

# PROPOSAL FOR TRAVEL INSURANCE

This form is intended for men and women alike.  
Please be sure to complete the form accurately and completely.  
09/2019 Edition



To send the form to the Personal Overseas Travel Insurance Department - by e-mail: fax7922@harel-ins.co.il or by fax: 03-7348082

Agent's name: .....  
Agent's number: .....

You must answer questions regarding essential matters fully and honestly. Your failure to do so may affect the payment of insurance benefits. The policy documents will be sent to you to the mobile phone number and e-mail address available to the Harel Company.

## A Details of the trip

From ..... / ..... / ..... to ..... / ..... / .....

Destination of trip  USA (from ..... / ..... / ..... to ..... / ..... / .....)  
 Europe  Asia  Australia  Canada  South & Central America  Africa

For your information, the maximum insurance period is

Age of Insured	Maximum period	
	Basic policy	Worsening
0-60	365 days	90 days
61-70	120 days	90 days
71-80	60 days	45 days
81-85	45 days	45 days
86-90	15 days	15 days
91-95	15 days	10 days

## B I hereby request that you insure me and the members of my family listed below

Address

Street	No.	Town	Profession/occupation
Telephone number	Cell phone	E-mail for personal notifications and mailings .....@.....	

## C Details of the applicants for insurance

The insurance is intended for residents of Israel only. I hereby declare that the Insured are residents of Israel  yes

Insured	Gender	ID number	Last name	First name	Date of birth
Main Insured	<input type="checkbox"/> m <input type="checkbox"/> f				
Spouse	<input type="checkbox"/> m <input type="checkbox"/> f				
Child 1	<input type="checkbox"/> m <input type="checkbox"/> f				
Child 2	<input type="checkbox"/> m <input type="checkbox"/> f				
Child 3	<input type="checkbox"/> m <input type="checkbox"/> f				
Child 4	<input type="checkbox"/> m <input type="checkbox"/> f				

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**D Health Condition Statement (answer the questions below by marking a check (✓) in the column with the correct answer)**

Please note that the Policy does not cover medical expenses overseas that arise from a preexisting medical condition, unless the Insured purchased a rider for worsening of a preexisting medical condition.

	Main Insured		Spouse		Child 1		Child 2		Child 3		Child 4	
	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes
1. Is the purpose of the trip for one or more of the travelers - to receive medical care?												

If the answer to Question 1 is "yes", we will not be able to accept you for this insurance plan.

2. Has one or more of the travelers been under regular medication treatment or other treatment in the last six months, or was it recommended that he receive medication or other treatment?												
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Please note: It is not necessary to check "yes" if the medication is for: cholesterol, hypothyroidism, attention disorder, blood pressure, sleep disorders, hormone treatment, vitamins or food supplements, allergies or birth control pills.

If you answered "yes" to Question 2, you must answer Question 2.1  
If you answered "no" to Question 2, proceed to Question 3

2.1 Are you under or was it recommended that you receive one of the following treatments: <input type="checkbox"/> dialysis <input type="checkbox"/> blood transfusion <input type="checkbox"/> treatment in a pain clinic <input type="checkbox"/> oncological treatment <input type="checkbox"/> treatment following organ transplant												
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Have you been diagnosed with one or more of the following medical conditions: <input type="checkbox"/> disease of the nervous system (such as multiple sclerosis) <input type="checkbox"/> AIDS <input type="checkbox"/> chronic liver disease <input type="checkbox"/> a degenerative disease, such as ALS <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> COPD <input type="checkbox"/> Heart failure												
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If you answered "yes" to one of the questions, attach an updated certificate from the attending physician regarding your updated medical condition: diagnoses, medications, treatments and monitoring.  
If you answered "no" (to Question 2.1), you must purchase a rider for worsening of an existing medical condition.

3. In the past six months, have you undergone hospitalization, surgery, catheterization, or was it recommended that you be hospitalized or under surgery or catheterization?												
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Note: You do not have to mark "yes" if referring to esthetic cosmetic surgery, surgery performed as a hospital outpatient or surgery that does not require hospitalization.

If you answered "yes" to Question 3, you must answer Question 3.1  
If you answered "no," proceed to Question 4

3.1 Did the hospitalization/surgery/catheterization take place during the past three months or was it not performed?												
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If you answered "yes," attach an updated certificate from the attending physician regarding the surgery/hospitalization/catheterization that you were advised to undergo, and regarding your current health and functional condition in this respect.  
If you answered "no," you must purchase a rider for worsening of a preexisting medical condition.

4. Have you been referred during the past six months to one or more of the following tests (not as part of routine tests) that have not yet been completed and a final diagnosis has not yet been determined: MRI, CT, gastroscopy, colonoscopy, ultrasound, echocardiogram, carotid doppler test, stress test, Holter monitor.												
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If you answered "yes" (to Question 4), attach an updated certificate from the attention physician regarding the medical tests to which you were referred, the reasons for the test and, if they were performed, regarding the results and recommendations for further treatment and monitoring.

5. Have you been diagnosed or have you undergone: <input type="checkbox"/> a stroke of any kind <input type="checkbox"/> heart disease (such as heart attack, catheterization, bypass surgery, cardiac arrhythmia or another heart problem) <input type="checkbox"/> constriction of carotid arteries												
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If you answered "yes" to Question 5 and the destination of the trip is the US, attach an updated certificate from the attending physician regarding your updated medical condition: diagnoses, medications, treatments and monitoring  
If you answered "yes" to Question 5 and the destination of the trip is not the US, you must answer Question 5.1

5.1 When was the last event and/or surgery that you underwent due to this problem: <input type="checkbox"/> during the past 12 months <input type="checkbox"/> more than 12 months ago												
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If you answered that it was during the past year, attach an updated certificate from the attending physician regarding your updated medical condition: diagnoses, medications, treatments and monitoring  
If you answered that it was more than a year ago, you must purchase a rider for worsening of a previous medical condition

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**D Health Condition Statement** (answer the questions below by marking a check (✓) in the column with the correct answer)

**Rider for Pregnancy - for Women Aged 18-42, and Up to Week 32 of Pregnancy (inclusive)**

6.	Are you pregnant?																		
6.1	What is your present week of pregnancy.....																		
6.2	Is the pregnancy defined as a pregnancy at risk, or was it recommended by a physician that you not travel overseas? If the answer is "yes," and in light of your being in a pregnancy at risk, it is not possible to accept you for the insurance.																		

- If you are pregnant (not in a pregnancy at risk), you must purchase the rider for pregnancy.
- If you are 42 years old, or if you will turn 42 before the end of the Insurance Period, or if you will be in Week 32 before the end of the Insurance Period, it is not possible to purchase the rider for pregnancy (according to the terms of the rider) and therefore it is not possible to purchase the insurance..

**E Insurance Plan - First Class**

Name of Plan	Main Insured	Spouse	Child 1	Child 2	Child 3	Child 4	Insurance Period
Medical Insurance - Basic Policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Entire insurance period
<b>BASIC LEVEL</b> <b>Search and rescue - included at the Basic Level.</b> (If you are not interested in this coverage, please mark). The coverage for search and rescue, if purchased as part of the Policy, will not apply the following countries: one of the Arab states, Afghanistan, Mauritania, Malaysia, Nigeria, Somalia, Sudan, Pakistan, Chad, North Korea, Russia-Chechnya, the Central African Republic, Yemen. A country that does not have diplomatic relations with Israel, including a diplomatic representative office, and territories controlled or administrated by the Palestinian Authority or territories occupied by terrorist parties.	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	Entire insurance period
	<b>Third-party liability - included in the Basic Level.</b> (If you are not interested in this coverage, please mark).	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested	<input type="checkbox"/> not interested
<b>Supplemental coverage</b>							
Baggage - loss or theft (personal accompanying luggage)							Entire insurance period
Cancellation and shortening of trip							Entire insurance period
Worsening of a preexisting medical condition							Coverage of worsening of a medical condition that is purchased will be valid until the maximum period of this coverage, according to Section A above, including a case of extension of the policy or purchase of supplemental insurance for worsening of a preexisting medical condition during the maximum period in the Policy.
<b>Pregnancy up to Week 32 for an Insured up to 42 years of age</b> If the pregnancy is defined as a high-risk pregnancy, there will be no coverage to anything associated with or arising from pregnancy.							Supplemental insurance for pregnancy that is purchased for additional insurance fees will be valid until Week 32 (inclusive) of the pregnancy or up to age 42, whichever occurs earlier, including in a case of extension of the policy or purchase of supplemental insurance for pregnancy within the maximum period as defined in the Policy.
Death or loss of limbs due to an accident event incurred by the Insured (up to age 70)							Entire insurance period
Extreme sports (it is not possible to purchase this coverage with coverage for pregnancy)							From ...../...../..... to ...../...../.....
Winter sports (it is not possible to purchase this coverage with coverage for pregnancy)							From ...../...../..... to ...../...../.....
Personal portable computer/tablet Model .....							Entire insurance period
Cell phone Model .....							Entire insurance period
<b>Two-wheel bicycle - total loss or theft or damage over 50%, please mark the limit of liability requested</b> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$6,000 Model ..... Date of purchase of bicycle ..... Value of bicycle in NIS .....							Entire insurance period
<b>Cancellation of co-pay for rented car/rented caravan abroad</b> (for driver from age 24 to age 75) Purchase of this coverage is for one Insured - the coverage in the Policy is for each Insured whose name is designated on the rental form.							From ...../...../..... to ...../...../.....



**F Information for the Insurance Applicant**

1. The maximum period for the supplemental coverage for worsening of a preexisting medical condition for an Insured up to age of 60 is 90 days ("Supplement for Worsening"). Therefore, a supplement for worsening purchased will be in effect up to the said maximum period, including the case of extension of the Policy or purchase of supplemental insurance for worsening within the maximum period in the Policy. If at the time of extension, the maximum period of the supplement for worsening has passed - there will be no coverage for worsening during the period of extension of the Policy.
2. The insurance policy does not cover medical expenses abroad that arise from anything associated with and/or arising from pregnancy, including pregnancy known of after joining the insurance and prior to the trip and the Insured did not update the Insurer of it, unless the Insured purchased, for additional insurance fees, supplemental coverage for pregnancy.
3. If you chose to remove the coverage for search and rescue in the Basic Policy - the Basic Policy will not include this coverage.
4. If you chose to remove the coverage for third-party liability in the Basic Policy - the Basic Policy will not include this coverage.
5. Insofar that you asked to purchase coverages in addition to the Basic Policy, you may cancel each of the coverages at any time without the cancellation being contingent up cancellation of one or more of the other coverages you purchased together with the Basic Policy, and without cancellation of the coverage causing cancellation of a discount on the Basic Policy or on another coverage. This is with the exception of cancellation of a reduced price provided due to purchase of several different coverages, which were priced together in advance. In the case of cancellation of the Basic Policy, the additional coverages that accompanied the Basic Policy will also be cancelled.

