ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited) Corporate Office: 401/402, Raheja Titanium, Western Express Highway, Goregaon (East),

Mumbai – 400063. IRDAI Registration No. 151

Base Product Name:

Proposer Name:

Base Policy Proposal Number:

Call (Toll Free): 1800-102-4462 Visit: www.manipalcigna.com E-mail: customercare@manipalcigna.com



## MANIPALCIGNA CRITICAL ILLNESS ADD ON COVER PROPOSAL FORM - ANNEXURE TO BASE PRODUCT

No. Name of Insured					Critic	al Illness	Sum Insui	red
CAL AND LIFESTYLE INFORMATION*:								
e answer the below mentioned question in Yes (Y) / No (N).	If Yes, ple	ase tick (✔	) against t	he relevant	t insured p	erson and	provide co	mplete
		,	, 0		·			
ical questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured
Has any of the applicant ever been diagnosed with or								
Ulcerative Colitis or Crohn's disease or Chronic Liver Disease,	YES	YES	YES	YES	YES	YES	YES	YES
failure or Epilepsy or Fits or Stroke or Paralysis or	NO	NO	NO	NO	NO	NO	NO	NO
Tumor or Cerebral Palsy or Heart Failure or Heart Attack or								
or Chronic Bronchitis or Intestitial Lung Diseases or								
Has any member ever suffered or currently suffering from or	YES	YES	YES	YES	YES	YES	YES	YES
under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical	NO	NO	NO	NO	NO	NO	NO	NO
condition.								
Diabetes Mellitus		YES NO		YES	YES NO			YES
		YES		YES	YES			YES
Hypertension	NO	NO	NO	NO	NO	NO	NO	NO
High Cholesterol	YES	YES	YES	YES	YES	YES	YES	YES
								NO YES
Thyroid disorders	NO	NO	NO	NO	NO	NO	NO	NO
Heart and Lung disorders	YES	YES	YES	YES	YES	YES	YES	YES
								NO
Digestive system disorders (Stomach and related organs)	NO NO	NO	NO	NO NO	NO NO	NO NO	NO NO	NO NO
Brain nerve and Psychiatric (Mental) disorders	YES	YES	YES	YES	YES	YES	YES	YES
Ziani, no vo and i syoniano (wontar) disorders	NO	NO	NO	NO	NO	NO	NO	NO
Other Endocrine (Hormonal) disorders	YES	YES   NO	YES NO	YES NO	YES NO	YES NO	YES	YES
	cal answer the below mentioned question in Yes (Y) / No (N). in the table for additional medical information (in Proposal lical questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcerative Colitis or Crohn's disease or Chronic Liver Disease, Hepatitis B, Cirrhosis or Chronic Kidney Disease or Kidney failure or Epilepsy or Fits or Stroke or Paralysis or Parkinsonism or Alzheimer's or Multiple sclerosis or Brain Tumor or Cerebral Palsy or Heart Failure or Heart Attack or Angina or Coronary Artery Disease or Ischemic Heart Disease or Chronic Bronchitis or Intestitial Lung Diseases or Pneumoconiosis or Emphysema.  Has any member ever suffered or currently suffering from or under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical condition.  Diabetes Mellitus  Hypertension  High Cholesterol  Thyroid disorders  Digestive system disorders (Stomach and related organs)  Brain, nerve and Psychiatric (Mental) disorders	cal answer the below mentioned question in Yes (Y) / No (N). If Yes, ple in the table for additional medical information (in Proposal Form).  ideal questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcerative Colitis or Cronn's disease or Chronic Liver Disease, Hepatitis B, Cirrhosis or Chronic Kidney Disease or Kidney failure or Epilepsy or Fits or Stroke or Paralysis or Parkinsonism or Alzheimer's or Multiple sclerosis or Brain Tumor or Cerebral Palsy or Heart Failure or Heart Attack or Angina or Coronary Artery Disease or Ischemic Heart Disease or Chronic Bronchitis or Intestitial Lung Diseases or Pneumoconiosis or Emphysema.  Has any member ever suffered or currently suffering from or under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical condition.  Diabetes Mellitus  Hypertension  High Cholesterol  Thyroid disorders  Heart and Lung disorders  Digestive system disorders (Stomach and related organs)  Digestive system disorders (Stomach and related organs)  Other Endocrine (Hormonal) disorders  Other Endocrine (Hormonal) disorders	CAL AND LIFESTYLE INFORMATION*:  a answer the below mentioned question in Yes (Y) / No (N). If Yes, please tick ( in the table for additional medical information (in Proposal Form).  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcerative Colitis or Crohn's disease or Chronic Liver Disease, Hepatitis B, Cirrhosis or Chronic Kidney Disease or Kidney Failure or Epilepsy or Fits or Stroke or Paralysis or Parkinsonism or Alzheimer's or Multiple sclerosis or Brain Tumor or Cerebral Palsy or Heart Failure or Heart Attack or Angina or Coronary Artery Disease or Ischemic Heart Disease or Chronic Bronchitis or Intestitial Lung Diseases or Preumoconiosis or Emphysema.  