

Portability Form

Part-I

	Name of the Policyholder / insured (s)	
	Date of Birth/Age	
	Address of the policyholder/insured	
	Details of existing insurer	
	Name of the product	
	Cumulative Bonus	
	Add-ons/riders taken	
	Policy number	
	Details of the proposed insurance	
	Name of the product proposed/intend to take	
	Sum Insured Proposed	
	Whether Cumulative Bonus to be converted to an enhanced sum insured	
	Reason(s) for Portability	
	No. of family members to be included in the policy to be ported:	
Enclosure: Photocopy of the existing policy documents		
Date: Signature of the policyholder		

PART –II

1. Whether the 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 policyholder

