

National Insurance Institute Department for Victims of Hostile Actions Branch stamp and reception

Date Received

Claim for Compensation for the Family of Hostages or Missing Persons (Compensation for Victims of Hostile Actions Law)

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	Male Female	Father's Name	Pa	issp 	ort	or	I.D	. N	Jui	nbe I	er	I		I	1
Date of Birth	Date of Marriage	Last Ad	dress													

B. Details of the Hostile Action

Date of the event

Briefly describe the incident:

C. Details of the Claimant

<u>Relationship to</u> <u>the Victim</u>	Family Name	<u>First Name</u>	Passport or I.D. Number	Date of Birth Marital Status
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

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	Sex	D	ate of Bi	rth		Marital	
Name of Child	M/F	Day	Month	Year	Passport or I.D. No.	Status	Address
Notes							

G. Details of Siblings of the Victim

Eau: in Name	Einst Nama	Father's	Mother's	Da	ate of Bi	irth	Passport or	Address
Family Name	First Name	Name	Name	Day	Month	Year	Passport or I.D. No.	Address

H. Other Compensation Entitlements (to be filled out by the claimant)

Have you received, or are you entitled to receive, any compensation payment as a result of this event from an Insurance company or from the authorities of the country in which you are living?

 \square No \square Yes - please give details:

I. Details of Bank Account

The account must be held in the name of the claimant alone; in the case of parents of hostage or missing persons, the account may be held jointly.

The account is held in the name of	_ Passport / I.D. Number
Name of Bank	
Address of Bank Branch or Office	
Bank / Branch Code Number	Account Number

J. Declaration (to be signed in the presence of an Israeli diplomatic or consular officer).

I hereby declare that I am making a claim for a compensation payment, and that all the details given by me are correct. If the National Insurance Institute deposits in my bank account any sum which, wholly or in part, is paid in error or not according to the law, I agree that the bank shall, upon request from the National Insurance Institute, return those sums from my account. I will inform the National Insurance Institute of any changes in my address or marital status, and/or those of my children.

Place

Signature

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rael: National Insurance Institut	e; Abroad: Israeil Diplomatic or Con	nsular Office)
by	Accompanying documents	
in accordance with		
e or consular official present wl	hen form was completed:	
Position	Date	Telephone
	by in accordance with _ e or consular official present wh	rael: National Insurance Institute; Abroad: Israeil Diplomatic or Con byAccompanying documents in accordance with e or consular official present when form was completed: Position Date

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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 <u>nearest Israeli embassy or consulate to your place of residence</u>.
- 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.