

Proposal for Life and/or Homeowners' Insurance – Mashkanta Netto – Exceeding NIS 1.5 Million – Complete Statement of Health

(this form applies to men and women equally)

Up to NIS 1.5 Million – Statement of Health – Short Form is sufficient

NIS 1.5 Million or more – Complete Statement of Health is required

➤ Agent's details					
Life insurance	Agent	Agent No.	Supervisor	Supervisor No.	Policy No.
Property insurance	Agent	Agent No.	Supervisor	Supervisor No.	Policy No.

Did you remember to attach - Proposal Generator Form Bank Form (according to list)

 Agent's telephone no. for inquiries

I/We the undersigned, the Proposed Owner/Proposed Insured of the policy, hereby apply to Phoenix Insurance Company Ltd (hereinafter, "Phoenix") to join the following insurance plan/s:

➤ Details of the Policy Owner		☑ Primary Insured	
Billing method:	<input type="radio"/> Standing bank order <input type="radio"/> Credit card	Method of payment:	Date of commencement of insurance

➤ Details of Primary Insured		➤ Details of Second Insured	
Surname	First name	Surname	First name
ID No.	Date of birth	ID No.	Date of birth
M <input type="radio"/> F <input type="radio"/>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed _____ children	M <input type="radio"/> F <input type="radio"/>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed _____ children
Sex	Personal status	Sex	Personal status
Kupat Holim	Primary physician	Kupat Holim	Primary physician
Kupat Holim Clinic Address		Kupat Holim Clinic Address	
Profession	Occupation / Hobby	Profession	Occupation / Hobby
Dangerous hobbies (scuba diving, wind- gliding, surfing, para-diving, etc.). Use list in Occupational Guide.		Dangerous hobbies (scuba diving, wind- gliding, surfing, para-diving, etc.). Use list in Occupational Guide.	

Address	Telephone No.	Cellphone	email
Please use this address for sending any mail from The Phoenix Insurance Company Ltd or The Phoenix Pension and Benefits Ltd. Please mark as appropriate: <input type="radio"/> Yes <input type="radio"/> No			
I hereby grant my consent to you and your related companies to receive any and all information and notices to the email address noted in this form, including information that has been sent to me until now by ordinary mail, and including advertising as defined in the Communications Law (Bezeq and Services) 5742-1982.			
I acknowledge that I may notify you in writing at any time of my desire to have my name removed from the mailing list with respect to information sent by email. Please mark as appropriate: <input type="radio"/> Yes <input type="radio"/> No			

<input type="radio"/> No <input type="radio"/> Yes, provide details	Does your lifestyle entail any special risks that are not related to your declared profession or hobby?	<input type="radio"/> No <input type="radio"/> Yes, provide details
<input type="radio"/> No <input type="radio"/> Yes, complete a Questionnaire for Pilots	Do you have a pilot's license/ Are you a flight crew member or do you plan to use other than civil aviation lines when you fly?	<input type="radio"/> No <input type="radio"/> Yes, provide details
<input type="radio"/> No <input type="radio"/> Yes, provide details	Have you received a life insurance proposal in the past, or is a proposal now being submitted to The Phoenix?	<input type="radio"/> No <input type="radio"/> Yes, provide details
<input type="radio"/> No <input type="radio"/> Yes, complete an Information from Insurance Companies Questionnaire.	Have you received insurance proposals from other insurance companies?	<input type="radio"/> No <input type="radio"/> Yes, provide details

Process in Green Track for new loans only (policy will be delivered to the Client upon receipt of mortgage)

Life Insurance

➤ Insurance amounts to cover loans in which principal and interest are repaid in consecutive equal installments (Spitzer amortization table)

Details of the loan	Loan No. 1	Loan No. 2	Loan No. 3	Loan No. 4
Loan No. (recommended)				
Insured amount (based on Generator results)				
Insurance term (number of years remaining until mortgage is repaid)				
Annual interest rate and interest track	Fixed interest ___% Variable interest ___%	Fixed interest ___% Variable interest ___%	Fixed interest ___% Variable interest ___%	Fixed interest ___% Variable interest ___%
Loan maturity date				

*For variable interest, Prime rate, LIBOR rate and similar loans, policies shall define a minimum interest rate of 6% or any other interest rate defined by the Company on the policy issue date.

