

הראל חברה לביטוח בע"מ - ממזיגן של שלוח וטהר ציון

Extention for policy No. הארכה לפוליסה מס' _____

Insurance period requested תקופת הביטוח המבוקשת	
From מתאריך	To עד תאריך
d m y	d m y

הצעה לביטוח רפואי - זרים בישראל
 כנסוף להצהרת הבריאות המוצגת המהווה חלק בלתי נפרד מההצעה לביטוח.
Proposal for health insurance - Foreigners in Israel
 (Subject to the enclosed Health Declaration which constitutes an integral part of the Insurance Proposal)



I, the undersigned (hereinafter "the Insurance applicant"), hereby request that the Harel Insurance Company Ltd. (hereinafter "the Insurer") insure me based on everything that is stated in this proposal.

אני החתום מטה (להלן "המועמד לביטוח") מבקש מ"הראל" חברה לביטוח בע"מ (להלן "המבטח") לבטח אותי בהסתמך על כל האמור בהצעה זו.

A. Insurance applicant Personal Details (Up to age 65)

א. פרטי המועמד לביטוח עד גיל 65 ועד בכלל

First name שם פרטי	Middle name שם אמצעי	Last name שם המשפחה	Passport number מספר דרכון
The Purpose for coming to Israel תסיק למענו הגיע לישראל		Date of first entry to Israel תאריך כניסה ראשון לישראל	Country of Birth ארץ לידה
Gender זכר <input type="radio"/> / נקבה <input type="radio"/>		Date of birth (לפי התעודה) מין	1, 9

B. Israeli address of the Insurance applicant

ב. כתובת המועמד לביטוח בישראל

Zip code מיקוד	Town יישוב	House No. מס' בית	Street רחוב
Cellphone No. מספר הטלפון נייד	Cellphone No. מספר טלפון נייד	Telephone No. מספר טלפון נייד	Telephone No. מספר טלפון

C. Details of Policyholder - Only for policies: Safe Stay / Safe Stay +

ג. פרטי בעל הפוליסה/המעסיק - למלא רק עבור פוליסות מסוג: Safe Stay / Safe Stay +

Occupation of the Insured עיסוק המבוטח	Address of Employer כתובת המעסיק	Name of Employer שם המעסיק	Present Employer מעסיק נוכחי
Cellphone No. מספר טלפון נייד	Telephone No. מספר הטלפון	Date of starting Work תאריך תחילת העבודה	Present Employer מעסיק נוכחי
Occupation of the Candidate of Insured עיסוק המועמד לביטוח	Address of Employer כתובת המעסיק	Name of Employer שם המעסיק	Previous Employers מעסיקים קודמים
Cellphone No. מספר טלפון נייד	Telephone No. מספר הטלפון	Period of Employment תקופת העבודה	Previous Employers מעסיקים קודמים

ד. פרטי ביטוח קודמים - האם היית מבוטח בעבר ב"הראל" לא כן, ציין מספרי פוליסה:

Policy No. מספרי פוליסות	Company Name שם החברה

ה. האם היית מבוטח בעבר בחברת ביטוח אחרת לא כן, ציין באיזו חברה ומספרי הפוליסות בכל חברה: Have you ever been insured by another insurance company? No Yes, Indicate company(ies) and the policy numbers at each:

Polices No. מספרי פוליסות	Company Name שם החברה

E. Type of Insurance, suitable to Status of the Insured applicant in Israel

ה. סוג ביטוח בהתאמה לסטטוס המועמד לביטוח בישראל

סוג הביטוח Type of Insurance	Status of the Insurance applicant in Israel	סטטוס המועמד לביטוח בישראל	סמן Mark
Safe Stay	Foreign Worker	עובד זר	<input type="radio"/>
Safe Stay +	Foreign Worker	עובד זר	<input checked="" type="radio"/>
Stay & Care	Foreign Worker without Employer	עובד זר ללא מעסיק	<input type="radio"/>
Tour & Care	Tourist/Refugee/Clergy/Diplomat/Candidate For Israeli Citizenship	תייר/פליט/איש דת/דיפלומט/מועמד לקבלת אזרחות ישראלית	<input type="radio"/>
Live & Care	Clergy/Diplomat/Candidate For Israeli Citizenship/Temporary Resident	איש דת/דיפלומט/מועמד לקבלת אזרחות/תושב ארעי	<input type="radio"/>
	Other - (If your status in Israel is not one of the above, please contact the Insurer to obtain the most suitable insurance plan for you).	אחר - (אם מועמד בישראל אינו אחת מן האפשרויות הרשומות לעיל, יש לפנות למבטח לברור והתאמת תכנית הביטוח).	<input type="radio"/>

F. Calculation of Insurance Premium

ז. חישוב דמי הביטוח

Discounts / Supplemental Payments % הנחות/ תוספות %	Daily Cost in \$ עלות יומית \$
Total Insurance Premium in \$ סה"כ דמי ביטוח \$	No. of Days Covered by the Insurance מספר הימים לביטוח
Total Insurance Premium In NIS סה"כ דמי ביטוח ש"ח	Dollar Exchange Rate in \$ שער חליפין \$

Signature of the Employer

חתימת המעסיק

Stamp & Signature of the Employer חותמת וחתימת המעסיק _____

Name of the Employer שם המעסיק _____ Date תאריך _____

The Insured signed this Proposal Form after its content had been explained to him in a language he understands.

טופס הצעה זה נחתם בידי המבוטח לאחר שהוסבר לו תוכנו בשפה המובנת לו.

Appointment of an Agent as the Delegate of the Insured: It is hereby declared and agreed that the Insurance Agent is the representative and delegate of the Insured vis-à-vis Harel Insurance Company Ltd, with regard to everything that is related to this Insurance Proposal, including negotiations in advance of the signing of the Insurance Contract as well as everything that stems therefrom.

מינוי סוכן בשלוחו של המבוטח מוצהר ומוסכם כי סוכן הביטוח הוא ציון ובא כוחו של המבוטח כלפי "הראל" חברה לביטוח בע"מ, בכל הקשור להצעת ביטוח זו, לרבות המשא ומתן לקראת כריית חוזה הביטוח וכל הנובע מכך.

Signature of the Insurance applicant

חתימת המועמד לביטוח

Signature of the Insurance applicant חתימת המועמד לביטוח _____

Passport No מספר דרכון _____ Name of the Insurance applicant שם המועמד לביטוח _____ Date תאריך _____

Signature of the Agent חתימת הסוכן _____

Agent Name שם הסוכן _____ Agent No. מספר הסוכן _____

הטופס מיועד לשימוש ולגביית כספים. למען הפשטות מומלץ בלשון זכר.
 המסמך: מקור - חלופת הראל;
 העתק 1 - למבטח ועוקר לפוליסה;
 העתק 2 - משאר בתי הסוכן

51-00777
 2/2004
 י"ג ר"ה



הרצל
חברה לביטוח

Policy No. _____

Health Declaration for Medical Insurance - Foreign Citizens in Israel
Subject to the enclosed Insurance Proposal, which constitutes an integral part of the Health Declaration

Particulars of the applicant

Passport No.	Last Name	First Name	Birth Date	Sex M / F

For all the following questions, please circle "Yes" or "No"; if you answer "Yes," please give details as requested.

