

Navi Health– 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:
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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