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A Critical Analysis of Health Insurance Portability in India

Mrs. Chitralekha kumar^[a] , Ms.Gargi Phadnis^[b] & Ms.Rashmi Mulay^[c]

Abstract

The Insurance Regulatory and Development Authority (IRDA) introduced health insurance portability with a view that the facility will serve its customers better, bringing about a revolutionary change in the health insurance sector through better product plans and improved competition. However, not many transactions have been seen. What could be the reasons for the same? Should the sector and the regulator be blamed for the poor numbers benefiting from the scheme or should the implementation be made simpler and standardized? Present research is conducted by using both primary as well as secondary data. Also, an analysis of the mobile number portability was done. It was found that lack of awareness was a major reason for the less number of insurance switchovers. These bottlenecks need to be addressed so that the actual aim of serving the customer needs can be met through the implementation of this scheme.

Keywords: Health Insurance, Portability, Customer, Agent

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1. Introduction

Investopedia defines insurance as a contract or agreement between two parties, wherein an individual or entity receives financial protection or reimbursement against losses from an insurance company. One of the types of insurance everyone needs is a health insurance. As per the definition of Investopedia, health insurance is a type of insurance coverage that pays for medical and surgical expenses that are incurred by the insured. Health insurance can either reimburse the insured for expenses incurred from illness or injury or pay the care provider directly. In India, both the insurance penetration and density have increased significantly over the past few years, especially with the opening up of the insurance industry to the private sector. However, the increase has been marginal as far as the ever growing population of India is concerned. Thus, there was a felt need for research in this area.

In India, health insurance covers approximately 3-5% of the population. Currently, there are about 28 non-life or health insurance companies in India. This sector consists of both private and public sector insurance companies. In order to protect the interest of the policyholders, to ensure speedy claim settlement and to prevent frauds and malpractices, the Insurance Regulatory and Development Authority (IRDA) were constituted as an autonomous body in 1999 and a statutory body in April 2000.

According to the IRDA press release dated February, 2011, the IRDA received many representations from the consumer associations and policyholders regarding the lack of porting facilities from one insurer to the other. There was a huge amount of dissatisfaction amongst the customers with regards to their current policy exclusions; the unsatisfactory customer service and also due to the policy renewal age. Also, people found it difficult when they had to change their city due to a change in job. In the interest of the policyholders, the IRDA announced the Portability of the Health Insurance Policies in October, 2011.

According to IRDA, portability means the right accorded to an individual health insurance policyholder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break. The most important reason for the introduction of the concept of health insurance portability was to improve the service and delivery in the insurance industry. In terms of portability the following guidelines were laid down by IRDA.

- A policy holder desirous of porting his policy to another insurance company shall apply to such insurance company at least 45 days before the premium renewal date of his/her existing policy.
- The insurance company then provides him with a Portability form and proposal form.
- The insured submits both the forms at the new insurance company.
- The new insurance company, on the receipt of the portability form, seeks the necessary details from the existing company such as medical history and claim history. This is done within 7 days of the receipt of the portability form.
- On receiving the details, the new company holds the right to disagree with a policy holder's proposal (basis of their claim benefits and medical history). Proposal not rejected within 15 days can be said to have been accepted

Health insurance portability frees the customer from being stuck with the same insurer, fearing loss of benefits of continuity, thus kick starting a competitive health insurance environment. However, the Times of India quoted that there were few takers for medical portability. Hence, the present study aims at understanding the real reasons for the less number of switchers, leading to a few takers for health insurance portability and suggests certain ways that would help to overcome this situation.

2. Literature Review

As per literature review, health insurance portability permits a person to switch between his insurers at his own risk. He does not have to worry about his pre-existing disease covers and no-claim bonuses. The most important benefit of this portability is that the insured can opt for a similar product from the new insurer along with his previous benefits like coverage that were previously part of the plan. Thus, the insurers try their best to retain their current customers along with attracting new customers.

The new insurer has the right to reject your policy based on its underwriting guidelines, which may differ from your existing insurer. So customers need to be cautious before planning to switch. [Ramalingam, 2011]¹¹. The customers need to take a conscious decision on shifting. Service levels of the insurers would be the most important criteria while changing your insurer. People would like to shift to an insurer who has excellent service levels especially in claims settlement. [Shreeraj Deshpande, 2011]². With the implementation of health insurance portability, insurers will have to enhance their service capabilities and engage in constant innovation to service their existing and potential customers. It is expected to bring in new benchmarks in delivery mechanisms and product innovation in the industry. [Damien Marmion, 2011]³.

Although portability in health insurance was eagerly awaited, we are yet to see action from the customers. So far, the queries have been mainly from the distribution channels on behalf of their customers. We feel that the lack of a standardized product in health insurance may be a hindrance for customers to switch their insurer. [Suresh Sugathan, 2012]¹⁴. Since there is no standardization of health insurance coverage, ensure that the cover of your new insurer is at par or better than your old one, like sum insured available. The waiting period for certain ailments may be higher with the new insurer as compared to the existing one. Also verify the service and claims payment records of the new insurer. [Sanjay Datta, 2012]⁷.