General Questions		Yes	No	Do you have, or have you ever had, the following diseases or conditions		Yes	No
1.	Are you now sick, or have you been sick at any time during the past five years? Specify illnesses and dates			1.	Diseases of the nervous system and the brain, paralyzes, epilepsy, motoric disorders? Specify		
2.	Are you now, or have you ever been, under medicinal treatment? Specify medicines			2.	Respiratory illnesses, asthma, tuberculosis, chronic pneumonia, hemoptysis? Specify		
3.	Have you ever been hospitalized? Specify dates, reasons for hospitalizations and type of treatment administered.			3.	Any kind of cardiovascular disease, hypertension? Specify		
4.	Do you drink alcoholic beverages?			4.	Digestive disorders, liver diseases, hepatitis? Specify		
5.	Do you now take, or have you ever taken, drugs?			5.	Kidney, urinary tract diseases, dialysis? Specify		
6.	Have you undergone any laboratory tests and/or medical examinations during the past five years? Specify reason(s), dates, and results, including results that deviate from the norm.			6.	Diseases of the joints and bones; back and neck pain? Specify		
7.	Have you ever been involved in an accident or undergone a surgical procedure? Specify date(s) and the nature of the surgery and/or accident			7.	Metabolic disorders, diabetes, thyroid condition, high blood fats, blood disease and clotting, anemia? Specify		
8.	Are you suffering from any chronic disease(s), active or in remission? Specify			8.	Cancer (malignant disease), chronic degenerative disease? Specify		
9.	Have you been diagnosed as suffering from autoimmune disease of any type (including lupus)? Specify			9.	Dermatological and sexual diseases, syphilis, H.I.V, wound that doesn't heal, herpes of any type, skin tumors of any type? Specify		
10.	Are you a candidate for any medical treatment, including, among other things, surgery or hospitalization? Specify			10.	Eye diseases, ear diseases (including hearing defects), throat diseases, diseases of the nose, plastic surgery? Specify		
11.	Are you suffering or have you suffered from any infective disease? Specify			11.	Have you been found to carry antibodies or be ill with HIV virus or hepatitis?		
12.	Have you experienced a weight loss of 6 kg or more in the last six months? Specify			12.	For women only:		
13.	Are you suffering from exhaustion or chronic fatigue? Specify			a.	Are you pregnant?		
14.	Are you aware of any health disorder (including a congenital defect) that is not mentioned in the declaration? Specify			b.	Women's diseases: menstrual cycle disorders, breast disease including lumps in the breasts, uterus, ovaries, examinations for detection of a cancerous growth, mammography? Specify		

Please explain all "yes" answers to questions above in detail: _____

I hereby declare that all the details I have provided on this Health Declaration Form are correct and complete. If the details I have provided are found to be incorrect or incomplete, Harel shall consider itself free of commitments and obligations toward me.

Renunciation of Medical Secrecy: I, the undersigned, hereby give my permission to the Kupat Holim Sick Fund and/or its medical institutions, as well as to all the doctors and other medical institutions and hospitals and/or to all the insurance companies and/or to every institution and other body or individual, to provide Harel Insurance Company Ltd (hereinafter "the Requestor") with all the details, without exception, and in the way that shall be demanded by the Requestor, as regards my state of health and/or any disease that I have suffered from in the past and/or that I am currently suffering from and/or that I will suffer from in the future, and I hereby release you from the obligation to safeguard medical secrets and hereby renounce this secrecy toward the Requestor. This Declaration of Renunciation binds me, my estate, and my legal delegates and everyone who will come in my stead. This Declaration of Renunciation shall also apply to the minors.

Declaration of the applicant:

1. I hereby declare, agree and pledge that:

- (1) all the answers I have given above are correct and full, and that I provided them of my own free will.
- (2) the answers specified in the Health Declaration and all other information that shall be given to the insurer, as well as the acceptable terms vis-à-vis the Insurer regarding this matter, shall serve as a fundamental condition for the Insurance Contract between me and the Insurer, and shall constitute an integral part thereof.
- (3) the Insurer reserves the right to decide to accept or reject the Proposal without being obliged to justify its decision. I am full aware that the Insurance Contract shall become valid only after the company submits written confirmation of its acceptance of the candidate for insurance, and after the initial insurance premium has been paid in full.

2. I am aware that: according to this insurance, we will not be provided with health services related to a birth defect or congenital disease (inclusive of hereditary diseases and/or a medical condition and/or a medical disorder and/or an illness, whether currently under treatment or not) and/or its consequences that have worsened, whether directly or indirectly, due to a medical condition that existed prior to the Insurance Inception Date according to the foreign workers ordinance.

