

Guidelines for Filing a Claim for Medical Expenses in Israel Foreign Residents Policy

The form covers both men and women.



Dear Insured,

In order for us to process your claim in an organized and expedited manner, please complete the attached questionnaire and attach the relevant documents to the claim.

Guidelines for filing a claim for medical expenses in Israel

What I should do

You should complete and send us the claim form, along with the details specified below.

Documents needed

1. Medical report from the treating physician including reason for the referral, disease history and diagnosis.
2. Full and complete bank account details and beneficiary details.
3. Please attach receipts of payment.

What will happen

Once the form and requested documents are received, we will review your eligibility for insurance coverage, subject to the terms of the policy and its definitions.

If everything is clear

We will approve your eligibility for a monetary reimbursement in the amount of the reimbursement set forth in the policy per coverage and reduce the deductible set forth in the policy.

If any clarification will be required

You may need to issue the company with additional documents or details of any kind. In these cases, you will be sent a written notice / request.

If you are found to be ineligible for coverage / compensation in accordance with the policy

You will be sent notice with an explanation of the reason for your ineligibility to compensation, once we have all documents and information required to resolve the claim.

A written response will be sent to the Insured within 30 days from the date of receipt of all necessary documents.

We would like to emphasize that the Company may request any additional details or documents after receiving the documents specified above.

We thank you in advance for your cooperation in obtaining the aforementioned information and documents, to advance processing of the claim.

Please note

The filing of the claim form does not extend the period of limitations set forth by law.

Sincerely,

Foreign Residents Claims Department
Harel Insurance Company Ltd.

3 Abba Hillel Street, POB 10952, Zip Code 5252202

tviozts@harel-ins.co.il

03-7348081

Upload documents via SMS - 052-3236960



Claims Submission Form Health - Foreign Residents

The form covers both men and women.
Please accurately and completely complete this form.



Dear Insured,

In response to your query to Harel Call Center on how to file a claim for medical expenses in Israel, below are our instructions. Please make sure to accurately complete the form and help us to quickly and efficiently serve you.

A Personal Details

Last name	First name	Passport number	
Clalit/Maccabi Member No.	Cell Phone No.	Date of Birth	
Address in Israel - Street	House No.	Town	Zip Code
Email address to receive mail / information and any other document (including those that include sensitive information)			

B Provider selection

<input type="checkbox"/> Policy No.	Where policy was purchased
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C Description of the Event

Please provide as accurate and detailed description as possible of the event	
.....	
.....	
.....	
Date of entry into Israel	Date of the event

D Itemization of components of the claim

Date of treatment	Type of expense (doctor, medication...)	Amount in NIS
Date of treatment	Type of expense (doctor, medication...)	Amount in NIS
Date of treatment	Type of expense (doctor, medication...)	Amount in NIS
Date of treatment	Type of expense (doctor, medication...)	Amount in NIS
Date of treatment	Type of expense (doctor, medication...)	Amount in NIS

E

Did you suffer from a preexisting disease? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please specify



F Method of payment of the claim

Payment will be received through bank transfer only. List the bank account details:

Country (if not a bank in Israel, please attach a photocopy of a check / confirmation of management of an account)

Name of bank Name of branch

Branch number Account number

Account currency

Swift code

Routing number / Iban

Please note - if your claim for monetary reimbursement is for over NIS 15,000 or to a bank overseas, please attach a photocopy of a check or bank confirmation of the account details. If the Insured is a minor, please send a letter signed by both parents that lists the method of payment required and the details of the Insureds along with a photocopy of the ID of the beneficiaries.

G Appointment of an agent

I hereby permit my insurance agent in the policy Mr./Ms. to handle on my behalf and for me any matter pertaining to this claim including submitting to Harel and receiving from Harel on my behalf and for me all correspondences and/or documents related to the claim and to serve as my messenger in every respect pertaining to this claim.

Date: Name - Last Name: Passport no.:

Signature of the Insured: 

H Sending advertising material**a. Notification regarding receiving advertising material from the Company:**

The information you provided will be used for sending advertising material by the Company via email, automatic dialing system (autodialer) or text messages (SMS).

