

Dear Client,

Further to your request to exercise your rights under the terms of the insurance policy, attached please find a set of documents for submitting a claim under the overseas travel policy.

The company's staff is at your service at all times.

For any question or clarification, please contact our representatives at tel:

03-9420440

The claim form and required documents (**originals only**) should be sent to the company at:

**Clal Insurance Co Ltd, overseas travel claims department,**

**36 Raoul Wallenberg st, Kiryat Atidim Park Tower 8 Tel aviv '**

**Mailing Address: P.O.B 37080 Tel Aviv 6136902**

Sincerely,

**Clal Insurance Co Ltd.**

## **Procedure for clarifying and settling a claim**

Clal Health Insurance Co Ltd. (the "Company") offers its customers a procedure for clarifying and settling claims, and acts in accordance with the set of rules attached as Appendix A, adopted by the Company for this purpose.

Customers wishing to submit a claim or exercise of their rights under the terms of their insurance policy are asked to follow the instructions appearing below in this document.

After receiving all the information and documents required from the customer, the Company will examine the customer's entitlement to insurance benefits or to an allowance, as applicable, under the terms of the insurance policy.

Please note that the Company may, at its sole discretion, take advice from an internal or external expert for the purpose of clarifying the claim, such as a specialist physician or assessor of physical functioning / cognitive impairment, in the framework of its examination of a claim for nursing care benefits. In this event, the client retains the right to be represented or advised by a specialist on his own behalf during clarification of the claim.

The outcome of clarification of the claim will be one of the following four options: payment of the claim in full, partial payment of the claim, payment by compromise agreement, or rejection of the claim. The relevant notification will be given to the client in accordance with the situation and as detailed in the set of rules (Appendix A).

*"We herewith bring to your attention that in accordance with Article 31 of the Insurance Contracts Law 5741-1981, the statute of limitations for benefits claims is three years from the date of the occurrence of the insurance incident (herewith: "the statute of limitations"). It is to be noted that in the event that the grounds of claim are a disability that was caused to the Insured from an illness or an accident, the relevant period, for the purpose of measuring the statute of limitations, will begin to run from that day upon which the Insured had a right to file a claim for benefits according to the Insurance contract."*

*We wish to clarify that sending a demand for insurance benefits to the insurance company in no way stops the clock on the statute of limitations, and that a filing of a claim in court is the only means to stop statute of limitations from elapsing."*

***This article will apply to claims whose grounds for filing are a disability arising from illness or accident, which are not yet time barred according to any applicable law that was in effect as of 23 March 2014.***

***The terms of the Insurance Contract are also available to you on our internet site."***

#### **Instructions regarding the actions required of the claimant**

In order to submit a claim for exercise of rights under an insurance policy, the client must fill out the claim form attached as Appendix B, together with all the documents required as detailed in the list attached as Appendix C.

If the client wishes to receive indemnification in respect of expenses, original receipts must be produced. Entitlement to compensation in respect of expenses will be decided in accordance with the law or the insurance policy, and is subject to production of the documents.

The claim form and required documents (originals only) should be sent to the Company at: Clal Insurance Co Ltd., 36 **Raoul Wallenberg st, Kiryat Atidim Park Tel Aviv** overseas travel policy claims department, or to POB 37080 for claims. It is hereby clarified that for settlement of the claim, the claim form and the documents must be sent to the above address only, and it is not sufficient to send the form and/or the documents to any other address, including to the insurance agent.

In the event that the claimant does not have the legal capacity to sign the documents, they must be signed by the legal guardian and sent to the Company, together with the appropriate letters of authorization.

## Appendix A

### The Rules

The Company has adopted a set of rules for clarifying and settling claims and dealing with public enquiries. The main points are:

#### Documents and information for clarifying the claim

As soon as possible after receiving a claim, the Company will give the claimant a set of documents including, among other things, instructions regarding the actions required of the claimant in order to clarify and settle the claim, and details of the documents and information that the claimant must produce for clarification of the claim.

