(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 the product proposed insurance  i. Name of the product staken:  v. Addrossride to the product proposed insurance  ii. Sum Insured:  iii. Cumulative Bonus:  v. Add-onsiriders taken:  v. Policy number:  Details of existing insurer:  iii. Sum insured:  iii. Outmulative Bonus:  v. Add-onsiriders taken:  v. Add-onsiriders taken:  v. Policy number:  Details of the proposed insurance  iii. Sum insured Proposed:  iii. Sum insured Proposed:  iii. Sum insured Proposed:  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:  Enclosure: Photocopy of the existing policy documents  PART II  1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy  YES NO  Onlarswer to the Question 1 is 'Yes', please give written consent to the declaration below:  Doclaration  It an awaver that walling periods, exclusions and other conditions will be applicable in line with the 'Migration' guidelines prescribed by the Insuran Regulatory and Development Authority of India.	. Na	me	of th	10 1								-	R	S							D	-	Е					_	1 \	IN	Α	M	느	
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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.