For your peace of mind | HAREL Insurance & Finance

Policy Schedule - Tour & Care Insurance Policy

Policy Number:	585017490221	Print Date:	21/10/2021
Branch:	585	Offer Date:	19/10/2021
Type of Program:	Tour&Care	Clalit Medical Service Number:	74300275059
Agent:	40219 ידידים הסדרים פנסיונים	Collective:	PRESTIGE -אונ' חיפה
Email:		Occupation:	Student

Insurance Period	From	19/10/2021	To	18/10/2022
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

Insured:

First Name	Last Name	Passport	Birth Date	Country of Citizenship	Gender
NISHA	RAJAN-N	P4109360	27/09/1990	INDIA	FEMALE

Email: NISHANARRYATTIL@GMAIL.COM **Telephone No:** 055 - 9700534

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	19/10/2021	18/10/2022	4408.21
Medical flight	19/10/2021	18/10/2022	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
	4,408.21	.00	.00	4408.21

Private Charging:

Identification of the person making the payment	Name of person making the payment	Number of payments	Card Number
3748618	CHANDRAN SAILENDRAKUMAR	10	**********9843
Total to be charged	**Your account will be charged in NIS with the credit card.**		

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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A Health Statement

Passport No.	Last name	First name	Date of birth	Sex
P4109360	RAJAN-N	NISHA	27/09/1990	Female

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 years, 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 years, 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 : 19/10/2021

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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Oct, 21, 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 19/10/2021 To 18/10/2022, subject to the full terms of the policy.

Name of Insured: NISHA RAJAN-N

Policy number: 585017490221

Passport number: P4109360

Clalit Medical Service Number: 74300275059

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 therms specified on the Insurance Details Page, the terms specified on the Insurance Details Page will prevail.

2. Prestige Coverage - extension of the Tour&care policy UMS.

It is hereby clarified that in addition to the said in the terms of the policy, the following benefits have been granted:

2.1 Coverage of physical therapy: Coverage of physical therapy treatment according to the instruction of a physician and with approval from the insurer in advance, up to the amount of $250 (two hundred and fifty dollars).

2.2 Deterioration of an existing illness: The insurer will pay or indemnify the Insured for a health event that is not an accident, for the expenses determined and described in detail in part B of the terms of this insurance policy, even if the Insured is receiving medical treatment chronic drug therapy and/or treatment for an active illness, upon the Insured s arrival in Israel or during a period of 18 months prior to arrival in Israel, all this according to the terms defined for coverage of deterioration of an existing illness and deterioration of an existing heart disease and up to the amount of $1000 (one thousand dollars).

As part of the coverage for deterioration, there will be no coverage for a malignant disease, heart surgery, cardiac catherization, angiography (balloon), and/or any procedure to open a blockage in blood vessels in the heart, organ transplant, implantation of a pacemaker, dialysis, M.S. or C.F.

2.3 Pregnancy

2.1.3 Medical expenses not during hospitalization

2.1.3.1 Expenses for ongoing monitoring.

2.1.3.2 Expenses for routine ultrasound examination.

2.1.3.3 Expenses for ongoing laboratory tests.

2.1.3.4 The coverage does not include: pregnancy complications, abortions, ectopic pregnancy, childbirth, early childbirth, intensive care for a newborn or premature infant, or fertility treatment.

2.1.3.5 Payment of service providers is conditional upon approval in advance from the Insurance Company to conduct these tests. The advance agreement of the company to conduct a test is an essential condition and precondition for the company s liability.

2.4 Medical air transportation to country of origin: Despite the

above - said in the section on extensions, the coverage of medical air transportation shall not exceed the amount of 15,000 dollars.

2.5 Continuity of insurance: The policy is a multi-year policy. The policy premium must be paid for no less than a full year. Consecutive renewal from one year to the next enables insurance continuity.

2.6 Personal accidents: Despite the above-said in the section on extensions, the coverage for personal accidents shall not exceed the amount of 18,000 dollars.

2.7 Prescription drugs: Up to the amount of $600 (six hundred dollars).

2.8 Overall coverage for insurance period: 125,000$ (one hundred and twenty five thousand dollars).

3. 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.

4. The details of how to sumit a claim to the Company can be the website of Harel Insurance Company Ltd., at https://www.harel-group.co.il

5. The privacy policy of the Harel group is available to you on the Company website.

6. Harel operates 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 website www.harel-group.co.il where you may also notify us that you are not interested in certain uses and processing of information.