	(Formerly Known as CignaTTK Health In. Corporate Office: 401/402, Raheja Titar Goregaon (E), Mumbai - 400063. IRDAI Call (Toll Free): 1800-102-4462 Visit: v E-mail: customercare@manipalcigna.co	nium, Western Express Highway, - Registration No. 151. vww.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
	FOR	DFFICE USE ONLY Branch Code:	
		Intermediary Code: Agent Code / B	roker Code / CA Code
Branch Name: Intermediary Name: Business Type: Urban /Social Ops Tags: Employee DMS C			roker Code / CA Code Partner Branch ID: Partner Branch Code
Intermediary Name: Business Type: Urban /Social Ops Tags: Employee DMS C ef. A ef. B	Code: ManipalCigna Employee DMS Code MANIPALCIG PROP	SNA SUPER TOP UP POSAL FORM	Partner Branch ID: Partner Branch Code Re
Business Type: Urban /Social Ops Tags: Employee DMS C ef. A ef. B	Code: ManipalCigna Employee DMS Code Partne MANIPALCIG PROP the form in ETTERS. All details man	POSAL FORM The Partner Business Vertical Code	Partner Branch ID: Partner Branch Code
Business Type: Urban /Social Ops Tags: Employee DMS C ef. A ef. B Please fill t BLOCK LE	Code: ManipalCigna Employee DMS Code Partne MANIPALCIG PROP	SNA SUPER TOP UP POSAL FORM Trked with* are mandatory. The P cancer	Partner Branch ID: Partner Branch Code Re
Business Type: Urban /Social Ops Tags: Employee DMS C of. A of. B Please fill t BLOCK LE For Staff Rebate please prov Jame of the Employee: [Applicable only if Proposer or any Insured pe	MANIPALCIG PROP the form in STTERS. All details many vide: Name of the organization:	POSAL FORM The Posal Formula The Promoter group/ Promoter of the Promoter group/ Group entity/ Grou	Partner Branch ID: Partner Branch Code Re roposer must authenticate the ellations/alterations in this form.
Intermediary Name: Business Type: Urban /Social Dps Tags: Employee DMS C off. A off. B Please fill t BLOCK LE For Staff Rebate* please prov lame of the Employee: Applicable only if Proposer or any Insured pe e issuance of this form by Manipa	MANIPALCIG PROP the form in STTERS. All details many vide: Name of the organization:	POSAL FORM The Posal Formula The Promoter group/ Promoter of the Promoter group/ Group entity/ Opany) does not amount to acceptance of proposal. The acceptance of proposal. The acceptance of proposal. The acceptance of proposal.	Partner Branch ID: Partner Branch Code Ref roposer must authenticate the ellations/alterations in this form.
Description of the Employee of the Employee: Applicable only if Proposer or any Insured per e issuance of this form by Maniparmence until this proposal has because of this proposal has because of the Employees.	MANIPALCIC PROF the form in All details manifered: Name of the organization: arson under the policy is employee of: ManipalCigna, Promoter group/GroupalCigna Health Insurance Company Limited (the Company and premium realized.	POSAL FORM Since Servertical Name: Partner Business Vertical Code Sina Super Top up POSAL FORM The Posal Formula Servertical Code Employee ID: pentity of the Promoter group/ Promoter of the Promoter group/ Group entity of pany) does not amount to acceptance of proposal. The acceptance of proposal. The acceptance of proposal.	Partner Branch ID: Partner Branch Code Ref roposer must authenticate the illations/alterations in this form. Group entity of the Group entity of ManipalCigna).
Intermediary Name: Business Type: Urban /Social Dps Tags: Employee DMS C of. A of. B Please fill t BLOCK LE For Staff Rebate please prov Name of the Employee: (Applicable only if Proposer or any Insured pe e issuance of this form by Manipa mmence until this proposal has b PROPOSER DETAILS: Title* Urban /Social Title* Interpretable only if Proposer or any Insured pe e issuance of this form by Manipa mmence until this proposal has b PROPOSER DETAILS:	MANIPALCIG PROP the form in PROP the form in PROP the form in PROP All details manual detail	POSAL FORM The Posal Formula The Promoter group/ Promoter of the Promoter group/ Group entity/ Grou	Partner Branch ID: Partner Branch Code Ref roposer must authenticate the ellations/alterations in this form. Group entity of the Group entity of ManipalCigna). ctual liability of the Company does not Others Tick if Employer
Business Type: Urban /Social Ops Tags: Employee DMS C of. A of. B Please fill t BLOCK LE For Staff Rebate* please prov Name of the Employee: (Applicable only if Proposer or any Insured pe te issuance of this form by Manipa mmence until this proposal has b PROPOSER DETAILS: Title* Date of Birth*	MANIPALCIC PROF the form in TITTERS. All details main price of the organization: arson under the policy is employee of ManipalCigna, Promoter group/Group poeen accepted by the Company and premium realized. Ar. Mrs. Ms. Gender Marita	Employee ID: p entity of the Promoter group/ Promoter of the Promoter group/ Group entity of the Promoter group and the acceptance of proposal. The acceptance of proposal and the acceptance of proposal and the acceptance of group entity of the Promoter group and the acceptance of proposal and the acceptance of proposal and the acceptance of proposal and the acceptance of group and the acceptance of group entity of the Promoter group and the acceptance of proposal and the acceptance of group entity of the promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group and the acceptance of group entity of the Promoter group entity	Partner Branch ID: Partner Branch Code Re roposer must authenticate the illations/alterations in this form. Broup entity of the Group entity of ManipalCigna). Citual liability of the Company does not Others Tick if Employer is the Payor:
Business Type: Urban /Social Ops Tags: Employee DMS C of. A of. B Please fill t BLOCK LE For Staff Rebate please prov Name of the Employee: (Applicable only if Proposer or any Insured pe te issuance of this form by Manipa mmence until this proposal has b PROPOSER DETAILS: Title* Urban /Social	MANIPALCIC PROF the form in TITTERS. All details main price of the organization: arson under the policy is employee of ManipalCigna, Promoter group/Group poeen accepted by the Company and premium realized. Ar. Mrs. Ms. Gender Marita	POSAL FORM The Posal Formula The Promoter group/ Promoter of the Promoter group/ Group entity/ Grou	Partner Branch ID: Partner Branch Cod Re roposer must authenticate the ellations/alterations in this form. Group entity of the Group entity of ManipalCigna). ctual liability of the Company does not Others Tick if Employer

State*:

Landmark: City* :

State*:

: Address 1

: Mobile^^:

Office(Optional):

Correspondence Address*: If same as above, please tick here

Email Address^^

Telephone Number(s)

Pin Code*:

Pin Code*:

Town (District):

Residence (Optional):

