






 <b>HEALTH CARD</b>	 <b>Safeway</b> Insurance TPA Pvt. Ltd.	<p>TPA ID No. : <b>1065/NI0300457363</b></p> <p>Name of Insured Person: Rev Fr Cheriyan Ayrookuzhi          Address: CATHOLICATE OFFICE,          DEVALOKAM P.O MUTTAMBALAM VIA,          KOTTAYAM, KERALA, 686004          Age: 51      Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Cheriyan Ayrookuzhi          (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SELF</p>
		<p style="color: red; font-weight: bold;">Please verify Photo ID before Admission</p>
		<p>Emergency Contact no. of TPA : 011-45451300          Toll Free No. of TPA. : 18001025671          Email ID of TPA: info@safewaytpa.in          website:www.safewaytpa.in          Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>

 <b>HEALTH CARD</b>	 <b>Safeway</b> Insurance TPA Pvt. Ltd.	<p>TPA ID No. : <b>1065/NI0300457364</b></p> <p>Name of Insured Person: Smitha Cherian          Address: CATHOLICATE OFFICE,          DEVALOKAM P.O MUTTAMBALAM VIA,          KOTTAYAM, KERALA, 686004          Age: 46      Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Cheriyan Ayrookuzhi          (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SPOUSE</p>
		<p style="color: red; font-weight: bold;">Please verify Photo ID before Admission</p>
		<p>Emergency Contact no. of TPA : 011-45451300          Toll Free No. of TPA. : 18001025671          Email ID of TPA: info@safewaytpa.in          website:www.safewaytpa.in          Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>

 <b>HEALTH CARD</b>	 <b>Safeway</b> Insurance TPA Pvt. Ltd.	<p>TPA ID No. : <b>1065/NI0300457366</b></p> <p>Name of Insured Person: Ryan Jacob Cherian          Address: CATHOLICATE OFFICE,          DEVALOKAM P.O MUTTAMBALAM VIA,          KOTTAYAM, KERALA, 686004          Age: 12      Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Cheriyan Ayrookuzhi          (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SON</p>
		<p style="color: red; font-weight: bold;">Please verify Photo ID before Admission</p>
		<p>Emergency Contact no. of TPA : 011-45451300          Toll Free No. of TPA. : 18001025671          Email ID of TPA: info@safewaytpa.in          website:www.safewaytpa.in          Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>

 <b>HEALTH CARD</b>	 <b>Safeway</b> Insurance TPA Pvt. Ltd.	<p>TPA ID No. : <b>1065/NI0300457367</b></p> <p>Name of Insured Person: Roshan Varghese Cherian          Address: CATHOLICATE OFFICE,          DEVALOKAM P.O MUTTAMBALAM VIA,          KOTTAYAM, KERALA, 686004          Age: 20      Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Cheriyan Ayrookuzhi          (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SON</p>
		<p style="color: red; font-weight: bold;">Please verify Photo ID before Admission</p>
		<p>Emergency Contact no. of TPA : 011-45451300          Toll Free No. of TPA. : 18001025671          Email ID of TPA: info@safewaytpa.in          website:www.safewaytpa.in          Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>