

## MANIPALCIGNA LIFESTYLE PROTECTION - CRITICAL CARE

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

**This document provides key information about your policy. You are also advised to go through your policy document.**

SI No.	Title	Description (Please refer to applicable Clause Number in next column)	Policy Clause Number								
<b>1</b>	Product name	<b>ManipalCigna Lifestyle Protection - Critical Care - Enhanced Cover</b>									
<b>2</b>	Policy Number	xxxxxxxx									
<b>3</b>	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li><b>Benefit</b> (Where the Insurance Policy pay fixed amount under the policy on the occurrence of a covered event)</li> </ul>									
<b>4</b>	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li><b>Individual Sum Insured</b> - Where each insured member has a separate sum insured under the policy,                             <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;Insured Name 1&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 2&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 3&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> </tbody> </table> </li> </ul>	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxxx	<Insured Name 2>	xxxxxx	<Insured Name 3>	xxxxxx	
Insured Name	Sum Insured (in Rs)										
<Insured Name 1>	xxxxxx										
<Insured Name 2>	xxxxxx										
<Insured Name 3>	xxxxxx										
<b>5</b>	Policy Coverage (What the policy covers?)	<p><b>1. Critical Illness Cover</b> - If an Insured person is diagnosed to be suffering with a covered Critical Illness while the Policy is in force, then We will pay the Sum Insured as opted under the Policy to the Insured person.</p> <p>The Policy covers the following Critical Illnesses/ surgeries:</p> <ol style="list-style-type: none"> <li>i. Cancer of Specified Severity</li> <li>ii. Myocardial Infarction (First Heart Attack - of Specific Severity)</li> <li>iii. Open Chest CABG</li> <li>iv. Open Heart Replacement or Repair of Heart Valves</li> <li>v. Coma of Specified Severity</li> <li>vi. Kidney Failure Requiring Regular Dialysis</li> <li>vii. Stroke Resulting in Permanent Symptoms</li> <li>viii. Major Organ / Bone Marrow Transplant</li> <li>ix. Permanent Paralysis of Limbs</li> <li>x. Motor Neuron Disease with Permanent Symptoms</li> <li>xi. Multiple Sclerosis with Persisting Symptoms</li> <li>xii. Primary (Idiopathic) Pulmonary Hypertension</li> <li>xiii. Aorta Graft Surgery</li> <li>xiv. Deafness</li> <li>xv. Loss of Sight</li> <li>xvi. Coronary Artery Disease</li> <li>xvii. Aplastic Anaemia</li> <li>xviii. End Stage Lung Disease</li> <li>xix. End Stage Liver Failure</li> <li>xx. Third Degree Burns</li> <li>xxi. Fulminant Hepatitis</li> <li>xxii. Alzheimer's Disease</li> <li>xxiii. Bacterial Meningitis</li> </ol>	D.I								

		<p>xxiv. Benign Brain Tumor                  xxv. Apallic Syndrome                  xxvi. Parkinsons Disease                  xxvii. Medullary Cystic Disease                  xxviii. Muscular Dystrophy                  xxix. Loss of Speech                  xxx. Systemic Lupus Erythematos</p> <p><b>2. Medical Second Opinion:</b> Available to all Insured Persons once during the lifetime of an Insured Person for a particular Critical Illness.</p> <p><b>3. Access to Online Wellness Program:</b> Available to all customers.</p> <p><b>Add on cover(Rider) (Available only if opted)</b>  <b>This section lists the Add on cover available under your plan</b>  <b>1. ManipalCigna Health 360 Add-on Cover (UIN: MCIHLIA23023V012223):</b>  <b>a. ManipalCigna Health 360-OPD:</b></p> <ul style="list-style-type: none"> <li>• <b>Package 1:</b> Get coverage for doctor consultations on cashless basis within the OPD Sum Insured</li> <li>• <b>Package 2:</b> Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured</li> <li>• <b>Package 3:</b> Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.</li> </ul>	<p>D.II</p> <p>D.III</p> <p>Add on policy wordings</p>
<p>7</p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<ol style="list-style-type: none"> <li>1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;</li> <li>2. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date</li> <li>3. Any Pre-existing Disease or any complication arising therefrom.</li> <li>4. Any Critical Illness directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV;</li> <li>5. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 3 above.</li> <li>6. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;</li> <li>7. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,</li> <li>8. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane</li> </ol>	<p>E.I.2</p>

	<ol style="list-style-type: none"> <li>9. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;</li> <li>10. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</li> <li>11. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;</li> <li>12. Congenital Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;</li> <li>13. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;</li> <li>14. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.</li> <li>15. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;</li> <li>16. Any Critical Illness based on certification/diagnosis/ treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;</li> </ol>	
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<p>8</p>	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified disease/ treatment are not covered.</li> <li>• It is counted counted from the beginning of the policy coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial Waiting Period:</b> We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 90 days of the Inception Date of the first Policy.</li> <li>• <b>Survival Period:</b> 30 days following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.</li> </ul>	<p>E.I.1.i</p> <p>E.I.1.ii</p>