➤ Insurance Track

- Fixed premium mortgage insurance (Basic – 516, Additional – 536)
- Variable premium mortgage insurance (Basic – 628, Additional – 629)

➤ Fixed insurance amounts to cover loans where payments are made on the interest, and principal is repaid at the end of the loan term (Bullet, balloon, standing principal, grace, etc.)

- Risk I (510) NIS _____ for a period of _____ years for Loan No. _____

➤ Details of Bank (if more than one bank, complete information in a second table)

Name of Lender – Irrevocable beneficiary		Branch No. / Name	
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Homeowners' Insurance

➤ Proposal for Homeowners' Insurance subject to mortgage terms

Insured	Proposal for		ID No.
Details of Insurance	NIS _____		
	Insurance amount for building (Total. Do not enter mortgage amount less land value.)	From _____ [date]	Renewable annually on the terms defined for a period of _____ years
Description of the Proposed Insured Building	Address		_____ sqm.
			Area
	The apartment is on the ____ floor of ____ floors	The building is constructed of:	The roof is constructed of: The building is used for:
Water damage services	<input checked="" type="checkbox"/> By a service provider on behalf of the insurer <input type="checkbox"/> Selected by the Insured (additional premium will be charged)		
Insurance and damage history			

➤ Details of Bank / Mortgage Company

I.	NIS	2.	NIS
Lien in favor of	Lien amount	Lien in favor of	Lien amount

The policy is designated for the term of the loan term against the mortgage and is accordingly renewable on an annual basis (at the election of both parties). The insurer may notify the insured in advance of its desire to modify the terms of the policy, under a permit by the Commissioner of Insurance

➤ Nomination of Beneficiaries

For the Primary Insured

Upon the death of the Insured	Name	ID No.	Date of birth	Address	Sex	Relationship	Share

Upon the death of the Insured	Name	ID No.	Date of birth	Address	Sex	Relationship	Share

Statement of Health

Up to NIS 1.5 Million -- Statement of Health – Short Form is sufficient
 NIS 1.5 Million or more – Complete Statement of Health is required

If you have information or details in addition to the following questionnaire (or subsequent questionnaires), you must provide the information on a separate page.

I hereby declare the following about my state of health.

1. Primary Insured: Height _____ Weight _____ Second Insured: Height _____ Weight _____

For women: Are you pregnant?	Primary Insured	Second Insured
Has there been any involuntary change in your weight of more than 10% in the past 12 months?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
2. Has anyone in your family (parents, children, siblings) suffered from: hypertension, heart disease, diabetes, cancer, mental illness, suicide attempts, or death prior to age 65 due to a medical condition?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Primary Insured: If yes, specify age: _____ Relationship _____ Disease or cause of death _____		
Second Insured: If yes, specify age: _____ Relationship _____ Disease or cause of death _____		

