

Please provide details of Insured Persons and of benefit and coverage required (Attach separate sheet with the following data elements)

Unique identification No./ Employee No./ Membership no.	Name of Insured member	Relationship of the family members with the Employee/ Member	Designation/ Category position	Date of Enrollment/ Joining	Date of Birth	Gender	Pre-existing Diseases	Email ID	Mobile No.	ABHA#	Sum Insured	Optional Cover	Optional Cover Sum Insured

Nominee Details*:

Is the Nominee same as Caregiver (if provided above)? Yes No. If No, please provide Nominee details.

S. No.	Particulars	Nominee 1	Nominee 2	Nominee 3
1	Name			
2	Age			
3	Mobile No.			
4	Email ID			
5	Present Address			
6	Permanent Address			
7	Relationship with Proposer			
8	Specify the percentage (%) of the claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee must not exceed 100%			
9	Bank Details of Nominee Account No. IFSC/MICR Code Name of Bank Account Holder Name			
10	Appointee Details (Required only if nominee is a minor) Name Age# Relationship with Nominee			

In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee.

III. PLAN DETAILS:

Note: Additional insurances (optional covers) can be purchased only in addition to a core plan and not separately. All elements can be chosen per group. In case of multiple plans/ sum insured requirements please mention the details against each member/ family in the attached format. Please select the required plan(s) (if multiple plans are required for different sets of employees, please fill the relevant plan in the Insured Details section):

Group Personal Accident	Policy Term: <input type="checkbox"/> 1 Year <input checked="" type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years (Short term policies)	
	Cover Limit Basis: <input type="checkbox"/> Sum Insured <input checked="" type="checkbox"/> Capital Sum Insured <small>(Highest Sum Insured selected under opted Basic Covers (AD, PTD, PPD) would be the Capital Sum Insured)</small>	
	Basic Cover:	Sum Insured
	<input type="checkbox"/> Accident Death Benefit	₹
	<input type="checkbox"/> Permanent Total Disablement Benefit (PTD)	₹
	<input type="checkbox"/> Permanent Partial Disablement Benefit (PPD)	₹
	<input type="checkbox"/> Temporary Total Disablement Benefit (TTD) (Can be opted only with one or more Basic Cover)	₹
	Optional Covers:	Sum Insured
	<input type="checkbox"/> Broken Bones Benefit	₹
	<input type="checkbox"/> Burns Benefit	₹
	<input type="checkbox"/> Coma Benefit	₹
	<input type="checkbox"/> Accidental Death Benefit (Common Carrier)	₹
	<input type="checkbox"/> Permanent Total Disablement Benefit (Common Carrier)	₹
	<input type="checkbox"/> Permanent Total Disablement Double Benefit	₹
	<input type="checkbox"/> Cost of Support Items Benefit	₹
	<input type="checkbox"/> Modification Allowance Benefit	₹
	<input type="checkbox"/> Rehabilitation Benefit	₹
	<input type="checkbox"/> Animal Attack Benefit	₹
	<input type="checkbox"/> Cost of Personal Protective Equipment (PPE) Damaged in the Accident Benefit	₹
	<input type="checkbox"/> Funeral Expenses Benefit	₹
	<input type="checkbox"/> Emergency Road Ambulance Benefit	₹
<input type="checkbox"/> Repatriation of Mortal Remains	₹	
<input type="checkbox"/> Dependent Children Benefit	₹	
<input type="checkbox"/> Spouse Benefit	₹	
<input type="checkbox"/> Dependant Parent Benefit	₹	
<input type="checkbox"/> Marriage Benefit for Dependent Children	₹	
<input type="checkbox"/> Education Fund Benefit	₹	
<input type="checkbox"/> Re-training Expenses Benefit	₹	
<input type="checkbox"/> Convalescence Benefit	₹	
<input type="checkbox"/> Hospital Cash Benefit	₹	
<input type="checkbox"/> Loss of Earning Benefit	₹	
<input type="checkbox"/> Family Counselling Benefit	₹	
<input type="checkbox"/> Family Transportation Allowance Benefit	₹	
<input type="checkbox"/> Medical Second Opinion	₹	
<input type="checkbox"/> Wellness Benefit	₹	
<input type="checkbox"/> Accidental Medical Expenses	₹	
<input type="checkbox"/> Out-Patient Treatment Allowance	₹	
<input type="checkbox"/> In- Patient Medical Expenses	₹	
<input type="checkbox"/> Emergency Evacuation	₹	
<input type="checkbox"/> Medical Repatriation	₹	
<input type="checkbox"/> Adventure Sports Benefit	₹	
Group Critical illness:	Policy Term: 1Year <input type="checkbox"/> <input checked="" type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years	
Claim payout option: <input type="checkbox"/> Lumpsum	Basic Cover:	Sum Insured
	<input type="checkbox"/> Plan 1 (Critical illness 1- 36)	
	<input type="checkbox"/> Plan 2 (Critical illness 1- 30)	
	<input type="checkbox"/> Plan 3 (Critical illness 1- 15)	₹
	<input type="checkbox"/> Plan 4 (Critical illness 1- 11)	
	<input type="checkbox"/> Plan 5 (Critical illness 1- 6)	
	<input type="checkbox"/> Plan 6 Cancer of specific severity (Critical illness 1 Only)	
	Optional Covers:	Sum Insured
	<input type="checkbox"/> Survival Period Waiver Clause	
	<input type="checkbox"/> Emergency Road Ambulance Benefit	₹
	<input type="checkbox"/> Emergency Evacuation	₹
	<input type="checkbox"/> Medical Repatriation	₹
	<input type="checkbox"/> Marriage Benefit for Dependent Children	₹
	<input type="checkbox"/> Education Fund Benefit	₹
	<input type="checkbox"/> Convalescence Benefit	₹
<input type="checkbox"/> Hospital Cash Benefit	₹	

