

Request to Cancel a Tourist Insurance Policy

The form is intended for men and women alike.
Please be sure to complete the form accurately and completely.



Send the form to the Overseas Personal Health Division - by e-mail: fax7930@harel-ins.co.il or by fax: 03-7348083.

*Automated response 24 hours a day for confirmation of receipt of documents: 1-700-702-870. The service is available 3 hours after the form is sent. Updates received after 3 PM are made the next day.

A Details of the Insured

	Passport no. Ctrl dig.	Last name*	First name*	Date of birth	Gender
Main Insured					<input type="checkbox"/> male <input type="checkbox"/> female
Spouse					<input type="checkbox"/> male <input type="checkbox"/> female
Children 1					<input type="checkbox"/> male <input type="checkbox"/> female
2					<input type="checkbox"/> male <input type="checkbox"/> female
3					<input type="checkbox"/> male <input type="checkbox"/> female
4					<input type="checkbox"/> male <input type="checkbox"/> female
Residential address of Main Insured	Street	Number	City/Town	P.O. Box	Postcode
	Phone number			Cell phone number (not mandatory)	
E-mail address	@.....				

*Mandatory information (if the request to cancel is on behalf of two insured people, the details noted above will be used to update both insured people regarding this request for cancellation).

B I request to cancel the following insurance policies

Details of the policy to be cancelled	Effective date of the cancellation

C Confirmation of the Insured

	Date	Name of Insured	Passport number	Signature**
Main Insured			
Spouse			
Child above the age of 18			
Child above the age of 18			
Child above the age of 18			
Child above the age of 18			

**The request for cancellation must be signed by each of the insured people who are of age.

- For your information, a request for cancellation of a policy in its entirety will lead to cancellation of all the insurance coverages existing for you in the policy you request to cancel.
- Regarding a coverage that has been cancelled, no insurance event that occurs after cancellation of the insurance will be covered and you will not be entitled to any indemnity or compensation by force of that coverage. In addition, if you apply in the future to rejoin the insurance, this may involve a renewed process of medical or other underwriting, with the renewed agreement of the insurance company to accept you to the insurance plan and under the terms and rates that are customary in the Company of the day of your application.
- In addition, if your application to rejoin the insurance is approved, the policy issued will be a new policy for all intents and purposes.



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תעודת זהות

מספר מסמך: 33532