



Application Form *Prestige Shira UMS - H.U.*



HAREL - YEDIDIM
insurance agency (2005) Ltd.

Institution _____ Faculty or Department _____

3015

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							
	Street	Number	Town	Country	Zip code	Telephone								
Home address		Street			Number		Town		Country		Zip code		Telephone	
e-mail				Period of Insurance		From		To		Total number of days Insured				
						200				200				
Insured days _____ X Daily premium rate US \$ _____ /day = Total Amount due US \$ _____														
Total premium US \$ _____ X Rate of exchange _____ = Total Amount due NIS _____														
Comments:														

B. Declaration of Health - Please answer the following yes/no questions, ticking the appropriate box.

Questions			Details
	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 illness or is the member aware of any health condition?			
7. Are you on medication for any medical disorder?			

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

If you have responded "no" to all the above questions, please sign the declaration below and return this form.

Personal Declaration 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.

Date _____ Signature _____

If you have responded "yes" to one or more of the questions, please provide the requested details in the box on the right ("Details"). Write the question number, and next to it, the date of the event referred and your present condition. Then please sign the declaration below and return this form.

Personal Declaration: I declare and confirm that I have read the Terms & Condition of the policy and its exclusions

I am aware that the **benefite 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.

Date _____ Signature _____

C. Details of home insurance - select the detail information

- 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.

D. 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 takes immediate effect.

Date _____ Yedidim (authorised Signature) _____

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