Insurance carriers face an imminent sea change in how their mission-critical processes remain efficient, agile and innovative. Ensuring relevance in the future requires redefined business models fueled by heightened productivity across “business as usual” activities.
Differentiation will be tied to knowing—really knowing—customers. Yet many insurers must balance today’s operational costs with the investments they need to innovate differently in the future.
Executive Summary

Insurance as we know it is about to change – and fast. Imagine a not-too-distant day when your favorite social media company builds, buys or partners in order to enter the insurance market: Your son’s Little League team decides to have an impromptu party and 15 eight-year-olds want to jump on the trampoline in your yard. Immediately, an ad appears on your social media app – suggesting that “For only $2.50, you can buy a micro-insurable policy on your trampoline between 3:30 and 6:30 today.” At what price, real-time peace-of-mind? And all at the touch of a button?

Competitively disruptive scenarios like this will become game-changers for the insurance industry. Insurers that are stable and mature will either lead or brace reactively to accommodate extensive and ongoing disruptions in business models, markets and the ways customers engage with their carriers. Yet what will constitute success? Will social media drive disruption? Will the ubiquitous use of drones increase the competitiveness of property insurers? Will Code Halos enable companies to totally reimagine the customer experience? There is no substitute for preparation. Leaders need to lay the groundwork today for the coming changes.

To begin with, carriers need to become more agile and efficient than ever. This means being equipped to face anticipated (and unanticipated) competitive moves pushed by innovative technologies that will demand a total re-evaluation of existing business models. Differentiation will be tied to a deeper understanding of customers, which is paramount. But many insurers are balancing today’s operational costs with the resources they need to innovate differently moving forward.

In this paper, we will present our view on how insurers can apply Code Halo™ thinking and solutions to reinvent and revamp their enterprise processes... reshape their customers’ experiences... and better anticipate business needs in order to survive, if not outperform, in the years ahead.
Unlocking, Accelerating and Deriving Meaning from Information

At its core, insurance is a business fueled by information. The winners of tomorrow will unlock it, accelerate it and derive meaning from it. Advanced analytics and other foundational technologies such as social, mobile and cloud computing will become the catalysts for change and innovation. They will be viewed as a force-multiplier of middle-office insurance processes – an absolute “must” for everything from claims management to risk management, to interactions among underwriters, actuaries and adjusters. Not to be overlooked are engagement models and ubiquitous technology platforms for customer management. All interfacing with today’s insured, tomorrow’s prospects, third parties and claims.

To better understand these dynamics, we recently surveyed 100 senior-level North American insurance executives to understand their businesses’ current and future strategies. Conducted by phone in Q2 of 2014, the survey targeted decision makers across life, P&C, retirement and wealth management lines of business – covering processes related to claims, new business and underwriting, agency and distribution management, policy administration and shared services.

The results of these discussions present a compelling picture of change. Four critical themes for the future of the insurance industry emerged:

- The need to make customer interactions smarter through process changes.
- The need to manage shifting market trends and demographics by embracing new digital business models and services.
- The need for accurate, real-time “meaning making” through analytics.
- The perennial drive for efficiency and reduced operational costs.

We believe that applying data and insights from customers and partners is becoming a foundation for incredible competitive advantage. Forward-thinking companies are already winning decisively in their markets due to their refined ability to mine insight from the digital information surrounding people, organizations and devices. When properly harnessed, this data – which we call Code Halo – contains a treasure trove of business value.
Creating Smarter Customer Interactions

It’s no secret that dealing with insurance companies today is something many consumers dread. The fault usually rests with bad processes that challenge, confuse and frustrate people and organizations in the value chain. Where can executives prioritize lasting improvements that will fuel positive change and lead to enhanced revenue-generation?

