



DavidShield Medical Insurance Policy Information Letter Regarding Inquiring and Settling Claims

May 2011

Dear Insured,

The process of handling medical claims filed by insured parties is in fact the main component in the medical insurance plan you purchased.

At the time of filing a claim for reimbursement of medical expenses, we consider your entitlement, according to the terms of the policy, as a process that must be performed efficiently, professionally and according to our company's challenging service conventions as well as transparently and with complete fairness towards you, the insured.

Accordingly, the process of inquiring and settling claims is performed according to a set of rules discussing all aspects of processing a claim that guide the customer services team and claims department, respectively.

DavidShield invests great efforts to ensure the quality of service offered to its customers whilst placing an emphasis on the professionalism of its employees. Accordingly, the company's teams engaged in inquiring and settling claims has been qualified to act professionally and be completely proficient with the terms of the insurance plan and the relevant provisions of the law as well as the company's procedures and rules for settling claims.

We attach this letter, which presents the procedures required of you as an insured when filing a claim for reimbursing medical expenses that you paid, for your review.

The set of rules for inquiring and settling claims and this letter can be reviewed at any time by accessing our company's internet website at: www.davidshield.com
Please carefully read said below.

Our customer services department is available 24 hours a day 7 days a week on a toll free number from anywhere in the world through Skype or dialing numbers from countries where the service is available. Following is a list of our toll free numbers: <http://www.davidshield.com/freenumbers.aspx>

Filing a claim to cover medical expenses in a DavidShield medical insurance policy

For your attention: the information specified below is intended to assist you in filing a claim to cover medical expenses and is not meant to impart any obligation to cover the expenses or other obligation that is not apparent from the insurance plan you purchased. In any case, the terms of the policy and its exclusions prevail the said below. In order

to allow us to efficiently and properly handle your claim, you must proceed according to the directives specified below:

Filing in a claim form

A material part of filing a claim for covering expenses according to an insurance plan is the claim form. This form was sent to you with the insured's package and can be downloaded at any time from: www.davidshield.com

Note: the claim form is composed of two sections: the first section is intended to be updated by you and its second part must be updated by the treating medical agent.

In case of a minor insured, the form will be updated by the minor's parents or legal guardians.

- You must fill in all the necessary details in the form and sign at the suitable locations
- You must make sure that the medical agent that treated you filled in the appropriate section of the claim form

For a detailed explanation about how to fill in the form, visit the following website: www.davidshield.com

Attaching documents

The following documents, at least, must be attached to the claim form:

- Receipt/s attesting to payment for the medical services you received
- Any medical information or treatment summary that you have

If any additional or original documents will be required, we will inform you according to the set of rules for settling claims.

All the said information can be sent to us by email to: csr@davidshield.com By fax: +972-9-8920900
Or by regular mail: P.O.Box 8767, Netanya 42504

Process of handling a claim and checking your entitlement according to the policy terms

Immediately after receiving all the information mentioned above, an initial review will be performed in order to inquire your entitlement.

Concurrently, we will send you a confirmation verifying receipt of the information sent by you and what that information included.

At the earliest possible opportunity and not later than 14 days from the day of sending the documents, we will inform you if we need any additional information or documents. After receiving all the necessary information and documents and within 30 days at the latest, we will inform you of our decision.



Approving a claim

if your claim was approved, a letter specifying the details of the claim, your entitlement according to the plan's terms and the amount of reimbursement will be sent to you.

In case of direct payment to the medical services provider, notice confirming payment to the medical provider and details of the payment will be sent to you.

Rejecting a claim

if we are compelled to reject your claim, we will send you a notice detailing the reasons for rejecting it, possibilities of appeal available to you and other details.

Continuing inquiries

at times we will require additional information in order to inquire your entitlement according to the policy terms. In this case we will send you notice of continuing inquiries detailing the necessary information.

Inquiries by an expert

at times, inquiring a claim requires the intervention of an expert on behalf of DavidShield, the insurance company or an external expert. If an expert is needed, we will inform you of the expert's intervention in inquiring the claim and if necessary you might have to be checked by the expert.

In such cases, you have the right to also consult an expert on your behalf.

Note: legal advisors or insurance investigators are not considered experts in this regard.

Know your rights

- In any case of filing a claim, you are entitled to use the services of an insurance agent or an attorney on your behalf
- If you find our decision or any part thereof unsatisfactory, it is your right to contest the decision by filing an appeal to the following agents:
 - a. Director of Claims and Medical Underwriting Department
 - b. Medical Director
 - c. DavidShield's Public Complaints Representative
- You have the right to inquire your claim or contest our decision before other parties, including the legal instances or the Ombudsman on behalf of the Commission of Insurance in the State of Israel.

Period of limitation for filing a claim

According to the Insurance Contract Law, 5741-1981 and the policy terms, the date of limitation for filing a claim is 36 months from the date of the occurrence of the insurance event and in case of minors under the age of 18, 36 months from the day they reached the age of 18.

Note: filing a medical claim does not stop the limitation period. If additional information or documents are needed in order to inquire or process a claim, they must be submitted as soon as possible and before 36 months pass from the insurance event date. Not submitting additional information required in order to inquire a claim within the limitation period, may lead to rejecting a claim due to limitation.

For the avoidance of doubt, note that the insuring company or anyone on its behalf have fixed regulations and dates specified in the "comparison table" attached to the request for additional documents or information, in order to avoid a situation of the claim being limited due to delays by the insuring company or anyone on its behalf.

It is emphasized and noted that filing a legal claim as a result of an insurance event stops the limitation race and in that case, the rules of limitation stipulated in the Israeli law will apply.



Comparison table

A table comparing the dates and periods stipulated in the “settling claims and handling public complaints” circular and the dates and periods applied by the company.

Section in circular	Act	Date or period s stipulated in the circular	Date or period applied by the company
	General confirmation of receiving a claim	As soon as possible	As soon as possible
8 (a) (7)	Demanding additional information and documents	14 days from receiving the claim	14 days from receiving the claim
8 (b)	Giving notice of the process of inquiring the claim and its results	Within 30 days from receiving the information requiring additional inquiries	Within 30 days from receiving the information requiring additional inquiries
8 (f) (3)	Giving notice of continuing inquiry of a claim	Every 90 days	Every 90 days
8 (i) (6)	Giving notice of any change reducing or stopping fixed payments		
8 (l) (2)	Forwarding a copy of a verdict or an agreement	14 business days	14 business days
8 (m) (1)	Delivering information of fulfilling the policy	14 business days	14 business days
8 (m) (2)	Notice to the insured about demanding insurance benefits for a third part	7 business days	7 business days
8 (n)	Written reply to public complaints	30 days	30 days
8 (o) (1)	Delivering a copy of the policy	14 business days	14 business days
8 (o) (3)	Delivering copies of any document signed by the plaintiff (the insured)	21 business days	21 business days