

Offer of Insurance for Travelers Abroad

This form is intended for men and women alike.
Please make sure to fill out this form accurately and completely.
Version: 12/2024



Send this form to the Personal Overseas Travel Insurance Division:
By email: fax7922@harel-ins.co.il or by fax: 03-7348082

Agent's name:
Agent's number:

You must give a complete and honest answer to questions in this form. To the extent that you do not do so, it might have an adverse effect on the payment of the insurance benefits.
The Policy documents will be sent to you to the mobile phone number and e-mail address known to the Harel Company.

A Travel details

From _____ / _____ / _____ to _____ / _____ / _____

Travel destination*:
 Europe Asia Australia Central And South America Canada Africa Antarctica
 USA (from _____ / _____ / _____ to _____ / _____ / _____)

Please list the countries you plan to visit:

Note:
 A condition for purchasing the policy is the presence of the insured in Israel. Purchase of the policy by filling out the form constitutes a declaration that all insurance candidates are in Israel at the time of purchase.
 *The company reserves the right to periodically update the destinations for which it is not possible to purchase travel insurance abroad. These destinations are published on the company's website at:
www.harel-group.co.il/Insurance/travel/join/Pages/join.aspx.

For your information, the maximum insurance period is

Age of Insured	Maximum Policy Period
0-50	365 days
51-60	180 days
61-75	120 days
76-80	60 days
81-95	30 days

B I hereby request to insure myself and the members of my family listed below:

Address Street	No.	City	Profession / Occupation
Telephone	Mobile phone	Email address for personal messages and mailings@.....	

C Details of the Insurance Candidate

This Insurance is intended for Israeli residents only.
I hereby state that the insurance candidates are Israeli residents yes

The Insured	Sex	ID Number	Last Name in Hebrew and English	First Name in Hebrew and English	Date of Birth
The Main Insured	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Child 1	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Child 2	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Child 3	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Child 4	<input type="checkbox"/> Male <input type="checkbox"/> Female				

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D Health Statement (Please answer the questions below by marking the appropriate answer with ✓)

Please note, the Policy does not cover medical expenses abroad that originate from a previously existing medical condition, unless the Insured has purchased a rider for worsening of a pre-existing medical condition.

