# MANIPALCIGNA SARVAH

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

**This document provides key information about your policy. You are also advised to go through your policy document.**

<table>
<tr><th>Sl No.</th><th>Title</th><th>Description<br>(Please refer to applicable Policy Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna Sarvah -Param</td><td rowspan="11"></td></tr>
<tr><td>2</td><td>Policy Number</td><td>xxxxxxxx</td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>• Both indemnity and Benefit (Where the policy has elements of both)<br>Indemnity – The insured's losses are covered up to the Base Sum Insured under the policy.<br>Benefit – The insurance policy pays a fixed amount upon the occurrence of a covered event.</td></tr>
<tr><td rowspan="8">4</td><td rowspan="8">Base Sum Insured (Basis) (Along with amount)</td><td>• Individual Base Sum Insured – Where each insured member has a separate Base Sum Insured under the policy.
<table>
<tr><th>Insured Name</th><th>Base Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td>xxxxx</td></tr>
<tr><td><Insured Name 2></td><td>xxxxx</td></tr>
<tr><td><Insured Name 3></td><td>xxxxx</td></tr>
</table>
Or<br>• Floater Base Sum Insured – Where all members under the policy shares a single Base Sum Insured limit for all members, which may be utilized by any or all members.
<table>
<tr><th>Insured Name</th><th>Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td rowspan="3">xxxxx</td></tr>
<tr><td><Insured Name 2></td></tr>
<tr><td><Insured Name 3></td></tr>
</table></td></tr>
<tr><td>1. In-patient Hospitalization (When you are hospitalized)<br>Covered up to the Sum Insured<br>This benefit also includes the following covers, up to the limits specified below:</td><td>D.I.1</td></tr>
<tr><td>a. Modern and Advanced Treatments: Covered up to the Sum Insured.</td><td rowspan="3"></td></tr>
<tr><td>b. HIV/AIDS & STD: Covered up to the Sum Insured</td></tr>
<tr><td>c. Mental Illness: Covered up to the Sum Insured</td></tr>
<tr><td>2. Day Care Treatment<br>All Day Care Treatments/Procedures are covered up to the Sum Insured.</td><td>D.I.2</td></tr>
<tr><td colspan="2"></td><td></td></tr>
<tr><td></td><td></td><td>3. Pre - hospitalization Medical Expenses<br>Medical Expenses incurred during the Policy period, up to 90</td><td>D.I.3</td></tr>
</table>

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| 5 | Policy Coverages (What the policy covers?) | days prior to the date of hospitalization, are covered up to the Sum Insured. | |
| | | **4. Post - hospitalization Medical Expenses**<br>Medical Expenses incurred up to 180 days post discharge from the hospital are covered up to the Sum Insured. | D.I.4 |
| | | **5. Domiciliary Hospitalization**<br>Covered up to the Sum Insured<br>Pre Hospitalization and Post Hospitalization Expenses are covered up to 30 days each. | D.I.5 |
| | | **6. Road Ambulance (Reimbursement of Ambulance Expenses)**<br>Covered up to the Sum Insured. | D.I.6 |
| | | **7. Donor Expenses**<br>Covered up to the Sum Insured including:<br>• Pre-hospitalization Medical Expenses (if incurred during Policy Period) & Post hospitalization medical expenses of the donor, covered for up to 30 days each.<br>• Cost of donor screening covered once in a Policy year for successful transplant.<br>• Complications arising during hospitalization or within 30 days from the date of discharge, covered up to 25% of Base Sum Insured, subject to maximum of ₹2 Lacs, Over and above the Base Sum Insured.<br>**Note:** Expenses related to the donor towards the cost of organ acquisition are not covered under the policy. | D.I.7 |
| | | **8. AYUSH Treatment**<br>Covered up to the Sum Insured. | D.I.8 |
| | | **9. Restoration (When opted Sum Insured is insufficient due to claims)**<br>Multiple Restoration are available in a Policy Year for all illnesses and injury, whether related or unrelated, in addition to the Base Sum Insured. | D.I.9 |
| | | **10. Gullak**<br>Guaranteed increase of 100% of the Base Sum Insured for each policy year, up to a maximum of 1,500%, irrespective of any claim made in the previous Policy Year.<br>**Value Added Covers:** This section lists the additional value-added benefits that are available along with your plan. | D.I.10 |
| | | **11. Tele-Consultation**<br>Unlimited Tele-consultation with our network General Physician during the Policy Year. | D.II.1 |

