

Navi Health Super Top Up

CHANGE REQUEST FORM

Guidelines of filling this form

- 1) Please fill the form in block letters.
- 2) Put a tick mark wherever applicable.
- 3) Any alteration in form need to be countersigned by the Policyholder.
- 4) All the details marked * are mandatory.
- 5) Note: Any Change requested for Name/Date of Birth/Address/Contact Details/health condition will be incorporated for all the policies with Us.

Policy Details

Date of Request :

Name of the Product : _____

Policy Number* : _____

Name of Policyholder / Proposer* : _____

Please tick the appropriate box and fill the details in the corresponding section:

1. Change in Address 2. Change in Tenure 3. Member Addition/ Deletion
4. Others

1. Change in Address (Address Proof to be enclosed)

New Address : _____

City* : _____ State* : _____

Pin Code* : _____

2. Change in Tenure

- I want to opt for 3-year plan
- I want to opt for 2-year plan
- I want to opt for 1-year plan

3a. Addition of Member

Name of Insured*	Gender*	DOB (DD/MM/YYYY)*	Relationship	Reason for Addition *
1) _____				
2) _____				
3) _____				
4) _____				

*Allowed only for Child(ren) on birth / Spouse on marriage. It is requested to fill fresh proposal form in additions.

3b. Deletion of Member

Name of Insured*	Gender*	DOB (DD/MM/YYYY)*	Relationship	Reason for deletion
1) _____				
2) _____				
3) _____				
4) _____				

4. Others

a. Change in Name	
<input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	
From (Name as per the current policy) 1) _____ 2) _____ 3) _____ 4) _____	To (To be changed to) _____ _____ _____ _____
Document Submitted* : <input type="checkbox"/> Pan Card <input type="checkbox"/> Gazetted Notification <input type="checkbox"/> Driving License <input type="checkbox"/> Election Card <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Others (Please Specify): _____	
Note : 1. Married women whose name has been changed due to marriage, is requested to submit the Marriage Certificate along with this form. 2. For all other requests with significant name change, a copy of gazetted notification is required. 3. Certified true copy of the supporting document should also be enclosed.	

b. Change in Date of Birth																																																																		
<input type="checkbox"/> Policyholder <input type="checkbox"/> Insured																																																																		
Name of Insured 1) _____ 2) _____ 3) _____ 4) _____	From (DOB as per policy) <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	To (To be changed to) <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
D	D	M	M	Y	Y	Y	Y																																																											
Document Submitted* : <input type="checkbox"/> Pan Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Others (Please Specify) ____																																																																		

c. Change in Contact Details	
Mobile Number : _____	Landline : _____ Number _____
Email ID : _____	

d. Change of Nominee (Nominee should be more than or equal to 18 years of age)	
Name of Nominee : _____	
Relationship with Policyholder : _____	

e. Any Other Change Request	
<input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	
Name* : _____ (In case there is any alteration to the information you furnished at the time of proposing of cover, please provide the same below.)	
Change : _____ From _____	
Change To : _____	

Declaration

- I/We hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the Policy.
- I / We hereby declare and warrant that on my behalf and on behalf of all the insured that all the information provided above are true and complete in all respect and no other information which is relevant in the context has been suppressed.

Signature/Thumb impression of Policyholder _____ Date :

Place : _____

Disclaimer

Your Policy has been issued based on the declarations on the proposal form filled at the time of taking the first policy from Us. The rates, terms & conditions of the policy have been determined based on this information. Wherever there has been any material change to this information, We shall be entitled to modify or vary the terms of insurance and/or premium, if necessary, accordingly. Any change in terms or premium will be communicated to You in writing and the Policy will be renewed after your specific consent to such changes.

Acknowledgement Slip

Policy Number : _____
 Name of Policyholder : _____
 Request for : _____
 Request Received by : _____ Branch : _____
 Date and time of receipt : :

Signature & Stamp of Navi General Insurance Limited