		Main Insured		Spouse		Child 1		Child 2		Child 3		Child 4	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1.	Is one of the purposes of the trip one or more of the following: consultation, diagnosis, medical treatment? There is no need to mark "Yes" if the purpose is dental treatments, hair transplantation, cosmetic treatments and as long as it is not a procedure that includes full anesthesia. If the answer to Question 1 is "Yes", we will not be able to accept you for insurance.												
2.	Has one or more of the travellers, in the past six months, taken medication regularly or undergone other medical treatment, or been advised to take medication or undergo other medical treatment? There is no need to mark "Yes" if it is hormonal treatment for menopause, vitamins or food supplements, allergy, birth control pills, cholesterol, hypothyroidism, attention deficit / hyperactivity disorder, blood pressure, sleep problems, heartburn, enlarged prostate or migraines. If the answer to Question 2 is "Yes", you must answer Question 2.1. If the answer to Question 2 is "No", proceed to Question 3.												
2.1.	Are you receiving, or have you been recommended to receive, any of the following treatments: <input type="checkbox"/> Dialysis <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Pain clinic treatment <input type="checkbox"/> Oncological treatment with radiation or chemotherapy, biological/anti-rejection treatment												
2.2.	Have you been diagnosed with one or more of the following conditions: <input type="checkbox"/> Chronic renal disease <input type="checkbox"/> A nervous system disease, including memory loss, Alzheimer's or any other type of dementia, instability or if there is an inquiry regarding these issues or any other problem of the nervous system <input type="checkbox"/> Crohn's disease with attacks in the past 12-month period <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Degenerative disease (such as Amyotrophic Lateral Sclerosis) <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Heart failure <input type="checkbox"/> Cerebrovascular accident during the past 12-month period												
If any answer is positive ("Yes"), you must attach an up-to-date certificate from the attending physician referring to your current medical condition: diagnoses, medications, treatments and follow-ups. If you answered "No" (to question 2.1), you must purchase an a Rider for Worsening of a Pre-existing Medical Condition.													
3.	During the past 6-month period, has one or more of the travellers undergone, or been recommended for hospitalization (including ambulatory hospitalization) or surgery related to one or more of the following issues: mental illness, head, heart (including catheterization), gallbladder and biliary tract, kidneys and urinary tract, digestive tract, lungs, spine. Please note: there is no need to mark "Yes" if it is an aesthetic cosmetic surgery, surgeries performed in an out-patient facility or surgeries that do not require hospitalization. If the answer to Question 3 is "Yes", you must answer Question 3.1. If the answer to Question 3 is "No", you should proceed to Question 4.												
3.1.	Has the surgery / hospitalization already been performed and more than three months have elapsed since then? If the answer is negative ("No"), you must attach an up-to-date certificate from the attending physician referring to the surgery / hospitalization / catheterization recommended for you, and referring also to your current functional and medical condition in relation to that matter. If you answered "Yes", you must purchase a Rider for Worsening of a Pre-existing Medical Condition.												
4.	During the past 6-month period, has one or more of the travellers been referred for: Examinations that have not yet been performed, or the results of which were abnormal or included an irregular medical finding? List of the examinations: MRI - Magnetic Resonance Imaging (head or spine), CT - Computed Tomography (head or spine), Echocardiography, Doppler of the carotid arteries, Ergometric Stress Testing, heart Holter. If the answer to Question 4 is positive ("Yes"), you must attach an up-to-date certificate from the attending physician, addressing the medical examinations to which you have been referred, the reasons for the examination and, if these were performed, addressing the results and recommendations for continued treatment and follow-up.												

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D Health Statement (Please answer the questions below by marking the appropriate answer with ✓)

Please note, the Policy does not cover medical expenses abroad that originate from a pre-existing medical condition, unless the Insured has purchased a Rider for a Pre-existing Medical Condition.

	Main Insured		Spouse		Child 1		Child 2		Child 3		Child 4	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5. Have you been diagnosed for undergone in the past two years (intended for travelers to the USA only): <input type="checkbox"/> Any kind of cerebrovascular accident <input type="checkbox"/> Heart diseases (for example: heart attack, catheterization, coronary artery bypass surgery, arrhythmias or other heart problem) <input type="checkbox"/> Carotid artery (carotis) stenosis												

If the answer to Question 5 is positive ("Yes"), you must attach an up-to-date certificate from the attending physician, addressing your current medical condition: diagnoses, medications, treatment and follow-ups. If you answered yes to Question 5 and the travel destination is not the USA, you must answer Question 5.1.

5.1. When was the last event and/or surgery you underwent for this problem: <input type="checkbox"/> during the past 12 months <input type="checkbox"/> over 12 months ago												
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If the answer is "during the past 12 months," you must attach an up-to-date certificate from the attending physician addressing your current medical condition: diagnoses, medications, treatment and follow-ups. If the answer is "over 12 months ago," you must purchase a Rider for Worsening of a Pre-existing Medical Condition.

Rider for Pregnancy - for women aged 18 to 42 years and up to the 32nd week of pregnancy (inclusive).

6. Are you pregnant?												
6.1. What is the current week of pregnancy?												
6.2. Is the pregnancy defined as a high-risk and/or multiple pregnancy, or has the doctor advised you not to travel abroad? If the answer is positive and in light of your having a high-risk pregnancy, you cannot be accepted for insurance.												
<ul style="list-style-type: none"> If you are pregnant (not a high-risk pregnancy), you must purchase a Rider for Pregnancy. If you are 42 years old, or if you turn 42 before the end of the insurance period, or you will be in Week 32 before the end of the insurance period, you cannot purchase the Rider for Pregnancy (according to the terms of the rider) and therefore you cannot purchase the insurance. 												