Process Modernization: Driving Agile, Intelligent Operations and Better Customer Interactions

Most of the insurance executives we surveyed believe their processes need improvement in order to sustain desired performance levels. The infusion of digital technology, the use of analytics to drive insurance meaning-making, and preparing for new sets of millennial customers (as well as coming “Gen Z” customers2) will require more innovative operating models that simultaneously pivot around better cost management and an enhanced customer experience. Our research showed that one-third of respondents worry that their processes will not support growth in the next two years (see Figure 1). However, it also shows that insurers that have modernized their processes through IT system upgrades and analytics are confident that they are better prepared for the future than those in the initial stages of doing so.

Applying Customer Data and Insights

Individual agents and insurance company call centers are the greatest source of business renewal and new policy binding. But change is on the way — largely driven by customers’ demands for more personalized experiences and services. In fact, insurance leaders anticipate significant investments in digital self-service portals over the next couple of years. Our study shows that by 2017, self-serve portals are expected to be the lead touch point for customer interactions (see Figure 2, next page). While these changes may not be transformational in and of themselves, when coupled with the ability to capture, understand and analyze a customer’s likes and dislikes in more detail, they can yield smarter, more intuitive channels for interfacing with and serving customers.

Understanding and applying customer data and insights can, in our view, help carriers create customized products and services that drive competitive differentiation. Leading companies like Google, Pandora, Netflix and Amazon, along with many others, are winning decisively in their markets because of their refined ability to mine insight from the digital information surrounding people, organizations and devices. Code Halos can strengthen customer engagement, deepen insight and refine processes. The customer interface is an especially rich arena for applying Code Halos to mission-critical processes and distilling the fields of information they provide.

As the digital economy evolves, new opportunities beckon. Particularly in the shared economy, fresh players and newer models are emerging – an area that insurers need to exploit. For instance, on-demand peer-to-peer ride-sharing startups such as Lyft, Uber and Airbnb are said to be considering offering liability protection to drivers and passengers.3 Insurers should...
Fresh players and newer models are emerging – an area that insurers need to exploit.

Changing Customer-Contact Channels

Response base: 100 senior executives
Source: Cognizant
Figure 2

Accommodating New Expectations

There is a new and dominant foundational architecture to help insurers sustain customer loyalty and deliver a great service experience at a reasonable price. It’s called the SMAC Stack.

Consumers are increasingly comfortable using SMAC (social, mobile, analytics and cloud) channels to learn about and purchase insurance products. They are also accustomed to the convenience of customized products and services based on their personal data. This is a major catalyst for business process innovation, and especially important when top business priorities include new products, enhanced customer experiences and aggressive cost management (see Figure 3, next page).

Consider the surging wave of millennial customers. Their expectations for SMAC-based services from insurers will only grow, especially as they transition from being students, to single adults and DINKs (dual income, no kids), to new parents and beyond. They will be among the fiercest critics of those companies that do not swiftly adopt new models incorporating social and mobile access to their insurance information – allowing them to connect, interact, buy and switch where and when they want.
While social media may have spurred these expectations, this isn’t just a “Facebook thing” or an “iPhone” thing. By using SMAC and Code Halos, insurers can better automate systems and digital processes to sense, predict and make sense of the data they collect and produce — for all types of insurance lines. For example, a wearable sensor for tracking the movement of a worker in a hazardous occupation can alert him to approaching misadventure (using Code Halos driven by attitudinal sensors applied to vital health parameters — drastically speeding up response times should an accident occur). This capability can improve workplace safety and, as a result, reduce the costs of workers’ compensation.

