

Health Insurance Vision script 7.11

	Hello (customer name), this is (representative name) speaking, I am a marketing representative at Clal Insurance, on behalf of the agency _____ how are you?
	I am contacting you because you are insured with our agent / in policy ____ I called in order to offer you a review of your insurance portfolio, to explore the possibility of reducing costs in the existing portfolio, and to offer you additional coverage. Do you have a few minutes? [A positive response is required]
	All in the name of the agency and for it
	If the insured responds negatively, the call is concluded, and it is documented in the CRM as "customer refused the marketing offer".
	ID number + Date of birth + Residential address + Occupation + Smoking
	Authorization to Use Insurance Data
	To check your existing insurances today, I will perform a check for you on the "Insurance Mountain" website.
	It's important for you to know that the "Insurance Mountain" is a Ministry of Finance website that displays the active insurance products in your name across all insurance companies.
	To carry out the check, I need your permission to conduct a search in your name (and in the name of your minor children) on the Insurance Mountain site. Do you consent? [A positive response is required]
	What is your ID number and its issue date?
	What is your date of birth?
	(If it concerns a minor: ID number, date of birth)
	Please be aware that the information you provided to me is for the purpose of searching on the Insurance Mountain only and we will not use it after 5 days from this date.

	Currently, you are insured with us under a <type of existing coverage> policy which covers you in the event of <insurance case>, in addition to the coverage / coverages for <types of existing coverages> according to the information on the Insurance Mountain site.
	Based on the information I provided to you, you have a lack of coverage <type of missing coverage>.
	Following the check we performed for you on the Insurance Mountain, in order to complete the check and examine the compensation amounts you have in the policy and whether you have exclusions or medical additions in the existing coverage, I would like to enter with you into the personal area on the <insurance company name> website.
	In order to tailor the coverage in the best possible way, I need your permission to enter the personal area on the (insurance company name) website. As soon as the check is completed, I will exit the personal area and no actions will be taken on your behalf other than viewing and printing your policies, which will be kept with us.
	Please note, the personal area includes comprehensive information about all the existing products you have with <insurance company name>.
	If you consent, when entering the site, you will receive an SMS to your mobile phone with a temporary access code to the site, which you will need to provide to me. I commit that the code will not be saved with me.
	If the insured has similar coverage with Clal Insurance or another company, it should be noted to him that similar coverage exists. (Referring to collective policies as well).
	Do you intend to cancel the policy?
	A comparison of coverages should be conducted.
	(Customer name)_____, I will now explain to you the main coverages. It's important for you to know that you can purchase each of the coverages separately, but according to the instructions of the Insurance Supervisor, some of the coverages can only be purchased after purchasing the coverages of

	medications + transplants + surgeries abroad (basic health policy). It is possible to remove provided that the basic policy remains
	Basic Health Policy: This is a policy that includes 3 insurance plans:
	Medications + Transplants + Surgeries Abroad
	Medications Outside the Basket
	Coverage up to 3,000,000 ₪ for medications not included in the health basket, coverage for special medications called "personally imported medications" up to 1,000,000 ₪, without co-payment for medication costing over 5,000 ₪ per month.
	Transplants and Special Treatments Abroad
	Coverage for performing transplants and special treatments outside of Israel, including related expenses such as flight expenses and expenses for follow-up treatments, and includes a monthly allowance before and after the transplant.
	C. Surgeries and Surgery Alternatives Abroad
	Coverage for performing surgeries and surgery alternatives abroad, including related expenses such as flight expenses and expenses for consultations with specialists in Israel and abroad.
	Surgeries in Israel and Surgery Alternatives in Israel
	I would like to point out to you that the basic health policy does not include insurance coverage for private surgeries in Israel, among other reasons, because coverage for surgeries in Israel is provided within the SHABAN framework.
	There are 3 policies that cover private surgeries in Israel, and they differ in the scope of coverage and price. If you are interested, you should choose one of the three:
	Israel Surgery Policy of the SHABAN Supplement type with a self-participation of 5,000 ₪ (if the surgery or the surgery alternative is performed through the insurer)

