

Portability Form



PART –I

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| 1. | Name of the Policyholder / insured (s) | |
| 2. | Date of Birth/ Age | |
| 3. | Address of the policyholder/insured | |
| 4. | Details of existing insurer | |
| | i. Name of the product | |
| | ii. Sum Insured | |
| | iii. Cumulative Bonus | |
| | iv. Add-ons/riders taken | |
| | v. Policy number | |
| 5. | Details of the proposed insurance | |
| | i. Name of the product proposed/intend to take | |
| | ii. Sum Insured Proposed | |
| | iii. Whether Cumulative Bonus to be converted to an enhanced sum insured | |
| 6. | Reason(s) for portability | |
| 7. | 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 Policyholder