

הראל חברה לביטוח בע"מ - ממייגן של שלוח וסוהר-צינן

Extention for policy No. הארכה לפוליסה מס' _____

Insurance period requested תקופת הביטוח המבוקשת

From d m y מתאריך To d m y עד תאריך

הצעה לביטוח רפואי - זרים בישראל
 בכפוף להצהרת הבריאות המצורפת 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") לביטח 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 העיסוק למענו היגיע לישראל Date of first entry to Israel תאריך כניסה ראשון לישראל Country of Birth ארץ לידה Gender זכר Male נקבה Female Date of birth (ימי החגיגה) תאריך לידה **19**

B. Israeli address of the Insurance applicant

ב. כתובת המועמד לביטוח בישראל

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

SCHOOL: _____

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

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 from - to -עד-

D. Details of Previous Insurance Policies - Have you ever been insured by Harel? No Yes Policy Numbers:

האם היית מבוטח בעבר בחברת ביטוח אחרת? לא כן אם 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:

Company Name שם החברה	Polices No. מספרי פוליסות
1.	
2.	

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

ה. סוג ביטוח בהתאמה לסטטוס המועמד לביטוח בישראל

Type of Insurance סוג הביטוח	Status of the Insurance applicant in Israel סטטוס המועמד לביטוח בישראל	Mark סימן
Safe Stay	Foreign Worker עובד זר	<input type="radio"/>
Safe Stay +	Foreign Worker עובד זר	<input 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 checked="" 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 מעמדך בישראל אינו אחד מן האפשרויות הרשומות לעיל, יש לפנות למבטח לביטוח בהתאמת תכנית הביטוח).	<input type="radio"/>

F. Calculation of Insurance Premium

ו. 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 ותוכנו 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 כשלוחו של המבוטח מוצהר ומוסכם כי סוכן הביטוח הוא נציגו ובא כוחו של המבוטח כלפי "הראל" חברה לביטוח בע"מ, בכל הקשור להצעת ביטוח זו, לרבות המשא ומתן לקראת כריתת 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 חותמת הסוכן Agent Name שם הסוכן Agent No. מספר הסוכן

5103

תוספת מועד לשיעור ולגובהם כאמור, למען הפשטות מומשו בלשון זכר.

המסמך: מקור - לחברת הראל; העתק 1 - למבוטח ועתף לפוליסה;

העתק 2 - נשאר בידי הסוכן

טופס מספר 51-00777

2/2004 י"ג ר"ה



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: a. Are you pregnant? 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		
13.	Are you suffering from exhaustion or chronic fatigue? Specify						
14.	Are you aware of any health disorder (including a congenital defect) that is not mentioned in the declaration? 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.

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

52-0000 02/2004

