

Niva Bupa Health Insurance Company Limited Portability Form

Name of the Policyholder / insured (s)	
Date of Birth (DD/MM/YYYY)	
Telephone No :	
Email ID :	

Details of existing insurer

Name of the product :			
Sum Insured :			
Policy number :			
Add-ons/riders taken :			
Cumulative Bonus :			
Existing Policy Start Date (DD/MM/YYYY)			
Existing Policy Expiry Date (DD/MM/YYYY)			
Member details (Pl fill table below)			
Is the previous policy Floater\Individual ?	Floater <input type="checkbox"/>	Individual <input type="checkbox"/>	
Have you extended your current policy on short term basis :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Short Term Expiry Date (DD/MM/YYYY)			

*Non Mandatory fields , to be provided member wise if applicable

Details of the insurance intend to be taken :

Name of the product proposed/intend to take			
Sum Insured Proposed			
Maternity Benefit Limit			
Maternity Waiting Period			
Number of family members to be included in the policy to be ported :			
Whether Cumulative Bonus to be converted to an enhanced sum insured :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason(s) for Portability :			

Details of existing insurance policy

Member Name	Member ID	DOB (DD/MM/YYYY)	Year of Initiation	No. of years of continues coverage	Sum Insured	Cumulative Bonus	Member PAN*	Member UID*	Member Ref Key*

*Non Mandatory fields , to be provided member wise if applicable

Member Name	Whether the PED exclusions/ time bound exclusions 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)

Signature of the policyholder DateDD.../...MM.../...YY.....

General Conditions for Portability

Portability benefits are subjected to the receipt and evaluation of the following documents in addition to portability form :

- A proposal form of Niva Bupa with questions relating to previous/existing health insurance details duly filled in
- Photocopy of the existing policy documents
- Copy of the Last 4 years Policy Schedule required (if applicable) issued by the previous Insurer OR Renewal Notice
- Self-declaration by customer regarding no claims made
- 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 should be provided 45 days prior to the date of expiry of the previous Health Insurance Policy to avail a continuity benefit.
- NBHI will follow a medical underwriting risk assessment process and as part of this process, and the proposed insured/s might be required to go through a medical test.
- NBHI will also collect the claim information from the previous insurer.
- While we process the request for portability and in case your existing insurance policy coverage is expiring shortly, the proposed insured may opt for a short period policy with the existing insurer to ensure continuity benefit.
- NBHI will not have any liability till such time policy is ported with NBHI.
- NBHI reserves the right to accept or reject any application basis the NBHI applicable guidelines.



Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited)
(IRDAI Registration No. 145). Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

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