

Dear Policyholder

Any time you need medical assistance, call the telephone number which appears in your Insurance Card, 24 hours a day, 365 days of the year

Our operators will respond quickly, by referring you to the relevant medical service providers.

TRANSLATION

In the event of any discrepancy between this translation and the original issued in the Hebrew language, the latter will prevail.

TOP FOR TOURISTS

MEDICAL INSURANCE POLICY FOR TOURISTS

Preamble

Whereas the policyholder whose name is stated hereunder has approached Menora Mivtachim Insurance Ltd. with a request to arrange the insurance whose details are stated hereon and has undertaken to pay the premium as agreed with him which is stated in the schedule of this policy.

This policy therefore witnesses that this policy, subject to its covers, extensions, conditions, exclusions and directives detailed herein and/or which may be added and/or endorsed thereto by agreement between the parties, the insurer agrees to indemnify the insured on the occurrence of an insured event which occurs during the period of insurance stated herein, in accordance with the covers as detailed in its sections.

It is emphasised that the schedule attached to the policy and the health declarations attached thereto are the basis of the insurance and constitute an integral part of the policy.

General definitions (for all sections of the policy)

In this policy :

1. **The policyholder** - The individual, group of individuals or corporation which enters into an agreement with the insurer by way of an insurance contract and whose name is stated in the schedule and/or in the proposal form as the policyholder.

2. **The insured** - One or more individuals who stays temporarily in Israel and whose name or names are stated in the schedule and provided that they are foreign citizens whose permanent domicile is outside of Israel and who adjoins the insurance in accordance with the directives of this policy.

3. **The insurer** - Menora Mivtachim Insurance Ltd.
4. **The proposal form or the proposal** - The proposal form constitutes a request to adjoin the insurance in accordance with this policy, being fully completed and signed by the insured and/or by the insured's spouse for themselves and on behalf of each of their family members. The proposal form also contains the health declaration which has been completed and signed by the insured.
5. **The policy** - The contract of insurance between the policyholder and the insurer - including the proposal form, the health declaration and any appendix or endorsement attached thereto.
6. **The schedule** - The policy schedule attached to the policy, which constitutes an integral part of the same. The schedule contains the policy number, personal details of the policyholder and the insured/s, the period of insurance, the premium etc.
7. **Insured event** - An event as defined in each of the policy sections, as applicable, in respect of which the insured is entitled to receive indemnity payments from the insurer, all subject to the conditions, exclusions and limitations of the policy.
8. **Inception date of the insurance** - The date stated in the schedule as the inception date of the insurance or the date on which the insured commences his stay in Israel – the latter of the two.
9. **The period of insurance** - The period commencing on the inception date of the insurance and expiring on the date stated in the schedule.
10. **Israel** - The State of Israel including the Israeli occupied territories, Judea, Samaria and the Gaza Strip, other than the territories occupied by the Palestinian Authority.

11. **Overseas or abroad** - Any country outside of the State of Israel other than enemy countries.
12. **Insurance Contract Law** - The Insurance Contract Law - 1981.
13. **Health Insurance Law** - The National Health Insurance Law - 1994.
14. **The second amendment** - The second amendment to the Health Insurance Law, which contains and details the basket of health services provided in the context of the Health Insurance Law.
15. **The National Insurance Law** - The National Insurance Law (Combined Version) - 1995.
16. **Resident** - Any individual who is a resident for the purpose of the Health Insurance Law.
17. **Previous health condition** - A set of medical circumstances which the insured has been diagnosed with prior to his adjoining the insurance, including due to an illness or an accident. For this purpose "which the insured has been diagnosed with" means diagnosis by way of documented medical diagnosis or a process of documented medical diagnosis which was performed in the six months that preceded the date of adjoining the insurance.
18. **Call centre** - A call centre which is operated by the insurer or on behalf of the insurer, operational 24 hours per day, year-around, for the purpose of obtaining and providing information including with regard to the options available under the policy for obtaining medical treatment required in accordance with the policy – including the places and times, hospitalisation authorisation, dealing with repatriating injured parties and corpses to their home countries and the provision of any other assistance required in accordance with the insurance in accordance with this policy.

19. **Dollar** - The US Dollar.
Anything stated in this policy in the singular also applies in the plural and vice versa. Anything stated in the masculine applies equally in the feminine and vice versa.

General conditions

1. Validity of the policy

- 1.1 The policy becomes effective on the inception date of the insurance however not before the premium has been paid.
- 1.2 If funds are paid to the insurer on account of the premium before the insurer has agreed to cover the proposer to the insurance, the payment will not be considered to construe the agreement of the insurer to execute the insurance contract. If the insurance is not effected, the insurer will refund these funds paid plus indexation and interest according to legal provisions - within one month.

2. Duty of disclosure

- 2.1 The insurance in accordance with this policy has been arranged relying on the written information, the replies to the questions and the written declarations submitted to the insurer by the insured and/or by the policyholder.
- 2.2 If an incomplete and dishonest reply is provided to a question regarding a material fact which would influence the willingness of a reasonable insurer to execute the contract in its entirety or to execute it at special conditions, the insurer is entitled to cancel the policy by written notification to the policyholder within 30 days of becoming aware of the same and this as long as an insured event has not occurred. **In this regard, the intentionally fraudulent withholding of a fact that the insured knew was material is tantamount to the provision of an incomplete and dishonest reply.**

- 2.3 If the insurer cancels the policy by virtue of this clause, the policyholder is entitled to a refund of the premium paid to the insurer for the period following the cancellation of the insurance, less the insurer's expenses, unless if the insured and/or the policyholder acted with fraudulent intent.
- 2.4 If an insured event occurred prior to the cancellation of the insurance by virtue of this clause, the insurer is liable solely to make reduced indemnity payments at the ratio between the premium that would have been normally paid to the insurer in accordance with the actual situation and the agreed premium. Notwithstanding the aforementioned the insurer will be entirely exempt from liability in any one of the following situations:
- 2.4.1 The reply was provided with fraudulent intent.
- 2.4.2 A reasonable insurer would not have entered into such an insurance contract even at a much higher premium if it would have been aware of the actual situation. In such a case the policyholder is entitled to a refund of the premium paid for the period following the occurrence of the insured event, less the insurer's expenses.
- 2.5 Clauses 2.2 and 2.4 will not apply in the following cases, unless the incomplete and dishonest reply was provided with fraudulent intent:
- 2.5.1 If the insurer was aware or should have been aware of the actual situation at the time of executing the contract, or caused the incomplete and dishonest reply to be provided.
- 2.5.2 If the fact regarding which the incomplete and dishonest reply was provided ceased to exist prior to the occurrence of the insured event, or did not influence the insured event or the liability of the insurer or the scope of the liability.
- 2.6 The insured's date of birth is a material fact in respect of which the duty of disclosure applies as stated in this section.

- 2.7 For the avoidance of doubt it is clarified that where the insured event arises from a previous medical condition, that stated in sub-clause 2.4 above will apply and the insurer will only be liable to make reduced indemnity payments or, in the cases stated above – will be entirely exempt from liability.

3. The premium and the method of payment

- 3.1 The premium will be paid to the insurer in advance by the policyholder who makes such an undertaking prior to the inception of the period of insurance and during the entire period of insurance, unless if the insurer agrees in writing in advance to the payment being made by any other method.
- 3.2 If the premium is paid by bank standing order or by credit card provided by the policyholder to the insurer at the inception of the period of insurance, the act of crediting the insurer's bank account or the credit card company will constitute the sole method of paying the premium.
- 3.3 The premium will be paid in New Israeli Shekels, indexed to the representative rate of the US Dollar on the payment date.
- 3.4 **Subject to the authorisation of the Commissioner of Insurance however not prior to 1.1.2011, the insurer will be entitled to alter the premium for this insurance for all parties covered by this insurance scheme. If such an alteration is made, the new premium will be calculated in accordance with the new tariff applicable for all insured parties without reference to any changes which have occurred to their health condition since the acceptance date by the insurer.**
- If an alteration as aforementioned is made and authorised by the Commissioner of Insurance, the insurer will notify the insured in writing 60 days in advance of any alteration authorised and will provide full disclosure of the alterations to the tariff or the scope of insurance cover.

4. Claims and indemnity payments

- 4.1 On the occurrence of an insured event, the insured or the policyholder is obliged to notify the insurer's call centre as soon as possible.
In cases in which the prior authorisation of the insurer is required, the insured and/or the policyholder are required to obtain such authorisation in writing.
- 4.2 The receipt of the insurer's authorisation in the event of any insured event in which such authorisation is required is a fundamental condition to the liability of the insurer in accordance with this insurance.
- 4.3 If the insured is hospitalised due to an emergency medical condition which prevents the insured and/or the policyholder from providing advance notification to the insurer as required in accordance with the policy conditions, the insured and/or the policyholder will ensure that notification of their direct approach to the hospital is provided immediately to the insurer's call centre.
- 4.4 The insured is obliged to submit a waiver of medical confidentiality form to the insurer, permitting any doctor and/or entity or medical institution or other institution in Israel or overseas to submit all medical information in their possession to the insurer relating to the insured which is connected to the rights or duties of the insured in accordance with the policy. **The request for a waiver of medical confidentiality must be provided as requested for the purpose of clarifying the rights and duties provided in accordance with the policy.**
- 4.5 The insured or the policyholder, as applicable, is obliged to submit details relating to the claim together with medical documents or other documents requested by the insurer, to the insurer, for the purpose of clarifying its liability.
- 4.6 The insured will make himself available, if requested by the insurer, for a medical examination by a doctor or doctors appointed by the insurer and at the insurer's expense.
- 4.7 The insurer will be entitled at its sole discretion to make indemnity payments or part thereof directly to the service provider or to pay them to the insured after having received original receipts. The

insured will be entitled to receive a financial undertaking from the insurer to the service provider which will enable him to obtain medical treatment as detailed in the policy sections, provided that his entitlement in accordance with the policy is not under dispute.

- 4.8 If the insured dies - the insurer will pay the balance of the indemnity payments to the service provided to whom the insurer provided a financial undertaking. In the absence of an undertaking to the service provider or if there is an outstanding balance after payment has been made in accordance with the said undertaking - the insurer will pay this balance.

