MANIPALCIGNA LIFETIME HEALTH

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

<table>
<tr><th>Sl No.</th><th>Title</th><th>Description
(Please refer the Policy Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna Lifetime Health - Global Plan</td><td></td></tr>
<tr><td>2</td><td>Policy Number</td><td>xxxxxxxx</td><td></td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>• Both indemnity and Benefit (where the policy has elements of both)
Indemnity - Where insured losses are covered up to Sum Insured under the policy
Benefit - Where the Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event</td><td></td></tr>
<tr><td>4</td><td>Sum Insured (Basis) (Along with amount)</td><td>• Individual Sum Insured - Where each insured member has a separate sum insured under the policy
<table>
<tr><th>Insured Name</th><th>Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td>BSI1 - xxxxx (India Cover - For Cover 1 to 15)
BSI2 - xxxxx (Global Cover - For Cover 17-26)</td></tr>
<tr><td><Insured Name 2></td><td>BSI1 - xxxxx (India Cover - For Cover 1 to 15)
BSI2 - xxxxx (Global Cover - For Cover 17-26)</td></tr>
<tr><td><Insured Name 3></td><td>BSI1 - xxxxx (India Cover - For Cover 1 to 15)
BSI2 - xxxxx (Global Cover - For Cover 17-26)</td></tr>
</table>
Or
• Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilized by any or all members,
<table>
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</table></td><td></td></tr>
</table>

5	Policy Coverages (What the policy covers?)	**Applicable for Global Cover only** ✓ **Area of Cover (As opted) - (treatment outside India) for Covers 17-26** • Worldwide excluding India or • Worldwide excluding India, United States and Canada. (This selection is not applicable for Covers 1 to 15) ✓ **Major Illness (As opted) - Applicable only for Global Cover (treatment outside India) for Covers 16-25** • Only 'Cancer Treatment' or • All Major Illnesses listed in the Policy (This selection is not applicable for Covers 1 to 15) The coverages under global plan for treatment outside India are applicable only to the extent of either cancer treatment only or for all the listed major illnesses as opted. However, for the inpatient treatments in India there is no such restriction and insured can claim for any illness/injury subject to the terms and conditions of the policy. **1. Hospitalization Expenses** Hospital expenses, for admission longer than 24 hours, up to the full Sum Insured, where hospitalization is in India. - For Sum Insured up to ₹200 Lacs - Covered up to any room except suite or higher category. - For Sum Insured ₹300 Lacs - Covered up to any room including suite category. **2. Day Care Treatment** All Day Care Treatments, availed in India, covered up to the full Sum Insured. **3. Pre - hospitalization** Medical Expenses incurred in India, covered up to 60 days preceding the date of Hospitalization and up to the full Sum Insured. **4. Post - hospitalization** Medical Expenses incurred in India, covered up to 180 days immediately after discharge from the hospital and up to full Sum Insured. **5. AYUSH Treatment** Up to full Sum Insured, for treatment availed in India **6. Road Ambulance Cover** Expense incurred on availing Road Ambulance services in India, up to full Sum Insured. **7. Donor Expenses** Up to full Sum Insured, for expenses incurred in India. **8. Domiciliary Expenses** Up to 10% of Sum Insured, for expenses incurred in India. **9. Adult Health Check-up** Available once in a Policy Year to all Insured Persons who have completed 18 years of Age or more at the inception of the Policy Year. Health check-up will be conducted at our Network in India, as per the list specified under the Policy.	D.II.1 D.II.2 D.II.3 D.II.4 D.II.5 D.II.6 D.II.7 D.II.8 D.II.9

