






 HEALTH CARD	 Safeway Insurance TPA Pvt. Ltd.	<p>TPA ID No. : 1609/NI0300460546</p> <p>Name of Insured Person: Fr.Mathew P George (Binson)</p> <p>Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004</p> <p>Age: 32 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: Fr.Mathew P George (Binson) (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 & Conditions</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>

 HEALTH CARD	 Safeway Insurance TPA Pvt. Ltd.	<p>TPA ID No. : 1609/NI0300460547</p> <p>Name of Insured Person: Saino Anna John</p> <p>Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004</p> <p>Age: 29 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: Fr.Mathew P George (Binson) (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 & Conditions</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>

 HEALTH CARD	 Safeway Insurance TPA Pvt. Ltd.	<p>TPA ID No. : 1609/NI0300460548</p> <p>Name of Insured Person: Ephraim George Mathew</p> <p>Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004</p> <p>Age: 4 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: Fr.Mathew P George (Binson) (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 & Conditions</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>

 HEALTH CARD	 Safeway Insurance TPA Pvt. Ltd.	<p>TPA ID No. : 1609/NI0300460549</p> <p>Name of Insured Person: Evania Ann Mathew</p> <p>Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004</p> <p>Age: 1 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: Fr.Mathew P George (Binson) (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: DAUGHTER</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 & Conditions</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>