



**The New India Assurance Co. Ltd.**

Beneficiary name: **Selvakumar Jayaraman**  
Member ID: **5201122**  
Employee code: **551461**  
Relation: **Self**  
Date of birth: **26-Nov-1993**  
Primary insured: **Selvakumar Jayaraman**  
Valid upto: **31-Oct-2018**  
Policy holder: **Cognizant Technology Solutions\_NON SEZ**  
Insurer ID: **--**



Authorised Signatory

**Toll free phone number: 1800 258 5895**

- 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: [cts@mediassistindia.com](mailto:cts@mediassistindia.com)

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Jayaraman S**  
Member ID: **8387246**  
Employee code: **551461**  
Relation: **Father**  
Date of birth: **05-May-1960**  
Primary insured: **Selvakumar Jayaraman**  
Valid upto: **31-Oct-2018**  
Policy holder: **Cognizant Technology Solutions\_NON SEZ**  
Insurer ID: **--**



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**The New India Assurance Co. Ltd.**

Beneficiary name: **Vasantha K**  
Member ID: **8387247**  
Employee code: **551461**  
Relation: **Mother**  
Date of birth: **04-Jul-1958**  
Primary insured: **Selvakumar Jayaraman**  
Valid upto: **31-Oct-2018**  
Policy holder: **Cognizant Technology Solutions\_NON SEZ**  
Insurer ID: **--**



Authorised Signatory

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