For your peace of mind | HAREL Insurance & Finance

Policy Schedule - Tour & Care Insurance Policy

Policy Number:	585016304421	Print Date:	2/09/2021
Branch:	585	Offer Date:	10/10/2021
Type of Program:	Tour&Care	Clalit Medical Service Number:	74300443384
Agent:	40219 ידידים הסדרים פנסיונים	Collective:	האוניברסיטה העברית מנהל
Email:		Occupation:	Student

Insurance Period	From	10/10/2021	To	9/10/2022
Total insurance days	365			

All Medical Services will be given by the "Clalit Medical network".
Call Center to arrange appointment at "Clalit" 1-222-2700 / *2700

For 24/7 doctor on call service dial 1800260660

Policy Holder:

Policy Holder	I.D. / Passport	Telephone
האוניברסיטה העב 5149 מנהל	500701610	058 - 6919994

Email: simaa@savion.huji.ac.il **Address:** הר הצופים 11111ירושלים

Insured:

First Name	Last Name	Passport	Birth Date	Country of Citizenship	Gender
PRADYUMNA	BELGAONKAR	P3885035	18/07/1998	INDIA	MALE

Email: pradyumnapb@gmail.com **Telephone No:** 000 -

Deductible:

The deductible that the Insured will pay, insofar as it is charged, will be according to that set by the service provider in the Policy (the HMO - Kupat Holim).

Details of the Coverage:

Coverage	From	To	Cost [ILS]
Basic coverage	**10/10/2021**	**9/10/2022**	**4842.09**
Medical expenses overseas	**10/10/2021**	**9/10/2022**	**0.00**
Medical expenses in Israel as a result of an emergency psychiatric event	**10/10/2021**	**9/10/2022**	**0.00**
Expenses of air evacuation from the location of the event in Israel to a nearby hospital	**10/10/2021**	**9/10/2022**	**0.00**
Emergency flight for a close relative	**10/10/2021**	**9/10/2022**	**0.00**
Extreme sports	**10/10/2021**	**9/10/2022**	**0.00**
Medical flight	**10/10/2021**	**9/10/2022**	**0.00**
Death or loss of limbs or organs (in Israel only)	**10/10/2021**	**9/10/2022**	**0.00**

The Policy covers COVID-19 in accordance with and subject to the terms of the Policy and the underwriting policy of the Company.

Premium Calculation:

Insurance Payment Calculation [ILS]	Basic Premium	Additional	Discounts	Total Payment
	4,842.09	**.00**	**.00**	**4842.09**

Private Charging:
The policy will be charged using the means of payment disclosed during the purchase process

Despite the specified in the terms of policy, please note that in accordance with the provisions of Section 31 of the Insurance Contract Law 5741-1981, as of 25/11/2020, the statute of limitations for insurance benefit claims for disease and hospitalization insurance is five years.

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For your peace of mind

A Health Statement

Passport No.	Last name	First name	Date of birth	Sex
P3885035	BELGAONKAR	PRADYUMNA	18/07/1998	Male

Is the purpose of the trip for one or more of the travelers is to receive a medical care?	Yes	No
		✓

If the answer to Question 1 is yes, we cannot accept you in the insurance.

Section A: General Questions		Yes	No
1.	☐ Do you use, or have you been using narcotics? ☐ Do you drink, or have you been drinking alcoholic beverages regularly? Please specify the quantity of consumption: ..... glasses per day.		✓
2.	During the last 5 ears, have you been referred to any of the following examinations (other than as part of routine checkups) and not yet taken it, or not yet had a final diagnosis determined for you, such as: chronic illnesses, catheterization, bone mapping, echocardiography, MRI, CT, ultrasound (other than as part of routine prenatal care), biopsy, occult blood, colonoscopy or gastroscopy, autoimmune diseases including lupus (if "Yes", please submit a certificate from the attending physician, stating the reason for performing the examination, the examination outcomes and final diagnosis).		✓
3.	Are you now, or have you been sometime during the last 5 years, about to undergo a surgery/ transplantation? Please describe in details:		✓
4.	During the last 5 ears, have you been hospitalized? Please describe in details the reason for hospitalization and the treatment that you have received.		✓
5.	During the last 5 years, have you been taking, or have you received a recommendation to take, medications regularly? Please describe in details the problem for which you are treated / have been treated, the treatment, and for how long have you been taking the said medication?		✓
6.	Have you been diagnosed as suffering from any allergies? Please describe in details:		✓
Part B: Have you been diagnosed with a disease, syndrome, disorder related to one or more of the issues listed below:		**Yes**	**No**
1.	☐ The nervous system ☐ Cerebrovascular accident (stroke) ☐ Epilepsy ☐ Multiple sclerosis ☐ Muscular dystrophy or other atrophic disease ☐ Reoccurring dizziness ☐ Headaches ☐ Balance disorders ☐ Fainting ☐ Parkinson's syndrome ☐ Alzheimer's disease ☐ Trembling ☐ Mental retardation ☐ Autism ☐ Down's syndrome ☐ Cerebral palsy ☐ Poliomyelitis (infantile paralysis) ☐ Gaucher's disease ☐ Loss of sensation (numbness) ☐ Attention deficit disorders ☐ Migraine ☐ Have you applied to a physician with complaints regarding declined memory (dementia) ☐ AIDS ☐ HIV carrier ☐ Lupus **If the answer to one or more of the questions above is "Yes", please attach an up-to-date letter from the attending neurologist.**		✓
2.	**Eyes and vision:** ☐ Cataract ☐ Retina and cornea problems ☐ Glaucoma ☐ Inflammations of the eye ☐ Strabismus ☐ Blindness Other eye disease / problem: ☐ No ☐ Yes, if "Yes" please specify:		✓
3.	**Heart:** ☐ Cardiac arrhythmias ☐ Heart disease ☐ Heart failure ☐ Heart attack ☐ Congenital heart defect ☐ Catheterization ☐ Heart valve diseases, other heart disease / problem: ☐ No ☐ Yes, if "Yes" please specify:		✓
4.	**Blood vessels:** ☐ Varicose vein (in the veins of the legs) ☐ Carotid artery (in the arteries of the neck) ☐ Coagulation disorders ☐ Blood disease DVT (Thrombosis) ☐ PVD (Peripheral Vascular Disease), other vascular disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
5.	**Metabolic diseases:** ☐ Thyroid gland ☐ Lymph node ☐ Salivary gland ☐ Sweat gland ☐ Pituitary gland ☐ Diabetes ☐ Hypertension ☐ High levels of fats/cholesterol, other metabolic disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
6.	**Respiratory system:** ☐ Asthma ☐ Tuberculosis ☐ COPD (chronic obstructive pulmonary disease) ☐ Hay fever ☐ Recurrent respiratory infections and Shortness of breath ☐ Collapsed lung (Pneumothorax) ☐ Cystic Fibrosis Other respiratory system disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓

A Health Statement - continue

	Part B: Have you been diagnosed with a disease, syndrome, disorder related to one or more of the issues listed below:	Yes	No
7.	**Digestive system:** ☐ Ulcer (duodenum / gastric) ☐ Heartburn ☐ Crohn's disease ☐ Colitis ☐ Reflux ☐ Hemorrhoids ☐ Fissure / Fistula ☐ Bowel obstruction ☐ Pancreatic diseases / infections ☐ Esophagus ☐ Gallbladder ☐ Gall-bladder stones Other digestive system disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
8.	**Liver:** ☐ Jaundice ☐ Hepatitis B, C, D ☐ Fatty liver ☐ Cirrhosis, other digestive system disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
9.	**Hernia:** Location of the hernia: In the diaphragm / in the navel / in the right groin / in the left groin Have you undergone a surgery to treat the hernia? ☐ No ☐ Yes, when (date)? ..... Is the problem solved? ☐ No ☐ Yes		✓
10.	**Kidney and urinary tract:** ☐ Recurrent infections ☐ Kidney and urinary stones ☐ Kidney cysts ☐ Anomalies of urinary tract ☐ Renal failure, other kidney and urinary tract disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
11.	**Joints and bones:** ☐ Arthritis ☐ Gout ☐ Back / spine ☐ Joints ☐ Knees Other joints and bones disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
12.	**Skin and sex diseases:** ☐ Skin tumors ☐ Skin lesions ☐ Psoriasis ☐ Sexually transmitted diseases ☐ Syphilis Other skin and sex diseases disease / problem ☐ No ☐ Yes, if "Yes" please specify:		✓
13.	Malignant tumors / diseases (cancer).		✓

Date Applicant's Signature : 24/08/2021

It is hereby clarified that based on the answers in the Health Declaration, you have been accepted to the insurance plan with no restrictive terms due to underwriting.

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Sep, 02, 2021

To Whom It May Concern:

RE: **Medical Insurance for Tourists**

We hereby confirm that the Insured whose name is listed below is insured under medical insurance in our company from 10/10/2021 To 9/10/2022, subject to the full terms of the policy.

Name of Insured: PRADYUMNA BELGAONKAR

Policy number: 585016304421

Passport number: P3885035

Clalit Medical Service Number: 74300443384

Sincerely,

Harel Insurance Company Ltd.

It is hereby clarified that:

1. The full and binding terms are set forth in detail in the terms of the policy. In the case of conflict between the terms of the policy and the terms specified on the Insurance Details Page, the terms specified on the Insurance Details Page will prevail.
2. If you requested to purchase coverage in addition to the Basic Policy, you may cancel any of the coverages at any time without the cancellation being conditional upon cancellation of any one or more of the other coverages that you purchased together with the Basic Policy, and without cancellation of the coverages causing cancellation of a discount on the Basic Policy or another coverage. This is with the exception of cancellation of a reduced price that was given because of the purchase of several different coverages that were priced together in advance. In the case of cancellation of the basic Policy the additional coverages that accompanied the Basic Policy will also be cancelled.
3. The details of how to submit a claim to the Company can be found on the website of Harel Insurance Company Ltd., at https://www.harel-group.co.il
4. The privacy policy of the Harel group is available to you on the Company website.
5. Harel operates a central database that includes information from the different institutional organizations of the Group for the purposes of research, adiministration and in order to offer you different services and products suited to your needs, based on the information collected by the institutional organization in the Group. To read more about the privacy policy of the Group see out website www.harel-group.co.il where you may also notify us that you are not interested in certain uses and processing of information.