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| | | **12. Wellness Program**<br>Rewards can be earned by completing activities specified under Our Healthy Life Management Program, up to a maximum of 20% of expiring base Premium (excluding Premium for optional covers other than 'Deductible' under section D.III.9, 'Voluntary Co-Payment' under section D.III.10, Twin sharing room option of 'Room Rent Modification' under section D.III.5 and 'Pratiksha' under section D.III.12, rider and applicable taxes).<br>The earned reward points can be utilized as a discount on the renewal premium due immediately after accrual.<br>Carry forward of unused reward points is not allowed. | D.II.2 |
| | | **13. Discount from Network Provider**<br>Discount on Pharmacy, Diagnostics and Health Supplements offered by Network Providers of ManipalCigna Health Insurance Company Limited. | D.II.3 |
| | | **14. Health Check-up**<br>Available once in each Policy Year (including the first year), to all Adult insured persons who have completed 18 years of age<br>• For Base Sum Insured ₹5Lac: Package 1<br>• For Base Sum Insured ₹7.5 Lac and ₹10 Lac: Package 2<br>• For Base Sum Insured above ₹10 Lac: Package 3<br>**Note:** Health check-up packages shall be offered on cashless basis. | D.II.4 |
| | | **Optional Covers (Applicable only if opted)**<br>**This section lists the optional covers available under your plan and the corresponding limits for each option.**<br>**1. Personal Accident Cover**<br>Provides a lumpsum benefit equal to the opted Benefit Amount in the event of Accidental Death (AD), Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) of the Insured Member due to an Accident.<br>If the Accidental Death or Permanent Total Disablement occurs while the insured person is a fare-paying passenger on a common carrier, the benefit is 200% of the opted Benefit Amount. | D.III.1 |
| | | **2. Temporary Total Disablement (TTD)**<br>The weekly coverage amount opted by the Insured Person shall be payable as weekly compensation for the duration of Temporary Total Disablement, subject to an overall limit of 100 weeks. | D.III.2 |
| | | **3. Air Ambulance**<br>Covered up to the Sum Insured, subject to maximum of ₹10 Lacs.<br>**Note**: This benefit is over and above the Base Sum Insured. | D.III.3 |
| | | **4. Maternity & New Born Hospitalization Expenses**<br>a. Covered for up to 2 deliveries or terminations, up to 20% of the Base Sum Insured, subject to a maximum of ₹5 Lac, in | D.III.4 |

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| | | of the Base Sum Insured, subject to a maximum of ₹5 Lac, in addition to the Base Sum Insured.<br>**Note:** This cover is subject to 36 months waiting period before the female insured person can avail the benefit. | |
| | | b. Covers In-patient Hospitalization expenses of a new-born baby, up to the limit provided under Maternity Expenses. | |
| | | c. First Year Vaccinations covered as per National Immunization Scheme (India), up to the limit provided under Maternity Expenses. | |
| | | **5. Room Rent Modification**<br>The Policyholder may choose to modify the room type category under the Policy as follows<br>**Option 1:** Any room, with ICU coverage up to Sum Insured,<br>Or<br>**Option 2** Twin Sharing AC room, with ICU coverage up to Sum Insured. | D.III.5 |
| | | **6. Surplus Benefit**<br>Additional 100% of Base Sum Insured, available from day 1 for the 1st claim only, in each policy year. | D.III.6 |
| | | **7. Shakti**<br>Additional 100% or 200% of the Base Sum Insured, as specified in the Policy Schedule, for all admissible claims in a Policy Year. If you have opted for Surplus benefit, Shakti does not apply and vice versa. | D.III.7 |
| | | **8. Anant**<br>Unlimited coverage for any hospitalization related to Cancer, Heart, Stroke, Major Organ/ Bone Marrow Transplant, or Accident under In-patient Treatment, Day Care Procedure, or AYUSH Treatment incurred by the Insured Person, with no limit on the number of claims. | D.III.8 |
| | | **9. Deductible (Deductible is the amount beyond which a claim will be payable in the Policy)**<br>The policyholder has option to choose either<br>Option 1 – Aggregate Deductible of<br>₹10K, ₹25K, ₹50K, ₹1L, ₹2L, ₹3L, ₹4L, ₹5L or ₹10L<br>or<br>Option 2 – Daily Deductible of<br>₹1K, ₹2K, ₹3K, ₹4K or ₹5K per day of hospitalization on all admissible claims. | D.III.9 |
| | | **10. Voluntary Co-payments (The cost sharing percentage that you have opted will apply on each claim.)**<br>If you have opted for a Deductible, Voluntary Co-payment does not apply and vice versa<br>10%, 20% or 30% Co-payment as opted for each and every claim. | D.III.10 |

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| | | **11. Coverage for Non-Medical Items and Durable Medical Equipment's**<br>a. Non-Medical Items: Covered up to the Sum Insured.<br>b. Durable Medical Equipment's: Covered up to ₹1 Lac in case prescribed during hospitalization or within 30 days post-discharge. | D.III.11 |
| | | **12.Pratiksha**<br>If the Policyholder opts for this optional cover, the specific disease/procedure waiting period and the initial waiting period, as specified in clause E.I.1 and E.I.2 respectively, will apply to this policy. | D.III.12 |
| | | **13. Personal Accident Plus**<br>Pays a lump sum benefit equivalent to the opted Benefit Amount upon accidental injury leading to Death or Permanent Total or Permanent Partial Disablement, in accordance with the coverage selected. | D.III.13 |

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| **6** | **Exclusions (What the policy does not cover)** | 1. Investigation & Evaluation-Code-Excl. 04 | E.I.3 to E.I.17 and E.II.2 to E.II.27 |
| | | **2.** Rest Cure, Rehabilitation, and Respite Care – Code: Excl. 05 | |
| | | **3.** Obesity/Weight Control – Code: Excl. 06 | |
| | | 4. Change-of-Gender Treatments – Code: Excl. 07 | |
| | | 5. Cosmetic or Plastic Surgery – Code: Excl. 08 | |
| | | 6. Hazardous or Adventure Sports – Code: Excl. 09 | |
| | | 7. Breach of Law – Code: Excl. 10 | |
| | | 8. Excluded Providers – Code: Excl. 11 | |
| | | 9. Treatment for Alcoholism, Drug or Substance Abuse, or Any Addictive Condition and consequences thereof – Code: Excl. 12 | |
| | | 10. Treatments received in health hydros, nature cure clinics, spas, or similar establishments – Code: Excl. 13 | |
| | | 11. Dietary Supplements and Over-the-Counter Substances – Code: Excl. 14 | |
| | | 12. Refractive Error: Code-Excl. 15 | |
| | | 13. Unproven Treatments: Code-Excl. 16 | |
| | | 14. Sterility and Infertility: Code-Excl. 17 | |
| | | 15. Maternity: Code Excl 18 | |
| | | 16. Dental Treatment, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless specifically covered under the Policy. | |
| | | 17. Circumcision, unless necessary for treatment of an illness or injury not excluded, or due to an accident. | |
| | | 18. Instruments used for Sleep Apnea Syndrome (C.P.A.P.), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.), Oxygen Concentrators for Bronchial Asthmatic condition, Infusion Pumps, or other external devices used during or after treatment. | |
| | | 19 External Congenital Anomalies or Defects, or any complications or any conditions arising therefrom. | |
| | | 20. Prostheses, corrective devices, and Medical Appliances, not required intra-operatively for the illness or injury for which the | |

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| | | insured person was hospitalized. |
| | | 21. Hospital Stay Without Treatment or for purposes other than receiving eligible treatment that normally requires hospitalization. |
| | | 22. Treatment received outside India. |
| | | 23. Costs of Donor Screening or Organ Transplants involving organs not harvested from a human body, subject to conditions in D.I.7 'Organ Donor'. |
| | | 24. Non-Allopathic Treatment, except AYUSH; hydrotherapy, acupuncture, reflexology, chiropractic treatment, or any indigenous system of medicine. |
| | | 25. All Illness/expenses caused by Ionizing radiation or radioactive Contamination, by radioactivity from any nuclear fuel, nuclear waste, chemical, biological, or nuclear attack. |
| | | 26. All Expenses caused by or arising from War, Civil War, Rebellion, Insurrection, Military Action, Foreign Invasion, or Confiscation/Nationalization of Property, whether declared or undeclared. |
| | | 27. All Non-Medical Expenses not incidental to the diagnosis and treatment, including belts, collars, splints, slings, braces, stockings, diabetic footwear, thermometers, or home medical equipment, except when part of room, procedure, or treatment costs. For full details, see Annexure III List – I and D.III.11. |
| | | 28. Any Deductible or Co-Payment as specified in the Policy Schedule. |
| | | 29. Pre-existing Conditions will be reviewed as per the company's underwriting policy/Manual. |
| | | 30. Expenses for Multi-Focal Lenses, Multi-Focal Toric Lenses, and Femto Laser-Assisted Surgeries for cataract treatment. |
| | | 31. Expenses related to any Modern & Advanced Treatments other than those covered under this Policy shall not be payable. |
| | | 32. Out patient treatment expense. |
| | | 33. Expenses related to an Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide. |
| | | 34. Preventive care, vaccination, inoculation, or immunization, except when administered as part of hospitalization required for post-animal bite treatment. |
| | | 35. Expenses related to the provision or fitting of hearing aids, spectacles or contact lenses. |
| | | 36. Any treatment and associated expenses for alopecia, baldness including cortico steroids and topical immuno therapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy. |
| | | 37. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription. |
| | | 38. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy. |