You may unsubscribe at any time at: <https://www.harel-group.co.il/t/QMUYBS>; unsubscribe1@harel-ins.co.il; by dialing *2735; or through the QR code below:

**b. Consent to receive additional advertising material:**

☐ In addition to advertisements that the Company may send me based on my aforementioned notice, I also wish to receive advertising material about services and products from all Harel Group companies, their business partners and third parties, by email, autodialer or SMS.

*Harel Group - Harel Insurance Investments & Financial Services Ltd. and its subsidiaries.

Please note - a failure to mark your preference will not be considered a refusal to receive advertising material from the Company (as detailed in Section A above) and it does not invalidate any prior consent. You may change your mind regarding your consent at any time.

I Privacy

Harel Insurance Company Ltd. and Harel Pension and Provident Ltd. ("Harel") collect information for the purpose of enrollment in products, providing services, operation and management of product lifecycles, handling of claims, payments and processes, managing and improving the business and services that Harel provides, compliance with the law, customizing and offering products and services based on personal characteristics and for other legitimate purposes. Generally, you are under no legal obligation to provide information, however choosing not to provide information may make it impossible for us to assess a request and provide a service. The information will be transferred to the insurance agent (if there is one) so that the agent can deal with requests and regarding all aspects of the management and operation of products and services, as well as to service providers and other third parties who are authorized to receive the information, in connection with these purposes.

Additional information about the privacy policy is available on the Harel website, including the methods of communication with the Data Protection Officer in Harel, information about the right of inspection and alteration as well as the right to opt out of direct mailing, can be found via the following link:

<https://www.harel-group.co.il/t/XSVCTB>

J Insured's declaration

Date: First and Last Name: Passport no.:

Signature of the Insured: 

K Prescription period

We bring to your attention that in accordance with the provisions of Section 31 of the Insurance Contract Law 1981, the prescription period for claims for insurance benefits related to illness and hospitalizations is:

In personal lines policies:

- 3 years in coverages in which the onset of the insurance is before 25/11/2020
- 5 years in coverages in which the onset of the insurance is from 25/11/2020 onwards

In group (collective) policies:

- 3 years in policies that were signed or renewed before 25/11/2020 and were not renewed again after that date
- 5 years in policies that were signed or renewed from 25/11/2020 onwards

The prescription period will be calculated from the date of occurrence of the insured event

If the claim is for a minor, calculation of the prescription period will not include the period before the claimant completed his eighteenth year.

We would like to clarify that as a rule, claims filed with a financial institution do not halt the prescription period, and only claims filed with the court halt calculation of the prescription period.

In the attached appendix detailed the required documents for processing the claim.

Sincerely,

Foreign Residents Claims Department
Harel Insurance Company Ltd.

📍 3 Abba Hillel Street, POB 10952, Zip Code 5252202

✉️ tviozo@harel-ins.co.il

☎️ 03-7348081

📄 Upload documents via SMS - 052-3236960

SET OF RULES FOR CLAIM CLARIFICATION AND SETTLEMENT AND HANDLING PUBLIC ENQUIRIES

In accordance with the provisions of the Institutional Entity Circular letter 2011-9-5, hereunder a set of rules for clarification and settling claims with Harel Insurance Company Ltd. (hereinafter "Harel").

If you would like to obtain a copy of these rules, as updated from time to time, you may contact the Harel Service Division at 1-800-55-11-22 or print the rules directly from the Company website (hereinafter the "website").

