FIRST CLASS PASSPORT

OVERSEAS TRAVEL INSURANCE

July 2016 Edition

HAREL
Insurance & Finance

Dear Insured,

You have just purchased overseas travel insurance at Harel Insurance Company Ltd., the leading company that has specialized for decades in overseas travel insurance. The FIRST CLASS PASSPORT insurance plan, including all its sections that appear in this booklet, constitutes your insurance policy.

FIRST CLASS PASSPORT includes, in Part B of the policy, additional riders for additional insurance fees, adapted to the medical condition and the type of travel of the Insured, such as:

- Worsening of a preexisting illness, preexisting heart disease, preexisting malignant disease.
- Pregnancy (that is not high-risk pregnancy) up to 32 weeks, for a woman up to 42 years of age.
- Search and rescue.
- Extreme sports.
- Winter sports.
- Personal portable computer.
- Cellular phone.
- Two-wheeled bicycle.
- Overseas Rofe-Ishi service letter.

Harel Insurance company and its entire staff and assistance services will be on hand on your trip overseas, to make your stay safe and enjoyable.

Have a good trip,
Harel Insurance Company Ltd.

Contents

Contact Centers

In any case of a claim, contact Harel Insurance Company Ltd., as follows:

To receive coverage in an emergency (hospitalization overseas), contact:

The 24/7 Emergency Call Center: +972-3-7547030

Claims Department Fax: +972-3-7348168

Harel Contact Center 669
The following are the contact center phone numbers, fax and e-mail address:

e-mail address: 669@harel-ins.co.il
Harel 669 phone number: +972-3-7547669
Harel 669 fax: +972-3-7348484

To submit a claim in Israel, contact:
Overseas Claims Department
3 Abba Hillel Street, P.O. Box 1951, Ramat Gan
For any purpose, you may call **Harel** at: **03-7457080**

Medical Services in the United States

Traveling to the United States?

As of today, you can dial GMMI Customer Services in the US.

A service representative will refer you to receive medical treatment* from service providers under agreement in any place in the US. Join Harel travel insurance and enjoy speedy, efficient and professional service.

*Does not include pharmacies.

Advantages of obtaining medical service through service providers under agreement:

- You won't have to pay yourself, send receipts to the company and wait for a refund.
- From now on you won't pay for medical care (with the exception of a reduced co-pay).
- High level of access to medical services in the US.
- 24-hour service.

Customer Services operates 24 hours a day

1-800-694-9665

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Table of Limits of Liability for Part A – Basic Policy

Policy section	Coverage	Limit of liability	Copay
Chapter 2 and Chapter 3	Limit of liability of the Insurer for medical expenses	$1,800,000	
2.1	Medical expenses during hospitalization overseas	Included in the limit of liability for medical expenses	No copay
2.2.1	Ground evacuation from location of event to a nearby hospital	Included in the limit of liability for medical expenses	No copay
2.2.2	Sea or air evacuation from location of event to a nearby hospital	$100,000	No copay
2.3	Medical air transport to Israel	Included in the limit of liability for medical expenses	No copay
3.1	Medical expenses not during hospitalization, such as physician, diagnostic testing	Included in the limit of liability for medical expenses	$50
3.2	Medications	$300	$50
3.3	Emergency dental treatment, including due to a preexisting condition	$400	$50
3.4	Physical therapy overseas	$5,000	$50
Chapter 4	Special Expenses		
4.1	Cancellation of trip - including: travel ticket of Insured	$5,000 $2,000	$50
4.2	Shortening of trip including: travel ticket of Insured	$7,000 $2,000	$50
4.3	Additional stay overseas	Details below	
4.3.1	Additional stay of Insured in a hotel overseas	$1,000	$50
4.3.2	Airline ticket to Israel for Insured	$1,000	$50
4.4	Emergency flight of close relative	$1,500	$50
4.5	Pregnancy first diagnosed overseas	As specified below	
4.5.1	First diagnostic test of pregnancy before end of first trimester	$1,000	$50
4.5.2	Ectopic pregnancy before end of first trimester	$10,000	$50
4.6	Legal expenses overseas	$5,000	$50
4.7	Expense of transporting mortal remains	Details below	

Policy section	Coverage	Limit of liability	Copay
4.7.1	Transport of mortal remains to Israel	Included in the limit of liability for medical expenses	No copay
4.7.2	Burial in the country in which the insurance event occurred	$5,000	No copay
Chapter 6	Death or Loss of Limbs or Organs		
	Before reaching age 18 - loss of limbs or organs only	$12,500	No copay
	18-67	$25,000	
Chapter 7	Liability Towards a Third Party	**$150,000**	
Chapter 8	Baggage (accompanying personal baggage), out of which:	**$2,250**	
8.2.1	Limit per item	$300	$50
8.2.2	Valuables	$500	$50
8.2.3	Theft of baggage from a vehicle	$750	$50
8.2.4	Delay in arrival of baggage	$150	$50
8.2.5	Value of suitcase and/or bag and/or wallet	$75	No copay
8.2.6	Camera and camera accessories	$350	$50
8.2.7	Replacement of documents	$250	No copay
8.2.8	Theft of baggage from public vehicle	Included in the limit of liability for this chapter	$50

Part A: Terms of the Overseas Travel Insurance Policy – Basic Policy

Chapter 1: The definitions apply to all chapters of the policy and its parts unless explicitly noted otherwise

1.1. **The Insurer:**

Harel Insurance Company, Ltd.

1.2. **The Insured:**

Anyone whose name is specified as insured on the List Page.

1.3. **The Policy:**

This insurance contract between the Insured and the Insurer, including the proposal, the List Page, health condition statements and riders attached to it, insofar as they exist.

1.4. **The Basic Policy:**

The insurance coverage as set forth in Part A in Chapters 1-8, in Chapter 18 - General Exclusions and in Part C.

1.5. **The Insurance Proposal/List Page:**

A document attached to this policy, which constitutes an integral part thereof, that includes all the details, declarations and conditions required in order to adapt the insurance policy to the terms of the insurance contract of the Insured.

1.6. **Overseas:**

Any place or country outside of the state of Israel, including a boat or plane traveling to or from Israel, with the exception of the territories of the Palestinian Authority and enemy countries.

1.7. **Trip:**

One departure from Israel to overseas and one return to Israel during the insurance period as specified on the List Page.

1.8. **The period or the insurance period:**

The period of insurance as specified in the proposal and provided that it does not exceed the maximum period set forth below, with the addition of 48 hours at the most, if a delay is caused by the means of transportation by which the Insured was to return to Israel.

1.8.1. **Maximum period of the Basic Policy:**

For Insured up to the age of 75 (inclusive) - up to 180 days from the day of departure for overseas.

For Insured between the ages of 76 and 85 (inclusive) - up to 45 days from the day of departure for overseas.

For Insured between the ages of 86 and 90 (inclusive) - up to 15 days from the day of departure for overseas.

1.8.2. **The period regarding loss of payments due to cancellation of a trip:**

A period that begins on the day the policy is issued, but no more than 100 days prior to the beginning of the insurance period, and which ends on the date of the trip to overseas.

1.8.3. The period regarding insurance of baggage:

The period that begins from the moment the Insured leaves his home directly on his way overseas or, if he delivered the baggage to a transporter before that - from the moment of delivery, and ends upon his return from overseas directly to his home, all within the maximum insurance period specified on the List Page.

1.9. Additional period:

1.9.1. Extension of the insurance period up to the maximum period specified in Section 1.8.1 above.

1.9.2. For Insured up to the age of 75 (inclusive) with the Basic Policy only, an extension of the insurance period will be allowed up to a maximum period of 365 consecutive days from the day of departure of the Insured to overseas.

1.10. Qualification period:

A consecutive period of time that begins on the day that the additional period begins and the length of which is as specified in Chapter 21. During this period, the Insurer will not be liable for any payment whatsoever according to the terms of the Policy for an event, except for an accident that occurs after the beginning of the additional period.

1.11. Insurance event:

An accident and/or illness that the Insured incurs overseas during the insurance period, with the exception of an illness and/or accident and/or health conditions for which the Insured was under medical treatment, including treatment by medication only and/or was being monitored for at the time he left to go overseas or during the 6 months prior to his departure.

1.12. Illness:

A health complaint or the existence of a health problem, disturbance in the health condition of body organs or limbs, physical disorders with identifiable signs and symptoms, any poor condition or functional failure of the body.

1.13. Accident:

A physical injury caused by the application of physical force only, as the result of a sudden, singular and unexpected event, caused directly by an external and visible entity, which constitutes the sole direct and immediate cause, without dependence on any other cause, of the occurrence of the insurance event. To eliminate any doubt, verbal violence and/or emotional pressure and/or the accumulation of small repeated injuries over a period of time that lead to disability will not be considered an "accident."

1.14. Hospital:

A medical institution that is recognized by the qualified authorities overseas as a general hospital only, with the exception of an institution that is a sanatorium, a recovery hospital, a recuperation center, a rehabilitation institution.

1.15. Hospitalization expenses:

The payment for hospitalization and medical services provided in a hospital during hospitalization, including payment for the room, operating room, intensive care, anesthetist, physician's care, tests and medications provided in the framework of the hospitalization.

1.16. Day of hospitalization:

A continuous stay in a hospital for 24 hours.

1.17. **Medical expenses:**

Payment for medical treatment and/or diagnostic tests and/or medications and/or loan of an aid related to an accident (such as crutches or a walker) that are provided to the Insured during the insurance period, not during hospitalization and not in a sanatorium.

1.18. **Medical air transport:**

Air transport on a regular aircraft service or a special aircraft, accompanied by a medical team suited medically to the condition of the Insured being transported from overseas to Israel, on the terms set forth in Section 2.3 below. This is provided that a physician on behalf of the Insurer, in coordination with the attending physician overseas, determined that there is liable to be need for medical intervention in the course of the flight and on the additional condition that the medical air transport is possible and required from a medical point of view.

1.19. **Prescription:**

A medical document signed by a physician who has confirmed the need for treatment/medication, determined the manner of treatment, the dosage required and the length of time of the treatment required.

1.20. **Close relative**

A spouse, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, grandfather, grandmother, grandchild or business partner (in a business of two partners only) of the Insured.

1.21. **Traveling companion:**

A person who accompanies the Insured on a trip during his stay overseas.

1.22. **Cancellation of a trip:**

Failure of the Insured to leave Israel to go overseas at the time of the beginning of the insurance period specified on the List Page.

1.23. **Shortening of a trip:**

The return of the Insured from overseas to Israel before the end of the insurance period specified on the List Page.

1.24. **Travel ticket:**

A ticket to travel purchased for the Insured for the trip from Israel to overseas, or a travel ticket that the Insured purchased overseas at the instruction of a physician, in place of the ticket he purchased upon leaving Israel, in order to return to Israel from a given place at the end of the trip. It is clarified that the coverage in this Policy shall apply to a tourist-class travel ticket only.

1.25. **Death:**

Death of the Insured due to an accident that occurred overseas during the insurance period.

1.26. **Loss of organs or limbs:**

Total and complete loss, anatomical or functional, of an organ or limb or part thereof, due to an accident that occurred overseas during the insurance period.

1.27. **Baggage:**

Personal baggage for personal use that accompanies the Insured or is located in the hotel and/or apartment where he is staying overseas.

1.28. **Valuables:**

A precious metal, diamond, jewelry, gemstone, watch, different types of photography equipment, computer/s, including a handheld computer, portable computer and accompanying accessories, a music player.

1.29. **Replacement of documents:**

A document that is a passport, a driver's license or a ticket for travel.

1.30. **Copay:**

The part of the expenses paid by the Insured regarding an insurance event, as specified in the Limits of Liability table of the Policy. **It is hereby clarified that the undertaking of the Insurer to pay insurance benefits in an event in which the Insured is subject to copay will be after deduction of the copay and only regarding expenses of the Insured beyond this copay amount.**

1.31. **Israel:**

The territory of the State of Israel, including territories held by the State of Israel, not including the territories of the Palestinian Authority.

1.32. **Dollar**

The United States Dollar.

Chapter 2: Hospitalization Expenses Overseas

2. The Insurer shall pay the Insured (or transfer a letter of monetary commitment to the Insured) for expenses or provide service, as follows:

   2.1. Hospitalization expenses, tests, X-rays, medications, a surgeon, intensive care, provided they are performed during hospitalization in a hospital, **and provided that they are paid at the customary level of payment in the country where the treatment is provided, and no more than the amount customarily charged there for a semi-private, 2-bed ward** and subject to the Limitations of Liability table of the Policy.

   2.2. **In the case of evacuation of the Insured to a hospital:** If the medical condition of the Insured requires his transfer to the hospital nearest to the location of the Insured or his evacuation to another hospital suited to his medical condition, the Insured will be entitled to indemnification by the Insurer for the evacuation expenses and/or said transport, up to the amount specified in the Limitations of Liability table of the Policy and subject to the said in Sections 2.2.1 and 2.2.2.

      2.2.1. **Ground evacuation and/or transport -** If the medical condition of the Insured allows for evacuation and/or transport by means of any ground transportation suitable for the medical condition of the Insured, according to a medical assessment of a specialist physician, the Insured will be entitled to a refund of the expenses for the said evacuation and/or transport, up to the amount specified in the Limitations of Liability table of the Policy.

      2.2.2. **Sea or air evacuation and/or transport -** If, according to the medical assessment of a specialist physician, the medical condition of the Insured does not allow for ground evacuation and/or transport as said above, the Insured will be entitled to a refund for the expense of evacuation and/or transport by means of sea and/or air transportation (including air ambulance), up to the amount specified in the Limitations of Liability table of the Policy, and provided that the Insured contacted the Insurer and requested the Insurer's approval prior to the said evacuation and/or transport, and this before actual execution of the evacuation. The Insurer will be entitled to demand of the Insured a medical assessment as said by a physician on its behalf.

      If the Insured did not contact the Insurer for the purpose of obtaining its approval prior to execution of the above-said evacuation or transport, the Insurer will be entitled to reduce the amount of the insurance benefit to which the Insured is entitled to the amount that the Insurer would have paid if the Insured had contacted the Insurer to request the said approval before execution of the evacuation or transport.

      It is clarified and emphasized that the undertaking of the Insurer according to this section and its subsections is for monetary indemnification of the Insured for expenses of the Insured for evacuation/transport only, and the Insurer is not and will not be liable for arranging the said evacuation and/or transportation in any way or form whatsoever.

2.3. **Medical air transport -** The Insurer will allow medical air transport, as defined in Section 1.18 of the Definitions, in the case of an event for which the Insured was entitled to refund of medical expenses and shall transfer the Insured to Israel for continuation of treatment. The means of transportation will be determined by a physician on behalf of the Insurer, in coordination with the attending physician overseas, after receiving precise information about the medical condition of the Insured and the possibility of treating the Insured at the place where he became ill or was injured. **The liability of the Insurer according to this section is contingent upon execution of the said flight by means of the Insurer and/or someone on its behalf.**

In order to eliminate doubt, the airline tickets held by the Insured will be assigned to the Insurer or their cost will be deducted from the ceiling of compensation or from the debt of the Insurer to the Insured, at the discretion of the Insurer.

It is clarified and emphasized that the undertaking of the Insurer according to this section is to arrange the said medical air transport, in any way or form, insofar as this is at all possible under the circumstances of the time and place in which the Insured is located.

Chapter 3: Medical Expenses Overseas Not During Hospitalization

3. The Insurer will pay the Insured (or transfer a letter of monetary commitment to the Insured) regarding the occurrence of an event, a refund of medical expenses that were incurred overseas, as follows:

   3.1. **Medical treatment, diagnostic tests, imaging tests or a medical aid installed due to an accident,** up to the amount specified in the Limitations of Liability table of the Policy.

   3.2. **Prescription medications -** At the instruction of an attending physician (medications that the Insured takes on a regular basis will not be covered), this up to the amount specified in the Limitations of Liability table of the Policy.

   3.3. **Emergency dental treatment -** The Insured will be entitled to receive emergency dental treatment and dental first aid urgently required for the purpose of pain relief, including due to an accident.

   The emergency services and first aid will also be administered if they are required due to a preexisting condition, this up to the amount specified in the Limitations of Liability table of the Policy.

   3.4. **Physical therapy -** Expenses due to an accident that occurred overseas for physical therapy sessions provided by a licensed physical therapist as a direct continuation and as a consequence of the accident, provided that advance approval is given by the Insurer, up to the amount specified in the Limitations of Liability table of the Policy. In the case that the Insured did not contact the Insurer in order to obtain its approval prior to administration of the physical therapy overseas, as said above, the Insurer will be entitled to reduce the amount of the insurance benefits to which the Insured is entitled to the amount that it would have paid the Insured if he had contacted the Insurer to request said approval prior to administration of the physical therapy overseas.

It is emphasized that the liability of the Insurer according to this chapter will be exclusively and solely in the framework of the accepted rates in the country in which the treatment is provided.

The total maximum undertaking of the Insurer for medical expenses according to Chapters 2 and 3 will not exceed the maximum amount specified in the Limitations of Liability table of the Policy.

Chapter 4: Special Expenses

4. The Insurer will pay special expenses for an event as follows:

4.1. Cancellation of a trip:

Loss of payments due to cancellation of a trip as defined in Section 1.22:

The Insurer will indemnify the Insured in the case of cancellation of a trip as defined in Section 1.22 for loss of deposits related directly to the trip and that are not refunded and/or a travel ticket, or payments made in advance in Israel or that the Insured has to pay and that are not refunded and cannot be received in the future (such as accommodations and car rental expenses).

4.1.1. The Insurer will pay according to Section 4.1 above exclusively and solely due to the following cases:

4.1.1.1. Death of the Insured and/or the traveling companion.

4.1.1.2. Death or hospitalization of a close relative.

4.1.1.3. Illness or accident of the Insured and/or the traveling companion for which the Insured and/or the traveling companion are hospitalized for at least 24 hours in a hospital in Israel or bedridden according to the instructions of a physician and/or absence from work at a physician's instructions for at least seven days, this during the week prior to the date of travel of the Insured and/or the traveling companion.

4.1.1.4. Cancellation of a trip within 14 days prior to the date of the trip, if a fire, explosion, malicious damage, storm, flood occurred in the home of the Insured, and also if the personal presence of the Insured is required for the purpose of a police investigation of a burglary or attempted burglary of his home or business.

4.1.1.5. Cancellation of a trip within 7 days prior to the date of the trip, if an emergency call-up of the Insured to reserve duty occurred according to a special call-up order (Order 8) by an authorized military body.

4.2. Shortening of a trip:

The Insurer will indemnify the Insured in the case of the shortening of a trip as defined in Chapter 1.23 above, in the proportional amount of the expenses that the Insured paid in advance (such as accommodations or car rental expenses), calculated relative to every day of the planned trip that was lost and/or for a travel ticket and/or the difference due to an existing travel ticket and a replacement travel ticket that cannot be returned or received in the future.

The Insurer will pay according to Section 4.2 above only due to the following cases:

4.2.1. A medical event that occurred overseas to the Insured and/or a traveling companion, which according to the confirmation of an authorized physician overseas required the Insured or the traveling companion to change the date of his planned return to Israel and it is not possible to use the original travel ticket that he purchased.

4.2.2. Death of the Insured and/or the traveling companion.

4.2.3. Death or hospitalization of a close relative.

To eliminate any doubt, the travel tickets that the Insured held will be assigned in favor of the Insurer or their cost will be deducted from the ceiling of the return that the Insurer owes the Insured, according to the discretion of the Insurer.

The maximum return according to Section 4.1 above and according to Section 4.2 above, including refund of a travel ticket to the Insured, will be as specified in the Limits of Liability table of the Policy.

4.3. **Refund of expenses due to a stay overseas beyond the insurance period -** If an insurance event covered by this Policy occurs to the Insured while he is overseas during the insurance period and the insurance period ends according to the terms of the Policy and the Insurer receives a physician's opinion that the health and life of the Insured are endangered and therefore the Insured is still prohibited from flying to Israel and this determination has been confirmed and accepted by a physician on behalf of the Insurer:

4.3.1. The Insurer will indemnify the Insured for the cost of accommodation expenses in the period after the insurance period, in a 3-star hotel as accepted in the country where the Insured is located.

4.3.2. The Insurer will bear and indemnify the Insured for a ticket to travel to Israel.

In order to eliminate any doubt, tickets for travel to Israel held by the Insured will be assigned or their cost will be deducted from the ceiling of the refund that the Insurer owes the Insured, according to the discretion of the Insurer.

4.4. **Emergency flight of a close relative -** If the Insured is hospitalized overseas due to an event that requires an invasive surgical procedure and his hospitalization exceeds 10 days or the attending physician determines that due to this event the Insured is at risk, the Insurer will pay one close relative the cost of purchasing a travel ticket to the place of hospitalization of the Insured and also the cost of a stay of up to 10 days in a hotel.

4.5. **Pregnancy up to Week 12, first diagnosed overseas:**

4.5.1. The Insurer will bear medical expenses not during hospitalization overseas as the result of a pregnancy first diagnosed overseas by means of a documented medical diagnosis during the stay of the Insured overseas. **Said expenses will be covered provided that they were paid by the end of the first trimester (up to Week 12, inclusive).**

4.5.2. The Insurer will bear the medical expenses during hospitalization overseas due to an ectopic pregnancy first diagnosed overseas by means of a documented medical diagnosis that endangers the life of the Insured and requires an induced abortion. **Said expenses will be covered provided that they were paid by the end of the first trimester (up to Week 12, inclusive).**

The Insurer will not pay according to Sections 4.5.1 and 4.5.2 expenses or claims associated with or stemming from one or more of the following cases:

1. **Pregnancy diagnosed by a documented medical diagnosis prior to the departure of the Insured to overseas.**
2. **An induced abortion that was not due to an ectopic pregnancy.**
3. **Expenses due to pregnancy, routine tests and genetic tests.**
4. **Expenses paid after the end of the first trimester.**

4.6. Legal expenses overseas -

The Insurer will indemnify the Insured in the case that the Insured is sued by any party for legal fees, if they are actually paid by the Insured overseas during the insurance period. The coverage for said legal expenses that the Insured incurred during the insurance period will be regarding the handling of arrest and/or investigation and/or lawsuit and/or lawsuits related to civil and criminal causes that are submitted against him for an action and/or omission that occurred during his stay overseas within the insurance period. **It is hereby emphasized that the coverage does not include legal fees associated with and/or stemming from the use and/or trade and/or couriering of drugs of any kind and/or alcohol. In addition, the coverage does not apply to any action taken by the Insured consciously that contradicts the laws and regulations of the country in which the act was taken, and especially working without a license to work.** It is emphasized that these expenses will be for legal assistance and/or legal advice and/or for an attorney to defend and/or handle legal matters and not for a fine or monetary charge and/or punishment if such is charged to the Insured regarding an action or omission.

4.7. Expenses of transport of mortal remains and burial overseas -

4.7.1. If the Insured dies during the insurance period due to an insurance event covered according to this Policy, the Insurer will bear the costs of transporting his body from the place of the event to Israel, on the express condition that this transport is performed by the Insurer and/or by someone on its behalf and in coordination with the Insurer.

4.7.2. If the beneficiaries of the Insured and/or his legal heirs ask to bury him in the country where the insurance event took place, the Insurer will indemnify the beneficiary and/or, in the absence of a beneficiary, the legal heirs of the Insured, for the actual cost of the burial.

The total maximum undertaking of the Insurer according to Chapter 4 (and its subsections) will not exceed the total amount specified in the Limits of Liability table of the Policy.

Chapter 5: Exclusions to Chapter 4 ,3 ,2

5. The Insurer will not pay claims according to one of the above-mentioned chapters for an event that stems from or is related to:

5.1. A health condition the treatment of which, according to a medical document, was expected in the Insured and/or a close relative and/or a traveling companion and/or a health condition of the Insured because of which the attending physician recommended that he not travel overseas and/or a trip the purpose of which, or one of the purposes of which was to receive medical treatment overseas.

