



Insurance Coverage Brief

Master Policy Number: **4168CO/HCLST/251799393/00/000**

YOUR INDIVIDUAL CERTIFICATE NUMBER IS: **1643845**
 COMPANY NAME: **HCL Technologies Limited**
 UNIT: **1000-HCL Technologies Ltd.**
 COMPANY PIN: **1119**
 PLAN TYPE: **Short Term Plan**
 TPA REFERENCE: **Region 21**
 COUNTRY: **Worldwide**
 AREA OF COVERAGE: **Worldwide Including USA**

START DATE OF COVERAGE: **05 Aug 2022**
 END DATE OF COVERAGE: **08 Aug 2022**
 DURATION OF COVERAGE: **4 Days**
 DATED: **01 Aug 2022**

INSURED(S) DETAILS:

EMAIL-ID: SKARTHIKA@HCL.COM

| | NAME | EMPLOYEE ID | PASSPORT NO. | MAYFAIR ID | DOB |
|-----|--------------------|-------------|--------------|------------|-------------|
| (1) | Karthika Selvamani | 51921042 | P1611647 | 1119009137 | 08 May 1988 |

HCL Technologies Limited – SHORT TERM PLAN

This Plan is Insured by ICICI Lombard GIC Ltd.

| Benefits | Total Sum Insured (US \$) |
|--|-------------------------------------|
| Medical Expenses | 500,000 |
| Deductible/s | NA |
| OPD Expenses | 500,000 |
| Sub-limits/ Sub- options | Out-Patient Expenses |
| Pre-existing condition cover for Emergency care | 500,000 |
| Sub-limits/ Sub- options | Within Medical Expenses sum insured |
| Life Threatening Pre-existing condition cover | 500,000 |
| Sub-limits/ Sub- options | Within Medical Expenses sum insured |
| Travel Inconvenience cover due to Trip Cancellation & Interruption | 1,000 |
| Accidental Death | 35,000 |
| Permanent Total Disablement (PTD) | 35,000 |
| Permanent Partial Disablement (PPD) | 35,000 |
| Emergency Medical Evacuation | 500,000 |
| Sub-limits/ Sub- options | Within medical expenses sum insured |
| Repatriation of Mortal Remains | 500,000 |
| Sub-limits/ Sub- options | Within medical expenses sum insured |
| Dental Treatment Expenses | 400 |
| Deductible/s | 25 |
| Daily Allowance in case of hospitalization | 50 per day |
| Sub-limits/ Sub- options | Payable for 20 days |
| Total Loss of Checked-in baggage | 1,000 |
| Sub-limits/ Sub- options | Limit per item- 150 |
| Compassionate Visit | 2,000 |
| Delay of Checked-in baggage | 150 |
| Sub-limits/ Sub- options | 15 payable every hour |
| Deductible/s | 9 hours |
| Trip Delay | 1,000 |
| Sub-limits/ Sub- options | One delay |
| Loss of Personal Effects | 250 |
| Flight Delay | 200 |
| Sub-limits/ Sub- options | 10 payable per hour One delay |
| Personal Liability | 200,000 |
| Hijack Distress Allowance | 300 |
| Sub-limits/ Sub- options | 7.5 payable every 6 hours |
| Deductible/s | 12 hours |
| Alternate Employee/Substitute Employee expenses | 2,000 |
| Bounced Hotel Booking | 2,000 |
| Emergency Accommodation (Corporate) | 2,000 |

Special Condition

1. COVID-19 testing if member is traveling to another country for official/business purpose and the destination country has made it mandatory for incoming travelers AND/OR the home country has made it mandatory for returning travelers to carry a negative COVID-19 report. Only 3 Covid-19 tests will be covered during the policy year.
2. In-Patient hospitalization and Out-Patient treatment expenses related to COVID-19 are covered in the policy, as per policy terms & conditions.

"The validity of the policy is subject to the current coverage dates listed in the Mayfair website"

MAYFAIR ASSIST CONTACT DETAILS:

Contact number for UK: **+44 (0) 20 8126 4023**

For list of other country specific contact numbers, please click on the below link:

<https://www.mayfairwecare.com/contact>

| | MAYFAIR ASSIST E-MAIL |
|--|--|
| For any changes or corrections in your policy details | medicalinsurance@mayfairwecare.com |
| For 24 hours emergency medical assistance and cashless services: | mayfairassist@mayfairwecare.com |
| For pay and claim or general policy queries: | mayfair.claims@mayfairwecare.com |
| Escalations and feedback: | info@mayfairwecare.com |

| | MAYFAIR ASSIST TIMINGS |
|---|---|
| For 24 hours emergency medical assistance and cashless services | 24 / 7 / 365 |
| For pay and claim or general policy queries | On all working days from 8 AM to 8 PM IST |

Important Points to Note:

- 1) If you receive a copy of an invoice from a Service Provider requesting payment, please forward it to mayfair.claims@mayfairwecare.com immediately
- 2) Please be advised the above is only a brief summary. For further info (i.e. What is and isn't covered, exclusions, helpful hints/advice, etc) you will need to get a copy of your company membership guide either from your HRD/TRAVEL DEPT or by going online to <https://www.mayfairwecare.com> and entering your insured's login.
- 3) Insurance validity for periods outside of the current contract dates, are subject to renewal of the group contract.

Please refer to the latest version of this document available at your insured's login at <https://www.mayfairwecare.com>