Health Insurance Portability

PORTABILTY FORM

PART -1

1	Name of the policy holder/insured(s)	
2	Date of birth/age	
3	Address of the policy holder/insured	
4	Details of the existing Insurer	
	i. Name of the product/policy	
	ii. Sum Insured	
	iii. Cumulative Bonus	
	iv. Add -ons /riders taken	
	v. Policy Number	
5	Details of the proposed insurance	
	i. Name of the product or policy proposed/intended to take	
	ii. Sum Insured proposed	
	iii. Whether cumulative bonus to be converted to an enhanced sum insured	
6	Reason(s) for portability	
7	Number of family members to be included in the policy to be ported	
Enclosure: Photocopy of existing policy documents		
Date		Signature of policyholder

PART-II

1. Whether PED exclusions/time bound exclusion have longer exclusion period than the existing policy: (Please indicate Yes/No) :
2. If yes, please give written consent to the declaration below:

"I am aware that the waiting period for the following disease(s)/treatment(s) is ….. days /years more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/treatment(s)"

Signature of the policy holder