Harel will act in everything connected with the clarification and settlement of claims and handling public inquiries in accordance with whatsoever appearing in this set of rules, as follows:

A. Definitions

In this set of rules, the following terms shall have the following definitions:

1. Day/ days - business days excluding Fridays, Saturdays, Holiday eves, Jewish and public holidays.
2. Claim - a demand from Harel for realization of rights in accordance with the insurance policy conditions, pension fund regulations or the relevant provisions of law regarding realization of rights as aforementioned.
3. Plaintiff - anyone who files a claim against Harel, except for an institutional entity and except for anyone who, in the framework of his/her occupation, provides compensation for damage sustained by another and files a claim against Harel to collect the compensation paid as aforementioned.
4. Expert - whether or not an employee of Harel and whether or not he/she met with the plaintiff, such as a surveyor or medical expert, however, excluding legal counsel and except for a pension fund medical committee operating by virtue of the articles.
5. Senior citizen - a person over the age of 67.
6. Client - an insured, member, beneficiary, plaintiff or whomsoever on their behalf.

B. Application

This set of rules applies to the following branches of insurance:

1. Pension insurance - only in regard to disability and death risks;
2. Life insurance - only in regard to loss of work ability and death risk;
3. Personal accident insurance;
4. Illness and hospitalization insurance, excluding dental insurance and excluding health insurance for foreign workers and health insurance intended to provide insurance cover for foreigners in Israel - for the purpose of obtaining services directly from the medical service provider and without the insurer's involvement;
5. Insurance according to the requirements of the Motor Vehicle Insurance Ordinance (New Version) 5730-1970 (hereinafter the "Ordinance") Motor Vehicle Insurance - Property (personal and third party);
6. Comprehensive apartment insurance;
7. Cargo, accident, illness and hospitalization insurance for travel abroad.

***This set of rules shall not apply to claims for payment regarding for self-damage in motor vehicle insurance - property or comprehensive apartment insurance held by a plaintiff who owns at least 40 vehicles or apartments and who explicitly waived contents upon entering the insurance contract.

C. Inception date

This set of rules shall apply as and from 1/6/2011.

The set of rules shall apply to claims filed after the aforementioned dates.

The set of rules shall not apply to services provided directly by a service provider to the insured in accordance with a service letter, if the insurer is not involved in settlement of the claim.

D. Documents and information for clarification of a claim

1. Upon Harel or whomsoever on its behalf, receiving an application related to filing a claim, the applicant shall receive the following documents as soon as possible:
 - (1) A copy of this set of rules;
 - (2) A document detailing the claim clarification and settlement process;
 - (3) Guidelines regarding how the plaintiff is required to act, including information regarding the plaintiff's right to receive indemnification for expenses incurred by him/her and for which Harel is obliged to provide indemnification (e.g. indemnification for steps taken by him/her to mitigate the damage, indemnification for payments to experts for opinions, etc.)
 - (4) Details of the information and documents required of the plaintiff in order to clarify and settle the claim;
 - (5) A claim filing form, if any - and instructions for completing it;
 - (6) A notice regarding the claim prescription period.
- You may browse the aforementioned documents on the website.
2. Harel shall provide the plaintiff as soon as possible with a written notice detailing the documents received by it together with the date of receipt, as well as the information and documents required which have not yet been furnished by the plaintiff.
3. In the event that Harel requires additional information and documents from the plaintiff in order to clarify the claim, these documents will be demanded within fourteen (14) business days after it becomes apparent that same are needed.
 - The provisions of this paragraph shall not apply to a claim proceeding in court.



E. Notice regarding the claim clarification process and its outcome

Harel will provide the plaintiff within thirty days after receipt of all the information and documents required from the plaintiff for clarification of the claim and/or from the date on which it receives a fully completed claim form as required by it (the later of the two), with an update regarding the claim handling status. An update as aforementioned may refer to full or partial payment of the claim, a compromise proposal in the claim, continued handling or discontinuation of handling the claim or rejection of the claim.

- The provisions of this paragraph shall not apply to a claim proceeding in court.

