MANIPALCIGNA PROHEALTH PRIME

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

<table>
<tr><th>Sl No.</th><th>Title</th><th>Description
(Please refer the Policy Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna ProHealth Prime - Active</td><td></td></tr>
<tr><td>2</td><td>Policy Number</td><td>xxxxxxxx</td><td></td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>• Both indemnity and Benefit (Where the policy has elements of both)
Indemnity - Where insured losses are covered up to Sum Insured under the policy.
Benefit - Where the Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</td><td></td></tr>
<tr><td>4</td><td>Base Sum Insured (Basis) (Along with amount)</td><td>• Individual Sum Insured - Where each insured member has a separate Base sum insured under the policy,
<table>
<tr><th>Insured Name</th><th>Base Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td>xxxxx</td></tr>
<tr><td><Insured Name 2></td><td>xxxxx</td></tr>
<tr><td><Insured Name 3></td><td>xxxxx</td></tr>
</table>
Or
• Floater Sum Insured - Where all members under the policy have a single Base sum insured limit which may be utilized by any or all members.
<table>
<tr><th>Insured Name</th><th>Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td rowspan="3">xxxxx</td></tr>
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<tr><td><Insured Name 3></td></tr>
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</table>

<table>
<tr>
<td>5</td>
<td>Policy Coverages (What the policy covers?)</td>
<td>
1. In-patient Hospitalization (When you are hospitalized)
Room Rent:
• For Base Sum Insured ₹3 Lacs: 1% of Base Sum Insured
• For Base Sum Insured ₹5 Lacs and above: Single Private AC Room
• For ICU - At Actuals
<table>
<tr><th>Base Sum Insured (in ₹)</th><th>3 Lacs</th><th>5 Lacs</th><th>7.5 and 10 Lacs</th><th>>10 Lacs</th></tr>
<tr><td>Treatment for each ailment / procedure mentioned below:
1. Surgery for treatment of all types of Hernia
2. Hysterectomy
3. Surgeries for benign Prostate Hypertrophy
4. Surgical treatment of stones of renal system</td><td>₹50,000</td><td>₹65,000</td><td>₹80,000</td><td>NA</td></tr>
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Wherever the above-mentioned Sub-limits are applied, the Mandatory Co-payment shall not be applicable however co-payment for the treatment taken at higher zone as mentioned under section F.II.10 will continue to apply.

This benefit shall also offer the below covers up to the limits mentioned:
a. Listed Modern and Advanced Treatments: up to 50% of Base Sum Insured
b. HIV/AIDS & STD: up to Sum Insured
c. Mental Illness: up to 50% of Sum Insured
For below mentioned ICD Codes: Waiting Period of 24 months shall apply.
</td>
<td>D.I.1</td>
</tr>
</table>

ICD 10 CODES	DISEASES
F05	Delirium due to known physiological condition
F06	Other mental disorders due to known physiological condition
F07	Personality and behavioural disorders due to known physiological condition
F10	Alcohol related disorders
F20	Schizophrenia
F23	Brief psychotic disorders
F25	Schizoaffective disorders
F29	Unspecified psychosis not due to a substance or known physiological condition
F31	Bipolar disorder
F32	Depressive episode
F39	Unspecified mood [affective] disorder
F40	Phobic Anxiety disorders
F41	Other Anxiety disorders
F42	Obsessive-compulsive disorder
F44	Dissociative and conversion disorders
F45	Somatoform disorders
F48	Other nonpsychotic mental disorders
F60	Specific personality disorders
F84	Pervasive developmental disorders
F90	Attention-deficit hyperactivity disorders
F99	Mental disorder, not otherwise specified