E The Insurance Plan - First Class

Name of the Plan		Main Insured	Spouse	Child 1	Child 2	Child 3	Child 4	Insurance Period	
Basic Tier	Medical Insurance - Basic Policy	✓	✓	✓	✓	✓	✓	The entire insurance period	
	*Search, locate and rescue - included in the Basic Tier The coverage for Search & Rescue will apply in countries in which it is possible to activate this coverage, according to that specified in the terms of the Policy. (If you are not interested in this coverage, please indicate this).	<input type="checkbox"/> not interested	The entire insurance period						
	*Liability to a Third Party - included in the Basic Tier. (If you are not interested in this coverage, please check).	<input type="checkbox"/> not interested	The entire insurance period						

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E The Insurance Plan - First Class

Name of the Plan	Main Insured	Partner	Child 1	Child 2	Child 3	Child 4	Insurance Period
Riders for Additional Payment							
Baggage - loss or theft (accompanying personal baggage)							The entire insurance period
Special coverage for a valuable item from the list up to \$2,000 *Provided that a Rider for Baggage was purchased and an additional rider for a valuable item was purchased and the valuable item was explicitly specified on the List Page of the Policy. <input type="checkbox"/> Camera <input type="checkbox"/> Drone <input type="checkbox"/> Religious articles <input type="checkbox"/> Stroller <input type="checkbox"/> Surfboard <input type="checkbox"/> Wheelchair <input type="checkbox"/> Mobility scooter <input type="checkbox"/> Musical instrument							The entire insurance period
Cancellation / shortening of trip - Reimbursement for trip cancellation/shortening due to a medical event or Order 8. In addition, reimbursement for changing the travel plan (for example, reimbursement for tickets, hotels, etc. in case of hospitalization for more than two days).							The entire insurance period
Extended cancellation / shortening of trip - Maximum refunds higher than the basic coverage (for example, in case of trip cancellation - a refund of up to \$10,000 compared to \$5,000 in the basic coverage.)							The entire insurance period
Worsening of a Pre-existing Medical Condition							Coverage for worsening of a pre-existing medical condition that is purchased will be valid until the maximum period for this coverage in accordance with Section A above, except if you are pregnant
Pregnancy up to Week 32 for an Insured up to age 42 As long as the pregnancy is defined as a high-risk pregnancy, there will be no coverage for everything related to and/or arising from the pregnancy.							A rider for pregnancy, purchased for additional insurance fees, will be valid until Week 32 (inclusive) of pregnancy or until the age of 42, whichever is earlier, including in the case of extending the policy or purchasing a rider for pregnancy within the maximum period as defined in the Policy.
Extreme sports (This coverage cannot be purchased with pregnancy coverage)							From _____ / _____ / _____ to _____ / _____ / _____
Winter sports (This coverage cannot be purchased with pregnancy coverage)							From _____ / _____ / _____ to _____ / _____ / _____
Professional sports (This coverage cannot be purchased with pregnancy coverage)							From _____ / _____ / _____ to _____ / _____ / _____
Personal accidents In addition to the basic health coverage included in your Policy, this rider provides compensation for death/disability/burns/ fractures/ hospitalization as a result of an accident abroad.							The entire insurance period
Extended coverage for personal accidents as part of extreme sports activities (amateur) - Extended coverage for personal accidents that may occur as part of extreme (amateur) sports activities abroad (this coverage cannot be purchased with pregnancy coverage)							The entire insurance period
Laptop / tablet up to \$2000 Model _____							The entire insurance period

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E The Insurance Plan - First Class

Name of the Plan	Main Insured	Partner	Child 1	Child 2	Child 3	Child 4	Insurance Period
Riders							
Mobile telephone up to \$750 Model							The entire insurance period
Two-wheeled bicycle general loss or theft or damage over 50%, please mark requested limit of liability: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$6,000 Model							Up to 90 days
Cancellation of deductible for a rented car / trailer rented abroad (for drivers from the age of 24 years to age of 75 years) <input type="checkbox"/> Up to \$1,500 <input type="checkbox"/> Up to \$6,000 One payment for this rider is for all the Insured named in this Policy who are over age 24. This coverage may be purchased for part of the period of travel.							From / / to / /