<p>9</p>	<p><b>Financial limits of coverage</b></p> <ul style="list-style-type: none"> <li>• Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit)</li> <li>• Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder/ insured).</li> <li>• Deductible (It is specified amount:             <ul style="list-style-type: none"> <li>- up to which and insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> <li>• Any other limit (as applicable)             <ul style="list-style-type: none"> <li>- up to which and insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable</li> <li>2. In case of claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits:             <ul style="list-style-type: none"> <li>- Room/ICU Charges - Not Applicable</li> <li>- For the following specified diseases - Not Applicable</li> </ul> </li> <li>3. Co-Payment - Not Applicable</li> <li>4. Deductible - Not Applicable</li> </ol>	
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<p>10</p>	<p><b>Claims/Claims procedure</b></p>	<p>Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization:</p> <p>Customer can intimate claim by submitting documents on our portal by visiting on - <a href="https://www.manipalcigna.com/claims/raise-a-claim">https://www.manipalcigna.com/claims/raise-a-claim</a> or send scanned copy through their advisors or dispatch hardcopy at our head-office or branch Once the documents are submitted or received claim number is generated. Further as per our decision customer is intimated and claim is settled. Customers are required to upload or submit following documents</p> <ul style="list-style-type: none"> <li>• Photo Identity Proof –             <ol style="list-style-type: none"> <li>1. Voter ID, Passport,</li> <li>2. PAN Card,</li> <li>3. Driving License,</li> <li>4. Ration Card,</li> <li>5. Aadhar Card,</li> <li>6. or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law</li> </ol> </li> <li>• Duly completed and signed claim form in original as prescribed by us on - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> <li>• Medical certificate and Investigations confirming the diagnosis of Critical illness.</li> <li>• Discharge summary/Death summary/ Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital.</li> <li>• Cancel cheque/ Legal Heir certificate as applicable.</li> </ul> <p>Web links for the followings:</p> <ol style="list-style-type: none"> <li>i. Network hospital details - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>ii. Helpline Number - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></li> <li>iii. Hospital which are blacklisted or from where no claims will be accepted by insurer-<a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>iv. Link for downloading claim form - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> </ol>	<p>G.I</p>
<p>11</p>	<p><b>Policy Servicing</b></p>	<p>For hassle free policy servicing customer can manage their policy by clicking on-<a href="https://eservicing.manipalcigna.com/login">https://eservicing.manipalcigna.com/login</a> or Download myManipalCigna App from Playstore or appstore</p>	

<p>12</p>	<p><b>Grievances/ Complaints</b></p>	<p><b><u>Level 1</u></b>  <b>Health Relationship Managers</b>          Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM.          Email us at - <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>          For Senior Citizen Assistance - <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b><u>LEVEL 2</u></b>  <b>Grievance Redressal Officer</b>          Call us on 022-71781389 between 10 am to 6 Pm (Monday to Friday)          Email us at - <a href="mailto:complaints@manipalcigna.com">complaints@manipalcigna.com</a></p> <p><b><u>LEVEL 3</u></b>  <b>Chief Grievance Redressal</b>          Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday)          Email us at - <a href="mailto:Complaine@manipalcigna.com">Complaine@manipalcigna.com</a>          For Senior Citizen Assistance - <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b><u>LEVEL 4</u></b>  <b>Approach Ombudsman</b>          The office Name and address details applicable for your state can be obtained from - <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p><b>Courier:</b> Any of Our Branch office or corporate office during business hours.          Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at,          'The Grievance Cell,          ManipalCigna Health Insurance Company Limited,          Techweb center 2nd Floor New Link Rd,          Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102,          India          or</p>	<p>F.I.24</p>
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<p>13</p>	<p><b>Things to remember</b></p>	<p><b>Free Look Cancellations:</b> A period of 30 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look period as provided in this Section shall not be available on the Renewal of this Policy.</p> <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can request for cancellation writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from the registered email id with us. OR</li> <li>- Customer can also visit any MCHI Branch and give a written request</li> </ul> <p><b>Policy Renewal:</b> The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single and Yearly premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Illness/condition that occurred manifested or diagnosed during the period between the expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.</p> <p><b>Change in Sum Insured:</b> Alterations like increase/decrease in Sum Insured or change in plan, addition/deletion of Insured Persons, addition/deletion of optional covers/riders will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or Rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.</p>	<p>F.I.12</p> <p>F.I.14</p> <p>F.I.14.iii.g</p>



14	<b>Your Obligations</b>	<p><b>Duty of Disclosure to Information Norms:</b></p> <p>a. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder.</p> <p>b. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. (“Material facts” for the purpose of this Policy shall mean all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p>	F.I.1
		<ul style="list-style-type: none"> <li> <p><b>Material Change:</b> The Policy shall be null and void and We shall have no liability to make any payment of claims and the premium paid shall be forfeited to Us in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You/Insured Person or any one acting on their behalf or non-cooperation by You/Insured Person, under this Policy.</p> </li> </ul>	F.I.2

**Declaration by the Policy Holder:**

I have read the above and confirm having noted the details.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Policyholder)

**Note:**

- i. Insured/policyholder can get the product related document at <https://eservicing.manipalcigna.com/document-vault>
- ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).