5.2. A health condition regarding which the Insured was on a waiting list for medical treatment and/or about to undergo medical and/or surgical intervention and/or hospitalization and/or surgery and/or a process of medical investigation without a documented diagnosis.

5.3. Routine tests that are not due to an active medical problem, or screening tests.

5.4. A health condition for which the Insured or the traveling companion was under supervision or medical treatment, including medication only and/or medical monitoring and/or treatment of an illness at the time the Insured departed for overseas or during the 6 months prior to his departure.

The above-said notwithstanding, if the Insured purchased, in return for additional insurance fees that are listed on the List Page, coverage for worsening of a preexisting illness and/or preexisting heart disease and/or a preexisting malignant disease, this exclusion (Section 5.4 only) will be reduced regarding the Insured who purchased the coverage and instead of it, the coverages and exclusions listed in Part B (Riders), Chapter 9 will apply.

5.5. Hospitalization and medical expenses for actions that are not medically necessary that could be postponed until the return of the Insured to Israel or the treatment of which can be continued in Israel and the return to Israel is medically possible.

5.6. Pregnancy (with the exception of that said in Section 4.5 above), bed-rest pregnancy, miscarriage (with the exception of that said in Section 4.5.2), childbirth (including early childbirth, treatment of a newborn or a fetus, or a premature infant).

The above-said notwithstanding, if the Insured purchased, in return for additional insurance fees that are listed on the List Page, coverage for pregnancy, this exclusion (Section 5.6 only) will be cancelled, and instead of it, the coverages and exclusions listed in Part B (Riders) in Chapter 10 will apply.

5.7. Treatment by a chiropractor, naturopath, homeopath, healing program, acupuncture, mechano-therapy, hydrotherapy, alternative therapies, physical therapy (except as determined in Chapter 3).

5.8. Follow-up or periodic examination, surgery and/or gum therapy, dental care (with the exception of emergency treatment as said in Chapter 3, Section 3.3. above), surgery and/or cosmetic-aesthetic treatment, plastic surgery, rehabilitation.

5.9. Medical or other aids that were purchased in Israel and/or overseas and/or for damage and/or loss overseas of eyeglasses, optical eyeglasses, contact lenses, hearing aids and different prosthetic devices, with the exception of the case of a medical device installed overseas due to an accident that occurred overseas.

5.10. Preventative medication treatment of an acquired immune deficiency disease (AIDS).

5.11. Transplant of an organ/s or limb/s of any type whatsoever.

5.12. Hemophilia.

5.13. Medical flight performed other than by the Insurer.

5.14. Plastic disability.

5.15. Additional special exclusions to Chapter 4 and its subsections (Loss of Payment Due to Cancellation or Shortening of a Trip):

The Insurer will not pay for a claim stemming directly or indirectly from:

5.15.1. A government law or regulation, the suspension or correction or change of the recorded schedule of an airline, an error in the provision of information regarding any part of the planned vacation (including an error of omission or removal) by any provider of a service that constitutes part of the planned travel or of a travel agent or organizer by means of which the trip was reserved or ordered.

5.15.2. Lack of will of any Insured to go on the trip, for any reason other than as said in Section 4.1 - Cancellation of trip.

5.15.3. For the expenses of travel and refinancing of a trip overseas, due to cancelling or shortening of the trip.

5.15.4. The outcome of any illegal act or criminal proceedings of any person upon which the plans for the trip relied, with the exception of a delay of the Insured and/or the travelling companion due to a subpoena to testify in court.

5.15.5. Failure to notify the travel agent or trip organizer or provider of transportation services or of accommodation and hostel services, immediately upon realization of the need to cancel or shorten the trip.

5.15.6. A claim for proportional refund of an original travel ticket that was used for traveling from or to Israel or that was replaced by another one by the carrier in the case of late return, shortening of the trip, or terminating the trip.

5.15.7. Expense of travel and staying borne by the Insured that he would have paid even if the medical event or return to Israel had not occurred.

5.15.8. Shortening and/or cancellation of a trip due to the death or hospitalization of the Insured, stemming from an illness or medical condition for which he was being monitored or under treatment during the 6 months prior to the departure to overseas.

The above-said notwithstanding, if the Insured purchased, in return for additional insurance fees that were listed on the List Page, coverage for worsening of a preexisting illness and/or worsening of a preexisting heart disease and/or worsening of a preexisting malignant disease, this exclusion will be cancelled for the Insured who purchased the coverage and instead of it, the coverages and exclusions listed in Part B (Riders), Chapter 9 will apply.

Chapter 6: Death or Loss of Organs or Limbs Due to an Accident Event

6. If the Insured suffers death or loss of limbs or organs as a direct result of an accident during the insurance period overseas, the following insurance benefits will be paid:

6.1. **Death of the Insured -** In the case of death of the Insured, the beneficiaries, and in the case that beneficiaries were not specified, the legal heirs of the Insured or the managers of his estate according to an inheritance order and/or a probate order will be paid insurance benefits according to the amount specified in the Limits of Liability table of the Policy and **provided that the Insured is over the age of 18 years (inclusive)** and up to the age of 67 (inclusive) on the date of occurrence of the accident event.

6.2. **Loss of an organ/s or a limb/s -** If the Insured is over the age of 18 and up to the age of 67 (inclusive) at the time of the insurance event of loss of an organ/s or limb/s, he will be entitled to percentages of the amount specified in the Limits of Liability table of the Policy. **For example: If the Insured incurs loss of a leg and the maximum insurance amount specified is $10,000, the Insured will receive, in this case = $10,000 X 40% = $4,000.**

An Insured who at the time of occurrence of the insurance event has not yet reached the age of 18 years will be entitled to one-half of the above-said compensation, as specified in the Limits of Liability table of the Policy:

Loss of Organ/s or Limbs - Total and complete loss	Percentage of the insurance amount
Ability to see in both eyes	100%
Ability to use both hands or both legs	100%
The right arm or the right hand	60%*
The left arm or left hand	50%*
One leg	40%
Sight in one eye	25%
Thumb on either hand	16%
Finger on the right hand	14%*
Finger on the left hand	12%*
Little finger on the right hand	12%*
Little finger on the left hand	10%*
Middle finger on the right hand	8%*
Middle finger on the left hand	6%*
Ring finger on either hand	6%
Big toe	5%
Any other toe	3%
Hearing in both ears	40%
Hearing in one ear	10%

*In the case of someone left-handed, the converse: The left hand will be treated according to the same percentages specified for the right hand and injury to the right hand, according to the percentages for the left hand.

6.3. Additional exclusions to Chapter 6:

6.3.1. It is clarified that there is no coverage for the loss of another organ or limb that is not specified in the above table.

6.3.2. Plastic disability.

The total maximum liability of the Insured according to Chapter 6 will not exceed the maximum amount specified in the Limits of Liability table of the Policy.

Chapter 7: Liability Towards a Third Party

7. The Insurer will indemnify the Insured for damage to a third party that occurred overseas to a person or property for which the Insured is liable, this up to the amount specified in the Limits of Liability table of the Policy, and after deduction of the copay. A condition for the existence of liability of the Insurer according to this chapter will be that the liability of the Insured to the third party corresponds with the definition of this liability in Israel according to the Damages Ordinance.

   It is hereby clarified that immediately upon the Insured knowing about a case that is likely to be followed by a lawsuit according to this chapter, and upon his knowledge of the initiation of proceedings or inquiry, he must notify the Insurer of this in writing. The Insurer will be entitled to manage any proceeding or compromise in the name of the Insured, this in the manner that the Insurer chooses, and the Insured must cooperate with it. The Insured will not negotiate, will not offer a proposal and will not admit to any liability, except with the agreement of the Insurer in advance and in writing.

   7.1. Additional exclusions to Chapter 7:

   The Insurer will not pay a claim/s stemming from or associated with:

   7.1.1. Liability of employers, contractual liability, or liability to a relative of the Insured.

   7.1.2. Liability due to an intentional act, a malicious act, or an illegal act.

   7.1.3. Liability regarding animals that belong to the Insured or that are in his control or held by him or under his supervision.

   7.1.4. Liability due to an occupation, business or profession.

   7.1.5. Liability due to ownership or possession or use of vehicles, aircraft, or sailing vessels.

   7.1.6. Liability as the result of engagement in extreme sports as defined in Chapter 12 and winter sports as defined in Chapter 13.

   7.1.7. Use of weapons by the Insured.

   7.1.8. Liability due to ownership or possession of land or a structure (with the exception of their occupancy for the purpose of temporary residence only).

   7.1.9. All the exclusions regarding the chapter on baggage in this Policy will also apply to property damages in the framework of third-party liability.

Chapter 8: Baggage – Loss or Theft (Accompanying Personal Baggage)

8. The coverage for baggage is included in the insurance fees unless the Insured requested not to purchase this coverage.

8.1. **Liability of the Insurer:** The Insurer will pay and indemnify the Insured in the case of loss or theft of his baggage as defined in the Definitions chapter, Section 1.27 and up to the amount specified in the Limits of Liability table, but no more than its actual value (after deduction of wear and tear and copay).

For an Insured up to the age of 18 (inclusive) - half of the amounts specified in the Limits of Liability table of the Policy.

8.2. **The insurance benefits:**

Out of the maximum total of baggage insurance benefits, the insurance benefits regarding baggage will be limited to the amount specified in the Limitations of Liability table of the Policy for each of the sections as follows:

8.2.1. An item or set of items (including items accompanying the set).

8.2.2. Valuables.

8.2.3. Theft of baggage from a vehicle (with the exception of a public vehicle), including the case of theft of baggage during and within theft of the vehicle itself and/or theft from a compartment for protecting objects.

8.2.4. Delay in the arrival of baggage - provided that the length of the delay exceeds 24 hours from the promised time of arrival to its destination overseas and against receipts issued by the Insured for purchase of essential items. The indemnification for this section will be after deduction of the amount the Insured received as compensation from the airline with which he traveled.

8.2.5. A suitcase or bag (including a backpack) or wallet.

8.2.6. A camera and camera accessories.

8.2.7. Replacement of documents.

8.2.8. Theft of baggage from a public vehicle, such as a bus, train, ship, passenger plane on a scheduled flight (approved by the authorities).

8.3. **Deduction of wear and tear:**

In the case that the baggage lost or stolen was new (up to 12 months from the date of purchase):

8.3.1. If the Insured has a receipt of purchase dated prior to the date of the loss/theft, testifying to this, the baggage will be assessed by the Insured without deduction for wear and tear. From the refund ceiling, Value Added Tax customary in the country where the product was purchased will be deducted, unless it was purchased in Israel, and no more than the maximum total specified in the Limits of Liability table of the Policy.

8.3.2. If the Insured does not have a receipt of purchase (including copies of receipts) from dates prior to the date of loss/theft, the Insurer will assess the baggage that was stolen/lost, but in any case, and subject to the limit of liability of the Insurer according to this chapter, the maximum payment made for any loss and/or theft of baggage - the value of the item as new, with the deduction of wear and tear up to 35% of the amount claimed, but no more than the maximum amount specified in the Limits of Liability table of the Policy.

8.4. **Baggage held by an air transporter (above the amount to be paid by the transporter or a third party):** In the case of baggage that was held by an air or ground transporter or was under the responsibility of a third party, the Insurer will compensate the Insured only above the amount that the transporter or third party paid and up to the limit of liability of the Insurer according to this Policy and all this subject to the instructions of Section 22.2 (Insurance in Other Companies).

8.5. Additional exclusions to Chapter 5:

The Insurer will not pay claims arising from or related to:

8.5.1. Cash, checks of any type, stamps, film, different types of tickets (train, bus, theater and other performances that cannot be replaced, etc.), computer software, diskettes, CDs, cellular telephones.

8.5.2. Business work tools and/or commercial merchandise including business samples.

8.5.3. Eyeglasses, contact lenses, hearing aid, medical aids, false teeth, medications (as baggage).

8.5.4. Objects of art, fragile valuables, all this whether the theft and/or loss occurred to an item separately or as part of all the baggage.

8.5.5. Regular wear and tear, abrasion, gradual deterioration, breakage or mechanical or electrical damage, any damage to baggage, loss caused by confiscation, expropriation, loss caused by gross negligence of the Insured or failure to take reasonable means to prevent it, reduce it, or get it back, except in the case of theft or burning of a suitcase or bag.

