



Stamp date received by the Company

“SAFE HOME”

Mortgage protection insurance

Proposal form for life and buildings insurance

Policy No.	
Agent Name	Beni leidman
Agent Number	3270

A. Details of the proposer

Policyholder First Insured	Surname	First Name	ID No. 	Telephone number
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced		Occupation	Date of birth 	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Second Insured	Surname	First Name	ID No. 	Telephone number
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced		Occupation	Date of birth 	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Postal address				
Address of mortgaged property				
Do you have life assurance and/or buildings insurance with another company or Menora Mivtachim Insurance Ltd.?		First insured: <input type="checkbox"/> No <input type="checkbox"/> Yes, company _____		Secondary insured: <input type="checkbox"/> No, <input type="checkbox"/> Yes, company _____
<p>* In the event that an additional life assurance policy and/or buildings insurance policy for mortgage insurance exists the Insured is responsible to cancel this policy. The company is not responsible to cancel the additional policy if such a policy exists.</p> <p>Signature of first insured: _____ Signature of second insured: _____</p>				

B. Insurance details - Pursuant to the details specified hereunder, the premium and cover required under the policy will be calculated:

Loan No.	1		2		3		4	
Balance of current loan								
Remaining period in years								
Date of end of loan								
Annual interest								
	First insured	Second insured	First insured	Second insured	First insured	Second insured	First insured	Second
Disability due to an accident The (decreasing) sum insured is identical to the loan amount and the cover applies until the age of 70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Keren Or” Top The (decreasing) sum insured is identical to the loan amount and the cover applies until the age of 75, with a maximum of NIS 600,000. Do you hold a health insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the replacement/comparison form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Home buildings insurance – designed to cover residential homes only:

D. Additional covers

Buildings sum insured	Size of property (sq/m)	Type of property	
Home buildings insurance includes: buildings, earthquake, water and liquid damages due to burst pipes.			<input type="checkbox"/> * Premium payment waiver in the event of incapacity to work (3 months deferred period) <input type="checkbox"/> ** Disability due to accident NIS _____ <input type="checkbox"/> ** Accidental death NIS _____
			Second Insured
E. Dry roof service rider			
The cover is designed for owners of private houses and penthouses. This cover can only be purchased as an add-on to buildings insurance.			<input type="checkbox"/> * Premium payment waiver in the event of incapacity to work (3 months deferred period) <input type="checkbox"/> ** Disability due to accident NIS _____ <input type="checkbox"/> ** Accidental death NIS _____

Name of the policyholder

I.D. / Passport number

Policy number

F. Details of mortgage bank

Mortgage bank	Branch No.	Full address		
Inception date of the insurance		Payment method	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other

* The premium payment waiver is available solely to policyholders who are up to the age of 60 on inception date of the period of insurance.

** A maximum sum of NIS 500,000 can be purchased for disability due to an accident and accidental death in this form. If other covers are required, the "Health Declaration" form needs to be completed.

G. Details of original loan

Loan No.	1	2	3	4
Date of taking mortgage				
Interest				
(Original) period in years				
Amount of original mortgage				
or monthly payment at present				
or remaining principal				

H. **I hereby declare** that I hold life assurance for _____, up to the mortgage amount as of date _____ and the policy is in force since its start and until today.

I. **I/we agree** and confirm in advance that the sum assured and the premium shall be adjusted to the amounts and the periods that are specified in the loan/loans in my and/or my wife's name, in bank _____

J. **Details of beneficiaries** The sum assured up to the remaining amount of the loan shall be paid to the beneficiary by an irrevocable order, the mortgage bank and the remaining of the sum assured, if any, shall be paid to:

	Full Name	ID/Passport No.	Date of birth	Full address	Relation	Gender	% share
Primary beneficiary						M F	
						M F	
							100%

Secondary beneficiary	Full Name	ID/Passport No.	Date of birth	Full address	Relation	Gender	% s
						M F	
						M F	
							100%