Even after a year of the introduction of health insurance portability by the IRDA, the numbers of switchers are very less. While the portability system has stabilized, in terms of switchovers, it has not been that significant [G Srinivasan, 2012]⁹. No aggressive marketing strategies or promotional activities have been adopted by the insurance companies. We haven't seen too many transactions, as health insurance portability has not been publicized by insurers [Mukesh Kumar, 2012]⁸. Also, every portability is treated as a new policy and hence the customers need to undergo the same procedures as required for buying a new policy. Companies may now be required to allot extra resources for improving their overall products and services and make sure that the clients are happy with the quality on offer [Gaurav Garg, 2012]¹⁰. If the new insurer is aware of the fact that the policyholder was suffering from a pre-existing condition and decides to accept the proposal in practical terms, it will be difficult to reject a claim on the grounds of pre-existing diseases. [Subrahmanyam B, 2011]¹⁴. The waiting period for pre-existing diseases are across insurers. Therefore, if the new company accepts the risk, pre-existing diseases would be covered. [Antony Jacob, 2011]¹⁴.

3. Objectives of the Study

1. To understand the level of health insurance portability awareness amongst people.
2. To identify few reasons for the less number of switchers in health insurance portability.
3. To discuss the scenario of mobile number portability in India.

4. Research Methodology

The aim of the study was to capture insights that were proposed to be the underlying causes of insurance portability failure in India. Thus the research aimed at exploring the causes as well as to explain the reasons for failure of health insurance portability. Further, an analysis of mobile number portability was done to further understand the possible innovative

measures to be taken to improve insurance portability as a value addition service to customers. The research design is descriptive in nature. A quantitative survey analysis was conducted to understand the level of health insurance portability awareness amongst people. The questionnaire was circulated online via mails, telephonic interviews and also one to one interaction with the respondents was conducted. The respondents were encouraged to participate in the survey and provide valuable insights. Both primary and secondary data was collected. The primary data was collected by circulating a questionnaire. The questionnaire was circulated amongst 100 respondents. 72 usable responses were collected; giving a response rate of 72%. Secondary data was collected via the internet, books and articles. Extensive review of literature was done to have deeper insights into the topic.

The data gathered was a result of the strategically sequenced questions in the survey that by design captured valuable data like number of people with health insurance policies, their educational qualification and occupational status and finally their awareness about health insurance portability. Also since the research focused on investigating the root causes of health insurance portability ignorance in India, the educational qualification of the candidate was a key element to understand the awareness level of insurance benefits as well as about portability services.

The questionnaire used in the survey included the following questions to capture valuable data

- Demographic and educational qualification of the respondents.
- Did the respondents have a health insurance cover?
- Did the health insurance agent guide those respondents having a health insurance cover in their policy buying decision?
- Were they aware about health insurance portability?

The primary data was collected to check the awareness level of respondents towards health insurance portability and secondary data based research helped to identify the reasons for its failure. Secondary data based research was done to discuss the scenario of mobile number portability in India.

5. Data Analysis and Interpretation:

In reality, the insurance porting service has not been utilized to the extent desired, reasons being many and mostly due to the positioning of the facility that has various deterrent factors for both the policyholders and the insurance companies.

Primary data helped us in concluding that there are not many takers for the parting scheme. It was observed that there was a demographically diverse sample pool. The majority of the respondents, i.e. 44.45% were in the age group of 25 to 34 years of age followed by 30.60% of the respondents in the age group of 18 to 24 years (Refer table no. 1). Both these age groups comprise the safest and most lucrative group of insurance companies since it's a healthy pool of premium payers with minimal presence of sub standard lives.

Amongst the surveyed respondents, it was observed that there were 69.40 % with an insurance cover while 30.60% were without one. (Refer Table No. 2)

Demographically it was further noticed that, in the age group of 25 to 34 years of age, there were 47.22% of the respondents who had a health insurance cover while 16.67% of such were without a health insurance policy. (Refer Table No. 3)

Similarly there were approximately 6% of insurance policyholders in the age group of 18 to 24 years. This somewhat helps in explaining that health insurance as a concept has limited awareness in the Indian scenario, where most of the payments are out of pocket expenditures.

It was also observed by the researchers that the respondents who claimed having an insurance policy, only 57.41% of the health insurance policy holders were aware about the name of the insurance company; the remaining 42.59% were unable to recollect the name of the insurance provider confidently or remembered it vaguely. (Refer Table No. 4)

This may definitely not be the correct criteria to judge the knowledge an individual has about health insurance and its benefits especially in the Indian scenario where most of the policy buying decisions are a result of employer schemes or through influential insurance agents. Many youngsters were a part of the surveyed population and thus many a times they are not so keenly involved in buying health coverage plans.

6. Findings of the study

This analysis is suggestive about the key role an insurance agent may play in selling of health policy plans. Health insurance being a critical and complex venture, the buyer's ignorance in terms of good policy plans puts the onus on selection of a policy on the insurance agent involved. Thus in India it's a common practice seen across where the insurance agent influences the policy buyer's decision in selecting a policy plan.

