

The MetLife Registered Group Life Policy provides life insurance coverage to eligible employees and partners of the policyholder, established through a proposal form, application information, and various documents including the policy schedule and endorsements. The insurer agrees to pay benefits in exchange for premium payments, with coverage limited to the policyholder's liabilities under the scheme. The policyholder must accurately represent the risk and disclose all material facts; failure to do so may void the policy or affect claims. Coverage is contingent on the number of eligible employees or partners at the policy commencement date, with specific requirements for those not actively at work. New members must meet conditions to automatically become insured, including being actively at work and not on a temporary contract of less than a month; otherwise, they are classified as discretionary entrants requiring satisfactory health evidence. The policy includes provisions for temporary cover while underwriting is pending, excluding benefits for known conditions within five years prior to the temporary cover period. Premium payment terms specify that for fewer than three insured members, a single premium charge applies, while for three or more members, premiums are based on a unit rate, subject to annual reviews and adjustments based on membership changes. The insurer retains the right to re-rate and re-underwrite the policy under specific circumstances, such as changes in regulations or significant changes in the number of insured members, with the policyholder notified of any changes at least five days before they take effect.

Claims for benefits, particularly in the event of an insured member's death, must be reported promptly, with necessary documentation including a death certificate. Claims will only be honored if all premiums are current, and the insurer reserves the right to investigate claims and may require additional information. Exclusions include claims submitted more than 24 months after the policyholder could reasonably have known of the death. Coverage automatically terminates under various conditions, including cessation of employment or reaching termination age, with temporary absence cover extending for up to 36 months under certain conditions. The policy can be terminated by the policyholder with written notice or by the insurer if premiums are not paid within 30 days. The

insurer may also terminate or amend the policy under specific circumstances, such as changes in the employer's business or if the scheme is no longer considered a registered group life scheme.

Termination can occur if the number of insured members falls to one, if the policyholder breaches the policy and fails to remedy it within 30 days of written notice, or if new regulations affect the treatment of premiums or benefits. Upon termination, premiums will be calculated pro-rata, and a minimum on-risk charge applies for policies terminated within the first 12 months. Notices to the insurer must be sent to a specified address, while notices to the policyholder will be sent to the employer's address provided in the proposal form. In cases of fraudulent claims, the insurer is not liable and can recover any sums paid, potentially terminating coverage for the member involved in the fraud. The insurer reserves the right to amend the policy with 30 days' written notice, and the policyholder can request amendments, which the insurer may refuse at its discretion. All premium payments must be made in pounds sterling or another agreed currency, with policy benefits paid in the same currency. The policy does not acquire a surrender value, and there is no continuation option for coverage if an insured member resigns or terminates their membership. The policy is governed by the law of England, with exclusive jurisdiction granted to English courts for any disputes, and the Contracts (Rights of Third Parties) Act 1999 does not apply, meaning no third party can enforce any terms of the policy.