



## Insurance Coverage Brief

Master Policy Number: **4168CO/HCLST/295552227/00/000**

Your Individual Certificate Number Is: **1987017**  
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: **15 Mar 2024**  
END DATE OF COVERAGE: **11 Apr 2024**  
DURATION OF COVERAGE: **28 Days**  
DATED: **27 Feb 2024**

### 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	<a href="mailto:medicalinsurance@mayfairwecare.com">medicalinsurance@mayfairwecare.com</a>
For 24 hours emergency medical assistance and cashless services:	<a href="mailto:mayfairassist@mayfairwecare.com">mayfairassist@mayfairwecare.com</a>
For pay and claim or general policy queries:	<a href="mailto:mayfair.claims@mayfairwecare.com">mayfair.claims@mayfairwecare.com</a>
Escalations and feedback:	<a href="mailto:info@mayfairwecare.com">info@mayfairwecare.com</a>

	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](mailto: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 policy document available in the member portal. (<https://www.mayfairwecare.com>).
- 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>