

CHANGE REQUEST FORM

| *Policy No.: | | | | | | | | | | | | | | | | | | | [| Date | e : | D | | \mathbb{N} | M | | YN | (Y |
|--|---|---------------|-----------------------------|--------------|-------------|--------------|-----------------|---------------|---|----------------|--------|--------------|------------------|---------------|---------|-------|------|-------|-------|-------|------------|-------|--------------|--------------|-------------|------|------|------|
| Policy Holder Name: F | IR | S | Т | N | A | M | E | * | N | | D | D | LE | = | 1 | A | | /I E | | | 3 | sι | JR | 2 | N A | | ME | * |
| Please fill the form in | | | | S | | | | | | | | | | | | | | | | | | | | | | | | |
| All the details marked Put a (✓) mark when | | anda | atory | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please use a separat | | for c | chang | es in | n mor | re th | an Oi | ne I | Polic | y an | d Sir | ngle | polic | су м | vith r | nulti | ple | Insı | ured | ł | | | | | | | | |
| Any alteration in form | need to | be | coun | ter si | ignec | d by | the p | olic | y ho | lder | | | | | | | | | | | | | | | | | | |
| HANGE IN NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Any change reque | ested in | Nan | ne wil | l be i | incor | pora | ated f | or a | ll vo | ur po | olicie | s w | th us | \$ | | | | | | | | | | | | | | |
| Women who wish to o For all other requests In case of change in i | change t with sig | heir nific | r name cant n | e/sur ame | nam char | e po nge, | ost ma a cop | arria py c | age, of the | are r gaz | eque | este d no | d to t tifica | forv atior | ı is r | equ | red | | | | - | | | | | tion | Ca | rd / |
| Passport copy / Aadh | | | | | | | | | | | - | | | - | - | | | - | | lold | | | O | | | | sure | |
| From FIRS | Т | N | AN | ΛE | * | | | N | | D | D | | - | | JA | M | F | | | | S | Ξu | R | | | | ЛЕ | * |
| To FIRS | | N | | | * | | | | | | | | - | | | | | | | | Is | | | | | | | * |
| *Document Submitted | | | Gaze | | Notif | ficat | ion | IV | | | iving | | ense | 1 | | IV | | | AN | | | | | | N 7- | | VILL | - |
| Document Oublinited | | | | | | noai | | | | | - | | | | | | | | | | - 10 | | • • • | - : f | ۵ | | | |
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| HANGE IN DATE OF | BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Holder Or | In | sure | ed | | | | | | | | | | | | | | | | | | | | | | | | | |
| lote: Any change reques | | | | th wi | ill he | inco | nors | ated | for | all vr | nur n | olic | | vith | | | | | | | | | | | | | | |
| | | | | | | | | aleu | | an ye | | | C3 W | iui | us | | | | | | | | | | | | | |
| rom DDMM | | Y | Y | То | | | M | IVI | Y | Y | Y | Y | | | | | | | | _ | | | | | | | | |
| Reason for Change: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document Submitted: | | PA | ٨N | | | | Pass | spo | rt | | | Dri | ving | Lice | ense | | | C |)the | ers (| Ple | ase | Spe | cif | /): _ | | | |
| | | Ye | s | N | 0 | | *Cla | im I | _ | | ίf Λr | 21 | | Ye | | N | lo | | | | | | | | | | | |
| Claim Settled (If Any): | | 10 | | | | | | | Penc | ing (| II AI | iy) | | 16 | | | | | | | | | | | | | | |
| Claim Settled (If Any): | | | | | | | | | Pend | ling (| | iy) | | 16 | | | | | | | | | | | | | | |
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| HANGE IN OCCUPA | ST | OR | NA | | ED C | × | | | | | | L | E | | | | / E | | | S | | J R | | 1 / | | M | | |
| HANGE IN OCCUPA Name: | ST | OR | NA | | ED C | * | | | | | | L | E | | | | / E | | | S | | J R | | | | | E | |
| HANGE IN OCCUPA Name: FIR *Occupation as declared *Current Occupation: | I in the P | Olic | y: | | 1 E | * | .Y) | | | | | Iy) | E | | | | 1 E | | | S | | J R | | | | | | |
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For further details, regarding Your current Zone of Cover, please refer to your Policy Wordings.