Only 41.7% of the surveyed individuals were actively involved in the selection and buying of a health insurance policy whereas the remaining 58.3% claimed that they were never involved in the decision makings. In other words, for 58.3% of the respondents, the agents helped in choosing the best insurance policy. This can be concluded by referring to Table No.5

Sadly, the awareness about health insurance portability too was extremely low amongst the respondents. Amongst the total 53 insurance policy holders, only 15% were aware about the porting facility (Refer Table No.6), it was also observed that the majority of our respondents were highly qualified with 65.27% of them being postgraduates and 29.17% with graduate degrees. (Refer Table No. 7). Of the 47 postgraduates 70% had a health insurance cover while amongst the 21 graduates, 85% of the respondents had a health insurance plan (Refer Table No. 8). Of the above mentioned 33 postgraduates, only 12% were aware about health insurance portability. This brings to light that the most highly qualified individuals too were ignorant about IRDA's insurance porting scheme. (Refer Table No.9)

The responses collected from the unique 8 individuals who knew about porting facility lacked clarity and precision. Of them, 37.5% of the respondents could not recall the benefits and uses of the scheme and stated that they simply read about it in the newspaper or through an acquaintance or through social media. Comparative analysis can be seen in Table No. 10.

Another 50% of the respondents claimed that the insurance porting facility was similar to mobile number portability in which a mobile phone subscriber can switch from one operator to another without having to change his/her mobile number but weren't exactly certain about it.

A respondent explained it as an additional function introduced by IRDA which allowed one to shift from one health insurance provider to another, without having to lose any of the benefits that the current health insurer provides. However, on probing further the respondent was unable to explain clearly the benefits of the scheme or the procedure to port from one provider to another.

Thus it was concluded through primary research that health insurance portability has failed in its purpose of serving customers through its various schemes owing too many loopholes in its features and bottlenecks in its implementation. There was a lack of awareness about its overall functioning.

Secondary data mining further helped in listing the reasons for these failures. The observations stated below highlight the major issues in the insurance scenario that have significantly affected the smooth implementation of portability.

6.1 Reasons for less number of switchers

The following reasons were identified for the less number of switchers.

- Insurance agents are being deprived of the commissions
Insurance agents are being deprived of the commissions in the case of portability schemes. Technically, every portability should be treated as a new business, in which the agent is entitled to his commission (15% of the premium). However, insurance companies are not promoting the service since the facility poses various risks for the companies (discussed below). The agents too specifically ignored giving the numbers of porting customers citing reasons like safeguarding company policy or simply that the customers were too happy with their services and there were none opting for a porting service. Similar was the case when they were asked for the number of customers from other companies who were porting towards them. Thus there are high chances that the agents may choose to not market the facility or simply discourage the customers from choosing a portability option.
- Companies may now have to allocate more resources to continually innovate their products and services to retain their clients and cope with the demanding market needs.

Though, IRDA had introduced portability for better customer benefits and improved customer satisfaction, porting as a facility will be a risky and complex proposal for insurance companies. For portability allows customers to shift over to another company during the policy renewal period, the companies need to allocate extra resources to innovate their current products and services and also to retain their existing clients. They also have to cope with the ever increasing market needs. Thus companies as of now have not marketed the facility, nor have any educational initiatives being taken to popularize it.

- Standardization of a common policy plan is difficult
Different companies have diverse and unique product plans for attracting customers. With so many varied policy plans, standardization of a common policy plan becomes difficult. This may deter customers from choosing a different policy owing to the fear of losing certain benefits of the existing policy. Though customers will not lose the cover of pre existing diseases while porting from one insurance policy to another, it becomes a bleeding proposal for the insurance companies since they have to lose on both the premium amounts and the subsequent claim sums to be paid.

Insurers also lack the clarity on IRDA portability parameters and guidelines. For e.g. it is difficult to transfer credit from specific product policies to another and also from group policy plans to individual cover. IRDA has also waived off the waiting period clause of 30 days after a new policy has been brought in case of portability. Added to it is the 45 days deadline limit i.e. application prior to the date to another company when the policy is renewed with the present company. Thus porting to another insurer involves the same application procedure like medical tests, screening parameters and paperwork as for a new policy. Also, underwriter of the insurance company continues to hold discretion to deny a proposal. Hence accepting a porting proposal will be the acceptance of risk through the normal underwriting process. In such a scenario, both the insurer and the insured will face several problems.

These include processing critical data in terms of previous claim history of the insured, insured proposer's present health status, coverage against existing disease conditions etc. To address these, insurance companies do not have a common database in place which can help in retrieving policy holder wise data across various years of renewal. Companies amongst themselves will do not have clarity in communication as in from and where to be the customer porting. Similarly, policy holders do not have with themselves all records of their health coverage plans, thus at times they are unable to provide the necessary information and also judge benefits from other policy plans.