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| | | 39. Treatment at a healthcare facility which is NOT a Hospital or Day Care Centre.<br>40. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. | |
| 7 | **Waiting Period**<br>• Time period during which specified disease/ treatment are not covered.<br>• It is counted from the beginning of the policy coverage. | **a. Initial Waiting Period (Applicable only if Optional Cover – 'Pratiksha' is opted):** 30 days for all illnesses (not applicable in case of continuous renewal or accidents). | E.I.2 |
| | | **b. Specific Waiting Period (Applicable only if Optional Cover – 'Pratiksha' is opted):**<br>24 months for the following conditions:<br>i. Cataract<br>ii. Endometriosis, Dilatation and curettage, Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus or myomectomy for fibroids unless necessitated by malignancy,<br>iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal, Removal of Implants and all diseases of Ligament, tendon, meniscal tear (other than caused by accident or malignancy),<br>iv. Varicose Veins and Varicose Ulcers,<br>v. Stones in the urinary genito-urinary and biliary systems including calculus diseases and complications thereof,<br>vi. Benign Prostate Hypertrophy, all types of Hydrocele,<br>vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.<br>viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery,<br>ix. gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps / internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,<br>x. Any surgery of the genito-urinary & biliary system unless necessitated by malignancy. | E.I.1 |
| | | **c. Personal Waiting Period:** A special waiting period, not exceeding 36 months, may be applied to individual insured persons for acceptable medical ailments listed under the Product Underwriting Manual, based on declarations in the proposal form and existing health conditions. Such waiting periods will be specifically stated in the Schedule and applied only with the Policyholder's explicit consent. | E.II.1 |
| | **Financial limits of coverage**<br>• Sub-limit (it is | 1. **Policy Limits for Specific Diseases/Procedures**<br>• The policy will pay only up to the limits specified for the following diseases/procedures: Not Applicable | |

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| **8** | pre-defined limit and the insurance company will not pay any amount in excess of this limit<br>• Co-payment (it is a specified amount/ percentage of admissible claim amount to be paid by policyholder / insured).<br>• Deductible (It is specified amount:<br>- up to which and insurance company will not pay any claim, and<br>- which will be deducted from total claim amount (if claim amount is more than specified amount)<br>• Any other limit (as applicable) | 2. Sub-limits (if applicable)<br>• In case of a claim, the insured is required to share expenses exceeding the following sub-limits:<br>o Room/ICU Charges:<br>- Single Private AC Room – as specified<br>- ICU – No limit<br>o Specified Diseases: No sub-limit applies | D.I.1 |
| | | 3. Co-Payment<br>• Xxxxx%<br>• The above co-payment is in addition to any voluntary co- payment under Section D.III.10 (if opted). | D.III.9 |
| | | 4. Deductible<br>• Aggregate Deductible: ₹XX per policy year on all admissible claims, or<br>• Daily Deductible: ₹XX per day of hospitalization on all admissible claims | |
| **9** | **Claims/Claims procedure** | Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization:<br>To know the process for our cashless and reimbursement claims visit: https://www.manipalcigna.com/claims<br>Turn Around Time (TAT) for claim settlement | G.I |
| | | i. TAT for pre-authorization of cashless facility – within 1 hour from receipt of request. | |
| | | ii. TAT for cashless final bill authorization – 3 (Three) hours of receipt of request for final discharge from Network provider. | |