As soon as possible after the Company receives information or documents required from the claimant in connection with the claim, the Company will notify the claimant in writing of receipt of the document, and of the information and documents that are required but have not yet been received by the Company.

If the Company needs a document in addition to those required in the framework of the initial set of documents given to the claimant, the Company must ask the claimant for this document no later than 14 business days after the date that the need for the additional document is discovered.

#### Notification with regard to clarification of the claim and its outcome

The Company will make every effort to settle the claim as soon as possible after receiving all the information and documents first requested from the claimant, and in any event within 30 days of the date that the Company notifies the claimant of settlement of the claim (by way of payment, partial payment, compromise or rejection), or notifies him of continued clarification.

Notification of settlement of the claim given to the claimants will include all the relevant details required by the circular, in accordance with the manner in which the claim has been settled.

Notification of payment will include, among other things, reasonable and clear details regarding the manner in which the calculation has been made. With regard to notice of periodic payments, the notification will also include, among other things, the length of time until renewed examination of entitlement to payments, and the rules for re-examination of entitlement.

Notification of compromise will include, among other things, the grounds underlying the compromise and the amount agreed in the compromise.

Notification of rejection will include, among other things, details of the grounds for rejection and the condition, stipulation or qualification underlying rejection of the claim.

Where the claimant is notified of ongoing clarification, the notification will include the reasons for the company requiring additional time to clarify the claim, and details of the additional information and documents required from the claimant, if any.

As a rule, notice of ongoing clarification will be sent to the claimant every 90 days until notification of settlement of the claim is given.

#### **Clarification of the claim with the help of an expert**

Should the Company rely on an expert opinion for settling the claim, the opinion will be reasoned and will include all the details required by the Circular, including a list of the documents on which the opinion is based. The opinion will be sent to the claimant as part of notice of settlement of the relevant claim that is sent to him.

#### **Responding to enquiries by an insured party or claimant**

All written enquiries by insured parties or claimants will receive a written response from the Company within a maximum of 30 days from the date of receipt of the enquiry.

A claimant's request for a copy of the policy will be answered within 14 business days of the date that the Company receives the request.

A claimant's request for a copy of a document that the claimant has signed, or a document received by the Company from the claimant or with the claimant's consent, will be answered within 21 business days of the date that the Company receives the request.

To preclude doubt, it is clarified that the above represents only the main principles by which the Company will act, and that the Company is committed to complying verbatim with all the requirements set out in Article 8 of the Institutional Bodies Circular 2011-9-5 (clarification and settlement of claims and dealing with enquiries from the public). In the event of any contradiction between that stated above and Article 8 of the Circular, that stated in the Circular will prevail.

The full text of Article 8 of the Circular can be found on the website of the Capital Markets, Insurance, and Savings Division of the Ministry of Finance at: <http://ozar.mof.gov.il/hon/2001/insurance/insurance.asp>.

## Appendix B

### Claim form - overseas travel policies

#### Details of insured party

Surname	First name	ID	Home telephone	Cellphone
Address: Town	Street	No.	Postcode	
@ E-mail address				

**Transferring information between companies in the Clal group, storing in databases -** I hereby confirm that the details that I have given to any of the companies in the Clal group and/or any information in connection with me that comes to the attention of any of the companies in the Clal group may be kept in computerized and/or other databases in which the Clal group keeps data on its clients, and I am aware and agree that these details may be given to other companies in the Clal group and be included in their databases (as well as those of other entities acting for the Clal group and on its behalf), all for the purpose of managing and providing services for clients of the Clal group, for upholding obligations under the law, and for marketing approaches to clients of the group inviting them to purchase the products and/or services of any of the companies in the group.

**Consent to contact by means of electronic communication -** without derogating from that stated above, I hereby confirm that in order for the companies in the Clal group to provide me with the service and marketing offers, and to uphold obligations under the law, I can be

contacted by various electronic means, among others by a fax, automatic dialing, electronic messages and text messages.

