CIN No. U99999MH1919GOI000526

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
THE NEW INDIA ASSURANCE COMPANY LTD.
पंजीकृत एवं प्रधान कार्यालय : न्यू इन्डिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुंबई - 400001
Regd. & Head Office : New India Assurance Bldg., 87, M.G. Road, Fort, Mumbai - 400001

Phone : 022-22708100
22708400
Fax : 022-22700470
Telegram : NIASURANCE
Website : www.newindia.co.in

July 18, 2016

HO! HEALTH! CIR.No.4:2016/MARKETING [IBD-ADMN] 325

All R.O./LCBO Incharges

Re : Portability Guidelines.

IRDA vide their Circular ref. IRDA/HLT/MISC/CIR/209/09/2011 dated 9th September, 2011 has issued guidelines on portability of health insurance policies. As per Point No.3 of Portability guidelines:

- "A Policy holder desirous of porting his policy to another insurance company shall apply to such insurance company at least 45 days before renewal date of existing insurance policy.
- The Insurer may not be liable to offer portability if policy holder fails to approach the new insurer at least 45 days before premium renewal date.
- The Insurer may consider a proposal for portability even if the policyholder fails to approach the insurer at least 45 days before the renewal date, it may be free to do so."

We have received many representations from the marketing force that this procedure of porting in should be made more customer friendly as many customers willing to port in may not be able to do before 45 days of the expiry of the policy. We have considered the representations and it is decided that following guidelines be issued to enable seamless porting in of the policy.

- The Officer-In-charge of the D.O./B.O. is hereby authorized to grant approval for porting in for policies where the notice period is less than 45 days.
- If the portability request is received from the policy holder insured with other PSUs, the Operating offices can decide about the acceptance of portability based on past claims history collected from TPA for expiring policy period and two years immediately prior to it. If there are claims of chronic nature / recurring nature, of critical illnesses then such proposals should be declined.
- Policyholder having existing insurance with private insurer and willing to port his insurance to NIA will have to fill in the Portability declaration form which is attached with this circular.
- The Operating Offices can accept the proposal of portability request subject to compliance to the following conditions:
    1. The age of the policyholders including family members proposed to be covered should not exceed 45 years
    2. The Policyholders including family members should not be suffering from chronic and recurring / Critical illnesses and diseases. Refer Table B for the indicative list of illnesses.
    3. If the policy holders including family members have preferred any claim for an illness listed under Table A in the past, he or she can be considered for porting in.
    4. No Commission or Brokerage is payable for such policies Porting in.

These instructions shall come into force with immediate effect. Please inform all the Marketing force immediately.

Guidelines for the persons porting in with at least 45 days notice shall remain unaltered.

SEGAR SAMPATH KUMAR
GENERAL MANAGER

Portability Declaration Form

- Name of Insured :.....
- Type of Existing Insurance : Individual sum insured / Floater sum insured
- If Policy copy is not attached, Please fill up the following details of existing insurance.

Sr. No	Name of Member	Sex	Age(Yrs)	Sum Insured (Rs.)	C.B.	Inception of 1st Insurance	Existing Insurer
1.		M/F					
2.		M/F					
3.		M/F					
4.		M/F					
5.		M/F					

- Name of existing Insurance Product.....Policy Period.....
- Please furnish Claims History of Expiring Policy and two years prior to it :

Sr.No.	Name of Claimant	Nature of Illness	Claim Amount(Rs.)	Year of claim
1.				
2.				
3.				

- If the sum insured is enhanced please specify the details :

Sr.No.	Name of member	Amt. of original S.I.(Rs.)	Enhanced S.I. (Rs.)	Date of Enhancement

- Are you suffering from any chronic / recurring illnesses or diseases. (Refer Table B) If 'yes' Please provide the details.....
- Are you suffering from Hypertension.....? If yes, from when?
- Are you suffering from Diabetes.....? If yes, from when?

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 more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/treatment(s).

Sr.No	Name of illeness/Disease	Waiting Period
1		
2		
3		

I hereby declare that the above information given is true and correct to the best of my knowledge or belief. No information has been concealed or misrepresented or suppressed which is material to this proposal and which can have a bearing on its acceptance / denial.

Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy.

Place : _____

Date:

Signature of the policyholder

(Name of the policy holder in full)

TABLE A

List of illnesses which can be considered for Porting in.

1. Cataract.
2. Acute gastro enteritis.
3. Lower/Upper respiratory tract infection.
4. Diarrheal diseases.
5. Influenza.
6. Dengue .
7. Malaria.
8. Any other infectious disease.
9. Typhoid.
10. Simple Fracture of bone with completed treatment.
11. Hernia.
12. Appendectomy.
13. Haemorrhoidectomy.
14. Tonsillectomy.
15. Hysterectomy
16. Cholecystectomy
17. Pyrexia of unknown origin.
18. Accidental injuries fully cured and not requiring any further treatment.
19. Dermat diseases – Angioedema
20. Hepatitis A/C/E (non-chronic)
21. Ear (CSOM) Rupture of tympanic membrane.
22. Rabies
23. Foreign body removal
24. Polyps – ENT
25. Anemia
26. Retinal /Lens detachment
27. Benign Prostrate hypertrophy including prostatectomy
28. Mastoidectomy

***This list is only illustrative and not exhaustive.**

Table B

List of Declined illnesses which are not to be considered for porting.

1	All types of auto immune diseases including but not limited to Systemic lupus erythematosus and Multiple sclerosis	23	Cancers of all Types and of all any or all organs
2	Addison's disease	24	Diseases of the spine
3	Asthma	25	All Neurological Disorders
4	Bronchiectasis	26	All Genetic Disorder.
5	Cardiac failure	27	All Congenital Disorders
6	Cardiomyopathy	28	History of major organ failure/transplant/removal.
7	Chronic obstructive pulmonary disorder	29	History of bone marrow transplant.
8	chronic renal diseases	30	Circulatory Disorders including but not limited to Cerebro vascular accidents
9	Chronic recurrent illnesses of the bowel.	31	Dermat diseases – psoriasis
10	Diabetes	32	Liver failure including Ascities
11	Dysrhythmias	33	Hepatits B (chronic)
12	Epilepsy	34	HIV
13	Glaucoma	35	Gangrene
14	Haemophilia	36	Tuber culosis
15	Hyperlipidaemia	37	Osteomyelitis/Septic arthritis
16	Hypertension	38	Pancreatitis
17	Hyper/Hypothyroidism	39	Sepsis – Chronic abdominal peritoneal dialysis
18	Multiple sclerosis	40	Hearing loss
19	Parkinson's disease	41	Pheochromocytoma
20	Rheumatoid arthritis	42	Ulcerative colitis
21	Muscular Dystrophy	43	Sickel cell anemia
22	All Mal-absorption diseases	44	Metal metabolic disorders like Wilsons' Disease, Hemochromatosis etc

* This list is only indicative and not limited to the following or exhaustive.