

**Portability Form**
**Part I**

To be filled in CAPITAL LETTERS only.

**Personal Details**

Name of the Policyholder/Proposer :  (First Name)  (Last Name)

Address :   
  
 City :

State :  Pin Code :

Landline :  -  Mobile :

E-mail :

Gender :  Male  Female  Others

**Details of the Existing Insurer**

Name of the existing Insurer :

Name of the Product :  IRDA Product ID :

Policy No. :

Period of Insurance : From  To

Type of Policy (please tick the appropriate answer) :  Individual  Floater

**Details of the Person Covered\*\***

Name of the persons	Gender	Aadhar No.	Pan No.	Member ID (under expiring policy)	Date of Birth	Age in completed years	No of years of continuous coverage including that under the expiring policy	Sum insured under the expiring policy	Cumulative Bonus	Claims experience

\*\*Give only those of the members who want porting-out.

**Details of the Proposed Insurance**

Name of the Insurer : \_\_\_\_\_

Name of the product proposed/ intended to be taken : \_\_\_\_\_

Whether Cumulative Bonus to be converted to an enhanced Sum Insured ?  Yes  No

**Reasons for Portability:**

Tick whichever is applicable :

Service problem       Price is better       Product is not suitable  
 Dissatisfied with existing insurer       Claim not handled properly       Policy servicing by current insurer is not good  
 Premium rates with existing insurer is high/costly       Wider coverage available with new insurer  
 Wrong repudiation of claims by current insurer       Wrong deductions in claims/Claims settled for less amounts  
 Delay in claim settlements       Delay in policy issuance       Renewal notices not received  
 Existing agent not providing service       Any Other

**Religare Health Insurance Company Limited**

 Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019      Corresp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)  
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CIN: U66000DL2007PLC161503

IRDA Registration No. - 148

## Part II

I have understood the difference between the expiring policy with M/S. \_\_\_\_\_ and the proposed policy with M/S \_\_\_\_\_ especially relating to pre existing disease exclusions, time bound exclusions and other terms and conditions.

I also give my consent to the proposed insurer to access my previous policy and claims details through my previous insurers/ Insurance information Bureau of India.

I understand in the event of my renewal of existing policy with the present insurer also the new policy now issued by the new Insurer will not be treated as a ported policy

in case of any change in the information furnished in the proposal form (attached herewith) regarding member(s) details/ health status and claims Subsequent to the date of this application, I shall communicate to the insurer before inception of this policy.

Date :  /  /

Signature of the Policyholder : \_\_\_\_\_

Place :

Please Note the following :

For availing the portability benefits, please submit the following documents in addition to portability form duly filled.

1. Self attested copies of the previous year's policy schedule (s).
2. Proposal form duly filled and signed in all, respects.
3. Details of existing and previous policies. (Please furnish the details in the enclosed sheet)

### Details of Previous Insurance for the last 4 years

S.No.	Name of the persons	Under expiring policy		Under preceding 1st year policy		Under preceding 2nd year policy		Under preceding 3rd year policy	
		Name of Insurer	Policy no.	Name of Insurer	Policy no.	Name of Insurer	Policy no.	Name of Insurer	Policy no.

### Acknowledgement

Received the Portability and the Proposal form from Mr./Ms. \_\_\_\_\_

For coverage under our \_\_\_\_\_ policy.

Date :  /  /

Signature of the Insurer : \_\_\_\_\_

Place : \_\_\_\_\_

Name of the Insurer : \_\_\_\_\_