2. Pre - hospitalization
   Medical Expenses up to 30 days before the date of hospitalization; Covered upto the Sum Insured — D.I.2
3. Post - hospitalization
   Medical Expenses up to 60 days post discharge from the hospital; Covered upto the Sum Insured — D.I.3
4. Day Care Treatment
   All day care treatments Covered up to the Sum Insured — D.I.4
5. Domiciliary Hospitalization (Treatment at Home)
   Covered up to 10% of the Sum Insured
   Pre and Post Hospitalization Expenses: 30 days each — D.I.5
6. Road Ambulance (Reimbursement of Ambulance Expenses)
   Covered up to the Sum Insured — D.I.6
7. Donor Expenses (Hospitalization Expenses of the donor providing the organ)
   Covered up to the Sum Insured — D.I.7

		8. Restoration (When opted Sum Insured is insufficient due to claims) Multiple Restoration is available in a Policy Year for unrelated illnesses, in addition to the Base Sum Insured Applicable for below covers only a. D.I.1 - In-patient Hospitalization b. D.I.2 - Pre - hospitalization c. D.I.3 - Post - hospitalization d. D.I.4 - Day Care Treatment e. D.I.6 - Road Ambulance f. D.I.7 - Donor Expenses g. D.I.9 - AYUSH Treatment h. D.III.1 - Non-Medical Items Restoration shall not get triggered for the 1st claim The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured	D.I.8
		9. AYUSH Treatment Covered up to the Sum Insured	D.I.9
		10. Convalescence Benefit (For Hospitalization >=10 days) Applicable for Base Sum Insured of ₹5 Lacs and above: Lump sum benefit amounting to ₹30,000 per hospitalization upon completion of at least 10 consecutive and continuous days of hospitalization.	D.I.10
		11. Daily Cash for Shared Accommodation Daily Cash benefit for occupying shared accommodation during In-patient hospitalization shall be covered as below:- • For Base Sum Insured from ₹5 Lacs to ₹10 Lacs: ₹800 per day per day up to maximum of ₹5600 • For Base Sum Insured above ₹10 Lacs: ₹1,000 per day up to maximum of ₹7000 Payable for each continuous and completed 24 Hours of Hospitalization during the Policy Year. This benefit gets triggered post 48 hours of In-patient hospitalization and shall be payable from 1st day onwards.	D.I.11
		12. **Home Treatment** Expenses for treatment at home for specified conditions are covered, with claims settled on a reimbursement basis. Covered upto the Sum Insured.	D.II.1
		Value Added Covers This section lists the additional value added benefits that are available along with your plan	D.II.2
		12. Domestic Second Opinion Available for 36 listed Critical Illness/es	D.II.3
		13. Tele consultation Unlimited Tele-consultations in a Policy Year	
		14. Cumulative Bonus Bonus of 10% per year subject to a maximum upto 100% of Base Sum Insured.	

		15. Wellness Program (For Lives suffering from one or more of the following conditions: **Asthma, Diabetes, Hypertension, Dyslipidaemia, Obesity)** Rewards can be earned by adhering to Condition Management Program and improving the Health Parameters. These earned Reward Points can be used against payable Renewal premium (excluding premium for optional covers, Rider and taxes as applicable) as discount from 1st Renewal of the Policy. Reward Accrual - Max upto 15% of the expiring base Premium (excluding premium for optional covers, Rider and taxes as applicable), applicable for the respective insured. Reward Redemption - The earned reward points could be redeemed as discount to pay a portion of the renewal premium (excluding premium for optional covers, Rider and taxes as applicable). The earned rewards shall lapse, in case the same is not used at the time of subsequent renewal (renewal falling due immediately after the accrual).	D.II.4
		16. Discount from Network Provider Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited.	D.II.5
		17. Premium Waiver Benefit Waives off one year Policy Premium (including optional covers, rider and taxes as applicable) upon occurrence of any of the listed contingencies (Accidental death/ listed Critical Illnesses) to the Policyholder who is also an Insured Person in the Policy.	D.II.6
		Optional Covers (Available if opted) 1. Non-Medical Items Non-Medical items covered up to the Sum Insured in case of In-patient Hospitalization and/or Day Care Treatment.	D.III.1
		2. Waiver of Mandatory Co-payment Waives off Mandatory Co-payment of 10% per claim subject to underwriting.	D.III.2
		3. Worldwide Accidental Emergency Hospitalization Cover (Applicable to Indian Residents only) Covered up to the Sum Insured for Emergency In-patient Hospitalization outside India. This benefit is available once in a Policy Year for each Insured Person. Any claim payable under this benefit is over and above the Sum Insured.	D.III.3

