Life Insurance and Group Disability

Members of the academic faculty and administrative staff (except for junior faculty) who are employed at the University in a position which is at least half time or above are eligible for registration in the Migdal Company Ltd. group life insurance and disability insurance policy.

The policy includes the following coverage:

- **Insurance in the event of death** (Risk)
  
  An amount of insurance without a savings component, to be paid to the beneficiary in the event of the death of the insured person during the insurance period.

- **Insurance in the event of death due to an accident**
  
  The insurance amount will be doubled in the event of the death of the insured person due to an accident.

- **Insurance in the event of disability due to an accident**
  
  In the event that the insured person becomes disabled due to an accident or due to illness, the insurance amount that will be paid to the insured person will be proportional to the percentage of permanent disability. Upon payment of the amount due to disability, the balance of the insurance amount will be reduced in accordance with the percentage paid.

- **Expansion to Permanent and Total Disability**
  
  In the event that the insured person suffers a total and permanent loss of ability to engage further in her/his profession or occupation due to illness or accident, s/he shall be paid the insurance sum.

The insurance coverage in the event of death and in the other cases specified above is NIS 151,732, linked to the index on 10/2011 for each coverage respectively. Additional information concerning the insurance arrangement may be obtained from the Insurance Unit in the Finance Division (tel.: 81409). The insurance policy is also available for viewing on the University website.
Please select whether or not you wish to be included in the insurance arrangement.

Please mark your selection √:

☐ I wish to register for the group life and disability insurance, and I request that the required premium be deducted from my salary accordingly. I have completed and attached Form 156: "Application for Registration for Group Life and Disability Insurance and Letter of Appointment of Beneficiaries." I understand that if my employment is for less than a half-time position, I do not qualify for this insurance.

☐ I do not wish to register for the group life and disability insurance. In this case there is no need to attach Form 156.

__________________________________________  __________________________  __________________________
Last Name                          First Name                          ID Number

__________________________________________  __________________________
Signature                          Date

For use by the Personnel Department in the Division for Human Resources

☐ Registered in insurance arrangement. Form 156 has been sent to the Insurance Unit in the Finance Division.

<table>
<thead>
<tr>
<th>Name of Personnel and Payroll Coordinator</th>
<th>Date</th>
<th>Signature</th>
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☐ Not registered for insurance arrangement.

(108) 25.04.2012

The signed form will be kept in the employee's personal file in the Division for Human Resources