BASIC PASSPORT

OVERSEAS TRAVEL INSURANCE

June 2016

HAREL
Insurance & Finance

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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 anything out of your pocket, 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

www.gmmusa.com

Table of Limits of Liability for Section A – Basic Policy

Policy section	Coverage	Limit of liability	Copay
Chapter 2 and Chapter 3	Limit of liability of the Insurer for medical expenses	$1,000,000	
2.1	Medical expenses during hospitalization overseas	Included in the limit of liability for medical expenses	No copay
2.2.1	Evacuation on land from location of event to a nearby hospital	Included in the limit of liability for medical expenses	No copay
2.2.2	Evacuation by air and/or sea 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 copy
3.1	Medical expenses not during hospitalization, such as physician, diagnostic testing	Included in the limit of liability for medical expenses	$100
3.2	Medications	$300	$100
3.3	Emergency dental treatment, including due to a preexisting condition	$400	$100
3.4	Physical therapy overseas	$5,000	$100
Chapter 5	Belongings (accompanying personal belongings), out of which:	$2,250	
5.2.1	Limit per item	$300	$100
5.2.2	Valuables	$500	$100
5.2.3	Theft of belongings from vehicle	$750	$100
5.2.4	Delay in arrival of belongings	$150	$100
5.2.5	Value of suitcase and/or bag and/or wallet	$75	No copay
5.2.6	Camera and camera accessories	$350	$100
5.2.7	Replacement of documents	$250	No copay
5.2.8	Theft of belongings from a public vehicle	Included in the limit of liability for this chapter	$100

The Insurer is bound solely by the full terms and exclusions of the Policy.

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

Chapter 1: Definitions

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 1-5, in Chapter 6: 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 (unless a longer period is approved by the Insurer or specified on the List Page), with the addition of 48 hours at the most, if a delay is caused by the means of transportation by which the Insured was about 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 overseas.
For Insured between the ages of 76 and 85 (inclusive) up to 45 days from the day of departure overseas.
For Insured between the ages of 86 and 90 (inclusive) up to 15 days from the day of departure overseas.

1.8.2. **The period of insurance regarding belongings -** The period that begins from the moment the Insured leaves his home directly on his way overseas or, if he delivered the belongings 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.

1.9.3. The above-said shall apply unless a longer additional period is approved by the Insurer.

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 9. 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 being monitored 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 parts, physical disturbance with signs and symptoms that can be identified, 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 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. **Belongings:**

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

1.21. **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.

1.22. **Documents:**

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

1.23. **Copay:**

The part of the expenses paid by the Insured regarding an insurance event, as specified in the Limits of Liability table in the Policy. It is hereby clarified that the liability 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 the copay amount.

1.24. **Israel:**

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

1.25. **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) regarding the occurrence of an event for expenses or will 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 customary amount there regarding a semi-private,** 2-bed ward and subject to the Limits of Liability table in the Policy.

   2.2. **In the case of evacuation of the Insured to a hospital:** If the medical condition of the Insured required 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 Limits of Liability table in 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 said evacuation and/or transport expenses, up to the amount specified in the Limits of Liability table in the Policy.

      2.2.2. **Sea or air evacuation and/or transport -** If the medical condition of the Insured does not, according to the medical assessment of a specialist physician, allow for ground evacuation and/or transport as said above, the Insured will be entitled to a refund for the expense for evacuation and/or transport by means of sea and/or air transportation (including air ambulance), up to the amount specified in the Limits of Liability table in 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 transport 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 receipt of 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 Limits of Liability table in the Policy.

   3.2. **Prescription medications -** At the instructions 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 Limits of Liability table in the Policy.

   3.3. **Emergency dental treatment -** The Insured will be entitled to receive emergency dental treatment and dental first aid required immediately 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 Limits of Liability table in 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 Limits of Liability table in 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 Limits of Liability table in the Policy.

Chapter 4: Exclusions to Chapter 2 ,3 ,4

4. The Insurer will not pay claims according to one of the above-mentioned chapters for an event that stems from or is related to:
   - 4.1. A health condition the treatment of which, according to a medical document, was expected in the Insured 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.
   - 4.2. A health condition regarding which the Insured is on a waiting list for medical treatment and/or prior to medical and/or surgical intervention and/or hospitalization and/or surgery and/or a process of medical investigation with no documented diagnosis.
   - 4.3. Routine tests that are not due to an active medical problem, or screening tests.
   - 4.4. A health condition for which the Insured 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 6 months prior to his departure.
   - 4.5. 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.
   - 4.6. Pregnancy, bed-rest pregnancy, miscarriage (including early childbirth, treatment of a newborn or a fetus, or a premature infant).
   - 4.7. Treatment by a chiropractor, naturopath, homeopath, healing program, acupuncture, mechanotherapy, hydrotherapy, alternative therapies, physical therapy (except as determined in Chapter 3).
   - 4.8. 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.
   - 4.9. 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.
   - 4.10. Preventative medication treatment of acquired immune deficiency disease (AIDS).
   - 4.11. Transplant of an organ/s or limb/s of any type whatsoever.
   - 4.12. Hemophilia.
   - 4.13. Medical transport performed other than by the Insurer.
   - 4.14. Plastic disability.
   - 4.15. Loss of payments regarding cancellation or shortening of a trip for any reason whatsoever.
   - 4.16. Damage to a third party that occurred overseas to body or property for which the Insured is liable.

Chapter 5: Belongings – Loss or Theft (Accompanying Personal Belongings)

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

5.1. **Liability of the Insurer:** The Insurer will pay and indemnify the Insured in the case of loss or theft of his belongings as defined in the Definitions chapter, Section 1.20 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 in the Policy.