		10. Robotic and Cyber Knife Surgery Up to full Sum Insured, for treatment availed in India.	D.II.10
		11. Modern and Advanced Treatments Up to full Sum Insured, for treatment availed in India. For complete list of Modern and Advanced Treatments, please refer policy wordings.	D.II.11
		12. HIV/AIDS and STD Cover Expenses incurred in India up to full Sum Insured.	D.II.12
		13. Mental Care Cover Up to full Sum Insured, for treatment availed in India.	D.II.13
		14. Restoration of Sum Insured Multiple Restoration is available in a Policy Year, for unrelated illnesses, in addition to the Sum Insured opted. The restored amount will be available for claim towards expenses covered in India only.	D.II.14
		15. Premium Waiver Benefit Renewal Premium for one Policy Year will be paid by Us, if the Proposer is diagnosed with any of the listed Critical Illnesses or in case of Accidental Death, Permanent Total Disablement, Permanent Partial Disablement of the Proposer, provided the Proposer is also an Insured Person in the same Policy.	D.II.15
		16. Personal Accident Plus Lumpsum payout in case the Insured Person suffers an unfortunate a. Accidental Death b. Permanent Total Disablement **c.** Permanent Partial Disablement basis coverage opted	D.II.16 D.II.17
		17. Global Hospitalization for Major Illness Hospital expenses for admission longer than 24 hours or Day Care Treatment. The cover is available for treatment of the opted Major Illness/es, availed outside India, within the selected Area of Cover.	D.II.18
		18. Global Pre-hospitalization Medical Expenses covered up to 60 days preceding the date of Hospitalization, for treatment of a covered Major Illness, outside India within the selected Area of Cover. Cover is available up to the full Sum Insured.	D.II.19
		19. Global Post-hospitalization Medical Expenses covered up to 180 days immediately post discharge from the hospital, after the Hospitalization for treatment of a covered Major Illness, outside India within the selected Area of Cover. Cover is available up to the full Sum Insured.	D.II.20
		20. Global Ambulance Cover Expenses incurred on availing Road or Air Ambulance services, in case of an Emergency due to a covered Major Illness, outside India within the selected Area of Cover. Cover is available up to the full Sum Insured. Air Ambulance service is limited to one event per Policy Year for each Insured Person	D.II.21
		21. Medical Evacuation Expenses incurred on medical evacuation of the Insured Person due to a covered Major Illness, from outside India	

		within the selected Area of Cover. Cover is available up to the full Sum Insured. **22. Medical Repatriation** Expenses incurred on medical repatriation of the Insured Person due to a covered Major Illness, from outside India within the opted Area of Cover. Cover is available up to the full Sum Insured.	D.II.22

		22. Repatriation of Mortal Remains Expenses incurred on repatriation of mortal remains of the Insured Person, from outside India within the selected Area of Cover, in case of death due to a covered Major Illness. Cover is available up to the full Sum Insured.	D.II.23
		23. Global Travel Vaccination Cost of vaccine is covered up to the full Sum Insured. The benefit is available for vaccination/s mandatorily prescribed by the World Health Organization (WHO) for traveling to an intended destination, outside India, or while traveling back to India after availing treatment of a covered Major Illness. The benefit is limited to once in a policy year for each Insured Person.	D.II.24
		24. Global Robotic and Cyber Knife Surgery Medical expenses incurred for Robotic and Cyber Knife Surgery of a covered Major Illness outside India within the selected Area of Cover. Cover is available up to the full Sum Insured.	D.II.25
		25. Global Modern and Advanced Treatments Medical expenses incurred for Modern and Advanced Treatments of a covered Major Illness outside India within the selected Area of Cover. Cover is available up to the full Sum Insured.	D.II.26
		Optional Packages This section lists the optional packages, available under the product and limits for each of these options. **Please note:** Any cover under a package (Health+, Women+ or Global+) cannot be opted on a standalone basis, however, can only be opted as a package. Selection of this package is allowed at Policy level only.	
		I. Health+ (Applicable only if opted) - Each benefit is available on Individual Basis. - Sum Insured/ limits specified under Health+ is over and above that of Base Plan (India Plan/ Global Plan, as opted).	D.III.1.i
		1. Air Ambulance Cover Expenses incurred on availing Air Ambulance services in India, in case of an Emergency. Cover is available up to ₹10 Lacs and maximum one event per Policy Year.	
		2. Medical Devices and Non-Medical Items Expenses towards medical devices and non - medical items (listed under the policy) incurred in India. The cover is available up to ₹2 Lacs and once in 3 Policy Years. One or more claims of Medically Prescribed medical device/s will be payable if that is related to one Hospitalization.	D.III.1.ii
		3. Domestic Second Opinion Medical second opinion available in India, for Major Illnesses (listed under the Policy). Opinion can be sought once during a Policy Year for one illness and multiple times for different Major Illness/es.	D.III.1.iii