Applying Code Halo thinking can also help significantly in making sense of the unstructured data captured in processes such as underwriting submissions, claims adjustment, claims survey images and videos, third-party witness notes and social media interactions. All of this data — when integrated with geospatial information, aerial and satellite imagery, weather events, traffic patterns, medical research artifacts, and historical data and trends — creates a digital map, timeline and narrative story. This includes all “characters” or participants, protagonists and antagonists alike. For example, smart underwriting processes using Code Halo thinking can predict why one neighborhood is prone to soil liquefaction in an earthquake in California, or why a 200-meter long line of windbreak trees is the reason one side of a street in Oklahoma would be spared the devastation of an EF-3 tornado.5

While technology-driven innovation sounds great, insurers must first focus on keeping — and then continually cultivating — the clients they have. Today’s customers are less loyal, and subject to a barrage of promotions and marketing efforts that are

Areas Where Insurers See Mobile Customer Interaction

Response base: 100 senior executives
Source: Cognizant
Figure 3
having an effect on the stability of relationships. Eighty percent of the insurance company executives we talked to believe that customers are churning faster than they did in the past — influenced by better prices, promotions and promises of enhanced customer service (see Figure 4).

From Information Dissemination to Dialogue

What is encouraging are the innovative measures insurance companies are taking to inch closer to their customers through process innovation. For example, research shows that insurers are enriching customer touch points through mobile devices, which to some consumers are critical components of their daily interactions with all service providers, not just their insurance company. Innovative companies know these interactions are moving from primarily one-way communications (i.e., sending policy updates and payment notices) to two-way interactions (i.e., buying and servicing new policies).

Forward-thinking companies are examining models that allow them to better manage risks. Two key areas under evaluation include pay as you drive (PAYD), which typically charges a customer based on actual, documented miles driven, and pay how you drive (PHYD), which is based on behavioral and usage patterns related to peak vs. non-peak hours, rapid accelerations and decelerations, time of day, routes driven and the territories driven through. In the new world, insurance companies can either collect this data themselves, or work with aggregators to obtain driver scores (similar to the FICO score for mortgage risks).

Process-level innovation can also be applied to drive behavioral change on the part of customers — initiatives that can lead to lower payouts and loss ratios. For instance, “Pay How You Drive,” a usage-based business model employed in the auto insurance industry, aligns driving behaviors with premium discounts. By deploying in-vehicle telematics devices or smartphone apps, insurance carriers are able to directly monitor driving performance (by capturing speeding, acceleration, hard-braking, cornering or “prone to distractions” data); confirm driving conditions (location, time driven, distance driven, weather, traffic, pathway hazards) and set price policies (i.e., risk) accordingly. Carriers are also able to deliver real-time feedback to promote safe driving practices and prevent losses.

Technology innovators are moving at a faster pace than the industry at large – providing an important glimpse into future trends. For insurance companies, it’s time to “youth up.” As digitalization and customer centricity take center stage across life and property and casualty (P&C), many companies will look to standardize omni-channel touch points and ensure a consistently satisfying customer experience (see Figure 5, next page). From call centers to self-service portals, the experience needs to be seamless and intuitive. Information submitted through one channel must flow to and through multiple channels — available and consistent across all touch points. This is where technology platforms (integrated customer experience management systems) and analytics (member profile and behavior) will play a much bigger role in creating unified customer encounters. Most companies are already investing in upgrading or improving their sites for customers, agents or policy holders. (See Figure 5, next page). Integrating analytics to create a customized experience will go a long way in enhancing this capability.
Insurance companies that use these technologies and/or digital processes are better able to “predict” and “prevent” an event, which has huge implications when it comes to cost management and innovation — more so than being efficient “processors.” We see this across progressive carriers — insurers that are early adopters of breakthrough technology platforms and analytics.

Insurance Meaning-Making: More than Just Analytics

Fundamentally, insurance is about foreseeing the future and understanding the probabilities. The same value proposition applies to analytics, which enables companies to convert insights into credible foresights.

How can leaders innovate to drive better customer interactions while also ensuring more agility, less risk and enhanced loss ratios?

“Smart” analytics make processes smart — either through predicting or preventing problems, or reacting fast to changes in the market. Given its absolutely central importance to insurance, leaders need to prioritize budgets — putting customer-facing processes first, followed by internal process efficiencies.