CHANGE IN ZONE (Applicable only to ProHealth Insurance and ProHealth Prime)

| State: | S U R N A M E |
|------------------------------|---------------|
| | Pin Code: |
| New Zone: City: | Zone: |
| | Pin Code: |
| State: Z | Zone: |
| * Reason for Change in Zone: | |

All future correspondence or communication will be sent on updated address

CHANGE IN CONTACT DETAILS (FOR POLICY HOLDER ONLY)

| Note: Any ch | nange re | eques | sted i | n Co | ontac | t Det | ails | will | be ir | ncor | por | atec | d for | all | you | r po | licie | es w | ith ι | JS | | | | | | | |
|--------------|----------|-------|--------|------|-------|-------|------|------|-------|------|-----|------|-------|-----|-----|------|-------|------|-------|----|--|--|--|--|--|--|--|
| Residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Mail ID 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Mail ID 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CHANGE OF NOMINEE

| Name:* | F I R S T | N A | ME | * | M | DD | L | E | Ν | А | ME | | U | R | Ν | AN | ЛЕ | |
|-----------|--------------------------|-----|----|---|---|----|---|---|---|---|----|--|---|---|---|----|----|--|
| Relations | ship with Policy Holder: | | | | | | | | | | | | | | | | | |

MEMBER DELETION

| Sr. | Name | Gender* | DOB* | Relationship | | *Claim Details | | | | |
|-----|-------------------------|--------------------------|--------------|-------------------|--------|----------------------|--------------------------|--|--|--|
| No. | (First*, Middle, Last*) | (Male/ Female/ Other) | (DD/MM/YYYY) | with Proposer* | Yes/No | Claim No (If Yes) | Claim Status (If Yes) | | | |
| 1 | | | | | Yes/No | | | | | |
| 2 | | | | | Yes/No | | | | | |

HEALTHY REWARDS REDEMPTION (Applicable only to ProHealth Insurance and ProHealth Select (A))

I would like to convert my balance Healthy Rewards to Health Maintenance Benefit with effect from the date of this application.

a) Covert all eligible Healthy Rewards b) Convert only specific Healthy Rewards. Specify Points

CHANGES IN HEALTH CONDITION

| | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 |
|--|------------------------|-------------------------|-----------|-----------|-----------|
| ame of Insured | | | | | |
| lame of Illness / Diseases suffering from r suffered in the past | | | | | |
| ate of first diagnosis: | | Υ | | | |
| ny other details (if operated/ | hospitalised/undergoin | g treatment/medication) | | | |
| | | | | | |
| eason for Change / Addition | | | | | |

ANY OTHER CHANGE THAT YOU WISH TO INFORM US:

| Policy Holder | r Or Insured |
|---------------------|---|
| Name:* | |
| (In case there is a | any alteration to the information you furnished at the time of proposing for cover, please provide the same below.) |
| Change From: | |
| Change To: | |
| and conditions of | / has been issued based on the declarations on the Proposal Form filled at the time of taking the first Policy with us. The rates term the contract have been determined based on this information. Wherever there has been any material change to this informatio led to modify or vary the terms of insurance and/ or premium, if necessary, accordingly. Any change in terms or premium will b |

"I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy."

| Date: D D M M Y Y Y |
|---------------------|
| Place: |
| |

To be filled up if the policyholder has signed in vernacular language or affixed thumb impression.

I hereby declare that I have fully explained the contents of the request form and terms and conditions of the policy to the policy holder in the language understood to him / her and that the policy holder has affixed his / her the thumb impression / signed in vernacular after fully understanding the contents thereof.

| | Date: | |
|------------------------|--------|--|
| *Signature of Witness: | Place: | |

| CUSTOMER ACKNOWLEDGEMENT SLIP | Health Insurance |
|---|---------------------------|
| Policy No: | |
| Type of Request Received: | |
| Received By (ManipalCigna Health Insurance Executive): | Date of Receipt: DDMMYYYY |
| Signature of ManipalCigna Health Insurance Executive 1-800-10-24462 customercare@manipalcigna.com | www.manipalcigna.com |