(Formerly known as CignaTTK Health Insurance Company Limited)

Corporate Office: 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063.

IRDAI Registration No. 151 Call (Toll Free): 1800-102-4462

Visit: www.manipalcigna.com E-mail: customercare@manipalcigna.com



MANIPALCIGNA PROHEALTH PRIME

Portability Form

PART I

1. Name of the Policy Holder/ Insured(s):		SURNAME
2. Date of Birth: DDMMYYYY	Age: (Years)	
3. Address of the policyholder/insured: Address Line 1		
Address Line 2:		
City (District):	State:	
Pin code:		
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:		
ii. Sum Insured Proposed:		
iii. Whether Cumulative Bonus to be converted to a	n enhanced sum insured:	
6. Reason (s) for Portability:		
7. No. of family members to be included in the policy to Enclosure: Photocopy of the existing policy documents		
Date:		Signature of the Policy Holder
PART II		
Whether the PED exclusions / time bound exclusion	on have longer exclusion period than the	(Please indicate Yes / No)
existing policy	, , , , , , , , , , , , , , , , , , ,	YES NO
If 'Yes', please give written consent to the declaration be Declaration I am aware that the waiting period for the following dise agree to observe the additional waiting period for the fo	se (s)/treatment (s) is days/ years	more than the previous policy terms. I hereby

Signature of Policy Holder

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MANIPALCIGNA PROHEALTH PRIME

PORTABILITY FORM (ANNEXURE)

SECTION A. PERSONAL DETAILS OF POLICYHOLDER/ INSURED:

	i) Proposal N	umber									
Name	ii) Existing Ins	surance De	etails								
Name Insured 1 Insured 2 Insured 3 Insured 4 Insured 5 Insured 6 Insured 7 Insured 8 Name Nam	Please indicate whether covered under: Group Policy Retail Policy										
Name	2. Have you	extended	your current po	licy on short ter	m basis?	Yes	No				
Policy 1			Insured 1	Insured 2	Insured	d 3 Insured 4	Insured 5	Insured 6	Insure	d 7 Insui	ed 8
DOJ (DDMMYYYYY) DOJ (DDMMYYYYYY) DOJ (DDMMYYYYYY) DOJ (DDMMYYYYYY) DOJ (DDMMYYYYYY) DOJ (DDMMYYYYYY) DOJ (DDM (DDMMYYYYYY) DOJ (DDM (DDMMYYYYYY) DOJ (DDM (DDMMYYYYYY) DOJ (DDM (DDM (DDM (DDM (DDM (DDM (DDM (DD	Name										
Policy Type	Policy 1 DOJ (DD/MI	M/YYYY)									
Cumulative Bonus Policy 2 POJ (DD/MM/YYYYY) POLICY Type POLIC	Sum Insured	d									
Policy 2	Policy Type										
Sum Insured	Cumulative	Bonus									
Policy Type	Policy 2 DOJ (DD/MI	M/YYYY)									
Cumulative Bonus Policy 3 Policy 7 P	Sum Insured	t									
Policy 3 DOJ (DD/MM/YYYY) Policy Type Policy Type - Individual or Floater Policy Type - Existing Details Pre-exiting Details Pre-exiting Details Pre-exiting details for Proposed Insured Persons (The below section is mandatory. Please fill in NIL where the section is not applicable.) S.no	Policy Type										
Sum Insured	Cumulative	Bonus									
Policy Type	Policy 3 DOJ (DD/MI	M/YYYY)									
Cumulative Bonus Bolicy 4 DOJ (DD/MM/YYYY) Bolicy 4 DOJ (DD/MM/YYYYY) Bolicy 4 DOJ (DD/MM/YYYYYY) Bolicy 4 DOJ (DD/MM/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	Sum Insured	d									
Policy 4 DOJ (DD/MM/YYYY) Sum Insured Policy Type Policy Type Policy Type Policy Type - Individual or Floater Insured 1	Policy Type										
Sum Insured S	Cumulative	Bonus									
Policy Type		M/YYYY)									
Cumulative Bonus POJ - Date of joining Details Pre-exiting Details Pre-exiting details for Proposed Insured Persons (The below section is mandatory. Please fill in NIL where the section is not applicable.) S.no Name PED declared No. of years of Continuous Cover Waiting period completed Insured 1 Insured 2 Insured 3 Insured 4 Insured 5 Insured 6 Insured 6 Insured 7 Insured 8 Insured 8 Insured 9 Insur	Sum Insured	t									
DOJ - Date of joining Dom Mary Y Y Y Policy Type - Individual or Floater iii) Pre- Existing Details Pre-exiting details for Proposed Insured Persons (The below section is mandatory. Please fill in NIL where the section is not applicable.) S.no Name PED declared No. of years of Continuous Cover completed remaining Insured 1 Insured 2 Insured 3 Insured 4 Insured 4 Insured 5 Insured 6 Insured 6 Insured 7 Insured 7 Insured 7 Insured 7 Insured 7 Insured 8 Insured 8 Insured 9 Insured	Policy Type										
Pre-Existing Details Pre-exiting details for Proposed Insured Persons (The below section is mandatory. Please fill in NIL where the section is not applicable.) S.no	Cumulative	Bonus									
Pre-exiting details for Proposed Insured Persons (The below section is mandatory. Please fill in NIL where the section is not applicable.) S.no Name PED declared No. of years of Continuous Cover Continuous Cover Insured 1 Insured 2 Insured 3 Insured 4 Insured 5 Insured 6 Insured 7	DOJ - Date	of joining	D D M M	YYYY	Po	olicy Type - Individ	lual or Floater				
S.no Name PED declared No. of years of Continuous Cover Waiting period remaining Insured 1 Insured 2 Insured 3 Insured 4 Insured 5 Insured 6 Insured 7	iii) Pre- Existir	ng Details									
Insured 1 Continuous Cover completed remaining Insured 2 Insured 3 Insured 4 Insured 5 Insured 5 Insured 6 Insured 6 Insured 7 Insured 6 Insured 6 Insured 6 Insured 6 Insured 6 Insured 6 Insured 7 Insured 6 Insured 7 Insured 7 Insured 8 Insured 8 Insured 9 Insured 9 <td< td=""><td>Pre-exiting of</td><td>letails for F</td><td>Proposed Insure</td><td>ed Persons (The</td><td>below sec</td><td>ction is mandator</td><td>y. Please fill in NIL</td><td>where the sec</td><td>tion is not</td><td>applicable.)</td><td></td></td<>	Pre-exiting of	letails for F	Proposed Insure	ed Persons (The	below sec	ction is mandator	y. Please fill in NIL	where the sec	tion is not	applicable.)	
Insured 2 Insured 3 Insured 4 Insured 5 Insured 6 Insured 6	S.no		Nan	ne		PED declared	No. of years of Continuous Co	Waiting ver comple	period ted	Waiting per	eriod
Insured 3 Insured 4 Insured 4 Insured 5 Insured 6 Insured 6 Insured 7 Insured 6	Insured 1										
Insured 4	Insured 2										
Insured 5	Insured 3										
Insured 6 Insured 7	Insured 4										
Insured 7	Insured 5										
	Insured 6										
Insured 8	Insured 7										
	Insured 8										