F. Notice regarding payment and notice regarding partial payment

1. In the event of a decision to pay the claim, the Plaintiff will be notified in writing on the date of payment including reference to the following matters or reference to the documents relating to these matters and which are attached to the notice (e.g. a survey report or expert opinion):
 - a. In regard to a one-time payment - causes for the payment: a reasonable and clear explanation regarding the method of calculation; sum of the damage; sum of tax deducted at source, method of calculation and the provisions of the law used for calculation and deduction, reference to the wage slip or reference to an approval from the tax authorities which will be attached to the notice; details regarding set-off of other payments due to the plaintiff not from Harel due to circumstances related to the same cause of claim, which according to the policy, articles or law have been set-off from the payment; the deductible sum; details regarding set-off of other sums owed to Harel by the plaintiff; details regarding set-off of advance payments or sums which are not in dispute, if paid; the type and method of linkage; the applicable interest and provisions applicable thereto; the sum added to the payment for linkage and interest differentials; the sum of payment which is in arrears and the applicable provisions regarding the interest charged for the arrears; the date when Harel will have all the information and documents needed to clarify the claim.
 - b. In respect of a periodic payment (including an allowance), upon the first payment date shall detail in addition to whatsoever appearing in paragraph (a) the sum of the first payment; the payment update mechanism; the first date for which the plaintiff is entitled to payment; the maximum period for which the plaintiff is entitled to payments subject to the provisions of the policy, articles or law; the period until re-examination of the eligibility; the rules for re-examination of eligibility during the payment eligibility period; the mechanism for extending the eligibility period.
2. In the event that a decision is made to provide partial payment of the claim while rejecting part of the claim in respect of sums which were demanded or part of the demanded causes - upon the date of payment the plaintiff shall receive a written notice including two parts as follows:

First part - detailing the components of the payment approved as aforementioned;

Second part - detailing the reasons for rejecting part of the claim, as follows:

- In any event of a decision regarding payment of the claim, dispatch of the documents specified in paragraph D above will not be required, except for a copy of this set of rules.
- In any event of a claim which is adjudicated in court, the provisions of this paragraph shall apply mutatis mutandis, according to the circumstances of the matter.
- In any event where the parties have agreed on payment in the framework of a compromise agreement, Harel shall be exempt from providing a notice under this paragraph as and from that date.

G. Notice in regard to a compromise

1. Harel shall give the plaintiff a reasonable compromise proposal at the time of the proposal.
2. In the event that payment is agreed in the framework of a compromise arrangement, the plaintiff shall receive a compromise proposal in writing and a reasonable period of time to review its conditions.
3. The written compromise proposal shall include the insured event, the reasons for at the basis of the compromise, the payment components which are not in dispute, if at all, the sum determined in the compromise, the sum payable and the difference between the sum determined in the compromise and the payable sum, if at all.
4. As long as the plaintiff has not approved the compromise notice, it will not be binding upon the parties.
 - The provisions of this paragraph shall not apply in the event that the plaintiff is represented by a lawyer and in the event that the claim is adjudicated in court.

H. Notice regarding continued clarification or discontinuation of the clarification

1. If Harel requires additional time to clarify the claim, the plaintiff shall receive a written notice detailing the reasons why additional time is required as aforementioned as well as the additional information or documents required of the plaintiff in order to clarify the claim.
2. A notice regarding continued clarification shall be given to the Plaintiff at least every ninety days (except for claims under the Ordinance, in respect of which a notice will be given as aforementioned, at least every six months) up to dispatch of the payment notice, notice regarding partial, rejection notice or compromise notice, as the case may be, except for the following instances:
 - If the notice regarding continued clarification specifies a future date for assessment of the damage and there is no need to send a n regarding continued clarification until the said date, provided that a notice regarding continued clarification is sent at least after one year;
 - If the plaintiff applies to court;
 - If the plaintiff does not respond after two consecutive notices are sent to him/her regarding continued clarifying which include a demand for information or a document in order to clarify the claim, provided that the last notice to the plaintiff notes that no further notices would be sent if the required documents were not received or until another response is received.
 - The provisions of this paragraph shall not apply to a claim proceeding in court.

I. Notice regarding rejection of a claim

If a decision is made regarding full or partial rejection of the claim, the Plaintiff will receive a written notice thereof.