Date x _____ Signature of agent x _____ Signature of First Insured x _____ Signature of Second Insured x _____

K. Health condition questionnaire

Details of the insured	Details of the first insured				Details of the second insured		
	Surname	Forename	I.D. no.		Surname	Forename	I.D. no.
	Previous surname	Height	Weight		Previous surname	Height	Weight

1. Smoker / non-smoker declaration	First life assured	Second life assured
I am aware of the fact that the non-disclosure of the truth may exempt Menorah Mitvachim Insurance Ltd. from the payment of the sum assured in accordance with legal provisions. Please tick the appropriate box	<input type="checkbox"/> Smoker: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Other Amount per day _____	<input type="checkbox"/> Smoker: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Other Amount per day _____
	<input type="checkbox"/> Non-smoker: Have you smoked in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: I started in the year _____ and stopped in the year _____ I smoked: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Other Have you been advised to stop smoking for health reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state reasons _____	<input type="checkbox"/> Non-smoker: Have you smoked in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: I started in the year _____ and stopped in the year _____ I smoked: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Other Have you been advised to stop smoking for health reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state reasons _____

Name of the policyholder

I.D. / Passport number

Policy number

First insured		General questions		Second insured	
Please mark each answer yes or no and if you have replied yes please provide separate details.					
Yes	No			Yes	No
		2. Have you ever been injured? Are you disabled?			
		Disability and injury questionnaire			
		3. Do you/did you use drugs or do you drink more than one glass of alcohol per day?			
		Drugs, alcohol questionnaire			
		4. Is there a special risk in your occupation or hobby that is related to art, sports, flying, diving, and hazardous materials?			
		Flying, art, sports, diving and hobbies questionnaire			
		5. Have you undergone or received a recommendation to undergo any of the following tests: angiogram, cardiac perfusion scan, E.K.G., colonoscopy, endoscopy, ultrasound, echocardiogram, x-ray, ergometry, C.T. or any other test.			
		Illness / disturbances questionnaire			
		If you currently suffer or have suffered in the past from any of the following illnesses / disturbances please complete the relevant form			
		1. Nerve disease, mental disease, sleep disorders, epilepsy, stroke			
		Nerves questionnaire			
		2. Lungs and/or respiratory system			
		Lungs and respiratory system questionnaire			
		3. Heart and/or blood vessels, high blood pressure			
		Heart and blood vessels questionnaire			
		4. Digestion system - oesophagus, stomach, intestines, liver, pancreas, anus			
		Oesophagus, digestive system, liver functioning, gallbladder and pancreas questionnaire			
		5. Kidneys and/or urinary system			
		Kidneys and urinary system questionnaire			
		6. Diabetes, thyroid, lipids, FMF, other metabolic and hormonal disorders			
		Diabetes and metabolic disorders questionnaire			
		7. Disorders in blood count or coagulation, pancreas, immune system, infectious diseases, STDs, AIDS			
		Blood count and coagulation questionnaire			
		8. Back and spinal cord, joints, bones, osteoporosis, connective tissue			
		Back and joint disease questionnaire			
		9. Cancer, malignant disease and/or any tumour? Were you treated previously by chemotherapy or radiation? (if yes - please specify)			
		Additional questions			
		1. Have you ever had any surgery? Specify the type of surgery and date: _____			
		2. Are you aware of any invasive examinations, hospitalization and/or surgery you will have to undergo in the future?			
		3. Do you now have a sickness or do you know about any health disorder about which you did not declare? Specify _____			
		4. Do you take medications? If yes, please specify the name of the medication and the purpose _____			

Comments: _____

Date: _____

Signature of the first assured: _____

Comments: _____

Date: _____

Signature of the first assured: _____

L. Declaration of the proposed policyholder and the proposer for the insurance cover:**I declare, agree and undertake as follows that:**