6.2 Mobile Number Portability (MNP) in India

The Mobile Number Portability (MNP) in India was introduced as a service using which a mobile phone subscriber can switch from one operator to another without having to change his/her mobile number. For example, one can opt to choose for Airtel services on his/her Loop number. The Telecom Regulatory Authority of India (TRAI) introduced MNP in India on 20th January, 2011. By December 2011, in less than a year since its introduction, there were about 29 million MNP requests all across India. Thus MNP clearly emerged a success story for TRAI to cater to customer needs and improve service features. The reasons are primarily the hassle free procedure of porting a mobile number as against an insurance porting option.

- Generate UPC (Unique Porting Code) from the same number that you wish to port
- Clear all your pending dues (if yours is a post-paid mobile connection)

- Visit a mobile outlet or nearby store of the new operator along with:-
-The UPC code thus generated
- Submit a photo and a copy of your identity proof
- Pay the requisite porting fees of Rs. 19/-
- Get your number ported to new operator within the stipulated time frame of 15 days

The operator will immediately provide the customer with an 8 digit alphanumeric porting code that one needs to submit to the operator that one wishes to opt to along with relevant documents. (The unique porting code will be valid only for 24 hours). The customer will then get an SMS on the time and place where porting will take place. TRAI mandates rules like the porting process must be completed within 7 days of application for the facility. Other guidelines for portability issued by TRAI included parameters like one cannot change his/her service circle, if one has recently bought a new number then the number cannot be changed within 90 days, one can also retain the technology that they are using. For e.g., present CDMA to new CDMA operator or present pre-paid to new pre-paid operator. Also TRAI has made it mandatory for operators to make the process hassle-free for customers, one such thing is that the customer's number will only dead for about 2 hours, that too, at the night time. Thus TRAI ensured that the procedure was simple and highly standardized as opposed to the stringent insurance porting process. Insurance being a matter of long term investments for crucial health care benefits to the policyholder, a certain level of complexity in the porting procedure is necessary. However, IRDA guidelines for insurance porting are not clearly defined as opposed to the well devised MNP parameters by TRAI for number portability. For e.g., TRAI ensured that the procedure was standard for all the service providers across India. Also with time, efforts were taken by TRAI to further improve their services by introducing amendments to the porting facility to further improve the service. An example being that initially one could only migrate to another operator within the same circle, which meant that one, could port number in the same state/circle where the mobile number originates. But interstate portability was later launched in India by TRAI.

The service providers to catapult on MNP as a facility by ensuring awareness about it across their enormous customer population by tremendous educational advertising and marketing. Competition was tough and this resulted in evolution of better services by the competing network providers in the form of cost effective plans and better network coverage. This sadly wasn't the case with insurance firms owing to the fear of higher pooling of substandard lives and also the burden to cover pre existing diseases of policy holders plus losing their premium amounts to the previous company. Also the mobile network service providers ensured promotions at the recharge outlet vendors. These vendors were also provided margins and commissions on the basis of a number of service porting customers. Insurance agents were however denied their commissions, thus insurance porting facility had almost a negligible customer level awareness.

7. Limitation of the Study:

Owing to time constraints, the researchers were able to collect data from only 72 respondents. Thus a part of the research study revolves around the responses collected from these surveyed individuals and may not be representative of the entire population pool. The researchers were unable to collect company specific data of health insurance porting customers owing to company policies in the insurance markets that do not allow them to share their database of this sort. The survey was limited to Mumbai region, Maharashtra, India. The secondary data can be studied in a more extensive way.

8. Recommendations and Conclusion:

IRDA had introduced health insurance portability with a view that portability will bring about a revolutionary change in the health insurance sector, with maximum benefits for the insured. But still it has a long way to go. The reasons mentioned in the paper are the bottlenecks that must be addressed. Special measures must be taken to create awareness amongst the customers.

Some of the recommendations based on the study are that the insurance companies do not have a common database in place that can help with retrieval of policy holder wise date across various years of policy renewal. There is no unique ID account number. For example, something like an insurance account number similar to the unique porting code that is used in mobile number portability. Such a common account number will make possible consolidation and sharing of information across all the companies. But for this, huge infrastructure investments and technology installations will be needed and this implies tremendous costing for IRDA. Also IRDA can directly reach across to its policy holders through bulk mailers and educate them about insurance portability facility.

There can also be some kind of a credit transfer mechanism so that once a customer ports from one company to another, at least some part of the premiums already paid to the previous insurer will get transferred to the new insurance company. For this there has to be transparency and clarity in communications and transactions across all companies. Standardization of insurance policy plans can be another option; however practical implementation may be difficult for all companies design their policies in unique manners to cover the maximum customer base. These results into new and diverse products, thus standardization may mean that companies will have to lose on their exclusive brand positioning. But if certain parameters in the policy are made standard with options like add-on covers at varying premiums rates may be a possible solution, but its feasibility must be checked.

IRDA has performed remarkably well in the implementation of portability as a facility in India, but without addressing some of the above mentioned issues, the actual benefits will not be enjoyed by its customers.

