



Dear customer,

You are certainly aware of the importance of complete health insurance during your stay in Israel. Please fill in the application form and we will prepare your personalized magnetic insurance card and make sure that you are insured from the moment you land in Israel.

Complete Health Care – By AYALON - Insurance Co.

“Atid Bari”, an insurance agency based in Israel (www.israelinsurance.net) has been able to put together a comprehensive package for complete health care for tourists, visitors and Yeshiva students from overseas who come to visit Israel.

Includes:

- ❖ Complete doctor care including night house calls – with no deductible!
- ❖ Medical care in over 400 Leumit clinics nationwide
- ❖ Hospitalization coverage throughout Israel.
- ❖ Emergency Room visits.
- ❖ All Prescription medicine Free! – no deductible
- ❖ 24 Hour Medical Hotline, for specialists in any field.
- ❖ Special Benefit – First Aid Dental Insurance

And more...

And all this coverage for a low price of – \$1 a day

Please fill in the accompanying forms and send them to “Atid Bari” in one of the following three ways:

1. Fax to “Atid Bari” at: **972-3-6399596**
2. Mail forms to: “Atid Bari” / 2 Yegiyah Kapayim St. / Tel Aviv / 67778 / Israel
3. You can also scan in and send the forms by e-mail to atidbari@zahav.net.il

Please keep the following information handy for your stay in Israel:

- For more information, check out our website: www.israelinsurance.net
- In Israel, for appointments with specialists or questions about the clinic nearest to you, please call the Insurance Center: 1800-606464 - 24 hours a day!
- To verify the forms were received, or to extend your coverage, or for signing up or processing questions, please feel free to e-mail atidbari@zahav.net.il or call the “Atid Bari” Office number: **03-6399990** 9 AM – 4 PM Sunday-Thursday. (For emergencies – 24 hours: Eitan 050-5212464)
- Critical questions can be sent to Michael Nadel as well, at mediart@012.net.il

**PROPOSAL FORM FOR FOREIGN NATIONALS MEDICAL INSURANCE, HEALTH
DECLARATION AND WAIVER OF MEDICAL SECRECY**

מס' סוכן: _____

I hereby request to insure myself:

(dd/mm/yy)

From ___/___/___ **until** ___/___/___ ,
(optional) - **& from** ___/___/___ **until** ___/___/___ .

First Name: _____ Family Name: _____

שם פרטי (עברית): _____ שם משפחה (עברית): _____

IMPORTANT: Passport No: _____ Nationality: _____

Date of birth: _____ Sex: M/F Personal Status: S / M / D / W

Contacts in Israel

No	Family Name	First name	Telephone No.
1			
2			

Address in Israel: _____

City Street No. Zip Code

Address to send card: _____

City Street No. Zip Code

Phone no. in Israel _____

Mobile phone: _____

Address abroad _____ City: _____ Street: _____

Home phone no. abroad: _____ Name of Doctor: _____

Hospitalization and prior diseases abroad: _____

WAIVER OF MEDICAL CONFIDENTIALITY

I hereby release the hospitals and the physicians from their obligation concerning medical confidentiality, and I empower them to furnish Ayalon Insurance Company Ltd all the data required by the latter, and undertake to cause that a similar power of attorney be given by each of the forgoing persons.

I hereby agree to release the waiver of confidentiality.

Signature

Date

