium** within the **Grace Period** specified under the **Policy**.

**RIDER CHARGES**

There are no Rider Specific charges.

1. In case of loss of original policy, a miscellaneous fee of Rs.200 will be chargeable while issuing a duplicate policy

**Notices:**

Any notice, request direction or instructions given to **Us**, under this **Policy**, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:

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

Similarly, any notice, direction or instruction to be given by **Us**, under the **Policy** shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to the updated address in the records of the Company.

You are requested to communicate any change in address, immediately, to enable us to serve you promptly.

## **GENERAL TERMS & CONDITIONS**

The following general terms and conditions are applicable to Your Policy.

If You wish to change the **Nominee**, assign the **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.

1. **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** to this **Policy** for your reference.

2. **Assignment:**

Assignment should be 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** to this **Policy** for your reference.

3. **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 this **Policy**, **We** will deduct or charge or recover taxes including service tax and other levies as applicable at such rates as notified by the government or such other body authorized by the government from time to time. Tax laws are subject to change.

4. **Currency & Place of Payment**

All amounts payable either to or by **Us** will be paid in the currency shown in the **Schedule**. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank in the country in which the currency of this **Policy** is denominated.

5. **Fraud, Misrepresentation and Forfeiture:** Fraud, Misrepresentation and Forfeiture 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** for your reference

6. **Section 45 of the Insurance Act, 1938**

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- 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.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

3. Notwithstanding anything contained in sub section 2, no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer; provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.
4. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. The mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact, no life insurance policy would have been issued to the insured.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

## 7. Proof of Age

- (a) Subject to Section 45 of the Insurance Act 1938, if the actual age of the **Insured** differs from the **Age** stated in the **Application** then:
  - (i) If the actual age proves to be higher than what is stated in the **Application**, the **Basic Sum Assured** will be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated. The **Policy** will continue to be in force;
  - (ii) If the actual age proves to be lower than what is stated in the **Application**, the premium paid in excess will be refunded to **You** without interest or may be adjusted towards future premium at **Our** sole discretion. The **Policy** will continue to be in force.

- (b) If the **Insured'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** upon payment of the **Surrender Value**.

**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, as long as **You** first pay **Us** the Miscellaneous Fee specified in Part E. Upon the issue of a duplicate **Policy**, the original will cease to have any legal force or effect.

**9. Travel, Residence & Occupation**

This **Policy** does not impose any restrictions as to travel, residence or occupation.

**10. Changes to the Terms & Conditions**

**We** may, in **Our** sole discretion change the **Policy** terms and conditions with the prior approval of the **IRDA of India**. **We** will notify **You** of any changes to the terms and conditions within four weeks of the change taking place. If **You** object to the changes **You** must give written notice to **Us** within a further four weeks or **You** will be deemed to have accepted the change. If **You** give written notice of **Your** objection within four weeks the **Policy** will be deemed to be surrendered and the applicable **Surrender Value** shall be payable.

**11. Governing Law & Jurisdiction**

The terms and conditions of the **Policy** shall be governed by and be subject to Indian law and be subject to the sole and exclusive jurisdiction of the Indian courts.

**13. 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 Company Ltd.,**  
**'Brigade Seshamahal'**  
**5 Vani Vilas Road**  
**Basvangudi**  
**Bangalore – 560 004**  
**India.**

## **GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS**

### **Grievance Redressal Mechanism**

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

**PNB MetLife India Insurance Company Ltd.,**  
**'Brigade Seshamahal'**  
**5 Vani Vilas Road**  
**Basvangudi**  
**Bangalore – 560 004**  
**India.**

**Toll Free Help line: 1-800-425-6969 (8am –8pm)**

**Phone: +91 80 2650 2244**

**Fax +91 80 41506969**

**Email: [indiaservice@pnbmetlife.com](mailto:indiaservice@pnbmetlife.com)**

**Web: [www.pnbmetlife.com](http://www.pnbmetlife.com)**

Please address **Your** queries or complaints to **Our** customer services department, and **Your** grievances to **Our** grievance redressal officer, 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**.