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Annexure

Table No.1: Demographic Profile of the Respondents

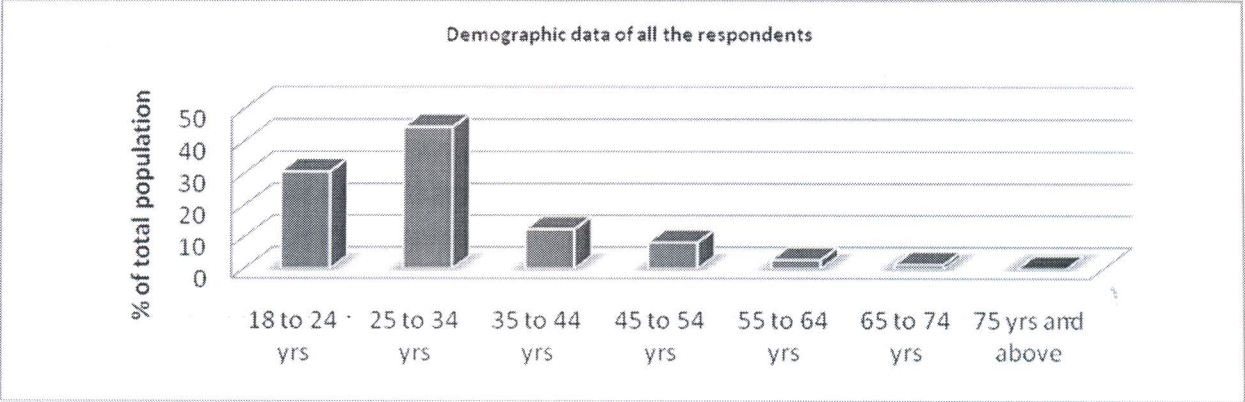


Table No.2: Health Insurance Policy Holders

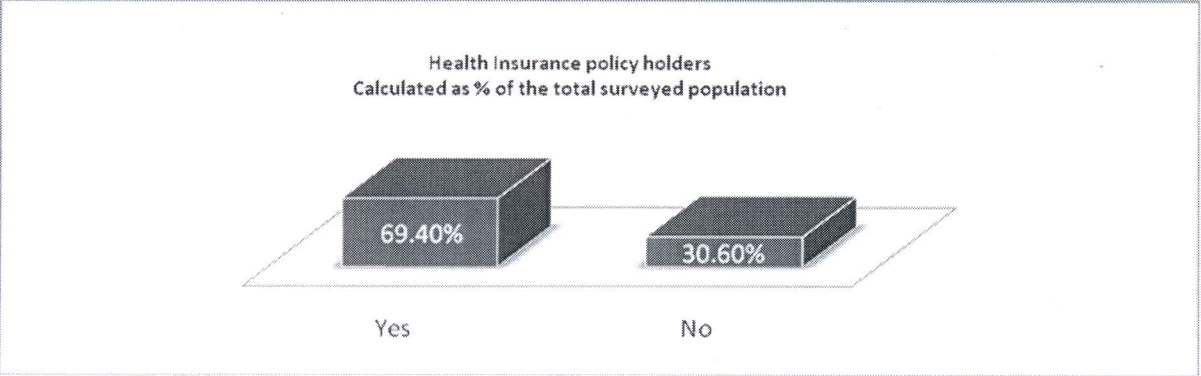


Table No. 3: Health Insurance Policy Holders of the Demographic Profile of the Respondents

