

Portability Form

For Official Use Only
Date of receipt:
Time of receipt:
Received by:



Policyholder Name: _____ Date of Birth:
Address: _____
Contact No.* (STD Code) _____ / (STD Code) _____ / _____ **Mobile Number is Preferable**
Email Id*: _____

** Contact details provided herein will be updated for all future communications. For customer registered for UCC, response would be treated as valid discharge*

Section I (Details of existing insurer)

Name of the product	Sum Insured	Cumulative Bonus	Add-ons/riders taken	Policy number

Section II (Details of the proposed insurance)

Name of the product	Sum Insured	Whether Cumulative Bonus to be converted to an enhanced sum insured

Section III (Reason(s) for Portability)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

No. of family members to be included in the policy to be ported:

Whether the Pre existing disease exclusions / time bound exclusion have longer exclusion period than the existing policy:

(Please indicate YES / NO):

If yes please provide 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)

Enclosure: Photocopy of the existing policy documents, HDFC life proposal form, Age proof of all the Lives to be insured, Identity proof of Proposer if he is not the life insured and Claims history related documents (if any).

Date:

Signature of the policyholder