Documents to be provided:

- 1. Policy Schedule for the previous year(s) as available.
- 2. Renewal notice for the expiring policy

Acceptance of Portability is subject to the following

- 1. Application for Portability to ManipalCigna Health Insurance Company Limited is made at least 45 days before the policy renewal date of current insurance policy
- 2. Availability of relevant medical / Claim history from previous insurer.
- 3. Risk acceptance by Underwriting on evaluation of Proposal form or any Pre Policy Health Check up/ additional information.
- 4. Acceptance of revised offer (if any) must be provided within 7 days of intimation.
- 5. The company shall not be liable if the application is rejected due to non-adherence to the above guidelines.

Declarations I understand that my application for portability is being processed and some details are being a proposed risk. In absence of receipt of the same before expiry of my existing policy, I authorize process my application based on the information furnished along with the supporting docu subsequently found, ManipalCigna Health Insurance Company Limited shall at its discretic endorsement and/or take these into consideration while adjudicating any claims under this policy with current insurer to ensure no break in coverage and shall intimate the same in writing to Manip no written communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expiry of my existing the communication regarding acceptance of proposed risk on or before expired the communication regarding acceptance of proposed risk or	e ManipalCigna Health Insurance Company Limited to uments provided herein. However, if any variance is on cancel/ modify my coverage through appropriate y. I also understand that I can extend my existing policy palCigna Health Insurance Company Limited in case of
Date: DDMMYYYY	Signature of the Policy Holder

SECTION B: FOR MANIPALCIGNA OPERATIONS TEAM ONLY: The below section is mandatory

i. Details available from previous insurer: Yes No			
1. Claim history: Positive Negative 2. PED History: Positive Negative			
ii. Declaration in Proposal and Portability Form: Fill in Yes/ No as applicable			
1. Medical Declarations: Positive Negative iii. PPMC Applicable for any person in the policy: Yes No			
Name of Customer for whom PPMC is applicable for the customer			
Insured 1:			
Insured 2:			
Insured 3:			
Insured 4:			
Insured 5:			
Insured 6:			
Insured 7:			
Insured 8:			