

MANIPALCIGNA LIFESTYLE PROTECTION - CRITICAL CARE PROSPECTUS

I. What is ManipalCigna Critical Illness Insurance Policy?

This policy provides payment of Sum Insured to an Insured person upon diagnosis anywhere in the world for a covered Critical Illness during the Policy Period. Benefit shall be paid in India in Indian rupees.

The coverage is available under two plans -

1. **Basic:** Coverage for 15 Critical Illnesses
2. **Enhanced:** Coverage for 30 Critical Illnesses

A. Critical Illness Cover

You can choose to opt for a Basic Plan which covers first 15 Critical Illnesses or an Enhanced Plan which covers all 30 Critical Illnesses as defined below. The following Critical Illnesses are covered under the Policy.

- | | |
|---|---|
| 1. Cancer of Specific Severity | 2. First Heart Attack of Specific Severity |
| 3. Open Chest CABG | 4. Open Heart Replacement or Repair of Heart Valves |
| 5. Coma of Specified Severity | 6. Kidney Failure Requiring Regular Dialysis |
| 7. Stroke Resulting in Permanent Symptoms | 8. Major Organ / Bone Marrow Transplant |
| 9. Permanent Paralysis of Limbs | 10. Motor Neurone Disease with Permanent Symptoms |
| 11. Multiple Sclerosis with Persisting Symptoms | 12. Primary Pulmonary Hypertension |
| 13. Aorta Graft Surgery | 14. Loss of Hearing |
| 15. Loss of Sight | 16. Coronary Artery Disease |
| 17. Aplastic Anaemia | 18. End Stage Lung Disease |
| 19. End Stage Liver Failure | 20. Major Burns |
| 21. Fulminant Hepatitis | 22. Alzheimer's Disease |
| 23. Bacterial Meningitis | 24. Benign Brain Tumor |
| 25. Apallic Syndrome | 26. Parkinsons Disease |
| 27. Medullary Cystic Disease | 28. Muscular Dystrophy |
| 29. Loss of Speech | 30. Systemic Lupus Erythematous |

B. Medical Second Opinion

An Insured person can choose to secure a second opinion from our Network of Medical Practitioners if they are diagnosed with the covered Critical Illness during the Policy Period.

This benefit can be availed once by each Insured person during the lifetime of a Policy for a particular Critical Illness.

C. Access to Online Wellness Program

ManipalCigna Health Insurance's customised health & wellness program is available to all customers. It caters to the varied health needs of customers through specialised tools. The service is available on our Website to all customers taking forward our proposition of being their partner in 'illness and wellness'. It consists of online customised programs like Health Risk Assessment, Lifestyle Management Programs, Nutrition Programs and access to health articles through the ManipalCigna Website.

D. Claim Payment & Policy Termination

Once a claim for a particular Critical Illness has been admitted and paid, the coverage under the Policy will automatically terminate for that Insured person. If the Policy is issued to more than one individual, it will continue to be in force for the remaining members.

II. What are the Features of the Policy?

a. Eligibility

Minimum Age at entry under this Policy is 18 years and Maximum Age at entry is 65 years. Renewals will be available for a lifetime.

b. Coverage on Individual & Family Basis

The Policy can be issued on individual basis covering the following relationships - Self, Lawfully Wedded Spouse, Dependent Parents, Dependent Parents-in Law, Dependent Children, Dependent Grandchildren and Dependent Siblings up to the age of 25 years and are unmarried.

c. Policy Period Option

Policy can be issued or renewed for one, two or three continuous years at the option of the Insured. 'One Policy Year' shall mean a period of one year from the date of issuance of the Policy.

d. Sum Insured Options & Eligibility

The Policy is available for a Sum Insured from Rs. 1 Lac to 25 Crores in multiples of 1000. Eligibility of Sum Insured will be maximum 10 times of Annual Income.

Family Policy: Family Member	Sum Insured
Earning Member	As per the Sum Insured opted
Non-earning Spouse	60% of Sum Insured of Earning Member
Dependent Children	30% of the Sum Insured of Earning Member
Dependent Parents/Parent-in-Laws or Dependent Siblings	30% of the Sum Insured of Earning Member

For individuals who are neither dependent nor having any independent earning source income criteria may be waived up to a maximum Sum Insured limit of Rs. 10 Lacs.

e. Premium

The Premium charged on the Policy will depend on the Plan, Sum Insured, Policy Tenure, Age and Gender. Additionally, the health status of the individual will also be considered.

