ManipalCigna Health Insurance Company Limited

(Formerly known as CignaTTK Health Insurance Company Limited) **Corporate Office**: 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. IRDAI Registration No. 151 **Call** (Toll Free): 1800-102-4462 **Visit**: www.manipalcigna.com **E-mail**: customercare@manipalcigna.com



—— Health Insurance ——

MANIPALCIGNA PROHEALTH INSURANCE

PORTABILITY FORM

PART I

1. PERSONAL DETAILS OF POLICYHOLDER/ INSURED:

Name of the Policy Holder/ Insured:	
Date of Birth: D D M M Y Y Y Y	Age: (Years) (Months)
Email:	
Address:	
City:	State:
Pin code:	

2. DETAILS OF EXISTING INSURER:

i. Name of the Product:	
ii. Sum Insured:	
iii. Cumulative Bonus:	
iv. Add-ons/riders taken:	
v. Policy Number:	

3. 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:	
Reason(s) for Portability:	
No. of family members to be included in the policy to be ported:	

Enclosure: Photocopy of the existing policy documents

Date: D D M M Y Y Y Y

Signature of the Policy Holder

PART II

Whether the PED exclusions/ time bound exclusions have longer exclusion period than the existing policy: (Please indicate Yes/ No) Yes No Ves No Ves Yes, please give written consent to the declaration below: I am aware that the waiting period for the following disease(s)/treatment(s) is Vears more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/ treatment(s) Signature of Policy Holder

ManipalCigna Health Insuran (Formerly known as CignaTTK Corporate Office: 401/402, Ra IRDAI Registration No. 151 Ca Visit: www.manipalcigna.com	Health Insurand heja Titanium, ^v I (Toll Free): 18	ce Company Limit Western Express 00-102-4462	Highway, Gorega	on (East), Mumba	ui — 400063.	m N	Manipal —— Health Insur	Cigna
	MAN	IPALCIG	NA PROI	HEALTH	INSURA	NCE		
		PORTAE	BILITY FO	RM (ANNE	EXURE)			
SECTION A. PERSONAL D	ETAILS OF	POLICYHOL	DER/ INSURI	ED:				
i) Proposal Number								
ii) Existing Insurance Det	ails							
1. Please indicate wheth	er covered ur	nder: Group F	Policy	Retail Policy				
2. Have you extended y	our current po	licy on short ter	m basis? ۲	/es N	lo			
	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Name								

Name								
Policy 1 DOJ (DD/MM/YYYY)								
Sum Insured								
Policy Type								
Cumulative Bonus								
Policy 2 DOJ (DD/MM/YYYY)								
Sum Insured								
Policy Type								
Cumulative Bonus								
Policy 3 DOJ (DD/MM/YYYY)								
Sum Insured								
Policy Type								
Cumulative Bonus								
Policy 4 DOJ (DD/MM/YYYY)								
Sum Insured								
Policy Type								
Cumulative Bonus								
DOJ - Date of joining D D M M Y Y Y Y P Policy Type - Individual or Floater								

iii) Pre- Existing Details

Pre-exiting details for Proposed Insured Persons (The below section is mandatory. Please fill in NIL where the section is not applicable.)

S.no	Name	PED declared	No. of years of Continuous Cover	Waiting period completed	Waiting period remaining
Insured 1					
Insured 2					
Insured 3					
Insured 4					
Insured 5					
Insured 6					
Insured 7					
Insured 8					

Documents to be provided:

- 1. Policy Schedule for the previous year(s) as available.
- 2. Renewal notice for the expiring policy

Acceptance of Portability is subject to the following

- 1. Application for Portability to ManipalCigna Health Insurance Company Limited is made at least 45 days before the policy renewal date of current insurance policy
- 2. Availability of relevant medical / Claim history from previous insurer.
- 3. Risk acceptance by Underwriting on evaluation of Proposal form or any Pre Policy Health Check up/ additional information.
- 4. Acceptance of revised offer (if any) must be provided within 7 days of intimation.
- 5. The company shall not be liable if the application is rejected due to non-adherence to the above guidelines.

Declarations

I understand that my application for portability is being processed and some details are being sought from my current Insurer prior to acceptance of proposed risk. In absence of receipt of the same before expiry of my existing policy, I authorize ManipalCigna Health Insurance Company Limited to process my application based on the information furnished along with the supporting documents provided herein. However, if any variance is subsequently found, ManipalCigna Health Insurance Company Limited shall at its discretion cancel/ modify my coverage through appropriate endorsement and/or take these into consideration while adjudicating any claims under this policy. I also understand that I can extend my existing policy with current insurer to ensure no break in coverage and shall intimate the same in writing to ManipalCigna Health Insurance Company Limited in case of no written communication regarding acceptance of proposed risk on or before expiry of my existing policy.

Date: D D M M Y Y Y Y	Signature of the Policy Holder
SECTION B: FOR MANIPALCIGNA OPERATIONS TEAM ONLY: The below section is	mandatory
i. Details available from previous insurer: Yes No 1. Claim history: Positive Negative 2. PED History: Positive Ne	egative
ii. Declaration in Proposal and Portability Form: Fill in Yes/ No as applicable	
1. Medical Declarations: Positive Negative iii. PPMC Applicable for any Name of Customer for whom PPMC is applicable for the customer	/ person in the policy: Yes No
Insured 1:	
Insured 2:	
Insured 4:	
Insured 5:	
Insured 6:	
Insured 7:	