<input type="checkbox"/>	Rehabilitation Benefit	₹
<input type="checkbox"/>	Loss of Earning Benefit	₹
<input type="checkbox"/>	Family Counselling Benefit	₹
<input type="checkbox"/>	Family Transportation Allowance Benefit	₹
<input type="checkbox"/>	Medical Second Opinion	
<input type="checkbox"/>	Wellness Benefit	

Sub-limits/Conditions etc (if any)
 << to be displayed as opted >>

IV. DETAILS OF PREVIOUS INSURER(S) (IF RENEWAL):

Are your employees/ members at present insured under any Personal Accident/ Critical Illness Insurance? **Yes** **No**

If **'Yes'** Please provide the details insurer, type of policy with coverage & sum insured-(attach additional sheet if required)

Name of Insurer :

Policy Number :

Expiring Terms of cover : (PA or CI or Health)

Period of Insurance :

Premium paid :

Claim details : (Please attach separate sheet providing complete details of claims with individual claim records)

Incurred Claims Ratio :

Note: Ensure that the information in this form material for assumption of risk is accurate and complete as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy

V. Current Insurance Details

Insured	Policy No	Insurer Name	From Date	To Date	Sum Insured	Cumulative Bonus Earned	
						%	Amount
Insured 1							
Insured 2							
Insured 3							
Insured 4							
Insured 5							

VI. PREMIUM PAYMENT DETAILS (PLEASE PROVIDE THE DETAILS OF PREMIUM PAYMENT):

Premium Amount(₹): **Payment Option**(pl. tick (√)): Cheque Demand Draft Fund Transfer

Amount in Words:

Payment Frequency : Monthly Quarterly Half Yearly Yearly Single

For Cheque / DD / PO (Payable in favour of "ManipalCigna Health Insurance Company Limited")

Instrument Number: Instrument Date: Instrument Amount:

Bank Name:

Name of the Premium Payer:

VII. 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 authorized to propose on behalf of these other persons. I/We will maintain details of all the individual members covered, which shall also be made available to the insurance company as and when required.

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 any time 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 settlement.

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.

I consent to and authorize 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 authorized 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.