Premiums will be payable either by Single Premium Mode or in installment through Annual Mode in case of a 2 & 3 - year Policy option. For a detailed Premium chart, please refer Annexure "Rate Chart" attached along with this document.

f. Claims Payout Options

At the inception of the Policy, the Insured can select amongst the two Claims payout options -

i. Lumpsum Payout

You can opt for a Lumpsum payment that will pay the full Sum Insured opted upon diagnosis of the covered Critical Illness.

or

ii. Staggered Payout

You can opt for a Staggered Payout where the Payout will be made as detailed below -

On occurrence of Critical Illness Event - 25% of Sum Insured as Lumpsum

Balance 75% + Additional 10% of Sum Insured will be paid in 60 equated monthly instalments starting from beginning of the next month of occurrence of Critical Illness.

Where a Staggered Payout is opted at the time of buying the Plan, the Insured person will have the option to choose a 100% Lumpsum benefit at the time of Claim Payment if he/she so desires.

g. Discounts under the Policy

You can avail the following discounts on the applicable Premium on your Policy.

i. Family Discount: You can avail a discount of 10% for covering more than 2 family members under the same Policy.

ii. Long Term Policy Discount: You can avail a long term discount of 7.5% & 10% on selecting a 2 and 3-year Policy respectively. Long Term Discount will apply only in case of Single Premium Policies.

iii. Direct Policy Discount: You can avail a 10% discount if you buy this Policy from us without any intermediary.

iv. Worksite Marketing Discount: A discount of up to 10% will be available on Policies which are sourced through a Worksite Marketing Channel. This discount and Direct Policy Discount are mutually exclusive.

h. Loadings & Underwriting

We may apply a risk loading on the Premium payable (excluding statutory levies and taxes) on the Policy based upon the health status of the persons proposed for Insurance and declarations made in the Proposal Form. Maximum loading applicable per Insured person shall not exceed 100%. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal(s) with us.

Following loadings may be applied on the Policy for the medical conditions listed below if they are accepted at the time of underwriting. The loadings are applicable on individual ailments only. Maximum risk loading per individual shall not exceed 100% of Premium excluding statutory levies and taxes.

List of Acceptable Medical Ailments (subject to other co-existing medical conditions) if they directly affect the Critical Illnesses Covered	Applicable Underwriting Loading (In Percentage)
Anaemia - Blood Disorder	20
Asthma - Breathing Disorder and Associated Respiratory Disorder	20
Prostrate Disease / Disorders	20
Benign Tumors	20
Diabetes Mellitus	20
Dyslipidemia	20
Epilepsy - Ailments with Steroid Treatment	20
Fatty Liver - Liver Disorder	20
Circulatory System Disease	20
Hypertension	20
Arthritis or Joint Disorder	20
Ovarian Cysts, Genito-urinary Tract Infection	20
Spinal or Vertibral Disorder	20
Hormonal Disorder	20
Gastro-intestinal System Disorder (Included among others - Liver, Gall Bladder, Hepatitis)	20
Nervous System Disorder	20
Kidney Infections	20
High BMI associated with Comorbidity	20
Physical Defect	20
Congenital Ailment	20
Mental confusion	20
Delusions	20
Peurperal post partum psychosis	15
Anxiety	15
Neurosis- Anxiety related	20
Panic Attacks	20
Depression	30
Hysteria	30
Anorexia Nervosa	30
Attention deficit Disorder	30

Please note that this list is only directive and not exhaustive and may change on company's experience. For adverse medical history on ailments other than the ones listed above, basis further Underwriting evaluation the decision of the Medical Underwriter will be final.

*Please note:

Mental illness induced by alcoholism and drug abuse is decline.

Any other co morbid condition over and above this will be assessed and rated as applicable.

