

Manipal Cigna Health Insurance

CHANGE REQUEST FORM

*Policy No.:																	Date	: [D		VI I	VI	Y	YY
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All future correspondence o	r communication will be se	ent on updat	ed addr	ess													
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Reason for Change / Addition:

AROGYA SANJEEVANI POLICY, MANIPALCIGNA | UIN: MCIHLIP20156V011920 | MARCH 2020

ANY OTHER CHANGE THAT YOU WISH TO INFORM US: Policy Holder Insured (In case there is any alteration to the information you furnished at the time of proposing for cover, please provide the same below.) Change From: Change To: Note: Your Policy has been issued based on the declarations on the Proposal Form filled at the time of taking the first Policy with us. The rates terms and conditions of the contract have been determined based on this information. Wherever there has been any material change to this information, We shall be entitled to modify or vary the terms of insurance and/ or premium, if necessary, accordingly. Any change in terms or premium will be communicated to You in writing and the Policy will be renewed after your specific consent to such changes. POLICY HOLDER DECLARATION "I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy." Place: *Signature /Thumb impression of Policy Holder: To be filled up if the policyholder has signed in vernacular language or affixed thumb impression. I hereby declare that I have fully explained the contents of the request form and terms and conditions of the policy to the policy holder in the language understood to him / her and that the policy holder has affixed his / her the thumb impression / signed in vernacular after fully understanding the contents thereof. *Signature of Witness: Place: **CUSTOMER ACKNOWLEDGEMENT SLIP: (Tear Off)** manipal [®]Cigna Policy No: Type of Request Received:

Received By (ManipalCigna Health Insurance Executive): Date of Receipt: D D Signature of ManipalCigna Health Insurance Executive

customercare@manipalcigna.com

1800-102-4462

www.manipalcigna.com

AROGYA SANJEEVANI POLICY, MANIPALCIGNA | UIN: MCIHLIP20156V011920 | MARCH 2020