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

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Manipal Cigna

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

Base Product Name:					
Base Policy Proposal Number:					
Proposer Name:					

INSURED DETAILS:

Sr. No.	Name of Insured	Critical Illness Sum Insured

MEDICAL AND LIFESTYLE INFORMATION*:

Please answer the below mentioned question in Yes (Y) / No (N). If Yes, please tick (\checkmark) against the relevant insured person and provide complete details in the table for additional medical information (in Proposal Form).

Mee	lical questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Q1	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.	YES	YES	YES NO	YES	YES	YES NO	YES	YES NO
Q2	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.	YES NO							
i	Diabetes Mellitus	YES	YES NO	YES	YES NO	YES NO	YES	YES NO	YES
ii	Hypertension	YES NO							
iii	High Cholesterol	YES NO							
iv	Thyroid disorders	YES NO							
v	Heart and Lung disorders	YES NO							
vi	Digestive system disorders (Stomach and related organs)	YES NO							
vii	Brain, nerve and Psychiatric (Mental) disorders	YES NO	YES	YES NO	YES NO				
viii	Other Endocrine (Hormonal) disorders	YES NO							

ix	Bone, joints and muscle disorders	YES	YES	YES	YES	YES	YES	YES	YES
		NO	NO	NO	NO	NO	NO	NO	NO
x	Ear, nose, eye and throat disorders	YES	YES	YES	YES	YES	YES	YES	YES
		NO	NO	NO	NO	NO	NO	NO	NO
xi	Genito-urinary and Gynaecological disorders	YES	YES	YES	YES	YES	YES	YES	YES
		NO	NO	NO	NO	NO	NO	NO	NO
xii	Blood and related disorders	YES	YES	YES	YES	YES	YES	YES	YES
		NO	NO	NO	NO	NO	NO	NO	NO
xiii	Skin disorders	YES	YES	YES	YES	YES	YES	YES	YES
		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 undergone any pathologic or radiologic tests for any illness	YES	YES	YES	YES	YES	YES	YES	YES
	other than the ones listed above and routine or annual health	NO	NO	NO	NO	NO	NO	NO	NO
	check-up?								
Q4	Is any applicant currently not in good health and undergoing	YES	YES	YES	YES	YES	YES	YES	YES
	any investigation or treatment or medication for any illness or medical condition (Physical/Mental/Sleep disorders)?	NO	NO	NO	NO	NO	NO	NO	NO
Hat	its and Lifestyle questions	Insured 1	Insured 2		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
	Smalle	YES	YES	YES	YES	YES	YES	YES	YES
	Smoke								
A	Smoke	NO	NO	NO	NO	NO	NO	NO	NO
A 1	Since how long does the applicant smoke	NO	NO	NO	NO	NO	NO	NO	NO
		NO	NO	NO	NO	NO	NO	NO	NO
1	Since how long does the applicant smoke	NO	NO	NO	NO	NO	NO	NO	NO
1 a b	Since how long does the applicant smoke <=20 years >20 years	NO NO	NO NO	NO NO	NO NO	NO NO	NO NO VES	NO NO VES	NO NO VES
1 a	Since how long does the applicant smoke <=20 years								
1 a b	Since how long does the applicant smoke <=20 years >20 years Tobacco How many Pan masala / gutka packets does the applicant has	YES		YES	YES	YES	YES	YES	
1 a b B 1	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		YES	YES	YES	YES	YES	
1 a b B 1 a	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		YES	YES	YES	YES	YES	
1 a b B 1 a b	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		YES	YES	YES	YES	YES	
1 a b B 1 a	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	YES	YES NO	YES NO	YES NO	YES NO
1 a b B 1 a b	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	YES NO YES YES YES	YES NO YES YES YES	 YES NO 	YES	VES	YES NO	YES NO
1 a b B 1 a b c C	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	YES NO	YES NO	YES NO	YES	YES NO	YES NO	YES NO	YES NO
1 a b B 1 a b c C 1	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	YES NO YES YES YES	YES NO YES YES YES	 YES NO 	YES	VES	YES NO	YES NO
1 a b B 1 a b c C 1 a	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 >6 packets/day How frequently does the applicant consume alcohol 1-3 days/ week	YES	YES NO YES YES YES	YES NO YES YES YES	 YES NO 	YES	VES	YES NO	YES NO
1 a b B 1 a b c C 1	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 >6 packets/day How frequently does the applicant consume alcohol 1-3 days/ week 3-6 days / week	YES	YES NO YES YES YES	YES NO YES YES YES		YES	VES	YES NO	YES NO
1 a b B 1 a b c C 1 a b c	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 >6 packets/day How frequently does the applicant consume alcohol 1-3 days/ week 3-6 days / week Daily	YES	YES NO YES YES YES	YES NO YES YES YES		YES	VES	YES NO	YES NO
1 a b B 1 a b c C 1 a b	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 >6 packets/day How frequently does the applicant consume alcohol 1-3 days/ week 3-6 days / week	YES NO YES NO YES NO YES NO	YES NO YES YES YES	YES NO YES YES YES		YES	VES	YES NO	YES NO
1 a b B 1 a b c C 1 a b c	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 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	<pre> YES NO YES NO YES NO YES YES YES </pre>	YES NO YES NO YES NO YES NO	YES NO YES NO YES NO YES NO O	<pre></pre>	<pre></pre>	<pre></pre>	<pre></pre>	<pre></pre>
1 a b B 1 a b c C 1 a b c	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 Have any first degree relatives (i.e. parents, brothers, sisters or children) of any of the applicants (who are not themselves	<pre> YES NO YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES NO YES YES </pre>	<pre> YES NO YES NO YES NO YES YES </pre>	<pre> YES NO YES NO YES NO YES YES </pre>
1 a b B 1 a b c C 1 a b c Q6	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 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	<pre> YES NO YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES YES YES </pre>	<pre> YES NO YES NO YES NO YES YES </pre>	<pre> YES NO YES NO YES NO YES YES </pre>	<pre> YES NO YES NO YES NO YES YES </pre>

If answe	ers to Q2 are "Yes", please provide further details below. Pleas	e attach ex	tra sheets i	f required.	
C. No.	Additional Medical Information	1	1	I	1

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 D V V V V	
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