The reasons for rejection shall also include the conditions of the policy or articles, the stipulation or exclusion set down on the date of joining or date of renewal of the insurance cover, or the provision of the law which serve as the basis for rejection.

J. Notice regarding prescription of the claim

1. Any payment notice, partial payment notice, rejection notice and first notice regarding further clarification, shall include a paragraph which especially emphasizes the claim prescription period in accordance with the relevant provisions of the law, and it shall note that filing the claim to Harel shall not stop the prescription race and that only filing a claim in court shall stop the prescription race.
2. In addition, any other notice sent to the plaintiff regarding a claim during the year preceding the expected prescription date of the claim shall include a paragraph regarding prescription and the date of the insured event, stating that the prescription race began on the date of the insured event.
3. If a paragraph regarding prescription is not included in the payment notice, partial payment notice, rejection notice or first notice regarding further clarification - sent to the plaintiff not during the year preceding the anticipated prescription date - Harel shall be deemed to have agreed that the period between the first date on which it should have given the notice including the prescription paragraph and the date when the notice including the prescription paragraph was actually given - shall not be included in the prescription period (all this - only in respect of the first time when the notice was not delivered as required).
4. If a paragraph regarding prescription is not included in the payment notice, partial payment notice, rejection notice or first notice regarding further clarification - sent to the plaintiff during the year preceding the anticipated prescription date - Harel shall be deemed to have agreed that the period between the date of dispatch of the first notice during the said year and the date when the notice including the prescription paragraph and the prescription date was actually given - shall not be included in the prescription period (and this - only in respect of the first time when the notice was not delivered as required in the course of the year preceding the prescription date).
 - The provisions of this paragraph shall not apply to a claim proceeding in court.

K. Notice regarding the right to submit a reservation in regard to a decision

Any payment notice, notice of partial payment or rejection notice shall include a paragraph especially emphasizing, the plaintiff's following rights:

1. To submit a reservation in regard to a decision and the method of submitting a reservation if provided in the policy or the articles, including the plaintiff's right to file an expert opinion on his behalf.
2. To present his/her reservation to the Harel Ombudsman including the details of the Ombudsman and the manner in which he/she can be contacted.
3. To present the reservation to other entities, including any judicial body or the Commissioner of Capital Markets, Insurance, and Savings with the Ministry of Finance.
 - The provisions of this paragraph shall not apply to a claim proceeding in court.

L. Re-examination of eligibility

1. Where Harel serves as the management company, seeking to re-examine the plaintiff's eligibility to receive periodic payments, it shall act in accordance with the rules laid down in the articles.
2. Where Harel serves as the insurance company seeking to re-examine the plaintiff's eligibility to periodic payments, it shall do so in accordance with reasonable rules set down for this purpose.
3. The rules for re-examination of the plaintiff's eligibility to receive periodic payments shall be delivered to the plaintiff with the payment notice or partial payment notice as shall also be detailed on the website.
4. If costs are required for re-examination as aforementioned, the plaintiff will not bear same.
5. If, as a result of reexamination as aforementioned, it becomes apparent that the periodic payments paid to the plaintiff should be reduced or stopped, the change will be made in accordance with the rules set down for this purpose in the policy or articles. And, in the absence of stipulated conditions, the plaintiff shall receive a notice regarding the change at least thirty days prior to the date of reduction or termination of the payments, however, not more than sixty days before the said date, and in any event not before the findings of the examination show that the payments should be reduced or stopped.
6. A notice regarding change shall include all the reasons underlying the decision to reduce or stop the periodic payments, and it shall be subject to the provisions regarding a rejection notice and expert opinion, mutatis mutandis.
7. In any event, the change shall also be performed after notice is given to the plaintiff regarding the intention to reduce or stop the payments.
8. In order to obviate any doubt, the aforementioned shall not derogate from Harel's right to demand refund of payments made in excess before the date of the aforementioned change.

