Health Condition Statement for Medical Insurance - Foreigners in Israel

Subject to the Health Insurance Proposal included, which is an inseparable part of the Health Condition Statement.

Attn.

Harel Insurance Company Ltd. - Foreign Employees / Tourists Insurance Branch
3 Abba Hillel St., PO. Box 1951, Ramat Gan 5211802, Fax: 03-7348083 email: fax7930@harel-ins.co.il

A Personal information of Insurance Candidate

Passport No.	Last Name	Given Name	Date of birth	Sex
			| | | | | |	☐ M ☐ F

In the Health Condition Statement, answer the following questions by marking "✓" in the column of the correct answer. If you answer "Yes" to any of the questions, please attach an updated certificate from the attending physician addressing the stated problem, examination results, manner of treatment and current condition.

	General Questions	Yes	No
1.	During the last six months, have you lost 6kg or more of your weight? If the answer is "Yes", please specify the cause.		
2.	☐ Do you use or have you ever used narcotics? o Do you drink / did you regularly drink alcoholic drinks (more than two glasses a day)?		
3.	Course of examining a symptom or an illness, not yet completed: During the last 5 years, have you been and / or are you now, in course of any of the following medical and / or diagnostic examinations that are not yet completed and there is no final diagnosis yet: catheterization, bone mapping, echocardiography, MRI, CT, ultrasound (not as part of routine prenatal care), biopsy, occult blood, colonoscopy, gastroscopy? (If the answer is "Yes" you should submit a certificate from the attending physician containing a description of the reason for the examination, examination results and final diagnosis).		
4.	During the last 5 years, did you undergo a surgery or have you been advised to undergo a surgery? Please specify.		
5.	During the last 5 years, did you undergo an accident? Please specify what it was, the date of occurrence and what was the nature of injury sustained in the accident.		
6.	During the last 5 years, have you been hospitalized for more than 3 days? Please specify the reason for hospitalization and the treatment given to you.		
7.	During the last 10 years, have you been regularly taking, or have you been advised to regularly take, medications? Please specify what was the problem for which you are treated, what is the treatment and for how long have you been taking the said medication?		
	Have you been diagnosed with an illness, symptom, disorder, related to one or more of the issues specified below:		
8.	☐ The nervous system ☐ Cerebrovascular accident ☐ Epilepsy ☐ Multiple sclerosis ☐ Paralysis ☐ Functional (limb) weakness ☐ Tremor ☐ Muscular dystrophy or other degenerative disease ☐ Parkinson's syndrome. If the answer is "Yes" for one or more of the issues, you must attach an up - to - date letter from the attending neurologist.		
9.	Mental illness diagnosed by a psychologist, a psychiatrist or a family physician?		
10.	Eye and vision (specify eyeglasses only if lens number is above 7)		
11.	System (otolaryngology): ☐ Nose ☐ Ear ☐ Throat		
12.	☐ Heart ☐ Blood vessels		
13.	☐ Blood disorder ☐ Coagulation disorder		
14.	During the last 10 years, did you have chronic illnesses with recommendation for medication treatment / diet: ☐ Hypertension ☐ Diabetes (including gestational diabetes) ☐ High level of fats / cholesterol ☐ Other chronic disease		
15.	The thyroid gland		
16.	☐ Asthma ☐ Tuberculosis ☐ Chronic pneumonia ☐ COPD (Chronic Obstructive Pulmonary Disease) ☐ Pneumothorax		
17.	☐ Stomach ☐ Intestine ☐ Esophagus ☐ Gallbladder ☐ Liver ☐ Hepatitis ☐ Hemorrhoids - did you undergo a surgery: ☐ No ☐ Yes, on (date) .... Has the problem been solved? ☐ No ☐ Yes		
18.	☐ Hernia: location of hernia - ☐ In the diaphragm ☐ In the umbilicus ☐ In the right groin ☐ In the left groin ☐ Did you undergo a surgery to treat the hernia? ☐ No ☐ Yes, when? (date) .... Has the problem been solved? ☐ No ☐ Yes		
19.	AIDS and / or HIV carrier		
20.	Lupus		
21.	☐ Kidneys o Urinary tract		
22.	☐ Back and spine ☐ Knees ☐ Bone fractures ☐ Joints		
23.	☐ Kidneys o Urinary tract		
24.	☐ Skin tumors		
25.	☐ Syphilis o Herpes		
26.	For woman (over the age of 14 years only): ☐ Breasts including breast augmentation ☐ Gynecological system ☐ Are you pregnant? ☐ Yes ☐ No ☐ Did you give birth through Cesarean section? If yes, when?		

Specify: ....

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B Statement of insurance candidate

1. I hereby declare that all the answers are correct, complete and given of my own free will.
2. The answers specified on the Health Statement and any other information to be provided to the insurer as well as the insurer's commonly accepted terms and conditions for this purpose shall serve as essential stipulations of the insurance contract between you and the insurer and shall be inseparable part thereof.
3. The insurer may decide to either except or reject the application without having to justify its standpoint. For your information, the insurance contract enters into force only after the insurer issues a written confirmation on admission of the insured for insurance and after the initial insurance premiums are paid in full. This precondition of full payment of the initial insurance premiums shall not apply if the insurer receives means of payment through which the insurance premium can be collected.
4. The information included in this document is essential for your joining the policy and for all other intents and purposes pertaining to the policies and the handling thereof. The Company and other companies of the Harel Group (Harel Insurance Investments and Financial Services Ltd. and its subsidiaries) and / or anyone on their behalf will use the said information, including the processing, storage and use thereof for any purpose pertaining to the policies and other legitimate purposes, even by delivery of the said information to third parties operating on behalf of the Harel Group.
5. Did any insurance company decline or cancel at any time you application for health insurance? ☐No ☐Yes, Specify
   ....
6. **Waiver of medical confidentiality:** I / we, the undersigned, hereby give my / our permission to the HMO ("Kupat Holim") and / or its medical institutions, as well as to all the other physicians and / or psychiatrists, medical institutions and other hospitals, the NII and / or the Ministry of Defense, and / or to any insurance company and / or to any other institution and party, as far as necessary for the purpose of reviewing the rights and obligations under the policy and / or for the process of reviewing my admission to the insurance requested, to provide Harel, including information held by the Company and all the detailed information, without exception, and in the way that would be demanded by the Requester, as regarding my / our health condition and / or any disease that I / we have suffered from in the past and / or that I am / we are currently suffering from and / or that I / we will suffer from in the future, and I q we hereby release you from the obligation to maintain medical confidentiality and hereby waive this confidentiality in favor of the "Requester". This Statement of Waiver binds me / us, my / our estate, and my / our legal delegates and everyone who would replace me / us. This Statement of Waiver shall also apply to my / our minor children.

The Insurance Candidate has signed this Health Condition Statement Form after having received an explanation of its content in a language in which he / she is fluent.

Date .... Signature of Insurance Candidate .... Signature of witness ....

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