Half of our survey respondents said that analytics is a critical part of their organization’s strategies, and is applied across all processes. Yet many see a lag in using analytics to create actionable insights or optimize risk models in actuarial pursuits over the coming two to three years. As a result, an obvious competitive advantage


Figure 5
Code Halos can act as a process-level platform for building relationships based on trust – enabling the insurer to continually engage with customers and better manage potential risks.

Insurers can look forward to substantial benefits from getting ahead of the curve by injecting Code Halo thinking into their process decisions, specifically those related to analytics that are tied to meaning-making – an epiphany that will help them accelerate from recognizing that something “needs to happen” to “making something happen.” All the insurable assets that are subject to risk in the context of insurance products – auto, home (building and contents), watercraft and the environment – have the potential to generate rich Code Halos that must be seamlessly integrated with the insurer’s core business processes to inform more timely and meaningful decisions. As such, they help insurers create value from the increasingly smart and connected world.

We looked at where companies that describe themselves as early adopters of technology and analytics innovators focus their efforts (see Figure 6). Astute businesses leverage analytics and versatility to fine-tune their message to the market.

Getting Analytics “Right” – A Near-Term but Challenging Mandate

The top three stumbling blocks cited by insurers include needing better technology to extract meaning from data, having too much data and no tools to manage it, and not having a consolidated data source (see Figure 7). While these challenges are daunting, failure to address them is not an option. Data growth is not only inevitable, but also essential for creating, personalizing and continually improving the customer experience.

In the Code Halo economy, insurers can leverage analytics to consistently offer specialized services across all customer-engagement touch points, in areas ranging from marketing to claims settlement servicing. Code Halos can act as a process-level platform for building relationships based on trust – enabling the insurer to continually engage with its customers and better manage potential risks. The sales force gains insight into customers’ worlds, and thus can offer the appropriate and adequate level of protection by suggesting the most suitable coverage. For example, telecom companies are already giving their customers options to create and manage their own plans.
Synthesizing Process Technology Automation + Meaning Making = New Sourcing Strategies

The growing legions of sourcing strategies depend on analytics services provided by global services partners to drive insight and bind prescriptive models into the fabric of everyday operations. However, some leaders may question their sourcing-management capabilities, and if they are prepared to handle the analytics options available to them, especially if they require system changes or access to data. Moreover, in our experience, failure to provide strong analytics support carries the risk of serious process degradation and reduced efficiency. This was reinforced by one of our industry respondents:

“I think most of us are using analytics to evaluate underlying factors that we didn’t see before. These could be around underwriting, claims and managing losses. We could do with more third party data, though.”

Key Challenges in Using Analytics

- **28%** Too Much Data and No Tools to Manage It
- **26%** Analytics Are Not Integrated in the Process/Siloed
- **18%** Need Better Technology to Take Meaning from Data
- **14%** No Consolidated Data Source Data Comes from Multiple Sources
- **8%** No Formal Data Analytics Function
- **3%** Don’t Have the Skill Set In-house to Manage Data

Response base: 100 senior executives
Source: Cognizant
Figure 7
Lowering Costs While Spurring Growth: The Ongoing Challenge

Dual mandates are driving significant mindshare throughout insurance companies as they continually struggle to better manage costs while balancing investments in innovation.

The tough economy and the natural tendency of insurers favor cost management and efficiency – ongoing business objectives that are reflected in our survey results (see Figure 8). Initiatives related to customer experience, risk management and advanced analytics, though on the horizon, are still overshadowed by market realities.

To a large extent, this may be due to challenges and concerns around existing domestic market demands, compliance and regulatory reporting, and a push to control costs to accelerate profitable growth (see Figure 9, next page).

Outsourcing: Gaining Clarity on Core vs. Context

Although most insurers take a mature approach to sourcing IT or business services, many are still in the initial stages of modernizing existing processes, redefining their operations and evaluating their core capabilities. Most of the insurance company executives we talked to were outsourcing some part of their operational functions. High-cost processes such as claims management and policy servicing, traditional functions such as marketing, and high-skillset activities like underwriting are sourced to manage costs (see Figure 10, next page). We expect this trend to continue for the next two to three years, but with significantly more agency management work handled through partners or technology enablers (self-serve or virtual agents).

