

## MANIPALCIGNA PROHEALTH INSURANCE HEALTH MAINTENANCE BENEFIT CLAIM FORM

(The issue of this Form is not to be taken as an admission of liability)

### I. POLICY DETAILS

Proposer Name:  F  I  R  S  T  N  A  M  E  M  I  D  D  L  E  N  A  M  E  S  U  R  N  A  M  E   
 Policy Number:

### II. UTILISATION OF HEALTH MAINTENANCE BENEFIT TOWARDS:

a. Copay: ☐ b. Deductible: ☐ c. OutPatients Cover ☐ d. Non Payable Amount ☐  
 (if you have opted for "a" "b" or "d" above, please fill section III VI & VII below. If you have opted for "c" above, please fill sections IV, V, VI & VII)

Note - "a" "b" and "d" above and Section III is applicable for ProHealth Accumulate Plan only.

e. Towards Payment Of Renewal Premium^ ☐  
 (if you have opted for "e" above, please fill:

Name of the Member in respect of whom claim is made	<input type="checkbox"/> Amount (₹) <input type="checkbox"/> Percentage of Accumulated Fund to be used:

(^The option will be executed subject to availability of Health Maintenance Benefit Fund)

### III. AMOUNT TO BE UTILISED FOR COPAY / DEDUCTIBLE / NON PAYABLE AMOUNT:

Full available Health Maintenance Benefit: ☐ Specific Amount ₹:

### IV. OUTPATIENT CONSULTATION DETAILS:

Name of the Member in respect of whom claim is made:   
 Date of Consultation:  DD  MM  YY  YY  
 Description of illness/ Diagnosis for which consulted:   
 Treatment Given:

### V. Check list of Enclosures in case of Claiming Outpatient expenses:

☐ Duly filled and signed claim form ☐ Outpatient Invoices  
☐ Treating Doctor Prescription/ Consultation papers ☐ Investigation reports, if any

**VI. POLICY HOLDER BANK ACCOUNT DETAILS (FOR ECS TRANSFER OF CLAIM SETTLEMENT):**

Please furnish the details below along with copy of cancelled cheque.

Bank Name:	<input type="text"/>		
Bank Branch:	<input type="text"/>		
Bank Account No:	<input type="text"/>		
IFSC Code:	<input type="text"/>	MICR Code:	<input type="text"/>

Please attach original cancelled Cheque of your bank account, with your name pre-printed on the cheque, for ensuring accuracy of name of the Bank, Branch name, Account number and IFSC code.

**VII. DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited.  
I/we hereby give my/our consent to the Company/its authorized representatives to access/download/verify/register/update my/our KYC documents on/from the Central KYC Registry or through any other modes for the purpose of KYC.

Date:	<input type="text"/>	<input type="text"/>
Place:	<input type="text"/>	

Signature of Insured

# Know Your Customer

Processing your claim smoothly and quickly is of importance to you as well as us. Help us remain as your trusted service partner by ensuring we have a copy of all your documents.

## ID proof (Any one of below mentioned documents required)

- Passport\*
- PAN Card
- Voter's Identity card
- Driving license
- Letter issued by Unique Identification Authority of India containing details of name, address and Aadhaar number
- Job card issued by NREGA duly signed by an officer of the State Government
- Color passport size photograph not older than 6 months



## Proof of Residence (Any one of below mentioned documents required)

- Electricity bill / Ration card\*
- Letter from any recognized public authority
- Current statement of bank account with details of permanent/ present residence address as stamped by bank\*
- Current passbook with details of permanent/ present residence address (updated up to the previous month)\*
- Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof
- Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
- Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

\*Acceptable as Address proof and Identity proof if photograph of applicant is affixed

Request you to provide declaration for crediting claim amount in your (proposer) account provided during policy issuance. YES ☐ NO ☐

We shall use below mentioned information from the policy for payment of your claim:

- Account Number
- Bank Name
- Payee Name
- IFSC code
- Branch Name