**G Declaration of Those Insured**

1. I, the undersigned hereby request that Harel Insurance Company Ltd. (herein: the Insurer/the Company/Harel) insure me based on all the stated in this proposal.
  - a. The information included in this document is essential in order to accept you for the policies and for any other matter related to the policies and their handling. The Company and other companies in the Harel Group (Harel Investments in Insurance and Financial Services Ltd. and its subsidiaries) and/or anyone on their behalf will use it, including its processing, storage and use for any matter related to the policies and for other legitimate purposes, including by means of transferring the information to third parties that act on behalf of and for the Harel Group.
  - b. I hereby declare that all the answers for correct and full and that they are provided of my own free will.
  - c. The answers listed in the Health Condition Statement and any other information provided to the Company and the terms customary in the company for this matter will serve as basic terms of the insurance contract between you and the Company and will constitute an integral part therefore.
2. Agreement to Use of Information and Receipt of Advertising Material
  - a. Do you agree, beyond the requirements of the law or agreement, that the information included in this document, as well as additional information about me that is or will be possessed by other companies in the Harel Group (Harel Insurance Investments in Insurance and Financial Services Ltd. and its subsidiaries) will be used by the companies in the Harel Group and/or anyone on their behalf, including for any matter related to the other products and services of the companies in the Harel Group (in the field of insurance, long-term savings and finances) and in their marketing, including allowing the said companies to inform you of products and services, and also for the purpose of handling other policies and/or insurance, long-term savings and financing products that you hold, processing and storing the information, and also for additional uses associated with the above-said uses and required in order to complete them, and for other related legitimate purposes, including by means of transferring the information to third parties acting on behalf of and in the name of the Harel Group.  no  yes
  - b. We hereby inform you that there is a possibility that you will receive from the Company or from other companies in the Harel Group to which your details are provided (insofar as you consented to providing them with your details), marketing offers and advertising materials about products and services of the Company and/or the companies in the Harel Group, as relevant, by means of fax, email, an automatic dialing system or short message service (SMS) texts.  
If you do not agree to receive marketing proposals and advertising materials as said, you may give notice of your refusal or change your previous choice at any time by means of the "Form for Not Receiving Advertising and Marketing Proposals" that is available to you on the Company website at [www.hrl.co.il/pirsum](http://www.hrl.co.il/pirsum) or by written request to the address: Harel House, Health Division, Personal Overseas and Foreign Resident Health Division, 3 Abba Hillel, P.O. Box 1951, Ramat Gan 521 1802, or by telephone request at 03-7547777. Further information about the privacy policy of the institutional bodies in the Harel Group can be found on the website of the Group at [www.harel-group.co.il](http://www.harel-group.co.il)
3. I hereby confirm that I received essential information regarding the insurance, which included, at the very least, a description of the main elements of the coverage, the insurance premium, the insurance period, the main insurance amounts and the main limitations of liability, and regarding my possibility of obtaining full details about them.
4. **Internet interface for locating insurance products-**  
The Capital Market Authority has created a secured internet website which enables you to view in a concentrated manner your insurance products from all insurance companies in Israel, thus based on data we deliver to them. If you do not wish for us to deliver the data, you must contact our company. If you do not wish for us to deliver your information to the Capital Market Authority as aforementioned, you can sign the request below not to deliver the information, or fill out the correct form at the company's website [www.harel-group.co.il](http://www.harel-group.co.il)  
Be advised, failure to deliver the information will prevent you from viewing on the secured website all of your insurance products from all insurance companies in Israel in a concentrated manner. You have the option of signing below a request not to deliver the information.  
Please note that when filed, the request to remove information as aforementioned will apply to current as well as future policies. Therefore, if you have announced in the past that you do not wish for information to be delivered, then information will as well not be delivered vis-à-vis this policy.  
 Request to remove information from the internet interface for locating insurance products: with my signature below, I hereby confirm that I do not wish for you to deliver the information regarding my insurance products managed by your company to the Capital Market Authority. I am aware that failure to deliver the information as per my request will prevent me from viewing on the Capital Market Authority's secured website information regarding my insurance products being managed by your company.

	Date	Name of Insured	Identity number	Signature
Main Insured				
Spouse				
Child over the age of 18				
Child over the age of 18				
Child over the age of 18				
Child over the age of 18				

Witness to the signature (the insurance agent)

Date: ..... Name: ..... I.D: .....

License no.: ..... Signature: ..... Stamp: .....



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**H Declaration of Those Insured**

Agent's Declaration (required clause that the agent must sign)

**Agent's Declaration of Inquiring About the Needs of the Candidate and an Insurance Proposal Fitting His Needs:**

I confirm that as part of the sales process, I inquired about the insurance needs of the candidate/s, according to the instructions of the circular of the Supervisor of Insurance regarding inclusion in insurance, and I offered him/them insurance that fits his/their needs.

Date: ..... Name of agent: ..... Signature of agent: .....

**I Payment by credit card - Collection dates according to the arrangement of the Insured/Payer with the credit card company**

Name of cardholder	ID Number	Number of payments	
Card number	Valid until	CVV (3 digits on back of card)	
Street	Number	Town	Postal code
Phone number	Cell phone number		

For your information, the means of payment will be used to pay the insurance fees for all those insured under the policy/ies. The amounts and dates of charges will be according to the Company's determination, according to the terms of payment of the insurance policy/ies and the changes made to them from time to time. The charge will be in New Israeli Shekels, according to the dollar exchange rate on the day that billing will be sent to the credit company.

If a refund of insurance fees is made, the refund will be made to this means of payment, unless the Company decides to make the refund to another means of payment.

If the policy/ies is/are renewed, the credit card will be charged according to the charges that arise from the renewed policy/ies. This permission will also hold for charging a card that bears a different number that is issued as a replacement for the card whose number is noted on this form.

Date: ..... Card holder's signature:  .....

