



Activ Assure - Portability Form

PART – I

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

PART – III

1. Please indicate whether covered under: Group Policy _____ Retail Policy

2. Have you extended your current policy on short term basis? Yes No

3. Type of Cover Individual Sum insured Family Floater

4. Details of the previous 4 years policies **(Please mention all previous 4 years policy details for Each Insured member)**

Relation	Name	Insurance Company	Policy No	Date of Inception	Date of Expiry	SI	CB