

Application and Summary of Coverage and Premiums

This form is designed for men and women alike.
Please fill out this form fully and accurately.



A Personal Details				
Last name		First name		Passport number
Address in Israel				
Street		No.	City	Zip Code
E-mail address		Academic Institution		Faculty/Program

B The Insurance Plan			
Insurance coverage*	Option A	Option B	Option C
Apartment contents up to the amount of	NIS 40,000	NIS 50,000	NIS 60,000
Burglary	included	included	included
Third-party liability	NIS 600,000	NIS 600,000	NIS 600,000
Liability in regard of leased apartment	NIS 4,000	NIS 5,000	NIS 6,000
Laptop - breakdown and theft, up to the amount of	NIS 10,000	NIS 10,000	NIS 10,000
Personal possessions outside the apartment, up to the amount of	NIS 2,000	NIS 2,500	NIS 3,000
Jewelry and watches - all risk	NIS 400 per item - maximum of NIS 800	NIS 500 per item - maximum of NIS 1,000	NIS 600 per item - maximum of NIS 1,200
Yearly Premium	NIS 578	NIS 622	NIS 666

*Deductible for each claim: NIS 400; for laptop - NIS 1,000

C Additional Coverage	
1. Laptop computer - all risk. Computer model Year: Cost in NIS:	
2. Photography equipment - all risk (premium: NIS 23/NIS 1000 coverage): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, manufactured by: Model: Estimated price:	
3. Musical instruments (premium: NIS 12/NIS 1000 coverage): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, manufactured by: Model: Estimated price:	
I have chosen option: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Premium: NIS	
Supplement for photography equipment: Premium: NIS	
Supplement for musical instruments: Premium: NIS	
Premium: NIS	
Total: NIS	
Insurance period beginning on: until midnight on:	

To extend the insurance, please apply by email to y_health&yedidim.co.il, Tel. 03-6386216

D Authorization to Debit Bank Account by Credit Card

1. I hereby grant you irrevocable authorization to debit the following credit card in my name, in one single payment.

2. Cardholder's Details:

Surname	Name
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Date of birth	Passport no.	Nationality
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Address in Israel:

Street	No.	City	Zip Code	Cell Phone
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E-mail address	Tel. Home	Tel. Work
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3. Type of Credit Card (please check one)

MasterCard Visa Diners American Express

Credit Card Number	Expires on: Month Year	Last 3 digits on back of card	One payment
_____ - _____ - _____	____/____	____	

Cardholder's Signature	Signature of Harel-Yedidim representative	Client's Signature	Date
_____ 	_____ 	_____ 	_____

Declaration

I confirm that all the information and responses that appear in this proposal are complete, correct and honest and no detail related to the risks to be insured has been omitted or obscured from the Insurer's knowledge. I am aware and agree that:

1. This declaration and the above information and responses will serve as the basis for the insurance contract which is requested herein.
2. The requested insurance will become valid only after my proposal has been confirmed by the Insurer. The Insurer shall be entitled to refuse to put the insurance into effect without having to explain its decision.
3. I will inform the Insurer without delay of change in a matter that is defined as material in the policy to be issued.
4. I declare that the requested information has been provided with my consent and that it is required for the Insurer in order to put the insurance agreement between us into effect.
5. I declare that I am aware that I am responsible for renewal of the policy. In order to renew it, I must contact the Harel-Yedidim office at least 21 days before the policy ends.

_____ 	_____ 	_____
Signature of Harel-Yedidim representative	Client's Signature	Date

**Service and Representative Agent Yedidim,
Overseas Division for Students and visitors**
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