Medical Test Results (associated with co-existing medical conditions - if they directly affect the Critical Illness Covered)	Range of Loading Percent Age (For more than 10 percentile deviation from normal test values)
Haemogram	10
Blood Sugar	10
Urine Routine	10
Kidney Function Test	10
Complete Lipid Profile	10
Liver Function Test	10
Carcino Embryonic Antigen	In case of deviation from normal values, proposal will be declined.
Prostate Specific Antigen	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case-to-case basis. If deviation is accepted, loading will be 20.
Thyroid Profile	10
C Reactive Protein	10
Tread Mill Test	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case-to-case basis. Minor Variations loading will be 10. If deviation is accepted, loading will be 20.
USG Abdomen & Pelvis	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case-to-case basis. Minor Variations loading will be 10. If deviation is accepted, loading will be 20.
X-Ray Chest	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case-to-case basis. Minor Variations loading will be 10. If deviation is accepted, loading will be 20.
HIV	In case of deviation from normal values, proposal will be declined.
Hepatitis B Surface Antigen	In case of deviation from normal values, proposal will be declined.
Pap Smear	In case of deviation from normal values, proposal will be declined.
2D Echo	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case-to-case basis. Minor Variations loading will be 10. If deviation is accepted, loading will be 20.
High BMI	Related to Age - 10
Other Specific Individual Medical Tests conducted	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case-to-case basis. Minor Variations loading will be 10. If deviation is accepted, loading will be 20.

Normal Test Values will be as per the medical test reports provided in the reports.

We will inform you about the applicable risk loading through a counter offer letter and we will only issue the Policy once we receive your consent for change in terms and applicable additional premium.

i. Pre-Policy Medical Check-Up

We will require you to undergo a medical check-up based on your Age, Plan and the Sum Insured opted as provided in the grid below. Wherever any pre-existing disease or any other adverse medical history is declared, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of Age/ Sum Insured/ Plan opted. Medical tests will be facilitated by us and conducted at our network of diagnostic centres. We will contact You and fix an appointment for the Medical Examination to be conducted at a time convenient to you. Full cost of all such tests will be borne by us for all proposals.

Wherever required, we may request for additional tests to be conducted based on the declarations on the proposal form and the results of any medical tests that we have received. The above list of Medical Tests may be modified after due approval from the Head of Underwriting.

LIFESTYLE PROTECTION - CRITICAL CARE BASIC

Sum Insured (Lacs)	Age (In Completed Years)	Underwriting Requirement
1 Lac to 25 Lacs	18 - 45	No Tests
	46 - 55	Tests shall be based on medical declarations by the Insured and underwriting evaluation.
	>55	Set 8 - MER, CBC-ESR, Lipid Profile, HbA1c, Sr. Creatinine, Urine Routine, SGOT, SGPT, GGT, TMT, Uric Acid
>25 Lacs to 1 Crore	18 - 45	No Tests
	46 - 55	Tests shall be based on medical declarations by the Insured and underwriting evaluation.
>1 Crore to 3 Crores*	>55	Set 9 - MER, Urine Routine, FBS, CBC - PS, Sr. Creatinine, Lipid Profile, TMT, USG Abdomen & Pelvis, HbA1c, X-Ray Chest, SGOT, SGPT, GGT, HBsAg, Uric Acid
	18 - 65	Set 10 - MER, Urine Routine, FBS, CBC-PS, Lipid Profile, TMT, USG Abdomen & Pelvis, HbA1c, X-Ray Chest, LFT, RFT, HBsAg, PAP Smear (Female), PSA (Males), CEA, HIV

LIFESTYLE PROTECTION - CRITICAL CARE ENHANCED

Sum Insured (Lacs)	Age (In Completed Years)	Test Set
1 Lac to 25 Lacs	18 - 35	No Tests
	36 - 55	Tests shall be based on medical declarations by the Insured and underwriting evaluation.
	>55	Set 9 - MER, Urine Routine, FBS, CBC - PS, Sr. Creatinine, Lipid Profile, TMT, USG Abdomen & Pelvis, HbA1c, X-Ray Chest, SGOT, SGPT, GGT, HBsAg, Uric Acid
>25 Lacs to 1 Crore	18 - 35	No Tests
	36 - 55	Tests shall be based on medical declarations by the Insured and underwriting evaluation.
>1 Crore to 3 Crores*	>55	Set 10- MER, Urine Routine, FBS, CBC-PS, Lipid Profile, TMT, USG Abdomen & Pelvis, HbA1c, X-Ray Chest, LFT, RFT, HBsAg, PAP Smear (Female), PSA (Males), CEA, HIV
	18 - 65	Set 10- MER, Urine Routine, FBS, CBC-PS, Lipid Profile, TMT, USG Abdomen & Pelvis, HbA1c, X-Ray Chest, LFT, RFT, HBsAg, PAP Smear (Female), PSA (Males), CEA, HIV

*Sum Insured above this amount will be on specific request basis and would be subject to Underwriting review.