Address 2

ManipalCigna Super Top Up Proposal Form UIN: MCIHLIP23022V032223 URN: 2022/STU-S/V3.02/OFF December 2022	
iipalCiqna Super Top Up Proposal Form UIN: MCIHLIP23022V032223 URN: 2022/STU-S/V3.02/O	ecember 20
iipalCigna Super Top Up Proposal Form UIN: MCIHLIP23022V0322	N: 2022/STU-S/V3.02/O
ipalCiqna Super Top Up Proposal F	ICIHLIP23022V0322
ipalCigna	op Up Proposal F
	ipalCigna

Wou	ıld you like to sub	scribe	to impo	rtant	alert	on W	/hatsa	app?	Ye	es		No																	
Wou	ıld you like to go	digital a	and rec	eive a	all pol	icy re	elated	infor	mati	on in	soft o	сору	/via	emai	l only	y?	Υ	'es	✓	No)	(p	lease t	tick N	o if you	ı want to	opt c	out)	
Occ	upation*	:	Govern	ment	Serv	ice		Priva	ate S	Servi	се		Sel	lf Em	ploy	ed				Otl	ners	3							
Ann	ual Income*	:	Up to ₹	50,0	00			₹5 to	10	Lacs			₹15	5 to 2	20 La	acs													
			₹50,000	0 to₹	5 Lac	s		₹10	to 15	5 Lac	cs		Abo	ove	₹20	Lac	S												
Edu	cational Qualifica	ition* :	Less tha	an cla	ass X		Clas	s X			Cla	ass >	ΧII		Gra	idua	ite		Po	st G	radı	uate			Profe	ssiona	l Deg	gree	
Cus	tomer Goods & S	Service	Tax Ide	ntifica	ation l	Num	ber (if	fany)	: [
Res	idential status*	:	Indian		NRI	If NF	RI, Ple	ase r	nent	ion c	ountr	у							0	thers	s (Plea	se sp	ecify	/)				
PAN	I Card Number*	:																											
Forn	n 60* (only in cas	se wher	re PAN	numk	per is	not a	availal	ole) \	⁄es		No																		
	itity Document Ty							ing Li		e		Pass	_ sport	t		Vot	er's	ID d	card			Ot	hers						
	Number							J						nt Ex	pirv			_		M			V ,	7					
(Plea	se mention only our digits of your aar or VID)														1 3			<u> </u>	7 101	IVI	1	'	'						
CKY	'C number	:												EIA	numl	ber:													
PEP	or relative of PE	P:																											
Fam	nily Physician De	etails:																											
Nam	ne	:	F		R	S 1	ΓN	А	ME	Ε		M		D) L	Е	N	А	M	Е			SI	JF	RN	AIN	/I E		
Con	tact number	:											Em	nail id	l:														
Add	ress	:																											
D		0				Ľ <i>/</i> :		V				1			£ \/														
Nam	/ou wish to assigi ne	n a Cai	regiver	or yo		s 7	es:	Yes	M E	* N	0	M			f Yes	s, pie		-		: E				JF	R N	AIN	Λ E	k	
	ile number*						I													pose	r·				11/		/1 -		
	(in Years)														Emai		лр	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
-	giver can be a close f	family me	ember wh	o wou	ld take	care o	of the li	nsured	Perso	on in a	anv kind	d of h	ealth	care e	event.	whet	ther e	merc	aencv	or pla	nned	d. The	Careo	niver ı	miaht n	ot be the	e SOS	S contact	
	ase provide the details																												
II. N	OMINEE DET	AILS:																											
	ne Nominee same	e as Ca	aregiver	(if pr	ovide	d ab	ove)?	Yes	s	N	0	ŀ	f No,	, plea	ase p	rovi	de N	lom	inee	deta	ils.								
Non	ninee Name		:		F			Т	Ν	А	M E	*		M					E N	I A	N					R	N A	A M	E*
Rela	ationship with Pro	poser	:																					Ν	lomin	ee Age	e:		
	C number of No		:																										
In the	e event of death of the inee would be sufficie	e Propos nt discha	ser, any pa arge to the	aymen e Com	nt due u ipany. F	inder f For all	the Pol other p	icy sha persons	III bec	ome pered u	oayable Inder th	e to th	ie non licy, th	ninee, ne Pro	as pe poser	er the will b	'Non be the	ninat e non	ion' cl ninee.	ause (defin	ed by	the IR	DAI a	ind the	receipt	of the	proceed	s by such
1	pointee details: ((Requir	ed only	if no	minee	e is a	mino	r)																					
App	ointee Name		:																										
	ationship with No		: [Age	#:		
	inor should not be de			ee.																									
	POLICY/PLAN																												
Ten	ure*: 1 Year	_ 2 Y€	ears	3 \	Years				•		Polic or later t	-								Y Y	Y	Y	at		:		Hrs		
INSI	JRED DETAIL	S*:/Dc	oductible :	and Si	ım İncı	urod o	nly for i				n iatei	liiaii i	iistiui	ment c	лаце/ р	JIEIIII	iuiii p	ayııı	ent de	ite)									
Sr	Name	.(D0	Geno		DOE	_	elatio		_		Wei	ight*	00	ccup	ation	/	Cit	y*	Ded	uctik	le*	Sum	Insu	red*	Ins	ured	If	PEP/	C-KYC
No.	(First*,Middle, L	ast*)	(M/F	/O)		١,	wit Propo		(0	Cms)	(Kg	js)	Tv	Indus pe/ N	latur	е										ress If erent		latives PEP [^]	number
														of Jo	ob*										F	rom poser		(Y / N)	
1						+										\dashv					+					**			
2																													
						+										+					+								
3																													
4																													
						+																							
5																													
6																					1								
U						+										_													
7																													
						+																							
8																													

