	ManipalCigna Health Insurance Compa (Formerly known as CignaTTK Health Ins Corporate Office: 401/402, Raheja Titani Goregaon (E), Mumbai - 400063. IRDAI F Call (Toll Free): 1800-102-4462 Visit: w E-mail: customercare@manipalcigna.con	ium, Western Express Highway, Registration No. 151. ww.manipalcigna.com	Manipal Cign Health Insurance
Photograph of Insured 1	Photograph of Insured 2	Photograph of Insured 3	Photograph of Insured 4
Photograph of Insured 5	Photograph of Insured 6	Photograph of Insured 7	Photograph of Insured 8
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For Staff Rebate [#] please pro	vide: Name of the organization:	Employee ID:	
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City*: Town (District): State*: Pin Code*: Gram Panchayat: Correspondence Address*: If same as above, please tick here Landmark: City* : Town (District): State*: Pin Code*: Gram Panchayat: Email Address* Address 2 : Address 1 Residence (Optional): Telephone Number(s) : Mobile*: Office(Optional):

ManipalCigna Accident Shield | UIN: MCIPAIP24083V012324 | URN: 2023/ACSH/V1.01 | October 2024

Note:

ManipalCigna Accident Shield: The minimum entry age under this policy is 18 years and maximum age at entry is 70 years. Dependent child/children shall be covered from the age of 5 years to 25 years.

ManipalCigna Accident Shield
 Base cover includes Death, Permanent Total Disablement Permanent Partial Disablement, Funeral expenses, Repatriation of Mortal Remains as per opted plan.

OPTIONA	L COVERS
Classic & Plus	Pro
Burns benefit	Burns benefit
	Broken Bones Benefit
Coma Benefit	Coma Benefit
Air Ambulance	Air Ambulance
Accidental Hospitalization	Accidental Hospitalization
(This cover will be applicable for each insured members)	(This cover will be applicable for each insured members)
₹ 5 Lac	₹ 5 Lac
₹ 50 Lac	₹ 50 Lac
	Adventure Sports Cover
Medical Repatriation	Medical Repatriation

Note-1) The benefits listed above are applicable to all insured members without any individual selection.

2) Member level optional covers are provided under insured section.

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(App	licable	only once	at the time of incept	tion)											
Note	- Only	one of the	following discounts	can be opted	- Worksite d	iscount / Staff	discount / Corpo	rate discount	t						
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Claim

Number

Claimed

Amount

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Amount

a. Corporate discount- Corporate discount- 5% of one-time discount for an employee who is working in any Public or Private Limited Companies (Submission of ID

c. Online Renewal Discount of 3% discount on the renewal premium, if the renewal premium is received through NACH or standing instruction (where payment is

HR Email ID-

Employee Email ID-

Insured 1 Insured 2 Insured 3 Insured 4 Insured 5 Insured 6 Insured 7

Applicable Discounts:

b. Long Term policy discount (Applicable only with Single premium payment mode) i. For Policy Period of 2 years - 7.5% on the total applicable premium ii. For Policy Period of 3 years - 10% on the total applicable premium

Card is mandatory) Name of Company-

Employee ID-

such as exclusions by any insurance company?

ManipalCigna Accident Shield | UIN: MCIPAIP24083V012324 | URN: 2023/ACSH/V1.01 | October 2024

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ManipalCigna Accident Shield | UIN: MCIPAIP24083V012324 | URN: 2023/ACSH/V1.01 | October 2024

IX. DECLARATION & AUTHORISATION*: I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorised to propose on behalf of these other persons. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority, including seeking and/or sharing of my medical data through ABHA. I hereby consent to and authorize ManipalCigna Health Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company. Further, I hereby provide my consent and authorize Company and its representatives to collect the premium upfront at proposal stage. I hereby further declare that I am also aware of the recent regulatory changes (details available at https://irdai.gov.in/web/guest/document-detail?documentId=5625747), wherein Insurer has been asked to collect premium after acceptance of proposal, however it would be difficult for me to subsequently submit premium at later stage to the insurer and hence I hereby request and authorize Insurer to accept my premium along with this proposal to avoid any inconvenience to me, at my sole cost and consequences. I hereby agree to the Terms and Conditions of the policy/ies. Signature of Proposer *: (A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf, if required. For further assistance, please visit nearest branch) X. VERNACULAR DECLARATION: I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof. Signature of Proposer *: (A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf, if required. For further assistance, please visit nearest branch) XI. ADVISOR / INTERMEDIARY DECLARATION*: In my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein that will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I further confirm that I have explained the product features, terms and conditions to the prospect and the product opted is suitable to the needs of the customer. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company. License No. / ID (Advisor/Corporate Agent/Broker/Relationship Officer): Place: Signature of Agent: Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees. **ACKNOWLEDGEMENT:** (Tear Off) Received from Ms / Mrs / Mr through Cash/Cheque/DD/Credit Card/Debit Card No Policy. against your proposal for a sum of₹ Date:

a sum of ₹ through Cash/Cheque/DD/Credit Card/Debit Card No. against your proposal for Policy.

Signature of ManipalCigna official / Intermediary:

ManipalCigna official / Intermediary Name:

Time:

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Note: Neither the submission of a completed proposal for insurance or any payment for any Policy sought oblige the Company to agree to issue a Policy, which decision is and always shall be in the Company's sole and absolute discretion.

If ManipalCigna Health Insurance Company Limited accepts a proposal for insurance, it shall be subject to the board approved underwriting policy of the Company and the Policy terms and conditions of this product and the Company shall have no liability to make any payment if premium is not received by ManipalCigna Health Insurance Company Limited in full and in time, or is not realised.

Should you choose to pay premium by Cash, you are advised to do so only at the nearest ManipalCigna branch or its authorised collection points. Handing over cash to any Advisor/Employee is solely at your own risk and the Company shall in no way be held responsible for any loss in this regard.