

Portability Form

PART-I

Name of the Policyholder / insured (s) : _____ Date of Birth/Age : _____

Address of the policyholder/insured : _____

Telephone No : _____ Email ID : _____

Emp. ID (Group Policy) : _____ Corporate Name (Group Policy) : _____

Details of existing insurer

Name of the product : _____ Sum Insured : _____

Policy number : _____ Add-ons/riders taken : _____

Cumulative Bonus : _____

Member details (PI fill table below)

Have you extended your current policy on short term basis : Yes /No

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 : Yes /No

Reason(s) for Portability : _____

Number of family members to be included in the policy to be ported : _____

Details of existing insurance policy

Member name	Member ID	DOB/Age	No. of years of continues coverage	Sum Insured	Cumulative Bonus

Signature of the policyholder: _____

Date: _____

PART-II

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy: 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: _____

Please Note the following :

For availing portability benefits kindly submit following documents in addition to portability form duly filled.

- Copy of the Last year Policy Schedule issued by the previous Insurer OR Renewal Notice
- Self-declaration by customer regarding no claims made
- Question regarding previous and existing health insurance details in the Proposal Form should be mandatorily filled
- If there is a claim in existing policy, then discharge summary, investigation and follow up report copies
- If there is a past medical history, then consultation papers, prescription, investigation, treatment and report copies

The application for portability must be provided at least 45 days in advance of premium renewal date :

- Any pre policy check up must be completed within 7 days of intimation
- Any additional information/ acceptance of revised offer must be provided within 7 days of such request
- The company shall not be liable if the application stands rejected due to non-adherence of above conditions

We would be happy to assist you. For any help contact us at: E-mail : customerservice@apollomunichinsurance.com Toll Free : 1800-102-0333