

Fillable Form — Complete it on your computer

טופס מותאם למילוי במחשב

How do I use the form?

Save



Click the Download button to download the file and save it on your computer.

Complete



Fill out the form. If a signature is required, enter your name and check the box next to your name.

Don't forget to click Save.

Forms that require a manual signature cannot be signed online.

Print the document and sign it with a pen.

Send



Send the form by email or fax, following the directions below.

Application to Join the Supplementary Health Services (hereinafter, "SHS")
בקשת הצטרפות לשירותי בריאות הנוספים (להלן "השב")
Primary Applicant Details: (please mark X in the relevant box)

I, the undersigned, wish to join the supplementary health plan starting from:

 Today (application date) The 1st of next month

Indicate the desired plan:

| | |
|----------------------------|-----------------------------|
| Maccabi Zahav מכביה זהב | Maccabi Sheli מכביה שלוי |
| <input type="radio"/> | <input type="radio"/> |

Part A — Requested services, personal and family details — primary applicant, spouse, and children under 18
Primary Applicant Details:

| | |
|----------|-------------|
| Surname: | First Name: |
|----------|-------------|

Family Details:

| | ID No. | First Name | Surname | Date of Birth | Sex | | |
|----------------------------|-----------|------------|----------|---------------|---------|---------|--------|
| Primary Applicant | | | | | | | |
| Spouse | | | | | | | |
| Child 1 | | | | | | | |
| Child 2 | | | | | | | |
| Child 3 | | | | | | | |
| Child 4 | | | | | | | |
| Child 5 | | | | | | | |
| Child 6 | | | | | | | |
| Child 7 | | | | | | | |
| Home Address | Street | House No. | Entrance | Town/City | Apt No. | Zipcode | PO Box |
| Primary Applicant's Spouse | Phone No. | Mobile No. | | Email | | | |

Extract from the National Health Insurance Law, 5754-1994
מתוך הוראות חוק ביטוח בריאות ממלכתי, התשנ"ד – 1994
Please Note:

- Joining the SHS is not dependent on any conditions and it is not mandatory to join any SHS plan.
- By law, the healthcare service is entitled to alter the terms of the plan from time to time.
- Realization of benefits under the SHS is subject to the waiting period as specified in the regulations.

3. (c) (1) A healthcare service shall allow any member who so wishes to join the plan, regardless of the member's health or economic status, and shall not restrict the member's ability to join or the member's rights upon joining under any conditions, other than reasonable waiting periods, to be determined in respect of all plan members regarding the provision of various services within the plan framework, provided that no such waiting period is applied to services that were included under the healthcare service's "service basket" and payments for those who were already members of the healthcare service and joined the plan no later than one year after the change in the healthcare service's "service basket" and payments.

(2) The healthcare service is entitled to define, with regard to the waiting periods as stated in paragraph (1), various provisions regarding the transition from a plan with another healthcare service.

(d) Subject to the provisions of subsection (c), the healthcare service shall not treat plan members differently, either at the time of joining the plan or when they obtain services within the plan framework.

(e) The price of the plan shall be identical for all members within each age group, regardless of the number of years of plan membership, or the health or economic status of the member.

21. (a) A healthcare service shall provide to anyone for whom it is responsible, as stated in section 3(c), all their health services to which they are entitled under this law, whether directly or through service providers, without discrimination, and shall not make any condition on the provision of services included in its "service basket" upon joining or through membership in a supplementary health plan, under section 10.

- For the purpose of recognizing previous seniority and/or obtaining an exemption from SHS waiting periods, a certificate of SHS membership at your previous healthcare service (for those transferring) or an immigration certificate (for new immigrants) must be presented.
- The table detailing members' payments for various supplementary health services is as specified in the SHS regulations.

Re: Supplementary Health Services**לכבוד: שירותי הבריאות הנוספים**

1. I/we and my/our minor child/children listed in the application hereby apply to join the SHS as detailed above.
2. I/we declare and acknowledge that when I/we become an eligible member/s of the SHS, all the rights and obligations specified in the SHS regulations will apply to me/us, under the procedures and decisions of the competent institutions as they currently exist and/or as they may be amended or changed from time to time.
3. I/we undertake to pay the SHS and/or any party authorized by the SHS, on the dates determined by it from time to time, respectively, my/our membership fees and those of my/our minor children, as well as the payments that will apply to me/us in accordance with SHS regulations.
4. In the event that I/we decide to cancel my/our SHS membership for any reason, Maccabi and/or SNS are exempted from any requirement to return to me/us any membership and/or registration fees, if such have already been paid by me/us, in full and/or in part.
5. I/we acknowledge that joining Maccabi Sheli is conditional upon joining Maccabi Zahav, and that if my/our Maccabi Zahav membership is canceled, my/our Maccabi Sheli membership will also be canceled.
6. I/we acknowledge that the collection of membership fees, if any, or any other payment to Maccabi for my/our membership and/or the services provided to me/us by Maccabi and/or any other matter, can and will be made through the Maccabi Foundation or any other organization as determined for this purpose, from time to time, by Maccabi, in order to perform the collection, and in signing this application, I/we confirm that I/we do not have and shall not have any objections, claims, or requirements in relation to the identity of the organization that performs the said collection.
7. I/we hereby confirm and acknowledge that I/we have been expressly informed that my/our Maccabi membership, including joining the SHS, is not conditional in any way on my/our membership and/or non-membership of the Maccabi Foundation and/or non-membership in Maccabi Long-Term Care Insurance, and that my/our joining any of the above organizations is subject to my/our personal choice, without this infringing on and/or detracting from my/our rights as regards my/our valid Maccabi membership in any way or form.
8. All of the above also applies to my/our minor child/children included in this application.

Date _____ Member's Signature _____ Date _____ Spouse's Signature _____

| | | |
|--------------------------|-------|------------|
| Representative Name: | Date: | Signature: |
| <input type="checkbox"/> | | |

Date: _____
Medical Center: _____