		4. Bariatric Surgery Cover Expenses incurred in India towards Bariatric Surgery is covered up to ₹5 Lacs under below conditions. i. BMI of at least 32.5 with co-morbidities or ii. BMI equivalent to 37 and above without any co-morbidity A waiting period of 2 years, since inception of the benefit under the Policy, shall be applicable.	D.III.1.iv
		5. Convalescence Benefit On consecutive Hospitalization for 10 days or more in India, an amount of ₹50,000 will be paid as a lumpsum.	D.III.1.v
		6. Major Illness Hospi Cash A daily cash benefit of ₹2,500 is paid on every completed 24 hours of Hospitalization of an Insured Person, provided the Hospitalization is towards treatment of a Major Illness (as specified in the Policy) in India. The benefit is payable maximum up to 10 days per Hospitalization.	D.III.1.vi
		7. Chemotherapy and Radiotherapy Cash The benefit is payable maximum up to 12 sittings per Policy Year.	D.III.1.vii
		8. Accidental Hospi Cash A daily cash benefit of ₹2,500 is paid on every completed 24 hours of Hospitalization of an Insured Person in India, provided the Hospitalization is towards treatment of an Injury due to an Accident. The benefit is payable maximum up to 10 days per Hospitalization.	D.III.1.viii
		9. Domestic Concierge Services For Hospitalization in India, assistance services shall be offered to the Insured Person, subject to event being covered under the Policy. The benefit is available once in a Policy Year.	D.III.1.ix
		10. Tele-Consultations Medical consultations will be available at Our Network in India through tele/chat mode.	D.III.1.x
		II. Women+ (Applicable only if opted) - Available to female of age 12 years and above. - Each benefit is available on Individual Basis. - Sum Insured/ limits specified under the Women+ is over and above that of Base Plan (India Plan/ Global Plan, as opted).	D.III.2.i
		1. Breast Cancer Screening Mammogram test, once in Policy Year for each Insured Person covered under this benefit, at Our Network in India.	D.III.2.ii
		2. Cervical Cancer Screening PAP Smear test, once in a Policy Year for each Insured Person covered under this benefit, at Our Network in India.	D.III.2.iii
		3. Cervical Cancer Vaccination Cervical cancer vaccination availed in India with a per dose limit of ₹2,500, for each Insured Person covered under this benefit.	D.III.2.iv

		4. Ovarian Cancer Screening Ultrasound and CA-125 test, once in a Policy Year for each Insured Person covered under this benefit, at Our Network in India	D.III.2.v
		5. Osteoporosis Screening DEXA Scan, once in a Policy Year for each Insured Person covered under this benefit, at Our Network in India.	D.III.2.vi
		6. Gynaecological Consultations 15 outpatient gynecological related consultations in a Policy Year for each Insured Person covered under this benefit, at Our Network in India.	D.III.2.vii
		7. Psychiatric and Psychological Consultations 5 psychiatric consultations and psychotherapy sessions in a Policy Year for each Insured Person covered under this benefit, at Our Network in India.	
		III. Global+ (Applicable only if opted) - This optional package is available to all Insured Persons covered under the Policy. - Selection of this package is allowed at Policy level only. **Please note:** This package is available only if Global Plan is opted.	D.III.3.i
		1. Global Hospi Cash A daily cash benefit of ₹25,000 is paid on every 24 hours of Hospitalization of an Insured Person, provided the Hospitalization is towards treatment of a covered Major Illness, outside India, in the selected Area of Cover. The benefit is payable maximum up to 15 days per Hospitalization.	D.III.3.ii
		2. Global Convalescence Benefit On consecutive Hospitalization for 15 days or more, an amount ₹10 Lacs is paid as a lumpsum, provided the Hospitalization is towards treatment of a covered Major Illness and is availed outside India, in the selected Area of Cover. The benefit is payable only once towards each covered Major Illness, in the lifetime of the Insured Person.	D.III.3.iii
		3. Global Out Patient Expenses Outpatient Medical Expenses towards a covered Major Illness, up to ₹1 lac. If 'Deductible' is opted under the Base, it will be applicable for claims under this cover, unless 'Waiver of Deductible' is also opted under the 'Global Plan'. For floater policies, cover will be available on floater basis.	D.III.3.iv
		4. Global Chemotherapy and Radiotherapy Cash A cash benefit of ₹25,000 is paid for each sitting of Chemotherapy/Radiotherapy, conducted in a Day Care Treatment (without Inpatient Hospitalization), outside India in selected Area of Cover. The benefit is payable maximum up to 12 sittings per Policy Year for each Insured Person.	