	This policy is intended for those who are members of SHABAN in a health fund and it provides coverage for private surgeries in Israel, including preventive surgeries and surgery alternatives, all after exhausting and deducting the insured's rights in SHABAN with a self-participation for an insurance case amounting to 5,000 ₪ (with a contracted provider).
	Among the 3 policies, this is the policy with the most limited insurance coverage (since it constitutes supplementary insurance on top of SHABAN) but it is also the cheapest.
	SHABAN Supplement Israel Surgery Policy without Self-Participation
	This policy is also intended for those who are members of SHABAN in a health fund and provides coverage for private surgeries in Israel, including preventive surgeries and surgery alternatives, all after exhausting SHABAN rights - but in this policy, the insured is exempt from paying self-participation.
	This policy is identical to the first one except that it does not have a self-participation limit, therefore it is slightly more expensive.
	First Shekel Israel Surgery Policy without Self-Participation
	This policy also provides coverage for private surgeries in Israel, including preventive surgeries and surgery alternatives, all from the first shekel - meaning without depending on the insured's rights in SHABAN.
	Among the 3 policies, this is the most comprehensive policy in terms of coverage realization since the insured is not dependent on the conditions and availability of SHABAN, therefore it is the most expensive.
	It is important to note that "the coverage for surgeries is provided through surgeons who are in agreement with the insurance company only" (lists of doctors are detailed on the company's website) and it is necessary to contact the insurance company to coordinate the surgery before it is performed.
	Ambulatory Insurance Plans
	After joining the basic health policy, you can be offered to purchase one or more

	of the following insurance plans:
	Medicinal Consultations and Tests - Coverage for a variety of ambulatory medical events (not within hospitalization) including: medical consultations, diagnostic tests, pregnancy tests, surrogacy services in Israel, and more.
	Rapid Diagnosis - Initial medical consultation and diagnosis by a diagnosing doctor within one working day and further tests if necessary, in order to reach an accurate and quick diagnosis as much as possible:
	Personal Plus Accompaniment - The coverage provides medical and para-medical services aimed at accompanying the insured at all stages of the illness.
	Alternative Medicine - Coverage for a variety of alternative and complementary treatments with the option for the client to choose the provider from a list of contracted providers or reimbursement for non-contracted service providers.
	Specialist Doctor or Line - Medical consultation via an internet video chat call by specialist doctors, pediatricians, and family doctors at the click of a button.
	Bar Giora Hotline - Accompaniment, advice, and guidance in case a serious illness is discovered, providing a comprehensive envelope of guidance and accessibility to medical services, realization of financial and non-financial rights, support and guidance for the insured and their family.
	Medical Devices - Broad coverage for a variety of advanced technologies and medical devices medical technologies for treatment due to an oncological disease, technologies for pain treatment, hyperbaric chamber, medical devices costing over 500 NIS.
	Medicinal Services for Children - Coverage for the special needs of a child including a variety of services and coverages for emergency hours, consultations, tests, and treatments in medical and para-medical professions, learning skills development, and child diagnostic services.
	And it is important to note, that everything is of course subject to the policy

	conditions.
	Notes for the Representative
	It is possible to request a payment method for the purpose of collection (without positive approval at this stage! Only under conversation summary)
	At this stage, if the insured raises objections, they should be addressed.
	If the insured did not agree to purchase the policy - document in the CRM "No sale was made"
	The declaration of truth and health declaration should be read as they appear in the proposal form.
	If offering insurance to an adult additional to the one who gave us permission to enter the Insurance Mountain and we performed a needs assessment for him, a health declaration should be filled out with him and the following sentence should be read:
	Following my conversation with _____ who purchased a (type of policy) policy for you after a needs assessment was performed with him, I need to fill out a health declaration with you in order to examine your acceptance to the policy. Is that okay?
	(Only after receiving active consent, the health declaration will be filled out).
	According to the chosen coverage, the client should be provided with Annex V including premium development. The sale is supposed to be conducted in two stages, therefore, the sales process cannot be completed and a follow-up call should be scheduled.
	I would be happy to schedule another call with you on _____ date after you have thoroughly read the documents I sent to you.

	Also, I suggest you consult with a family member or another person you trust regarding joining the insurance coverage.
	Beneficiaries
	I am noting to you that the beneficiaries in case of death in the policy are the legal heirs, is that okay?
	If the insured responded negatively, he/she should specify the names of the heirs and their ID numbers
	When an insured purchases a reimbursement type policy and has a similar policy, a comparison of coverages/exclusions is required.
	The insured should be asked to send the insurance detail sheet of the existing policy / annual report or to send a power of attorney to obtain information from the insurance company.
	If we sent a power of attorney, it should be noted to the insured: "I am sending you a power of attorney to your email / mobile for signature. Please note, I want to emphasize to you that the insurance application process has not been completed and does not obligate the insurance company. After receiving the signed power of attorney from you, we will contact you in order to complete the insurance application process."
	Standing Order -" I am sending you a standing order form to your mobile for signature "
	What is the account number? And what is the branch number to which you are affiliated?
	What is the number of the credit card*? What is its validity? Is the card in your name**?
	*Request the card's validity and the full number
	*Obtain the insured's approval:
	Do you approve the purchase of the insurance from the payment method you

