Date: ……

Proposer Name: Proposal Number: Policy Expiry date:

I propose to port my health insurance policy with Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) from ……, I hereby declare that Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) would not be held liable for lapse/break in of coverage with my previous insurer and agree with the final decision of CHIL with respect to my proposal processed within 15-days from the login date.

In case my application is declined by the company I agree to bear the medical expenses (if any) required to underwrite my application.

Below is a year wise detail of Sum insured and NCB. **

Insured Name	DOB	First Enrollment	4th Year SI	3rd Year SI	2nd Year SI	1st Year SI	NCB

**** Applicable if all policy copies not available. Proposer:**

Signature: