



National Insurance Institute
Department for Victims of Hostile Actions

Branch stamp and reception

--

Date Received

<p>Claim for Compensation for the Family of Hostages or Missing Persons (Compensation for Victims of Hostile Actions Law)</p>
--

Please read the guidelines and explanations on page 4. Please fill out the form clearly.

I, the undersigned, hereby claim compensation based on the following information:

A. Personal Details of the Victim

Family Name	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Father's Name	Passport or I.D. Number
Date of Birth	Date of Marriage	Last Address		

B. Details of the Hostile Action

<p>_____</p> <p>Date of the event</p> <p>Briefly describe the incident:</p> <p>_____</p> <p>_____</p>

C. Details of the Claimant

<u>Relationship to the Victim</u>	<u>Family Name</u>	<u>First Name</u>	<u>Passport or I.D. Number</u>	<u>Date of Birth</u>	<u>Marital Status</u>
Spouse	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Child (living independently)	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

D. Claimant's Address

Street	No.	Town/City	Postal Code	Telephone
--------	-----	-----------	-------------	-----------

E. Details of the parent's spouse (to be completed by victim's parent whose spouse is not the parent of the victim)

Family Name	Previous Family Name	First Name	Date of Birth	Passport or I.D. Number	Date of Marriage
-------------	----------------------	------------	---------------	-------------------------	------------------

For Official Use Only (In Israel: National Insurance Institute; Abroad: Israel Diplomatic or Consular Office)

Received on _____ by _____ Accompanying documents _____			
Verified by _____ in accordance with _____			
Details of Institute employee or consular official present when form was completed:			
_____	_____	_____	_____
Name	Position	Date	Telephone

Please read these guidelines before filling out the form

General

- Before the National Insurance Institute can deal with your claim, we will obtain confirmation from the appropriate authorities in Israel that the event was the result of a hostile action.

How to submit the claim

1. **If you are living in Israel, you should submit the claim form at the offices of the National Insurance Institute nearest your place of residence. If you reside outside of Israel, you must submit the claim form at the nearest Israeli embassy or consulate to your place of residence.**
2. This claim is personal, and each claimant must submit a separate form, except in the following cases:
 - A spouse of the victim with children under the age of 21, should fill in the details of his/her children in Section F.
 - Parents of the victim with siblings under the age of 22 should:
 - a) Fill in the details of their children in **Section G.**
 - b) Bereaved parents **who are married to each other** should fill in **one form only** with the details for both of them.

Documents and Statements to be submitted along with the Claim Form

1. The passport or I.D. Card of the person making the claim.
2. Documents proving of your relationship to the victim.
3. If your bank account is held outside the state of Israel, a formal document that proves
The details of the account.