



Is the Address of insured different from that of the Proposer?

Yes  No

If Yes, please provide	Address		
	City	State	
	Country	Pincode	

**V. ELECTRONIC CLEARING SYSTEM (ECS) / STANDING INSTRUCTIONS (SI) CONSENT:**

I hereby authorize ManipalCigna Health Insurance Company Limited (ManipalCigna) and Andhra Bank (The Bank) to charge/debit the insurance premium amount (including applicable renewal premium amount from time to time) for aforesaid policy through ECS/SI from my account till further written notification.

I understand that the aforesaid insurance cover will start only post receipt of full insurance premium amount by ManipalCigna. I understand that the insurance premium amount is subject to change as per age of oldest member at the time of renewal and/or applicable taxes and other levies as specified by the Govt. of India.

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

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

Have you or any of the proposed insured members:

1.	Ever suffered from, taken treatment, been hospitalized or been recommended to undergo investigations / surgery / take medication in the past 48 months for any ailment other than for childbirth, malaria, dengue, flu, or for completely healed minor injuries?.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Suffered or currently suffering from any pre-existing illness / disease / injury / disability / physical or mental illness (psychiatric, sleep disorders) / or any condition that may affect mobility / sight / hearing / speech?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Application(s) for life or health ever been declined, postponed, premium loaded or been made subject to any special conditions by the company or any insurance company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Note: If answer is **YES** to any of the above questions, the proposal is not eligible to be enrolled under this policy.

**VII. PORTABILITY AND NON-DISCLOSURES\*:**

I understand that,

- Portability is not applicable under this policy hence there will not be any waiting period waiver benefits to the Insured(s).
- In case of any material non-disclosures, it will result in rejection of claim and/or termination of policy.

**VIII. DECLARATION & AUTHORIZATION ON BEHALF OF ALL THE PERSONS TO BE INSURED:**

- 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 authorised to propose on behalf of these other persons.
- 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.

Date\*:

Place\*:

Proposer's Signature\*:

**DISCLAIMER:**

ManipalCigna shall not be responsible / liable to anybody, in any manner, whatsoever for non-credit / delayed credit of any payment due in relation to insurance policy into above bank account of Proposer/Policy holder and any other consequential loss directly / indirectly, for whatsoever reasons thereof including but not limited to incomplete / incorrect information by Proposer / Policy Holder. Neither the submission of a completed proposal for insurance or any payment for any Policy sought oblige ManipalCigna to agree to issue a Policy, which decision is and always shall be in ManipalCigna sole and absolute discretion. If a proposal is not accepted, ManipalCigna will inform the Proposer and refund any payment received without interest.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

**(TO BE FILLED BY ANDHRA BANK)**

Premium remitted BA Number:

Date of debit:

for ₹

Branch Code:

Signature of the Branch Manager:

**Original Form:** Please courier to ManipalCigna Health Insurance Company Ltd. Central Processing Center, Friends Color Images Pvt Ltd, A 182 TTC Khairane, MIDC Area, Navi Mumbai 400710. Tel.: +91 22 41517500. **2nd Copy:** For Andhra Bank branch; **3rd Copy:** For Customer

**(For ManipalCigna CPC reference)**