3. I hereby declare that no insurance company has rejected my Health Insurance Proposal.

52-00000 02/2004

Polices: SAFE STAY / SAFE STAY +

Declaration of the Policyholder: To the best of my knowledge, that which has been declared by the applicant is correct, and I am not aware of any defect, congenital disease (inclusive of hereditary diseases and/or a medical condition and/or a medical disorder and/or an illness, whether under treatment or not) and/or its consequences, that was caused by and/or has worsened, whether directly or indirectly, due to a medical condition that existed prior to the Insurance Inception Date, and/or any other information that, if it were brought to the Insurer's attention, the Insurer would not enter into a contract to insure the Insured.

_____ / _____ / _____
Name Date Signature of the Employer

* The Insured signed this Proposal Form after its content had been explained to him in a language he understands.

_____ / _____ / _____
Date Signature of the applicant Signature of the employer

-For internal use only-

Agent's name _____

Agent's No. _____

Policy No. _____



Payment of Premiums by Credit Card

1. Details of the insurance

Insured's name: _____ for insurance period: from ____/____/____ until ____/____/____

The payment is in respect of:

- Travel insurance abroad - Policy No. _____ - single payment only.
- Foreign workers and tourist insurance* - Insured's passport No. _____

*Foreign workers insurance policy may be paid in a number of installments, according to the insurance period, as detailed in the following table:

No. of days	1 - 60	61 - 120	121 - 180	181 - 240	241 - 300	301 - 365
No. of payments	1	2	3	4	5	6

2. Instructions Of The Credit Card Owner (IN ISRAEL)

Messrs: Visa Isracard/MASTERCARD Diners Club American Express

Surname: _____ Given name: _____ Identity Number: _____

Street: _____ No. _____ Settlement: _____ Postal Code: _____

Telephone Home: _____ Work: _____ Mobile phone: _____

Card No. _____

Valid until	
Month	Year

I, the undersigned hereby permit you to debit the account as intended in the conditions for joining the Credit Card arrangements in NIS in a sum equivalent to \$ _____ according to the representative rate of the Dollar on the date on which my account will be debited at the bank. The debit is to be in _____ installments in a sum which shall be noted in the debit schedule which shall be provided to you by Harel Insurance Company Ltd. and in which the number of my Credit Card shall appear. The debit sums and the dates shall be determined by Harel Insurance Company Ltd. according to the payment conditions of the insurance policy/policies. This permission shall expire by my giving my notice thereof to Harel Insurance Company Ltd. This permission shall also be valid to debit a Card which shall be issued and which shall bear a different number as a replacement to the card whose number appears on this voucher. I am aware that foreign worker's and tourist's insurance shall become valid of the date of appearing above - on condition that the insurance proposal form and health declaration are completed and signed by both the insured and the employer and this permission to debit the account shall arrive at the insurance offices prior to the commencement of the above insurance date and shall be confirmed by it. Otherwise, the insurance shall only become valid from the date that the above documents and this permission to debit the account arrive at the insurance offices and are confirmed by them. I am aware that the insurers undertaking regarding insurance cover is on condition that the above Credit Card which is in my possession, is valid. I am aware that in regard to every transaction (in NIS) which exceeds the equivalent value of \$700, the insurance cover is conditional on the transaction being confirmed by the Credit Card Company.

Date _____

Signature of the Card Holder _____

3. Confirmation of the agent (to be attended solely by the insurance agent)

I hereby confirm that the card owner has expressly confirmed to me that he/she shall pay the installments in respect of the insurance policy/policies which he/she purchased via the Credit Card whose details appear herein and every other Credit Card which shall be issued in place of the card whose number appears in this form and which shall bear a different number. I have notified the card owner and have received his consent that Harel Insurance Company Ltd. shall be entitled to transmit such debits from time to time to the Credit Card company as Harel Insurance Company Ltd. shall detail to the Credit Card company in respect of insurance premiums in the sums and dates according to the insurance agreement between the policy owner and the Harel Insurance Company Ltd. If the transaction is performed by telephone/ mail and not in the presence of the client, kindly note 'telephone instructions' at the place intended for the signature of the card owner.

Agents Name _____

Date _____

Signature of agent/ Agency _____

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