

# PROPOSAL FOR TRAVEL INSURANCE

This form is intended for men and women alike.  
Please be sure to complete the form accurately and completely.  
05/2022 Edition



To send the form to Yedidim Insurance agency  
by e-mail: [y\\_health@yedidim.co.il](mailto:y_health@yedidim.co.il) or by fax: 03-6874534

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\*  
 Europe  Asia  Australia  Canada  South & Central America  Africa  
 USA (from ..... / ..... / ..... to ..... / ..... / .....)

Please list the countries you intend to visit: .....

**Please note:**  
 A requirement for purchasing the Policy is that the Insured is in Israel. Purchase of the Policy by completing the form constitutes a declaration that all the insurance candidates are in Israel at the time of purchase.  
 \*The Company reserves the right to update from time to time the destinations for which it is not possible to purchase overseas travel insurance. These destination are published on the Company website at <https://www.harel-group.co.il/Insurance/travel/join/Pages/join.aspx>

**For your information, the maximum insurance period is**

Age of Insured	The maximum policy period
0 - 60	180 days
61 - 75	120 days
76 - 80	60 days
81 - 95	30 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				



**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 is to receive a medical care?												

It is not necessary to mark "yes" if the reference is to dental care, hair implants, cosmetic treatments and insofar that the reference is not to a procedure that includes general anesthetic.  
**If the answer to Question 1 is "yes", we will not be able to accept you for this insurance plan.**

2. Did one or more of the passengers take medication on a regular basis or change to a different treatment or was it recommended that he take medications or change to a different treatment in the last half a year?												
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It is not necessary to mark "yes" if the reference is to hormone treatment, vitamins, or nutritional supplements, an allergy, birth-control pills, cholesterol, hypothyroid, attention deficit, blood pressure, sleep problems, heartburn, enlarged prostate, migraines, treatment with aspirin not due to illness/a heart problem/a stroke or clotting problem.

**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 in treatment or have you been recommended to receive one or more 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, not including conservation therapy <input type="checkbox"/> other treatment following organ transplant, biological/anti-rejection treatment												
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Have you been diagnosed for one or more of the following medical conditions: <input type="checkbox"/> chronic kidney disease <input type="checkbox"/> disease of the nervous system (such as multiple sclerosis) <input type="checkbox"/> Chron's disease with attacks in the past year <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"/> congestive heart failure <input type="checkbox"/> stroke in the last												
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**If any of the answers is "yes," you must add an up-to-date certificate from the attending physical regarding your current medical condition: diagnoses, medications, treatments and monitoring. If you answered "no" (to Question 2.1), you must purchase supplementary insurance for worsening of a preexisting condition.**

3. Has one of more of the travelers undergone or been recommended to undergo hospitalization or surgery associated to one or more of the following problems: head, heart (including catheterization), kidneys or urinary tract, digestive tract, lungs, Spine.												
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Please note: It is not necessary to check "yes" if the reference is to aesthetic cosmetic surgery, out-patient surgery 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 Has the surgery/hospitalization already been performed and have 3 months passed since then?												
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**If you answered "no", you must attach an up-to-date certificate from the attending physician regarding the surgery/hospitalization/catherization you were recommended to undergo and regarding your current health and functional condition in this regard.  
 If you answered "yes," you must purchase supplementary insurance for worsening of a preexisting condition**

4. Has one or more of the travelers been referred in the past 6 months for one or more of the following tests (not as part of routine testing): MRI (head or Spine), CT (head or Spine), echocardiogram, carotid Doppler, stress tests, holter												
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**If the answer is "yes" (to Question 4), you must add an up-to-date certificate from the attending physical regarding the medical tests to which you were referred, the reasons for the test and, if performed, regarding the results and recommendations for further treatment and monitoring.**