5.2. **The insurance benefits:**

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

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

5.2.2. Valuables.

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

5.2.4. Delay in the arrival of belongings - 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.

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

5.2.6. A camera and camera accessories.

5.2.7. Replacement of documents.

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

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

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

5.3.1. If the Insured has a receipt of purchase dated prior to the date of the loss/theft testifying to this, the belongings 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, but no more than the maximum total specified in the Limits of Liability table in the Policy.

5.3.2. 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 belongings that were 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 belongings - 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 in the Policy.

5.4. **Belongings held by an air transporter (above the amount to be paid by the transporter):** In the case of belongings that were held by an air or ground transporter, the Insurer will compensate the Insured only above the amount that the transporter pays and up to the limitation of liability of the Insurer according to this Policy and all this subject to the instructions of Section 10.2 (Insurance in Other Companies).

5.5. Additional exclusions to Chapter 5:

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

5.5.1. 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.

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

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

5.5.4. Objects of art, fragile valuables (as defined in Section 1.21 above), all this whether the theft and/or loss occurred to an item separately or as part of all the belongings.

5.5.5. Regular wear and tear, abrasion, gradual deterioration, breakage or mechanical or electrical damage, any damage to belongings, 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.

5.5.6. 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.

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

Chapter 6: General Exclusions to All Chapters of the Policy

6. 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:

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

6.2. A flight not as a passenger on a commercial airline.

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

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

6.5. Use of weapons by the Insured.

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

6.7. Extreme sports and/or winter sports as defined below:

6.7.1. Extreme sports:

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

6.7.2. Winter sports:

Skiing with skis, snowboarding, sledding, cross-country skiing - ski walking, snow biking, that are done at a site designed for these during the announced operating hours of the site and on paths designed for this or a winter sport that was not engaged in at a site designed for it during the announced operating hours of the site and on paths designed for it.

6.8. Sports activity in the framework of a sports organization registered according to the Sports Law 1948 - 1988 and/or a professional sport and/or competitive sports activity that involves payment of wages.

6.9. Alcoholism, drug use.

6.10. 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.

6.11. In one of the following cases:

A road accident, as a driver and/or as a passenger with a driver,

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 as specified in one of the above cases, 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.

6.12. In addition to the said in Section 6.11 above, riding and/or use of a motorcycle as driver and/or as a passenger with a driver without a motorcycle driving license 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.

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

6.14. Mental disturbance or a temporary mental condition or a mental disease.

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

6.16. 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.

6.17. Kidnapping of the Insured.

6.18. 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 B - General Terms

Chapter 7: Claims

7.1. 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.

7.2. 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:

7.2.1. Hospitalization in a hospital overseas:

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

7.2.2. 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.

7.2.3. Loss or theft of belongings:

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

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, confirmation of purchase of the belongings (subject to the said in Section 5.3 above) that were lost or stolen, as well as confirmation of the customs authorities in Israel of removal of belongings requiring customs, confirmation of the police as necessary.

7.3. 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.

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

7.5. 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, provided his entitlement according to the Policy is not under controversy.

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

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

7.7.1. 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.

7.7.2. 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.

7.7.3. The insurance benefits to which the Insured is entitled that are not in 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.

7.8. **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 8: Cancellation of the Policy

8.1. 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.

8.2. 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 9: Extension of the Policy

9.1. 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:

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

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

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

9.1.4. 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.

9.2. 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:

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

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

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

9.2.4. 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 as said above, under the conditions and rates that are in effect with the Insurer at the time of the beginning of the insurance under the new policy.

9.2.5. 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 (in a situation of disconnection) 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.

9.3. 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 14 days or until the time at which 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 10: General

10.1. 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.

10.2. Insurance in Other Companies:

10.2.1. 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.

10.2.2. This policy will cover loss or theft or any expense covered according to the terms of this Policy, also 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 made by the Insured or by someone else, up to the limit of liability set forth in this Policy. The Insurer will have the right of subrogation towards the other Insurer and/or Insurers regarding the overlapping sum.

10.2.3. 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 paid by it to the Insured.

10.2.4. If the Insurer made payments as said in Section 10.2.3 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.

10.2.5. 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.

10.3. 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.

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

10.5. If the Company was paid money against insurance fees before the Insurer gave its consent to draw up the insurance, the payment will not be construed as agreement of the Insurer to draw up the insurance. In this case, the Insurer will, within 90 days of receipt of insurance fees for the first time, send a decision regarding the acceptance or non-acceptance of the insurance candidate, and will send him, as relevant, an insurance policy including the Insurance Details Page or a request for completion of data or a counter-proposal for insurance. If the Insured has not sent notification of refusal as said above or a request for further data or a counter-proposal for insurance within 90 days of receipt of insurance fees for the first time, the Insured will be considered someone who joined the insurance under the terms set forth in the insurance proposal. If the candidate incurred an insurance event during the period between receipt of the insurance fees for the first time and the decision of the Insurer regarding his acceptance or non-acceptance to the insurance, and according to the medical underwriting instructions existing in the company regarding insurance candidates that possess similar characteristics the Insurer would have notified

the insurance candidate at the end of the underwriting proceedings of his acceptance for the insurance (had the insurance event not occurred), the insurance candidate will be entitled to coverage within the framework of the Policy for the insurance event, this subject to all the other instructions of the policy and its terms.

10.6. **Period of Limitation**

The period of limitation of a claim for insurance benefits is 3 years from the date of the event.

Chapter 11: 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

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