

# Egert & Cohen Insurance

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## Harel Safe Stay + Policy TABLE OF BENEFITS

<b>Hospitalization *</b>	
• Hospital accommodation	Paid according to Israeli basket of medical services
• Nursing care, drugs and surgical dressings	
• Surgeons, anesthetists, and physicians fees	
• Theater charges and intensive care	
• Pathology, X-rays, MRI, CT scans	
• Emergency psychiatric hospitalization	Up to 60 days
• Pregnancy	Waiting period of 9 months
• Transfer of body to home country	
• Return ticket to home country if insured is unable to work for at least 90 days	
• In case of major hospitalization, ticket for family member and cost of stay in Israel	Up to 10 days
• Death or permanent disability due to accident	\$10,000
<b>Out-patient treatment</b>	
• Specialists	Contracted specialists/doctors/laboratories Paid in full
• Pathology, X-rays and diagnostic tests	
• Costs for treatment by family doctors	
• Out-patient surgical operations	
• MRI, CT and PET scans	
• On going cover for treatment which has not been completed before the end of the insurance period	Additional 90 days
<b>Other benefits</b>	
• Prescribed drugs and dressings	Up to \$200 per year
• Emergency dental treatment	Up to \$200-at contracted dentist
• Emergency ambulance service	Paid in full (if patient is subsequently hospitalized)
• Road accidents	Covered by Compulsory Government Insurance
• English speaking customer service line	24-hour

\*Cover is by surgeons and medical staff on duty at time of injury or illness.

### Exclusions to this cover are:

- Pre-existing or chronic conditions (e.g. asthma, Krohn's disease, diabetes)
- Well-care, routine check-ups
- Work accidents
- Birth (covered by Bituach leumi)
- Genetic testing
- Nursing care
- Injuries caused due to alcohol or drugs
- Self inflicted injuries
- Skiing, extreme sports

N.B. The full policy conditions are as they appear in the Harel Tour and Care policy (available on request).

**Premium \$1.50 per day**



-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

Measrs:  Visa  Isracard  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