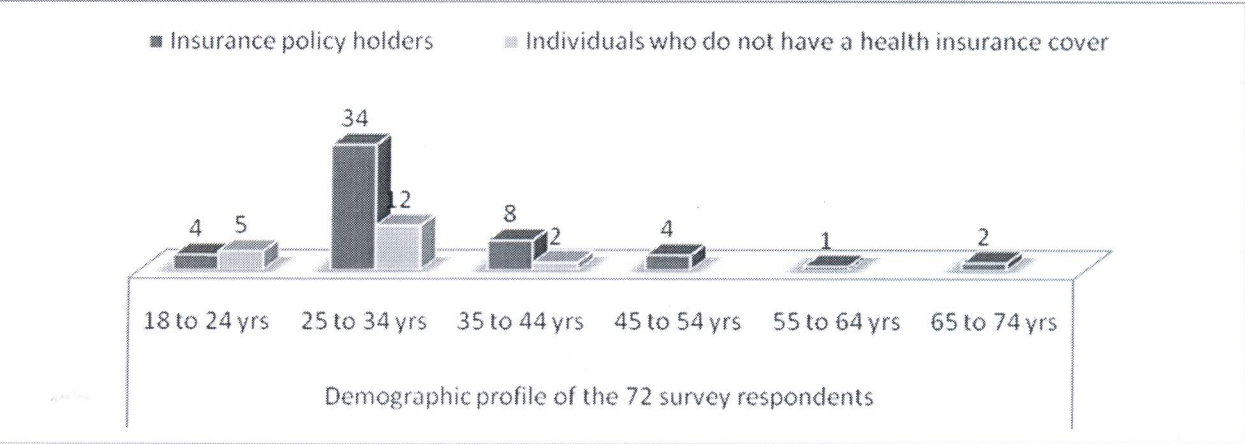


Table No. 4: Knowledge about insurance company amongst the policy holders

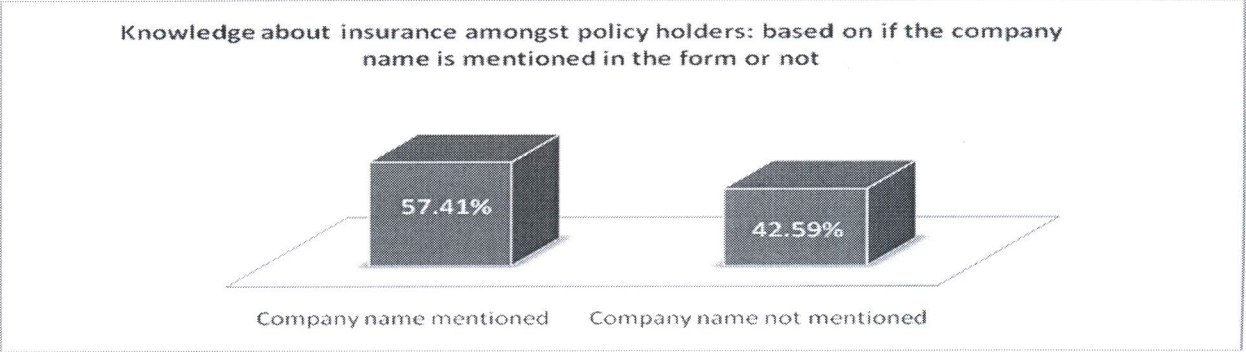


Table No. 5: Influence of the agent in policy buying decision

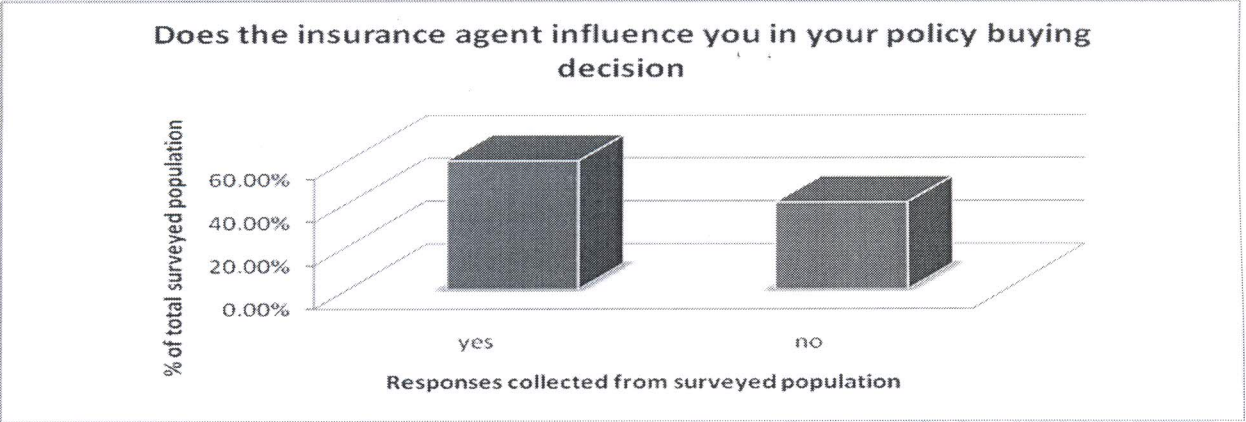


Table No.6: Insurance portability awareness

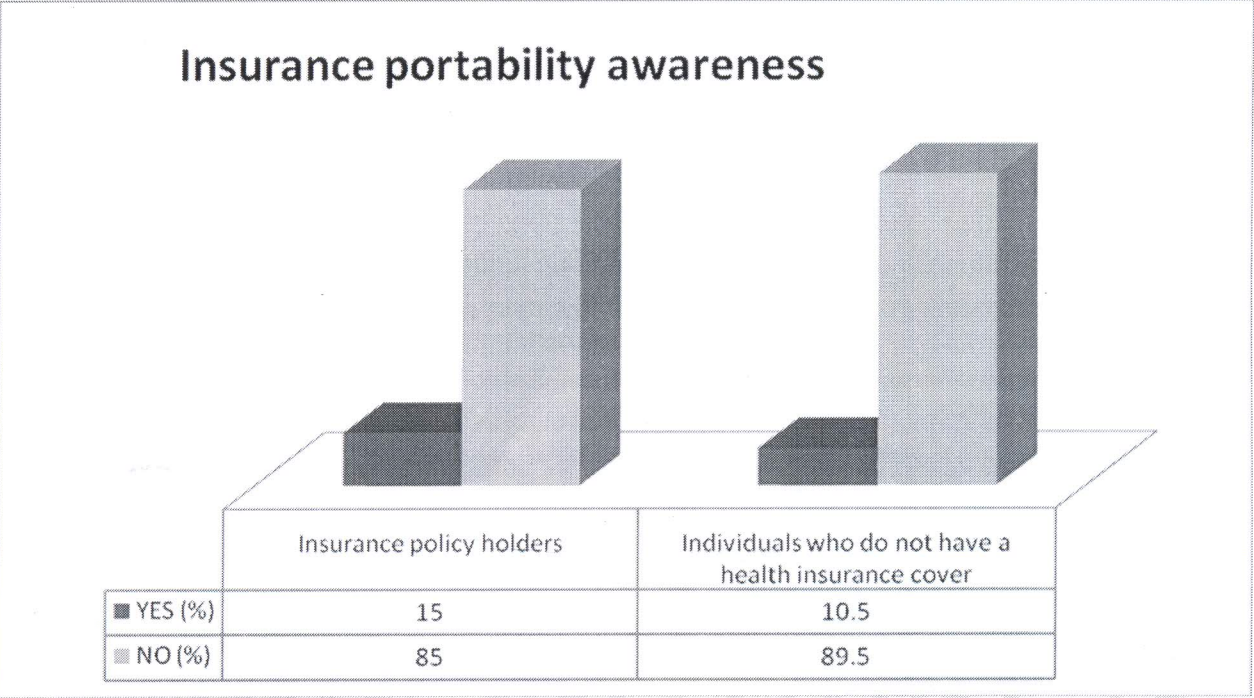