						ı							
		Deduct	tible (INR ir	n Lacs)			Sum Insur	ed (INR in l	Lacs)		Optional	Covers:	
1								₹1					
1	₹ 2	₹2.5						₹2					
3	₹3.5							₹3					
1	₹2	₹2.5	₹4	₹4.5				₹4		Guar	anteed		
2	₹2.5	₹5	₹7.5					₹5		Conti	nuity		uction in
3	₹3.5							₹6		on de (Availa	eductible	dise	existing ase
4	₹4.5							₹8		for inst	ured person < 55 years)	waiti	ng period
3	₹3.5	₹4	₹4.5	₹5	₹7.5 ₹	10		₹10		3	, , ,		
3	₹3.5	₹4	₹4.5	₹5	₹7.5 ₹	10		₹15					
3	₹3.5	₹4	₹4.5	₹5	₹7.5 ₹	10		₹20					
3	₹3.5	₹4	₹4.5	₹5	₹7.5 ₹	10		₹30					
1	ManipalCigna Critic	al Illness A	dd On Cove	er									
!.		200 [[]]]	MOULL IA O	20221/042222									
nıĮ	palCigna Health 3	360 [UIN: I	MCIHLIA2	3023V012223]								
an	nipalCigna Health	360 - OPD											
pt	t any one of the Pa	ackages be	elow and S	um Insured)									
	Package 1	Pa	ckage 2			Package 3							
	₹5,000	₹1	0,000	₹50,000		₹20,000		₹60,000					
	₹10,000	₹1	5,000	₹60,000		₹25,000		₹70,000					
	₹15,000		0,000	₹70,000		₹30,000		₹80,000					
	₹20,000		5,000	₹80,000		₹40,000		₹90,000					
	_ 120,000		0,000	₹90,000		₹50,000		₹100,000					
			0,000	₹100,000		(30,000		X 100,000					
ck	Dicable Discounts If applicable Worksite ma Family discount: 1 Long term discoun Online Rene	arketing dis 10% discour nt: 7.5% and ewal discou	nt on the pre d 10% disco	unt on the prem Yes N	de: able for coverinium applicable	e for a policy of 3% on the instruction (v	term of 2 and e premium f	der a Policy. d 3 years res rom next rer	spectively.(newal, if the	Applicable only e premium i	y with Single pr s received	remium paymei through NA	CH or
rei mo	Worksite ma Worksite ma Family discount: 1 Long term discoun	arketing dis 10% discour nt: 7.5% and ewal discou de: din advance ar Policy period w transactions, l	nt on the pre d 10% disco unt: Monthly nd instalment/re iill start from pre	mium is applica unt on the prem Yes N enewal premium pa emium received da ill start from date of	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through N/ ate at our branch of f debit of requisite	e for a policy of 3% on the instruction (V ACH or standing ffice in case of o premium from t	members un term of 2 and e premium fi where paym Half yearly ginstruction (who cash payments the Proposer's of	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instri	spectively. (newal, if the either by contact Yearly amade either burnent date when the true in the same and the same amade either burnent date when the same amade either burnent date eit	Applicable only e premium i direct debit of by direct debit of then paying thre eplicable only w	y with Single properties received of bank accommon Single of bank account ough Cheque/	remium paymenthrough NAG count or credit at or credit card) demand draft/ examination or	CH or dit card) pay order. In
rei	Worksite ma Family discount: 1 Long term discour Online Rene mium payment mo onths premium to be paid e: Please note that your P of credit card/ debit card t required. In case a med	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance ar Policy period w transactions, lical examination	nt on the pred 10% discount: Monthly: Id instalment/rill start from predicty period won is to be done	mium is applica unt on the prem Yes N enewal premium pa emium received da ill start from date of or an underwriting	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through N/ ate at our branch of f debit of requisite	e for a policy of 3% on the instruction (V ACH or standing ffice in case of o premium from t	members un term of 2 and e premium fi where paym Half yearly ginstruction (who cash payments the Proposer's of	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instri	spectively. (newal, if the either by contact Yearly amade either burnent date when the true in the same and the same amade either burnent date when the same amade either burnent date eit	Applicable only e premium i direct debit of by direct debit of then paying thre eplicable only w	y with Single properties received of bank accommon Single of bank account ough Cheque/	remium paymenthrough NAG count or credit at or credit card) demand draft/ examination or	CH or dit card) pay order. Ir
rei	Worksite ma Family discount: 1 Long term discour Online Rene mium payment mo onths premium to be paid e: Please note that your P of credit card/ debit card t required. In case a med nium, whichever is later.	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance ar Policy period w transactions, lical examination	nt on the pred 10% discount: Monthly: Id instalment/rill start from predicty period won is to be done	mium is applica unt on the prem Yes N enewal premium pa emium received da ill start from date of or an underwriting	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through N/ ate at our branch of f debit of requisite	e for a policy of 3% on the instruction (\(\begin{array}{c}\) ACH or standing ffice in case of openium from tired, the Policy s	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's of shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instri	spectively. (newal, if the either by c Yearly made either l ument date w unt. This is ap date of appro	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwe	y with Single properties received of bank accommon Single of bank account ough Cheque/	remium paymei through NAI ount or crec at or credit card) demand draft/ examination or e of receipt of ai	CH or dit card) pay order. Ir underwriting ny additiona
rei ote not mote mote not rem	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid Please note that your F of credit card/ debit card trequired. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap	arketing dis 10% discour nt: 7.5% and ewal discour de: di nadvance ar Policy period w transactions, lical examination.	nt on the pred 10% discount: Monthly: Indinstalment/redill start from predicty period won is to be done E INFOR er been dia	mium is applica unt on the prem Yes enewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through No ate at our branch o f debit of requisite g approval is requi	e for a policy of 3% on the instruction (\(\) ACH or standing (ffice in case of 6 premium from tired, the Policy s	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's of shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instrard/ bank acco e on or after the	spectively. (newal, if the either by c Yearly made either l ument date w unt. This is ap date of appro	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwe	y with Single progress received of bank accommon Single of bank accourt ough Cheque/there medical riter or the date	remium paymei through NAI ount or crec at or credit card) demand draft/ examination or e of receipt of ai	CH or dit card) pay order. Ir underwriting ny additiona
rei	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid Please note that your Prof credit card/ debit card trequired. In case a med hium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R	arketing dis 10% discour nt: 7.5% and ewal discour- de: di in advance ar Policy period w transactions, lical examination	nt on the pred 10% discount: Monthly: Id instalment/rill start from predicy period won is to be done LE INFOR er been dia Arthritis or	mium is applica unt on the prem Yes enewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through No ate at our branch o f debit of requisite g approval is requi	e for a policy of 3% on the instruction (\(\) ACH or standing fffice in case of oppenium from tired, the Policy s	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's of shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instrard/ bank acco e on or after the	spectively. (newal, if the either by c Yearly made either l ument date w unt. This is ap date of appro	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwe	with Single progress received of bank accommon Single of bank accourd bank accourd bank accourd bank accourd there medical criter or the date	remium paymei through NAI ount or crec at or credit card) demand draft/ examination or e of receipt of ai	CH or dit card) pay order. Ir underwriting ny additiona