Has any member ever suffered or currently suffering from or under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical condition.  Diabetes Mellitus  Hypertension  High Cholesterol  Thyroid disorders  Heart and Lung disorders  Digestive system disorders (Stomach and related organs)  Pyes Yes No No No Pyes Yes No	CAL AND LIFESTYLE INFORMATION*:  a answer the below mentioned question in Yes (Y) / No (N). If Yes, please tick (✓) against to in the table for additional medical information (in Proposal Form).  Iical questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcerative Collis or Corhois disease or Kornoi Liver Disease, Hepatitis B, Cirrhosis or Chronic Kidney Disease or Kidney failure or Epilepsy or Fits or Stroke or Paralysis or Paralysis or Parakinsonism or Alzheimer's or Multiple sclerosis or Brain Tumor or Cerebral Palsy or Heart Failure or Heart Attack or Angina or Coronary Artery Disease or Ischemic Heart Disease or Chronic Bronchitis or Intestitial Lung Diseases or Phenemoconiosis or Emphysema.  Has any member ever suffered or currently suffering from or under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical condition.  Diabetes Mellitus  Hypertension  Hypertension  High Cholesterol  Thyroid disorders  PYES YES YES YES No	CAL AND LIFESTYLE INFORMATION*:  a answer the below mentioned question in Yes (Y) / No (N). If Yes, please tick (✓) against the relevant in the table for additional medical information (in Proposal Form).  Iical questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcerative Colitis or Crohn's disease or Chronic Liver Disease, Hepatitis B, Cirnosis or Chronic Kidney Disease or Kidney failure or Epilepsy or Fits or Stroke or Paralysis or No	CAL AND LIFESTYLE INFORMATION*:  a answer the below mentioned question in Yes (Y) / No (N). If Yes, please tick (✓) against the relevant insured print in the table for additional medical information (in Proposal Form).  Ical questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcerative Colision Forchis or Chronic Kidney Disease or Kidney failure or Epilepsy or Fits or Stroke or Paralysis or Parkinsonism or Atzheimer's or Multiple sclerosis or Brain Tumor or Cerebral Palsy or Heart Failure or Heart Attack or Angina or Coronary Artery Disease or Ischemic Heart Disease or Chronic Bronchitis or Intestitial Lung Diseases or Present Palsy or Housettial Lung Diseases or Present Open Control	CAL AND LIFESTYLE INFORMATION*:  answer the below mentioned question in Yes (Y) / No (N). If Yes, please tick (✓) against the relevant insured person and in the table for additional medical information (in Proposal Form).  Iteal questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or Ulcorative Colitios or Chronic Kidney Disease or Chronic Liver Disease, Hepatitis B, Cirrhosis or Chronic Kidney Diseases or Kidney failure or Epilepsy or Fils or Storke or Partylysis or Partinsonism or Alzheimer's or Multiple sclerosis or Brain Tumor or Corestal Pelay or Heart Failure or Partylysis or Chronic Bronichitis or Intestitial Lung Diseases or Chronic Bronichitis or Intestitial Lung Diseases or Preuimoconiosis or Emphysema.  Has any member ever suffered or currently suffering from or Or Chronic Bronichitis or Intestitial Lung Diseases or Preuimoconiosis or Emphysema.  Has any member ever suffered or currently suffering from or more than a week for any medical condition.  Diabetes Mellitus  No N	cal AND LIFESTYLE INFORMATION*:  a passwer the below mentioned question in Yes (Y) / No (N). If Yes, please tick (V) against the relevant insured person and provide coin that table for additional medical information (in Proposal Form).  Itaal questions  Has any of the applicant ever been diagnosed with or suspected to have Cancer or Rheumatoid Arthritis or literative Collisis or Crohn's disease or Chronic Liver Disease or Ridney Parkinsonism or Alzheimer's or Multiple sclerosis or Brailure or Epilepsy or Fits or Strick or Paralysis or Parkinsonism or Alzheimer's or Multiple sclerosis or Brailure or Chronic Brailure or Health and taken Aragina or Coronary Artery Disease or Isohemic Heart Disease or Chronic Liver Installar Lung Diseases or Pheumsconicidis or Emphysema.  Has any member ever suffered or currently suffering from or under treatment (operated, hospitalised, investigated) or been under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical condition.  Diabetes Mellitus  Pyes Yes Yes Yes Yes Yes Yes Yes Yes Yes Y