<b>Policy name</b>	
_____	
<b>Policy no.</b>	
_____	

**Signature of insured party** \_\_\_\_\_

#### Details of contact person

Surname	First name	ID	Home telephone	Cellphone
Address: Town	Street	No.	Postcode	
@ E-mail address				

**In the event of bodily harm / illness**

**Details of the incident**

The country in which the incident occurred:		Date of incident:
How did the accident / illness occur / appear:		
_____		
_____		
_____		
Details of medical expenses and the nature of the treatment:		
_____		
_____		
_____		
Amount of claim:	Type of currency:	Was the assistance company contacted <input type="checkbox"/> yes <b>(Femi Premium Ltd or IMA) (mark V)</b> <input type="checkbox"/> no

**Details of health fund, attending physician/s, and clinics attended in the past year:**

Health fund	Branch name	Address	Telephone
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Doctor's name	Specialization	Address	Telephone
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Doctor's name	Specialization	Address	Telephone
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Clinic name	Specialization	Address	Telephone
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Clinic name	Specialization	Address	Telephone
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**In the event of damage / loss of property**

The country in which the incident occurred:		Date of incident:		
How did the incident occur?				
Details of damaged property	Description of object	Purchase cost (currency)	Date of purchase	Remarks
Amount of claim		Type of currency	Are purchase receipts attached: [ ] yes [ ] no	

\*An accompanying letter giving details of the objects may be attached if there is insufficient room in the table.

**General**

<p>If the claim is approved, payment will be made by bank transfer. Please fill out the details and attach a photocopy of a check or bank confirmation of the account details.</p>				
Bank	Branch name	Branch no.	Account no.	Name of account holder

Date	Signature

Re: **Confidentiality Waiver**

I, the undersigned: \_\_\_\_\_, Israeli ID.no. \_\_\_\_\_, [hereby declare that] owing to the fact that I submitted a claim against Clal Health Insurance Company Ltd. (hereinafter: the "Insurance Company") and/or I am insured by the Insurance Company and/or I have requested to be insured by the Insurance Company, I hereby verify and allow the information that is in your possession regarding myself, without exception, as required by the Insurance Company, including information about the state of my health and/or my rehabilitation and/or social state and/or convalescence and/or mental health and/or psychiatric state, to be submitted to the Insurance Company and/or a representative thereof. I hereby release the Insurance Company from the duty of confidentiality with regard to all the information noted above. The foregoing shall apply with regard to the Insurance Company and/or any officer and/or employee and/or attorney and/or researcher and/or physician and/or other expert of the Insurance Company or [acting] on its behalf. [Moreover, I hereby declare that] I shall have no complaint or claim of any kind regarding the submission of the information described above, and no disclosure of information pursuant to this waiver and/or any information that shall be obtained pursuant to this waiver shall give rise to a claim and/or complaint. This request is valid under the Israeli Privacy Law, 1981; the Israeli Patients' Rights Law, 1996; and the Israeli Freedom of Information law, 1988 and applies to all the information regarding myself which is in your possession. This written waiver hereby binds me and/or my estate and/or my attorney and/or my representative and all of my legal representatives and substitutes. **With my signature below I hereby confirm that you have permission to submit the information described above on the basis of this waiver.**

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
....

In the case of a minor, please have both parents sign, the natural legal guardians

Mother \_\_\_\_\_ Israeli ID No. \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Father \_\_\_\_\_ Israeli ID No. \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix C

### List of information and documents required from the claimant for clarification and settlement of the claim

#### Claim under overseas travel policy

1. Policy / list page
2. Claim notification form and letter including the circumstances of the incident
3. Photocopy of identity card
4. Hebrew waiver of confidentiality form - other than in the event of a claim for damage/loss of baggage only
5. English waiver of confidentiality form – other than in the event of a claim for damage/loss of baggage only
6. Photocopy of the relevant pages in the passport showing the date of departure and return to Israel, or passenger details certificate from the Ministry of the Interior.
7. Photocopy of airline tickets indicating the date of departure and return to Israel
8. In the event of a claim in respect of medical expenses and/or hospitalization expenses abroad -
  - 8.1. Detailed summary of illness from the hospital abroad.
  - 8.2. Diagnosis from the attending physician abroad
  - 8.3. Confirmation from the attending physician in Israel regarding medical history, including the illnesses that you have suffered and/or are suffering from
  - 8.4. Original receipts for expenses or credit card printout showing the payments made
  - 8.5. Invoices from the entities that provided medical service abroad
  - 8.6. In the event of a traffic accident in which the insured party was driving a vehicle (of any kind) – copy / photocopy of the driving license for the vehicle
  - 8.7. In the event of a traffic accident – detailed police report from the scene of the incident, including the circumstances of the accident
9. In the event of a claim in respect of damage and/or loss of baggage -

