

## Portability Form

### Part-I

1)	Name of the Policyholder / insured (s)	
2)	Date of Birth/Age	I
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	
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) .*