

Portability Form

PART-I

Name of the Policyholder / insured (s) : _____ Date of Birth/Age : _____

Address of the policyholder/insured : _____

Telephone No : _____ Email ID : _____

Emp. ID (Group Policy) : _____ Corporate Name (Group Policy) : _____

Details of existing insurer

Name of the product : _____ Sum Insured : _____

Policy number : _____ Add-ons/riders taken : _____

Cumulative Bonus : _____

Member details (PI fill table below)

Have you extended your current policy on short term basis : Yes /No **Details of the proposed insurance**

Name of the product proposed/intend to take : _____

Sum Insured Proposed : _____ Whether Cumulative Bonus to be converted to an enhanced sum insured : Yes /No

Reason(s) for Portability : _____

Number of family members to be included in the policy to be ported : _____

Details of existing insurance policy

Member name	Member ID	DOB/Age	No. of years of continues coverage	Sum Insured	Cumulative Bonus

Signature of the policyholder: _____

Date: _____

PART-II1. Whether the Pre Existing Diseases (PED) exclusions / time bound exclusion have longer exclusion period than the existing policy: 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 the policyholder: _____

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 Apollo Munich Health Insurance to process my application based on the information furnished in the said Application along with supporting documents, if any. However, If any discrepancy is subsequently found, Apollo Munich Health Insurance reserves its right to 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 Apollo Munich Health Insurance, if Apollo Munich Health Insurance fails to communicate in writing regarding the acceptance of proposed risk on or before the expiry of my existing policy.

Signature of the policyholder: _____

Date: _____

Please Note the following :**For availing portability benefits kindly submit following documents in addition to portability form duly filled.**

- Copy of the previous years policy schedule issued by the previous Insurer OR Renewal Notice (We would provide portability benefits to the extent of documentary proofs provided /made available by you incase we do not receive information from your existing insurer)
- Self-declaration by customer regarding no claims made
- Question regarding previous and existing health insurance details in the Proposal Form should be mandatorily filled
- If there is a claim in existing policy, then discharge summary, investigation and follow up report copies
- If there is a past medical history, then consultation papers, prescription, investigation, treatment and report copies

The acceptance of portability is subject to the following :

- The application for portability must be provided
 - a) 7 days in advance of policy premium renewal date if, in case of no adverse declaration in proposal form and no Pre Policy Checkup as per Pre Policy Checkup grid
 - b) 30 days in advance of policy premium renewal date in case of adverse declaration in proposal form and/or Pre Policy Checkup as per Pre Policy Checkup grid
- Request for portability can be made to Apollo Munich Health Insurance maximum 60 days in advance of premium renewal date.
- Any pre policy check up must be completed within 7 days of intimation
- Any additional information/ acceptance of revised offer must be provided within 7 days of such request
- The company shall not be liable if the application stands rejected due to non-adherence of above conditions