

Beneficiary name: **Janhavi S**  
 Member ID: **5020261145**  
 Employee code: **60047796**  
 Relation: **Daughter**  
 Date of birth: **07-Apr-2010**  
 Primary insured: **Srinivas K V**  
 Valid upto: **31-Oct-2018**  
 Policy holder: **Hewlett Packard Enterprise**  
 Insurer ID: **[BenefInsurerID]**



**Medi Assist**  
 Authorised Signatory

**Contact number: 7337776000**

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to [www.medibuddy.in](http://www.medibuddy.in)

**MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.**

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru,  
 Karnataka 560029.CIN: U85199KA1999PTC025676  
 Website: [www.medibuddy.in](http://www.medibuddy.in) Email: [hpe@mediassistindia.com](mailto:hpe@mediassistindia.com)

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Beneficiary name: **Asha Mt**  
 Member ID: **5020261144**  
 Employee code: **60047796**  
 Relation: **Spouse**  
 Date of birth: **01-May-1981**  
 Primary insured: **Srinivas K V**  
 Valid upto: **31-Oct-2018**  
 Policy holder: **Hewlett Packard Enterprise**  
 Insurer ID: **[BenefInsurerID]**



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 Authorised Signatory

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Beneficiary name: **Srinivas K V**  
 Member ID: **5019544189**  
 Employee code: **60047796**  
 Relation: **Self**  
 Date of birth: **15-Sep-1977**  
 Primary insured: **Srinivas K V**  
 Valid upto: **31-Oct-2018**  
 Policy holder: **Hewlett Packard Enterprise**  
 Insurer ID: **[BenefInsurerID]**



**Medi Assist**  
 Authorised Signatory

**Contact number: 7337776000**

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