5 An insured event covered by virtue of legal provisions and/or by an insurance company and/or by a third party

- 5.1 If the insured is also entitled to indemnity from a third party due to an insured event other than by virtue of an insurance contract, this right is assigned to the insurer from the moment that the insurer makes indemnity payments and this up to the amount paid and without prejudice to the rights of the insured in the first instance to collect indemnity from the third party in excess of the indemnity payments he receives in accordance with this policy.
- 5.2 If the insured receives indemnity from a third party and/or in accordance with legal provisions which the insurer would have been entitled to receive, the insured is obliged to transfer it to the insurer. If the insured makes a compromise agreement, provides a waiver or performs any other action which prejudices the right assigned to the insurer, the insured is obliged to compensate the insurer for the same.
- 5.3 If the insured is entitled to the coverage of expenses by indemnity payments payable in accordance with this insurance from another insurer or in accordance with another insurance policy, the insurer will be liable to the insured jointly and severally with the other insurer for the overlapping sum insured and in such a case the directives of clause 59 of the Insurance Contract Law will apply.

6. Cancellation of the policy

- 6.1 The policyholder is entitled to cancel the policy at any time by written notification to the insurer and the cancellation will become effective on receipt of the notification by the insurer.
- 6.2 If the premium has not been paid on time as stated in clause 3 above, the insurer will be entitled to cancel the insurance subject to the directives of the Insurance Contract Law.
- 6.3 The insurer is entitled to cancel the policy in any situation in which it is entitled to do so in accordance with the Insurance Contract Law.
- 6.4 **If an insured event occurs prior to the cancellation of the policy, the insurer will indemnify the insured for ongoing treatment in Israel as detailed in the policy conditions.**

7. Extension of the insurance and continuity of insurance

The insurer will be entitled to extend the period of insurance beyond the period stated in the schedule, at its discretion, without any new underwriting, provided that the policyholder and/or the insured requested the same prior to the expiry of the current period of insurance.

8. The irrevocable designation of a beneficiary

The irrevocable designation of a beneficiary to the rights under this policy is subject to the prior, express and written agreement of the insurer.

9. Proscription

The proscription period of a claim for indemnity payments is 3 years from the date of the occurrence of the insured event.

10. Application of the Insurance Contract Law

The directives of the Insurance Contract Law - 1981 will apply to all matters connected to this policy insofar as stipulated in accordance with the subject matter unless otherwise stipulated to the benefit of the policyholder and the insured under this policy.

11. Notifications between the parties

- 11.1 Notifications from the insurer to the insured and/or the policyholder will be submitted to their last address known to the insurer.

- 11.2 Notifications from the policyholder and/or the insured to the insurer will be submitted to the insurer's offices as stated in the insurance documents or to any other address to which the insurer requests the policyholder and/or the insured submit notifications.

12. Policy exclusions

- 12.1 The insurer will not be liable to make indemnity payments in accordance with any of the policy sections if the insured event is a direct consequence of and/or if the insured event arises from any of the following:
- 12.1.1 If the insured event occurs prior to the inception date of the insurance or after the after the expiry of the period of insurance.
 - 12.1.2 Road accidents as defined in the Road Accident Victims Compensation Law - 1975.
 - 12.1.3 Work accidents as defined in the National Insurance Law (Combined Version)- 1996, Section E, and the regulations enacted in accordance therewith.
 - 12.1.4 A hostile act and/or acts, as defined in the Compensation for Victims of Hostile Acts – 1970, if the insured was "injured" as defined in the same law.
 - 12.1.5 Injury as a result of war or a nationalistically motivated action, the participation of the insured in an act of war, in the army, the police, acts of rebellion, mutiny, riots, commotion and acts of sabotage or any illegal act.
 - 12.1.6 The provision of services of any type outside of Israel (regardless as to whether the event occurs in Israel or overseas).
 - 12.1.7 Hospitalisation or expenses other than during hospitalisation as defined in this policy which can be postponed until the insured returns to his home country.

- 12.1.8 Intoxication or drunkenness of the insured, or the use of drugs or narcotic medication by the insured, unless if supplied in accordance with a doctor's prescription.
- 12.1.9 Pregnancy, bed-resting during pregnancy, extra-uterine pregnancy, pregnancy and childbirth complications, abortion or miscarriage, curettage, premature childbirth, emergency treatment for newborn babies, baby treatments, vaccinations, routine treatment or child examinations **other than abortion required due to the mother's life being endangered.**
- 12.1.10 Surgery or treatment connected to sterility or fertility.
- 12.1.11 AIDS or HIV or similar illnesses or syndromes which are a mutation or variation of the same which are currently unknown or which are discovered or diagnosed in the future whatever they may be called.
- 12.1.12 Organ transplants.
- 12.1.13 Rehabilitative treatments or hospitalisation, rehabilitation, preventative treatments, cosmetic surgery, physiotherapy, mechanotherapy, hydrotherapy, alternative medicine, homeopathy, alternative pharmacology, healing programs, chiropractic treatments, routine examinations, mental illness and psychiatric disturbances, gum treatments and surgery, dental treatment or other treatments performed by a dentist other than emergency first aid.
- 12.1.14 Expenses for medical accessories, spectacles, contact lenses, hearing aids, prosthetic devices of any type.
- 12.1.15 Intentional self-injury, suicide or attempted suicide, regardless as to whether the insured is sane or not.

