Health Declaration for Medical Insurance –Foreign Citizens in Israel

subject to the attached insurance proposal, which constitutes an integral part of the Health Declaration

For your peace of mind | HAREL Insurance & Finance

Particulars of the applicant

Passport no.	Surname	First name	DOB	Sex
				M / F

For all the following' please circle "Yes" or "No" , if you answer "Yes" , please give details as requested.

	General questions	No	Yes
a.	Are you currently, or were you previously ill with any disease during the past five years? Please specify the illnesses and dates		
b.	Are you currently receiving, or did you previously receive medicinal treatment? Please specify medicines		
c.	Were you ever hospitalized in a hospital, or other medical institute? Please specify the date, the reason of hospitalization and the treatment you received.		
d.	Do you drink alcoholic beverages?		
e.	Do you, or have you ever, used drugs?		
f.	Have you undergone lab test and/or medical tests of any kind during the past five years? Please specify the reason, date and results (including abnormal results)		
g.	Do you suffer from any chronic disease/s, active or dormant (including allergies of any sort)? Please specify.		
h.	Were you diagnosed as suffering from any type of autoimmune disease (including lupus)? Please specify		
i.	Are you a candidate for any medical treatment, including, inter alia, surgery or hospitalization? Please specify		
j.	Do you suffer, or have you suffered from any infective disease? Please specify		
k.	During the past six months, have you lost 6 kg or more from your weight? Please specify		
l.	Do you suffer from exhaustion or chronic fatigue? Please specify		
m.	Are you aware of any health impairment (including birth defects) not mentioned in the Statement hereto? Please specify		
n.	Mental disorders- such as schizophrenia, anxiety, psychosis, etc		

	Are you suffering, or have you suffered in the past from any disease or manifestation:	No	Yes
1.	Neural diseases, paralysis, fainting spells, epilepsy, motor impairments, Please specify		
2.	Respiratory diseases, asthma, tuberculosis, chronic pneumonia, hemoptysis, COPD, pneumothorax? Please specify		
3.	Cardiac and vascular diseases of any kind, hypertension? Please specify		
4.	Gastroenterology diseases, hepatic diseases, gallbladder, hernia, hemorrhoids?		
5.	Kidney diseases, urinary, and dialysis?		
6.	Joints and bones diseases, back and neck aches? Please specify		
7.	Metabolism diseases, diabetes, thyroid disease, hyperlipidemia, blood and clotting disease, anemia? Please specify		
8.	Skin and sexually transmitted disease: syphilis, AIDS, non-healing sore, herpes of all types, skin tumors of all types? Please specify		
9.	Cancer (malignant disease), chronic degenerative disease? Please specify		
10.	Eye diseases, ear diseases including hearing impairments, throat diseases, nose diseases, plastic surgery? Please specify		
11.	Were you tested positive for antibodies and/or have contracted HIV or hepatitis? Please specify		
12.	**For women only**: a. are you currently pregnant?		
	b. Women's diseases: menstrual disorders, cysts, bleeding, breast diseases including lumps in the breasts, uterus, ovaries, tests for detection of cancerous growths, mammography? Please specify		

Please explain all "yes" to questions in detail:

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I hereby declare that all the information I have provided in the Statement of Health is true and complete. If it shall be discovered that the information I have delivered is untrue or incomplete, "Harel" shall be exempt from any commitment or liability towards me, according to the Insurance Contract Law.

Waiver of medical confidentiality: I, the undersigned, hereby grant my permission to the HMO and/or its medical institutions, as well as to all physicians, medical institutes and other hospitals, and/or any insurance company and/or any other institute and entity to deliver to "Harel" Insurance Company Ltd., hereinafter the "Requester", all information, without exception, and in any form requested by the Requester regarding the state of my health and/or any disease which I suffered from in the past and/or am currently suffering from and/or may suffer from in the future, and I hereby release you from your duty to maintain medical confidentiality and waive aforesaid confidentiality in favor of the Requester. The waiver hereto obligates me, my estate and my legal representatives, and anyone that shall come in my place.

Candidate's statement to the insurance:

1. I hereby declare, agree and undertake that:
   1) All of my answers are true, complete and were divulged in free will.
   2) The answers detailed in the Statement of Health, and any other information delivered to the insurer as well as the terms acceptable by the insurer for this purpose, shall serve as a material condition for the insurance contract between myself and the insurer and shall constitute an integral part thereof.
   3) The insurer holds the power to decide upon accepting or rejecting the proposal without the need to explain its decision. I am aware that the insurance contract shall be in force solely after the insurer issues a written approval regarding acceptance of the insured into the insurance and after the first premium were paid in full.
2. The answers and/or in formation delivered to the insurer shall be stored in a database according to the Privacy Protection Law 5741 – 1981, and shall be used for insurance purposes only.
3. I am aware that:
   According to the Policy hereto, the company shall be exempt from providing service in connection with birth defects or disease, including genetic diseases and/or health condition and/or medical phenomenon and/or disease, whether if it is treated or not, and/or or the consequences thereof, whether direct or indirect, caused and/or worsened due to a health condition which existed prior to the beginning of the insurance and all subject to the terms of insurance as specified in the plan chosen in the proposal form attached to the insurance.
4. I hereby declare that no insurance company has rejected my proposal for health insurance.

This proposal form was signed by the insurance candidate after its content was explained to him/her in a language that he/she comprehend.

_____	_____	_____	_____
date	insurance candidate signature	witness name	witness signature