rei	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid ex: Please note that your P of credit card/ debit card t required. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease of	arketing dis 10% discour nt: 7.5% and ewal discour de:	nt on the pred 10% discount: Monthly: Monthl	mium is application on the premum Yes	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through No ate at our branch o f debit of requisite g approval is requi r suspected to litis or Crohn's sis or Chronic s or Stroke or	e for a policy of 3% on the instruction (\(\) ACH or standing ffice in case of openium from the policy standing the policy standing ffice in Case of the premium from the policy standing file.	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instract/ bank acco e on or after the	spectively. (newal, if the either by continuous yearly seemade either burnent date when the date of approximate of approximate and the either burnent date when the either burnent date when the either burnent date of approximate and the either burnent date when the either burne	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwi	y with Single prise received of bank account of bank account ough Cheque/there medical criter or the date	remium payment through NAI count or credit card) demand draft/examination or e of receipt of all	CH or dit card) pay order. Ir underwriting ny additiona
rei moote ise not em	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid ex: Please note that your P of credit card/ debit card t required. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease of Paralysis or Parkir	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance ar Policy period w transactions, licial examination	nt on the pred 10% discount: Monthly: Monthl	mium is application on the premum Yes	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through No ate at our branch o f debit of requisite g approval is requi r suspected to litis or Crohn's sis or Chronic s or Stroke or erosis or Brain	e for a policy of 3% on the instruction (\(\) ACH or standing ffice in case of premium from the policy standing ffice in the policy standing figure for the policy standing figure from the policy standing fi	members un term of 2 an: e premium fi where paym Half yearly ginstruction (wh cash payments he Proposer's of shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instruard/ bank acco e on or after the	spectively. (newal, if the either by carly made either burnent date when the date of approduced 4	Applicable only e premium i direct debit of by direct debit of then paying thre plicable only woral by underwi	with Single price of bank according to Single of bank account ough Cheque/there medical criter or the date	remium payment through NAI count or crect of the card demand draft/examination or e of receipt of all through the card	CH or dit card) pay order. In underwriting ny additional
rei moote ise not em	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid to forcedit card/ debit card trequired. In case a med hium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease of Paralysis or Parkir Tumor or Cerebral Coronary Artery	arketing dis 10% discour nt: 7.5% and ewal discour di in advance ar Policy period w transactions, I icial examination LIFESTYL pplicants even theumatoid ic Liver Dis pro Kidney for proposition or All Palsy or H Disease on	nt on the pred 10% discount: Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Multiple scle or Heart Attac Heart Diseas	de: able for covering applicable for Covering applicable for Covering at a count of the covering approval is required as a count of debit of requisite graphics approval is required as a count of the covering approval is required as a covering as a covering as a covering a covering as a covering as a covering as a covering a covering as	e for a policy of 3% on the instruction (\(\) ACH or standing ffice in case of premium from the policy standing the policy s	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instract/ bank acco e on or after the	spectively. (newal, if the either by continuous yearly seemade either burnent date when the date of approximate of approximate and the either burnent date when the either burnent date when the either burnent date of approximate and the either burnent date when the either burne	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwi	y with Single prise received of bank account of bank account ough Cheque/there medical criter or the date	remium payment through NAI count or credit card) demand draft/examination or e of receipt of all	CH or dit card) pay order. In underwriting ny additiona
rei	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid of credit card/ debit card trequired. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease of Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int	arketing dis 10% discour nt: 7.5% and ewal discour di in advance ar Policy period w transactions, I icial examination LIFESTYL pplicants even theumatoid ic Liver Dis pro Kidney for proposition or All Palsy or H Disease on	nt on the pred 10% discount: Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Multiple scle or Heart Attac Heart Diseas	de: able for covering applicable for Covering applicable for Covering at a count of the covering approval is required as a count of debit of requisite graphics approval is required as a count of the covering approval is required as a covering as a covering as a covering a covering as a covering as a covering as a covering a covering as	e for a policy of 3% on the instruction (\(\) ACH or standing ffice in case of premium from the policy standing the policy s	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instract/ bank acco e on or after the	spectively. (newal, if the either by continuous yearly seemade either burnent date when the date of approximate of approximate and the either burnent date when the either burnent date when the either burnent date of approximate and the either burnent date when the either burne	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwi	y with Single prise received of bank account of bank account ough Cheque/there medical criter or the date	remium payment through NAI count or credit card) demand draft/examination or e of receipt of all	CH or dit card) pay order. Ir underwriting ny additiona
rei monte is e motte in the motte is e motte in the motte is e motte in the motte i	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid to forcedit card/ debit card trequired. In case a med hium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease of Paralysis or Parkir Tumor or Cerebral Coronary Artery	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination. LIFESTYL plicants even the umatoid for Life in the umatoid for Life in sonism or Al Palsy or H Disease of the stitial Luise in the contestitial Luise in the	Monthly Monthl	mium is applica unt on the prem Yes enewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhor oillepsy or Frist or Multiple sole or Heart Attac Heart Diseas es or Pneum	de: able for coverin nium applicable No (Discount standing i Quarterly ayment through No ate at our branch o f debit of requisite g approval is requi r suspected to litis or Crohn's sis or Chronic so or Stroke or erosis or Brain ck or Angina or see or Chronic see or Chronic	e for a policy of 3% on the instruction (\(\) ACH or standing fffice in case of or premium from the policy of th	members un term of 2 an e premium fi where paym Half yearly ginstruction (wh cash payments he Proposer's o shall commence Insured 2 YES NO	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instri- ard/ bank acco e on or after the Insured 3 YES NO	spectively. (newal, if the either by continuous yearly seemade either burnent date when the date of approximate of approximate and the either burnent date when the either burnent date when the either burnent date of approximate and the either burnent date when the either burne	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only woral by underwin Insured 5 YES NO	y with Single prise received of bank account of bank account ough Cheque/there medical criter or the date	remium payment through NAI count or credit card) demand draft/examination or e of receipt of all	CH or dit card) pay order. In underwriting ny additional Insured YES NO