8.5.6. Loss caused to jewelry and/or valuables that were held other than on the body of the Insured or that were not in a bag next to him, unless the jewelry and/or valuables were kept in a safe or another protected place.

8.5.7. The Insurer shall not be liable for any consequential and/or indirect damages.

Table of Limits of Liability for Chapter B – Riders to the Overseas Travel Insurance Policy for Additional Insurance Fees

Policy Section	Coverage	Limit of liability	Copay
Chapter 9	**Worsening of a preexisting illness, preexisting heart disease and/or preexisting malignant disease**		
9.2.1	Worsening of a preexisting illness	$250,000	$50
9.2.2	Worsening of preexisting heart disease (3-6 months)	$50,000	$50
9.2.3	Worsening of a preexisting malignant disease (3-6 months)	$50,000	$50
Chapter 10	**Pregnancy (that is not a high-risk pregnancy) up to Week 32 for a women aged up to 42 years**	**$50,000**	**$50**
	Within this: expenses of early childbirth	$10,000	No copay
	Expense of hospitalization of the fetus or premature infant	$40,000	No copay
Chapter 11	**Search and rescue**	**$130,000**	**No copay**
Chapter 12	**Extreme sports**	**Included in the limit of liability**	**$50**
Chapter 13	**Winter sports**		
	Medical expenses during hospitalization	Included in the limit of liability	No copay
	Medical expenses not during hospitalization	Included in the limit of liability	$50
13.2.1	Indemnification for loss of ski days	$300	$50
13.2.2	Cancellation of a trip due to lack of snow at the ski site Travel ticket Ground services	$300 $50/day up to 6 ski days in practice	$50
13.2.3	Delay in arrival to ski site due to bad weather	$50 per day up to 6 ski days in practice	$50
13.2.4	Loss of ski days due to closure of site for 48 hours or more	$75 per day up to 6 ski days in practice	$50
13.2.5	Delay in arrival of winter sports gear Within this: a single item	$200 $20	No copay

Policy Section	Coverage	Limit of liability	Copay
Chapter 14	Portable personal computer	$2,000	$100
Chapter 15	Cellular phone	$750	$200
Chapter 16	Two-wheeled bicycle		
	Loss or theft (according to insurance amount required based on value of bicycle and as registered on the List Page)	$2,500 $4,500 $6,000	General loss - $50 Theft - $250
Chapter 17	Rofe-Ishi overseas	Service letter	$400

Part B – Riders to the Basic Policy, if Purchased by the Insured for Additional Insurance Fees and if Specified on the List Page

In order to eliminate doubt, all the definitions, exclusions and general terms in the Basic Policy apply to Part B, as well.

Chapter 9: Rider for Worsening of a Preexisting Illness, Preexisting Heart Disease and/or Preexisting Malignant Disease

9. The coverages purchased according to this chapter shall apply to the Insured only. They shall not apply to a close relative or a travelling companion.

9.1. Additional Definitions for this Chapter

9.1.1. Maximum period for this chapter:
For Insured up to the age of 60 (inclusive) - up to 90 days from the date of departure for overseas with the exception of a malignant disease - up to 60 days from the date of departure for overseas.
For Insured from age 61 to age 70 (inclusive) - up to 60 days from the date of departure for overseas.
For Insured from age 71 to age 80 (inclusive) - up to 45 days from the date of departure for overseas.
For Insured from 81 to age 85 (inclusive) - up to 31 days from the date of departure for overseas.
For Insured from age 86 to age 90 (inclusive) - up to 15 days from the date of departure for overseas.

9.1.2. Additional period:

9.1.2.1. Extension of the insurance period beyond the maximum period for this chapter specified above.

9.1.2.2. For Insured up to the age of 70, extension of the insurance period for an additional period of up to 45 consecutive days.

9.1.2.3. For Insured from age 71 to 85, extension of the insurance period for an additional period of 30 consecutive days.

9.1.2.4. A request for extension of the insurance period will be made by means of a request to the Insurer, and provided that the Insurer gave its written approval in advance.

9.1.3. Preexisting illness:

An accident and/or illness because of which the Insured was under medical treatment, including medication, and/or being monitored at the time of departing for overseas or during a period of 6 months prior to his departure to overseas.

9.1.4. Coronary event:

A heart attack, heart surgery/ies of any type, angiography (balloon) and/or any procedure to open a blockage in the arteries in the heart, diagnostic angiogram whose findings are irregular, a therapeutic angiogram of any type, disturbances in heart rate, implantation of a temporary or permanent pacemaker, hospitalization in a hospital due to angina pectoris and/or due to any heart problem.

9.1.5. **Heart disease:**

A coronary event because of which the Insured was hospitalized and/or underwent a surgical procedure and/or any invasive procedure.

9.1.6. **A malignant disease:**

The presence of malignant cells growing uncontrollably, penetrating and spreading through the tissues in the area or to other tissues, which was diagnosed in the Insured and documented in a letter before his departure overseas, whether or not the Insured was hospitalized for it and/or underwent a surgical procedure and/or an invasive procedure and/or any medical care procedure.

9.1.7. **Worsening of a preexisting illness:**

A sudden, unpredictable change for the worse of a preexisting illness as defined in Section 9.1.3, the treatment of which was necessary as emergency treatment overseas and for which the Insured was medically unable to postpone the treatment until his return to Israel. In the framework of this worsening, the coverage will include worsening of a preexisting heart disease, the worsening of preexisting malignant disease for which 6 months passed from the date on which the Insured was hospitalized or underwent a surgical procedure and/or an invasive procedure and/or a medical care procedure and for which he was treated or monitored until his departure for overseas.

9.1.8. **Worsening of a preexisting heart disease:**

A sudden, unpredictable change for the worse of a heart disease, as defined in Section 9.15, the treatment of which was necessary as emergency treatment overseas, provided that at least 3 months passed from the day on which the Insured was hospitalized and/or underwent a surgical procedure and/or any invasive procedure for the preexisting heart disease until his departure for overseas, **and provided in addition that the worsening occurred in immediate adjacency to a serious and acute coronary event as defined in Section 9.1.4 that occurred overseas.**

9.1.9. **Worsening of a preexisting malignant disease:**

A sudden, unpredictable change for the worse of a preexisting malignant disease, as defined in Section 9.16, the treatment of which was necessary as emergency treatment overseas for an event that occurred overseas, provided that at least 3 months passed from the day on which the Insured was hospitalized and/or underwent a surgical procedure and/or an invasive procedure and/or any medical care procedure for the preexisting malignant disease until his departure for overseas.

9.2. **The Undertaking of the Insurer**

If the Insured incurs a worsening as defined in Section 9.1.7 above, the Insurer will indemnify the Insured for medical expenses during hospitalization, medical expenses not during hospitalization and special expenses as said in Part A of the Basic Policy, as specified below:

9.2.1. **Worsening of a preexisting illness:** The coverage for worsening of a preexisting illness as defined in Section 9.1.7 above, as specified in the Limits of Liability table.

9.2.2. **Worsening of a preexisting heart disease:** The coverage for worsening of a preexisting heart disease as defined in Section 9.1.8 above, is for the case that the Insured was hospitalized and/or underwent a surgical procedure and/or any invasive procedure during the following period:

During a period of 3-6 months prior to his departure for overseas as specified in the Limits of Liability table.

To eliminate any doubt, in the case of worsening of a preexisting heart disease, even if the above-said period of 3 months has not passed, the Insured will be entitled to out-patient expenses and hospitalization expenses up to the maximum amount for the said case in Section 9.1.8 above, **with the exception of expenses for an operating room, surgeon's fee and expenses for any surgical or invasive intervention.**

9.2.3. **Worsening of a preexisting malignant disease:** The coverage for worsening of a preexisting malignant disease as defined in Section 9.1.9 above, is for the case that the Insured was hospitalized and/or underwent any surgical procedure and/or invasive procedure and/or medical treatment procedure during the following period:

During a period of 3-6 months prior to his departure to overseas as specified on the Limits of Liability table.

The undertaking of the Insurer in Chapter 9 is subject to the Limits of Liability table for Part B of the Policy and is not in addition to the undertaking of the Insured according to the basic policy.

9.3. Additional exclusions to Chapter 9 in addition to the exclusions that apply to the Insured in the basic policy:

The Insurer will not pay claim/s stemming from or related to:

9.3.1. Organ or limb transplant/dialysis, demyelination (including multiple sclerosis), cystic fibrosis, hemophilia, any illness that requires treatment by a blood transfusion.

9.3.2. Heart surgery, implantation of a pacemaker that were not adjacent to a myocardial infarction that occurred overseas.

9.3.3. Worsening of a preexisting malignant disease if at least 3 months did not pass from the day on which the Insured was hospitalized and/or underwent any surgical procedure and/or invasive procedure and/or medical treatment procedure regarding the preexisting malignant disease to the day of his departure for overseas.

9.3.4. Worsening of a preexisting malignant disease because of which the Insured was advised by an authorized medical person to be hospitalized and/or to undergo any surgical procedure and/or invasive procedure and/or medical treatment procedure, and the Insured did not act in accordance with that recommendation.

Chapter 10: Rider for Pregnancy (that is not a high-risk pregnancy) for an Insured Women Up to Week 32 and Up to 42 Years of Age

10. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

10.1. The Insurer will pay the Insured **whose age is no greater than 42 years (up to the date on which the Insured reaches the age of 42)** on the day of the event and provided that the pregnancy is not a high-risk pregnancy as defined in Section 10.2.4 below and is up to Week 32 (inclusive) on the day of the event, expenses related to pregnancy and medical air transport as set forth in the following: hospitalization expenses overseas and medical expenses overseas not during hospitalization, including expenses related to early childbirth and including expenses related to and treatment and/or hospitalization of the fetus or premature infant in the case of childbirth before the end of Week 32.

The undertaking of the Insurer in Chapter 10 is subject to the Limits of Liability table for Part B of the Policy and not in addition to the undertaking of the Insured according to the basic policy.

10.2. Additional exclusions to Chapter 10 in addition to the exclusions that exist in the Basic Policy: The Insurer will not pay a claim/s stemming from or related to:

10.2.1. Pregnancy the treatment of which was anticipated in advance according to a medical opinion.

10.2.2. Pregnancy during which a physician recommended that the Insured should not travel overseas.

10.2.3. A pregnant Insured who suffers from a preexisting illness as defined in Section 9.1.3 above, unless a rider for preexisting illnesses was purchased for additional insurance fees.

10.2.4. A pregnancy defined by a physician and/or the attending staff as a high-risk pregnancy as defined by the Ministry of Health, that is, a pregnancy in which there is high risk to the woman, the fetus or both.

10.2.5. Initiated abortion.

10.2.6. Bed-rest pregnancy, with the exception of bed-rest pregnancy that requires hospitalization overseas according to a physician's orders.

10.2.7. Routine tests and/or lab tests related to pregnancy and its development.

10.2.8. Failure to undertake routine tests and/or lab tests related to pregnancy and its development.

10.2.9. Expenses related to pregnancy that stem from engagement of the Insured in winter sports and/or extreme sports (as defined in this Policy), this also in the case that a rider for these coverages according to Chapter 12 and/or Chapter 13 was purchased.

Chapter 11: Rider for Expenses of Search and Rescue

11. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

11.1. Additional Definitions for this Chapter

11.1.1. Harel 669:

A group of people selected by the Insurer based on special abilities and skills to perform search and rescue services, as said in Chapter 11 of this Policy. This team may include a psychologist recognized as such by the qualified authorities in Israel.

11.1.2. Call Center:

A contact center of the Insurer for contact by means of a telephone number and/or the website specified in the Policy and/or the e-mail address: 669@harel-ins.co.il

11.1.3. Loss of contact:

A break for unclear and unknown reasons for a period exceeding 14 days of the customary contact between the Insured and any of his close relatives and/or the call center, and which as a result of this break in contact, none of the close family members or the Insurer know where the Insured is located, and on the express condition that this break in contact occurred within the insurance period.

11.1.4. Active period

A maximum period of 30 days in which consistent effort is made to search, find and rescue the Insured in the case of loss of contact.