12.1.16 The activity of the insured in one or more of the specified fields of activity, undertaken as a hobby and/or in the framework of an association and/or in the framework of any type of competition, as detailed hereunder:

Water / land motoric activities: Cross-country cycling or or motorbike or scooter riding, including the use of a bicycle with an auxiliary motor, driving races of any type including horseracing or motor bike racing, motocross, traversing gravel roads in a 4x4 vehicle, snow skiing, skateboarding, rollerblading, speleology, football, basketball, volleyball, handball, tennis, grappling, boxing, fistfighting, hunting, martial arts, hockey, rugby.

Water activities: Jet skiing, surfboarding, wind surfing, water skiing, kyaking, rafting, banana-boat sailing, parachute surfing, diving requiring qualification, drowning due to swimming in a place which is legally unauthorised, rowing, underwater activities including diving with the use of apparatus.

Aerial activities: Skydiving, hanggliding, paragliding, gliding, soaring and sailplaning.

Activities at heights: Mountaineering, reppeling, abseiling, bunjie jumping, wall climbing.

12.2 The insurer will not be liable to make indemnity payments in accordance with any of the policy sections if the insured event is as follows:

12.2.1 In the framework of the basket of treatments -

- A. Psychological treatments.
- B. Dead Sea treatments provided to psoriasis patients.
- C. Genetic examinations.
- D. Nursing hospitalisation or other nursing treatments.

- E. Services for treating impotence or sterility problems, sexual functioning disruption, male or female fertility as well as artificial insemination or artificial fertilisation.
- F. Services provided overseas.

12.2.2 In the framework of the basket of medications -

- A. Medication for the treatment of Alzheimer's disease.
- B. Medication designated to treat impotence or sterility problems, sexual functioning disruption, male or female fertility or which is provided in the context of artificial insemination or artificial fertilisation treatment.

12.3 Previous medical conditions

The insurer will not be liable to make indemnity payments in accordance with any of the policy sections in respect of an insured event whose actual cause was the regular medical course of a previous medical condition which the insured sustained during the period of insurance, subject to the following directives:

- 12.3.1 If the insured was asked regarding his medical condition at the time of being accepted to the insurance and provided full details of a previous medical condition, the insurer will be entitled to limit the scope of its liability. This exclusion will be detailed in the policy schedule and will apply for the period stated therein adjacent to the same previous medical condition.
- 12.3.2 If the insured provides notification of a previous medical condition and if the insurer does not

expressly exclude the previous medical condition in the policy schedule, the insurance cover will not contain any exclusions or limitations regarding previous medical conditions.

- 12.3.3 Nothing contained in the aforementioned exempts the insured from the duty of disclosure in accordance with the Insurance Contract Law in respect of previous medical conditions.

Section A – Cover for medical services provided in accordance with the Health Insurance Law

1. Preamble

- 1.1 This section provides cover to the insured for all medical services contained in the ordinance at the scope of entitlement and excluding defined services as detailed in this section:
 - 1.1.1 All of the services included in the basket of treatments detailed hereunder, whose scope is stated in the second amendment to the Health Insurance Law as periodically amended.
 - 1.1.2 Psychiatric hospitalisation services.
 - 1.1.3 Additional medical examinations and health services.
 - 1.1.4 The basket of medications.
- 1.2 For the sake of avoidance of doubt it is emphasised that in addition to that stated in the general exclusions in the preamble section, the provision of the medical services detailed hereunder in this section will be subject to the **restrictive conditions** relating to previous medical conditions, as well as to the additional conditions and procedures detailed hereunder, such that the policyholder and the insured will be aware of the scope of the insurer's liability and the insured's rights in accordance with this policy.
- 1.3 The insurer will indemnify the insured for expenses incurred in obtaining the medical services detailed hereunder in this policy from the service providers with whom the insurer has an agreement and

solely from them other than if otherwise expressly stated. For the sake of avoidance of doubt it is clarified that obtaining the insurer's authorisation in cases in which authorisation is required is a fundamental condition to the liability of the insurer in accordance with this policy.

- 1.4 The insurer will be entitled at its discretion to make full or partial indemnity payments directly to the party that supplies the medical service to the insured or to make payment to the insured after having received original receipts.

2. Definitions for this section

- 2.1 **Hospital-** A medical institution which is recognised as such by the competent authorities in Israel and which operates solely as a general hospital.
- 2.2 **Scheme hospital-** A hospital having an agreement with the insurer for the provision of services in accordance with this policy.
- 2.3 **Emergency room-** A wing forming an integral part of a general hospital in which the insured stays prior to being admitted to the hospital and/or being released.
- 2.4 **Hospitalisation expenses-** All expenses for hospitalisation in a scheme hospital for a period exceeding 24 hours, for the medical treatment provided at the time of and during hospitalisation including surgeon's fees, anaesthetist's fees, emergency medical treatment expenses as well as expenses for medications and examinations provided and performed during the hospitalisation.
- 2.5 **Expenses other than during hospitalisation-** All expenses for the medical treatment provided to the insured other than during hospitalisation by service providers having an agreement with the insurer for the provision of services in accordance with this policy and which are stated in the second amendment to the Health Law, other than any expenses which are excluded in accordance with this policy.
- 2.6 **Doctor-** An individual qualified by the competent authorities in Israel or abroad to engage in medicine in Israel, whether as a primary doctor or as a specialist doctor.