- 9.1. Confirmation from the carrier (such as airline, shipping company) that a report of the incident was made. In the event that the carrier is an airline, the PIR form must be produced, including list of items as given to the airline
- 9.2. Original confirmation from the overseas police that the incident was reported
- 9.3. Original receipts and/or credit card printouts confirming purchase of the items of baggage that were lost or damaged
- 9.4. If compensation was given by the carrier (such as airline, shipping company) – confirmation that compensation was given, and the amount
- 9.5. If the passenger was accompanied by a spouse – give their personal details and where their travel insurance was taken out
10. In the event of a claim in respect of travel cancellation –
  - 10.1. Original airline ticket purchased prior to departure from Israel
  - 10.2. Original receipts confirming payment for services not utilized, such as organized tour, hotel, hire car
  - 10.3. Documents and certificates detailing whether reimbursement was given in respect of services not utilized, such as organized tour, hotel and hire car, and the amount
  - 10.4. Documents confirming that the incident resulting in cancellation of the journey actually occurred, such as: documents confirming a medical incident occurring to the insured party, documents confirming a medical incident occurring to a close family relative (including confirmation from the attending physician) or the death of a close family relative (including death certificate and medical documents confirming cause of death)
11. In the event of a claim in respect of changing the return date to Israel -
  - 11.1. Original airline ticket purchased prior to departure from Israel
  - 11.2. Alternate airline ticket if purchased
  - 11.3. In the event of bringing forward the return date to Israel - original receipts confirming payment for services not utilized, such as organized tour, hotel and hire car
  - 11.4. In the event of bringing forward the return date to Israel - documents and certificates detailing whether reimbursement was

- given in respect of services not utilized, such as organized tour, hotel and hire car, and the amount
- 11.5. In the event of postponing the return date to Israel - documents confirming the existence of additional expenses due to delay the flight dates, including original receipts and credit card printouts
- 11.6. Documents confirming that the incident resulting in the insured party returning on a different date than originally planned actually occurred, such as: documents confirming a medical incident occurring to the insured party, including the recommendation of the attending physician abroad that the original return date be changed, documents confirming a medical incident occurring to a close family relative (including confirmation from the attending physician) or the death of a close family relative (including death certificate and medical documents confirming cause of death)
12. In the event of a claim in respect of personal accidents -
- 12.1. Documents confirming that an accident took place abroad, including: police report and medical documents
- 12.2. In the event of death - death certificate and inheritance order or order of probate
- 12.3. In the event of permanent disability only - a certificate from the National Insurance Institute or opinion from a specialist physician in the field with regard to the percentage of permanent disability awarded
- 12.4. In the event of a traffic accident in which the insured party was driving a vehicle (of any kind) - a copy / photocopy of the driving license for the vehicle
13. In the event of a claim in respect of damage to a third party -
- 13.1. Documents testifying to the incident
- 13.2. Documents testifying to the existence of the damage
14. In the event of a claim in respect of a delay in the journey -
- 14.1. Written confirmation from the carrier (such as airline, shipping company) including the reason and duration of the delay
15. In the event of a claim for loss of tuition fees / rent -
- 15.1. Original receipts confirming payment of rent and/or tuition fees

15.2. Confirmation that no reimbursement was given for payments that were already made

15.3. Documents confirming the existence of the incident causing the insured party to shorten his stay abroad

Any document that is not in Hebrew or English should be accompanied by an official authorized translation into Hebrew or English.

**It is clarified that not all the cover detailed above is provided by every overseas travel policy.**