

# Application Form - UMS Tour and Care Insurance Policy



I, the undersigned (hereinafter, "the Insurance Applicant") hereby apply to Harel Insurance company (hereinafter, "the Insurer") to insure me based on the information provided in this Application.

## Contact Center:

Harel-Yedidim, Division for Overseas Visitors and Students  
Beit M.A.H., 12 Hahilazon st, 8th Floor, Ramat Gan  
Tel: +972-3-6386216  
Fax: +972-3-6874534  
Email: y\_health@yedidim.co.il  
www.yedidim-health.co.il

Institution .....	Faculty or Department .....
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## A Personal Details of the Applicant (please print)

Last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Passport number	Date of birth	Citizenship
<b>Address in Israel</b>					
Street		Number	Town/City	Zip Code	Phone No.
E-mail address for the purpose of receiving mailings/information and any other documents relevant to the Harel policy			Insurance period		Total days of insurance
@			From	To	
Total premium in US\$: .....Total		Premium in US\$ ..... Exchange rate .....= Total amount due NIS .....			

## B Provider

Clalit Health Services
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## C Health Declaration

Please answer the following questions by checking (✓) the correct space. If the answer to any of the questions is "yes", you must attach an up-to-date letter from your physician, stating the problem, tests results, manner of treatment and the current condition.

**Part 1: In the course of a medical examination of a symptom or illness not yet completed**

	Yes	No	Details
1 During the last two years, have you been referred to the following medical and/or diagnostic tests, <b>that are not yet completed, and no final diagnosis has been made yet</b> , such as: catheterization, bone scan, echocardiography, MRI, CT, Ultrasound (except as part of routine prenatal care), biopsy, occult blood, colonoscopy, gastroscopy, blood tests.			

**Part 2: Have you been diagnosed with a disease, syndrome or disorder related to one or more of the following:**

	Yes	No	Details
1 <b>Nervous system (neurology) and brain</b> <input type="checkbox"/> Nervous system <input type="checkbox"/> Cerebrovascular Accident <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Muscular dystrophy			
2 <b>Renal failure</b>			
3 <b>Respiratory system</b> <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Cystic Fibrosis			
4 <b>Malignant diseases or tumor</b>			
5 <b>Immune system</b> <input type="checkbox"/> AIDS and/or HIV carrier <input type="checkbox"/> Lupus			

For your information - the policy does not provide coverage for pre-existing medical condition.


## D Insurance Applicant's Statement

1. The information included in this document is necessary for consideration of your application and for determination and implementation of the terms of your policy. The Company and other companies of the Harel Group (Harel Insurance Investment and Financial Services and its subsidiaries) and/or anyone on their behalf will use it, including processing, storing and use thereof, for any matter pertaining to the policies and for other legitimate purpose, including providing the information to their parties acting on its behalf and on behalf of the Harel Group.
  - a. I hereby declare that all the answers are correct and complete and are given out of my own free will.
  - b. The answered provided in the Health Declaration and any other information that is submitted to the Company now or in the future, as well as the Company's customary prevailing terms and conditions shall be essential terms and conditions of the insurance contract with the Company and constitute an inseparable part thereof.
  - c. The Company may decide to either accept or reject the Application. For your information, the insurance contract shall come into force only after the Company issues a written confirmation of admission of the Insurance Applicant.
  - d. This Health Declaration and Insurance Applicant's Statement shall also apply to any children for whom policies are issued in which you are named their guardian. Are you authorized to sign these documents on their behalf?  Yes  No
2. **For your information:** "Pre-existing medical condition" refers to an insurance event substantially caused by the normal course of a pre-existing medical condition that occurs to the Insured during the period of the restriction. The restriction due to a pre-existing medical condition is determined by the age of the Insured at the beginning of the insurance period, as follows:
  - a. Under 65 years of age at the beginning of the insurance period - the restriction shall apply for a period not exceeding one year from the beginning of the insurance period.
  - b. 65 years of age or older at the beginning of the insurance period - the restriction shall apply for a period not exceeding half a year from the beginning of the insurance period.
3. This health insurance is subject to a qualifying period of 48 hours.
4. I am aware that the insurance contract shall come into force only after the Company issues a written confirmation of acceptance of the Insurance Applicant. In any case, the insurance period shall begin upon confirmation by the Insurer, as noted.
5. **Waiver of medical confidentiality:** I, the undersigned, hereby give permission to the HMO and/or its medical institutions and/or the Israel Defense Forces, and to all physicians and/or psychiatrists, medical institutions and other hospitals, to the National Insurance Institute and/or to the Ministry of Defense and/or to any insurance company and/or to any other institution or entity, to the extent necessary in order to clarify the rights and obligations under the policy and/or for the procedure of examining my application for insurance, including any information available to the Company, to deliver to Harel Insurance Company Ltd., hereinafter, the "Requesting Party," all information without exception and in the form required by the Requesting Party/Parties, concerning my health condition, any illness I had in the past and/or which I have now and/or will have in the future, and I hereby release you from the obligation of maintaining medical confidentiality and waive this confidentiality in favor of the Requesting Party. This waiver obligates me, my estate and my legal representatives and anyone who would replace me. This waiver shall also apply to my minor children.

## E Insurance Applicant's Signature

### Insurance Applicant

My signature below confirms that I have read and understood this document and accept the terms and conditions set forth in it.


Last Name	First name	Date	Signature
			 .....

Witness of the signing (the insurance agent)

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**Please note that we can not accept debit cards for payment, only credit cards are accepted**

<b>F Payment by credit card</b>				
Last name		First name		Passport number
<b>Personal information of Payer</b>				
ID/Passport No.			Cardholder's name	
CVV number (3 digits on the back of the card)	Valid until		Card number	
	..... / .....			
You can pay in several installments depending on the insured period				
Number of days		1 to 120	121 to 180	365 days
Number of payments		1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Enter number (1 to 10) .....
Postal code (Zip code)	Country and city			House No. and Street
E-mail address:			Mobile phone / Telephone	
.....@.....			.....	
<p>I, the undersigned, hereby give Harel permission to charge the account, as the meaning of this term in the terms and conditions of joining the credit card arrangement, by an amount equal to USD according to the representative exchange rate of the USD on the day of charging my bank account. The charge will be made in installments, for amounts listed in the list of debits to be delivered to you by Harel Insurance Company, showing my credit card number. Harel Insurance Company Ltd. will set the amounts and date of charge according to the payment terms and conditions of the insurance policy/policies.</p> <p>This permission shall expire by my notice to Harel Insurance Company Ltd. This permission shall also apply to a credit card to be issued carrying a different number, in replacement of the card having the number specified on this form.</p> <p>For your information, tourist insurance shall come into force on the date aforementioned, provided the Application Form and the Health Declaration filled out and signed by the Insured and the employer and this permission to charge the account arrive at the insurer's offices prior to the said insurance inception date and confirmed by us and/or by particular confirmation of the insurer. Otherwise, the insurance shall come into force on the date the documents aforementioned, along with this permission to charge the account, arrive at the insurer's offices, and receive approval. The insurer's obligation for insurance coverage is on condition that the credit card specified above, that you hold, is valid.</p> <p>In every transaction (in NIS) of more than USD 700, the insurance coverage is subject to confirmation of the said transaction by the credit card company.</p>				
Date	Name of credit card holder			Credit card holder's signature
				 .....

Additional information concerning privacy policy of the institutional entities in Harel Group is available on the Group website: [www.harel-group.co.il](http://www.harel-group.co.il).

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