rei mote se note em	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid Please note that your Frof credit card/ debit card trequired. In case a med nium, whichever is later. MEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or the colicy period	Monthly: Monthl	mium is applica unt on the prem Yes enewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (\(\) ACH or standing fffice in case of or premium from the policy standing fffice in NO Insured 1 YES	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instract/ bank acco e on or after the	spectively. (newal, if the either by content of the either by content o	Applicable only e premium i direct debit of by direct debit of hen paying thre plicable only w oval by underwi	with Single price of bank account of bank account ough Cheque/there medical criter or the date. Insured 6 YES NO	tor credit card) demand draft/ examination or e of receipt of al	CH or dit card) pay order. Ir underwriting ny additiona Insured YES NO
rei moote se notte moot 1	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid Please note that your Prof credit card/ debit card trequired. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or the colicy period	Monthly: Monthl	mium is applica unt on the prem Yes enewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (\(\) ACH or standing fffice in case of or premium from tirred, the Policy standard fffice in Case of or premium from tirred, the Policy standard ffice in Case of or premium from tirred, the Policy standard from the Policy standa	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES NO	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instrard/ bank acco e on or after the Insured 3 YES NO	pectively. (newal, if the either by converse yearly seemed either burnent date when the date of approximate of	Applicable only e premium i direct debit of the paying three playing thr	with Single prise received of bank account of bank account of bank account ough Cheque/here medical criter or the date. Insured 6 YES NO	through NAi ount or cred at or credit card) demand draft/ examination or e of receipt of al Insured 7 YES NO YES NO	CH or dit card) pay order. In underwriting ny additiona Insured YES NO
rei mote se note em	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid Please note that your Prof credit card/ debit card trequired. In case a med nium, whichever is later. MEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or the colicy period	Monthly: Monthl	mium is applica unt on the prem Yes enewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing ffice in case of a premium from the policy standing ffice in Case of the Policy standing ffice in Case of the Policy standing from the Pol	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES NO YES	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instrard/ bank acco e on or after the NO YES NO YES	pectively. (newal, if the either by continued the period of the period o	Applicable only e premium i direct debit of the paying through the properties only words by underwind the paying through the paying through by underwind the properties only words by underwind the properties only words by underwind the properties only words by underwind the properties of the properti	with Single prise received of bank account of the remedical orition of the date. Insured 6 YES NO YES NO YES	remium payment through NAI ount or credit card) demand draft/ examination or e of receipt of all NO	CH or dit card) pay order. Ir underwriting ny additiona Insured YES NO YES
rei mote se note em	Worksite ma Family discount: 1 Long term discoun Online Rene Pamily discount: 1 Long term discoun Online Rene Pamily discount: 1 Long term discoun Online Rene Pamily discount: 1 Please note that your Pamily discount of trequired. In case a medium, whichever is later. IEDICAL AND Ledical questions Has any of the aphave Cancer or Redisease or Chronic Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Intemphysema. Has any member treatment (operamedication for mo	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or the colicy period	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (\(\) ACH or standing fffice in case of oppermium from tired, the Policy standing th	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence Insured 2 YES NO YES NO YES NO	der a Policy. d 3 years reserom next rerent is made here payment is or/as per instructed bank according on or after the Insured 3 YES NO YES NO YES NO	pectively. (newal, if the either by continuous per pectively). The either by continuous per	Applicable only e premium i direct debit of the paying three plicable only was a by underwind the paying three plicable only was by underwind the paying three plicable only was a by underwind the paying three plicable only was a by underwind the paying three plicable only was a by underwind the paying three plicable only was a by underwind the paying three playing the property of	with Single price of Single price of bank accounting the Community of Single of bank accounting the Cheque of the	to credit card) demand draft/ examination or of receipt of al Insured 7 YES NO YES NO YES NO	Pay order. Ir underwriting ny additional PES NO YES NO NO NO
rei mote se note em	Worksite ma Family discount: 1 Long term discoun Online Rene Pamily discount: 1 Long term discoun Online Rene Pamily discount: 1 Long term discoun Online Rene Pamily discount: 1 Please note that your Pamily discount of trequired. In case a medium, whichever is later. IEDICAL AND Ledical questions Has any of the aphave Cancer or Redisease or Chronic Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Intemphysema. Has any member treatment (operamedication for mo	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or the colicy period	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (\(\) ACH or standing ffice in case of oppermium from tirred, the Policy standing to the Policy	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence Insured 2 YES NO YES NO YES NO YES	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instract/d bank acco e on or after the Insured 3 YES NO YES NO YES NO YES	pectively. (newal, if the either by continued the period of approximate the period of approximat	Applicable only e premium i direct debit of the paying three places only word by underwind the paying three plicable only word by underwind the paying three plicable only word by underwind the paying three plicable only word by underwind the paying three places on	with Single prise received of bank account of bank account ough Cheque/here medical criter or the date. Insured 6 YES NO YES NO YES NO YES	to credit card) demand draft/ examination or e of receipt of at Insured 7 YES NO YES NO YES NO YES	Pay order. Ir underwriting ny additional Property No Press No Pres
rei mote se note em	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid expected the required. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or the colicy period	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing iffice in case of or premium from tirred, the Policy standing iffice in Case of or premium from tirred, the Policy standing iffice in Case of or premium from tirred, the Policy standing iffice in Case of or premium from tirred, the Policy standing iffice in Case of or premium from tirred, the Policy standing iffice in Case of or premium from tirred, the Policy standing iffice in Case of the Policy standing in Case of the Policy standi	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES NO YES NO YES NO	der a Policy. d 3 years restrom next rerent is made here payment is or/ as per instructor/ bank according on or after the Insured 3 YES NO YES NO YES NO YES NO YES NO	pectively. (newal, if the either by continued to the either by continued t	Applicable only e premium i direct debit of the paying three plays and by underwind	with Single prise received of bank account of	Insured 7 VES NO YES NO YES NO YES NO	Pay order. Ir underwriting ny additiona Insured YES NO YES NO YES NO YES NO
rei ck 	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid expected the required. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or transactions or the colicy period w transactions or transactions o	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing fffice in case of or premium from the policy standing ffice in Case of the Policy standing from the Poli	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES NO YES NO YES NO YES	der a Policy. d 3 years res rom next rer ent is made here payment is or/ as per instra hard/ bank acco e on or after the Insured 3 YES NO YES NO YES NO YES NO YES	pectively. (pewal, if the either by continued the period of the period	Applicable only e premium i direct debit of the paying through the paying the paying through the paying thro	with Single prise received of bank account of the single of the	remium payment through NAI ount or credit card) demand draft/ examination or e of receipt of all through NO	Pay order. In underwriting ny additional Insured Insured YES NO YES NO YES NO YES NO YES NO YES