- A. All of the replies detailed in the proposal form and/or in the health declaration are true and complete.
- B. All of the replies detailed in the proposal form and/or in the health declaration and any other information which is submitted to Menorah Mivtachim Insurance Ltd. (hereinafter Menorah Mivtachim Insurance) in writing as well as the conventional conditions of Menorah Mivtachim Insurance in this regard will serve as the basis of the insurance contract between me/us and Menorah Mivtachim Insurance and will constitute an integral part thereof.
- C. I/we hereby agree that the acceptance or declination of my/our proposal is left to the exclusive discretion of Menorah Mivtachim Insurance and it is entitled to decline the proposal without providing any explanation relating to its decision.
- D. I/we are aware of the fact that the insurance will become effective solely after the company has confirmed the acceptance of the proposer to the insurance and after the first premium – constituting an express condition for the validity of the policy – has been fully paid, and on condition that no change to the health condition of the assured has occurred from either the date on which the health declaration was signed or a medical examination which the proposer underwent was conducted up until the date on which the acceptance to the insurance is confirmed in writing.
- E. I hereby declare that the information contained in this declaration has been provided by me willingly and with my agreement. I am aware of the fact that the purpose of the submission of the information is to issue the insurance policy and to deal with all matters arising from the policy and connected thereto. I/we agree that the information will be submitted for its perusal, processing and storage by any individual or entity that the company decides upon and this being subject to the directives of the Protection of Privacy Law – 1981.
- F. Subject to the Supervision of Insurance Business Regulations (Provisions regarding an previous medical condition) – 2004, this insurance does not cover claims arising directly or indirectly from an insured event whose proximate cause is the regular course of a previous medical condition (i.e.: a set of medical circumstances, including due to an illness or accident), which the proposer was diagnosed with before the date of joining the insurance and which the proposer of the insurance sustained during a period in which the exclusion applied.
- G. This insurance does not cover claims arising directly or indirectly from an insured event which occurred during the eligibility period of 90 days from the inception date of the period of insurance and/or during a longer eligibility period in accordance with the policy conditions.
- H. I confirm that I have read the product guide in the relevant section in detail.
- F. All of the declarations related to my/our minor children have been submitted by me/us in my/our capacity as their natural guardians.
- G. I hereby confirm that Menorah Mivtachim Insurance Ltd. will be entitled to use my contact details and submit them to its associated companies and/or to other companies under the control of Menorah Mivtachim Holdings Ltd. (hereinafter together "The Menorah Group") for the following purposes. The information provided by me and other information about me which is or may be kept by the Menorah Group is held and stored in computerised databases of the Group for use for any matter related and connected to the purchase of products and services of the group companies, including for the purpose of conducting and streamlining the service and for statistical purposes, data processing and direct mailing for operational purposes and for these purposes by the group companies or their representatives subject to the provisions of any law.
- o I agree and confirm that the Menorah Group companies or their representatives will be entitled to use my contact details I have supplied above and contact me from time to time to offer their products and/or services by physical mail and telephone by their qualified representatives and this until such time as any contrary instructions are received from me in writing **
 - o Pursuant to the aforementioned regarding keeping data regarding me in the databases of the Menorah Group I confirm and agreed that the Menorah Group or its representatives will be entitled to contact me from time to time to provide offers of its products and/or services, including by e-mail, fax, text messages (SMS) and this until such time as any contrary instructions are received from me in writing **

** Signing these clauses is optional

Date: _____ Name of the first proposer: _____ Signature of the first proposer: _____

Date: _____ Name of the second proposer: _____ Signature of the second proposer: _____

Name of the policyholder

I.D. / Passport number

Policy number

- H. I request that Menorah Mivtachim Insurance provides me with information provision services via the internet or via other media and whilst I am aware that despite the fact that Menorah Mivtachim Insurance operates data security means in the provision of information services as aforementioned, the said information, including my personal details, is liable to be exposed to other parties.