Table No. 7: Educational Qualifications of Respondents

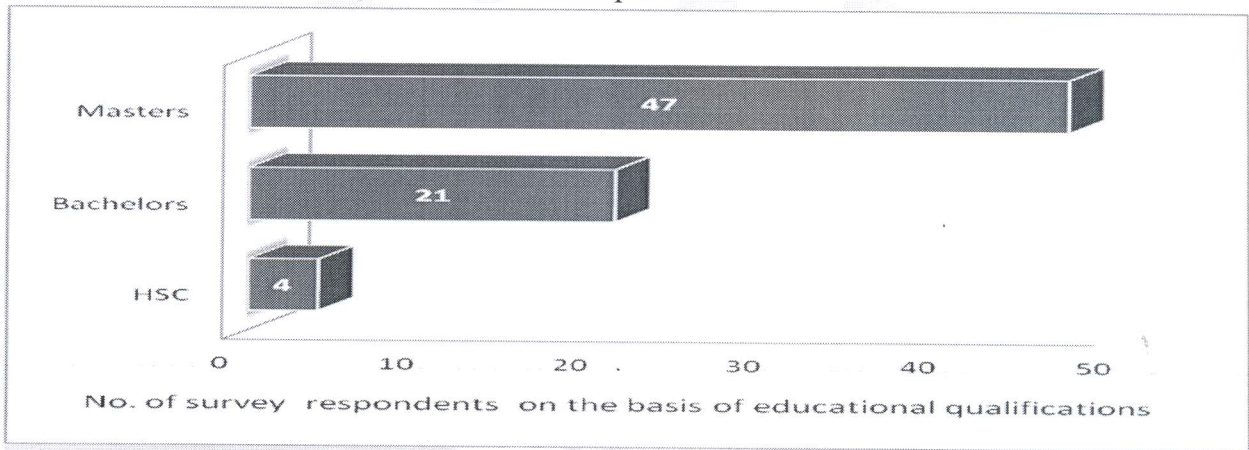


Table No. 8: Educational Qualifications and Health Insurance policy holders

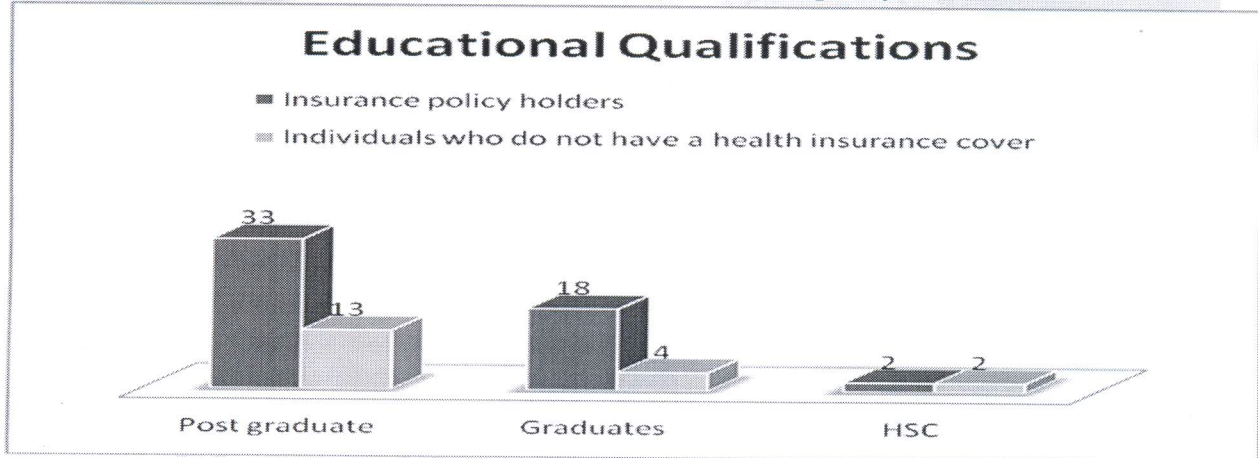


Table No. 9: Insurance portability awareness amongst postgraduate respondents

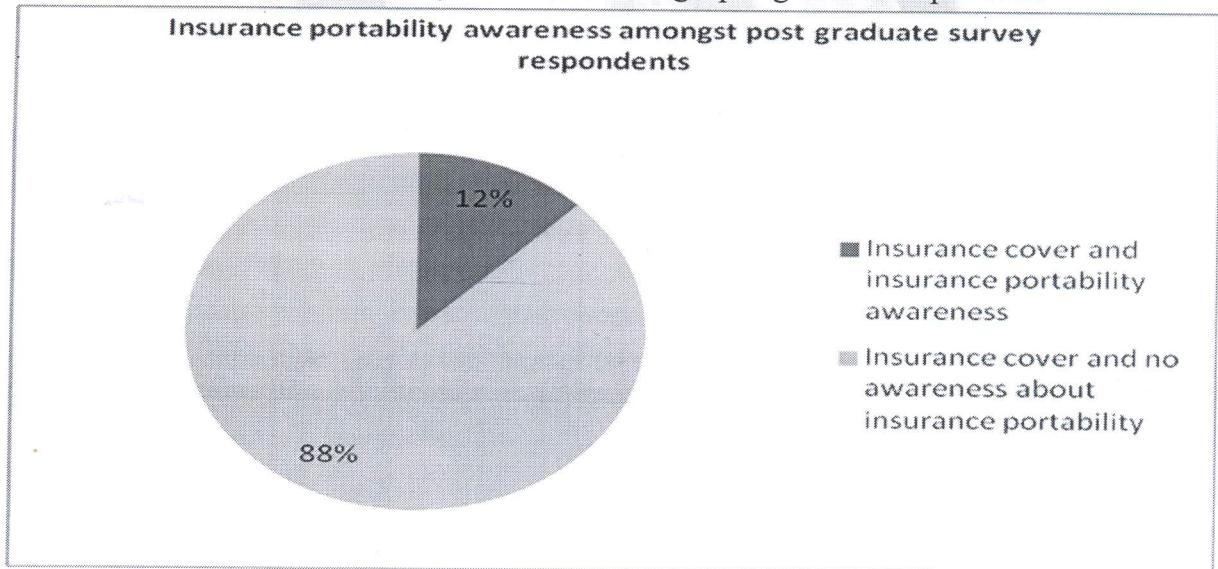