	provided?
	I am now sending you to your mobile / email a disclosure that also includes essential information about the policy where you can see the insurance amounts, liability limits, policy exclusions, premium variation table during the insurance period, and also information regarding viewing insurance products of a minor on the "Insurance Mountain" site.
	The last premium is (mention of the final premium) I recommend you read and I am at your disposal for any question.
	In addition, I am also sending you the results of the needs assessment that was performed for you including reference only to the coverage offered to you instead of the policy at -
	(The needs assessment results will be filled out by the sales representative's signature and sent to the insured as part of the approval conversation).
	After completing the process of accepting you to the insurance, the policy will come into effect starting today
	The policy will be sent to you with a copy of the questions asked in the health declaration and the answers you gave, we recommend going over the health declaration and if there are any objections please inform us as soon as possible.
	Mention the acclimation period 3 months to a year according to what is written in the policy conditions
	Mention the additional monthly payment + relative charge relative charge in the first month is ... ₪ + premium for each coverage
	Premium is linked to the index and varies by age groups
	Subject to the policy conditions
	It should be mentioned for an insured up to age 60 who purchased a new basic health policy "It is important for me that you know that canceling a basic health policy within 6 months from the day of purchase, will cause the cancellation of the Israel surgery policy (if purchased) and ambulatory insurance plans" (if purchased).
	The above does not apply in the case where the insured purchased the basic health policy from another company that he requested to cancel - this should be read to every insured who purchased one or more of the basic products.
	You can cancel any of the products you purchased at any time and under the

	condition that a basic product remains (only if selling an annex/service letter/extension to the policy)
	Our phone number is 03-7111111 you can contact us in any case
	It is important for me to mention that if you wish, you are entitled to appeal the signing conditions
	This is according to what is detailed in the signing conditions form that will be sent to you along with the policy
	Proposal to Cancel an Existing Policy
	I am sending you a cancellation request to your email / mobile for signature. Please note, we will forward the cancellation request to the company where the policy is managed subject to receiving the signed cancellation request from you and we will send you a copy of this request. You must ensure that the insuring company indeed canceled the policy as required.
	Please be aware, if the insurance joining process is not completed and no insurance coverage is issued for you by Clal Insurance, the cancellation request for the policy in the competing company will not be submitted and therefore it will remain active.
	I agree that the company and companies in the Clal groups, will send me documents and notices (including policy documents, annual reports, and documents required by law) in connection with all my existing insurance, pension, and provident products in the Clal group.
	I/we the candidate(s) for insurance, confirm that:
	I/we hereby request to be insured according to this proposal (hereinafter "the proposal")
	As part of the sales process, my needs were examined and insurance matching my needs was offered to me, including through conducting an inquiry to the Insurance Mountain after I gave my approval, and insurance matching my needs was offered to me.

	I am aware that the approval or rejection of this proposal is subject to the sole discretion of the insurer subject to legal provisions.
	I commit to report to the insurer any change that occurs in my medical condition from the day of filling out the health declaration until the date the company agrees to accept me for insurance, I am aware that if I do not report the change my rights under the policy may be harmed
	I hereby inform you that your data is stored in computerized information databases of companies in the Clal group, and various companies from the Clal group may use them for the purpose of providing services and fulfilling legal obligations.
	I confirm that the company may contact me for the purpose of offering various products and services, both by direct mailing and otherwise, including via mail and/or telephone and/or automatic dialing system and/or electronic messages and/or short message service I will be entitled to notify at any time that I do not wish to receive direct mail and/or marketing messages.
	Capital Market
	The Capital Market Authority established the "Insurance Mountain", a secure internet site that allows you to view in a centralized manner all your insurance products, in all insurance companies in Israel, based on data we transfer to them.
	If you are not interested in us transferring this data, after issuing the policy, you should contact us through the customer service center by phone at *5454.
	Please be aware, not transferring the data will prevent you from viewing in a centralized manner all your insurance products, in all insurance companies in Israel, appearing on the "Insurance Mountain" site.
	I intend to purchase the offered product in addition to the existing product. I am aware that this addition is for an additional product that insures a similar insurance case to the existing product in my possession and that insurance fees will be charged for both products.