

## Prolong collective health insurance policy- Weizmann Institute of Science

To: Harel Insurance Company

Dear Sir/Madam,

I hereby request to extend my health insurance policy: (Please fill a form for each family member)

Daily premium:

- Children up to age 3: \$3.57 per day
- Age 4 – 65: \$3.34 per day
- Age 66 – 75: \$3.60 per day

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Gender: M/F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Faculty/Department \_\_\_\_\_

Current Clalit Membership Number: \_\_\_\_\_

Applicant Address In Israel \_\_\_\_\_

Period of the insurance: From: \_\_\_\_\_ To \_\_\_\_\_ Max period-365 days

Previous policy was paid via: **bank authorization / credit card** (please circle the relevant answer)  
If it was paid via credit card please also enclose payment form (previous form cannot be reused)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a family member of a student / scientist / guest of the institute, please complete the fields below:

Main Guest Name (student/postdoc): \_\_\_\_\_

Relationship to Main Guest: Spouse:  Child: