

To :

Date _____

Harel Insurance Company

Re: request for a refund of Psychologist's fees

Enclosed is a request for a refund of payment for visit with Psychologist.
The amount to be refunded is up to 200 NIS per visit relative to the
months of insurance and in accordance with the conditions of the policy.

Please fill the next details :

Surname _____ First name _____

Policy number _____

The policy is valid from date _____ until date _____

Details of bank account for the refund (Bank account in Israel)

Name of the bank _____ Branch number _____

Account Number _____

Amount of enclosed invoice _____

Passport number _____

Insured signature _____ Date _____