

Beneficiary name: **Dhanasekar K**

Member ID: **5120422259**

Employee code: **575299**

Relation: **Self**




Date of birth: **22-Dec-2001**


Primary insured: **Dhanasekar K**

Valid upto: **30-Sep-2025**

Policy holder: **RockWell Collins India Enterprises Pvt Ltd**

Policy Number: **603900502410001471**



MA5120422259



Contact number: 01206937324

- This card is only for identification and is not an authorization to proceed with the treatment of a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassisttpa.in

Medi Assist Insurance TPA Pvt. Ltd.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029.CIN: U85199KA1999PTC025676
Website: www.mediassisttpa.in Email: pramodh.c@mediassist.in

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Beneficiary name: **Bhuaneswari**

Member ID: **5120422260**

Employee code: **575299**

Relation: **Mother**




Date of birth: **13-Oct-1980**


Primary insured: **Dhanasekar K**

Valid upto: **30-Sep-2025**

Policy holder: **RockWell Collins India Enterprises Pvt Ltd**

Policy Number: **603900502410001471**



MA5120422260



Contact number: 01206937324

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Beneficiary name: **Kottaian K**

Member ID: **5120422261**

Employee code: **575299**

Relation: **Father**




Date of birth: **20-Feb-1970**


Primary insured: **Dhanasekar K**

Valid upto: **30-Sep-2025**

Policy holder: **RockWell Collins India Enterprises Pvt Ltd**

Policy Number: **603900502410001471**



MA5120422261

Contact number: 01206937324

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