5. Have you been diagnosed or did you undergo in the past two years (intended for passengers to the US only): <input type="checkbox"/> a stroke of any kind <input type="checkbox"/> heart disease (such as heart attack, catheterization, bypass surgery, cardiac arrhythmia or other heart problem) <input type="checkbox"/> carotid of carotid arteries												
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**If you answered "yes" to Question 5 and your travel destination in the United States, you must add an up-to-date certificate from the attending physical regarding your current medical condition: diagnoses, medications, treatments and monitoring. If you answered "yes" to Question 5 and the travel destination is not the United States, 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 "during the last 12 year," you must attach an up-to-date certificate from the attending physical regarding your current medical condition: diagnoses, medications, treatments and monitoring. If you answered "more than 12 months ago," you must purchase supplementary insurance for worsening of a preexisting 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)

Supplementary Insurance for Cancellation and Shortening of a Trip - If you are interested in purchasing supplementary insurance for cancellation and shortening of a trip, you must answer the following question:

6.	Do you and/or any of the insurance candidates have a close relative who in the past 6 months was hospitalized (close relative - including spouse of the Insured, his parents, his children, his siblings, his grandfather, his grandmother, his grandchildren)?																		
If the answer is "yes", the coverage does not apply to conditions in which the travel was shortened or cancelled due to a preexisting medical condition of the Insured or of a close relative who was hospitalized in the past 6 months prior to purchase of the Policy.																			

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

7.	Are you pregnant?																		
7.1	What is your present week of pregnancy.....																		
7.2	Is the pregnancy defined as at-risk and/or multifetal or did the physician recommend 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		✓	✓	✓	✓	✓	✓	Entire insurance period
BASIC LEVEL	<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	<input type="checkbox"/> not interested
<b>Supplemental coverage</b>								
Baggage - loss or theft (personal accompanying luggage)								Entire insurance period
Cancellation and shortening of a trip (for a medical reason) includes basic coverage for the pandemic (COVID-19).								Entire insurance period
<b>Cancellation or shortening of a trip as the result of the pandemic (COVID-19) with an increased refund ceiling.</b> You may purchase this rider subject to purchase of the Rider for Cancellation and Shortening of a Trip.								Entire insurance period
Worsening of a preexisting medical condition								Coverage for worsening of a medical condition that is purchased will be in effect until the maximum period for this coverage according to Section A above.
<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.
<b>Extreme sports</b> (it is not possible to purchase this coverage with coverage for pregnancy)								From ...../...../..... to ...../...../.....
<b>Winter sports</b> (it is not possible to purchase this coverage with coverage for pregnancy)								From ...../...../..... to ...../...../.....
<b>Personal portable computer/tablet</b> Model .....								Entire insurance period
<b>Cell phone</b> 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**

- Please note: The Company reserves the right to update from time to time the destinations for which it is not possible to purchase overseas travel insurance. These destination are published on the Company website at: <https://www.harel-group.co.il/Insurance/travel/join/Pages/join.aspx>.
- Rider for Worsening of a Preexisting Medical Condition ("Rider for Worsening") - the maximum period for the rider is as specified in the terms of the Policy
- 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.
- 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.
- 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**

- Travel in the framework of this proposal form is not to destinations specified on the Harel website as places for which it is impossible to purchase overseas travel insurance
- 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.
  - 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.
  - I hereby declare that all the answers for correct and full and that they are provided of my own free will.
  - 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.
- Agreement to Use of Information and Receipt of Advertising Material
  - 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 its business partners 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
  - 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 and/or its business partners, 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 5211802, 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)
- 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.
- I hereby confirm that as part of the process of joining the Policy and as part of the underwriting process, the Company may require that I purchase, for extra cost, supplementary insurance for worsening of a preexisting medical condition, with regard to one or more of the travelers on the Proposal Form, and this as a precondition for acceptance to the insurance plan.
- 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				.....
Approval of the insurance agent:				
Date: .....	Name: .....		I.D: .....	
License no.: .....	Signature: .....		Stamp: .....	

**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:  .....