ManipalCigna Health Insurance Company Limited
(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 Health Insurance

ANNEXURE TO PROPOSAL FORM

Annexure 1

E-INSURANCE DETAILS:

Do you want policy document in dematerialised format?^ **Yes** ☐ **No** ☐

^If you open an eIA account, all communication including policy document shall be made available in electronic format

Do you have existing eIA account number? **Yes** ☐ **No** ☐

If yes then please provide eIA account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If you do not have eIA account number then please provide mentioned details below.

A) Select the preferred Insurance Repository in which e- Insurance Account (e-IA) needs to be opened:

1) Karvy Insurance Repository Limited ☐ 2) CAMS Repository Services Limited ☐

Annexure 2

Ailment list:

1. Disorders of lens and Retina
2. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus or myomectomy for fibroids unless necessitated by malignancy
3. Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis
4. Varicose Veins and Varicose Ulcers,
5. Stones in the urinary, urogenital and biliary systems including calculus diseases and complications thereof.
6. Benign Prostate Hypertrophy, all types of Hydrocele,
7. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.
8. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/ throat disorder or surgery.
9. Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/ Benign tumors including internal tumors and skin tumors, and type of breast lumps
10. Any surgery of the genito-urinary system unless necessitated by malignancy
11. Congenital Internal diseases

Annexure 3

DECLARATION FOR CO-PAYMENT MODIFICATION:

Product Name: _____

Policy Number: _____

Proposer Name: _____

INSURED DETAILS:

Sr. No.	Name of Insured

CO-PAYMENT DECLARATION:

☐ 0 %	☐ 10 %	☐ 20 %	☐ 30 %

☐ I hereby confirm that I or any other insured member have never been diagnosed or treated or suspected to have issues related to Cancer/ tumour, Heart, Lungs, Liver, Brain, Diabetes, Joint disorders or any other chronic ailment or findings from diagnostic and investigation reports; which may have an impact on assessment of this application

Date: D D M M Y Y Y Y

Place: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature of Proposer*:

ManipalCigna Prime Senior | Annexure | UIN: MCIHLIP27039V022627 | March 2026