Max Bupa Health Insurance Company Limited
Portability Form

Name of the Policyholder / insured (s)	
Date of Birth (DD/MM/YYYY)	
Telephone No :	
Email ID :	

Details of existing insurer

Name of the product :		
Sum Insured :		
Policy number :		
Add-ons/riders taken :		
Cumulative Bonus :		
Existing Policy Start Date (DD/MM/YYYY)		
Existing Policy Expiry Date (DD/MM/YYYY)		
Member details (Pl fill table below)		
Is the previous policy Floater\Individual ?	Floater ☐	Individual ☐
Have you extended your current policy on short term basis :	Yes ☐	No ☐
Short Term Expiry Date (DD/MM/YYYY)		

*Non Mandatory fields , to be provided member wise if applicable

Details of the insurance intend to be taken :

Name of the product proposed/intend to take		
Sum Insured Proposed		
Maternity Benefit Limit		
Maternity Waiting Period		
Number of family members to be included in the policy to be ported :		
Whether Cumulative Bonus to be converted to an enhanced sum insured :	Yes ☐	No ☐
Reason(s) for Portability :		

Details of existing insurance policy

Member Name	Member ID	DOB (DD/MM/YYYY)	Year of Initiation	No. of years of continues coverage	Sum Insured	Cumulative Bonus	Member PAN*	Member UID*	Member Ref Key*

*Non Mandatory fields , to be provided member wise if applicable

Member Name	Whether the PED exclusions/ time bound exclusions have longer exclusion period than the existing policy : yes/ No

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 policyholder ..... **Date** ....DD..../....MM..../....YY.....

General Conditions for Portability

Portability benefits are subjected to the receipt and evaluation of the following documents in addition to portability form :

- A proposal form of Max Bupa with questions relating to previous/existing health insurance details duly filled in
- Photocopy of the existing policy documents
- Copy of the Last 4 years Policy Schedule required (if applicable) issued by the previous Insurer OR Renewal Notice
- Self-declaration by customer regarding no claims made
- If there is a claim in existing policy, then discharge summary, investigation and follow up report copies
- If there is a past medical history, then consultation papers, prescription, investigation, treatment and report copies

The acceptance of portability is subject to the following :

- The application for portability should be provided 45 days prior to the date of expiry of the previous Health Insurance Policy to avail a continuity benefit.
- MBHI will follow a medical underwriting risk assessment process and as part of this process, and the proposed insured/s might be required to go through a medical test.
- MBHI will also collect the claim information from the previous insurer.
- While we process the request for portability and in case your existing insurance policy coverage is expiring shortly, the proposed insured may opt for a short period policy with the existing insurer to ensure continuity benefit.
- MBHI will not have any liability till such time policy is ported with MBHI.
- MBHI reserves the right to accept or reject any application basis the MBHI applicable guidelines.

MAX Bupa
HEALTH INSURANCE

Max Bupa health Insurance Company Limited, Corporate Office: Block B-1/I-2, Mohan Cooperative Industrial Estate, Mathura Road, New Delhi - 110044 , Registered Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi 110020