11.1.5. Passive period

A maximum period of 180 days, beginning after the end of the active period, in which the search and rescue actions are renewed, as warranted in the case of loss of contact according to solid and clear-cut information and/or other evidence that justify, according to the discretion of the Insurer, renewing these actions and the activity involved.

11.2. The undertaking of the Insurer - The Insurer will act on its own and/or by means of someone of its behalf for the purpose of searching for, finding, and rescuing the Insured (hereafter: "the Implementer"), in the case of loss of contact in the course of the active or passive period and up to the amount specified on the Limits of Liability table of the Policy - whichever comes first, and all this as set forth below and subject to all the terms of the Policy.

11.2.1. In the case that a close relative notifies the call center of loss of contact, the Insurer will activate the Implementer according to the circumstances, as follows:

11.2.1.1. From the date of receipt of notification by the Insurer, the Insurer will begin by means of the Harel 669 team in Israel to inquire about the circumstances of the loss of contact with the Insured.

11.2.1.2. If the Insured is not found during the inquiry as said in Section 11.2.1.1 above within 14 working days from the date of loss of contact, the Insurer will activate the Implementer, according to the information obtained in the inquiry it conducted according to Section 11.2.1.1 above, either by means of sending the Harel 669 team from Israel or by means of an international and/or local team that is activated by the Insurer's Harel 669 team and/or a combination of the teams or parts thereof.

11.2.1.3. The above-said in Section 11.2.1.2 notwithstanding, the Insurer reserves the right to activate the Implementer even if the said 14 days have not passed, this according to its exclusive discretion and in circumstances in which it sees fit to do so.

11.2.2. As part of the search effort, the Insurer will bear the costs of the flight of one close relative (as defined in Section 1.20) on a regular air service, if asked to do so, so that the relative can join the Implementer team and provided that the Insured has not yet been found. The close relative joining the effort will not be entitled to intervene in the judgement of those performing and implementing the effort.

11.2.3. The Insurer will bear all the expenses involved in the effort and will for this purpose activate, either by means of the Harel 669 team or by means of an international and/or local team, any means of transport of any type according to the circumstances of the case.

11.2.4. The Insurer undertakes to activate all the said in Section 11.2 above and all its subsections for a period of up to 30 days as defined in Section 11.1.4 above as the active period, or until the end of the maximum amount of the liability of the Insurer according to this chapter (as listed on the Limits of Liability table of the Policy), the earlier of the two.

11.2.5. The Insurer will continue with the effort after the end of the above active period for an additional period as defined in Section 11.1.5 of the Definitions as a passive period, if the conditions set forth in the definition of the passive period exist and on the express condition that the maximum amount of liability of the Insurer according to this Chapter 11 (as listed in the Limit of Liabilities table of the Policy) has not been exhausted.

11.2.6. After the end of the passive period and/or upon exhaustion of the maximum amount of liability of the Insurer according to this chapter, the earlier of the two, the Insurer will cease the "search effort" and its liability and undertaking according to this chapter will end. The Insurer will report to a close relative and provide details of the activities it carried out, this within 30 days of the end of the passive period. As part of this report, the Insured will provide all relevant and updated information that it possesses. The Insurer will also report, at the request of the close relative, the expenses that the Insurer paid during the effort.

11.2.7. If it becomes known to the Insurer during activation of the Implementer or before that that the Insured has died, it will act in the framework of this chapter to search for and/or find and/or rescue the body of the Insured. The transport of the body to Israel will be according to Section 4.7 above.

11.2.8. Cooperation of the close relatives with the Harel 669 team is essential and constitutes a precondition for fulfillment of the Insurer's undertakings according to this chapter.

11.2.9. In order to eliminate any possible doubt, it is emphasized, declared and agreed that the undertaking of the Insurer according to this chapter does not entail any promise of success of the effort to search for, find, and rescue the Insured. The insurer undertakes to act reasonably insofar as possible under the existing circumstances for the success of the effort, but if despite the efforts of the Insured it is not possible to find or rescue the Insured, this shall not be a breach of the undertaking of the Insurer according to this chapter and/or any of its terms.

11.3. **The undertaking of the Insured -** The Insured undertakes to cooperate with the Insurer in all matters related to the activities described in this chapter, and to fulfill and carry out the following actions:

11.3.1. To contact the call center at least once every 30 days during his stay overseas, either directly by phone and/or e-mail. In this contact, the Insured will note his name, policy number, precise location at the time of notification, and the place and/or places that he plans to reach in the upcoming 30 days.

11.3.2. Even if the Insured does not intend to change his location in the upcoming 30 days following the last contact, the Insured is required to report this fact to the call center, noting all the related details listed above. If the Insured changes his location at a date before the above-said 30 days, he will update the Insurer before the 30 days have passed as said above.

11.3.3. Under no circumstances will the Insured and/or anyone on his behalf be entitled to receive insurance benefits or part thereof for search and rescue.

11.4. Additional exclusions to Chapter 11 - In addition to the exclusions existing in the Basic Policy, the Insurer will not pay for a claim/s that arises/arise from or is/are related to:

11.4.1. Loss of contact as a result of a political and/or a security situation overseas.

11.4.2. The Insurer is prevented from activating the search effort as the result of a political and/or security situation overseas.

11.4.3. Loss of contact in one of the following countries: one of the Arab countries, Afghanistan, Mauritania, Malaysia, Nigeria, Somalia, Sudan, Pakistan, Chad, North Korea, a state that does not have diplomatic relations with Israel including a diplomatic representative office, a country that does not allow and enable activity of the search and rescue team and territories under the control or administration of the Palestinian Authority.

11.4.4. The Insured refuses to cooperate with the representatives of the Insurer and/or someone on its behalf and/or refuses to return to Israel.

The maximum undertaking of the Insurer according to this chapter will not exceed the maximum amount specified in the Limits of Liability table of the policy and is not in addition to the liability of the Insurer according to the Basic Policy (according to Chapter 2-3).

Chapter 12: Rider for Extreme Sports

12. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

12.1. Additional Definitions for this Chapter

12.1.1. Extreme sports:

The definition refers to fields of sport that include/require of those that engage in them, among other things, high levels of difficulty and/or physical effort. **The list of the fields of extreme sports will be updated from time to time according to the list that appears on the Company website, www.harel-group.co.il**

12.2. **The undertaking of the Insurer:** The Insurer will pay the Insured hospitalization expenses, medical expenses and insurance benefits covered in the Basic Policy that derive from participation of the Insured in extreme sports activity as defined above, carried out overseas only - and provided that in a field in which any license and/or permit is required to engage in that sport in that country, the cancellation of the exclusion shall not be construed as a waiver of the need for a license and/or permit required by virtue of engagement in the sport. **Accordingly, in cases in which a license and/or permit is required as said and the Insured does not have one, the policy will not cover a safety event stemming from extreme sports activity if the Insured did not hold a valid license and/or permit as required at that time.**

12.3. Additional exclusions to Chapter 12 - In addition to the exclusions that exist in the Basic Policy, the Insurer will not pay for a claim/claims stemming from or related to:

12.3.1. Winter sports (as defined in Section 13.1.1 below), including winter skiing and/or snowboarding and/or snow sleds and/or snow bikes, unless a rider for winter sports is purchased for additional insurance fees.

12.3.2. A claim arising from or related to the Insured being pregnant.

12.3.3. Participation of the Insured in extreme sports for wages.

The maximum undertaking of the Insurer according to this chapter will not exceed the maximum amount specified in the Limits of Liability table of the policy and is not in addition to the liability of the Insurer according to the Basic Policy (according to Chapter 2-3).

Chapter 13: Rider for Winter Sports

13. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

13.1. Additional Definitions for this Chapter:

13.1.1. Winter sports:

Skiing with skis, snowboarding, sledding, snowshoeing, cross-country skiing (ski-walking), snow-biking, done at a site designed for this during the declared operating hours of the site and on paths designed for it.

13.1.2. Ski pass:

A ticket to board a cable car used to ascend and descend the lifts of the ski site.

Winter sports equipment:

Skis, snowboards, ski boots, ski clothing, thermal clothing, gloves.

13.2. **The undertaking of the Insurer:** The Insurer will pay the Insured hospitalization expenses, medical expenses incurred overseas not during hospitalization and insurance benefits covered in this Policy that arise from the engagement of the Insured in winter sports overseas, as well as compensation as set forth below and as specified in the Limits of Liability table for this chapter:

13.2.1. Loss of ski days:

The Insurer will indemnify the Insured for expenses of purchasing a ski pass. The indemnification is solely for the days that were not used as the result of an event that the Insured incurred that is covered according to the terms and exclusions of the Policy.

To eliminate doubt, the Insurer will not pay expenses for loss of ski pass days for which the Insured did not pay in advance.

13.2.2. Cancellation of a trip due to lack of snow at the ski site:

The Insurer will indemnify the Insured for cancellation of a trip to a ski site due to the decision of the qualified authorities in the relevant country not to open the site due to the lack of snow. The indemnification will be for a payment made in advance for a ski package of no less than 4 days, which was purchased at least 30 days prior to the trip of the Insured, for a period of travel between the dates 15 December and 31 March of any calendar year.

To eliminate doubt, only presentation of original confirmation from the qualified authorities of not opening the site during the relevant period will entitle the Insured to said indemnification.

If the Insured is unable to present the Insurer with an original confirmation, the Insured must send the Insurer an explanation of whom the original document was sent to and why he is unable to present it.

To eliminate any doubt, it is clarified that this coverage is subject to the definition of cancellation of a trip in the Policy.

13.2.3. Delay in arrival at the ski site due to weather:

In the case of a delay of over 24 hours from the planned time of first arrival of the Insured at the ski site, caused as the result of entitling weather, the Insurer will compensate the Insured.

Entitling weather in the matter of this section:

Harsh weather conditions because of which the arrival of the Insured at the ski site by means of customary transportation at the place of the event is prevented.

13.2.4. Loss of ski days due to closure of the site for a period of 48 hours or more:

The Insurer will compensate the Insured for loss of ski days that were not used in practice due to closure of the ski site for a period exceeding 48 consecutive hours, caused as the result of an entitling event and exclusively if the Insured payed for a flight, a stay and a ski pass in advance.

Entitling event in the matter of this section:

Harsh weather conditions that do not enable opening the site for 48 consecutive hours, including the lifts that serve the purpose of ascent and descent from the site. The day of arrival and the day of departure will not be calculated in the number of days for the purpose of receiving monetary compensation.

To eliminate doubt, only presentation of an original confirmation of the qualified authorities of not opening the site in the relevant period will entitle the Insured according to this section.

If the Insured is unable to present the Insurer with an original confirmation, the Insured must send the Insurer an explanation of whom the original document was sent to and details of the reason that he is unable to present it.

It is clarified that the Insured will not be entitled, under these circumstances, to coverage of loss of payments due to shortening a trip except for the compensation set forth in this section only.

13.2.5. Delay in arrival of winter sports equipment:
The Insurer will indemnify the Insured for delay in arrival of winter sports equipment of over 24 hours from the planned time, caused by negligence of the airline. The indemnification will be requires in correspondence with confirmation from the airline that the equipment did not arrive as said in full or in part. The Insurer will indemnify the Insured for renting ski equipment for the first day only.

13.3. Indemnification for each of the coverages above is conditional upon the Insured having paid in advance for the ski package, including flights and a ski pass.

13.4. Additional exclusions to Chapter 13 - In addition to the exclusions that exist in Part A (the Basic Policy), the Insurer will not pay for a claim/claims stemming from or related to:

13.4.1. Winter sports done in the framework of any competition and/or association and/or union.

13.4.2. An insurance event that occurred in light of or due to the Insured not having behaved in accordance with the safety rules of the site or of the framework in which the activity was held and/or a winter sport that did not take place at a site designed for it during the declared operating hours of the site and on the paths designed for it.

13.4.3. A claim associated with and/or arising from the Insured being pregnant.

The maximum undertaking of the Insurer according to this chapter will not exceed the limit of liability (after deduction of copay) specified in the Limits of Liability table and is not in addition to the liability of the Insurer according

to the Basic Policy (according to Chapter 2-3).