I request that Menorah Mivtachim Insurance sends the access code and access password for obtaining information via the internet to my address. I am aware of the fact that the provision of the aforementioned information is designated for the purpose of preliminary clarification alone and for the sake of convenience and that any discrepancy between the information that is submitted as aforementioned and the complete information in the possession of Menorah Mivtachim Insurance – the information in the possession of Menorah Mivtachim Insurance will prevail.

Date: _____ Name of the first proposer: _____ Signature of the first proposer: _____

Date: _____ Name of the second proposer: _____ Signature of the second proposer: _____

M. Waiver of medical confidentiality:

I hereby declare that the answers I provided to all the questions included in the statement are truthful and I did not omit or concealed any information. I know that false or partial answers provided knowingly entitle the company to cancel the insurance and not pay the sum assured.

I hereby declare that the information provided in this statement was given at my will and following my consent. I am aware that the purpose of providing the Information is the issuance of the policy and any matter deriving therefrom and related thereto. I agree that the information shall be delivered to the review, processing and storage of any person or entity that the Company sees fit subject to the Protection of Privacy Law 5741-1981.

To _____

Dear Sir/Madam,

I, the undersigned, hereby waive medical/rehabilitative/social/psychiatric confidentiality towards the applicants and hereby grant the HMO, hospital, Mor Institute, National Insurance Institute with permission concerning any information from any department in the National Insurance Institute (including specification of payments received from the National Insurance Institute) and/or the Ministry of Defence/the IDF and/or any doctor or Institute in the mental health area and/or retirement home, and/or any provident or pension funds and/or the Ministry of Health and/or rehabilitation and/or city councils/welfare authorities and any worker or doctor or medical institute, medical examination institute and any doctor and/or other worker that treated me or was involved with information concerning my mental/social/health condition and payments that I received due to my condition and deliver Menora Mivtachim Insurance Ltd and/or anyone acting on their behalf (hereinafter: the Applicants) any information concerning my health/rehabilitative/social/nursing and mental condition.

I permit any other insurance companies (Including Avner and the Pool) to provide the Applicants with any administrative, medical or other information about any other policy and/or claim and/or any other information at their disposal including documentation and third party information and payments.

I permit Israel Police to provide information about any file of accident/traffic bureau in which I was involved including full photocopy of my traffic bureau file.

This request shall also apply in accordance with the Protection of Privacy Law 5741-1981 and it applies to any medical or other knowledge found in the databases of all the institutes/individuals/organizations specified hereunder.

The request for information shall be done inasmuch as it is related to enquiring about the rights and duties in accordance with the policy.

This waiver binds me, my estate, my legal representatives and anyone acting on my behalf. This waiver shall also apply to my children whose names were specified, if specified, in the proposal.

Date of signature _____ Name of first insured _____ ID No. _____ Signature of First insured X _____

Date of signature _____ Name of second insured _____ ID No. _____ Signature of Second insured X _____

N. Delegation of the agent as the representative of the insured:

Dear Insured, In accordance with clause F of the Insurance Contract Law – 1981, the agent is considered to be the representative of the insurer. You are entitled to appoint the agent as your representative solely if you wish to do so, in accordance with your written request. If so, please sign the application wording addressed to the company.

The designation – In accordance with the Insurance Contract Law – 1981, I/we the undersigned, hereby designate the insurance agent whose name is stated above to be my/our representative for the purpose of conducting negotiations prior to executing the insurance contract and in respect of executing the insurance contract with your company.

Date _____ Signature of the proposed policyholder X _____ Signature of first insured X _____ Signature of second insured X _____

Credit card account debit authorisation

This authorisation is designated for the payment of life assurance premiums to "Menorah Mivtachim Insurance Ltd." (hereinafter "the company") via credit card. The company undertakes to solely debit the card in accordance with the amounts stated in the policy, its endorsements and conditions.

