

Proposal Form No.: _____

FOR OFFICE USE

ManipalCigna Branch Name: _____ ManipalCigna Branch Code: _____ Business Type: Urban ☐ Rural ☐ Social ☐
 Intermediary Name: _____ Intermediary Code*: _____

Ref A*: _____

Ref B*: _____

Ref C*: _____

MANIPALCIGNA LIFESTYLE PROTECTION GROUP POLICY

(GROUP SCHEME FOR THE ACCOUNT HOLDER CUSTOMERS OF SVC CO-OPERATIVE BANK)

1

This form should be filled by the Corporate or any person authorised by the Corporate to sign on their behalf.

2

Please fill the form in BLOCK LETTERS.

3

Please submit the proposal form in original, photo copies will not be accepted by the Company.

4

Kindly contact the Company's Office for any doubt or clarification on the Proposal Form.

Note: The liability of the Company does not commence until this proposal is accepted by the Company and premium received.

I. PROPOSER DETAILS*:

Proposer Name*: <input style="width: 90%;" type="text"/>	
Principle Contact Person's Name: <input style="width: 90%;" type="text"/>	
Correspondence Address for all documentation*:	Block No./ Flat No.: <input style="width: 15%;" type="text"/> Floor No.: <input style="width: 10%;" type="text"/>
Building Name: <input style="width: 90%;" type="text"/>	
Street name: <input style="width: 40%;" type="text"/>	Locality: <input style="width: 50%;" type="text"/>
Landmark: <input style="width: 90%;" type="text"/>	
City/ Village: <input style="width: 90%;" type="text"/>	
Pin Code*: <input style="width: 20%;" type="text"/>	
Contact Details:	Mobile Number^^: <input style="width: 25%;" type="text"/> Alternate Number: <input style="width: 25%;" type="text"/>
Permanent Address*:	
Block No./ Flat No.: <input style="width: 15%;" type="text"/> Floor No.: <input style="width: 10%;" type="text"/>	
Building Name: <input style="width: 90%;" type="text"/>	
Street name: <input style="width: 40%;" type="text"/>	Locality: <input style="width: 50%;" type="text"/>
Landmark: <input style="width: 90%;" type="text"/>	
City/ Village: <input style="width: 90%;" type="text"/>	
Pin Code*: <input style="width: 20%;" type="text"/>	
Contact Details:	Landline: <input style="width: 25%;" type="text"/> Mobile Number*: <input style="width: 25%;" type="text"/>
Email Address*: <input style="width: 90%;" type="text"/>	
PAN No/ TAN No.^^:	(Mandatory for premium of ₹50,000 and above accepted in Cash/DD or ₹100,000 and above by Cheque/Credit/Debit Card)
Aadhaar No.^^: <input style="width: 30%;" type="text"/>	
Customer GSTIN (if any): <input style="width: 40%;" type="text"/>	

*Mandatory Details | Please provide the details to enable us to serve you better.

II. PLAN DETAILS*:

Policy Type: Individual		Tenure: 1 Year			
Plan 1 (Women Specific Cancer Cover) <input type="checkbox"/>		Plan 2 <input type="checkbox"/>		Plan 3 <input type="checkbox"/>	
Coverage	Sum Insured	Coverage	Sum Insured	Coverage	Sum Insured
Women Specific Cancer Cover	2 Lacs	6 Critical Illnesses	2 Lacs	11 Critical Illnesses	2 Lacs
<p>Details</p> <p>Plan 1 - Cancer cover for 1. Breast Cancer, 2. Ovarian Cancer, and 3. Cervical cancer Only. Available for Women only.</p> <p>Plan 2 - Coverage for 6 Critical illnesses only (1-6 Critical Illnesses from the list below).</p> <p>Plan 3 - Coverage for 11 Critical illnesses only (1-11 Critical Illnesses from the list below).</p> <p><u>List of Critical Illnesses</u></p> <p>1) Cancer of specific severity, 2) Myocardial Infarction (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</p>					

III. Premium: (inclusive of applicable taxes)

Premium Amount (INR):

Payment Option (pl. tick (✓)): ☐ Cheque ☐ DD ☐ Fund Transfer

Amount In words:

Transaction reference number (if any)

For Cheque / DD (Payable in favour of "ManipalCigna Health Insurance Company Limited")

Instrument no.: Instrument Date: Instrument Amount:

Bank Name:

Name of Premium Payer:

(Please fill annexure 1 for bank account details)

IV. MEMBER AND NOMINEE DETAILS*:

(Please provide details of all Insured Persons. Insurance premium amount will be calculated basis the age of the eldest member in the policy).

