HAREL
Insurance company

Harel-Yedidim Insurance Company

Division for Overseas Visitors and Students

RE: Authorization to debit bank account by credit card in one single payment

1. I hereby grant you an irrevocable authorization to debit the following credit card in my name, in a single payment.

2. **Information concerning the cardholder:**

Personal Details	Surname: BRETTEN	First name: TIMO-CAN		Date of birth: 11-09-87
	Passport no.: C72NLMR7		Nationality: GERMAN	
Address in Israel	Street	No.:	Town:	Zip code:
Telephone	Residence:	Workplace:		Cellular:

3. **Type of credit card (please check one):**

☑ MASTERCARD ☐ VISA ☐ DINERS ☐ AMERICAN EXPRESS

Expires on month	Expires on year	Credit card number	Last 3 numbers shown on back of card
06	15	5299 - 5330 - 3001 - 0887	424

I, the undersigned, hereby permit you to debit the account as intended in the conditions for joining the Credit Card arrangements in ILS in a sum equivalent to $ 72 according to the representative rate of the Dollar on the date on which my account will be debited at the bank.
Insurance Plan (UMS/Shira UMS, etc.) ~~UMS~~ PREMIUM, effective from 20-6 to 20-8.

4. I am aware of the fact that the insurance will take effect on the date indicated above, provided that the original copy of the insurance proposal accompanied by this authorization reaches the offices of the Insurer prior to the date of effect of the insurance as aforesaid. Otherwise, the insurance will take effect upon receipt of the insurance proposal and this authorization at the offices of the Insurer.

5. I am aware of the fact that the obligation of the insurer to provide insurance coverage is subject to the Insured Person's signature on the Health Declaration included in the insurance proposal, to the agreement of Harel to cover the Insured Person with the insurance, and to the further condition that the above-mentioned credit card in my possession is valid.

6. I am aware of the fact that the insurance coverage in respect of any transaction exceeding a value of $700 is subject to the approval of the said transaction by the credit card company.

7. If the transaction is performed by telephone or by post, and not in the physical presence of the customer, please write: "by phone/postal instruction" in the space marked "Cardholder's signature."

Timo Bretten — Cardholder's signature

23-5-12 — Date

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 take immediate effect.

Signature of Harel-Yedidim representative | Name of Harel-Yedidim representative | Date

SERVICE & REPRESENTATIVE AGENT
Harel-Yedidim Insurance Company, Yedidim House, 14 Yad Harutzim St., Tel Aviv 67778
Tel. 03-6386216-7, 03-6889407, Fax: 03-6874534, e-mail: y_health@yedidim.co.il

Application Form

Prestige Shira UMS

HAREL Insurance & Finance — For your peace of mind

Institution _____ Faculty or Department _____

A. Member's Personal Details (Please print) — Extension of policy number _____

Last name	First name	Passport number	Date of birth
BRETTEN	TUO-CAN	C7J2ZMLM8R7	11/09/1987

	Street	Number	Town	Zip code	Telephone
Address in Israel					
Home address	SCHÖLLING STR	29	MOERS	47443	0049/2841/8835589

E-mail	Period of Insurance	From	To	Total number of days insured
t.bretten@gmail.com		20/06/2012	20/08/2012	

Insured days 60 x Daily premium rate US $ 1.20 /day = Total Amount due US $ 72

Total premium US $ 72 x Rate of exchange _____ = Total Amount due NIS _____

B. Declaration of Health

Please answer the following yes/no questions by checking the appropriate box and provide any relevant details in the section below.

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

Details about the existing conditions. If you responded "yes" to any of the above questions, please note the question number, followed by details (including the date) of the condition. **In addition, please attach a letter from your physician stating the current status of the condition.**

3- Ganglion in the knee (~2000)

I have been presented with the choice of three policies and their respective benefits, limitations and exclusions.

Signature _____ Date 23-5-12

Comments: _____

C. Personal Declaration

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

☒ 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.

☒ I am aware that the benefits 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 drugs.

Renunciation of Medical Confidentiality: I, the undersigned, hereby give my permission to the health service provider 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 any institute, other body and/or individual to provide Harel Insurance Company Ltd. (hereinafter "**the Requestor**") with all the details, without exception, and in the manner required by the Requestor regarding 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 any obligation to safeguard medical confidentiality and renounce this confidentiality toward the Requestor. This Declaration of Renunciation binds me, my estate and my legal delegates and anyone who will come in my stead. This Declaration of Renunciation shall also apply to minors.

D. Details of Health Insurance in Home Country – please check and/or complete the appropriate statement.

○ 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.

E. I hereby certify that all the information I have provided on this form is accurate and true.

F. I am aware that the validity and scope of this insurance policy are determined by the health declaration that I have completed and signed, as well as by other factors.

By signing this document, I am hereby responsible to inform the Harel Insurance Co. immediately of any change in my medical condition that occurs during the period between the date of my signature on the health declaration and the beginning of the insurance policy.

Furthermore, without derogating from any legal right held by the Harel Insurance Co. in accordance with the terms of the policy, I am aware that this policy will in no event cover any new medical condition that occurs during the period between the date of my signature on the health declaration and the beginning of the insurance policy.

Date 23-5-12 Signature _____

Agent and Contact Center: Harel Yedidim, Division for Overseas Visitors and Students
14 Yad Harutzim St. Tel Aviv 67778 Tel: 03-6386216, 03-6889407, Fax: 03-6874534, E.mail: y_health@yedidim.co.il, www.yedidim-health.co.il