

Instructions for filling in the Health Declaration form

1. Section A: Personal Information

Please be sure to fill out all requested details:

A. personal information of insurance applicants		
Passport number Including Letters	First Name As in Passport	Last Name As in Passport
Date of birth DD/MM/YYYY	Gender Male <input type="radio"/> Female <input type="radio"/> Do not forget to mark	Date of entry to Israel DD/MM/YYYY
Citizenship Your country of citizenship	Purpose of visit Student	
Address Your home address (not the address here in Israel)		Mobile phone Including area codes
Email for receiving messages, information and promotional material Your active email address		

2. Section B: Part 1 (General Questions)

If you mark "YES" to any of the three questions, make sure to **explain** the health condition by answering the following questions:

- What is the health condition?
- When did the procedure or operation take place?
- Do you still need a medical treatment?

The insurance company will advise regarding the health condition. In these cases, prior to issuing the insurance policy, one of two outcomes may occur:

- Either the insurance company **approves** the insurance and issues a policy (excluding coverage for the pre-existing condition)
- Or, in some cases, the insurance company might ask the student to **sign a WAIVER form**, which the student must sign within 7 days. This waiver details the conditions that the insurance will NOT cover. After the student signs the form, the insurance company will issue the insurance. In this case, the student is NOT covered until they submit the above mentioned waiver and the insurance company issues the policy.

3. Section B: Part 2 (Specific Health Questions)

- Please make sure to check ✓ in the appropriate column ("Yes"/"No").

- If you check the “No” column– no need to sign on the signing column.
- If you check the “Yes” column – please make sure to also check the appropriate choice on the first column and **add your signature** on the last column.
- Questions 8, 9, 10 – don’t forget to check ✓ in the appropriate column (“Yes”/”No”).
- Question 16 – for **women** only.
- If you answered “yes” to **any** of the questions marked with an asterisk (*), please attach an updated certificate from your attending physician regarding the stated problem, examination results, manner of treatment and current condition.

Make sure to complete all steps and questions!

4. Pre-existing medical condition:

A medical illness or injury that you have before you start a new health care plan may be considered a “pre-existing condition” and will **not be covered** by the insurance company.

5. Sections D and E: Health Statement and Signature

E. Insurance Applicant's Signature				
	Date	Name of Insured	ID No.	Signature
Main Insured				
Witnessed the signing (the insurance agent)				
	Date	ID	Full name	Signature
<div style="border: 2px solid red; padding: 5px;"> For your information – the policy does not provide coverage for a pre-existing medical condition. </div>				

Please make sure to fill in the information on this section as follows:

- Name of insured: your full name.
- ID Number: **passport** number. Please make sure your passport number is the same number you registered in the [Student portal](#).
- Signature – don’t forget to sign this form.
- There is no need for a witness signature.