

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

Base Product Name: \_\_\_\_\_  
 Base Policy Proposal Number: \_\_\_\_\_  
 Propose Name: \_\_\_\_\_

**INSURED DETAILS:**

Sr. No.	Name of Insured

**COVER DETAILS:**

<input type="checkbox"/> ManipalCigna Health 360 - Shield	<input type="checkbox"/> ManipalCigna Health 360 - Advance	<input type="checkbox"/> ManipalCigna Health 360 - OPD (Opt any one of the Package below and Sum Insured)		
Non - Medical Items	Restoration of Sum Insured	<input type="checkbox"/> Package 1	<input type="checkbox"/> Package 2	<input type="checkbox"/> Package 3
Durable Medical Equipment	Room Accommodation Upgrade	<input type="checkbox"/> ₹5,000	<input type="checkbox"/> ₹10,000	<input type="checkbox"/> ₹20,000
	Air Ambulance	<input type="checkbox"/> ₹10,000	<input type="checkbox"/> ₹15,000	<input type="checkbox"/> ₹25,000
		<input type="checkbox"/> ₹15,000	<input type="checkbox"/> ₹20,000	<input type="checkbox"/> ₹30,000
		<input type="checkbox"/> ₹20,000	<input type="checkbox"/> ₹25,000	<input type="checkbox"/> ₹40,000
			<input type="checkbox"/> ₹30,000	<input type="checkbox"/> ₹50,000
			<input type="checkbox"/> ₹40,000	<input type="checkbox"/> ₹60,000
			<input type="checkbox"/> ₹50,000	<input type="checkbox"/> ₹70,000
			<input type="checkbox"/> ₹60,000	<input type="checkbox"/> ₹80,000
			<input type="checkbox"/> ₹70,000	<input type="checkbox"/> ₹90,000
			<input type="checkbox"/> ₹80,000	<input type="checkbox"/> ₹100,000
	<input type="checkbox"/> ₹90,000			
	<input type="checkbox"/> ₹100,000			

**Date:**   
**Place:**   
**Signature of Proposer\*:**   
 All Proposer and Insured details, Medical and Lifestyle Information, declarations / terms and conditions as per the base proposal form of the Underlying Policy would apply.

**ANNEXURE TO MANIPALCIGNA HEALTH 360  
 PROPOSAL FORM**

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:**   
**Place:**   
**Signature of Proposer\*:**