

## Universal Sampo General Insurance Company Limited

### HEALTH INSURANCE PORTABILITY

Insurance Regulatory and Development Authority of India (IRDAI) has empowered the Health insurance policyholders (including family cover policies) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained. Individual members of a group health insurance policy also have the right to migrate from a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, the portability rights could be exercised.

The Portability rights cannot be enjoyed if there is a break in policy and break in policy occurs when the premium due on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

#### How to apply?

**Step 1:** An applicant desirous of porting his health insurance policy to another insurance company is required to apply/ approach to a new insurance company at least 45 days before the premium renewal date of the existing policy and show the interest to switch.

**Step 2:** On receipt of an application for porting, the insurance company either directly or through its intermediaries is required to furnish the applicant, the Portability Form as per Annexure "A" attached herewith, proposal form and relevant product literature on various health products which could be offered.

**Step 3:** On receipt of the duly filled portability form, insurance company is required to seek the necessary details of medical and claim history of the concerned applicant through the web portal of IRDA. The underwriting is required to be done in accordance with the underwriting policy of the Company and decision to accept or reject the proposal is required to be taken within 15 days from the receipt of complete information of the applicant from the existing insurer.

For more details & information please call **022 4165 9800**

**Annexure A**  
**Portability Form**  
**Part I**

|   |  |  |
|---|--|--|
| 1 | Name of the Policyholder/insured(s)                                      |  |
| 2 | Date of Birth/Age  |  |
| 3 | Address of the Policy Holder   |  |
| 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 Insured  |  |
|   | 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 member to be included in the policy to be ported           |  |

Enclosure: Photocopy of the existing policy documents

Date:

Signature of the Policyholder:

## 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 the Policyholder