Full explanation of Tests is provided here:

MER - Medical Examination Report, FBS - Fasting Blood Sugar, CEA - Carcino Embryonic Antigen, GGT - Gamma-Glutamyl Transpeptidase, ECG - Electrocardiogram, CBC-ESR - Complete Blood Count-Erythrocyte Sedimentation Rate, CBC - PS - Complete Blood Count - Peripheral Smear, SGPT -serum Glutamic Pyruvate Transaminase, HbA1C - Glycosylated Haemoglobin Test, HIV - Human Immunodeficiency Virus, SGOT - Serum Glutamic Oxaloacetic Transaminase, TMT - Tread Mill Test, HBsAg - Hepatitis B Surface Antigen, LFT - Liver Function Test, RFT - Renal Functional Test, PSA - Prostate Specific Antigen, Pap Smear - Papanicolaou Test, USGA & P: Ultrasonography Abdomen and Pelvis.

j. Grace Period, Revival & Renewal

Grace Period:

The Policy may be renewed by mutual consent for life subject to application of renewal & realisation of renewal premium and in such event, the renewal premium should be paid to us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Illness/condition that occurred, manifested or diagnosed during the period between the expiry of previous Policy and the date of inception of subsequent Policy. The provisions of Section 64VIB of the Insurance Act shall be applicable. All Policies renewed within the Grace Period shall be eligible for continuity of cover.

Revival Period:

For instalment premium Policies, the Revival Period shall be 15 days from the due date of next instalment.

Renewal Terms:

- a. The Policy will automatically terminate at the end of the Policy period.
- b. The Policy would be considered as a fresh Policy if there would be break of more than 30 days between the previous Policy expiry date and current Policy start date.
- c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by you.
- d. Where we have discontinued or withdrawn this Product/Plan, you will have the option to renew under the nearest substitute Policy being issued by us, provided however, benefits payable shall be subject to the terms contained in such other Policy which has been approved by IRDA. We will notify you regarding withdrawal of this Product and the options available at the time of renewal of this Policy.
- e. Insured person shall disclose to us in writing of any material change in his/her health condition at the time of seeking renewal of this Policy, irrespective of any claim arising or made. The Terms and Conditions of the existing Policy will not be altered.
- f. We may, at our sole discretion, revise the renewal premium payable under the Policy or the terms of cover, provided that the renewal premiums are approved by IRDA and in accordance with the IRDA guidelines and regulations as applicable from time-to-time. Renewal premiums will not alter based on individual claims experience. We will intimate you of any such changes at least 3 months prior to date of such revision or modification coming into effect.
- g. Alterations like increase/decrease in Sum Insured or change in Plan & addition/deletion of Insured persons will be allowed at the time of renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve our right to carry out underwriting in relation to acceptance or rejection of the request for changes on renewal. The Terms and Conditions of the existing Policy will not be altered.
- h. For any enhanced Sum Insured opted on renewals, waiting periods as mentioned below shall apply afresh for this enhanced limit from the effective date of such enhancement.
- i. Where an Insured person is added to this Policy, either by way of endorsement or at the time of renewal, all waiting periods under Section III will be applicable considering such Policy Year as the first year of Policy with us.

k. Portability Option

You can port your existing Health Insurance Policy from another company to our Product provided that:

- a. You have been covered under an Indian Health Insurance Policy from a Non-life Insurance company registered with IRDA without any break;
- b. We should have received your application for Portability with complete documentation at least 45 days before the expiry of your present period of Insurance;
- c. If the Sum Insured under the previous Policy is higher than the Sum Insured chosen under this Policy, the applicable waiting periods under Section III shall be waived to the extent of the Sum Insured and eligible cumulative bonus under the expiring Policy with the previous Insurer.
- d. In case the proposed Sum Insured opted for under our Policy is more than the Insurance cover under the previous Policy, then all applicable waiting periods under Section III shall be applicable afresh to the amount by which the Sum Insured under this Policy exceed the total of Sum Insured and eligible cumulative bonus under the expiring Health Insurance Policy;
- e. All waiting periods under Section III shall be applicable individually for each Insured person and claims shall be assessed accordingly.

The Portability provisions will be available to you if you wish to migrate from this Policy to any other Health Insurance Policy on renewals.

l. Income Tax Benefit

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec. 80 D as per the Income Tax Act, 1961. (Tax benefits are subject to change in the tax laws, please consult your tax advisor for more details).

m. Free-Look Period

A period of 15 days from the date of receipt of the Policy document is available to review the Terms and Conditions of this Policy.