M. Clarification of a claim with the assistance of an expert

1. In the event of the need to be assisted by an expert to clarify a claim, where the expert meets the plaintiff or inspects the property, which is the subject of the claim in order to assess the damages caused to that property, in the presence or absence of the plaintiff, the plaintiff shall receive advance notice in regard thereto. The role of the expert regarding clarification of the claim, shall be clarified to him and he will be informed of his/her right to be represented or to consult with an expert on his behalf during clarification of the claim with the assistance help of an expert (all - unless referring to an investigator in the framework of an undercover investigation).
2. An expert as aforementioned shall not reject the claim in full or in part and shall not propose a compromise except regarding the extent of the damage, unless relating to a Harel employee, whose main activity claims settlement.

N. Expert Opinion

1. Any opinion by an expert relied upon by Harel for settling the claim shall be professionally prepared, reasoned, and shall include the name, title, professional education and role of the expert, as well as the list of all documents on which the expert relied in preparing the opinion.
2. The expert opinion as aforementioned will not directly relate to the insured's right to receive insurance benefits.
3. Insofar as Harel relies on an expert opinion in settling a claim, the opinion shall be provided to the plaintiff upon delivery of the relevant notice regarding the claim clarification process and its results or in regard to re-examination of the eligibility. The opinion shall include a list of all the notices and documents submitted by the plaintiff to Harel or the expert on its behalf for compiling the opinion, as well as any additional document on which the opinion is based. (The notices and documents as aforementioned shall be delivered to the plaintiff upon his/her request).
If referring to an expert opinion which is legally confidential, the plaintiff will be provided with a written notice explaining why the opinion is confidential.

O. Subrogation and third party rights

1. Before a claim is filed against a third party by virtue of the right of subrogation, notice shall be given to the insured in writing, a reasonable time in advance.
2. If, in the framework of a subrogation claim, a judgment, arbitration judgment is given or a settlement agreement is signed, a copy of the judgment or agreement will be transferred to the insured within fourteen business days from date of receipt of the judgment by Harel or the date of signing the agreement.
3. If it becomes clear in the framework of the clarification of a claim that the insured may have rights vis-à-vis a third party, which Harel may claim by virtue of the right of subrogation, this will be noted to the insured in each notice regarding clarification of the claim and its results, or notice regarding re-examination of the eligibility.
4. Nothing in this paragraph shall oblige Harel to represent the insured or impose upon it the duty to provide a consultation.

P. Claim by a third party

1. In any event where Harel receives a request by a plaintiff (which is a third party) for receipt of information regarding the existence of a liability insurance policy in favor of a certain person following a particular occurrence, the information in this matter shall be given to the plaintiff within fourteen business days of the date of the plaintiff's demand.
2. Wherever insurance benefits are demanded by the plaintiff, a written notice shall be given to the insured within seven business days of the date of the demand in terms of which if he/she fail to give notice of his/her opposition regarding payment of compensation within thirty days, the third party shall be paid insurance benefits which Harel owes the insured, if at all.
3. Harel shall take action to clarify its liability vis-à-vis the insured in accordance with the periods and times specified in the set of rules.
4. If Harel finds that liability exists vis-à-vis the insured, and the insured did not object to the aforementioned payment during the said thirty days, whether notice is given regarding non-objection or of consent, or if no response is given to Harel at all, the insurance benefits which Harel owes to the insured shall be paid to the plaintiff.
■ The provisions of this paragraph shall not apply to claims filed in accordance with the Ordinance.

Q. Provision of responses and handling public inquiries

Harel will respond in writing to any written request by a client, whether sent to the Ombudsman or to another official in Harel, within a reasonable time in the circumstances of the matter, and in any event no later than thirty days from the date of receipt of the inquiry. In addition, in regard to a senior citizen - no later than 21 days after receiving the request.

R. Provision of copies

1. Harel shall deliver to the plaintiff, at his/her request, a copy of the policy or the articles, within fourteen business days after the date of receipt of the request.
2. Notwithstanding the aforementioned, a plaintiff who is a third party under liability insurance may be referred to the policy form found on the website.
3. Harel shall provide the plaintiff upon request with copies of any document signed by the plaintiff, any document submitted to it by the plaintiff, or any document received by it by virtue of the plaintiff's consent, within twenty-one business days after receipt of the request.