		4. Health Check Up Available once every third policy year, to all Adult insured persons who are 18 years or above at the start of the policy year, in lieu of 'Wellness Program'. This package shall be offered on cashless basis only. 5. Waiver of Disease Specific Sublimit Disease Specific Sublimit which is applicable for listed ailments/ procedures as specified under section D.I.1 In-patient hospitalization shall be waived subject to underwriting. **6. Cumulative Bonus** Option 1 :Cumulative Bonus booster options: 10%/20%/50% per year subject to a maximum upto 200% of Base Sum Insured. **7. Modification in Pre & Post Hospitalization Days** Option 1 :Increases Pre&Post Hospitalzation days to 60/90 days respectively. **OR** Option 2 : Increases Pre&Post Hospitalzation days to 60/180 days respectively. Add on cover(Rider) (Applicable only if opted) This section lists the Add on cover available under your plan 1. ManipalCigna Prime Plus a. Room Rent Modification The Insured Person shall be eligible to modify the room type category eligibility under the Policy as follows: Option 1: Any room; ICU Up to Sum Insured Option 2: Twin Sharing AC room; ICU Up to Sum Insured b. Deductible Option to opt from ₹ 10K, 25K, 50k, .1 Lac, .2 Lacs, 3 Lacs, 4 Lacs and 5 Lacs. Deductible will be applied for each Policy Year on the aggregate of all Claims in that Policy Year.	D.III.4 D.III.5 Add on policy wordings

6	Exclusions (What the policy does not cover)	1. Investigation & Evaluation - Code - Excl. 04 2. Rest Cure, rehabilitation and respite care - Code - Excl. 05 3. Obesity/ Weight Control: Code - Excl. 06 4. Change-of-Gender treatments: Code - Excl. 07 5. Cosmetic or plastic Surgery: Code - Excl. 08 6. Hazardous or Adventure sports: Code - Excl. 09 7. Breach of law: Code - Excl. 10 8. Excluded Providers: Code - Excl. 11 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl.12 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code - Excl. 13 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure. Code - Excl. 14 12. Refractive Error: Code - Excl. 15 13. Unproven Treatments: Code - Excl. 16 14. Sterility and Infertility: Code-Excl 17 15. Maternity: Code Excl 18 16. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 17. Dental treatment, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless specifically covered under the Policy. 18. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 19. Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment. 20. Prostheses, corrective devices and/or medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was Hospitalized. 21. Any stay in Hospital without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital	E.I.4 to E.I.18 and E.II.2 to E.II.27

		22. Treatment received outside India other than for coverage under Worldwide Accidental Emergency Hospitalization Cover (if opted). 23. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body subject to conditions mentioned in D.I.7 'Organ Donor'. 24. Any form of Non-Allopathic treatment (except AYUSH Treatment), Hydrotherapy, Acupuncture, Reflexology or Chiropractic treatment. 25. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack or in any other sequence to the loss. 26. All expenses caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority. 27. All non-medical expenses including convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured Person was hospitalized - belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses, procedure charges and cost of treatment. For complete list of Non-medical expenses, please refer to the Annexure III List - I "Items for which Coverage is not available in the Policy" 28. Any percentage of admissible claim under co-payment if applicable and as specified in the Policy Schedule. 29. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company's underwriting policy/manual.	