rei ck 	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid e: Please note that your P of credit card/ debit card trequired. In case a med ium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo Diabetes Mellitus Hypertension	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or transactions or the colicy period w transactions or transactions o	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (\(\) ACH or standing fffice in case of oppermium from the policy of the	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence Insured 2 YES NO YES NO YES NO YES NO YES NO YES NO NO YES NO NO YES NO	der a Policy. d 3 years reserom next rerent is made here payment is or/as per instructed bank according on or after the Insured 3 YES NO YES NO YES NO YES NO YES NO YES NO	pectively. (newal, if the either by continued the period of approximate the period of approximat	Applicable only e premium i direct debit of the paying three places only words by underwind the paying three plicable only words by underwind the paying three plicable only words by underwind the paying three plicable only words by underwind the paying three places on the paying three place	with Single price of bank accounts of ba	to credit card) demand draft/ examination or or of receipt of an Insured 7 VES NO YES NO YES NO YES NO YES NO YES NO YES NO NO YES	Payorder. In underwriting ny additional Press No
ick	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid e: Please note that your P of credit card/ debit card trequired. In case a med ium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo Diabetes Mellitus Hypertension	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or transactions or the colicy period w transactions or transactions o	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing iffice in case of oppremium from tirred, the Policy standing iffice in Case of oppremium from tirred, the Policy standing iffice in Case of oppremium from tirred, the Policy standing iffice in Case of oppremium from tirred, the Policy standing iffice in Case of oppremium from tirred, the Policy standing iffice in Case of oppremium from tirred, the Policy standing in Case of oppremium from tirred, the Policy standing in Case of the Pol	members un term of 2 an e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's o shall commence Insured 2 YES NO YES	der a Policy. d 3 years reserom next rerent is made here payment is or/as per instructor d'ank acco e on or after the Insured 3 YES NO YES	pectively. (newal, if the either by continued the period of approximate and the period of approx	Applicable only e premium i direct debit of the paying three picable only word by underwind the picable only only the picable only only the picable only only only the picable only only only only only only only only	with Single prise received of bank account of bank account ough Cheque/here medical criter or the date. Insured 6 YES NO YES	to remium payment through NAI ount or credit card) demand draft/examination or e of receipt of all through NO YES NO YES NO YES NO YES NO YES	Pay order. Ir underwriting ny additional PYES NO YES
rei mote se note em	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid expected trequired. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo Diabetes Mellitus Hypertension	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy period w transactions or Kidney from the colicy period of the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or Kidney from the colicy period w transactions or transactions or the colicy period w transactions or transactions or the colicy period w transactions or transactions o	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing iffice in case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing in Case of	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES	der a Policy. d 3 years restrom next rerent is made here payment is or/ as per instructor/ bank according on or after the Insured 3 YES NO	pectively. (newal, if the either by continued the eith	Applicable only e premium i direct debit of the paying three plays and by underwind	with Single prise received of bank account of	to remium payment through NAI ount or credit card) demand draft/ examination or a of receipt of all through NAI ount or credit card) demand draft/ examination or a of receipt of all through NAI output NAI outp	Pay order. Ir underwriting ny additional PYES NO PYES
rei ck 	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid expected trequired. In case a med nium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo Diabetes Mellitus Hypertension	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy p	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing fffice in case of a premium from the policy standing fffice in Case of a premium from the policy standing ffice in Case of a premium from the policy standing ffice in Case of a premium from the policy standing ffice in Case of a premium from the policy standing ffice in Case of a premium from the policy standing ffice in Case of a premium from the premiu	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES	der a Policy. d 3 years restrom next rerent is made here payment is or/ as per instructed bank according on or after the Insured 3 YES NO YES	pectively. (pewal, if the either by converse process) and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process. The either by converse process and the either by converse process and the either by converse process. The either by converse process and the either by converse process and the either by converse process and the either by converse process. The either by converse process and the either by converse	Applicable only e premium i direct debit of the paying through the properties only words by underwind the paying through the pa	with Single prise received of bank account of	remium payment through NAI ount or credit card) demand draft/ examination or e of receipt of all through NO	Pay order. Ir underwriting ny additional linsured YES NO YES
reem MMlece	Worksite ma Family discount: 1 Long term discoun Online Rene mium payment mo onths premium to be paid e: Please note that your P of credit card/ debit card trequired. In case a med ium, whichever is later. IEDICAL AND L dical questions Has any of the ap have Cancer or R disease or Chroni Kidney Disease or Paralysis or Parkir Tumor or Cerebral Coronary Artery Bronchitis or Int Emphysema. Has any member treatment (opera medication for mo Diabetes Mellitus Hypertension High Cholesterol Thyroid disorders	arketing dis 10% discour nt: 7.5% and ewal discour de: din advance are colicy period w transactions, lical examination of the colicy period w transactions of the colicy p	Monthly: Monthl	mium is applica unt on the prem Yes Premewal premium pa emium received da ill start from date of e or an underwriting MATION*: gnosed with or Ulcerative Col atitis B, Cirrhos or Huart Attac or Heart Diseas es or Pneum ently suffering vestigated) or	de: able for covering applicable for Covering applicable for Covering applicable for Covering applicable for Covering approval is requisite graph approval is required to the form of the form of the form or under repeating approval is required to the form of the	e for a policy of 3% on the instruction (NACH or standing iffice in case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing iffice in Case of or premium from tired, the Policy standing in Case of	members un term of 2 an- e premium fi where paym Half yearly g instruction (wh cash payments he Proposer's c shall commence Insured 2 YES NO YES	der a Policy. d 3 years restrom next rerent is made here payment is or/ as per instructor/ bank according on or after the Insured 3 YES NO	pectively. (newal, if the either by continued the eith	Applicable only e premium i direct debit of the paying three plays and by underwind	with Single prise received of bank account of	to remium payment through NAI ount or credit card) demand draft/ examination or a of receipt of all through NAI ount or credit card) demand draft/ examination or a of receipt of all through NAI output NAI outp	Pay order. In underwriting my additional linsured YES

