**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 | |
| | Sum Insured | |
| | 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:03/09/2020 | | 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*