F Information for the Insurance Candidate

- Note: the Company reserves the right to occasionally update the destinations for which it is not possible to purchase overseas travel insurance. These destinations are published on the Company's website at: www.harel-group.co.il/Insurance/travel/join/Pages/join.aspx.
- Rider for Worsening of a Pre-existing Medical Condition ("Rider for Worsening") - the maximum period for a Rider for Worsening is as detailed in the terms of the Policy.
- The insurance policy does not cover medical expenses abroad arising from anything related to and/or resulting from pregnancy, including a pregnancy that became known after joining the insurance and before the trip and the Insured did not inform the Insurer, unless the Insured purchased, for additional insurance fees a Rider for Pregnancy.
- If you chose to remove the coverage for search and rescue in the Basic Policy - the Basic Policy will not include this coverage.
- If you chose to remove the coverage for third-party liability in the basic Policy - the Basic Policy will not include this coverage.
- To the extent that you have requested to purchase additional coverages to those of the Basic Policy, you may cancel any of the coverages without the cancellation being conditional on the cancellation of one or more of the other coverages you purchased together with the Basic Policy, and without the cancellation of the coverage causing the cancellation of a discount on the Basic Policy or an other coverage. This, with the exception of the cancellation of a reduced price given due to the purchase of several different coverages, which were pre-priced together. In case of cancellation of the Basic Policy, the additional coverages accompanying the Basic Policy will also be cancelled.
- The full and binding terms are set forth in detail in the terms of the Policy. In the case of conflict between the terms of the Policy and the terms that appear on the Insurance Details Page, the terms set forth on the Insurance Details Page will prevail.

G Statement of the Insurance Applicants

1. The travel referred to on this proposal form is not to the destinations specified on the Harel website for it is not possible to purchase overseas travel insurance.
2. I, the undersigned, hereby request of Harel Insurance Company Ltd. (hereinafter: "The Insurer / Company / Harel") to insure me based on everything stated in this proposal.
 - a. I hereby state that all the answers are correct and complete and are given out of my own free will.
 - b. The detailed answers in the Health Statement and any other information to be provided to the Company as well as the Company's commonly acceptable terms in this regard will serve as fundamental terms for the insurance contract between you and the Company and will form an integral part thereof.
3. Privacy: Harel Insurance Company Ltd. and Harel Pensions and Provident Ltd. ["Harel"] collect information for the purpose of adding to products, providing services, operation and management of product life, handling claims, payments and processes, management and improvement of the transactions and services that Harel provides, upholding the instructions of the law, to match and offer products and services based on personal characteristics and for other legitimate purposes. Usually it is not legally required to provide information, but a choice not to provide information will lead to our being unable to examine the request and provide service. The information will be provided to the insurance agent (if such exists) for the purpose of handling requests and everything associated with management and operation of products and services and to suppliers and other third parties permitted to receive it, in association with these purposes.
 Further details on the privacy policy are available on the Harel website, which also includes means of communicating with the person in charge of privacy protection at Harel, information about the right to read and correct as well as removal from direct mailing lists at the link <https://www.harel-group.co.il/t/XSVCTB>.

4. Sending advertising material:

- a. **Notice about receipt of advertising material of the Company:** Details that you provided will be used to send advertising material from the Company by e-mail, an automatic dialling system or text message. You can refuse at any time at: unsubscribe1@harel-ins.co.il; <https://www.harel-group.co.il/t/QMUYBS>; number *2735; QR code:



In addition to ads that the Company is permitted to send me in the notice given me above, I wish to receive advertisements about services and products from all the companies in the Harel Group, business partners and third parties by e-mail, an automatic dialling system or text message.

