CLAL INSURANCE COMPANY LTD.
CMC

Tel : 1-700-700-254 Fax : 09-9518519

Mango Insurance Agency Ltd

Healthy & Sure

Medical Insurance for Foreign Residents in Israel

INSURANCE CANDIDATE

Surname (Latin letters)	Middle name (Latin letters)	Given name (Latin letters)
Passport no.	Passport expiry date	Work visa expiry date
Date of birth	Sex ☐ M ☐ F	Country of origin	Israel entry date (first) (last)
Insured's address in Israel	Insured's workplace address	
Telephone number at home	Telephone number at work	Cellular telephone

Previous insurances Have you been insured in the past? ☐ Yes ☐ No	Name of insurance company:	From date to date	Policy number
	Name of insurance company:	From date to date	Policy number

THE PROPOSED INSURANCE

Plan ☐ Healthy & Sure For tourists in Israel ☐ Healthy & Sure For foreign workers according to Foreign Workers Order

Insurance term From To:

Requested Appendices

A Death or disability due to accident B Transfer of body C Emergency dental care D _____

INSURANCE FEES

No. of insurance days	Cost per day - $	Surcharge- $	Discount - $	NIS Exchange rate
Total premium in $		Total premium in NIS		

POLICY HOLDER

Name of employer	Home address	Home telephone number
Work address	Workplace telephone	Mobile telephone	Date insured's employment started

PROPOSAL FORM

This form is intended for both men and women

Health state declaration

The insurance candidate must respond to all details of the health declaration, and check the answer "yes" or "no" in the body of the questionnaire. If the answer is positive ("yes"), the number of the question is to be written in the space intended for answers of positive findings, and these findings are to be specified, as well as an illness report and the current status.

GENERAL QUESTIONS

		No	Yes
1.	Have you ever been hospitalized in a hospital or medical institute? (what kind, when, reason). Attach illness reports and current information.		
2.	Have you ever had an operation or have been advised to have an operation? (Elaborate).		
3.	Have you ever been injured? Do you have any disability? (Elaborate).		
4.	Have you undergone routine tests such as blood, urine or EKG? Were the tests normal? (Elaborate).		
5.	Have you had imaging tests, such as various x-rays (chest, intestines, kidneys, bones, etc.), mapping tests, catheterization, computerized tomography (CT), MRI, US? (State reason, date and results).		
6.	Do you currently have any illness or disease, and are you aware of any health disorder, and have youreceived and or are receiving treatment or medication? (Elaborate, including dosage and duration of treatment)		
7.	For women only – do you suffer or have you suffered from any women's diseases, such as menstrual irregularly, fertility problems, hemorrhages, breast masses, uterus or ovary problems, abnormal findings in a gynecological examination (e.g. PAP smear) or other gynecological disorders? If so, elaborate: Are you pregnant? How many fetuses?_____Have you had problems in previous pregnancies or in the previous pregnancy? If so, elaborate. _____ Have you had a caesarian delivery? _____		
8.	Have you been or are you partially or fully incapacitated and unable to work? (Elaborate).		

QUESTIONS ON ILLNESSES (HAVE YOU SUFFERED FROM OR ARE SUFFERING FROM)

		No	Yes
9.	Cardiovascular (heart and blood vessels) – A. Heart disease, chest pain, shortness of breath, palpitations, angina pectoris, myocardial infarction (heart attack), arrythmias, heart valve disorder, congenital heart defect, myocardial or pericardial disease. B. Hypertension. C. Blood vessels – leg pain while walking, blood clots, varicose veins, circulation disorders, arterial stenosis (narrowing).		
10.	Nervous system – dizziness, headaches, loss of consciousness, paralysis, convulsions (epilepsy), TIA, memory disorders, loss of sensation, degenerative disease, stroke, brain hemorrhage (CVA), tremor, balance disorders, Alzheimer's disease, Parkinson's disease, mental exhaustion, senile dementia.		
11.	Mental disorders – mental disease, depression, schizophrenia, anxiety, suicide attempt.		
12.	Respiratory tract – asthma, chronic bronchitis, emphysema, tuberculosis, hemoptysis, recurrent respiratory tract infections.		
13.	Digestive track and liver – ulcer (gastric or duodenal), heartburn, chronic inflammatory bowel disease, intestinal hemorrhage, hemorrhoids, anal problems, chronic liver disease, jaundice, gallstones, pancreatitis, hepatitis (viral or other)		
14.	Kidneys and urinary tract – kidney stones, nephritis, urinary tract defects, blood or protein in the urine, renal cysts, dysfunction of the kidneys, prostate gland.		
15.	Endocrine (metabolic) disorders – diabetes, disorders of the thyroid gland, suprarenal glands, kidney cysts, pituitary glands and other glands, high blood lipids (cholesterol, triglycerides).		
16.	Skin and genital tract – syphilis, herpes, skin tumors, moles, warts and/or infertility and/or fertility problems.		
17.	Malignant diseases (cancer) and AIDS – malignant or premalignant tumor/s, or aids, including carrier status (specify type, date and management method).		
18.	Joints and bones – arthritis, gout, back or neck pain, ruptured disc, shoulder, knee, bone diseases.		
19.	Eyes – cataract, glaucoma, strabismus (squint), blindness, retina disease, cornea disease, visual disorders, diopter number _____.		
20.	Ear, nose, throat – recurrent throat or ear inflammations, sinusitis, hearing disorders, paroxysmal nocturnal dyspnea (PND)		
21.	Hernia – of the abdominal wall, groin, surgical scar, umbilicus (navel), diaphragm.		
22.	Other health disorders and/or other diseases not elaborated above.		