- 2.7 **Scheme doctor-** A doctor who has an agreement with the insurer for the provision of services in accordance with this policy.
- 2.8 **Medical event-** An illness or accident which the insured sustains in Israel during the period of insurance other than an illness or accident which is excluded and/or limited in this policy. In the event of a previous medical condition, that stated in clause 12.3 of the general exclusions will apply.
- 2.9 **Medical emergency condition-** Circumstances in which the insured's life is in immediate danger or if there is an immediate risk that the insured will be rendered severely and irrevocably disabled if he is not provided with urgent medical treatment.
- 2.10 **Diagnostic clinic-** A clinic performing EG, EMG and audiology tests, which has an agreement with the insurer for the provision of services in accordance with this policy.
- 2.11 **Imaging clinic-** An x-ray, ultrasound, nuclear medicine, computerized tomography (CT) and echocardiography clinic, which has an agreement with the insurer for the provision of services in accordance with this policy.
- 2.12 **Insured event-** A medical event including an emergency medical event covered by this section.
- 2.13 **Basket of medications-** All of the medications included in the National Health Insurance Ordinance (Medications in the Health Service Basket) - 1995, as periodically amended which is in effect at the time of the occurrence of a medical event defined as an insured event in accordance with the policy.
- 2.14 **Pharmacy-** An institution authorised in accordance with legal provisions to sell and market medication to the general public, which has an agreement with the insurer for the provision of services in accordance with this policy.
- 2.15 **The conventional payment-** The payment, including guarantees or deposits, which the insured is required to pay for obtaining medical services as detailed in this policy and which is stated in the second amendment or the third amendment to the Health Insurance Law, or in a notification regarding conditions and payments provided by the government to individuals on the determining date in accordance with the Health Insurance Law or in the Health Fund Proposal in

accordance with clause 8(1A) of the Health Insurance Law which has been ratified in accordance with clause 8(2A) of the same law, and if various payments are stated in the said directives for the same service – the higher of them.

3. The insurer's undertaking

3.1 Level of medical service

The insurer undertakes to provide the medical services to the insured in respect of which the insured is entitled to receive in accordance with this policy for the coverage of his expenses in accordance with medical discretion, at a reasonable quality, within a reasonable period of time and at a reasonable distance from his place of residence or the place in which the insured event occurs, as conventional in the State of Israel.

3.2 Insured's card

The insurer will issue an insurance card to the policyholder for each insured covered which will contain identification details of the insured and the policyholder as well as the telephone number of the insured's call centre.

This card attached to a passport or official certificate bearing the insured's photo will be used to identify the insured and check his entitlement when receiving the service.

3.3 Call centre

The insurer undertakes to establish and operate a call centre that will be operational 24 hours per day, year-round, that will provide all of the necessary information and assistance to the insured parties and policyholders relating to the covers in accordance with this policy and in accordance with the definition of the "Call centre" in the preamble.

3.4 Obtaining medical treatment

3.4.1 If the insured requires medical treatment by a specialist, he must contact the call centre which will refer him to the nearest service provider to the place in which he is located.

- 3.4.2 In the event of an emergency medical condition the insured is permitted to proceed directly to a hospital and ensure that notification of the same is submitted as soon as possible to the call centre.
- 3.5 The insurer undertakes to pay the expenses connected to the medical event defined as an insured event even if extending beyond the period of insurance provided that the insured event occurs during the period of insurance, subject to the following limits of liability:
- 3.5.1 **Hospitalisation expenses** in a scheme hospital in Israel as defined above.
- 3.5.2 **Emergency room services** in any general hospital in Israel (and not solely in a scheme hospital), in any of the following cases: Any new fracture, severe dislodgement of a shoulder or elbow, an injury which needs to be unified by stitches or alternative unification means, breathing a foreign matter into the respiratory system, the penetration of a foreign matter into an eye, treatment of cancer, treatment of haemophilia, treatment of cystic fibrosis, treatment of dialysis patients, treating a woman who experiences labour pains, babies up to two months old due to sudden fever, transfer in an ambulance to an emergency room from the street or other public place due to a sudden event, referral concluding in non-elective hospitalisation, an emergency medical condition.
- 3.5.3 **Hospitalisation services** which are provided to the insured in a hospital as detailed in clause 3.5.2 above following arrival at the emergency room of the same hospital, if performed in the cases detailed in clause 3.5.2 above.
- 3.5.4 **Hospitalisation in a psychiatric hospital** or in a psychiatric department of a general hospital provided that it involves a medical emergency condition as defined above and for a period not exceeding 60 days.
- 3.5.5 **Expenses other than during hospitalisation** Medical expenses for a medical examination or examinations by a scheme doctor as defined above, laboratory examinations,

x-rays performed in a diagnostic clinic as defined and/or in an imaging clinic and medication as defined which is provided to the insured other than during hospitalisation, including the other medical services contained in this policy, via service providers having an agreement with the insurer in accordance with its directives.

3.5.6 Additional medical services

- A. Vaccinations against tetanus, rabies and diphtheria.
- B. Mantoux tests and lung x-rays.
- C. Wheelchairs and walking frames.

3.6 Medication

Medication which is purchase in accordance with the directives of a doctor and in accordance with a medical prescription, other than medication which is excluded in this policy and on condition that it is purchased in a pharmacy that has an agreement with the insurer as defined above.

