



Application Form Tour & Care

Institution _____ Faculty or Department _____

A. Member's Personal Details (Please print)

Extension of policy number _____

Last name		First name		Passport number		Date of birth	
Address in Israel	Street	Number	Town	Zip code	Telephone		
	Street	Number	Town	Country	Zip code	Telephone	
Home address		Country		Zip code	Telephone		
e-mail		Period of insurance	From	To	Total number of days insured		
				200	200		
Insured days _____ X Daily premium rate US \$ _____ /day = Total Amount due US \$ _____							
Total premium US \$ _____ X Rate of exchange _____ = Total Amount due NIS _____							

B. Declaration of Health - Please answer the following yes/no questions, ticking the appropriate box.

Questions	Yes	No	Details
1. Has the member been hospitalized at any time? If so, when and for what reason?			
2. Has the member suffered at any time from heart disease, cancer, cerebral disorder, nervous disorders or any other health condition?			
3. Has the member at any time required an operation?			
4. Has the member at any time suffered an injury as a result of an accident?			
5. Has the member at any time suffered from any form of disability?			
6. Has the member suffered from any illness or is the member aware of any health condition?			
7. Is the member on medication for any medical disorder?			

I declare and confirm that I have read the Terms & Condition of the policy and its exclusions

If you have responded "no" to all the above questions, please sign the declaration below and return this form.
Personal Declaration: I hereby declare that I am not suffering from any illness or accident. I am not handicapped. I am not undergoing any medical treatment of any kind. I do not, nor have I in the past suffered from any chronic medical condition (such as heart disease, high blood pressure, disability, etc. or a congenital disability, or a malignant disease). I am not aware of any need for medical treatment, hospitalization or surgery.

Date _____ Signature _____

If you have responded "yes" to one or more of the questions, please provide the requested details in the box on the right ("Details"). Write the question number, and next to it, the date of the event referred and your present condition. Then please sign the declaration below and return this form.

Personal Declaration: I declare and confirm that I have read the Terms & Condition of the policy and its exclusions. I am aware that the benefit under this policy do not cover treatment arising from any existing diseases, injuries, ailments or conditions as indicated in the "yes" column for which I have been diagnosed or which have required medical treatment, including prescription medications.

Date _____ Signature _____

C. Details of Insurance in your home country - please select one

- Insurance company _____ policy number _____
- I have health insurance in my home country, but do not remember the details
- I have no health insurance in my home country.

D. Confirmation

Payment for the above premium amount has been received. Once your application has been processed and approved by Harel insurance Co. Ltd., the insurance coverage takes immediate effect.

Date _____ *Session Chacoty (authorized Signature)* _____

E. 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 manner 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.

Date _____ Signature _____

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