In short, insurance executives have long leveraged outsourcing to gain efficiencies. But without deeper partnerships with innovative providers that can deliver against future business outcomes, it becomes a story of “been there, done that.” Insurers must sharpen their focus on improving SLAs, enabling better customer management and increasing flexibility of delivery (see Figure 11, page 14).

Clearly, expectations for future-proofing insurance processes through outsourcing have evolved (see Figure 12, page 14). Much of this has to do with the changes that insurance companies are seeing in the market – from telematics to pay-as-you-go insurance, and consumer demand for compressed turnarounds in claims and responses to requests. Back-end support systems and operations need to be updated to manage such changes in real time. These capabilities require a partner
ecosystem focused on delivering enhanced customer experiences and supporting newer products and services. Supporting processes need to facilitate — not hinder — growth.

Also, providers must be plugged into insurance companies’ technologies and business process management (BPM) layers to ensure that processes keep pace and remain aligned with any back-end systems revisions or partner additions. For example, as insurance companies expand their online interactions and use capabilities such as geo-location and portability, back-end processes will need additional analytics, and the ability to process information on the fly. Insurers will provide their field marketers and agents with the information they need to perform “what-if” analyses and sell to the customer through a tablet — without delay. The ability to approve claims and/or identify fraud cannot be a drawn-out effort. Automation and analytics can help streamline that process.
Noting the need for more pronounced use of analytics, one life insurance industry executive noted:

"Targeting newer markets has always been important. Mapping our strategy to new markets, better customer experiences and new products requires a lot of investment. The idea is to turn profits into long-term financial security."

Moving Forward: Critical Next Steps

Operational (re) alignment is essential – there is a need to balance reductions in high operational costs with necessary investments around better customer management and experience.

Among the urgent priorities:

- **Go digital – your customers live there**! Nearly every aspect of our daily lives generates a digital footprint, or Code Halo. From mobile phones and social media to policy look-ups and online interactions, we collect more data about processes, people and things than ever before. Winning companies can create business value by developing a richer understanding of customers – extracting business meaning from data. By utilizing innovative interaction models (self-help portals, app-based policy administration and claims management), insurers can improve their bottom lines and derive additional value from core systems such as policy administration, underwriting, distribution, billing and receipts, and claims management.

Forward-looking insurance companies offer apps tethered to mobile camera technologies to allow consumers to file accident claims via their phones directly from the scene of the accident, often eliminating the need for an appraiser. Taking mobile one step further, insurers are piloting voice-activation software that could turn customers’ phones into virtual clerks – dramatically cutting the cost of serving customers. Insurance customers have little tolerance for poor customer service, invasive underwriting, burdensome forms, and delays. Insurers have an opportunity to better leverage social and mobile technologies and advanced

Opportunities for Vendor Improvement

Response base: 100 senior executives
Source: Cognizant
Figure 12
analytics to provide customers with excellent service, more transparent products and pricing, and an experience that builds trust. This is especially important at crucial “moments of truth” when buying decisions are being made.

- **Capitalize on customer expectations for new and customized insurance products.** New customer demographics and the inexorable progression of digital technology present a perfect opportunity to take more control of everything from social media, to mobile technology, to gamification and telematics. Insurance companies can employ these tools to better understand their customers and offer services that are highly customized — not to a segment or even to a household, but to an individual.

These capabilities also open doors for non-traditional insurance companies to provide insurance, such as liability protection for drivers and passengers of peer-to-peer ride-sharing services. Or consider a move being contemplated by Swedish furniture giant IKEA Group. Insurers need to be on constant watch to react and rapidly respond to imminent market developments like these.

