

MANIPALCIGNA SARVAH

Portability Form

PART I

1. Name of the Policy Holder/ Insured (s):	F I R S T	M I D D L E	S U R N A M E
2. Date of Birth:	D D M M Y Y Y Y	Age:	(Years)
3. Address of the policyholder/insured:			
Email:			
City (District):		State:	
Pin code:			
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: D D M M Y Y Y Y

Signature of the Policy Holder

PART II

1.	Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy	(Please indicate Yes / No) YES <input type="checkbox"/> NO <input type="checkbox"/>
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If 'Yes', please give written consent to the declaration below:

Declaration

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 Policy Holder