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 **CIN:** U66000MH2012PLC227948
Call (Toll Free): 1800-102-4462 **Visit:** www.manipalcigna.com **E-mail:** customercare@manipalcigna.com

ManipalCigna Health Insurance

MANIPALCIGNA PROHEALTH SELECT

PORTABILITY FORM

PART I

1. PERSONAL DETAILS OF POLICYHOLDER/ INSURED:

Name of the Policy Holder/Insured(s): FIRST MIDDLE SURNAME

Date of Birth: DD MM YYYY Age: (Years) (Months)

Email:

Address of the policyholder/insured:

City: State:

Pin code:

2. DETAILS OF EXISTING INSURER:

i. Name of the Product:

ii. Sum Insured:

iii. Cumulative Bonus:

iv. Add-ons/riders taken:

v. Policy Number:

3. 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:

Reason(s) for Portability:

No. of family members to be included in the policy to be ported:

Enclosure: Photocopy of the existing policy documents

Date:

DD MM YYYY

Signature of the Policy Holder

PART II

Whether the PED exclusions/ time bound exclusions have longer exclusion period than the existing policy: (Please indicate Yes/ No)

Yes No

If Yes, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s)/treatment(s) is days/ years more than the previous policy terms.
I hereby agree to observe the additional waiting period for the following disease(s)/ treatment(s)

Signature of the Policy Holder

ManipalCigna ProHealth Select | UIN: MCIHLIP26037V052526 | May 2025