*Harel Group - Harel Insurance Investments and Financial Services Ltd. and its subsidiaries.

Note: Not marking will not be considered as refusal to receive advertising material from the Company (as set forth in detail in Section a. above) and does not cancel previous consent. You can rescind your consent at any time

5. Internet interface for locating insurance products:

The Capital Market Authority has established a secure website that will allow you to view your insurance products in a centralized manner across all insurance companies in Israel, based on data that we will transfer to them. If you do not want us to transfer your data to the Capital Market Authority, you must contact our Company after you have joined the Policy.

Please note that non-transfer of your data will prevent you from viewing your insurance products in a centralized manner across all insurance companies in Israel on the secure website.

You can submit a request to remove such information in your personal area on our website at www.harel-group.co.il. Please note that submitting a request to remove such information applies to existing and future policies. Thus, to the extent that you have previously notified us that you do not wish the data to be transferred, it will not be transferred for this Policy either.

6. I hereby confirm that I was given essential information regarding the Insurance, which included at least a description of the main features of the coverage, the insurance premium, the insurance period, the main insurance amounts and the main Limits of Liability and about my ability to receive full details about these matters.
7. I hereby confirm that as part of the process of joining the Policy and as part of the underwriting process, I may be required by the Company to purchase additional coverage for worsening of a pre-existing medical condition for additional amounts, with reference to one or more of the travellers in the proposal form, and this as a condition of acceptance for insurance.
8. By joining this Policy, I hereby authorize my Insurance Agent in the Policy to submit and receive on my behalf and/or for me all related notices and / or documents related to the underwriting procedure and the procedure for joining the Policy.

	Date	Name of insured	ID 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			

Insurance Agent confirmation:

Date: Name: I.D.: License No.:

Signature: Stamp:

H Statement of the Insurance Agent (mandatory section for signature by the Insurance Agent)

The Insurance Agent's statement regarding compliance with the instructions of the Insurance Supervisor's Circular regarding joining an insurance:

I confirm that as part of the sales procedure for the products listed in this Joining Form, I complied with all the instructions of the Insurance Supervisor's Circular regarding joining an insurance, and in particular I inquired about the needs of the Candidate/s, offered insurance and / or added coverage, a rider or a service letter to an existing insurance policy that matches his / her / their needs. and I gave him / her / them all the essential information required.

.....
 Date Name of Agent Agent's Signature

I Payment By Credit Card

Collection dates: according to the arrangement of the Insured/ Payer with the credit company

Name of the Credit Card Holder		ID Number		Number of installments	
Card Number		Valid until		CVV (3 digits on the back of the Card):	
Street		No.	City		Postal Zone Code
Telephone			Mobile phone		

Your account will be charged in NIS by means of a credit card, according to the last representative USD rate of exchange published the day before the date of purchase/extension/expansion of the Policy, as relevant.

For your information, insofar as the payment of insurance fees is not honored by the credit company/bank/unusual payer, the operating costs and/or collection attempts and/or other costs for the purpose of executing repeated payment, insofar as they occur, will be borne by the Insured/paying party in this Policy.

I, the undersigned, hereby declare the correctness of the details in the sections above and my consent that the payments for the Policy will be executed for the above-mentioned Insured. I know that this agreement of mine will be in effect for every renewal and/or change and/or addition made in the Policy; that it is my responsibility to notify the Company immediately of any change in the details of the Payer and/or of cessation of payment and that the Company will not be liable to refund payment in the case that such notification was not received. It was also clarified to me that I can contact the Company's customer service at any time and notify of changes in the matter of my consent to pay the insurance fees in the Policy.

Any refund of insurance fees will be made to the means of payment with which the Policy was paid, unless for any technical reason and/or other consideration of the Company, it is decided that the insurance fees will be returned to the Main Insured. Any other payment that the Company must pay by force of the Policy will be executed to the deposit of the Insured/the Beneficiary/the Policyholder alone (depending of the case), subject to the instructions of the law.

.....
 Date Signature of the Credit Card Holder

