

MANIPALCIGNA LIFESTYLE PROTECTION GROUP POLICY ANNEXURE TO PROPOSAL FORM

Declaration by the Principle Contact Person on behalf of the Group

Name of the Group:

Name of the Principle Contact Person:

(Please tick as appropriate):

- ☐ I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that 50% of the total population has a BMI less than 25.
- ☐ I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that 75% of the total population is Non-smoking.
- ☐ I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that 25% of the total population has a BMI greater than 28.
- ☐ I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that 75% of the total population Smokes.
- ☐ I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that 25% of the total population consumes more than 90 ml of liquor per day.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital with respect to this information and if found to be untrue in any form, the Company reserves the right to alter/ cancel the coverage available under this Policy.

Date:

Place:

Signature of Proposer*