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Date Received

Notice of Injury in a Hostile Act
Claim for Medical Care Compensation and for Determination of Degree of Disability
(compensation for Victims of Hostile Acts Law, 1970)

Please read the guidelines and explanations on page 4. Please fill out the form clearly.

Please note: Before the National Insurance Institute can deal with your claim, we will obtain confirmation from the appropriate authorities in Israel that the injury was the result of a hostile act.

Residents of overseas countries should sign the form in the presence of an Israeli diplomatic or consular representative, at the Israeli embassy or consulate nearest to their place of residence.

A. Particulars of the Injured Person

Family Name		First Name		Nationality	Passport / I.D. Number
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Birth	Occupation
Address in Israel					
Street Address		City / Town		Postal Code	Telephone
Address abroad					
Street Address		City / Town		State	Postal Code Telephone

B. Details of the Injury

Date and Time when Injury Occurred	Place where Injury Occurred
Full description of the injury and its causes (if space is insufficient, please attach additional paper)	
Limb(s) affected	Nature of injury (e.g. break, burn, cuts, etc.)
Who provided first aid?	Name of doctor or medical facility
Name of hospital and department (if you were hospitalized)	Period of hospitalization From: _____ To: _____
Police Station that dealt with the Incident	Police File Number
Date you stopped working as a result of the injury	
Names and addresses of witnesses	
Have you returned to work since the injury? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please indicate the date you returned to work: _____	
Do you have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes. If so, which?	
Have you suffered from any illness in the past, or from any condition similar to that from which you are suffering at present? <input type="checkbox"/> No <input type="checkbox"/> Yes.	

C. Details of the Family of the Injured Person

Spouse's Family Name	Spouse's First Name	Spouse's Nationality	Spouse's Passport / I.D. Number
Children up to the age of 21			
<u>Name</u>	<u>Passport Number / I.D Number</u>	<u>Date of Birth</u>	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

D. Details of Bank Account (The account must be held in the name of the claimant alone)

The account is held in the name of _____	Passport / I.D. Number _____
Name of Bank _____	
Address of Bank Branch or Office _____	
Bank / Branch Code Number _____	Account Number _____

E. Declaration regarding Determination of Degree of Disability

For claimants residing outside Israel:		
I agree that a medical committee in Israel shall discuss and determine my degree of disability in my absence.		
_____	_____	_____
Name	Passport / I.D. Number	Signature

F. Declaration (to be signed in the presence of an Israeli diplomatic or consular officer)

<p>I hereby declare that I am making a claim for a compensation payment, and that all the details given by me are correct. If the National Insurance Institute deposits in my bank account any sum which, wholly or in part, is paid in error or not according to the law, I agree that the bank shall, upon request from the National Insurance Institute, return those sums from my account.</p>			
_____	_____	_____	_____
Place	Date	Passport / I.D. Number	Signature
<p>If the claim form is not signed by the claimant, please indicate the reason for this, the name of the signatory, his / her address and passport or identity number (where available). If the claim form is signed by fingerprint or mark, please note the name of the witness to the signature, and his passport or identity number.</p>			

For Official Use Only (In Israel: National Insurance Institute; Abroad: Israeli Diplomatic or Consular Office)

Received on _____ by _____ .	Accompanying documents _____
Verified by _____ in accordance with _____	
Transferred from this branch to the certifying authority on _____	



**National Insurance Institute
Israel**

Waiver of Medical Confidentiality

I hereby request that the National Insurance Institute of Israel or its representative be provided with any or all information relating to my illness, medical condition, the treatment given to me, the results of any treatment or tests and / or any other information required by them and / or any other medical documents relating to me.

Name _____

Passport / I.D. Number _____

Address _____

Date _____

Signature _____



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Name _____

Passport / I.D. Number _____

Address _____

Date _____

Signature _____

Please read these guidelines before filling out the form

General

- Before the National Insurance Institute can deal with your claim, we will obtain confirmation from the appropriate authorities in Israel that the injury was the result of a hostile act.
- Medical treatment should be obtained at a recognized / public medical facility. The Institute will not cover the costs of private medical care
- Please fill out the form clearly. The claim must be accompanied by a medical certificate from a recognized medical facility.

How to submit the claim

1. The claim form should be submitted within 12 months of the date of injury. However, we suggest that you submit it as early as you can, so that we can deal with it with a minimum of delay. The Institute has the right to reject a claim that is submitted after this period.
2. **If you are living in Israel, you should submit the claim form at the offices of the National Insurance Institute nearest your place of residence, accompanied by medical certificates stating the treatment you have received as a result of the Injury. If you reside outside of Israel, you must submit the claim form at the nearest Israeli embassy or consulate to your place of residence.**
3. In order for your claim to be processed, you must sign the "Waiver of Medical Secrecy" slips attached to the claim form.
4. The compensation payments will be paid directly into your bank account. The account must be held in your name alone; compensation payments cannot be paid into a joint bank account. The payments will be made directly into a bank account overseas, where appropriate, in local currency.

Determination of Degree of Disability

If you have returned to work, but have been left with a disability, you must inform the National Insurance Institute, so that we can determine your degree of disability. For this purpose, you must send us all the medical certificates and documentation that you received as a result of the injury.

- If you are living in Israel, you will be called to be examined by a medical committee appointed by the National Insurance Institute. The committee will determine your degree of disability as a result of the injury.
- If you are living outside of Israel, the medical committee will determine your degree of disability in your absence on the basis of the medical documentation which you have submitted. The committee's final decision will be sent to you in writing.

Appeals against the Determination of Degree of Disability

Any injured person has the right to appeal against the medical committee's determination of degree of disability, before a medical appeals board. The National Insurance Institute also has this right. **The decision of the medical appeals board is final, and is not subject to further appeal.**

<p>You must notify the National Insurance Institute of changes in your address, marital status, or Income, since these may affect the level of compensation to which you are entitled.</p>
