

"Tour and Care"

א.רוזן סוכנות לביטוח



Insurance Application for Tourists in Israel

This form is designed for men and women alike.
Please fill out this form accurately and completely.

I the undersigned (hereinafter, the "Insurance Applicant") ask of "Harel" Insurance Company Ltd. (hereinafter, the "Insurer") to insure me, based on all the content of this Application.

להחזיר לפקס 03-6729025

או למייל info@rozen-ins.co.il

Attn. Harel Insurance Company Ltd.

Foreign Employees / Tourists Insurance Section

3 Abba Hillel Street, PO. Box 1951, Ramat-Gan 5211802, Israel

Insurance Period Requested	
From date	To date

Agent's name: אריק רוזן

Agent's number: 63187

A Personal information of insurance applicants (up to the age of 75 years)

	Main Insured	Spouse	Child 1	Child 2	Child 3
Passport number					
Given Name					
Last name					
Date of birth					
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of entry to Israel					
Citizenship					
Purpose of visit					
Address					
Mobile phone					
Email for receiving messages, information and promotional materia					

B Provider selection

Harel's private arrangement Clalit Health Services [HMO]

C Health Statement

The Health Statement below shall apply severally to each one of the following: the main Insured, the spouse and each one of the children insured. Please answer the questions below by marking (✓) in the column of the corresponding answer. If the answer to any of the questions is "Yes", you must attach an up - to - date certificate from the attending physician, addressing the stated problem, examination results, manner of treatment and current condition.

Part A: In the course of medical examination of a symptom or illness, not yet completed:		Main Insured		Spouse		Child 1		Child 2		Child 3	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	During the last two years have you been referred for, or are you now in the course of, the following medical and/or diagnostic examinations that are not yet completed and no final diagnosis has been made yet, such as: catheterization, bone mapping, echocardiography, MRI, CT, ultrasound (not as part of routine prenatal care), biopsy, occult blood, colonoscopy, gastroscopy, blood tests.										
Part B: Have you been diagnosed with a disease, syndrome, disorder related to one or more of the issues listed below:		Main Insured		Spouse		Child 1		Child 2		Child 3	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	The nervous system (neurology) and the brain: <input type="checkbox"/> The nervous system <input type="checkbox"/> Cerebrovascular accident <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Muscular dystrophy										
2	Renal failure										
3	The respiratory system: <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Cystic Fibrosis										
4	Malignant diseases or tumor										
5	Immune system diseases: <input type="checkbox"/> AIDS and/or HIV carrier <input type="checkbox"/> Lupus										

Specify:

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

D Insurance Applicant's Statement

1. a. The information included in this document is necessary for your joining the policies and for all other matters and issues pertaining to the policies and the handling thereof. The Company and other companies of the Harel Group (Harel Insurance Investments and Financial Services Ltd. and its subsidiaries) and/or anyone on their behalf, will make use of it, including the processing, storing and using thereof, for any matter pertaining to the policies and for other legitimate purposes, eve by delivering the information to third parties acting on its behalf and on behalf of the Harel Group.
- b. I/we hereby declare that all the answers are correct and complete and are given out of my/our own free will.
- c. The answers specified in the Health statement and any other information to be submitted to the Company as well as the Company's customarily prevailing terms and conditions, shall be essential terms, conditions of the insurance contract between you and the Company, and constitute an inseparable part thereof.
- d. The Company may decide to either accept or reject the Application. For you information, the insurance contract shall come into force only after the Company issues a written conformation on admission of all insurance applicant.
- e. This consent and statement, including the Health Statement above, shall also apply to the children whose names are listed, and your signature on the documents is made also in their names as their guardian.
Are you authorized to sign these documents on their behalf? Yes No.

For your information:

2. Preexisting medical condition: and insurance event, substantially caused by the normal course of a preexisting medical condition, which occurred to the Insured during the period of restriction applicability. A restriction because of preexisting medical condition, concerning an insured whose age at the beginning of the Insured Period is:
 1. Less than 65 years - Shall apply for a period not exceeding one year from the beginning of the insured period.
 2. 65 years or more - Shall apply for a period not exceeding half a year from the beginning of the insured period.
3. This medical 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 admission regarding the Insurance Applicant. Anyhow, the insured period shall begin from the date of confirmation by the Insurer, as previously mentioned.
5. **Waiver of medical confidentiality:** I/we, the undersigned, hereby give permission to the HMO and/or its medical institutions and/or the IDF, and also to all the physicians and/or psychiatrists, to 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 to clarify the rights and obligations under the policy and/or for the procedure of examining my admission to the 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/we had in the past and / or which I/we have now and/or will have in the future and I/we hereby release you from the obligation of maintaining medical confidentiality and waive this confidentiality in favor of the "Requesting Party". This waiver obligates me/us, my/our estate and my/our legal representatives and anyone who would replace me/us. This waiver shall also apply to my/our minor children.

E Insurance Applicant's Signature

	Date	Name of Insured	ID No.	Signature
Main Insured			 /
Spouse			 /
Child over the age of 18 years			 /
Child over the age of 18 years			 /
Child over the age of 18 years			 /
Witnessed the signing (the insurance agent) Date ID Full name Signature

F Payment by credit card**Personal information of Insurance applicant**

Given name	Last name	Passport No.
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Personal information of Payer

ID No.	Cardholder's name
CVV number (3 numerals 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 90	91 to 181
Number of payments	1	1 <input type="checkbox"/> 2 <input type="checkbox"/>

Postal zoning code	City	House No. and Street
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Email address:@.....	Telephone
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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 and amount equal to USD according to the representing exchange rate of the USD on the day of charging my bank account. The charge will be made in instalments, 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.

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.

For your information, tourist insurance shall come into force on the date aforementioned, provided the Application Form and the Health Statement, filled - out and signed by the Insured and the employer, and this permission to charge the account, would arrive on the insurer's offices prior to the said insurance inception date and confirmed by us and / or by particular conformation of the insurer. Otherwise, the insurance would come into force on the date the documents aforementioned arrive, along with this permission to charge the account, 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.

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.

Date	Name of credit card holder	Credit card holder's signature
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Additional information concerning privacy policy of the institutional entities in Harel Group is available on the Group website: www.harel-group.co.il.