



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 information 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