

PART - 1

PERSONAL DETAILS:

Name of the Policyholder/Insured(s):

Address:

City: State:

Pin Code: Landline:

Mobile:

Email:

Date of Birth: Age (In years/ Months):

GROUP POLICY DETAILS:

Employee ID:

Name of the Company:

DETAILS OF EXISTING INSURER:

Name of the Insurer:

Name of the Product:

Type of Policy: ☐ Individual ☐ Family floater

Sum Insured: Cumulative Bonus:

Policy No.:

DETAILS OF EXISTING INSURANCE POLICY/INSURED:

Insured Name	Member ID	Date of Birth	Date of First Enrollment	Any Pre-existing disease	Aggregate deductible amount, if any	Add on/ Rider (Name & SI)

DETAILS OF THE PROPOSED INSURANCE:

Name of the Product:

Type of Policy: ☐ Individual ☐ Family floater

Sum Insured proposed:

Reason(s) for portability:

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

Date:

Place:

Signature of the Policyholder

PART - 2

Whether the PED exclusions/time bound exclusions have longer exclusion period than the existing policy?

☐ Yes ☐ No

If yes, please give a 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

PLEASE NOTE THE FOLLOWING:

For availing portability benefits kindly submit following documents in addition to portability form duly filled and signed.

1. Copy of the Last year Policy Schedule issued by the previous Insurer.
2. Self-declaration by customer regarding no claims made.
3. If there is a claim in existing policy, then discharge summary, investigation and follow up report copies.
4. Renewal Notice.

Waiting Period credits shall be applicable for following covers only if these coverage were available in the expiring Policy as well:

1. Maternity Benefits
2. IVF Cover
3. Bariatric Surgery Cover
4. Psychiatric treatment Cover
5. Lasik Surgery Cover

DECLARATION:

Magma General Insurance Limited will seek confirmation of above stated details from my previous insurer. Pending receipt of the necessary confirmation from the previous insurer, Magma General Insurance Limited may issue the policy to me. Post issuance of the policy, if the information provided under this declaration is found to be incorrect, the policy issued to me shall be cancelled ab-initio and all premium under the policy shall stand forfeited.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Policyholder

PREVIOUS POLICY CLAIM DETAILS:

Name of the insured for whom claim was taken:

Year of claim and nature/details of illness:

Claim Amount :

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Policyholder

Disclaimer: Portability is subject to terms & conditions as per IRDAI Regulations.