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

ManipalCigna
Health Insurance

MANIPALCIGNA CRITICAL ILLNESS ADD ON COVER
PROPOSAL FORM - ANNEXURE TO BASE PRODUCT

Base Product Name:

Base Policy Proposal Number:

Proposer Name:

INSURED DETAILS:

Sr. No.	Name of Insured	Critical Illness Sum Insured

MEDICAL AND LIFESTYLE INFORMATION*:

Please answer the below mentioned question in Yes (Y) / No (N). If Yes, please ✓ against the relevant insured person and provide complete details in the table for additional medical information (in Proposal Form).

		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1	Do you or any of the persons proposed for Insurance Chew Tobacco **YES** ☐ **NO** ☐ Smoke **YES** ☐ **NO** ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
2.	Have you or any of the persons proposed for insurance been diagnosed with or undergone surgery for any of the following Critical Illnesses, prior to proposing for this cover - Cancer, Heart Attack, Coronary Artery Bypass Graft, Heart Valve Replacement/ Repair, Coma, Kidney Failure, Stroke, Any Transplant, Paralysis, Multiple Sclerosis, Motor Neurone Disease **YES** ☐ **NO** ☐	☐	☐	☐	☐	☐

(Additional Medical Details to be provided in the base Policy Proposal Form)

All declarations / terms and conditions as per the base proposal form would apply.

Date: D D M M Y Y Y Y

Place:

Signature of Proposer*:

ManipalCigna Critical Illness Add on Cover UIN Number: IRDAI/NL-HLT/CTTK/P-H/V-I/390/Add-on(CI)13-14 | April 2019 onwards