



A.ROZEN INSURANCE AGENCY

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MEDICAL INSURANCE – FOR FOREIGN CITIZEN'S

1. Policy Definitions

- 1.1 **The insurer:** Ayalon Insurance Company Ltd.
- 1.2 **The policy holder:** The Company that employs an employee and/or handles workers with foreign nationality and/or every other foreign resident as detailed in the preamble to the policy.
- 1.3 **The insured:** Every individual who is not an Israeli citizen and whose age does not exceed 65 years and who paid the relevant premium for it.
- 1.4 **The State of Israel:** The area of the State of Israel including the areas of Judea, Samaria and the Gaza Strip, but excluding the areas controlled by the Palestinian Authority.
- 1.5 **Insurance period:** As detailed in the preamble to the policy, but not before entry of the insured into Israel and not after his leaving Israel.
- 1.6 **Hospital:** An institution recognized by the official competent authorities in Israel only as a hospital, including public hospitals, government hospitals and private hospitals that have an agreement with the insurer, but excluding sanatorium, clinics and hospitals for chronic illnesses.
- 1.7 **Hospitalization expenses:** Payments for medical treatment expenses during hospitalization at the time the patient was hospitalized in a public or government hospital during the insured period.
- 1.8 **Medical expenses:** Not in the context of hospitalization including:
A visit to a doctor including a specialist, medical diagnostic tests due to an illness or accident, medical treatment, surgery or ambulatory surgical procedures, X-ray laboratories, imaging, medications and an ambulance in an emergency.
- 1.9 **Medical service center:** A center operating 24 hours a day during the whole year, apart from Yom Kippur, that receives and provides information, directs insured to clinics and/or doctors, medical treatment, approval of hospitalization at a hospital, handling the return of injured to their country of origin, returning the body of a deceased person to its original place of residence abroad and providing other assistance required relating to the medical services covered by this policy.
- 1.10 **Doctor in the agreement:** A doctor who has an agreement with the Insurer and/or another body that was authorized by the Insurer and empowered by the authorities in Israel to provide medical services.

1.11 **Accidents**

- 1.11.1 **Personal accident** Bodily injury as a result of an unexpected event, caused during the period of insurance directly by an external factor by an observable random occurrence which is not dependent on any other cause and is the sole direct and immediate reason for invalidity and/or death of the insured.
- 1.11.2 **Permanent invalidity:** Means the absolute and anatomical functional loss of an organ or limb or part thereof which occurred as a result of an accident within 12 months from the date of the occurrence of the accident.
- 1.11.3 **Death** An insured who, heaven forbid, died as a direct result of an accident within 12 months from the date of the occurrence of the actual accident.

1.12 **Dollar:** The representative rate of the U.S. Dollar.

2. **The Insurer's liability:**

The Insurer will cover and compensate medical expenses up to an amount of \$50,000 for the insurance period for the following items:

- 2.1 Full expenses for hospitalization at hospitals for the patient registered as a hospitalized patient, up to a period not exceeding 90 days.
- 2.2 Full medical expenses not in the framework of hospitalization through a service center will include the following services:
- 2.2.1 Medical expenses connected with treatment, examination, service or diagnosis in the emergency room of a hospital for an insured event, also in those cases where this does not immediately require hospitalization in a hospital.
- 2.2.2 Medical consultations with a doctor in the agreement, including a specialist and/or medical treatment given by a doctor in the agreement, including a specialist, provided not at the time of hospitalization in a hospital, such as diagnostic tests, laboratory, X-ray, setting, fractures and removing them, endoscopies, E.C.G, radiology tests such as ultrasound, magnetic resonance, computerized tomography and every treatment or test required in accordance with medical criteria.
- 2.2.3 Emergency treatment of teeth as first-aid only, required as a result of an insured event, and this by a doctor in the agreement up to a maximum of \$500 for one insured during the insurance period.
- 2.2.4 Expenses paid in order to transfer an injured or ill insured immediately after or as close as possible to the time of the occurrence of the insured event, by ambulance from the place of the occurrence to the hospital or to a Magen David Adom center, in view of his health condition, and all this as a direct result of the insured event, and this up to an amount of \$500 per one insured during the insurance period.
- 2.2.5 Receiving medical services at night clinics of the Service Center.
- 2.2.6 Medications – registered and approved by a qualified doctor of the Service Center through a pharmacy in the agreement.

2.3 Personal accidents – up to the amount of the maximum liability limit of the Insurer under this clause is up to an amount of \$10,000.

2.3.1 In the event of death from an accident, apart from those cases mentioned in the exclusion clause 3 below and if the age of the insured on the date of the death is between 18-65 years – the Insurer will pay an amount of \$10,000 at the representative rate of the dollar on the date of payment to the beneficiary stated in the proposal form and if there is no beneficiary to the legal heirs.

2.3.2 In the event of permanent invalidity of the insured at a rate of 100%, and if the age of the insured on the date of the occurrence of the accident is between 18-65 years – the insurer will pay an amount of up to \$10,000 at the representative rate of the dollar on the date of payment.

