

## Insurance Coverage Document

Master Policy Number: **408500000015/01/00**

YOUR INDIVIDUAL CERTIFICATE NUMBER IS: **1547017**  
 COMPANY NAME: **HCL Technologies Limited**  
 UNIT: **1000-HCL Technologies Ltd.**  
 COMPANY PIN: **1119**  
 PLAN TYPE: **Short Term Plan**  
 TPA REFERENCE: **Region 6**  
 COUNTRY: **Worldwide**  
 AREA OF COVERAGE: **Worldwide Including USA**

START DATE OF COVERAGE: **04 Feb 2022**  
 END DATE OF COVERAGE: **10 Mar 2022**  
 DURATION OF COVERAGE: **35 Days**  
 DATED: **18 Jan 2022**

### INSURED(S) DETAILS:

	NAME	EMPLOYEE ID	MEMBER ID
(1)	Soumya Taze Rajendiran	51825985	1119004755

### TABLE OF BENEFITS – ManipalCigna - SHORT TERM PLAN (POLICY NO: 408500000015/01/00)

Listed below is a list of Benefits available to all employees & dependents, covered as part of the HCL Technologies Limited – Short term Plan.

Benefits	Total Sum Insured (US \$)
Medical Expenses	500,000
Deductible – US \$	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 is covered if member is travelling to another country for official/business purpose and the destination country has made it mandatory for incoming travellers AND/OR the home country has made it mandatory for returning travellers 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 Member portal"**

**FOR 24 HOURS EMERGENCY MEDICAL ASSISTANCE, CASHLESS AND REIMBURSEMENT SERVICES:**

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

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

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

	CONTACT MATRIX
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>
Other queries (Provider network etc.,) & Escalation	<a href="mailto:info@mayfairwecare.com">info@mayfairwecare.com</a>
Grievances	<a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.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 information (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 HR Business Partner or by going online to <https://cigna.mayfairwecare.com/> and entering your insured's login.

**Please refer to the latest version of this document available at your member login at <https://cigna.mayfairwecare.com>**

This insurance coverage under master policy no. 408500000015/01/00 is provided by ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited) registered under IRDAI Registration No. 151. & CIN No. U66000MH2012PLC227948. Insurance is subject matter of the solicitation.

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