

Document in translation



Hebrew University of Jerusalem

This form is intended for new insured persons (both veteran employees and new employees), who are employed by the University in at least a part time (50%) position.

APPLICATION FOR GROUP LIFE AND DISABILITY INSURANCE AND LETTER OF APPOINTMENT OF BENEFICIARIES

1. Details of the primary insured person.

Check the appropriate box: **New Employee** **Veteran Employee**

ID number 	Last Name	First Name	Date of Birth	E-mail Address	
Address	Apt. no.	City/Settlement	Postcode	Phone no.	Cellphone no.

- I confirm and agree that the Hebrew University (hereinafter: “the policyholder”) will insure me as part of its group insurance policy with Migdal Insurance Company Ltd. (hereinafter “Migdal” and/or “the insurer” and/or “the Company”).
- For the purpose of payment of premiums, I hereby authorize the policyholder to deduct the premium from my salary, at a rate to be determined between the policyholder and the insurance company.
- I am aware that the monthly premium for the policy will not be reduced during the insurance period, even if part of the insurance coverage included in the policy is cancelled and/or reduced as a result of the insured person having reached the maximum age for registration and/or the maximum age for insurance and/or the age of 69 and/or reduction of the insurance coverage, as applicable, in accordance with the terms of the policy.
- Determining Beneficiaries
 - The beneficiaries, in the event of the death of the insured person, are the insured person’s heirs, whether by law or under a will, unless the insured person notifies Migdal that s/he wishes to appoint beneficiaries as stated below.

5.2 Notwithstanding section 5.1 above, I hereby state that in the event of my death, my beneficiaries will be:

ID number	Last Name	First Name	Relationship to the insured	Beneficiary's relative share of insurance benefits	Beneficiary Address

I understand that I may opt out from participation in the insurance policy at any time by giving notice, as specified on the University website.

In witness whereof I hereby sign:

Date First and Last Name ID Number Signature

Instructions for routing the form:

New employee – The secretariat of the receiving unit will forward this form along with the rest of the intake forms to the Personnel Department in the Division for Human Resources. The personnel and payroll coordinator will forward this form to the Insurance Unit in the Finance Division.

Veteran worker - the employee will forward the form directly to the Insurance Unit in the Finance Division (telephone 81409).

For use by the Insurance Unit in the Finance Division

	Name	Date	Signature
<input type="checkbox"/> Received by the personnel and payroll coordinator and forwarded to the insurance company			
<input type="checkbox"/> Received by the employee and forwarded to the insurance company			

(156) 2.4.2012 After the form has been signed by the Insurance Unit, it will be forwarded to the Division for Human Resources, to be kept in the employee's personal file.