HEALTH INSURANCE PORTABILITY



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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

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 15 days thereof.

- 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 30 days before, but not earlier than 60 days from the due date for renewal.
- 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 the decision to accept or reject the proposal is required to be taken within 7 days from the receipt of complete information of the applicant from the existing insurer.

For more details & information please call Toll free no: 1800-22-4030/1800-200-4030

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/intended 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:	
Part II				
1.Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy: YES \square NO \square				
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 Polic				