ix	Bone, joints and muscle disorders	YES	YES	YES	YES	YES	YES	YES	YES
		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
Q3	Has any of the applicants recommended to undergo or has	YES	YES	YES	YES	YES	YES	YES	YES
	undergone any pathologic or radiologic tests for any illness	NO	NO	NO	NO	NO	NO	NO	NO
	other than the ones listed above and routine or annual health check-up?								
-04	·	YES	YES	YES	YES	YES	YES	YES	YES
Q4	Is any applicant currently not in good health and undergoing any investigation or treatment or medication for any illness or	NO	NO	NO	NO	NO	NO	NO	NO
	medical condition (Physical/ Mental/ Sleep disorders)?								
Hab	its and Lifestyle questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Q5	Does any of the insured/s chew tobacco/ smoke/ consume	YES	YES	YES	YES	YES	YES	YES	YES
	alcohol? Please tick the relevant box(es) below	NO	NO	NO	NO	NO	NO	NO	NO
		YES	YES	YES	YES	YES	YES	YES	YES
Α	Smoke	NO	NO	NO	NO	NO	NO	NO	NO
1	Since how long does the applicant smoke								
а	<=20 years								
b	>20 years								
_									
В		YES	YES	YES	YES	YES	YES	YES	YES
	Tobacco	YES NO	YES NO	YES	YES NO	YES NO	YES	YES	YES NO
1	How many Pan masala / gutka packets does the applicant has								
-	How many Pan masala / gutka packets does the applicant has in a day								
1 a b	How many Pan masala / gutka packets does the applicant has								
а	How many Pan masala / gutka packets does the applicant has in a day 1-3 packets/day								
a b c	How many Pan masala / gutka packets does the applicant has in a day  1-3 packets/day  4-6 packets/day  >6 packets/day								
a b	How many Pan masala / gutka packets does the applicant has in a day  1-3 packets/day  4-6 packets/day	NO	NO	NO	NO	NO	NO	NO	NO
a b c	How many Pan masala / gutka packets does the applicant has in a day  1-3 packets/day  4-6 packets/day  >6 packets/day	NO NO YES	NO YES	NO YES	NO NO YES	NO NO YES	NO YES	NO NO YES	NO NO YES
а b с	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	NO NO YES	NO YES	NO YES	NO NO YES	NO NO YES	NO YES	NO NO YES	NO NO YES
a b c C	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	NO NO YES	NO YES	NO YES	NO NO YES	NO NO YES	NO YES	NO NO YES	NO NO YES
a b c C 1 a	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	NO NO YES	NO YES	NO YES	NO NO YES	NO NO YES	NO YES	NO NO YES	NO NO YES
a b c c c 1 a b	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	NO NO YES NO	NO YES NO	NO YES NO	NO YES NO	NO Property No Pro	NO YES NO	NO Property No Pro	NO NO YES NO
a b c c 1 a b c	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  Have any first degree relatives (i.e. parents, brothers, sisters or children) of any of the applicants (who are not themselves	NO NO YES YES	NO YES YES	NO YES YES	NO YES	NO NO YES NO YES	NO YES YES	NO NO YES NO YES	NO NO YES NO YES
a b c c 1 a b c	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  Have any first degree relatives (i.e. parents, brothers, sisters or children) of any of the applicants (who are not themselves applicants for this insurance policy) had cancer, motor neuron	NO NO YES NO	NO YES NO	NO YES NO	NO YES NO	NO Property No Pro	NO YES NO	NO Property No Pro	NO NO YES NO
a b c c 1 a b c	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  Have any first degree relatives (i.e. parents, brothers, sisters or children) of any of the applicants (who are not themselves	NO NO YES YES	NO YES YES	NO YES YES	NO YES	NO NO YES NO YES	NO YES YES	NO NO YES NO YES	NO NO YES NO YES
a b c C 1 a b c Q66	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  Have any first degree relatives (i.e. parents, brothers, sisters or children) of any of the applicants (who are not themselves applicants for this insurance policy) had cancer, motor neuron	NO NO YES YES	NO YES YES	NO YES YES	NO YES	NO NO YES NO YES	NO YES YES	NO NO YES NO YES	NO NO YES NO YES
a b c C 1 a b c Q6	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  Have any first degree relatives (i.e. parents, brothers, sisters or children) of any of the applicants (who are not themselves applicants for this insurance policy) had cancer, motor neuron disease or any other hereditary disorders	NO  YES NO  YES NO  YES NO	NO  YES NO  YES NO  YES NO	NO  YES NO  YES NO  YES NO	NO YES	NO NO YES YES	NO YES YES	NO NO YES NO YES	NO NO YES NO YES

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								

Date:	D	D	M	M	Υ	Υ	Υ	Υ
Disease								

Signature of Proposer*:
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