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| | | Web links for the followings:<br>i. Network hospital details - https://www.manipalcigna.com/locate-us<br>ii. Helpline Number - https://www.manipalcigna.com/claims<br>iii. Hospital which are blacklisted or from where no claims will be accepted by insurer - https://www.manipalcigna.com/locate-us<br>iv. Link for downloading claim form- https://www.ManipalCigna.com/downloads/claims | G.I.4 |
| **10** | **Policy Servicing** | For hassle free policy servicing customer can manage their policy by clicking on: https://eservicing.ManipalCigna.com/login or<br>Download myManipalCigna App from Playstore or Appstore | |
| **11** | **Grievances/ Complaints** | **LEVEL 1**<br>**Health Relationship Managers**<br>Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM.<br>Email us at - headcustomercare@manipalcigna.com For Senior Citizen Assistance Seniorcitizensupport@ManipalCigna.com<br><br>**LEVEL 2**<br>**Grievance Redressal Officer**<br>Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday)<br>Email us at - Complaints@manipalcigna.com<br><br>**LEVEL 3**<br>**Chief Grievance Redressal Officer**<br>Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday)<br>E-mail us at - Compliance@manipalcigna.com<br>For Senior Citizen Assistance: Seniorcitizensupport@manipalcigna.com<br><br>**LEVEL 4**<br>**Approach Ombudsman**<br>The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/ombudsman<br><br>**Courier:** Any of Our Branch office or corporate office during business hours. Policyholder/Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If the Policyholder/Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at, 'The Grievance Cell,<br>ManipalCigna Health Insurance Company Limited,<br>401/402, 4th Floor, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai - 400063, Maharashtra, India.<br>or<br>E-mail: headcustomercare@manipalcigna.com.<br><br>For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal<br>If Policyholder/Insured person is not satisfied with the redressal of grievance through above methods, they may also approach the office of Insurance Ombudsman of the respective area/ region for redressal of grievance as per Insurance Ombudsman Rules 2017.<br><br>The contact details of Ombudsman offices attached as Annexure I of | F.I.16 |

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| | | Policy document. Grievance may also be lodged at IRDAI complaints management system - https://bimabharosa. irdai.gov.in/. You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint | |
| 12 | **Things to remember** | **Free Look Cancellation**<br>• The free look period applies only to new individual health insurance policies, and not to renewals or ported/migrated policies.<br>• The Policyholder has 30 days from the receipt of the policy document to review the terms and conditions and return the policy if not acceptable.<br>• Free look is applicable only if no claim or benefit has been availed during this period.<br>• To avail:<br>o Write to customercare@manipalcigna.com from your registered email ID, or<br>o Visit any MCHI Branch and submit a written request. | F.I.15 |
| | | **Policy Renewal**<br>• The policy is ordinarily renewable, except in cases of established fraud, non-disclosure, or misrepresentation by the insured. | F.I.10 |
| | | **Migration**<br>• The Policyholder may migrate the policy to other health insurance products/plans offered by the company by applying at least 30 days before the policy renewal date, as per IRDAI guidelines.<br>• If the insured has been continuously covered without any lapses under any company health insurance product/plan, accrued continuity benefits such as Base Sum Insured, No Claim Bonus, Specific Waiting Periods, waiting period for pre-existing diseases, and Moratorium Period will apply.<br>• To avail:<br>o Write to customercare@manipalcigna.com at least 30 days before renewal from a registered email ID, or<br>o Visit the nearest ManipalCigna Branch, or<br>o Contact your assigned intermediary/agent | F.I.8 |
| | | **Portability**<br>• The Policyholder may port the policy to another insurer by applying for the entire policy including all family members at least 30 days before, but not earlier than 60 days from the policy renewal date, as per IRDAI portability guidelines.<br>• If the Insured has been continuously covered without any lapses under any Indian health insurance policy, accrued continuity benefits such as Base Sum Insured, No Claim Bonus, Specific Waiting Periods, waiting period for pre-existing diseases, and Moratorium Period will apply.<br>• To avail:<br>o Write to customercare@manipalcigna.com at least 30 days before renewal from a registered email ID, or<br>o Visit the nearest ManipalCigna Branch, or<br>o Contact your assigned intermediary/agent | F.I.9 |

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| | | **Change in Base Sum Insured**<br>• Changes are allowed at the time of policy renewal.<br>• Submit a request using the proposal form before the policy expiry.<br>• The company reserves the right to carry out underwriting for approval of the requested change. | F.II.8 vii |
| | | **Moratorium Period**<br>• After 60 continuous months of coverage (including portability and migration), no policy or claim shall be contestable on grounds of non-disclosure or misrepresentation, except in cases of established fraud.<br>• The 60-month period is called the moratorium period.<br>• For enhanced sums insured, the moratorium applies separately from the date of enhancement.<br>• Policies remain subject to all limits, sub-limits, co-payments, and deductibles as per the policy contract. | F.I.12 |
| **13** | **Your Obligations** | **Disclosure of Information**<br>a. Misrepresentation or Mis-description<br>• The policy shall be null and void, and all premiums paid shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder. | F.I.1 |
| | | b. Non-Disclosure<br>• The policy shall be null and void, and all premiums paid shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. | |
| | | **Note:**<br>• For the purpose of this policy, "material facts" refers to all relevant information requested by the Company in the Proposal Form and related documents, necessary for taking an informed underwriting decision. | |

**Declaration by the Policy Holder;**

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of Policyholder)

Note:

i. Insured/policyholder can get the product related document at: https://eservicing.manipalcigna.com/document-vault

ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).