

Insurance Coverage Document

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

YOUR INDIVIDUAL CERTIFICATE NUMBER IS: **1505166**
 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: **06 Nov 2021**
 END DATE OF COVERAGE: **10 Dec 2021**
 DURATION OF COVERAGE: **35 Days**
 DATED: **27 Oct 2021**

INSURED(S) DETAILS:

EMAIL-ID: KULDEEP_T@HCL.COM

	NAME	EMPLOYEE ID	PASSPORT NO.	MEMBER ID	DOB
(1)	Kuldeep Tyagi	51479877	P4464461	1119003551	08 Aug 1978

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.

"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:	mayfairassist@mayfairwecare.com
For pay and claim or general policy queries:	mayfair.claims@mayfairwecare.com
Other queries (Provider network etc.,) & Escalation	info@mayfairwecare.com
Grievances	headcustomercare@manipalcigna.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 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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