

wellcome יצורף לטופסי הצטרפות לתוכנית



I, the undersigned, hereby confirm that I have read and understood the information given on the restrictions of the WELL-COME program according to clause 5 in the plan regulations document:

and clause 5.3.4:

Any treatment or examination that are related to birth, including birth expenses, treatment of a new born (including birth of a premature baby), hospitalization for complications of pregnancy, birth, abortion, curettage etc.

and clause 5.3.5:

"Fertility treatments"

Name	Name in Hebrew	Signature	Date
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