Name of the cardholder	Surname	Forename	I.D. number												
Address	Street / PO Box	House number	Appt. no.				City				Postcode				
Type of credit card N.B. It is not possible to pay with a credit card that has been issued overseas!	<input type="checkbox"/> Visa CAL <input type="checkbox"/> Visa Leumi <input type="checkbox"/> Isracard / Mastercard <input type="checkbox"/> Diners <input type="checkbox"/> American Express <input type="checkbox"/> other, please state _____														
Credit card number													Expiry date:	Month	Year

I have signed this form without stating the number of instalments and their amounts; due to the fact that I have authorised Menorah Mivtachim Insurance Ltd. to notify the credit card issuer of regular debits as you will advise the issuer. This authorisation will also be valid for a card issued bearing another number which replaces the card whose number is stated in this form.

Date _____ Signature of the cardholder _____

Name of the policyholder

I.D. / Passport number

Policy number

Bank	ACCOUNT DEBITING AUTHORISATION FOR COMPLETION BY THE INSURED	Bank account no.	Account type	Clearing code Branch	Bank
Branch		<input type="text"/>			
Address		Institution code	Reference / Customer I.D. in company		
		614	<input type="text"/>		

1. _____
 Name of the account holder as stated in the bank records I.D. number / Company registration number
- Address: _____
 Street Number City Postcode

I hereby instruct you to debit my/our account at your branch in respect of life assurance in the amounts and at the dates that will be periodically submitted to you by magnetic means or by lists supplied by Menorah Mivtachim Insurance Ltd. as detailed in the "Authorisation details".

2. I/we are aware of the fact that:
- A. This instruction may be cancelled by written notification from me/us to the bank and to Menorah Mivtachim Insurance Ltd., which will become effective one business day after the notification - which is legally cancellable - has been submitted to the bank.
 - B. I/we are entitled to cancel a specific debit in advance, provided that notification of the same is submitted by me/us to the bank in writing at least one business day prior to the debit date.
 - C. I/we are entitled to cancel a debit not more than 90 days after the debit date if I/we prove to the bank that the debit does not match the dates or amounts stated in the letter of authority, if stated.
3. I/we are aware that the details stated in the authorisation and in their completion are matters which I/we are to arrange with the beneficiary.
4. I/we are aware that the debit amounts in accordance with this authorisation will appear on the account statements and that the bank will not send me/us any special notification in respect of these debits.
5. The bank will act in accordance with the written instructions of this authorisation for as long as the account balance permits the same and for as long as there is no legal or other reason which prevents its execution.
6. The bank is entitled to exclude me/us from the arrangement detailed in this letter of authorisation if it has reasonable cause to do so and will notify me/us immediately upon making such a decision, stating the reason.
7. Please confirm receipt of these instructions from me/us to **Menorah Mivtachim Insurance Ltd.** in the appendix attached hereto.

Date _____ Signature of the account holder _____

Bank confirmation

Bank	ACCOUNT DEBITING AUTHORISATION	Bank account no.	Account type	Clearing code Branch	Bank
Branch		<input type="text"/>			
Address		Institution code	Reference / Customer I.D. in company		
		614	<input type="text"/>		

Details of the authorisation

The amount and date of the debit will be determined periodically by Menorah Mivtachim Insurance Ltd., in accordance with the conditions of the policy and its endorsements.

Menorah Mivtachim Insurance Ltd.

115 Allenby Road, PO Box 65817

We are in receipt of instructions from _____ to honour debits at amounts and at dates that will appear in magnetic means or in lists that you will present to us periodically in which their bank account numbers will be stated therein, all in accordance with that stated in the letter of authorisation.

We have noted the instructions and will act in accordance with them for as long as the account balance permits the same; for as long as there is no legal or other reason to prevent the same; for as long as we do not receive written cancellation instruction from the account holder, or for as long as the account holder has not been excluded from the arrangement.

This confirmation does not prejudice your undertakings towards us, in accordance with the letter of indemnity signed by yourselves.

Date _____ Bank _____ Branch _____

Bank confirmation – signature and stamp