Chapter 14: Rider for a Personal Portable Computer

14. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

14.1. In addition to the coverage specified in this policy in the chapter on baggage (in the framework of insurance of valuables), the Insurer will indemnify the Insured for loss or theft of a portable personal computer, if the loss or theft took place overseas within the insurance period and provided that the Insured fulfilled all the following conditions, cumulatively:

14.1.1. The Insured purchased the portable personal computer prior to the beginning of the insurance period.

14.1.2. The Insured declared the type of portable computer and its details to the Insurer in his application to receive this special coverage.

14.2. The amount of the indemnification and the copay will be as specified in the Limits of Liability table of this Policy, but no more than the actual value of the said portable computer (with the deduction of wear and tear).

14.3. It is hereby clarified that if all the conditions specified in Section 14.1 above were not fulfilled cumulatively, the coverage will be only according to the existing coverage for valuables in the chapter on baggage in the Policy, and not according to the special coverage in this chapter.

14.4. Additional exclusions to Chapter 14 in addition to the exclusions in the Basic Policy

In addition to all the exclusions determined in the chapter on baggage in this Policy, the following exclusions will apply to the coverage according to Chapter 14 and the Insurer will not pay any claim due to an insurance event that stems from or is related to:

14.4.1. Theft of a personal portable computer from a public and/or private vehicle, such as a bus, train, ship, passenger plane on a regular flight (approved by the authorities) and/or from a compartment for protecting objects, except up to the maximum amount specified in Chapter 8 of the Basic Policy in the Limits of Liability for theft from a vehicle and/or a compartment for protecting objects.

14.4.2. Expropriation and/or confiscation of the personal portable computer.

14.4.3. Damage of any type, direct or consequential, to the personal portable computer.

14.4.4. Loss or theft or damage to a software program and/or software programs, whether or not they are part of the personal portable computer.

Chapter 15: Rider for a Cellular Phone

15. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

15.1. Despite the specifications of the section on exclusions in the chapter on baggage of this Policy, the Insurer with indemnify the Insured in the event of loss or theft of the cellular telephone that the Insured was carrying at the time of departing from Israel for overseas and provided that the loss and/or theft of this telephone occurred overseas within the Insurance period.

15.1.1. A condition for the liability of the Insurer according to Section 15.1 above is the provision of the details, type and number of the cellular telephone at the time of the application.

15.2. The amount of indemnification to be paid by the Insurer to the Insured is subject to the Limits of Liability table of the Policy and no more than the actual value of the said cellular telephone, with the deduction of any amount paid to the Insured as indemnification by an insurer of the cellular telephone company and/or by the cellular telephone company itself and up to the amount specified in the Limits of Liability table and with the deduction of copay.

Chapter 16: Rider for Two-Wheel Bicycles – General Loss or Left or Damage Above 50%

16. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

16.1. Additional definitions for this chapter (in addition to the existing definitions in Part A)

16.1.1. **Bicycle:**

In this chapter, "bicycle" means - according to the Israeli standard, which is not motorized by any motor, and provided that the bicycle was purchased in Israel or imported to Israel before the Insured departed for overseas.

Assessment by an assessor:

The assessment given to the Insured up to one month prior to the beginning of the insurance at most, and to which an updated picture of the bicycle was attached, or an assessment provided after the occurrence of the insurance event according to that specified in Section 16.1.2 below.

16.1.2. **Total loss of the bicycle or over 50% damage:**

A bicycle that cannot be used at all due to an insurance event covered according to this chapter and which, according to the assessment by an assessor, cannot be repaired in Israel for a cost of less than 51% of its value (as determined by the assessor). The Insurer will be entitled to disagree with the assessment of the assessor and to present a counter assessment. The assessment of the assessor up to the amount of $100 will be at the expense of the Insurer.

16.2. **The undertaking of the Insurer:** The Insurer will pay the Insured the expenses of covering the total loss or theft of a bicycle overseas (as they are defined in the Policy) for coverage as listed in the following:

16.3. **Insurance event:** The insurance according to this chapter covers the insured bicycle for the occurrence of the following insurance events overseas:

16.3.1. **Total loss of the insured bicycle or over 50% damage** that occurred in the course of its regular use by the Insured. The provisions for this coverage:

16.3.1.1. Use of the bicycle in the dark was done when it had lighting that worked and reflectors.

16.3.1.2. The Insured presented confirmation from the police at the place of the insurance event overseas regarding the accident event that occurred to the bicycle.

16.3.1.3. The loss or damage was not caused as the direct or indirect outcome of a deliberate act of the Insured.

16.3.1.4. No more than one person was riding on the bicycle at the same time.

16.3.2. **Theft of the bicycle -** Provisions for this coverage:

16.3.2.1. At the time of the theft, the bicycle was locked and tied with a chain and lock anchored in the ground or to a wall, or it was in a private place the openings of which were closed and locked.

16.3.2.2. The Insured presented a permit from the police at the place of the insurance event overseas regarding the theft of the bicycle, including its location at the time of the theft.

16.3.3. **Total loss of the insured bicycle due to an accident that occurred in the course of transporting the bicycle in or on a vehicle.** The provisions for this coverage:

16.3.3.1. Transportation by means of a vehicle was done by means of a purpose-made carrier, where the bicycle was anchored according to the instructions of the carrier manufacturer.

16.3.3.2. The Insured presented confirmation from the police at the place of the insurance event overseas regarding the accident event that occurred to the vehicle carrying it.

16.3.3.3. There is no insurance coverage for damage to a bicycle as part of the insurance policy of the vehicle carrying it. If there is insurance coverage as part of the insurance policy of the vehicle that carried it, the Insured will receive insurance payments under this Policy after deduction of the insurance benefits he received from the Insurer under the insurance policy of the vehicle that carried it.

The coverage according to Sections 16.3.1 and 16.3.3 is provided that the Insured returned the bicycle to Israel (unless it is not possible for him to return the bicycle. In that case, he will send photographs and a report by the authorities regarding the event) and presented the Insurer with the evaluation of an assessor that determines the cost of repairing the bicycle in Israel + a current photo of the bicycle that incurred total loss.

16.4. Additional exclusions to Chapter 14 in addition to the exclusions in the Basic Policy

The Insurer will not pay for any claim that arises from or is related to:

16.4.1. Total loss of a bicycle and/or any medical expenses as a result of use of the bicycle during a race and/or competition.

16.4.2. Total loss of a bicycle as the result of extreme sports, including cross country (XC) known also as Mountain Bike (MTB) sport, riding on dirt riding paths (AM, All Mountain or Enduro), Down Hill (DH), Free Ride (FR), jumping or acrobatic tricks.

16.4.3. Any damage to the bicycle, including natural bumps, depreciation, wear and tear, breakage of any type, with the exception of damage because of which total loss was caused due to an insurance event as said in this chapter.

16.4.4. Total loss caused to the bicycle because of the bicycle rider being under the influence of drugs or having an alcoholism problem.

16.4.5. Bicycle riding not done on paved roads or leveled dirt roads.

16.5. Notification of the police:

The Insured must notify the police at the place of the event overseas of any event of total loss or theft covered by this chapter. Said notification of the police is an essential condition for payment of insurance benefits according to this chapter.

16.6. A claim according to this chapter will be submitted to the Insurer, along with: police confirmation (original only) from the place that the event occurred overseas. If the Insured is unable to present an original police confirmation to the Insurer, the Insured must provide the Insurer with an explanation of to whom the original document was sent and details of the reason that he cannot present it, and all this according to the said in Chapter 19 below.

The above-said is an essential condition for the undertaking of the Insurer according to this chapter.

16.7. If the bicycle that was stolen is found before payment of the insurance benefits according to this chapter, the bicycle will be returned to the Insured and the Insurer will not pay insurance benefits, unless there is total loss of the bicycle that is returned.

16.8. If the bicycle that was stolen is found after insurance benefits have been paid for it, the bicycle will be transferred to the ownership of the Insurer and will not be returned to the Insured and the insurance benefits will not be returned to the Insurer.

16.9. The coverage according to this chapter is based on the written answers that the Insured provided to Insurer in response to all the questions asked in the declaration that serve as the basis for this coverage, or requested in any other way. In addition, the coverage according to this chapter is based on the assumption of the Insurer that the Insured responded with full and honest answers to the said questions asked, did not fraudulently conceal a matter that he knew or should have known that is essential to the Insurer for the purpose of evaluating the insured risks, and also took measures to prevent damage as the Insurer demanded be taken in writing, in order to reduce the risks insured according to this chapter.

An essential matter is any question that was presented in the proposal for purchase of this coverage, and without detracting from the generality of the said, also these matters:

16.9.1. The type of bicycle, value of the bicycle, place of storage of the bicycle overseas when not in use.

16.9.2. Damage to the bicycle incurred prior to purchase of this coverage, as a result of which the value of the bicycle decreased.

16.10. Insurance benefits and copay

The insurance benefits will be up to the amount specified in the Limits of Liability table of this Policy, and in any event will not exceed the amount of the value of the bicycle insured according to this chapter and with the deduction of copay as specified in the Limits of Liability table of the Policy.

Chapter 17: Rider for a Service Letter – Rofe-Ishi Overseas (with copay of $400) – 7/2016

17. Provided that this coverage was purchased for additional insurance fees and specified explicitly on the List Page.

The service: Rofe-Ishi Overseas enables the subscriber insured by the Company's overseas travel insurance (herein: "the Policy") that is in effect and who purchased this service letter for the service of a Rofe-Ishi physician, who will fly in order to be with the subscriber in the case of hospitalization overseas, in order to advise the subscriber and his relatives on medical aspects required according to the medical condition of the subscriber.

The said service will be provided subject to the definitions and instructions of the policy and subject to the provisions listed in the following:

17.1. **Additional definitions** (in addition to the existing definitions in Part A) - In this service letter, the terms listed below shall have the meaning that appears next to them:

17.1.1. **The Company:** Harel Insurance Company Ltd.

17.1.2. **The Policy:** An overseas travel insurance policy of the Company, to which this service letter is attached.

17.1.3. **The Supplier:** A service provider with which the Company entered into an agreement to supply the service according to the instructions of this service letter.

17.1.4. **Subscriber:** An Insured who purchased an overseas travel insurance policy of the Company and paid an additional premium for purchase of this service letter and whose name appears on the Insurance Details page as a subscriber under this service letter.

17.1.5. **Close relative:** A spouse (including common-law), father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, grandfather, grandmother, or grandchild of the Insured.

17.1.6. **Service period:** A period that begins upon the departure of the subscriber to overseas and ends on the final date of the policy or at the time that the subscriber returns to Israel, the earlier of the two.

17.1.7. **Hospital:** A medical institution that is recognized by the qualified authorities in each country as a hospital, **with the exception of a medical institution defined as a recovery hospital, a recovery center or a sanitarium.**

17.1.8. **Hospitalization:** A stay of the subscriber in a hospital for more than 24 hours consecutively, **with the exception of hospitalization of the subscriber in an emergency room.**

17.1.9. **Rofe-Ishi:** A Hebrew-speaking specialist physician who legally holds a license to practice medicine and who holds a specialist certificate - **it is hereby clarified that the choice of the identity of the Rofe-Ishi in each and every case shall be at the sole discretion of the Supplier.**

17.1.10. **24/7 Help Center:** A telephone service that is active all hours of the day and night and every day of the year, which will operate on behalf of the Company or the Supplier and will be prepared to receive and handle requests to activate the service and in urgent medical cases as defined below.
The telephone number of the Service Center of the Supplier of the Service for Harel subscribers is: 03-7547030.

17.1.11. **Time of notification:** The time at which the notification is conveyed to the Company or to the Supplier of the service by the subscriber or by a close relative to activate the Rofe-Ishi service as specified in Section 17.2.1 below.

17.1.12. **Intensive care unit:** A special department that has received the approval of the hospital to provide intensive medical care.

17.1.13. **Medical event:** A set of medical circumstances, with the exception of the said in the section on exclusions below, that gives the subscriber the right to activate the service due to hospitalization in an intensive care unit for over 24 hours or hospitalization in another ward for more than 5 consecutive days.

17.1.14. **Urgent medical case:** A medical case of hospitalization in which a specialist physician has determined that there is an immediate threat to life of the Insured or that he is immediately liable to suffer full lifelong disability.

17.1.15. **Copay:** A payment that the subscriber is required to bear as a condition for receiving the service. The subscriber will pay the Supplier the copay himself or by means of someone on his behalf.

17.1.16. **Overseas:** Any place or country outside of the borders of the state of Israel, with the exception of countries defined by the Israeli Ministry of Foreign Affairs as enemy countries or countries that Israelis are forbidden to visit.

17.1.17. **Visa countries:** Countries for which a special visa must be requested in order for an Israeli citizen to enter.

17.1.18. **Delay of flights:** Delay of the flight of a Rofe-Ishi caused by a dysfunction of the plane, weather, strike, flight cancellation, exceptional natural events, or exceptional political or security events or any other circumstance because of which a reasonable person would not leave Israel or fly to a country where the Insured is staying or another extreme circumstance that entails a reason for delay of the departure or arrival of a Rofe-Ishi from Israel to overseas.

17.1.19. **Service:** The arrival of a Rofe-Ishi at the request of the subscriber to the hospital overseas where the subscriber is hospitalized.

17.1.20. **Flight:** A flight intended to bring the Rofe-Ishi to the sickbed of the subscriber.

17.1.21. **Duration of service:** The amount of time for a medical case that the Rofe-Ishi will stay at the hospital in which the subscriber is hospitalized will be at least 24 hours and up to 72 hours - **the actual duration will be determined according to the condition of the patient and the medical circumstances of the respective subscriber, the flight schedule, etc. and will be at the sole discretion of the Supplier.**

17.1.22. **Dollar:** United States Dollar.

17.2. The Service

17.2.1. **Upon the hospitalization of the Insured in a hospital overseas (even if a medical case as defined above has not yet occurred), the subscriber must notify the Company or the Supplier immediately** and request to activate the service. In the case that the subscriber is unconscious, a close relative can request this on behalf of the subscriber.

17.2.2. According to the guidance of the service representative at the service center, the subscriber will send all the medical documents relevant to the medical event according to the instructions of the service representative.

17.2.3. Rofe-Ishi will act to obtain full medical information insofar as possible about the condition of the subscriber and the medical treatment he requires, for the purpose of providing medical advice regarding the medical condition of the subscriber.

17.2.4. **To eliminate doubt - Rofe-Ishi will provide the subscriber with medical advice only and will not be permitted to perform any medical action or make any medical decision, including the prescription of medications.**

17.2.5. The Rofe-Ishi will take off on his way to the subscriber on a flight determined by the Supplier within 24 hours from the "time of the notification" in the case of a medical case as defined above **and subject to payment of the copay as specified in Section 17.3 below. It is clarified that the undertaking of the Supplier is only for the time until the departure of the Rofe-Ishi and that his actual arrival to the subscriber depends on the place where the subscriber is hospitalized, and the flight schedule and availability. In no case will the Supplier be responsible for the duration of time until arrival of the Rofe-Ishi or for the results of any delays.**

17.2.6. In the case that a specialist physician at the hospital where the subscriber is hospitalized determines that hospitalization of over 5 days is expected (even if 5 hospitalization days have not yet passed), the Rofe-Ishi will take off to the subscriber on a flight even if the said 5 hospitalization days have not yet passed.

17.2.7. In the case of an urgent medical case, as determined by a physician on behalf of the Supplier, the Supplier will be entitled according to its discretion to send a Rofe-Ishi even if he does not speak Hebrew, with the prior approval of the subscriber or his close relative.

17.2.8. Receipt of the service according to this service letter is conditional upon the existence of a valid service letter of the Company, and upon the medical event being included in this service letter, upon payment of the copay by the subscriber if required, upon provision of the information required according to Section 17.2.2 above and upon provision of the consent form to waive medical confidentiality and informed consent of the subscriber.

17.2.9. **It is hereby clarified that the Company or the Supplier will not be responsible in any manner for a delay in flights as defined in Section 17.1.18 above that causes delay in the arrival of the Rofe-Ishi physician.**

17.2.10. In visa countries, the Company or the Supplier will take action to obtain an entry visa as quickly as possible subject to the permits and procedures customary in those countries at the time of the event. **It is hereby clarified that the Company or the Supplier will not be responsible in any manner for delay in the issuing of a visa that causes delays in the arrival of the Rofe-Ishi.**

17.2.11. The final duration of the service, subject to the above definition, will be determined according to the circumstances of each event, and will be subject to the discretion of the Supplier. It is clarified that **if it is medically possible to fly the subscriber to Israel, according to the opinion of a physician of the Company and/or the Supplier, the subscriber will**

not be able to delay this flight to Israel by requesting Rofe-Ishi service and the Company will reserve the full right to demand the immediate return of the subscriber to Israel according to the terms of the Policy even before the Rofe-Ishi is sent to provide the service.

17.2.12. The Supplier of the service undertakes that the service will be provided by appropriate and relevant professionals for the type of service that is the subject of this service letter, in a suitable geographic spread and will maintain effective and available communication with the subscriber, as defined in this section above.

17.3. Copay

The subscriber shall pay copay in the amount of 400 dollars for the service for one medical event.

17.4. Exclusions

The general list of exclusions to the Policy and the exclusions related to the chapter on hospitalization and coverage of medical expenses overseas will apply to this service letter, as well.

In addition, service will not be provided in any of the cases listed in the following.

17.4.1. Intestinal inflammations, salmonella, Dengue fever/typhoid fever/ viral diseases, unless the person hospitalized was anaesthetized and ventilated due to one of these illnesses.

17.4.2. Diseases that do not require hospitalization according to the decision of a specialist physician in the relevant field.

17.4.3. A medical case that occurred at the time of or as the result of ski accidents, worsening of a preexisting disease, pregnancy, extreme sports (as defined in the Policy), unless a rider has been purchased for them that is appropriate for this service letter.

17.4.4. Mental states, anxiety attacks, mental disease, psychotic episodes with or without a background of drug use.

17.4.5. Alcoholism or drug use, including any result of such use.

17.5. Liability

The Company shall be liable for the Service provided in the framework of this service letter as follows. The Company will not be liable in any of the following matters:

17.5.1. The Company and/or the Supplier will not be responsible in the case of lack of cooperation of any type of the hospital overseas with the Rofe-Ishi, including unwillingness to provide any medical information to someone who is not a close relative.

17.5.2. It is clarified that the hospital in which the subscriber is hospitalized has sole and full responsibility for the medical treatment of the subscriber.

17.5.3. The Company and/or the Supplier will not be responsible for any type of delay or inability of a Rofe-Ishi to reach the subscriber for any reason beyond the control of the Company or Supplier, including weather, technical dysfunctions, communications dysfunctions, epidemics, closure of airports, security reasons, strikes, etc.

17.5.4. Impairment of the Supplier's activity or a significant part thereof due to war, revolt, labor conflicts, riots, earthquakes, force majeure or any other cause that is beyond the control of the Supplier.

17.6. Subscription fees

17.6.1. The rate of the subscription fees is specified on the List Page.

17.6.2. The subscriber will pay the subscription fee to the Company in advance, at the times and by one of the means of payment that the Company offers.

17.7. Service period and effective period of the service letter

17.7.1. In the matter of the effective dates of the service letter, the instructions regarding the effective period of the insurance policy and the instructions for cancellations to which is it attached, as specified in the general terms of the Policy, will apply. The above-said notwithstanding, and the instructions regarding the effective period of the Policy specified in the general terms as said notwithstanding, the insurance company will be permitted to cancel the service letter if it decides not to renew it for all subscribers, in the case of termination of the relationship between the Insurer and the service supplier if the insurance company did not reach an arrangement with an alternative service supplier, subject to the approval of the Supervisor of Insurance. In this case, the subscribers will be given advance notice of 90 days, which will be sent to the subscribers by the insurance company and/or the service supplier, respectively.

17.7.2. It is clarified that the subscriber is entitled to cancel the service letter at any time. The cancellation will be effective as of the date of receipt of the notice from the Insured by the Company. Insofar as the Insured paid a premium for the service letter for the period after the cancellation, the relative portion of the payment made for the period after cancellation of the service letter will be refunded to the subscriber.

17.7.3. The effectiveness of this service letter will terminate automatically on the earlier date of the following:

17.7.3.1. The date of cancellation of the Policy, for any reason.

17.7.3.2. Return of the subscriber to Israel.

17.7.3.3. At the end of the service period.

17.7.3.4. In any case in which the Company is entitled to terminate the service period according to the instructions of any law, including failure to pay subscription fees and/or copay.

17.7.3.5. In the case of termination and/or cessation of the agreement between the Company and the Supplier as specified in Section 17.7.1 above. In the case that the service letter is cancelled according to this section, a subscriber located overseas or a subscriber who contacted the service call center to receive service prior to issue of the notice of cancellation of the service letter and who did not receive the full service in practice will be entitled to receive the service or completion of the service within 60 days of the date of termination of the service.

17.8. General

17.8.1. This service letter is an extension (rider) to the overseas travel insurance policy of the Company and it is subject to all the terms of the Policy to which it is attached.

17.8.2. Any change and/or waiver and/or deviation from the said in the Policy will be binding in the matter of this service letter only if they are expressly included in it.

17.8.3. In the case of conflict between the said in this service letter and the said in the Policy, regarding the matter of this service letter, what is said in the service letter will prevail.

Chapter 18: General Exclusions to All Chapters of the Policy

18. Without detracting from the exclusions set forth in any chapter and in addition to them, the Insurer will not pay claims arising from or related to:

18.1. Volcanic eruption, nuclear fission, nuclear fusion or radioactive contamination.

18.2. A flight not as a passenger of a commercial airline on regular plane service approved by the authorities, with the exception of a flight included in the definition of "extreme sports" if a rider for extreme sports has been purchased.

18.3. Active participation of the Insured in war and/or military activity.

18.4. Active participation of the Insured in police, underground, rebellion, revolt, riots, uprising, sabotage, terror, strike activity or any illegal activity.

18.5. Use of weapons by the Insured.

18.6. Taking one's own life, suicide or attempted suicide.

18.7. Extreme sports as defined in Chapter 12 and/or winter sports as defined in Chapter 13 of the Policy (unless this coverage was purchased and is specified on the List Page), and in any case winter sports engaged in not at a site designed for them during the declared operating hours of the site and on the paths designed for them.

18.8. Sports activity in the framework of a competition for wages and/or professional sports - that is, sports activity that constitutes the main occupation of the Insured and/or that involves monetary payment.

18.9. Alcoholism, drug use.

18.10. Consequential damage, including and without detracting from the generality of the above-said, expenses arising from loss and waste of time for any reason whatsoever, cancellation of a deal including staying, postponement, bankruptcy, loss of work days and wages, sick leave, loss of pleasure, anguish, pain and suffering, nursing care assistance and the like.

18.11. A road accident and/or riding and/or using a motorcycle as a driver and/or as a passenger with a driver, when an Insured who drove the vehicle did not have a local license valid for the country of the event and/or a valid Israeli license and/or an international license, even if a license was not required to drive the vehicle in the country of the event.

18.12. In addition to the said in Chapter 18.11 above, riding and/or use of a motorcycle as a driver and/or as a passenger with a driver without a license for driving a motorcycle suitable for the type of motorcycle involved in the accident event, with the exception of countries in which a special type of license is not required to drive a motorcycle.

18.13. Expenses for travel in taxis, permits, commissions, charges, taxes, phone calls, faxes, legal expenses and fees, interest, bank expenses, fines and the like.

18.14. A mental disorder or a temporary mental condition or a mental disease.

18.15. The Insurer will not be responsible for the existence of medical services, provision of services, their quantity or the results of their provision. In addition, the Insurer will not be responsible in any case in which the Insured refrained or was prevented from requesting and/or obtaining medical assistance.

18.16. The Insurer is not responsible for the quality of services in the Policy and damages caused to the Insured and/or anyone on his behalf, with the exception of the exceptions specified in the Policy.

