

Extension of Policy No.

**Prolong PRESTIGE Policy**

Academic Institution : \_\_\_\_\_ Faculty / Department : \_\_\_\_\_

<b>Personal Details</b>	Family name:	First name:	Date of birth:	
	Passport no.:		Nationality:	
<b>Address in Israel</b>	Street	No.:	Town:	Zip code:
<b>Telephone in Israel</b>	Residence:	workplace:	Cellular:	
<b>Home Address</b>				
<b>Home Telephone</b>			E-mail:	

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_ Total number of days insured: \_\_\_\_\_

Total number of days insured:	Daily Premium rate In \$US :	Total Amount due \$US :
X	_____ /day	=
Total Premium rate In \$US	Rate of exchange:	Total Amount due NIS :
X		=

Please address the check to the order of Harel Insurance Company LTD, or add Credit Card Form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured signature

**CONFIRMATION**

Payment for the above premium amount has been received

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Yedidim representative

\_\_\_\_\_  
Signature of Yedidim representative