

## Instructions for Completing the Health Declaration Form

### 1. Section A: Personal Information

Please be sure to fill out all requested details with helpful hints as follows:

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

### 2. Section B: Part 1 (General Questions)

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

- a. What is the health condition?
- b. When did the procedure or operation take place?
- c. Do you require ongoing treatment for this condition or procedure?

The insurance company will then review the information regarding the pre-existing and/or other health condition. In these cases, prior to issuing the insurance policy, one of two outcomes may occur:

1. Either the insurance company **approves** the insurance and issues a policy
2. Or the insurance company asks the student to sign a WAIVER form, which the student needs to sign within 7 days. This waiver details the pre-existing and/or other health conditions that the insurance won't cover. After the student signs the waiver form, the insurance company will approve the insurance. In this case, the student is not covered until the insurance company approves the insurance.

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

- Please make sure to check ✓ in the appropriate column ("Yes"/"No").
- You need to add your signature only if you answer "Yes".
- 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 Explanation:

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

<b>E. Insurance Applicant's Signature</b>				
	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; display: inline-block;">           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.
- Signature – don’t forget to sign this form.
- There is no need for a witness signature