

PORTABILITY FORM (ANNEXURE)

Application Number

Existing Insurance Details

1. Please indicate whether covered under: ☐ Group Policy _____ ☐ Retail Policy _____
2. Have you extended your current policy on short term basis?
3. Details of the previous 4 years policies Type of Cover ☐ Individual Sum insured ☐ Family Floater

Relation	Name	Policy	Insurance Company	Policy No	Date of Inception	Date of expiry	SI	CB	Claim (Y / N)	Claim Details (if Yes)
Insured 1		Current Policy								
		Current Policy minus 1 years								
		Current Policy minus 2 years								
		Current Policy minus 3 years								
Insured 2		Current Policy								
		Current Policy minus 1 years								
		Current Policy minus 2 years								
		Current Policy minus 3 years								
Insured 3		Current Policy								
		Current Policy minus 1 years								
		Current Policy minus 2 years								
		Current Policy minus 3 years								
Insured 4		Current Policy								
		Current Policy minus 1 years								
		Current Policy minus 2 years								
		Current Policy minus 3 years								
Insured 5		Current Policy								
		Current Policy minus 1 years								
		Current Policy minus 2 years								
		Current Policy minus 3 years								
Insured 6		Current Policy								
		Current Policy minus 1 years								
		Current Policy minus 2 years								
		Current Policy minus 3 years								

Insured 7		Current Policy									
		Current Policy minus 1 years									
		Current Policy minus 2 years									
		Current Policy minus 3 years									
Insured 8		Current Policy									
		Current Policy minus 1 years									
		Current Policy minus 2 years									
		Current Policy minus 3 years									

4. Details of the proposed insurance:

Individual ☐ Floater policy ☐

In case of Individual Sum Insured the Sum Insured to be mentioned Member wise

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Sum Insured proposed								

5. Documents required for portability

- Photocopy of the Existing policy documents (last 4 years cover details)
- Renewal notice copy
- Declaration of claim status

6. Please note the following:-

- Please refer to our product / policy clause for the time bound exclusions as well as Pre-existing disease exclusion
- In case any of the members covered/insured's' has a claim after submission of this form and before the expiry of the policy, the same needs to be informed to us and the effective Cumulative Bonus (if any) will be reduced appropriately

Declaration

I understand that my application for portability is being processed and some details are being sought from my current Insurer prior to acceptance of proposed risk. In absence of receipt of the same before expiry of my existing policy, I authorize Aditya Birla Health Insurance Co. Limited to process my application based on the information furnished along with the supporting documents provided herein. However, if any variance is subsequently found, Aditya Birla Health Insurance Co. Limited shall at its discretion cancel/ modify my coverage through appropriate endorsement and/or take these into consideration while adjudicating any claims under this policy. I also understand that I can extend my existing policy with current insurer to ensure no break in coverage and shall intimate the same in writing to Aditya Birla Health Insurance Co. Limited in case of no written communication regarding acceptance of proposed risk on or before expiry of my existing policy.

Date:

Signature of the policyholder: