HEALTH CARD	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671
Protection in Excellence	Email ID of TPA: info@safewaytpa.in
TPA ID No. : 1365/NI0300460309	website:www.safewaytpa.in
Name of Insured Person: Fr.Jibin Baby Korah Address: CATHOLICATE OFFICE,	Terms & Conditions
	1. This card is for identification purposes only.
DE VALORANI I .O NICI I ANIDALANI VIA,	2. For cashless benefit, treatment has to be taken in network
KOTTAYAM, KERALA, 686004	 hospitals only. Preauthorization is compulsory for cashless. For planned hospitalization inform TPA at least 7 days before. For
Age: 35 Gender :M	emergency cases, inform within 24 hours of admission
Policy No.: 360700/50/24/10002641	4. For reimbursement claims, TPA has to be intimated within 7 days
Policy Period/Validity Period: 03/09/2024 - 02/09/2025	of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.
Name of Policyholder: Fr.Jibin Baby Korah	5. All terms and conditions of the Insurance policy are applicable.
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SELF	
HEALTH CARD 🚵 Safeway	Emergency Contact no. of TPA: 011-45451300
National Insurance	Toll Free No. of TPA. : 18001025671
TPA ID No. : 1365/NI0300460320	Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in
Name of Insured Person: Deepa Mary Alex	Terms & Conditions
Address: CATHOLICATE OFFICE, Please	
DEVALOKAM P.O MUTTAMBALAM VIA, verify Photo	 This card is for identification purposes only. For eachloss bogofit treatment has to be taken in network.
KOTTAYAM, KERALA, 686004 ID before	 For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.
Age: 30 Gender :F	3. For planned hospitalization inform TPA at least 7 days before. For
Policy No.: 360700/50/24/10002641	emergency cases, inform within 24 hours of admission
-	 For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge
Policy Period/Validity Period: 03/09/2024 - 02/09/2025	 All terms and conditions of the Insurance policy are applicable.
Name of Policyholder: Fr.Jibin Baby Korah	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SPOUSE	
HEALTH CARD Safeway TPA ID No. : 1365/N10300460331 Name of Insured Person: Paul Kuriakose Baby Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 6 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Jibin Baby Korah	 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 & Conditions 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission 4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	For grievance redressal, login to insurance Company
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	For grievance redressal, login to insurance Company Emergency Contact no. of TPA : 011-45451300
(MALANKARA ORTHODOX SYRIAN CHURCH)	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA : 18001025671 Email ID of TPA: info@safewaytpa.in
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD Safeway Insurance TPA Pvt. Ltd.	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/N10300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, Please	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 & Conditions
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/NI0300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,	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 & Conditions 1. This card is for identification purposes only.
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/NI0300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004	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 & Conditions
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/N10300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,	 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 & Conditions 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/N10300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004	 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 & Conditions 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/NI0300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 1 Gender :F Policy No.: 360700/50/24/10002641	 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 & Conditions 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission 4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : 1365/N10300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 1 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025	 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 & Conditions 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For meragency cases, inform within 24 hours of admission 4. For reimbursement claims, TPA has to be intimated within 7 days
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID NO. : 1365/NI0300460342 Name of Insured Person: Sneha Elza Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 1 Gender :F Policy No.: 360700/50/24/10002641 Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Jibin Baby Korah	 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 & Conditions 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission 4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge
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