In case **You** are not satisfied with the decision of the above office, or have not received any response within 10 days, **You** may contact the Authority by any of the following means for resolution:

### **IRDA of India Grievance Call Centre (IGCC)**

**Toll Free No.: 155255**

You can register your complaint online at <http://www.igms.irda.gov.in>

You can write or fax your complaints to

### **Consumer Affairs Department**

### **Insurance Regulatory and Development Authority of India**

**9<sup>th</sup> Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh**

**Fax No.: +91-40- 6678 9768**

**E-mail ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)**

In case **You** are not satisfied with **Our** decision/resolution of the **Company**, **You** may approach the insurance ombudsman at the address in the list of ombudsman below, if **Your** grievance pertains to:

- (a) Insurance claim that has been rejected or dispute of a claim on legal construction of the **Policy**;
- (b) Delay in settlement of claim;
- (c) Dispute with regard to premium; or
- (d) Non-receipt of **Your Policy** document.



The complaint should be made in writing duly signed by the **You, Nominee** or by **Your** legal heirs with full details of the complaint and the contact information of complainant

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

- (a) Only if the grievance has been rejected by the grievance redress machinery of the Insurer;
- (b) Within a period of one year from the date of rejection by the insurer; and
- (c) If it is not simultaneously under any litigation.

#### List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Sh. P.Ramamoorthy Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b> <b>Shri. M. Parshad</b> Office of the Insurance Ombudsman, Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 Email: <a href="mailto:insombudbng@gmail.com">insombudbng@gmail.com</a>	New Centre
<b>BHOPAL</b> Sh.Raj Kumar Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpalbhopal@gmail.com">bimalokpalbhopal@gmail.com</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	State of Orissa.
<b>CHANDIGARH</b> Sh.Manik B.Sonawane Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

<p>Tel.:- 0172-2706196/5861/6468          Fax:- 0172-2708274          Email:-<a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a></p>	
<p><b>CHENNAI</b>          Sh. Virender Kumar          Office of the Insurance Ombudsman,          Fatima Akhtar Court,          4th Floor, 453 (old 312), Anna Salai, Teynampet,          CHENNAI – 600 018.          Tel.:- 044-24333678/664/668          Fax:- 044-24333664          Email:-<a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a></p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p><b>DELHI</b>          Office of the Insurance Ombudsman,          2/2 A, Universal Insurance Building,          Asaf Ali Road,          New Delhi – 110 002.          Tel.:- 011-23239611/7539/7532          Fax:- 011-23230858          Email:-<a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a></p>	<p>States of Delhi and Rajasthan.</p>
<p><b>GUWAHATI</b>          Sh.D.C.Choudhury          Office of the Insurance Ombudsman,          'Jeevan Nivesh', 5th Floor,          Nr. Panbazar over bridge, S.S. Road,          Guwahati – 781001(ASSAM).          Tel.:- 0361-2132204/2131307/2132205          Fax:- 0361-2732937          Email:- <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a></p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b>          Sh. G.Rajeswara Rao          Office of the Insurance Ombudsman,          6-2-46, 1st floor, "Moin Court"          Lane Opp. Saleem Function Palace,          A. C. Guards, Lakdi-Ka-Pool,          Hyderabad - 500 004.          Tel.:- 040-23325325/23312122          Fax:- 040-23376599          Email:-<a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a></p>	<p>States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p><b>Jaipur</b>  <b>Shri. Ashok K. Jain</b>          Office of the Insurance Ombudsman,          Jeevan Nidhi – II Bldg., Gr. Floor,          Bhawani Singh Marg,          Jaipur - 302 005.          Tel.: 0141 -          Fax: 0141 -</p>	<p>New Centre</p>
<p><b>KOCHI</b>          Office of the Insurance Ombudsman,          2nd Floor, CC 27 / 2603, Pulinat Bldg.,          Opp. Cochin Shipyard, M. G. Road,          Ernakulam - 682 015.          Tel.:- 0484-2358734/759/9338          Fax:- 0484-2359336          Email:- <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a></p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>

<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124346/22124339 Fax : 033-22124341 Email:-<a href="mailto:insombudsmankolkata@gmail.com">insombudsmankolkata@gmail.com</a></p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:-<a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a></p>	<p>States of Uttar Pradesh and Uttaranchal.</p>
<p><b>MUMBAI</b> Sh.A.K.Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a></p>	<p>States of Maharashtra and Goa.</p>
<p><b>Pune</b> <b>Shri. A. K. Sahoo</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - Fax: 020 - Email:</p>	<p>New Centre</p>