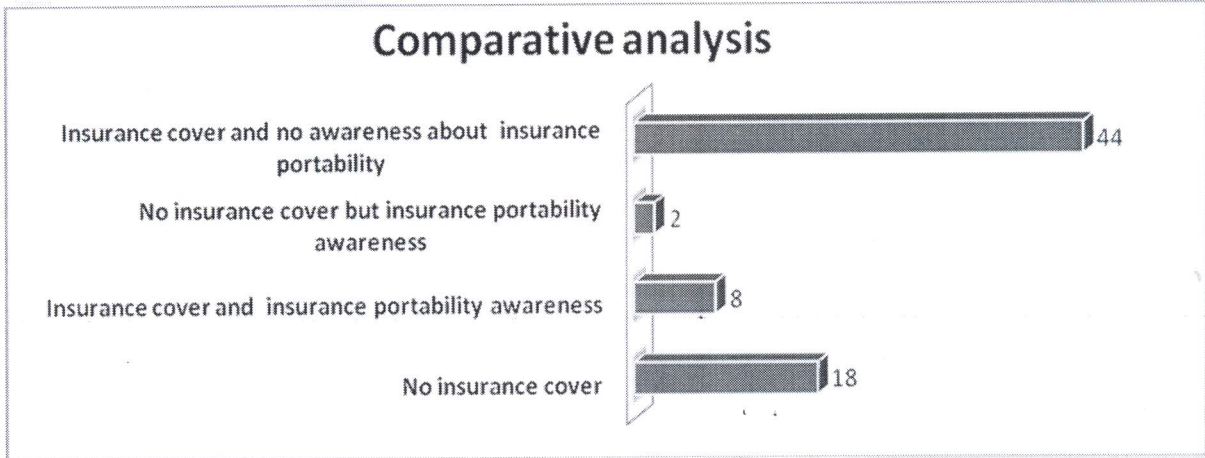


Table No. 10: Comparative analysis



| | | | |
|--------------------|---|--|--|
| No Insurance cover | Insurance cover and insurance portability awareness | No insurance cover but insurance portability awareness | Insurance cover and no awareness about insurance portability |
| 18 (25%) | 8 (11.11%) | 2 (2.78%) | 44 (61.11%) |