



WHAT TO DO IN THE EVENT OF A CLAIM FOR LOSS OF ABILITY TO WORK OR DISABILITY AS A RESULT OF AN ACCIDENT

Dear Insured,

At Mivtach Simon, we place great importance on the process of helping you exercise your rights and on giving you ongoing support and advice throughout every significant change in your life. Therefore, we have compiled a document explaining to you, in a focused manner, how to exercise your rights in regard to a claim for loss of ability to work or a claim for disability as a result of an illness or accident. In this document, you will also receive tips regarding the correct way for you to make the application.

We hope that coordinating the details in one document will help you to handle the process in a faster, simpler and better manner.

Your rights in a claim for loss of ability to work and for disability against a pension fund

- In the event of absence from work for more than 3 months due to illness or accident, you are entitled to a monthly allowance within the framework of the cover for monthly compensation for loss of ability to work that exists within the provisions of the executive insurance policy / pension fund taken out in your name, and no more than %75 of your monthly income.
- During your period of entitlement to the allowance, you and your employer will not be charged the monthly premium for the executive insurance policy / pension fund in your name. This means that, in the event of loss of ability to work, the insurance company pays the premium for the policy, instead of you and your employer.

Your rights in a claim for loss of ability to work and for disability against a pension fund in the event of a work-related accident

For your information, a pension fund offsets any injury benefit paid by the National Insurance Institute due to a work-related accident.

Therefore, we recommend that you contact the National Insurance Institute in your residential area in order to file a claim, within 90 days from the date of the accident.

- You must make the application to the National Insurance Institute directly.
- During the period that you are absent from work due to a work-related accident, your wages will be paid by your employer against the sick leave days that you have accumulated in your favor.
- Details relating to the process of filing a claim can be found on the National Insurance Institute website.
- Upon filing a disability claim to the pension fund, you must attach confirmation of payments made to you by the National Insurance Institute or a letter dismissing the claim from the National Insurance Institute.
- A claim for loss of ability to work made against the insurance company is conducted pursuant to the process mentioned above, unrelated to the National Insurance.

Your rights in the event of disability resulting from an accident

In the event that you are defined as having a disability as a result of an accident, you will be entitled to a one-time payment of financial compensation in accordance with the extent of the disability determined by the National Insurance Institute and pursuant to the terms of the policy.



Filing the claim documents

In the event that you have the appropriate cover, you should contact the designated representative directly in the Exercise of Rights department at the Mivtach Simon Insurance Agencies Ltd., who will give you ongoing assistance with your application and will support you throughout the process. You can get his details from your employer or your pension planner. To start the process of exercising your rights, please complete the claim forms and accompanying documents as detailed in Appendix 1 to this letter. If required, we will be happy to assist you in completing the forms.

Tip: We recommend that you file the claim documents six weeks before the end of the waiting period, so that you can receive the compensation in the shortest period of time.

What happens next?

When you submit the forms, we will check your entitlement to insurance pursuant to the terms of the policy and ensure that the documents are in order. The claim will be filed immediately against the insurance company / pension fund, and we will notify you if any documents are missing, by means of an email or telephone call. Additionally, within 14 business days, the insurance company will send you a letter on its behalf confirming receipt of the documents, and will specify the documents that are missing, if any.

For your information, pursuant to the terms of the policy, the insurance company / pension fund may request that you be examined by a medical specialist acting on its behalf or may request medical information about you from your Health Fund.

After receiving a reply from the insurance company in regard to the claim being approved / rejected, we will contact you by telephone and notify you of the company's decision. Concurrently, the insurance company will send you a claim confirmation letter by regular mail.

The compensation is paid in accordance with the payment arrangement practiced by the insurance company / pension fund.

Approval of your entitlement in the event of loss of ability to work

In the event that the insurance company approves your claim, it will pay the initial compensation amount at the end of the waiting period and up to the date of approval of the claim, each and every month, less the maximum income tax, national insurance and health insurance payments.

For the purpose of a tax credit, you must contact the tax assessor in your residential area, by means of an application to the income tax authorities, remitted from the insurance company and attached to the claim approval letter.

Tip: If the National Insurance Institute has determined that you have %100 temporary or permanent disability, you should contact the Institute to obtain an exemption form deducting the national insurance and health insurance payments, also known as Form 618.

Approval of your entitlement in the event of disability due to an accident

In the event that the insurance company has approved your claim, it will pay you the insurance amount in relation to the degree of disability that is determined for you by the National Insurance Institute and close to the date that the claim approval letter is issued.

In most cases, the amount will be paid to you by means of a bank check.



Below are details of the process starting from receipt of the claim documents and until receipt of the final reply from the manufacturer:



Wishing you good health,

Exercise of Rights Department
Mivtach Simon Insurance Agencies Ltd.
A Subsidiary of the Migdal Insurance Company



APPENDIX 1 DOCUMENTS FOR CLAIMING LOSS OF ABILITY TO WORK

The documents required for all companies:

- **The insurance company forms and structured forms signed by the insured:**
 - Completed claim forms (all sections)
Important: do not cross out any words or sentences, or leave any part blank. Write “not known” or “not applicable” if necessary.
 - Waiver of medical confidentiality form
- **Medical documents on behalf of doctors and signed by them:**
 - Consecutive sick leave certificates from the date of the event and up to today's date, as well as certificates for a future period
 - Medical documents from specialists, hospitalization summaries, surgery summaries, institutes, and any other medical document that you hold
 - The National Insurance Institute's decision and complete protocol (if a claim was filed against the Institute)
 - Bed rest during pregnancy – you must supply confirmation of birth if the claim was filed following the birth.
- **Documents on behalf of other entities and authorities:**
 - Photocopy of identity card with the open slip
 - Photocopy of a check or confirmation of management of a bank account, stating the identity card number, bank signature and stamp
 - Road accident – police confirmation regarding the accident
- **Documents on the employer's behalf:**
 - Employer's confirmation including the salary received before the event, the scope of the employee's position before the event, and the day on which the employee stopped coming to work. In the event of part-time work, specify the scope of the position in percentages.
 - 12 salary slips preceding the event, and salary slips from the period following the event if the employee worked during that period. For self-employed persons, you are required to provide confirmation from a CPA concerning income without commission and without dividends.

It is important to emphasize:

A claim that is filed with some information missing (even if it is completed later) is paid at the very earliest from the fourth month after the forms are submitted, and sometimes even later. A claim that is filed with all the requisite documents is paid, in most cases, during the course of thirty business days thereafter.

APPENDIX 2 TABLE OF THE DATES AND PERIODS DETERMINED WITHIN THE FRAMEWORK OF THE MINISTRY OF FINANCE'S DIRECTIVES

Section in the notice	The action	The date or period determined in the notice
7)(1)8)	Demand for information and additional documents	14 business days
2)8)	Delivery of notice regarding the claim clarification process and its results	30 days
3)(30)8)	Delivery of notice in regard to continuing clarification of claim	Every 90 days
6)(9)8)	Delivery of change notice in regard to reducing periodic payments or stopping them	60–30 days
8)(12)(2)	Transfer of copy of judgment or agreement	14 business days
1)(13)8)	Delivery of information concerning existing policy	14 business days
2)(13)8)	Notice to the insured regarding demand for insurance compensation of a third party	7 business days
14)8)	Reply in writing to public inquiries	30 days
1)(15)8)	Delivery of copies of policy or statutes	14 business days
3)(15)8)	Delivery of copies of any document signed by the plaintiff regarding income without commission and without dividends	21 business days