(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 Call (Toll Free): 1800-102-4462

Visit: www.manipalcigna.com E-mail: customercare@manipalcigna.com



# MANIPALCIGNA LIFETIME HEALTH

# **Migration Form**

### **PART I**

| Date of Birth: Down Min Y Y Y Age: (Years)  Address of the policyholder/insured:   | . Na                  | me        | of the   | , , ,                | .,   |                  | .,                                    |             |                              |                     |                              |       | R      | S            |       |             |           |        |                       |       | ) D   |    | Е      |                |                            |       |       |      | 1 \   | IN                 | А        | M  |       |      |
|--|-----------------------|-----------|--|----------------------|--|------------------|---------------------------------------|-------------|------------------------------|---------------------|------------------------------|-------|--------|--------------|-------|-------------|-----------|--------|-----------------------|-------|-------|----|--------|----------------|----------------------------|-------|-------|------|-------|--------------------|----------|----|-------|------|
| Details of the product:  ii. Sum Insured:  iii. Cumulative Bonus:  iii. Cumulative Bonus:  iii. Vand-ons/riders taken:  v. Add-ons/riders taken:  iii. Sum Insured:  iii. Sum Insured Proposed insurance  iii. Sum Insured Proposed insurance  iii. Sum Insured Proposed insurance  iii. Sum Insured Proposed:  iiii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iiii. Sum Insured Proposed:  iiii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iiii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iiii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iiii. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy documents  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy documents (Please indicate Yes / No)  YES NO  (Please indicate Yes / No)  YES NO  Tanswer to the Question 1 is 'Yes', please give written consent to the declaration below:  **Real-exaction**  | Da                    | te o      | f Birth  | n:                   | D  | D                | M                                     | M           | Υ                            | Υ                   | Υ                            | Υ     |        | Α            | ge:   |             | ()        | (ears  |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| y (District):  | Add                   | dres      | ss of t  | the p                | olic   | yholo            | ler/ir                                | sur         | ed:                          |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| py (District):   |                       |           |  |                      |  |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| y (District):  |                       |           |  |                      |  |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| Details of existing insurer:  i. Name of the product:  ii. Sum Insured:  iii. Cumulative Bonus:  iiv. Add-ons/riders taken:  v. Policy number:  Details of the proposed insurance  i. Name of the product proposed/intend to take:  iii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy documents on the existing policy of the existing policy of the existing policy of the existing policy of the existing policy or the existing p | mail                  | :         |  |                      |  |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| Details of existing insurer:  i. Name of the product:  ii. Sum Insured:  iii. Cumulative Bonus:  iv. Add-ons/riders taken:  v. Policy number:  Details of the proposed insurance  i. Name of the proposed insurance  ii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iii. Whether Cumulative Bonus to be included in the policy to be migrated:  Part II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy documents of the existing policy documents on the existing policy for the existing policy documents on the existing policy of the existing policy documents on the existing policy of the existing pol | ity (l                | Dist      | rict):   |                      |  |                  |                                       |             |                              |                     |                              |       |        | S            | tate: |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| ii. Name of the product:  iii. Sum Insured:  iii. Cumulative Bonus:  iv. Add-ons/riders taken:  v. Policy number:  Details of the proposed insurance  i. Name of the product proposed/intend to take:  iii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  iii. Whether the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  YES NO  1 answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  an aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran  | n co                  | ode:      | :  |                      |  |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| iii. Cumulative Bonus: iv. Add-ons/riders taken: v. Policy number:  Details of the proposed insurance i. Name of the product proposed/intend to take: iii. Sum Insured Proposed: iii. Whether Cumulative Bonus to be converted to an enhanced sum insured: No. of family members to be included in the policy to be migrated:  Inclosure: Photocopy of the existing policy documents  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy the existing policy  YES NO  Tanswer to the Question 1 is 'Yes', please give written consent to the declaration below: Declaration am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran amazer that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran amazer that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran  | De                    | tails     | s of ex  | xistir               | ng in  | nsure            | r:                                    |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| iii. Cumulative Bonus:  iv. Add-ons/riders taken:  v. Policy number:  Details of the proposed insurance  i. Name of the product proposed/intend to take:  ii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  Enclosure: Photocopy of the existing policy documents  Signature of the Policy Holder  PART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  If answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran   | i.                    | Na        | ame d  | of the               | e pro  | oduc             | t:                                    |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| iv. Add-ons/riders taken:  v. Policy number:  Details of the proposed insurance  i. Name of the product proposed/intend to take:  ii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  YES NO  Generation  Answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran   | ii.                   | Sı        | um In:   | sure                 | ed:  |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| v. Policy number:  Details of the proposed insurance  i. Name of the product proposed/intend to take:  ii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iii. Whether Cumulative Bonus to be included in the policy to be migrated:  No. of family members to be included in the policy to be migrated:  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  YES NO  The answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran  | iii.                  | Сι        | umula  | ative                | Bor  | nus:             |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| Details of the proposed insurance  i. Name of the product proposed/intend to take:  ii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  inclosure: Photocopy of the existing policy documents  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  YES NO  Tanswer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  The product of the Policy Holder of the Policy Hol | iv.                   | Ad        | dd-on  | s/rid                | ders   | take             | า:                                    |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| ii. Name of the product proposed/intend to take:  iii. Sum Insured Proposed:  iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  inclosure: Photocopy of the existing policy documents  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  YES NO  YES NO  YES NO  The answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran   | V.                    | Р         | olicy r  | num                  | ber:   |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| iii. Whether Cumulative Bonus to be converted to an enhanced sum insured:  No. of family members to be included in the policy to be migrated:  Inclosure: Photocopy of the existing policy documents  Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  (Please indicate Yes / No)  YES NO  (Please indicate Yes / No)  YES NO  The provious policy?  (Please indicate Yes / No)  YES NO  YES NO  The provious policy?  (Please indicate Yes / No)  YES NO  YES NO  The provious policy?  (Please indicate Yes / No)  YES NO  YES NO  The provious policy?  (Please indicate Yes / No)  YES NO  YES NO  The provious policy?  YES NO  The provious policy?  YES NO  The provious policy?   | De                    | tails     | of th  | e pr                 | opos   | sed i            | nsura                                 | anc         | е                            |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| No. of family members to be included in the policy to be migrated:    No. of family members to be included in the policy to be migrated:   | i.                    | Na        | ame c  | of the               | e pro  | oduc             | t pro                                 | oos         | ed/ii                        | nter                | nd to                        | o tal | œ:     |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| No. of family members to be included in the policy to be migrated:    Conclusive   | ::                    | Sı        | um In  |                      |  |                  |                                       |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| Signature of the Policy Holder  ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  (Please indicate Yes / No) YES NO YES NO YES NO YES NO YES NO  Tanswer to the Question 1 is 'Yes', please give written consent to the declaration below: Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insurance of the Policy Holder  Signature of the Policy Holder  ART II   | н.                    |           | uiii iii   | sure                 | ed Pr  | ropos            | sed:                                  |             |                              |                     |                              |       |        |              |       |             |           |        |                       |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| ART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  (Please indicate Yes / No)  YES NO  YES NO  YES NO  The answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insurance of the prescribed by the I | iii.                  | W         | /hethe   | er Cı                | umu  | lative           | Bor                                   |             |                              |                     |                              |       |        |              |       |             |           | insur  | ed:                   |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| 1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  (Please indicate Yes / No) YES NO YES NO  The indicate Yes / No) YES NO YES NO  The indicate Yes / No) YES NO  The indicate Yes / No) YES NO The indicate Yes  | iii.<br>No            | W<br>. of | /hethe   | er Cu                | umu<br>embe  | lative<br>ers to | Bor<br>be                             | incl        | ude                          | d in                | the                          | pol   | icy to | o be         |       |             |           | insur  | ed:                   |       |       |    |        |                |                            |       |       |      |       |                    |          |    |       |      |