3. Do you now have or have you had in the past temporary or permanent disability, congenital defect, or any bodily injury or handicap?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
4. Have you taken or do you now take medications or receive medical treatment?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Primary Insured: If yes, specify medication: _____ Dosage _____ Medication _____ Dosage _____		
Second Insured: If yes, specify medication: _____ Dosage _____ Medication _____ Dosage _____		
5. Have you had surgery in the past or are you a candidate for surgery or have you been advised to undergo surgery in the future?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Primary Insured: If yes, specify date: _____ Length of hospitalization _____ Cause for hospitalization/surgery _____		
Second Insured: If yes, specify date: _____ Length of hospitalization _____ Cause for hospitalization/surgery _____		
4. Have you used or do you now use drugs of any kind?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
5. Do you consume alcoholic beverages?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Primary Insured: If yes, specify number of shots per day/week		
Second Insured: If yes, specify number of shots per day/week		
7. Do you smoke or have you smoked in the past?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Primary Insured: If yes, specify number of daily cigarettes: _____ Length of smoking (in years) _____		
Date stopped smoking (for former smokers) _____		
Second Insured: If yes, specify number of daily cigarettes: _____ Length of smoking (in years) _____		
Date stopped smoking (for former smokers) _____		
8. Have you ever suffered / do you now suffer from the following illnesses or symptoms or have you been treated/ are you now being treated or under observation for: If you answer yes to any of the following, please complete the Special Purpose Questionnaires.		
a. Cardiac and cardiovascular disease: arrhythmia, heart defect, chest pains or pressure, a heart attack, impaired blood flow to the outer extremities, cardiomyopathy, congestive heart failure, thrombosis, hypertension, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
b. Do you have a pace maker or stent implant?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
c. Malignant illness or cancerous tumor?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
d. Kidney, venereal and urinary tract diseases: stones, recurrent infections, reflux, cysts, urinary incontinence, insufficiency, dialysis, blood and/or protein in urine, enlarged prostate, testicular problem, fertility problems, gynecological problems (leiomyoma of the uterus, uterine fibroid, spontaneous abortion), syphilis, Aids patient, HIV positive, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
e. Skin diseases: Psoriasis, allergies, skin lesions that do not heal, ringworm, cysts, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
f. Metabolic diseases: Diabetes, juvenile diabetes, complications of diabetes, hyperlipidemia, Familial Mediterranean fever (FMF), gout, other metabolic or hormonal diseases	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
g. Diseases of the liver, jaundice, gall bladder, pancreas, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
h. Allergies and diseases of the lungs or respiratory tract: Asthma, emphysema, chronic occlusive pulmonary disease (COPD), prolonged cough, recurrent pneumonia, tuberculosis, hemoptysis, cystic fibrosis, apnea, allergies, apnea, allergies, other respiratory diseases?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
i. Sensory system diseases: Blindness (full or partial), poor vision, glasses, cataract, glaucoma, retinal detachment, hearing loss, deafness, balance problems, other vision and hearing diseases? Main insured: If you wear glasses, please state the diopter numbers: Left _____ Right _____ Second insured: If you wear glasses, please state the diopter numbers: Left _____ Right _____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
k. Circulatory and immune system diseases: Anemia, polycythemia, blood clotting, spleen, immune system problems, lupus, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
l. Motion and skeletal system diseases: Back and spinal pain, herniated disk, joint diseases, arthritis, osteoporosis, fibromyalgia, muscles, tendons and bones, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
m. Mental Problems and diseases of the nervous system: Alzheimer's, Parkinson's, multiple sclerosis, paralysis, brain stroke, epilepsy, dizziness, fainting, chronic headaches, dementia, mental disorders, attempted suicide, other?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Primary Insured: If yes, specify test: _____ Date _____ Diagnosis _____		
Second Insured: If yes, specify test: _____ Date _____ Diagnosis _____		
Were the results normal? Please attach test results	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
l. Did or do you have any other medical conditions than those listed above?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
m. Have you felt completely healthy and fully able to work in the past 12 months?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

➤ Standing Payment Order (Life Insurance)

Att:					
	Bank	Branch	Account No.	Account type	Branch code
			611		
	Branch address		Institution code	Reference No. (Client's Identification No. with the Company)	

1. I/We the undersigned

Name of account owners appearing in bank records			ID No./PC No. of Account owner		
Address	Street	No.	City	Zipcode	

hereby instruct you to charge my/our account in your branch in respect of premiums, in amounts and on dates as furnished to you from time to time on magnetic media or records by The Phoenix Insurance Company Ltd, as specified below in Details of Order.

2. I/We hereby acknowledge as follows:

- This Order may be cancelled by my/our notice to the Bank and to The Phoenix Insurance Company Ltd, to come into effect one business day subsequent to the date of notice to the Bank, and may be cancelled under the provisions of law.
 - I/We may cancel a specific charge in advance, provided that notice of such cancellation is furnished by myself/ourselves to the Bank in writing, at least one business day prior to the billing date.
 - I/We may cancel a specific charge, no later than 90 days after the payment date, if I/we prove to the bank that the charge is inconsistent with the dates or accounts defined in the Standing Order, if defined.
- I/We acknowledge that it is my/our responsibility to arrange the details in the Standing Order and the completion thereof with The Phoenix Insurance Company Ltd.
 - I/We acknowledge that the payment amounts under this Order will appear on bank statements, and no special notice in respect of said charges shall be sent to me/us by the Bank.
 - The Bank will act in accordance with the provisions of this Order provided that the state of the account so permits, and provided that no legal or other impediment exists.
 - The Bank may remove me/us from the arrangements as detailed in this Standing Order for any reasonable cause, and shall notify me/us immediately of such decision, specifying the cause.
 - Please use the attached portion of this Order, addressed to The Phoenix Insurance Company Ltd, to confirm the receipt of these instructions from me/us.

Details of Order: Payment amount and date will be determined by The Phoenix Insurance Company Ltd from time to time, according to the terms of the policies, and the appendices and linkage terms thereof.

