






	HEALTH CARD		<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>
<p>TPA ID No. : 1792/NI0300456814 Name of Insured Person: Fr.Kuriakose C.T Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 48 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Kuriakose C.T (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF</p>			<div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;"> Please verify Photo ID before Admission </div>
			<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		<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>
<p>TPA ID No. : 1792/NI0300456815 Name of Insured Person: Jisha Kuriakose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 40 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Kuriakose C.T (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE</p>			<div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;"> Please verify Photo ID before Admission </div>
			<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		<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>
<p>TPA ID No. : 1792/NI0300456816 Name of Insured Person: Nohin Thomas Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 12 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Kuriakose C.T (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON</p>			<div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;"> Please verify Photo ID before Admission </div>
			<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		<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>
<p>TPA ID No. : 1792/NI0300456817 Name of Insured Person: Nayana Elizabeth Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 19 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Kuriakose C.T (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER</p>			<div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;"> Please verify Photo ID before Admission </div>
			<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>