<p>4. It is hereby noted and agreed that the insurer's limit of liability in accordance with this section will not exceed US\$ 100,000 for the period of insurance.</p>
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5. Directives for obtaining services in accordance with the policy

5.1 Primary healthcare

If the insured requires treatment by a general practitioner who is not a specialist or by a specialist in family medicine, internal medicine or gynaecology, he must contact the service centre which will refer him to the nearest service provider to the place in which he is situated without the need for the insurer's authorisation.

5.2 Non-primary healthcare

If the insured requires treatment by a specialist and/or obtained a written referral from a general practitioner to a specialist doctor, he must contact the service centre which will refer him to the nearest service provider to the place in which he is situated.

5.3 Medical clinics

If the insured requires an examination in an imaging clinic and/or in a diagnostic clinic as defined above and/or in a gastroenterology clinic and/or laboratory examinations, he must contact the call centre in order to receive authorisation to perform the aforementioned action or actions in the clinics which have an agreement with the insurer for the provision of services in accordance with this policy, this after having received a written referral from a primary doctor or a specialist doctor.

The authorisation or notification of the declinature to provide such authorisation will be provided within a reasonable period and within not more than 7 days of the request of the attending doctor (primary or specialist) and in any case the time it takes to issue the authorisation will not endanger the insured.

5.4 **Elective hospitalisation**

Determining the need for elective hospitalisation will be made by a primary doctor and/or specialist doctor treating the insured. The insured is obliged to obtain prior written authorisation from the insurer via the call centre for performing the aforementioned elective hospitalisation.

The authorisation or notification of the declinature to provide it will be provided within a reasonable period and within not more than 7 days of the request of the attending doctor (primary or specialist) and in any case the time it takes to issue the authorisation will not endanger the insured.

5.5 **Emergency room**

If the insured requires emergency room services in a general hospital in Israel as detailed clause 3.5.2 of Section A, he will be entitled to proceed to any emergency room without the need for any type of prior authorisation.

If the insured approaches an emergency room in any other situation, the insured will be obliged to submit a prior authorisation from his attending doctor (either primary or specialist).

5.6 **Pharmacies**

If the insured requires medication covered in accordance with this policy, he may obtain the medication with a medical prescription provided to him by a primary doctor and/or specialist doctor who has

an agreement with the insurer for the provision of services in accordance with this policy from a pharmacy that has an agreement with the insurer.

5.7 Deductible

The insurer is entitled to subject the provision of the services in accordance with this policy to the payment of the deductible by the insured in the conventional amount as defined in clause 2.15 in Section Aabove. The amount of the deductible will be equivalent to the conventionally applicable deductible amount on the date of obtaining the relevant service.

The deductible will be stated on the insured's card and if circumstances permit - will be paid prior to obtaining the service and will constitute a pre-condition for obtaining such service.

5.8 Proof of age

The insured is obliged to provide documentary proof of his date of birth to the satisfaction of the insurer. The insured's date of birth is a material fact in respect of which the duty of disclosure applies as stated in clause 2 of the aforementioned general conditions and in the event of the provision of an incomplete or dishonest reply or in the event of the withholding of facts in connection with the same, the directives of clause 2 to the general conditions above will apply.

6. Extensions (for an additional premium)

<p>These extensions are valid solely if purchased and stated expressly in the policy schedule.</p>

6.1 Extension of cover for road accidents

Notwithstanding that stated in exclusion 12.1.2 in the aforementioned general conditions section, if purchased and stated expressly in the policy schedule, the policy is extended to cover an insured event due to a road accident as defined in the Road Accident Victims Compensation Law – 1975.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.2 Extension of cover for work related accidents

Notwithstanding that stated in exclusion 12.1.3 in the aforementioned general conditions section, if purchased and stated expressly in the policy schedule, the policy is extended to cover an insured event due to a work related accident as defined in the National Insurance Law (Combined Version) – 1995, Section E and in the regulations enacted by virtue of the same.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.3 Extension of cover for hostile acts

Notwithstanding that stated in exclusion 12.1.4 in the aforementioned general conditions section, if purchased and stated expressly in the policy schedule, the policy is extended to cover an insured event due to a hostile act and/or hostile acts, per their definition in the Compensation for Victims of Hostile Acts Law - 1975.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.4 Extension of cover for an accidental occurrence related to pregnancy and childbirth complications

Notwithstanding that stated in exclusion 12.1.9 in the aforementioned general conditions section, if purchased and stated expressly in the policy schedule, the policy is extended to cover a sudden and accidental event during pregnancy up to the 30th week of pregnancy at the time of the event, including bed-resting during pregnancy, pregnancy and childbirth complications, extra-uterine pregnancy, miscarriage, curettage, premature childbirth up to the 30th week of pregnancy and emergency treatment of new born babies up to the end of the 30th week.

It is noted and agreed that after the 30th week of the pregnancy, no cover is valid for any matter connected and/or arising from

pregnancy and/or childbirth, furthermore, it is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.5 Extension of cover for groups arriving from abroad

Notwithstanding that stated in exclusions 12.1.5 and 12.1.6 in the aforementioned general conditions section, if purchase and stated expressly in the policy schedule, the policy is extended to cover:

6.5.1 An insured event which occurs during the course of water activities (on the seashore or in a swimming pool) on condition that it is part of the program of a group staying in Israel, authorised by the competent authorities and accompanied by a qualified instructor.

6.5.2 An insured event which is sustained by insured parties as cadets during the course of their participation in youth cadet corps' and/or IDF camps including activities connected to the operation of weapons, on condition that this activity is part of the program of a group staying in Israel, authorised by the competent authorities and accompanied by a qualified instructor.