Date		Signature of Account Owner
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➤ Bank Confirmation

Att:				
Phoenix Insurance Company Ltd	Account No.	Account type	Branch code	Bank code
POB 25333	611			
Tel Aviv 61253	Institution code	Reference No. (Client's Identification No. with the Company)		

We have received instructions from _____ to honor charges in amounts and on dates as appear on magnetic media or records presented to us by you from time to time, on which the account number of the above appears pursuant to the Standing Order. We have recorded the instructions and shall act in accordance to these instructions provided the state of the account permits us to do so, and provided that no legal or other impediment exists to prevent the execution of these instructions, and provided that we have received no cancellation instructions in writing by the account owner/s, and provided that the account owner/s has/have not been removed from the arrangement. This confirmation shall have no adverse affect on your liabilities toward us pursuant to the Indemnification Letter signed by yourself.

Date	Bank	Branch No.	Signature and Stamp of Bank
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➤ Auxiliary Table - Loan Details – Life Insurance

Details of the loan	Loan No. 1	Loan No. 2	Loan No. 3	Loan No. 4
Type of information known	Original data/balance data	Original data/balance data	Original data/balance data	Original data/balance data
Original amount/balance (including linkage differentials, arrears, etc)				
Original date / balance date				
Original term/ outstanding term				
Maturity date				
Interest	Fixed interest ___% Variable interest ___%	Fixed interest ___% Variable interest ___%	Fixed interest ___% Variable interest ___%	Fixed interest ___% Variable interest ___%

➤ Order of Payment (Homeowners' Insurance)

Att:					
Bank	Branch	Account No.	Account type	Branch code	Bank code
Branch address		511			
		Institution code	Reference No. (Client's Identification No. with the Company)		

1. I/We the undersigned

Name of account owners appearing in bank records		ID No./PC No. of Account owner		
Address	Street	No.	City	Zipcode

hereby instruct you to charge my/our above account in your branch in respect of premiums, in amounts and on dates as furnished to you from time to time on magnetic media or records by The Phoenix Insurance Company Ltd, as specified below in Details of Order.

2. I/We hereby acknowledge as follows:

- This Order may be cancelled by my/our notice to the bank and to The Phoenix Insurance Company Ltd, to come into effect one business day after to the date of notice to the bank, and may be cancelled under the provisions of law.
 - I/We may cancel a specific charge in advance, provided that I/we deliver notice of such cancellation to the bank in writing, no less than one business day prior to the billing date.
 - I/We may cancel a specific charge, no earlier than 90 days after of the billing date, if I/we prove to the bank that the charge is inconsistent with the dates or accounts defined in the Standing Order, if defined.
- I/We acknowledge that it is my/our responsibility to arrange the details in the Standing Order and the completion thereof with The Phoenix Insurance Company Ltd.
 - I/We acknowledge that the payment amounts under this Order will appear on bank statements, and no special notice with respect to said amounts shall be sent to me/us by the bank.
 - The bank will act in accordance with the provisions of this Order provided that the state of the account so permits, and provided that no legal or other impediment prevent it from doing so.
 - The bank may remove me/us from the arrangements as detailed in this Standing Order for any reasonable cause, and shall notify me/us immediately of such decision, specifying the cause.
 - Please use the attached portion of this Order, addressed to The Phoenix Insurance Company Ltd, to confirm the receipt of these instructions from me/us..

Details of Order: Amount and date will be defined by The Phoenix Insurance Company Ltd according to the terms of the policies, their addenda, and their terms of linkage.

Date		Signature of Account Owner
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➤ Bank Confirmation

Att: Phoenix Insurance Company Ltd POB 25333 Tel Aviv 61253				
	Account No.	Account type	Branch code	Bank code
	511			
	Institution code	Reference No. (Client's Identification No. with the Company)		

We have received instructions from _____ to honor charges in amounts and on dates as appear on magnetic media or records presented to us by you from time to time, on which the account number of the above appears pursuant to the Standing Order. We have made a record of these instructions and shall act in accordance to these instructions provided the state of the account permits us to do so, and provided that no legal or other impediment exists to prevent the execution of these instructions, and provided that we have received no cancellation instructions in writing by the account owner/s, and provided that the account owner/s has/have not been removed from the arrangement. This confirmation shall have no adverse effect on your liabilities toward us pursuant to the Indemnification Letter signed by yourselves.