		30. Expenses related to cataract treatment involving all types of Multi-focal Lenses (including intraocular lenses), Multi-focal Toric Lenses, and Femto Laser-assisted surgeries are not covered. 31. Expenses related to any Modern & Advanced Treatments other than those covered under this Policy shall not be payable. 32. Any kind of Out-Patient Treatment expenses including fractures (not requiring any kind of hospitalization). 33. Expenses related to an Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide. 34. Stem cell harvesting. 35. Vaccination including inoculation and immunisations (except post animal bite treatment) 36. Expenses related to the provision or fitting of hearing aids, spectacles or contact lenses. 37. Any treatment and associated expenses for alopecia, baldness including cortico steroids and topical immuno therapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy. 38. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy. 39. Treatment at a healthcare facility which is NOT a Hospital or Day Care Centre or AYUSH Hospital. 40. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. 41. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. 42. Drugs or treatments which are not supported by a prescription. 43. Expenses incurred towards artificial life maintenance, including life support, after the patient has been certified to be in a vegetative state by the treating medical practitioner shall not be payable	
		a. Initial Waiting Period: First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident.	E.I.3

7	Waiting Period • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage.	b. Specific Waiting Period (Not Applicable on claim arising due to accidents): 24 Months for following diseases: i) Cataract, ii) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus or myomectomy for fibroids unless necessitated by malignancy, iii) Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal, iv) Varicose Veins and Varicose Ulcers, v) Stones in the urinary uro-genital and biliary systems including calculus diseases and complications thereof, vi) Benign Prostate Hypertrophy, all types of Hydrocele, vii) Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.	E.I.2

		viii) Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/ Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery. ix) Gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps/internal tumors/skin tumors, and any type of Breast lumps(unless malignant), Polycystic Ovarian Diseases, x) Any surgery of the genito-urinary system unless necessitated by malignancy your Policy. c. Pre-existing Disease waiting period: A 24 months waiting period will be applicable for any Pre-existing disease. Any condition or illness, complication or ailment arising out of any of the below mentioned conditions declared and accepted as a part of Pre-existing disease, the same shall not be considered as part of Pre-existing disease waiting period. Wherein, they shall be covered after the first 90 days from the Inception Date of first policy with Us. i. Asthma ii. Diabetes iii. Dyslipidaemia iv. Obesity v. Hypertension d. Personal waiting period: Not exceeding 36 months may be applied to individuals depending upon declarations on the proposal form and existing health conditions. Please refer to the "Special Conditions" Column on your Policy Schedule to identify if any personal waiting period is applied to your policy. e. Mental Illness Cover Waiting Period 24 months waiting period will be applicable for Mental Illness for the below mentioned ICD Codes.	E.I.1 E.II.1 D.I.1

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<table>
<tr>
<td>8</td>
<td>Financial limits of coverage
• Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit
• Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder / insured).
• Deductible (It is specified amount:
- up to which and insurance company will not pay any claim, and
- which will be deducted from total claim amount (if claim amount is more than specified amount)
• Any other limit (as applicable)</td>
<td>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures:
- Listed Modern and Advanced Treatments shall be covered up to 50% of Sum Insured