18.17. Kidnapping of the Insured.

18.18. Active participation of the Insured in racing cars or motorcycles (including snow bikes) and/or other vehicles, including water vehicles and/or driving/traveling in any vehicle whatsoever on a race track, whether as part of a race or not.

Part C - General Terms

Chapter 19: Claims

19.1. The Insured will cooperate with the Insurer before and after submission of the claim and will do all that is necessary to enable the Insurer to investigate its liability to pay according to the terms and scope of the Policy.

19.2. The Insured will notify the Insurer immediately upon the occurrence of an insurance event and will send it as early as possible all the documents, including signature on the waiver of medical confidentiality form and the original confirmations or, in the absence of the original confirmations, copies of them along with an explanation to whom the original confirmations were sent and details of the reason that he is unable to provide them and the relevant details, including those listed in the following:

19.2.1. Hospitalization in a hospital overseas:

Documents of the hospitalization from the hospital in which the Insured was hospitalized.

19.2.2. Medical expenses overseas not during hospitalization:

A document from a physician including diagnosis, reasons for treatment, and history of the illness. If treatment was administered in stages, specify each treatment separately along with its reason. Confirmation of payment by means of original receipts or, in the absence of original confirmations, copies of them along with an explanation to whom the original confirmations were sent and details of the reason that he cannot send them. Medications - a physician's prescription of the need to purchase medications along with original receipts or, in the absence of original confirmations, copies of them along with an explanation to whom the original confirmations were sent.

In order to eliminate doubt, the Insured must pay overseas all the expenses related to medical expenses not during hospitalization as specified above. The Insured must submit his claim for the insurance benefits due to him, if such are due to him according to the terms of the Policy, to the Insurer in Israel.

19.2.3. Travel ticket

The original ticket that was not used or, in the absence of an original ticket, a copy of it, along with an explanation to whom the original ticket was sent and a detailed reason why he cannot send it, the new ticket purchased and the certificate of the attending physician testifying in detail to the inability of the Insured to use the original ticket.

19.2.4. Loss or theft of baggage:

A precise and detailed description of the details of the event, the details of the baggage lost or stolen, the place of purchase of the baggage that was lost or stolen and the amount of the claim for the baggage that was lost or stolen, along with detailed confirmation as follows, according to the case:

19.2.5. **Confirmation of notification of an event overseas:**

An essential condition for handling the claim (in each and every case): confirmation of notification to the airline or the office responsible for another public transportation vehicle, as relevant, if the event occurred during a flight or travel, confirmations of purchase of the baggage that was lost or stolen, as well as confirmation of the customs authorities in Israel of removal of baggage requiring customs, and confirmation of the police as necessary.

19.2.6. **Loss of payments due to cancellation/shortening of trip:**

All the official and/or medical certificates and documents that prove the entitlement of the Insured, such as: confirmation of the travel agency, receipts for payment or confirmations of deposits, confirmations of reservations, confirmations of an airline, etc. Any receipt and confirmation that confirms the cost and charges the Insured was charged due to cancellation of the trip or not departing to overseas and/or due to shortening the trip.

19.3. Performance of the said in this chapter, including all its sections, by the Insured constitutes a precondition for the liability of the Insurer and payment of any compensation or indemnification according to this Policy.

19.4. The Insurer will be entitled, according to its discretion, to pay the insurance benefits or part thereof directly to the service providers.

19.5. The Insured is entitled to receive from the Insurer a letter of monetary commitment to the service provider that will enable him to obtain medical services, only provided his entitlement according to the Policy is not under controversy.

19.6. **The Insured will not be entitled to insurance benefits that exceed the limit of liability.**

19.7. Insurance benefits by force of the Policy will be paid in Israeli currency, according to the following details:

19.7.1. Insurance benefits to which the Insured is entitled for refund of expenses paid in Israeli currency - will be paid in Israeli currency and linked to the consumer price index from the date of their payment by the Insured to the date of payment of the insurance benefits.

For the purpose of examining the limit of liability, the insurance benefits to which the Insured is entitled for refund of expenses paid in Israeli currency will be calculated according to the dollar value of each payment, according to the type of exchange rate according to which the Insured paid the insurance fees, known on the date of payment of the insurance benefits.

For the purpose of this section, "index" - the consumer price index published by the Central Bureau of Statistics or, in the absence of such publication, an index published by another official body that replaces it or any index designated specifically for health services.

19.7.2. Insurance benefits to which the Insured is entitled for refund of expenses paid in a currency other than Israeli currency - will be converted from the currency in which they were paid to the US dollar, and from that to Israeli currency, at the known rate on the date of payment of the insurance benefits of the type of exchange rate according to which the Insured paid the insurance fees.

19.7.3. The insurance benefits to which the Insured is entitled that are not for refund of expenses will be paid in Israeli currency according to the known rate on the date of payment of the insurance benefits of the type of exchange rate according to which the Insured paid the insurance fees.

19.8. **The Insured will not be entitled to insurance benefits that exceed the limit of liability. The total insurance benefits paid will be calculated for the purpose of examining the limit of liability according to the US Dollar value of each payment** according to the type of exchange rate according to which the Insured paid the insurance fees known at the time of the payment.

Chapter 20: Cancellation of the Policy

20.1. If the Policy is cancelled by the Insured before he departs for overseas, and there was not and will not be any cause for a claim according to it, the insurance fees that the Insured paid will be refunded to him.

20.2. In the case of shortening a stay overseas, the Insured will be entitled to a proportionate refund of the daily insurance fees that were not used, provided that no claim was submitted according to this Policy. The Insured will be credited according to the difference between the insurance fees the Insured was charged and the insurance fees that he would have been charged for the actual period of his stay overseas. At the time of submitting a claim for shortening of the insurance period, the Insured must present a photograph of his passport, including a stamp of entry into Israel or confirmation of a hand scan or, alternatively, confirmation from the Ministry of Interior of the date of entry into Israel.

Chapter 21: Extension of the Policy

21.1. If an Insured wishes to extend his stay overseas beyond the insurance period covered by this Policy and the insurance period **has not yet ended**, he will be permitted to request, while still overseas, to insure him with overseas travel insurance beyond the said period, for an additional period, under the following conditions:

21.1.1. Submission of a written request by the Insured before the end of the insurance period of the Policy.

21.1.2. The insurance period in the new policy will be a consecutive continuation of this Policy.

21.1.3. No change occurred in the health condition of the Insured from the day of his departure from Israel to the date of the beginning of the insurance according to the new policy.

21.1.4. If the Insurer agrees to the request of the Insured, a new policy will be issued to the Insured as said above, with the terms and rates that are in effect with the Insurer at the time of the beginning of the insurance under the new policy.

21.1.5. **To eliminate doubt, in the case of a malignant disease, it is not possible to extend the insurance period beyond the maximum period as specified in Section 9.1.1.**

21.2. If an Insured wishes to extend his stay overseas beyond the insurance period covered by this Policy and the insurance period **has ended**, he will be permitted to request, while still overseas, to insure him with overseas travel insurance beyond the said period, for an additional period, under the following conditions:

21.2.1. Submission of a written request signed by the Insured.

21.2.2. The insurance period in the new policy will be from the date of issue of the new policy and payment for it.

21.2.3. No change occurred in the health condition of the Insured from the day of his departure from Israel until the date of the beginning of the insurance according to the new policy.

21.2.4. In the new policy there will be a qualification period of 5 days from the beginning of the insurance period under the new policy, with the exception of the case of an accident event and/or emergency hospitalization that occurred after the beginning of the insurance period under the new policy. Insofar as coverage for search and rescue was purchased and this coverage was listed on the Policy or on the List Page, a qualification period of 15 days will apply for any insurance event arising from and/or related to an event of search and/or rescue.

21.2.5. If the Insurer agrees to the request of the Insured, a new policy will be issued to him as said above, with the terms and rates that are in effect with the Insurer at the time of the beginning of the insurance under the new policy.

There will be no coverage for an insurance event in nonconsecutive insurance periods (during a break) between the period and the additional period. Any insurance event that occurred during the additional period will be covered only if it occurred after the qualification period as specified in the conditions for extension of the Policy.

21.3. If the Insured is hospitalized overseas and the insurance period according to this Policy expires during the hospitalization of the Insured, and the attending physician overseas has determined that the Insured cannot return to Israel - in such a case, the insurance period will be extended for a period 14 days or until the time that the physician determines that the Insured can return to Israel, the earlier of the two.

The request for an extension will be submitted to the Insurer in writing by the Insured or someone on his behalf. This extension will be implemented at the discretion of the Insurer, after it is provided with the medical documents regarding the hospitalization, and according to the written confirmation of the Insurer only, a new policy will be issued to the Insured, in return for additional insurance fees, with the terms and limitations determined by the Insurer.

Chapter 22: General

22.1. Copay:

Regarding an insurance event as defined in each of the chapters of the Policy, copay will be deducted in the amount specified in the Limits of Liability table.

22.2. If the Insurer is paid money against the insurance payments before the Insurer consents to draw up the insurance, the payment will not be considered as consent by the Insurer to draw up the insurance. In this case, the Insurer will, within 90 days of the day of first receipt of the insurance payment, send the Insured a decision regarding the acceptance or non-acceptance of the candidate to the insurance, and as relevant, an insurance policy including an Insurance Details page, or a notice of denial according to which the Insured was not accepted for insurance and does not have insurance coverage in effect, or a request for additional information or a counterproposal for insurance. If the Insurer does not send a notice of refusal as said or a request for additional information or a counterproposal for insurance, the Insured will be considered as someone who was issued the insurance under the conditions specified in the insurance proposal. If the insurance candidate incurs an insurance event during the period between first receipt of the insurance payment and the decision of the Insurer regarding his acceptance or non-acceptance for the insurance, and according to the existing instructions of the medical underwriting of the Insurer regarding insurance candidates with similar characteristics, the Insurer would have notified the insurance candidate, upon completion of the underwriting procedure, of his acceptance for insurance (had the insurance event not occurred), the insurance candidate will be entitled to coverage in the framework of the policy for the insurance event, this subject to all the other instructions and terms of the policy.

22.3. Insurance in Other Companies:

22.3.1. The Insured will send written notification to the Insurer at the time of submitting a claim, regarding any other insurance that he possesses against the risks covered according to this Policy.

22.3.2. This Policy will cover loss or theft or any expense covered according to the terms of this Policy, even if at the time of occurrence of the event involving the loss or damage or expense overseas other insurance or other insurances regarding it existed, whether they were obtained by the Insured or by someone else, up to the limit of liability specified in this Policy. The Insurer will have the right of subrogation towards the other Insurer and/or Insurers regarding the overlapping sum.

22.3.3. If the Insured claimed an amount from the Insurer for loss and/or an expense and/or damage for which there was third-party liability to cover them according to the law and/or according to an agreement, including an insurance agreement, and such payment was made by the Insurer, the Insurer will be entitled to subrogate the amounts it paid to the Insured.

22.3.4. If the Insurer made payments as said in Chapter 22.3.3 above, any right that the Insured had or has against a third party will be transferred to the Insurer, in the amount of the insurance benefits paid by the Insurer to the Insured. The Insured will assign his rights towards the third party in favor of the Insurer up to the amount as said in this section.

22.3.5. The Insured must cooperate with the Insurer and perform any act in order to enable receipt of the amounts paid by the Insurer for which a third party was liable.

22.4. The Insured is not entitled without the prior written agreement of the Insurer to admit liability or to undertake a commitment that binds the Insurer.

22.5. The Insurer will be entitled to manage on behalf of the Insured any proceeding that arises from its liability according to the Policy.

22.6. Period of Limitation:

The period of limitation of a claim for insurance benefits is 3 years from the date of the event, with the exception of a third-party claim. If the cause of the claim is the Insured's loss of limbs or organs due to accident (as said in Chapter 6 above), the period of limitation will be counted from the day that the insured had the right to claim insurance benefits according to the terms of the insurance contract.

Chapter 23: Law and Jurisdiction

Any legal proceeding according to or deriving from the Policy will be discussed according to the laws of the State of Israel and the exclusive place of jurisdiction for any such proceeding will be the authorized courts in the State of Israel alone, according to law.

Contact Details

Head Office

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For details, call the Customer Service Call Center

*2735

Or your insurance agent.

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