Table of dates and periods set in the "Settlement of claims and handling of public inquiries" circular letter

Paragraph in the circular letter	Activity	Date or period set down in the circular letter
8(a)(6)	Demand for additional information and documents	14 business days from the day same are needed
8(b)	Delivery of a notice regarding the claim clarification process and its results	30 days from the day all information and documents required from the plaintiff were received
8(f)(3)	Delivery of a notice regarding continued clarification	Every 90 days from the date of delivery of the notice under paragraph 8(b)
8(i)(6)	Delivery of a change notice regarding reduction or termination of periodic payments	30-60 days before reduction or termination of payment
8(l) (2)	Transfer of a copy of a judgment or agreement	14 business days from the date of receipt of the judgment by the company or the date of signing the agreement
8(m)(1)	Provision of information regarding the existence of a policy	14 business days from the date of the information being demanded
8(m)(2)	Notice to the insured regarding a demand for insurance benefits by a Third Party	7 business days after the date of the demand
8(n)	Written response to public inquiry	30 days from receipt of the written enquiry In regard to a senior citizen - no later than 21 days after receipt of the request
8(o)(1)	Provision of copies of the policy or articles	14 business days from the date of receipt of the request
8(o)(3)	Provision of copies of any document signed by the plaintiff	21 business days from the date of receipt of the request

SUPPLEMENT TO THE SET OF RULES FOR CLAIM CLARIFICATION AND SETTLEMENT AND HANDLING PUBLIC ENQUIRIES

The form is intended for both men and women

Rules for re-examination of eligibility

1. A claim for an approved period - for a period exceeding 3 months
 - a. Approval of a periodic claim for additional defined periods beyond the approved period, shall require - at the end of the period approved for payment - re-examination of the insured's medical and functional condition.
 - b. Upon re-examination of the liability and its performance, the insured's medical condition, age, the information provided to the company and the policy conditions shall be taken into account, inter alia.
 - c. The re-eligibility examination may be performed, inter alia, in accordance with the insured's condition and age by way of inspection of current medical documents regarding the insured's medical or functional condition, or by having the insured examined by appropriate professionals on behalf of Harel.
 - d. Towards the end of the eligibility period, Harel shall approach you for the purpose of conducting the re-eligibility examination. As part of this approach, you may be required to submit to Harel current medical documents or to schedule an examination to assess your current functional and medical condition, in the framework of the times noted in the request.
 - e. Failure to provide the requested documents timeously and/or non-cooperation regarding an examination by an appropriate professional determined by Harel in a timely manner may result in termination of payment of insurance benefits or delay in payment thereof.
 - f. Harel reserves the right to conduct a re-examination of your eligibility if necessary, even in cases where the insured's eligibility is confirmed for a predetermined period and during the period information is received by Harel which differs from that provided by the insured and/or which was known to Harel and indicates that the insured may have ceased to be eligible for insurance benefits..
2. A claim approved for a period of 3 months or less
 - a. Approval of a periodic claim for additional defined periods beyond the approved period, shall require - at the end of the period approved for payment - re-examination of the insured's medical and functional condition.
 - b. Upon re-examination of the liability and its performance, the insured's medical condition, age, the information provided to the company and the policy conditions shall be taken into account, inter alia.
 - c. The re-eligibility examination may be performed, inter alia, in accordance with the insured's condition and age by way of inspection of current medical documents regarding the insured's medical or functional condition, or by having the insured examined by appropriate professionals on behalf of Harel.
 - d. Insofar as you believe towards the end of the period for which your claim was approved, that taking into account your medical and functional condition, there is place - according to the conditions of your policy - for approval of the claim for additional periods, you shall transfer to Harel towards the end of the period for which your claim was approved current and detailed medical information regarding your condition at that time.
 - e. Harel shall clarify its liability in accordance with the medical information provided by you and if necessary, by way of having you examined by a professional on behalf of the company.