DECLARATION FORM PART A — This form is intended for both men and women

Details of positive findings

Question no.	Details of findings

Declaration of the insurance candidate

I, the undersigned, the insurance candidate, hereby request to be insured according to this proposal (hereinafter: "the Proposal").

1. I am aware that:
   - A. The insurer will not be liable and will not pay any claim stemming directly or indirectly from a preexisting state of detective health, a phenomenon or disease from before the date of insurance commencement, or the date of completion of the insurance proposal, or the health declaration signing date, whichever the later.
   - B. I hereby declare, agree and undertake as follows: All answers specified in the Proposal and/or health declaration are correct and complete, and I have not withheld from the insurer anything that can affect its decision to accept the Proposal for insurance. In the case of omission of information or a false answer, the insurance contract will be void ab initio. The answers stated in the Proposal and any other written information given to the insurer by me and the acceptable terms employed by the insurer on this issue are to serve as terms for the insurance contract between me and the insurer and will constitute an integral part thereof.
   - C. I hereby confirm and agree that the acceptance or rejection of this Proposal is subject to the sole discretion of the insurer (who is entitled to decide to accept or reject the Proposal without providing any explanation to its decision).
2. Declaration of waiver of medical secrecy
   - A. I, the undersigned, hereby release any medical institute, any medical laboratory, and any medical committee and any of their medical and other personnel of the duty of maintaining medical and other secrecy toward Clal Insurance Company Ltd. or Arieh Insurance Company Ltd. (hereinafter: "the Applicant").
   - B. I hereby permit the foregoing parties – including the committees of the National Insurance Institute, insurers, the Ministry of Health, the District Health Bureau, the IDF authorities, the Ministry of Defense and any other body or institute whose name is not mentioned herein – and all insurance companies I was previously insured with or am insured with at present, to divulge to the Applicant or its appointees – together and individually – all details, without exception, on my health condition and any illness I have had or have at present, or shall have in the future, my hospitalizations or written medical records or the list of physicians I have visited and/or the date of my joining the healthcare organization.
   - C. I authorize all insurance companies and/or other institutes to forward to the Applicant any information and/or document and/or insurance policy demanded thereby.
   - D. I hereby declare that I will have no claim or assertion of any kind towards the foregoing parties concerning the divulgence of the aforesaid details to the Applicant or the appointee thereof – together and individually.
   - E. This application also applies to the Privacy Protection Law of 5741 – 1981, and applies to all medical or other information stored in the databases of the institutes, including healthcare organizations and/or their physicians and/or their personnel and/or their appointees and/or the aforesaid service providers.
   - F. This waiver is binding upon me, my estate and my legal attorneys and any person acting in lieu of me.
   - G. This waiver will apply to my minor children whose names have been stated, if stated in the Proposal.

Signature of insurance candidate

Date _____ Name of candidate _____ Passport no._____ Signature_____

Declaration of the policyholder (the employer)

To the best of my knowledge, the insurance candidate's declaration is correct. I am not aware of any disease or congenital or hereditary defect that has been treated in the past or its outcomes. Furthermore, I am not aware of any exacerbation of a defective health condition or any other information that would stop the insurer from accepting the insurance candidate according to this policy, were the insurer given such information. This declaration has been signed by the insurance candidate after its content and the implication of his signature have been explained to him in his own language.

Name _____ Signature _____ Date _____

Appointment of the agent as the insured's proxy

According to the Insurance Contract Law of 1981, the agent is considered the insurer's proxy. If you are interested in appointing your insurance agent as your proxy, sign the following wording: Wording of appointment – According to the Insurance Contract Law of 1981, I hereby appoint the insurance agent whose name appears below to be my proxy concerning the negotiations for executing the insurance contract and for the purpose of executing the insurance contract with your company

Date_____ Name of insurance candidate _____ Signature of policyholder/employer _____

Declaration of agent

I confirm that I have asked the insurance candidate all the questions appearing above and that the answers are as given to me personally by the insurance candidate. I hereby declare that I have informed the insurance candidate of the aforesaid declarations.

Date_____ Name of agent_____ Agent number _____ Signature of agent _____

DECLARATION FORM PART B This form is intended for both men and women