

Request to Cancel/Shorten Insurance Policy

This form is intended for men and women alike.
Please be sure to complete the form accurately and completely.

To:
Yedidim, Insurance Agency
12 Hahilazon St. 8th Floor, Ramat-Gan
Fax: 03-6874534 e-mail: y_health@yedidim.co.il

A	Details of the Policy		
	Policy no.	Name of the Insured	
	Passport no.	I, the undersigned, hereby request: <input type="checkbox"/> To cancel the above-mentioned policy from its beginning date. <input checked="" type="checkbox"/> To shorten the insurance period of the above-mentioned policy to the date ___/___/___	
	It is known to me that: 1. In the case of a request for cancellation, the condition for a refund of money due to the request to cancel a policy is that the request for cancellation reach the office of the Insurer before the beginning date of the insurance under the policy. 2. In the case of a request to shorten the insurance period (cessation of the insurance before the end of the insurance period in the policy), the refund of money will be from the date of receipt of this request at the office of the Insurer or the date specified above, whichever is later. 3. Those permitted to request cancellation of the policy: a. Regarding foreign workers insurance, the request will be completed and signed by the employer alone. b. Regarding tourists, foreign students & scientists insurance, the request will be completed and signed by the Insured only.		

B	Details of the Applicant		
	Last name	First name	
	ID number	Date of request	
	It is known to me that: 1. In the case of a request for cancellation, the condition for a refund of money due to the request to cancel a policy is that the request for cancellation reach the office of the Insurer before the beginning date of the insurance under the policy. 2. In the case of a request to shorten the insurance period (cessation of the insurance before the end of the insurance period in the policy), the refund of money will be from the date of receipt of this request at the office of the Insurer or the date specified above, whichever is later. 3. Those permitted to request cancellation of the policy: c. Regarding foreign workers insurance, the request will be completed and signed by the employer alone. a. Regarding tourists, foreign students & scientists insurance, the request will be completed and signed by the Insured only.		

	<input type="checkbox"/> In the case of a policy paid by credit, the credit account will be credited. <input type="checkbox"/> In the case of policy paid by another means of payment – a check will be sent to the address specified below:			
	Street	No.	City	Zip code

Date: _____

Signature of applicant:  _____