Date	Bank	Branch No.	Signature and Stamp of Bank
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➤ **Declarations/ Authorization for Release of Medical Information**

1. I/We the undersigned, the Insured, apply to The Phoenix to join the plan described in this Proposal. I/We hereby declare, acknowledge and undertake as follows: (1) All the responses contained in the Proposal and the Statement of Health are true and complete, and are made of my/our own free will; (2) The responses in the Proposal and the Statements of Health, and any other information conveyed to The Phoenix, and the accepted terms in this matter, shall constitute as the fundamental terms of the agreement between us, and constitute an integral part thereof. I/We am/are unaware of any additional material issue which could be considered by you as cause to reject the Proposal; (3) You have the discretion to decide whether to accept or reject the Proposal and are not obligated to justify or explain your decision. I/We acknowledge that the insurance agreement comes into effect only after The Phoenix issues authorization in writing of acceptance of the Proposed Insured, and after the first premium has been paid in full; (4) My/Our responses and/or information conveyed to you will be stored in a database pursuant to the provisions of the Law for the Protection of Privacy 5741-1981 and shall be used for the purpose of the insurance and service by Phoenix.
I/We undertake to inform you of any change in my/our personal details.
2. Declaration concerning work disability coverage: If work disability coverage is requested, I/we, the Proposed Insured, hereby declare that the sum of the requested monthly workers' benefits and the monthly compensation insured by other insurers does not exceed 75% of my average monthly salary in the previous year. I/We furthermore acknowledge that I am/we are obligated to notify The Phoenix of any change in my profession, occupation or hobbies that occur during the insurance term.
3. I/We the undersigned agree that The Phoenix shall provide to me, at my request in the future, information and services on the internet and/or alternative communication media ("communication channels"), and that I/we may be able to perform operations through communication channels. I am/We are aware that the receipt and/or provision of services and/or information through communication lines may involve faults and malfunctions.
4. I/We the undersigned hereby grant permission to the Kupat Holim and/or its other medical staff and/or medical institutions and/or branches and/or IDF authorities and/or the Police and to all physicians, medical institutions and other hospitals and to the National Insurance Institution and/or to any other institution or insurance company or other entity to disclose to The Phoenix and/or The Phoenix Pension Fund and Benefits Management Ltd (hereinafter, "the Applicant") all the details required to clarify the rights and obligations under this policy, and in a manner which is requested by the Applicants, regarding the state of my health/and or any illness from which I/we have suffered in the past and/or from which I/we currently suffer and/or will suffer in the future, and I/we hereby release you and all the physicians and/or other medical employees and/or institutions and/or branches from the obligation to maintain medical confidentiality concerning the state of my health and my medical conditions as noted above, and I hereby waive this confidentiality toward the Applicant, and I will have no claim or demand of you of any kind with reference thereto. This Waiver applies to myself/ourselves, my estate and my legal representatives and anyone acting on my behalf.
5. The Phoenix may disclose the information to the legal entities of The Phoenix and to the primary insurance agent.

Date	Signature of Policy Owner	Signature of Primary Insured	Signature of Second Insured

➤ **Nomination of Agent as Agent of the Policy Owner/Insured**

Pursuant to Section 33 of the Insurance Contract Law 5741-1981, the agent is deemed to be the agent of the Insured. Pursuant to your written demand, you may nominate the agent as your agent, at your sole discretion. Please sign an application of the form provided in the Insurance Contract Law 5741-1981.
I/We the undersigned nominate the insurance agent whose name appears on this Proposal as my/our agent in the matter of negotiations toward entering into an insurance agreement, and in the matter of entering into an insurance agreement with The Phoenix.

Date	Signature of Policy Owner	Signature of Primary Insured	Signature of Second Insured

➤ **Authorization of Special Conditions for Acceptance**

I/we hereby authorize the issue of the insurance policies including the medical supplements, provided that the monthly premium included in the policy does not exceed 50% of the premium of the policy without the supplements and/or restrictions and/or a 6-month waiting period for work disability (instead of 3-month waiting period). Nothing in this authorization shall derogate from my obligation to disclose information and provide true and complete responses.

Date	Signature of Policy Owner	Signature of Primary Insured

➤ **Authorization of Agent**

I affirm that I asked all the questions appearing above to the Proposed Insured and Proposed Policy Owner, and his/her/their responses above were conveyed to me personally.

Date		Agent's Signature