2.3.3 In the event of permanent or partial invalidity of the insured due to an accident as mentioned above, the insurer will pay the insured for every loss as detailed below, but in no event more than 100%:

One eye	30%	Both eyes	100%
Hearing in one ear	20%	Hearing in both ears	50%
Leg above the knee	60%	Leg above the knee	70%
Leg below the knee to the ankle	60%	The foot	45%
Every toe on a leg	3%		
Left hand from the shoulder and below	65%	Right hand from the shoulder and below	75%
Left arm and hand	55%	Right arm and hand	65%
Thumb of left hand	16%	Thumb of right hand	20%
Finger of left hand	12%	Finger of right hand	15%
Right third finger	12%	Left third finger	10%
Right ring finger	10%	Left ring finger	8%
Right little finger	12%	Left little finger	10%

Every disability existing before the accident will not be recognized and will be taken into account when determining the rate of invalidity

2.4 Expenses spent by the insured relating to receipt of medical services covered by this policy not through the Service Center and subject to the approval of the Insurer and/or the Service Center will be compensated by a full/partial refund of the expenses against presentation of the following documents:

- Tax invoice of the provider of the service which states the amount of the payment
- A medical document which states the character of the medical service.

2.5 **Special expenses:**

- 2.5.1 Expenses for the transfer of the insured deceased to his country of origin or burial expenses in Israel up to a maximum of \$5,000.
- 2.5.2 A flight ticket expenses to the country of origin of the insured due to an illness or accident confirmed by medical documents which prevented and/or will prevent the insured leaving Israel on the original date planned for his return to his country of origin.
The amount will be limited up to \$2,500 provided that it was approved by the Insurer.

3. **Limitations to the Insurer's liability:**

The insurer will not be liable and will not cover and/or compensate the insured for any claim resulting or connected with one of the following circumstances:

- 3.1 For a worsening or sudden or unexpected change for the worse of an existing illness
- 3.2 Due to an existing illness or previous medical condition for which the insured received medical treatment or medications at the start of the insurance or six months prior to that.
- 3.3 Hospitalization or treatment of patients whose reason for coming to Israel was for therapy or medical treatment.
- 3.4 Chronic illnesses or any malignant illnesses that started prior to the insurance period.
- 3.5 Periodic checkups.
- 3.6 Medical expenses due to pregnancy, itopic pregnancy, birth, surgery connected with fertility and/or infertility.
- 3.7 Services and expenses for mental illnesses or disturbances, alcoholism, drugs, self injury or harm or attempted suicide or its son sequences.
- 3.8 Services and expenses for sexual diseases, acquired immune deficiency syndrome (AIDS), and all illnesses known as being caused and/or connected with this virus.
- 3.9 Services and expenses for optometry, alternative medicine, chiropractic, medical expenses for cosmetic and plastic surgery and treatment, experimental surgery, gum treatment and/or surgery, treatment of teeth apart from first aid as detailed in clause 2.2.3
- 3.10 Any medical expenses and/or treatment outside the State of Israel.
- 3.11 Road accident within the meaning of the Road Accident Injured Law – 1975 or any other law replacing it.
- 3.12 Work accident within the meaning of the National Insurance Law (Combined Version) – 1968 or any other law replacing it.
- 3.13 Earthquake, volcanic explosion, nuclear fusion or meltdown, or radioactive pollution.
- 3.14 For medical expenses due to flight/sailing accidents, including in the event of a flight/sailing, and travel in a public or other ordinary service within the State of Israel approved by the authorities as a recognized public transporter.
- 3.15 For the active participation of the insured in war or military action, underground, revolution, mutiny, public disturbance, strike, illegal activity, intentional body injury by the insured, medical treatment for rehabilitation from drugs.
- 3.16 Any event connected with profession or competitive sport.

- 3.17 Should there be a medical body or insurance or government body or other institution which covers the expenses covered by this policy – the Company will not cover or compensate and not indemnify for these expenses.
- 3.18 The Company will not compensate or indemnify in the event of a fraud, deception, or concealment regarding any matter which affects this insurance, or regarding submitting a claim under this policy. In the event of a fraud, deception or misleading act regarding this insurance, this will cause the policy to be null and void and any such claim will be rejected.

4. General conditions:

- 4.1 Every claim under this policy will be paid to the insured in NIS at the representative rate of the dollar prevailing in Israel at the time of payment, or in the event of death, to the legal heirs or administrators of the estate of the insured, as the Court rules.
- 4.2 For every accident, loss, damage or occurrence whose results are likely to result in a claim under this policy, the Service Center and/or the Insurer must be immediately informed. In addition to the above notice the insured and/or the policy holder must submit to the Insurer at the said address, within 60 days from the date of the accident damage, in writing, any information, proof, certificates and documents from qualified factors such as: the police, the hotel management, the hospital management, doctor, a pharmacy, an airline, a shipping line, etc. and every other material required from the insured and/or the holder of policy by the Insurer. This clause is a specific precondition to any liability of the Insurer.
- 4.3 In the event of submitting a claim the insurer will be entitled to carry out an investigation and in particular to have the insured checked by a doctor or doctors on its behalf, and this as a condition for approving the claim.
- 4.4 In the event of insured's death the Insurer will have the right to demand a postmortem which will be carried out on the account of the Insurer. Moreover, the insured and/or the holder of the policy will undertake to submit to the Insurer at its demand all the details required in order to enable the Insurer to check the insured's past medical history.
- 4.5 Every act of fraud, or deception or concealment regarding any matter which affects this insurance, or regarding submitting any claim under this policy, will cause the policy to be null and void and any such claim will be rejected.
- 4.6 In any event the Insurer will not be responsible for loss or damage or for any payment under this policy from the time of the occurrence of the damage or loss or event which entitles payment under this policy as mentioned in the Insurance Contract Law.
- 4.7 The policy is subject to the health declaration of every insured and is subject to a letter of waiver of medical confidentiality on behalf of the insured to the Insurer, as appears in the proposal form for the insurance and its appendices.
5. This insurance policy is subject to the Insurance Contract Law – 1981.
6. Claims and disputes resulting from this policy will be submitted only to the competent court in Israel in Tel Aviv-Jaffa.