Date: Place: Signature of Proposer:

VIII. ADVISOR/INTERMEDIARY DECLARATION:

I, (Full Name)

in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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 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 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):

Date: Signature of Corporate Agent:

Place:

SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES):

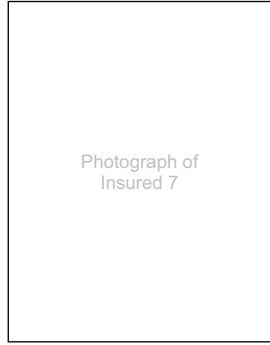
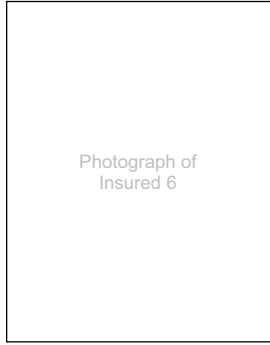
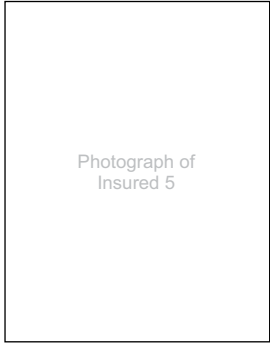
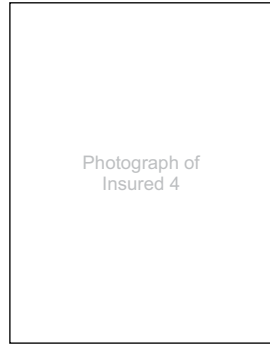
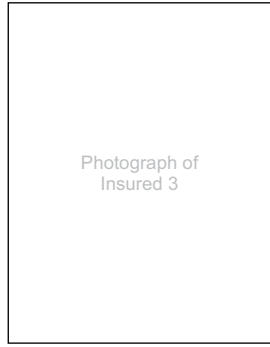
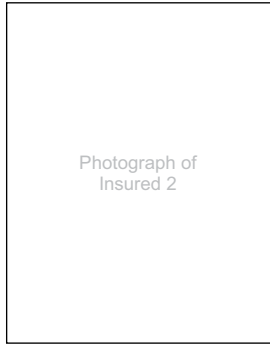
1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION

Note: Proposal form shall be used for group policy and it shall be customized as per the coverage and benefits offered under the product for the group as per their requirement.

**Annexure - A
KYC of Beneficial owners**



Title*	:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Gender*:	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Tick if Employer <input type="checkbox"/>
Date of Birth*	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status*:	Married <input type="checkbox"/> Single <input type="checkbox"/> Others <input type="checkbox"/>	is the Payor: <input type="checkbox"/>
Beneficial Owner Name*: <small>(as in bank account)</small>	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Permanent Address <small>(As per the KYC proof submitted)</small>	:	Address 1: <input type="text"/>	Address 2: <input type="text"/>		
		Landmark: <input type="text"/>			
		City*: <input type="text"/>	Town (District): <input type="text"/>		
		State*: <input type="text"/>	Pin Code*: <input type="text"/>		
Present Address*	:	Address 1: <input type="text"/>	Address 2: <input type="text"/>		
		Landmark: <input type="text"/>			
		City*: <input type="text"/>	Town (District): <input type="text"/>		
		State*: <input type="text"/>	Pin Code*: <input type="text"/>		
Email Address*	:	Address 1: <input type="text"/>	Address 2: <input type="text"/>		
Telephone Number(s)	:	Mobile*: <input type="text"/>	Residence (Optional): <input type="text"/>		
		Office(Optional): <input type="text"/>			
Customer Goods & Service Tax Identification Number (if any):	:	<input type="text"/>			
Residential Status*	:	Indian <input type="checkbox"/>	NRI <input type="checkbox"/>	If NRI, Please mention country <input type="text"/>	Other (Please specify) <input type="text"/>
PAN Card Number*	:	<input type="text"/>			
Form 60* (only in case where PAN number is not available):	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Identity Document Type	:	Aadhaar Card <input type="checkbox"/>	Driving License <input type="checkbox"/>	Passport <input type="checkbox"/>	Voter's ID card <input type="checkbox"/>
		Others <input type="checkbox"/>			
VID Number <small>(Please mention only last four digits of your Aadhaar or VID)</small>	:	<input type="text"/>	Document Expiry date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CKYC number	:	<input type="text"/>	EIA number:	<input type="text"/>	
PEP or relative of PEP	:	<input type="text"/>			