6.5.3 An insured event which is sustained by insured parties connected to outings or excursions, subject to all of the following accumulative conditions:

6.5.3.1 Such outings or excursions are part of the program of a group staying in Israel.

6.5.3.2 The outings or excursions are authorised by the competent authorities such as the IDF and the Israel Police.

6.5.3.3 The outings or excursions are accompanied by qualified instructors.

6.5.4 An insured event which is sustained by the insured parties whilst engaging in sport on land, as detailed hereunder, on condition that it is part of the program of a group staying in Israel, authorised by the competent authorities and is accompanied by a qualified instructor:

Bungee jumping, mountain climbing in crevices and cliffs with the use of special equipment, entry into caves which do not constitute authorised tourists sites, abseiling, travelling in all-terrain vehicles, ice skating, skiing, motor races, bicycle races and any organised competitive sport.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.6 Extension of cover for an existing condition of ashtma, diabetes, juvenile diabetes and allergies (existing medical condition)

Notwithstanding that stated in exclusion 12.3 in the aforementioned general conditions section, if purchased and stated expressly in the policy schedule, the policy is extended to cover an insured event due to the treatment of asthma, juvenile diabetes and allergies, despite the fact that their existence was known to the insured prior to arriving in Israel, other than expenses for routine pharmacology treatment. For the sake of avoidance of doubt it is hereby clarified that this policy covers treatments connected to a malignant and/or chronic disease which is first discovered during the period of insurance.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.7 Extension of cover for rescue and evacuation in Israel

If purchased and stated expressly in the policy schedule, the policy is extended to cover expenses in respect of searching, location and rescue which are incurred or need to be incurred for the purpose of rescuing the insured in Israel following an insured event covered in accordance with the policy, up to a limit of liability of US\$ 50,000 for the period of insurance. For the sake of avoidance of doubt it is hereby clarified that the maximum limit of liability of the insurer for search, location and rescue expenses relates to all of the policy sections in the aggregate and not in respect of each section separately.

A precondition to this cover is the prior authorisation of the insurer or the call centre, including relating to the manner in which this cover will be provided and the parties which will be appointed for same will be decided on solely by the insurer or its call centre.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.8 Extension of cover for the insured's expenses due to returning to his home country prior to the planned date

If purchased and stated expressly in the policy schedule, the policy is extended to cover additional expenses which are actually incurred by the insured due to the return of the insured to his home country prior to the planned date, due to an insured event which is covered in accordance with the policy provided that a medical opinion has been issued which states that the insured should return to his home country prior to the planned date, up to a limit of US\$ 2,000.

It is hereby noted and agreed that the limit of liability of the insurer in accordance with Section A will not be altered by virtue of this extension.

6.9 Extension of cover for mental health problems and psychiatric or psychological hospitalisation and treatment

Notwithstanding that stated in clause 12.3 of the general conditions to the policy, and notwithstanding exclusion 12.1.13 therein, if purchased and stated expressly in the policy schedule, the policy is extended to cover the insured on the occurrence of an insured event by the payment of indemnity by the insurer and/or payment to the service provider by the insurer in respect of medical expenses for medical and pharmacology treatment for the insured's health condition arising from mental health problems which are diagnosed by a specialist doctor and which are determined to be crucial by him in the context of emergency treatment for the insured, up to the sum of US \$2,000.

Section B – Special expenses

The cover in this section applies in addition to the cover under Section A.

The insurer will pay special expenses incurred following a medical event defined as an insured event in Section A, as follows:

1. **Repatriation of corpse:** In the event of the death of the insured - expenses for the transfer of the corpse from Israel to the insured's home country will be paid up to a maximum sum of US\$ 5,000.
2. **Emergency dental treatment:** Emergency dental treatment performed in a dental clinic which has an agreement with the insurer, solely in the event that the insured is in need of such treatment as first aid, up to a maximum sum of US\$ 500 per annual period of insurance.
3. **Medical flight expenses:** If the insured, either personally or via his representative, requests to return to his home country due to an insured event and provided that the medical condition of the insured facilitates the flight although the need for medical involvement during the flight appears necessary, the insurer will pay the medical flight expenses of the insured from Israel to his home country **up to a maximum amount of US\$ 10,000, subject to the fulfilment of each of the following conditions:**
 - 3.1 **The insured is undergoing an emergency medical situation.**
 - 3.2 **The insured underwent surgery following which he remained hospitalised for a period of at least 3 days.**

The liability of the insurer in accordance with this cover is subject to receipt of the prior authorisation from the insurer and arranging the flight solely via the insurer.
4. **Expenses for accompanying parties:** The insurer will cover flight and accommodation expenses for a single accompanier for the insured (or the expenses for two accompaniers in the event that the insured is a minor), from the home country of the insured to Israel and/or from Israel to the home country of the insured, subject to the following conditions and limits, following the occurrence of an insured event sustained by the insured, **provided that one of the following conditions is fulfilled:**

- 4.1 The insured is undergoing an emergency medical situation.
- 4.2 The insured underwent surgery following which he remained hospitalised for a period of at least 3 days.

Flight expenses – expenses for the purchase of a flight ticket in economy class in a scheduled airline.

