

## INSURANCE COVERAGE DOCUMENT

Master Policy Number: **18A0B9 / 21**

YOUR INDIVIDUAL CERTIFICATE NUMBER IS: **962988**  
 COMPANY NAME: **Polaris Consulting & Services Limited**  
 UNIT: **Main office - HQ**  
 COMPANY PIN: **1049**  
 PLAN TYPE: **Long Term Plans**  
 TPA REFERENCE: **Region 3**  
 COUNTRY/COUNTRIES OF COVERAGE: **Ireland**

START DATE OF COVERAGE: **14 Sep 2018**  
 END DATE OF COVERAGE:  
 DURATION OF COVERAGE:  
 DATED: **08 Oct 2018**

### INSURED(S) DETAILS:

	NAME	EMPLOYEE CODE	MAYFAIR ID
(1)	Somanath Nanda	8040269	1049001139
(2)	Sunita Garabadu	8040269	1049001250

### POLARIS - LONG TERM EUROPE PLAN COVERAGE

**Max Benefit:** An insured has a per claim maximum limit of **EURO 250,000**.

#### SECT A (Medical Expenses and Hospitalisation):

##### Deductible for Sect A:

- a) Inpatient Admissions: **EURO 10** per claim
- b) Outpatient and Other treatments: **EURO 10** per claim, unless otherwise stated

##### (1) Health check-ups (Reimbursement only):

- (a) 0 to 2 Yrs: Max cover limit: **EURO 300** per annum.
- (b) Children + 2 yrs to age 16 yrs - Max Limit: **EURO 300** per claim.
- (c) All Insured's after 12 months of coverage - Max Limit: **EURO 300** per claim

##### (2) Dental Care - Max Limit: **EURO 500** per annum. Deductible: **EURO 10** per claim. Reimbursement only.

(3) Routine Dental Care: One routine dental check-up after 90 days continuous coverage. Max **EURO 50** per annum. Deductible: **EURO 10** per visit. Reimbursement only

(4) Vision Care - Covers infections & accidental damage. Reimbursement only.

(5) Routine Vision Care: One routine check-up plus one pair of prescription spectacles/lenses after 12 months of continuous coverage. Max Limit: **EURO 150** per annum. Deductible: **EURO 10** per visit. Reimbursement only.

(4) Prescription drugs/medicines- All Prescription Drugs are covered, excludes OTC (Over the Counter – available without a Physician's prescription).

(5) Mental Disorders - Max Limit: **EURO 1,000** per annum. Deductible: **EURO 10** per claim.

(6) Pre-Existing & chronic Illnesses - Max Limit: **EURO 500** per annum. Deductible: **EURO 10** per Dr's visit.

#### SECT B (Maternity Expenses): Not Covered

**Maternity Cash Benefit:** Max Limit **EURO 500** per claim.

On the birth of a child where the mother is covered under the policy. This benefit is subject to a 3 month qualifying period and is payable on production of birth certificate.

#### SECT C (Emergency Repatriation & Related Medical Expenses): Up to **EURO 250,000**. Less any amount paid under Sect A medical expenses.

(1) Additional up to **EUR 1,000**-to cover expenses for close business associates, relatives or friends to remain with Insured.

(2) Cover costs of transporting one member of the family necessarily having to accompany the Insured person returning to the Home Country.

(3) On-going treatment in home country for up to 12 months from the date of incident/loss or when the Section C max limit is reached, whichever is the earlier.

(4) Staff replacement: We will cover the actual travel costs of replacement staff up to a max of **EUR 2,000**

(5) The decision to approve or require Repatriation is made by the Underwriter or their authorised representatives, so long as the Insured is certified fit to fly.

(6) Repatriation of mortal remains is covered under this section to a maximum of **EUR 15,000**

**SECT D (Personal Accident)** - Benefits are administered by Mayfair We Care, who can be contacted by email: [info@mayfairwecare.com](mailto:info@mayfairwecare.com)

(1) Death (under 16 yrs old benefit **EURO 1,000**) - **EURO 25,000**

(2) Loss of one or more eyes/or limbs - **EURO 10,000**

(3) Permanent total disablement - **EURO 25,000**

**SECT E (Loss of Personal effects):**

(1) Loss of Personal effects – ONLY as a result of mugging: Maximum Cover Limit: **EURO 1,000** (Max Cash Limit of **EURO 250**) Deductible: **EURO 50** each claim.

(2) Loss of Passport: Max Limit: **EURO 250**. Deductible: NIL

(3) Loss of International driving license: Maximum Limit: **EURO 100**. Deductible: NIL

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

**(a) For 24 Hours Emergency Medical Assistance and Cashless Service Contact Details:**

TOLL FREE NUMBER from most landlines: +800 6293 2470 (+800 MAYFAIR0)

DIRECT LINE: +91 80 30147200 \*

Email: [mayfairassist@mayfairwecare.com](mailto:mayfairassist@mayfairwecare.com)

**(b) For Pay and Claim or General Policy Queries**

TOLL FREE from most landlines: +800 6293 2470 (+800 MAYFAIR0)

DIRECT LINE: +91 80 30147200\*\*

E-mail: [mayfair.claims@mayfairwecare.com](mailto:mayfair.claims@mayfairwecare.com)

Address:

Mayfair Claims Department

6th Floor, Tower 2, 'E City',

Phase 1, Electronic City,

Survey no. 94/2,

Bangalore - 560100

**(c) Escalations and Feedback:**

(1) If you need to escalate any issues please email attention to the Claims Manager: [mayfair.claims@mayfairwecare.com](mailto:mayfair.claims@mayfairwecare.com)

(2) If your issue is still not resolved please email attention to the Complaints Director at: [info@mayfairwecare.com](mailto:info@mayfairwecare.com)

**(d) Important Points to Note \*\***

(1) \* Please always note the direct-line number as the toll-free number may not work from certain connections.

(2) \*\* Open IST (GMT +5.5) 8 am to 8 pm.

(3) 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.

(4) 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 [www.mayfairwecare.com](http://www.mayfairwecare.com) and entering your insured's login.

(5) Any reference to 'Region' in this document is a reference to our system setup in Mayfair database. It does not define any scope or area of coverage.