Good to Have Migdal by Your Side Migdal Insurance Company Ltd.

Insured name		Identity No.							
Policy No. / Plan			(	Cla	im	No			

The form is designed both for men and women
The form must be filled in with a **pen only** and not with a pencil

## Waiver of general and medical confidentiality

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Migdal Group
Insurance & Finance





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Insured name	Identity No.						
Policy No. / Plan	Claim No.						

The form is designed both for men and women
The form must be filled in with a **pen only** and not with a pencil

E. Wi	itness to the signatu	re								
I, the un	dersigned, confirm that on the dat	e Appeared in front of me the insured	(Name + ID) and signed this document.							
	A witness to the signature may be – Insurance Agent / a lawyer / physician / social worker / psychologist / The insurance agent with the agent's stamp and not the insurance agency's stamp - including a photocopy of the agent's license.									
Date	Name of the witness to the signature	Identity No.	Witness' signature and stamp includes license number ★							
F. Insured's signature										
Date	name & last name	Identity No.	Insured's signature ★							