



פורום תנהלי הסדרים
פסיכויגים בישראל



Harel-Yedidim

Insurance Agency (2005) Ltd.

Insurance Coverage for International Students

Dear University of Haifa Student,

Harel-Yedidim Insurance Agency provides health insurance for all international students studying at the University of Haifa. Students will be insured under the University Medical Services policy and will receive medical services from Ram LN Medical Services LTD. Ram's main branch in Haifa is located on 5 David Pinsky Street. The following is a list of the coverage you will receive:

Insurance with no deductible- Overall coverage for insurance period	\$75,000
Maximum continuous insurance period	Up to 2 years
Maximum period of hospitalization	Up to 90 days
Types of hospitals for hospitalization	Public only
Laboratory tests, x-rays, etc. with no ceiling	Elisha Hospital and Horel (Jorel) Medical Laboratory
Medicine according to doctor's prescription with no deductible	Up to \$200 a year
Emergency dental treatment in the period shown on the insurance proposal form	Up to \$200
Personal accident, according to the table in the policy	\$10,000
Assistance for flight to country of origin due to medical problem, subject to approval of Harel's medical board	Up to \$5000
Transport of mortal remains to home country	Up to \$5000
Purchase of the "Blue-White Policy", a plan that may be purchased by foreign citizens for trips outside of Israel	+

The insurance coverage for each participant will take effect the moment student leaves his/her country of origin for Israel (if departing within three days before the program starts) and until the student lands in their home country (if returning within four days after the program ends).

Please note that there is no coverage of previous illnesses or medical conditions. Every insurance application form is subject to an undersigning process.

We wish you luck with your studies and are pleased to serve you at all times.

Best wishes, *A. Gilboa*

Amos Gilboa, Director
Division for Overseas Visitors and Students

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Insurance Registration Information

International School University of Haifa

The International School at the University of Haifa requires that all students be covered by an Israeli health insurance company for the duration of their study at the University of Haifa. The International School works with the Harel-Yedidim Insurance Company, which provides medical services through Ram LN Medical Services LTD. Health insurance is included in the tuition fee for all full-time students studying in the International School.

The health insurance provided by Harel-Yedidim does not cover students above the age of 65 or any pre-existing conditions. Therefore, if you do not qualify for the Harel-Yedidim health insurance for either of these reasons, the University of Haifa requires that you be covered by insurance from your home country that will be valid for treatment in Israel.

The University of Haifa has arranged for the health insurance to cover you for three days before the date the program begins and to continue for four days after the program ends. If you will be arriving in Israel earlier or staying later and you would like to have health insurance for this additional period of time, you must make the arrangements directly with the health insurance company. They can be reached via e-mail at y_health@yedidim.co.il.

The health insurance covers all injuries or illnesses that occur while you are in Israel. The insurance provides coverage from the moment you leave your home country until the moment you return to your home country, assuming you are covered for your dates of travel.

Please see the following chart for the exact dates you will be covered by the health insurance:

	Dates of Program	Start Date of Health Insurance Coverage	End Date of Health Insurance Coverage
July Ulpan	July 5 – July 29 2010	July 2, 2010	August 2, 2010
Arabic Language Program	August 2-August 26, 2010	July 31, 2010	August 30, 2010
August Ulpan	August 3-August 26, 2010	July 31, 2010	August 30, 2010
September Study Tour	August 29- September 21, 2010	August 26, 2010	September 25, 2010
Fall Semester	October 10, 2010 – January 6, 2011	October 7, 2010	January 20, 2011 (for students staying only fall semester) June 18, 2011 (for students for the full year)
Intensive Winter Ulpan	January 24- February 17, 2011	January 21, 2011	February 21, 2011
Spring Semester	February 20- June 3, 2010	February 17, 2011	June 18, 2011

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Instructions for Completing the Health Insurance Application Form:

1. **Top of form** complete as follows:
Institution: University of Haifa
Faculty or Department: International School
2. **Section A: Member's Personal Details**
Complete the following items: Family Name, First Name, Passport No., Date of Birth, Address in Israel (for this you can write "University of Haifa" if you will be living on campus), Home Address, and E-mail.
Period of insurance: Insert the dates of coverage as listed in the chart above.
You may leave the rest of Section A blank.
3. **Section B: Declaration of Health**
Complete this section in full and sign.
4. **Section C: Details of Home Insurance**
Complete this section in full.
5. **Section D: Confirmation**
Do not complete this section.

Please be sure to write clearly.

Upon completion, please return the Harel-Yedidim Application Form to:

Admissions Office
International School
University of Haifa
Haifa 31905
Israel

Application Form *Prestige Shira UMS - H.U.*

Institution _____ Faculty or Department _____

A. Member's Personal Details (Please print)

Last name		First name		Passport number		Date of birth	
Address in Israel	Street	Number	Town	Zip code		Telephone	
	Home address		Street	Number	Town	Country	Zip code
e-mail		Period of Insurance		From	To	Total number of days insured	
					200		200
Insured days _____ X Daily premium rate US \$ _____ /day = Total Amount due US \$ _____							
Total premium US \$ _____ X Rate of exchange _____ = Total Amount due NIS _____							
Comments:							

B. Declaration of Health - Please answer the following yes/no questions, ticking the appropriate box.

Questions	No	Yes	Details
1. Have you been hospitalized at any time? If so, when and for what reason?			_____
2. Have you suffered at any time from heart disease, cancer, cerebral disorder, nervous disorders or any other health condition?			_____
3. Have you at any time required an operation?			_____
4. Have you at any time suffered an injury as a result of an accident?			_____
5. Have you at any time suffered from any form of disability?			_____
6. Have you suffered from any illness or is the member aware of any health condition?			_____
7. Are you on medication for any medical disorder?			_____

I declare and confirm that I have read the Terms & Condition of the policy and its exclusions

If you have responded "no" to all the above questions, please sign the declaration below and return this form.

Personal Declaration I hereby declare that I am not suffering from any illness or accident. I am not handicapped. I am not undergoing any medical treatment of any kind. I do not, nor have I in the past suffered from any chronic medical condition (such as heart disease, high blood pressure, disability, etc. or a congenital disability, or a malignant disease. I am not aware of any need for medical treatment, hospitalization or surgery.

Date _____ Signature _____

If you have responded "yes" to one or more of the questions, please provide the requested details in the box on the right ("Details"). Write the question number, and next to it, the date of the event referred and your present condition. Then please sign the declaration below and return this form.

Personal Declaration: I declare and confirm that I have read the Terms & Condition of the policy and its exclusions

I am aware that the **benefite under this policy do not cover** treatment arising from any existing diseases, injuries, ailments or conditions (as indicated in the "yes" column) for which I have been disgnosed or which have required medical treatment, including prescription drugs).

Date _____ Signature _____

C. Details of home insurance - select the ditail information

- Insurance company _____ policy number _____
- I have health insurance in my home country, but do not remember the details.
- I have no health insurance in my home country.

D. Confirmation

Payment for the above premium amount has been received. Once your application has been processed and approved by Harel insurance Co. Ltd., the insurance coverage takes immediate effect.

Date _____ Yedidim (authorised Signature) _____