Name of Insured members (First Name<Space>Last Name)	Relationship with Proposer	Date of Birth (DD-MM-YYYY)	Gender (M/F/O)	Occupation

V. Nominee Details*:

Is the Nominee same as Caregiver (if provided above)? ☐ Yes ☐ No. If No, please provide Nominee details.

S. No.	Particulars	Nominee 1	Nominee 2	Nominee 3
1	Name	-	-	-
2	Age	-	-	-
3	Mobile No.	-	-	-
4	Email ID	-	-	-
5	Present Address	-	-	-
6	Permanent Address	-	-	-
7	Relationship with Proposer	-	-	-
8	Specify the percentage (%) of the claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee must not exceed 100%	-	-	-
9	Bank Details of Nominee Account No. IFSC/MICR Code Name of Bank Account Holder Name	-	-	-
10	Appointee Details (Required only if nominee is a minor) Name Age# Relationship with Nominee	-	-	-

In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee.

VI. Current Insurance Details*

Insured Name	Policy Number	From Date	To Date	Sum Insured	Cumulative Bonus Earned	
					In %	Amount

VII. Previous Insurer's Details

Insured Name	Policy Number	From Date	To Date	Sum Insured	Cumulative Bonus Earned	
					In %	Amount

VIII. DECLARATION FOR MEDICAL AND LIFESTYLE INFORMATION ON BEHALF OF ALL INSURED*:

(Please (✓) against YES or NO basis applicability for the set of questions below)

1.	Have proposed to be insured under this proposal ever been diagnosed or treated or suspected to have tumor, growth or any pre-cancerous condition, Diabetes mellitus on insulin , diseases of immunity, or any diseases of the heart, lungs, pancreas, kidneys, muscles, brain, or liver; have experienced unplanned weight loss of 6 kg or more in the last 6 months; have had any raised tumor marker levels in the past; have experienced unexplained vaginal bleeding/growth/cyst, abdominal pain, breast lump; have been diagnosed with infections of human papilloma virus or HIV.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Have proposed to be insured under this proposal have occupation or nature of duties that expose her to any radiation or carcinogenic substances.	YES <input type="checkbox"/> NO <input type="checkbox"/>

If response to any health question is YES, then policy is not eligible for the member.

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge and that

I/We am/are authorized to propose on behalf of these other persons. I/We will maintain details of all the individual members covered, which shall also be made available to the insurance company as and when required.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority.

☐ I hereby consent to and authorize ManipalCigna Health Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

I hereby agree to the Terms and Conditions of the policy/ies

Date*:

D	D	M	M	Y	Y	Y	Y
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Place*

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Signature of Proposer:

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account.
Please select any one of the below options as applicable.

☐ **Bank details as per premium cheque to be used for electronic fund transfer/refund.**
Bank account details as mentioned on the cheque being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.
Please fill the below table if the premium payment cheque does not have all the details required for electronic fund transfer.

Particulars of Bank Account*:														
Account Number:														
IFSC/MICR Code:														
Name of the Bank:														
Account Holder Name:														

I agree and undertake to intimate in writing to ManipalCigna Health Insurance Company Limited about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

DISCLAIMER: ManipalCigna shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation- failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder.

Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. ManipalCigna shall be indemnified against any loss/damage/claims caused to ManipalCigna in carrying out your aforesaid NEFT instructions.

Instructions:

- It is important for these electronic payment systems that the Policy Holder's name in the Policy must exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFS Code, which is applicable for NEFT only. (a number allotted to each participating banks branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required
- NEFT Form needs to be complete in all respect.

Signature of Proposer/Authorized Representative*: _____
(Only Applicable where proposer is a person with a disability and who has appointed an authorized representative)

Date:

D	D	M	M	Y	Y	Y	Y
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- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

ManipalCigna Lifestyle Protection Group Policy | UIN: MCIPAGP21235V032021 | January 2025