		5. Travel Expenses Benefit A cash benefit, depending on the selected Area of Cover, paid in lumpsum if the Insured Person travels outside India for treatment of a covered Major Illness. The benefit is payable once in a lifetime of the Insured Person for each covered Major Illness. **6. Global Second Opinion** For each covered Major Illness, Medical Second Opinion can be sought once during the lifetime of the Insured Person, from Our Network of Medical Practitioners outside India. **Add on cover (Rider) (Applicable only if opted)** **1. ManipalCigna Critical Illness Add-On Cover:** Lump sum payment of Sum Insured, upon diagnosis of a Critical Illness listed under Add on policy wordings. **2. ManipalCigna Health 360** **a) ManipalCigna Health 360-Shield** Coverage for listed Non-medical items up to base policy Sum Insured and Durable Medical Equipment up to maximum of ₹1 Lac **b) ManipalCigna Health 360 - Advance** Coverage for 'Any room' category and unlimited restoration of Sum Insured within the base policy Sum Insured. It also provides Air Ambulance cover up to Sum Insured opted under the base policy subject to a maximum of ₹10 Lacs, over and above the base policy Sum Insured. **c) ManipalCigna Health 360 - OPD** **Package 1:** Get cover for doctor consultations on cashless basis within the OPD Sum Insured **Package 2:** Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured **Package 3:** Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.	D.III.3.v D.III.3.vi Add on policy wordings

Selected Area of Cover	Cash benefit payable (₹)
Worldwide excluding India	5 Lacs
Worldwide excluding India, USA and Canada	3 Lacs

		a) ManipalCigna Lifetime Plus Add-on **ManipalCigna Lifetime Plus - Maternity Expenses** Coverage up to ₹1 Lac towards expenses for delivery, treatment of the new born baby and first year vaccinations to new born. Available up to 2 deliveries in the lifetime and even medically necessary termination of pregnancy is covered. In addition coverage for expenses of the eligible Insured Person if hospitalized on the advice of the Medical Practitioner for Infertility Treatments up to maximum of ₹2.5 lacs which is over and above the maternity Sum Insured if selected as an optional cover. **b) ManipalCigna Lifetime Plus - Surrogacy Cover** Coverage towards the medical expenses up to ₹1 Lac for a Surrogate Mother, in case of a medically necessary hospitalization for complication arising out of pregnancy & post-partum delivery. **c) ManipalCigna Lifetime Plus - Oocyte Donor Cover** Coverage towards the medical expenses up to ₹1 Lac for an Oocyte Donor, in case of a medically necessary hospitalization for any complication arising due to Oocyte retrieval of donor. **d) ManipalCigna Lifetime Plus - Cumulative Bonus** Guaranteed Cumulative Bonus of 15% of Sum Insured[1], which is applicable for coverages within India, at the end of the Policy Year if the Policy is renewed with us without any break. There is no maximum limit on accumulation. **e) ManipalCigna Lifetime Plus - Worldwide Medical Emergency Hospitalization** Coverage for medical expenses worldwide (within selected area of cover) in case of medical emergency leading to inpatient hospitalization or day care. Coverage also includes, Global Post Hospitalization, Global Road & Air Ambulance. 1. Investigation & Evaluation - Code - Excl 04 2. Rest Cure, rehabilitation and respite care - Code - Excl 05 3. Obesity/ Weight Control: Code - Excl 06 4. Change-of-Gender treatments: Code - Excl 07 5. Cosmetic or plastic Surgery: Code - Excl 08 6. Hazardous or Adventure sports: Code - Excl 09 7. Breach of law: Code - Excl 10 8. Excluded Providers: Code - Excl 11 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl 12 10. Treatments received in heath hydros, nature cure clinics,	

6	**Exclusions (What the policy does not cover)**	11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances. Code - Excl 14 12. Refractive Error: Code - Excl 15 13. Unproven Treatments: Code - Excl 16 14. Sterility and Infertility: Code - Excl 17 15. Maternity: Code - Excl 18 16. External Congenital Anomaly or defects or any complications or conditions arising therefrom 17. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident. 18. Prostheses, corrective devices and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalised, unless opted. 19. Treatment received outside India, except benefits specified under section D.II.16 to D.II. 25 and Global+ covers, if opted and specified in the Policy. 20. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack or in any other sequence to the loss. 21. All expenses caused by or arising from war or war-like situation or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority. 22. For complete list of non-medical items, please refer to the Annexure III, list I of “Non-Payable Items” and also on Our website. 23. Any form of Non-Allopathic Treatment, except AYUSH Treatment. 24. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company’s underwriting policy. 25. Any stay in Hospital without undertaking any treatment	E.I.4 to E.I.18 And E.II.2 to E.II.11

