

INDUSIND HEALTH INFINITY INSURANCE

ANNEXURE-D

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	

**PORTABILITY FORM
PART – I**

	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 member to be included in the policy to be ported.	
Enclosure: Photocopy of the existing policy documents		
Date:		Signature of the Proposer

PART – II

- Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy: (Yes / No)
- 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).

Date:

Signature of the Proposer



[indusindinsurance.com](https://www.indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)