Accommodation expenses – expenses for accommodation only in a hotel will be covered (excluding meals, food and beverages and additional services) up to US\$ 100 per day for a single accompanier and not more than US\$ 150 per day for two accompaniers, up to a coverage limit not exceeding 5 days.

Section C – Accidental death insurance, death other than as a result of an accident and disability due to an accident

This section is valid solely if stated in the policy schedule and provided that an additional premium has been paid.

If the insured suffers an insured event as detailed hereunder during the period of insurance - the insurer will make indemnity payments as follows:

1. Death due to an accident

1.1 Definitions for this clause

- 1.1.1 **Accident** - Bodily injury which is sustained exclusively of any other causes due to an external, violent and accidental cause.
- 1.1.2 **Insured event** - The death of the insured as a direct and decisive consequence of an accident, which occurs during the period of insurance, on condition that the death occurs within 90 days of the date of the accident.
- 1.1.3 **Indemnity payments** - The insurer will pay compensation of US\$ 10,000 on the occurrence of an insured event to the beneficiary or, in the absence of a beneficiary - to the legal heirs of the insured.
- 1.1.4 If indemnity payments have been made to the insured due to the same insured event in respect of disability due to an

accident, in the event of the death of the insured the insurer will pay solely the difference, if applicable, between the amount in accordance with this clause and the amount paid as aforementioned in respect of disability.

2. **Death other than due to an accident**

- 2.1 **Insured event** - The death of the insured other than as a consequence of an accident as defined in clause 1.1 above, on condition that the death occurs within the period of insurance stated in the policy schedule and whilst the policy is fully valid.
- 2.2 **Indemnity payments** - The insurer will pay compensation of US\$ 4,000 on the occurrence of an insured event to the beneficiary or, in the absence of a beneficiary - to the legal heirs of the insured.

3. **Disability due to an accident**

3.1 **Definitions for this clause:**

Accident - Bodily injury which is sustained exclusively of any other causes due to an external, violent and accidental cause, provided that the insured does not die.

If the disability is aggravated by the affect of an illness or due to the deterioration of an illness which is not connected to the accident itself, the insurer will be liable solely if this affect was not the decisive cause of the insured's disability.

- 3.2 **Insured event** - Permanent disability of the insured due to an accident which is a direct and decisive consequence of the same accident, **subject to all of the following accumulative conditions:**

3.2.1 The accident occurs during the period of insurance.

3.2.2 The insured is still alive 90 days after the date on which the accident occurs.

3.3 **Indemnity payments:**

3.3.1 The insurer will pay the sum insured of US\$ 10,000 (hereinafter: "**the sum insured**" or "**the capital amount**") or part thereof, in accordance with the level of medical disability which is determined for the insured by a specialist doctor in the relevant field.

- 3.3.2 **Accumulative disability levels** - A total accumulative level of disability will be determined for an insured who suffers several disabilities each of which in respect of he is entitled to a disability percentage in accordance with this appendix.
- 3.3.3 For the sake of avoidance of doubt, the insurer will not pay and the insured will not be entitled to a total amount exceeding 100% of the disability sum insured due to an insured event, regardless as to whether a lump-sum is paid due to the total disability of the insured or whether it is paid in instalments due to a number of claims for partial or accumulative disability. The amount payable will be calculated as a percentage of the full sum insured in respect of this appendix. As soon as the total amounts payable by the company in accordance with this appendix equals the full sum insured, the validity of this appendix will expire.

4. **Under no circumstances will the total amount payable in respect of the covers in accordance with this section exceed US\$ 10,000.**
5. **The cover in accordance with this section will apply solely from the moment that the insured leaves the aircraft when he arrives in Israel and until he leaves Israel and this is subject to the definition of the period of insurance in the definitions clause in the preamble section.**
6. Exclusions to this section (applicable in addition to the exclusions in the general conditions section):
The insurer will not be liable in accordance with this section if the death or disability is caused directly or indirectly by or due to:
- 6.1 The insured's participation in criminal activity.
 - 6.2 The insured flying in any type of aircraft other than if the insured flies in a civil aircraft authorised to carry passengers.
 - 6.3 The active participation of the insured in underwater diving, skydiving or hunting.
 - 6.4 The use of weapons.
 - 6.5 Intentional self-endangerment, other than self-defence and lifesaving.

- 6.6 Engaging in military or pre-military land, sea or air training or activities of any type.
- 6.7 Suicide or attempted suicide, insanity, sexually transmitted diseases, hernia, cubital tunnel syndrome and sportspersons' hernia, back pain and bodily injury that the insured intentionally brought upon himself.
- 6.8 Medical treatment or surgery other than if the treatment is crucial due to an insured event, bodily defect, illness, contamination, mental illness, brain, cerebral or nerve concussion which is not accompanied by bodily injury, defects to varicose veins or cell tissues or complications arising due to them, sunstroke or thermal injuries. This exclusion will not apply if the illness or the bodily impediment was not the decisive cause of the disability or death of the insured.
- 6.9 Ionising radiation, radioactive contamination from any type of nuclear fuel or nuclear waste and/or due to any belligerent nuclear material or from the burning of nuclear fuel. "Burning" means - any process of self-sustaining nuclear fission.
- 6.10 Strikes and riots in which the insured actively participated.
- 6.11 The disappearance of the insured will not be considered to be death due to an accident unless the period of his disappearance exceeds 90 days.