7	**Waiting Period** • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage.	**a. Initial Waiting Period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents). **b. Specific Waiting Period (Not Applicable on claim arising due to accidents):** o 24 Months for following diseases: i. Cataract, ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy for fibroids iii. Varicose Veins and Varicose Ulcers, iv. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertibrae Disorders,including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal, v. Stones in the urinary uro-genital and biliary systems including calculus diseases, vi. Benign Prostate Hypertrophy, all types of Hydrocele, vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region. viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/ Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery. ix. gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps/internal tumors/skin tumors, and any type of Breast lumps(unless malignant), Polycystic Ovarian Diseases, x. Any surgery of the genito-urinary system unless necessitated by malignancy. **c. Pre-existing Disease:** Covered after 24 Months **d. Personal Waiting Period:** A special Waiting Period not exceeding 36 months, may be applied to individual Insured Persons for the list of acceptable Medical Ailments listed under the Underwriting manual of the product depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule and will be applied only after receiving Your specific consent. **e. Bariatric Surgery Cover:** Covered after 24 months	E.I.1 to E.I.3, E.II.1 and D.III.1.iv

8	**Financial limits of coverage** • Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit • Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder/ insured). • Deductible (It is specified amount: - up to which and insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than specified amount) Any other limit (as applicable)	1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable 2. In case of claim, this policy requires you to share the following sub limits: Expense exceeding Sub-limits **For India Cover only** - Room/ICU Charges beyond - o For Sum Insured up to ₹200 Lacs - Covered up to any room except suite or higher category. o For Sum Insured ₹300 Lacs - Covered up to any room including suite category. - For the following specified disease - o No sublimit on any disease. 3. Co-Payment - Not Applicable 4. Deductible - Deductible of ₹Xxx per policy year on aggregate basis.	D.II.1

9	**Claims/Claims procedure**	Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization: To know the process for our cashless and reimbursement claims visit - https://www.manipalcigna.com/claims Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of request. ii. TAT for cashless final bill authorization - within 3 hours from receipt of request. Web links for the followings: i. Network hospital details - https://www.manipalcigna.com/locate-us ii. Helpline Number - https://www.manipalcigna.com/claims iii. Hospital which are blacklisted or from where no claims will be accepted by insurer - https://www.manipalcigna.com/locate-us iv. Link for downloading claim form - https://www.manipalcigna.com/downloads/claims	G.I.4
10	**Policy Servicing**	For hassle free policy servicing customer can manage their policy by clicking on-https://eservicing.manipalcigna.com/login or Download myManipalCigna App from Playstore or appstore	F.I.15

11	**Grievances/ Complaints**	**LEVEL 1** **Health Relationship Managers** Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM. Email us at: headcustomercare@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ ManipalCigna.com **LEVEL 2** **Grievance Redressal Officer** Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday) Email us at: complaints@manipalcigna.com **LEVEL 3** **Chief Grievance Redressal** Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday) Email us at: Complaince@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ ManipalCigna.com **LEVEL 4** **Approach Ombudsman** The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman **Courier:** Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at, 'The Grievance Cell, ManipalCigna Health Insurance Company Limited, 401/402, 4th Floor, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai - 400063, Maharashtra, India or	F.I.15

		Email: headcustomercare@manipalcigna.com. For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of Ombudsman offices attached as Annexure I to this Policy document. Grievance may also be lodged at IRDAI complaints management system - https://bimabharosa.irdai.gov.in/ You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint	

12	**Things to remember**	**Free Look Cancellations:** The Free Look period shall be applicable on new individual health insurance policies and not on renewals or Ported/Migrated policies. The insured person shall be allowed a free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable. Free look is applicable only, if the insured has not made any claim or opted for any benefit during the Free Look Period. To avail: - Customer can request for cancellation writing to - customercare@manipalcigna.com from the registered email id with us. OR - Customer can also visit any MCHI Branch and give a written request	F.I.7
		Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation, non-disclosure of material facts by the insured person.	F.I.11
		Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. To avail: - Customer can share for migration of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance	F.I.9

		Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. To avail: - Customer can share for portability of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance **Change in Sum Insured:** It will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for change of Sum Insured **Moratorium Period:** After completion of 60 continuous months of coverage (including Portability and Migration) in health insurance policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of 60 continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of Sums Insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.	F.I.13 F.II.11.f F.I.4
13	**Your Obligations**	**Disclosure of Information** a. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder. b. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. ("Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	F.I.1

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of Policyholder)

Note:

i. Insured/policyholder can get the product related document at https://eservicing.manipalcigna.com/document-vault
ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).