If No, Please mention country _

Note: ManipalCigna Critical Illness Add On Cover: Minimum age at entry under this policy is 18 years and maximum age at entry is 65 years

All insured Indian national and Indian residents? Yes

		YES	YES	YES	YES	YES	YES	YES	YES
vii	Brain, nerve and Psychiatric (Mental) disorders	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
VIII	Other Endocrine (Hormonal) disorders	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
ix	Bone, joints and muscle disorders	NO	NO	NO	NO	NO	NO	NO	NO
	For more and the of the order	YES	YES	YES	YES	YES	YES	YES	YES
Х	Ear, nose, eye and throat disorders	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
xi	Genito-urinary and Gynaecological disorders	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
xii	Blood and related disorders	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
xiii	Skin disorders	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
xiv	Any other condition / illness / disorder / surgery	NO	NO	NO	NO	NO	NO	NO	NO
7	, any cancer contains in minocor, allocated in callings of								
		YES	YES	YES	YES	YES	YES	YES	YES
Q3	Has any of the applicants recommended to undergo or has undergone	NO		NO	NO	NO	NO	NO	NO
	any pathologic or radiologic tests for any illness other than the ones listed above and routine or annual health check-up?		NO	NO		NO	NO		
	instead above an a routine of an indumediation core up:								
Q4	Is any applicant currently not in good health and undergoing any	YES	YES	YES	YES	YES	YES	YES	YES
	investigation or treatment or medication for any illness or medical	NO	NO	NO	NO	NO	NO	NO	NO
	condition (Physical/ Mental/ Sleep disorders)?								
	the and the fide marking								
	bits and Lifestyle questions	Insured 1				Insured 5			Insured 8
Ha Q5	Does any of the insured/s chew tobacco / smoke / consume alcohol?	YES	YES	YES	YES	YES	YES	YES	YES
	• •	YES	YES	YES	YES NO	YES NO	YES	YES NO	YES NO
	Does any of the insured/s chew tobacco / smoke / consume alcohol?	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES
Q5	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below	YES	YES	YES	YES NO	YES NO	YES	YES NO	YES NO
Q5	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES
Q5 A	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES	YES NO YES
Q5 A	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO
Q5 A 1 a b	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years	YES NO YES YES	YES NO YES YES	YES NO YES NO YES	YES NO YES NO	YES NO YES NO YES	YES NO YES NO YES	YES NO YES YES	YES NO YES NO YES
Q5 A 1 a	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO	YES NO YES NO
A 1 a b B	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years	YES NO YES YES	YES NO YES YES	YES NO YES NO YES	YES NO YES NO	YES NO YES NO YES	YES NO YES NO YES	YES NO YES YES	YES NO YES NO YES
A 1 a b B	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco	YES NO YES YES	YES NO YES YES	YES NO YES NO YES	YES NO YES NO	YES NO YES NO YES	YES NO YES NO YES	YES NO YES YES	YES NO YES NO YES
Q5 A 1 a b B 1	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day	YES NO YES YES	YES NO YES YES	YES NO YES NO YES	YES NO YES NO	YES NO YES NO YES	YES NO YES NO YES	YES NO YES YES	YES NO YES NO YES
Q5 A 1 a b B 1 a	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day	YES NO YES NO YES NO NO	YES NO YES NO NO	YES NO YES NO NO	YES NO YES NO YES NO NO	YES NO YES NO NO	YES NO YES NO YES NO	YES NO YES NO YES NO	YES NO YES NO NO
Q5 A 1 a b B 1 a b c	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day	YES NO YES YES	YES NO YES YES	YES NO YES NO YES	YES NO YES NO	YES NO YES NO YES	YES NO YES NO YES	YES NO YES YES	YES NO YES NO YES
A 1 a b B 1 a b	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day	YES NO YES NO YES NO NO	YES NO YES NO NO	YES NO YES NO NO	YES NO YES NO YES NO NO	YES NO YES NO NO	YES NO YES NO YES NO	YES NO YES NO YES NO	YES NO YES NO NO
Q5 A 1 a b B 1 a b c	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES YES YES	YES NO YES NO YES YES YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES YES YES
Q5 A 1 a b B 1 a b c C	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day Alcohol How frequently does the applicant consume alcohol	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES YES YES	YES NO YES NO YES YES YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES YES YES
Q5 A 1 a b B 1 a b c C 1 a	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day Alcohol How frequently does the applicant consume alcohol 1-3 days/ week	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES YES YES	YES NO YES NO YES YES YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES YES YES
Q5 A 1 a b B 1 a b c C 1 a b	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day Alcohol How frequently does the applicant consume alcohol 1-3 days/ week 3-6 days / week	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES YES YES	YES NO YES NO YES YES YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES YES YES YES
Q5 A 1 a b B 1 a b c C 1 a b c	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day Alcohol How frequently does the applicant consume alcohol 1-3 days/ week	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO	YES NO YES NO YES YES YES	YES NO YES NO YES NO YES NO NO	YES NO YES NO YES NO YES NO YES NO	YES NO YES NO YES NO YES YES NO	YES NO YES NO YES NO YES NO	YES NO YES NO YES NO YES YES YES YES
Q5 A 1 a b B 1 a b c C 1 a b c	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day Alcohol How frequently does the applicant consume alcohol 1-3 days/ week 3-6 days / week Daily Critical Illness Add On Cover Have any first degree relatives (i.e. parents, brothers, sisters or	YES NO YES NO YES NO IND	YES NO YES NO YES NO YES NO Insured 2	YES NO YES NO YES NO YES NO Insured 3	YES NO YES NO YES NO IND	YES NO YES NO YES NO YES NO Insured 5	YES NO YES NO YES NO Insured 6	YES NO YES NO YES NO IND	YES NO YES NO YES NO YES NO YES NO Insured 8
Q5 A 1 a b B 1 a b c C 1 a b c Fo	Does any of the insured/s chew tobacco / smoke / consume alcohol? Please tick the relevant box(es) below Smoke Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day 4-6 packets/day >6 packets/day Alcohol How frequently does the applicant consume alcohol 1-3 days/ week 3-6 days / week Daily Critical Illness Add On Cover	YES NO YES NO YES NO YES NO	YES NO YES NO YES NO	YES NO YES NO YES NO	YES NO YES NO YES NO YES NO NO	YES NO YES NO YES NO YES NO YES NO	YES NO YES NO YES NO YES NO	YES NO YES NO YES NO YES NO	YES NO YES NO YES NO YES NO YES NO NO

ManipalCigna Super Top Up Proposal Form | UIN: MCIHLIP23022V032223 | URN: 2022/STU-S/V3.02/OFF | December 2022

V. ADDITIONAL MEDICAL INFORMATION:

Sr.No.	Additional Medical Information	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
a.	Exact Diagnosis								
b.	Year of diagnosis								
C.	Treatment taken: Surgical/ Medical / No treatment / Defaulter (left treatment on own)								
d.	Current status - Cured/ On treatment / Pending surgery or treatment								
e.	Complications/ Recurrences - Yes/No								
f.	Last consultation date - "Month/Year" to be provided								
g.	Histopathology Examination Report (only for surgical) - No abnormality, Malignancy/ borderline malignancy/ Tuberculosis								

Signature of Proposer*:	

VI. PREVIOUS/ CURRENT INSURANCE DETAILS:

Pease fill the following details with respect to health insurance policies(s) currently or held with the Company or any other insurance company (Individual or Group)?

Insured	Policy No.	Type of Policy e.g. Mediclaim, PA, CI, Hospital Cash	Insurer Name	From Date	To Date	Sum Insured	Claim Details				umulative nus Earned	Has any proposal for life, health, hospital daily cash or critical illness insurance on the life of the applicant ever been declined, postponed, loaded or been made subject
							Claim Number			%	Amount	to any special conditions such as exclusions by any insurance company?
Insured 1												
Insured 2												
Insured 3												
Insured 4												
Insured 5												
Insured 6												
Insured 7												
Insured 8												

For active policies, please attach policy copies. Insured wise information required with all the above information in Previous/Current Insurance Details

VII. PAYMENT DETAILS*:

Premium Paid by :	<first></first>	<middle></middle>	<last></last>	Relationship to Proposer :	
Premium Amount :		in Words			
Signature :					
Payment Option: Cheque	Demand Draft	Pay Order Cre	dit Card	Debit Card	Cash
For Cheque / DD / Credit Card. Proposal form No.	/ Debit Card/ PO/ Others (Pleas	e specify)(F	ayable in favour of	"ManipalCigna Health Insurance	e Company Limited" –
Instrument / Transaction Numb	per :	Inst	rument/Transaction	n Date: DDMMY	YYY
Instrument /Transaction Amour	nt :				
Bank Name	:				
Payment to be collected only from Pro	posers Card/Bank Account				

F	nt to be collected only from Proposers Card/Bank Account
VI	ANK ACCOUNT DETAILS*:
N	tory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account.
P	select any one of the below options as applicable.
	Bank details as per premium cheque to be used for electronic fund transfer.
	Bank account details as mentioned on the cheque being submitted along with the Proposal Form towards premium payment for insurance Policy should be used be Company for electronic fund transfer as mode of payment.
_	Please fill the below table if the premium payment cheque does not have all the details required for electronic fund transfer.
	lo existing Bank Account.
	do not have any existing bank account. I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of ayment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer receipt of aforesaid pending bank details from me.
	Cancelled Cheque submitted for Refund Processing.
	Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the Company for electronic fund transfer as mode or asyment. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly). I hereby declare that below bank details as

correct and should be used to process all payment due in relation to my insurance policy.

