

Application Form

Prestige Shira UMS

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	
Address in Israel	Street	Number	Town	Zip code		Telephone	
Home address	Street	Number	Town	Country	Zip code	Telephone	
E-mail		Period of Insurance	From	To	Total number of days insured		
			20	20			
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 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?		
2. Have you suffered at any time from heart disease, cancer, cerebral disorder, nervous disorders or any other health condition?		
3. Have you at any time required an operation?		
4. Have you at any time suffered an injury as a result of an accident?		
5. Have you at any time suffered from any form of disability?		
6. Have you suffered from any illnesses or are you aware of any health condition?		
7. Are you on medication for any medical disorder?		

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.

Comments: _____

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

Signature _____ Date _____

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 _____

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



005588 7000 0900

1/2011

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

- I hereby grant you an irrevocable authorization to debit the following credit card in my name, in a single payment.
- Information concerning the cardholder:**

Personal Details	Surname:	First name:		Date of birth:	
	Passport no.:			Nationality:	
Address in Israel	Street	No.:	Town:		Zip code:
Telephone	Residence:	Workplace:		Cellular:	

- Type of credit card (please check one):**

☐ MASTERCARD ☐ VISA ☐ DINERS ☐ AMERICAN EXPRESS

Expires on		Credit card number																Last 3 numbers shown on back of card		
month	year																			

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 \$_____ 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.) _____, effective from _____ to _____.

- 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.
- 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.
- 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.
- 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."

Cardholder's signature

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.

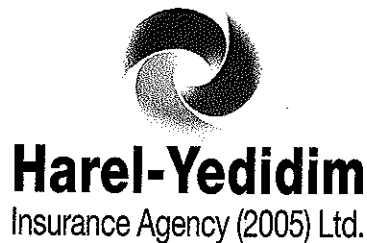
Signature of Harel-Yedidim representative

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



Harel-Yedidim
Insurance Agency (2005) Ltd.

Health Insurance Registration Procedure

1. Every student must complete the health insurance enrollment form. As a rule every previous/current medical problem may affect the insurance coverage limitations.
2. For those students with a pre-existing condition, they are permitted to apply individually and pay for an insurance rider which in the event that the pre-existing condition worsens and requires hospitalization, the applicant will be covered according to the stipulations in the rider.
3. The individual policy conditions for the PRESTIGE, UMS and SHIRAUMS plans appear on the website <http://www.yedidim-health.co.il>. It is very important to check the coverage limitations specified in each policy.
4. Each case is individually considered based on age, period of insurance and the severity of the condition.
5. Despite the difficulty in defining frameworks the following exceptions exist.
 - a. **Blanket Denial of Insurance:**
 - i. Infectious diseases,
 - ii. AIDS and sexually transmitted diseases,
 - iii. System-wide problems that impact the entire body functioning
 - iv. Cancer in the treatment stage
 - b. **Pregnancy and Childbirth** insurance— only available in the PRESTIGE Policy.
 - c. **Chronic Diseases** —e.g. High blood pressure, diabetes, digestion problems are automatically not covered by the basic policy and require special approval and the purchase of the additional rider. (See paragraph 2 above).

Division for Overseas Visitors and Students
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Fax: 972-3-6874534
e-mail: y_health@yedidim.co.il
www.yedidim-health.co.il



6. Students must sign the Health Insurance Form within 30 days of their arrival in Israel.
7. Due to the complexities outlined above, and in order to be able to provide authoritative answers, which would allow the student to arrive with all of the necessary insurance, all special cases should be directed to Harel-Yedidim in advance of the student's arrival in Israel (at least three weeks in advance).

We hope this will be used as a guideline in your dealing with students.

Sincerely yours,

Amos Gilboa

Director, division for overseas visitors and students

Division for Overseas Visitors and Students
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