2. In case of claim, this policy requires you to share the following sub limits: Expenses exceeding the following Sub-limits
• For Room Rent :
For Base Sum Insured ₹3 Lacs: 1% of Base Sum Insured
For Base Sum Insured ₹5 Lacs and above: Single Private A/C Room
• For ICU - Up to Sum Insured
• For the following specified disease
a. Mental Illness shall be covered up to 50% of Sum Insured
b. We will indemnify the Medical Expenses incurred by an Insured Person in respect of the below listed ailments / procedures (refer the table below) up to the limits specified against each and every ailment / procedure for the applicable Sum Insured options:
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		Wherever the above mentioned Sub-limits are applied, the Mandatory Co-payment under section F.II.6 shall not be applicable however co-payment for the treatment taken at higher zone as mentioned under section F.II.10 will continue to apply. 3. Co- Payment - Xxxx % *Zonal Co-payment Identification of Zone will be based on the location-City of the proposed Insured Persons. a) Persons paying Zone I premium can avail treatment all over India without any Zonal Co-pay b) Persons paying Zone II premium i. Can avail treatment in Zone II and Zone III without any Zonal Co-pay ii. Availing treatment in Zone I will have to bear 10% of each and every claim. c) Person paying Zone III premium i. Can avail treatment in Zone III, without any Zonal Co-pay ii. Availing treatment in Zone II will have to bear 10% of each and every claim. iii. Availing treatment in Zone I will have to bear 20% of each and every claim. Aforesaid Co-payments for claims occurring outside of the Zone will not apply in case of Hospitalization due to Accident. The aforesaid Co-payments applicable are in addition to the Mandatory Co-payment under section F.II.6 and will be applied in conjunction to section F.II.6. 4. Deductible - XXXXXXXX	F.II.6 & F.II.10
9	Claims/Claims procedure	Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization: To know the process for our cashless and reimbursement claims visit - https://www.manipalcigna.com/claims Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of request. ii. TAT for cashless final bill settlement - within 3 hours from receipt of request. Web links for the followings: i. Network hospital details - https://www.manipalcigna.com/locate-us ii. Helpline Number - https://www.manipalcigna.com/claims iii. Hospital which are blacklisted or from where no claims will be accepted by insurer-https://www.manipalcigna.com/locate-us iv. Link for downloading claim form - https://www.manipalcigna.com/downloads/claims	G.I.4
10	Policy Servicing	For hassle free policy servicing customer can manage their policy by clicking on-https://eservicing.manipalcigna.com/login or Download myManipalCigna App from Playstore or appstore	

11	Grievances/ Complaints	LEVEL 1 Health Relationship Managers Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM. Email us at: headcustomercare@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@manipalCigna.com LEVEL 2 Grievance Redressal Officer Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday) Email us at: complaints@manipalcigna.com LEVEL 3 Chief Grievance Redressal Call us 022-61703600 between 10 AM to 6 PM (Monday to Friday) Email us at: Compliance@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ManipalCigna.com LEVEL 4 Approach Ombudsman The office Name and address details applicable for your state can be obtained from https://www.cioins.co.in/Ombudsman	F.I.16
		Courier: Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at, 'The Grievance Cell, ManipalCigna Health Insurance Company Limited, 401/402, 4th Floor, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063, Maharashtra, India or Email: headcustomercare@manipalcigna.com. For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of Ombudsman offices attached as Annexure I to this Policy document. Grievance may also be lodged at IRDAI complaints management system - https://bimabharosa.irdai.gov.in/ You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.	

12	Things to remember	Free Look Cancellations: The Free Look period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed a free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable. To avail: - Customer can request for cancellation writing to - customercare@manipalcigna.com from the registered email id with us. OR - Customer can also visit any MCHI Branch and give a written request Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation, non-disclosure by the insured person. Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, moratorium period etc. as per IRDAI guidelines on migration. To avail: - Customer can share for migration of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance	F.I.15 F.I.10 F.I.8
		Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, moratorium period etc. as per IRDAI guidelines on portability.	F.I.9

		To avail: - Customer can share for portability of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance Change in BaseSum Insured: It will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for change of Sum Insured. Moratorium Period: After completion of 60 continuous months of coverage (including Portability and Migration) in health insurance policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of 60 continuous months is called as moratorium period. The moratorium would be applicable for the Base Sums Insured of the first Policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of Base Sums Insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.	F.II.9.g F.I.12
13	Your Obligations	Disclosure of Information a. Misrepresentation or Mis-description :The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder. b. Non-Disclosure :The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. Note: For the purpose of this policy, “material facts” refers to all relevant information requested by the Company in the Proposal Form and related documents, necessary for taking an informed underwriting decision.	F.I.1

Declaration by the Policy Holder;

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

Place: _____

Date: _____

(Signature of Policyholder)

Note:

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

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