## ManipalCigna Health Insurance Company Limited

(Formerly known as CignaTTK Health Insurance Company Limited)

Corporate Office: 401/402, Raheja Titanium, Western Express Highway,

Goregaon (E), Mumbai - 400063. IRDAI Registration No. 151.

Call (Toll Free): 1800-102-4462 Visit: www.manipalcigna.com

E-mail: customercare@manipalcigna.com CIN No.: U66000MH2012PLC227948





## **MANIPALCIGNA HEALTH 360** PROPOSAL FORM - ANNEXURE TO BASE PRODUCT

2000 Drc -	luot Name:					
	luct Name:					
		er:				
Propose N	lame:					
NSURI	ED DETAILS	<b>S</b> :				
Sr. No.		Name of Insured				
	DETAIL C.					
	R DETAILS:					
M H	anipalCigna ealth 360 - Shield	ManipalCigna Health 360 - Advance	ManipalCigna Health 360 - OPD (Opt any one of the Package below and Sum Insured)			
Non - M	ledical Items	Restoration of Sum Insured	Package 1	Package 2	Package 3	
Durable Medical Equipment		Room Accommodation	₹5,000	₹10,000	₹20,000	
		Upgrade	₹10,000	₹15,000	₹25,000	
		Air Ambulance	₹15,000	₹20,000	₹30,000	
			₹20,000	₹25,000	₹40,000	
				₹30,000	₹50,000	
				₹40,000	₹60,000	
				₹50,000	₹70,000	
				₹60,000	₹80,000	
				₹70,000	₹90,000	
				₹80,000	₹100,000	
				₹90,000		
				₹100,000		
Date:						
			Signature of Proposer*:			
Place:						
	ser and Insured de g Policy would app	tails, Medical and Lifestyle Informa lv.	tion, declarations / terms an	d conditions as per the base	oroposal form of the	
Ondonying	g i olioy would app	iy.				

I hereby confirm that I or any of the proposed to be insured members have never been diagnosed or treated or suspected to have issues related to Cancer/tumour, Kidney, Heart or Lungs, Liver, Brain and Diabetes						
Date:	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Signature of Proposer*:				
Place:		Signature of Proposer.				