You have the option of returning the Policy stating the reasons for cancellation and we shall refund the full premium on the Policy without any retention of premium towards stamp duty or prorated premium. Cancellation will be allowed only if there are no claims reported (paid/outstanding) under the Policy. All rights under this policy shall immediately stand extinguished on the free-look cancellation of the Policy.

n. Cancellations

In case you are not satisfied with the Policy, you can request for a cancellation of the Policy by giving a 15-day notice in writing. Premium shall be refunded as per table below if no claim has been registered/ made under the Policy.

1 Year		2 Year		3 Year	
Policy in force upto	Refund %	Policy in force upto	Refund %	Policy in force upto	Refund %
1 month	75%	1 month	85%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	60%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	30%	15 months	50%
		18 months	20%	18 months	35%
		Above 18 months	NIL	24 months	30%
				30 months	15%
				Above 30 months	NIL

In case of annual instalment premium Policies, we will calculate the amount of premium to be retained by us, considering the full term of the Policy as per the short period scale above. Where the premium received on the Policy is more than the amount to be retained, such additional premium shall be refunded.

Wherever such instalment premium received as on the cancellation request date is lower than the amount to be retained by us, the cancellation will be effected without any refund of premium.

You further understand and agree that we may cancel the Policy by giving a 15-day notice in writing by Registered Post Acknowledgment Due/ recorded delivery to your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact or for non-co-operation by you without any refund of premium.

o. Endorsements

The Policy will allow the following endorsements during the term of the Policy. Any request for endorsement must be made by you in writing. Any endorsement would be effective from the date of the request as received from you or the date of receipt of premium, whichever is later.

i. Non-Financial Endorsements - which do not affect the premium

- Rectification in Name of the Proposer / Insured Person
- Rectification in Gender of the Proposer/ Insured Person
- Rectification in Relationship of the Insured Person with the Proposer
- Rectification of Date of Birth of the Insured Person (if this does not impact the premium)
- Change/Updation in the Contact Details viz. Phone No., E-mail ID, etc.
- Updation of Alternate Contact Address of the Proposer
- Change in Nominee Details

ii. Financial Endorsements - which result in alteration in premium

- Deletion of Insured Member on Death or Separation or Policyholder/Insured Person Leaving the Country-only if no claims are paid / outstanding.
- Change in Age/Date of Birth
- Addition of Member (Newly Wedded Spouse)
- Rectification in Gender of the Proposer/ Insured Person

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

p. Grievance Redressal

In case of a grievance, you can contact us with the details through:

Our Website: www.manipalcigna.com

E-mail: customercare@manipalcigna.com

Toll Free: 1800-102-4462

Fax: 022 40825222

Post/ Courier: Any of Our Branch office or Corporate Offices at the addresses available on our Website

You can also walk-in and approach the grievance cell at any of our Branches. If in case you are not satisfied with the response, you can contact our Head of Customer Service at the following E-Mail: headcustomercare@manipalcigna.com

If you are still not satisfied with our Redressal, you may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman Offices are provided on our Website.

III. What is the Waiting Period and Exclusions?

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

a. First 90 Days Waiting Period:

We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 90 days of the Inception Date of the first Policy. This exclusion does not apply for Insured person having any Health Insurance Policy in India at least for a period of 90 days prior to taking this Policy and accepted under portability cover, as well as for subsequent renewals with us without a break.

b. Survival Period:

The benefit payment shall be subject to survival of the Insured person for at least 30 days following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.

c. Permanent Exclusions:

We shall not be liable to make any payment under this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date.
3. Any Pre-existing Disease or any complication arising therefrom.
4. Any Critical Illness directly or indirectly caused due to or associated with Human T-cell Lymph Tropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV;
5. Any condition directly or indirectly caused by or associated with any sexually transmitted disease including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 3 above.
6. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;
7. Narcotics used by the Insured person unless taken as prescribed by a registered Medical Practitioner,
8. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane;
9. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
10. Any Critical Illness caused by ionising radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
11. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
12. Congenital Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
13. Insured persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
14. Participation by the Insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
15. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
16. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/she is licensed for, or any diagnosis or treatment that is not scientifically recognised or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;
17. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life-threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;
18. Any Critical Illness arising or resulting from the Insured person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;
19. In the event of the death of the Insured person within the stipulated survival period as set out above.
20. Failure to seek or follow Medical Advice.
21. Birth control procedures and hormone replacement therapy.
22. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