Particulars of Bank Ad	count*:																								
Account Number:																									
IFSC/MICR Code:																									
Name of the Bank:																									
Account Holder Name:																									
I agree and undertake to furnished above are corredictions. ManipalCigna shall not limitation-failure on part Holder. Aforesaid NEFT terms and conditions relatives. Instructions: It is important for thes given above. In cases where beneat mandate is required. The customer who is participating banks brower cancelled blatives. In case cancelled blating bank attestation is rec. NEFT Form needs to	be liable to of the Bank/ transaction ated to NEF' e electronic efficiary's bar willing to transach) of the buld be attarnk cheque equired.	anyboos involves involves hall be of facility payme hk accounsfer the branch ched alcodoes no	dy, in red to e gove . Man nt sys	any m performend beinal Cientes to terms to umber ds will re the frith the r acco	nanner many ny appl gna sh hat the * & na be req unds n NEFT	, what of their icable all be in Police me is uired to formation	soeve oblig Rese ndem / Hold orinte o prov be tra	er if the ations rve Banified ler's ned on the wide the attention of the a	e NE for a ank o agai ame the cl	EFT tr fores f India nst ar in the hequal	ans aid a rul ny lo Pol Pol vali	sactior NEFT les, di oss/da licy mi ank a id IFS	n does trans rectio mage ust ex ttesta	s no actions & e/clains actly tition	t cor on or guid ims o / ma is no	mplete incon delines caused tch wir ot req	e for nplet sand to Manager to Ma	any e/inc I sha I/anip e nar	reaso correct ill be s palCig me in t r all o	on what informubject place in the Batther conly.	atsoe matic t to p carry nk Ad	ever on by artic ring of ccou	inclu y Cus cipatir out yo unt red unt att	ding tome ng Ba our af cords cested	without r/Policy nk user foresaid s/details d NEFT to each
Date: D D M M	Y Y Y	Y	espec	l.								Sig	ınatu	re o	f Pr	opos	er*:								
I/We hereby declare, on a complete in all respects to I understand that the informed that the policy will correct the control of the control	my behalf and the best of the best of the provention pr	nd on be my kno vided by	ehalf wledg / me v	of all page and will form	that I/\ n the b	Ve am asis of	are a the in	uthori ısurar	sed to	o pro	oos	e on b	ehalf	of th	ese (otherp	erso	ns.	•		_		nsura		ompany
I/We further declare that submitted but before com I/We declare and consent from any past or present insurance company to w settlement. I/We authorize the comp settlement and with any O I hereby consent to and a provided by me, as per the NCPR/NDNC and/or und I hereby agree to the Term Date:	I/We will no imunication to the complement of th	of the rion of the rion of the rion of the rion on cernilication e informand/or anipalCiblicy of at TRAI	riting isk accelering and for in matior Regularithe Cregularithe Cregu	medic ything surand perta latory Health ompar ations)	ice by all info which ce on the ce o	the corrmation affect he life or my prity.	ng in mpany n from s the to be proposed or its	the oc /. n any c physic assu sal inc ny Lin repre	docto cal or red/p cludin nited senta	r or fr men ropos g the ("Coratives	om a tal h ser l me mpa are	a hosp nealth has be edical any") a	healt bital w of the een m record record nd its hereb	th of who a e life nade ds fo repr	to be for the esee	rtime le assume pur sole sole intative sed to	nas a ired/ rpos purp es to con y.	e of ose colle	ded or oser a under of pro	n the li and se writin posal	fe to eekin g the und	be ir g inf pro erwr	nsure forma posal riting	d/pro tion f and/ and/c	poser or from any for claim or claims
submitted but before com I/We declare and consent from any past or present insurance company to w settlement. I/We authorize the comp settlement and with any C I hereby consent to and a provided by me, as per th NCPR/NDNC and/or und I hereby agree to the Term	I/We will no imunication to the complement of th	of the rion of the rion of the rion of the rion on cernilication e informand/or anipalCiblicy of at TRAI	riting isk accelering and for in matior Regularithe Cregularithe Cregu	medic ything surand perta latory Health ompar ations)	ice by all info which ce on the ce o	the corrmation affect he life or my prity.	ng in mpany n from s the to be proposed or its	the oc /. n any c physic assu sal inc ny Lin repre	docto cal or red/p cludin nited senta	r or fr men ropos g the ("Coratives	om a tal h ser l me mpa are	a hosp nealth has be edical any") a	healt bital w of the een m record record nd its hereb	th of who a e life nade ds fo repr	to be for the esee	rtime le assume pur sole sole intative sed to	nas a ired/ rpos purp es to con y.	e of ose colle	ded or oser a under of pro ect, use me (in	n the li and se writin posal	fe to eekin g the und	be ir g inf pro erwr	nsure forma posal riting	d/pro tion f and/ and/c	poser or from any for claim or claims

December 2022
N: 2022/STU-S/V3.02/OFF
<u> </u>
MCIHLIP23022V032223
ž

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.						
Date: DD MM YYYY	Place:	ing the contents thereof.	Signature:			
XI. ADVISOR / INTERMEDIARY DECLAI	RATION*:					
In my capacity as an Insurance Advisor/ Specifier explained all the contents of this Proposal Form, if and response(s) submitted by him/her in this Propietween the Company and the Proposer, if this features, terms and conditions to the prospect and I have further explained that if any untrue staten submissions, furnished/to be furnished, the Company material fact, the Policy issued to his/her favor be forfeited to the company. License No. / ID (Advisor/Corporate Agent/Broket	d Person of the Corporate Agent/Ancluding the nature of the question posal Form to questions contained Proposal is accepted by the Cord the product opted is suitable to the nent(s)/information/response(s) is pany shall have the right to vary the ur pursuant to this Proposal may be	as contained in this Proposal For herein or any details sought he apany for issuance of the Poli e needs of the customer. If are contained in this Proposa be benefits which may be payable	orm to the Proposer incl rein that will form the ba cy. I further confirm tha I Form/including adder e and further more if the	uding statement(s), information usis of the Contract of Insurance at I have explained the product adum(s), affidavits, statements, re has been a non-disclosure of		
Date: DDMMYYYY	Place:		Signature of Agent:			
Section 41 of Insurance Act 1938 (Proh	ibition of rebates):					
No person shall allow or offer to allow, either dir relating to lives or property in India, any rebate taking out or renewing or continuing a policy ac insurer. Any person making default in complying with the	ectly or indirectly, as an inducement of the whole or part of the commis copt any rebate, except such reba	sion payable or any rebate of t te as may be allowed in accord	he premium shown on the published	the policy, nor shall any person d prospectuses or tables of the		
		€				
ACKNOWLEDGEMENT: (Tear Off)						
Received from Ms / Mrs / Mr						
a sum of ₹ through Cash/Cheque	/DD/Credit Card/Debit Card No.		against your propo	osal forPolicy.		
Signature of ManipalCigna official / Intermediary:			Date:			
ManipalCigna official / Intermediary Name:						
Time: Place:						
Note: Neither the submission of a completed prop is and always shall be in the Company's sole and a If ManipalCigna Health Insurance Company Limit the Policy terms and conditions of this product and	bsolute discretion. ed accepts a proposal for insuran	ce, it shall be subject to the boa	ard approved underwriti	ng 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 pagreet ManipalCigna branch or its authorised collection points. Handing over each to						
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. If a proposal is not accepted, ManipalCigna Health Insurance Company Limited will inform you and refund any payment received from you without interest.						

Insurance is a subject matter of solicitation.