

COCO SEASONAL BYTE – PORTABILITY FORM

**PART I**

<b>1.</b>	Name of the Policyholder / insured (s)	
<b>2.</b>	Date of Birth/ Age	
<b>3.</b>	Address of the policyholder/insured	
<b>4.</b>	Details of existing insurer	
	i. Name of the product	
	ii. Sum Insured	
	iii. Cumulative Bonus	
	iv. Add-ons/riders taken	
	v. Policy number	
<b>5.</b>	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	
<b>6.</b>	Reason(s) for portability	
<b>7.</b>	No. of family members to be included in the policy to be ported:	
Enclosure: Photocopy of the existing policy documents		

<b>Date:</b>	<b>Signature of the policyholder:</b>
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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**