

Request to Cancel a Foreign Worker Insurance Policy

The form is intended for men and women alike.

Please be sure to complete the form accurately and completely.



Send the form to the Overseas Personal Health Division - by e-mail: fax7930@harel-ins.co.il or by fax: 03-7348083.
 *Automated response 24 hours a day for confirmation of receipt of documents: 1-700-702-870.
 The service is available 3 hours after the form is sent. Updates received after 3 PM are made the next day.

A Details of the Policyholder: Employer/Insured

	Control no.	ID/Passport/Private Co. no.*	Last name*	First name*	Date of birth	Gender
						<input type="checkbox"/> male <input type="checkbox"/> female
Residential address of the Main Insured	Street		Number	Place	PO Box	Postal code
	Telephone number			Cellphone number (required)		
E-mail address						

*Required information

B Details of the Insured

Details of the Policy to be Cancelled	Passport no.	Last name	First name	Effective date of the Cancellation

C

Date	Name of Policyholder: Employer/Insured	ID/Passport/Private Company no.	Signature

- For your information, a request for cancellation of a policy in its entirety will lead to cancellation of all the insurance coverages existing for you in the policy you ask to cancel.
- Regarding a coverage that has been cancelled, no insurance event that occurs after cancellation of the insurance will be covered and you will not be entitled to any indemnity or compensation by force of that coverage. In addition, if you apply in the future to rejoin the insurance, this may involve a renewed process of medical or other underwriting, with the renewed agreement of the insurance company to accept you to the insurance plan and under the terms and rates that are customary in the Company of the day of your application.
- In addition, if your application to rejoin the insurance is approved, the policy issued will be a new policy for all intents and purposes.