IV. How can I Buy the Policy?

- Step 1:** The Product brochure, Policy benefits, exclusions and premium details must be thoroughly understood and discussed with our advisor/ Company representative before buying the Policy.
- Step 2:** Once the benefits of the Policy are understood, the Proposal Form must be filled wherein details of the prospective Insured persons including medical information must be provided as accurately as possible.
- Step 3:** The Proposal Form with the required documents have to be submitted along with the premium.
- Step 4:** If you are required to undergo medicals tests as per the chosen Sum Insured and Age band, we would arrange the medical check-ups at our network of diagnostic centres.
- Step 5:** Based on the above information, we will process your proposal for Insurance and a Policy kit containing the Policy Schedule, Policy Terms & Conditions and associated documents will be sent to you.

In case we are unable to underwrite i.e. if the Proposal is rejected, we will intimate the same to you through a rejection letter and refund any premium that has been collected.

Upon assessment if the premium is loaded, we will inform you about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where you do not agree to the counter offer, we will cancel your proposal and refund any premium collected.

V. What is the Claims Process?

a. Duties of the Claimant

- You must intimate and submit a Claim in accordance with the Claim Process defined in the Policy
- You must follow the advice provided by a Medical Practitioner. We shall not be obliged to make any payment that is brought about as a consequence of failure to follow such advice
- You must, upon our request, submit yourself for a medical examination by our nominated Medical Practitioner as often as we consider reasonable and necessary. The cost of such examination will be borne by us
- Provide us with complete documentation and information that we have requested to establish admissibility of the claim, its circumstances and its quantum under the provisions of the Policy

b. Claim Process

Upon the discovery or occurrence of any event that may give rise to a Claim under this Policy, you / Insured person or the nominee shall intimate a claim in writing or at the call centre within 10 days of occurrence of such event:

The following details are to be provided to us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Name of Critical Illness Event
- Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission, if applicable
- Any other information, documentation as requested by us

c. Documents to be submitted

In the event of a Claim arising out of any of the listed Critical Illnesses covered under this Policy, the Claim documents shall be submitted to us within sixty (60) days of the date of first diagnosis of the Critical Illness/date of Surgical Procedure, as the case may be.

The following documents shall be submitted in original for assessment and upon request, we will return the original documents.

- Claim form duly filled and signed Part A & B wherever applicable;
- Medical Certificate confirming the diagnosis of Critical Illness;
- Certificate from attending Medical Practitioner confirming that the Claim does not relate to any Pre-existing Illness or Injury or any Illness or Injury which was diagnosed within the first 90 days of the Inception of the first Policy.
- Discharge Card/Death Summary from the Hospital, if applicable;
- Investigation test reports confirming the diagnosis as specified under the definition of the respective Critical Illnesses;
- First consultation letter and subsequent prescriptions;
- Indoor case papers if applicable;
- KYC documents;
- Specific documents listed under the respective Critical Illness
- Any other necessary documents as may be required by us;
- In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim.

In case you delay submission of Claim documents, then in addition to the documents mentioned above, you are also required to provide us the reason for such delay in writing. We will accept such requests for delay up to an additional period of 30 days from the stipulated time for such submission. We will condone delay on merit for delayed Claims where the delay has been proved to be for reasons beyond your/ Insured person's control.

Disclaimer:

This is only a summary of the Product features. The actual benefits available shall be described in the Policy, and will be subject to the Policy Terms, Conditions and Exclusions.

For more details on risk factors, Terms and Conditions, read the sales brochure and speak to your advisor before concluding a sale.

Prohibition of Rebates (under section 41 of Insurance Act, 1938):

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred.

Insurance is a subject matter of solicitation



Your Health Relationship Manager Has The Answer

Be it claims assistance or guidance, contact your Health RM anytime.



1800-102-4462



customercare@manipalcigna.com



www.manipalcigna.com

Corporate Office: ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited)

401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai - 400063. IRDAI Registration No. 151 • CIN: U66000MH2012PLC227948

- ManipalCigna Lifestyle Protection-Critical Care: UIN: IRDA/NL-HLT/CTTK/P-H/V.1/5/14-15 | May 2019
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