- **Don’t get lost in torrents of data — create meaning.** Today, the amount of data that is collected from internal sources — be it related to claims, sales and prospects or agents — can be integrated with data gathered from third-party sources. External data sources — whether a customer with kids on a trampoline consulting social media for insurance coverage, an agent garnering next-generation risk modeling from satellite or drone imaging, or the “hard-brakes” data from a Code Halo plug-in device — will help insurance companies enhance their underwriting outcomes and create efficiencies for the consumer, agent and insurer.

Once the right data is identified, integrated and mined, carriers can take the next big step and create predictive models. Based on these models, consumers can underwrite a policy themselves, or input information into a portal to see if their claims will be approved, or determine a hierarchy of risks to reduce their insurance premiums. This will allow them to take hands-on control of their policies, claims and payments. The real goal of predictive analytics and meaning-making for self-insureds is to help guide and support risk managers’ decisions.

Predictive analytics can be applied to both “pre-claim” and “post-claim” loss-prevention methods. Today’s insurers use a variety of predictive analytic tools to hunt through gigabytes of data to find variables — sometimes non-intuitive ones — that hold clues to a customer’s risk levels and purchasing behavior.

- **Understand that carriers, agents and third-party administrators (TPAs) face constant pressure to attract new customers while reducing churn and increasing market share.** But for this to happen, insurance companies need to show a positive intent (i.e., maximum transparency at each stage of the process). They also need to explain how their data can enable calculation and ensure a more accurate premium and level of coverage. Lastly, they must make clear at exactly what stage a claim is in and what is required next from the policyholder. Transparent communication is vital, since millennials expect next-best actions without having to proactively call their insurers to determine the status of a claim or receive an explanation of the coverage. These customers are used to automatic and real-time communications that leverage their mobile device. Moreover, smart, integrated omni-channel approaches that take into account customers’ life stages, circumstances and problem-solving skills can result in unparalleled competitive growth.

The real goal of predictive analytics and meaning-making for self-insureds is to help guide and support risk managers’ decisions.
This finding led one insurance executive to remark:

“Transparently-priced packages designed for different types of customers, such as those with a new baby, a new house, or planning for retirement. Less sophisticated consumers would be able to simply select a package designed to meet their needs. Consumers would have the option to customize a package to their individual situation by adding or removing individual components.”

Getting There from Here

Moving forward, insurance companies will need to realign their business models to fit (and anticipate) ever-changing market realities. Agility and the ability to revamp the foundational structure of operations hold the key to adapting core processes to the challenge of successfully managing amid continuous change.

The era of innovation driven by the Smart Home, the Smart Car and the Smart Workplace is here. Telematics, social media and analytics are remaking existing operating models. Think about how automated cars and peer-to-peer auto-share or user-based plans will significantly alter the insurance industry’s overall market dynamics. By keeping an eagle eye on the future, insurers can improve their bottom lines and transform the way their core systems (e.g., policy administration, underwriting, distribution, billing and receipts, and claims) are managed and extended.

To remain relevant and avoid extinction events, insurance companies will need to capitalize on customer expectations for new and customized insurance products. Many have already done so. Has yours?

Footnotes


2 Generation Z is one name used for the cohort of people born after the Millennial Generation http://en.wikipedia.org/wiki/Generation_Z.


5 http://www.eagleview.com/Products/ImageSolutionsAnalytics/PictometryAnalyticsDeployment.aspx#MobileAssessment.

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About Cognizant

Cognizant (NASDAQ: CTSH) is a leading provider of information technology, consulting, and business process outsourcing services, dedicated to helping the world’s leading companies build stronger businesses. Headquartered in Teaneck, New Jersey (U.S.), Cognizant combines a passion for client satisfaction, technology innovation, deep industry and business process expertise, and a global, collaborative workforce that embodies the future of work. With over 75 development and delivery centers worldwide and approximately 199,700 employees as of September 30, 2014, Cognizant is a member of the NASDAQ-100, the S&P 500, the Forbes Global 2000, and the Fortune 500 and is ranked among the top performing and fastest growing companies in the world. Visit us online at www.cognizant.com or follow us on Twitter: Cognizant.

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