| the existing policy  YES NO  2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  YES NO  YES NO  The answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  The am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insurance of the existing policy?  | iii.<br>. No<br>Encle | W . of    | hether<br>family<br>re: Ph   | er Cu<br>y me        | embe   | lative<br>ers to | Bor<br>be                             | incl        | ude                          | d in                | the                          | pol   | icy to | o be         |       |             |           | insur  | ed:                   |       |       |    |        | Siç            | ınatı                      | ure   | of th | ne P | Polic | су Н               | lold     | er |       |      |
| the existing policy  YES NO  NO  NO  Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  YES NO  The province of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  The province of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  NO  The province of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  NO  The province of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  NO  If answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insurance of the province of the p | iii.<br>No            | W . of    | hether<br>family<br>re: Ph   | er Cu<br>y me        | embe   | lative<br>ers to | Bor<br>be                             | incl        | ude                          | d in                | the                          | pol   | icy to | o be         |       |             |           | insur  | ed: [                 |       |       |    |        | Sią            | ynatı                      | ure   | of th | ne P | Polic | су Н               | lold     | er |       |      |
| 2. Has any of the insured been diagnosed or suspected to have any health issue except common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  f answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran   | iii. No               | W . of    | /hethe<br>family<br>re: Ph   | notoo                | copy   | lative ers to    | Bor be                                | isti        | ng p                         | olic                | the                          | e pol | ment   | as           | migr  | ated:       |           |        |                       | perio | d tha | ın |        |                |                            |       |       |      |       |                    |          | er |       |      |
| common cold, flu, fever, loose motions post issuance of previous policy?  YES NO  f answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran   | iii. No               | W . of    | /hether family re: Ph  | er th                | copy   | ers to           | Bor be                                | isti        | ng p                         | olic                | the                          | e pol | ment   | as           | migr  | ated:       |           |        |                       | perio | d tha | n  |        | (1             | Pleas                      |       |       |      |       | / N                | 0)       | er |       |      |
| If answer to the Question 1 is 'Yes', please give written consent to the declaration below:  Declaration  am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran  | iii. No Enclo         | W. of     | family re: Ph  | motor                | copy  Market Plane | ers to           | Bor be                                | incl        | ng p                         | olic                | the                          | pol   | ment   | as s         | migr  | ated:       | nger      | exclu  | sion                  |       |       |    |        | (I<br><b>Y</b> | Pleas<br>ES                | se ir | ıdic  | ate  | Yes   | / No               | 0)       | er |       |      |
| Declaration am aware that waiting periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran  | iii. No  Date  11.    | W. of     | family re: Ph  | notoo                | copy  I M  | ers to           | Bor be ne ex                          | sior        | ng p                         | d in                | the y do                     | pol   | excl   | usic         | migr  | ve Ion      | nger      | exclu  | sion                  |       |       |    |        | (I<br><b>Y</b> | Pleas<br>ES                | se ir | ıdic  | ate  | Yes   | / No               | 0)       | er |       |      |
|  | iii. No               | W. of     | family re: Ph  | notoo                | copy  I M  | ers to           | Bor be ne ex                          | sior        | ng p                         | d in                | the y do                     | pol   | excl   | usic         | migr  | ve Ion      | nger      | exclu  | sion                  |       |       |    |        | (I<br>Y        | Pleas<br>ES<br>Pleas       | se ir | ıdic  | ate  | Yes   | / No<br>NO<br>/ No | o)<br>o) | er |       |      |
|  | iii. No Date  1. 2.   | W. of     | re: Pr  Whether exi  Whether exi  Whether exi  are to the tition are the | motor of the Conat w | copy  ne Plg po  f the cold,   | ED e ellicy insu | e Borno be  ne ex  xclus  red t ever, | sior<br>Yes | ng p  Y  ns / t  n dia  se n | olico<br>me<br>agne | the books books and a second | e pol | excl   | usic<br>pect | n ha  | ve Ion have | e anjious | y heal | sion<br>tth iss<br>y? | ue e  | ccep  | t  | e 'Mig | (I)<br>Y       | Pleas<br>ES<br>Pleas<br>ES | se ir | ndic  | ate  | Yes   | NO<br>NO<br>NO     | 0)       |    | e Ins | urar |

Signature of Policy Holder

# ManipalCigna Lifetime Health | Migration Form | UIN: MCIHLIP21559V012021 | January 2021

## **PART III**

Please fill the following details with respect to claims in health insurance policy(ies) currently held with the Company (Individual or Group)?

| Insured   | Policy Number | Type of Policy e.g. Mediclaim, PA, CI, Hospital Cash | Claim Number | Claimed Amount | Ailment |
|-----------|---------------|--|--------------|----------------|---------|
| Insured 1 |               |  |              |                |         |
| Insured 2 |               |  |              |                |         |
| Insured 3 |               |  |              |                |         |
| Insured 4 |               |  |              |                |         |
| Insured 5 |               |  |              |                |         |

Please Note: Migration and issuance will be subject to complete UW /medical assessment and basis UW guidelines.