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Clarification and Claims Settlement Process – Disability Pension

Menora Mivtachim Pension Ltd. (hereinafter: the "**Company**") offers its members a system of Claims clarification and settlement, which operates according to the rules system attached herewith as **Appendix A** that its Board of Directors had adopted.

Filing Documents

Members wishing to submit a survivor's claim should choose one of two options:

1. Contact one of the company's branches, deployed across the country, in order to submit documents and to sign the claim forms. Please find attached herewith details of the information and documents required to submit the claim in **Appendix B**.

See list of the Company's main branches and their addresses:

Tel Aviv	65 Yigal Alon, Toyota House 8 th floor, Tel Aviv	03-7613000
Haifa	157 Jaffa Amot House 7 th floor, Haifa	04-8552274
Jerusalem	Technological Garden Malha, opposite Malha Mall	02-6792110
Beer Sheva	8 Henrietta Sold, Rasco City Building, Entrance B 5 th floor, P.O.B 553 Beer Sheva	08-6654355
Rishon Lezion	11 Moshe Levy, 6th floor, UMI Building, New I.Z. Rishon LeZion	03-9528992

2. Contact the customer relations center by phone at *3876 or by email to pensia@menoramivt.co.il

For additional information about opening times and other branches, please call the Customers Relations Center at *3876 or 1-700-700-064.

Initial Eligibility

Following the submission of all information and documents, completed and signed as required, the claim will be forwarded for processing by the company's claims unit. Submitting a claim without the whole information or required documents may delay the claims proceedings or even stop the handling thereof.

For a member to be acknowledged as disabled he must prove that at least 25% of his working capacity have been damaged due to his health condition and as a result he cannot work at his job or any other suitable job, as defined by the pension Mivtachim Hachadasha pension fund or the Mivtachim Hachadash Plus pension fund statutes (hereinafter: the "**Pension Funds**"), for a period of more than 90 consecutive days.

The right to acknowledge a member as disabled is limited to three years from the date of the member's loss of working capacity, in accordance with the instructions of the Pension Funds' statutes.

The Medical Committee

The Pension Funds' medical committee consists of occupational doctors to be appointed by the Company, unless the member requested one of the medical committee doctors be appointed by him. In most cases the member does not need to be present at the committee, however when the need arises, the medical committee may summon the member to appear before it and/or be examined thereby in one of the medical committee's locations close to his place of residence (Jerusalem, Haifa, Tel Aviv, or Be'er Sheva). In such a case the member may be accompanied by another person (relative, attorney or any other person). The medical committee will determine if the member is disabled according to the Pension Funds' statutes, his disability level and the date of the loss of working capacity. In order to do that, the committee will review the disability pension request filed by the member, the documents attached thereto and additional documents presented thereto. The medical committee may require the member to present certain documents or refer him at its expense to an expert doctor's opinion, relevant to his field of disease.

The absence of an accrued qualifying period

If the member has not reached the accrued qualifying period of 60 months of membership since joining (or renewing his membership, according to the later of the two), and up to the date of death, the pension fund is obligated to examine whether the medical reason which lead to the death resulted from a previous health condition.

In such a case, the company will take action to attain the member's medical file, using specialized companies in the field and will submit said information to the medical committee so as to decide regarding the survivors who are eligible for payment.

All the medical committee decisions will be sent by registered mail, along with an attached letter to the survivors' address as updated in the company's records.

Payment from the pension fund and additional emphases

Entitlement to disability pension will be determined according to the medical committee's decision and up to when the member reaches his pension eligibility age and from that date the member will be eligible for old age pension.

The Pension Funds will credit the accumulated sum of a member acknowledged as disabled, benefit payments according to the instructions of the statutes ("**Release of Benefit Payment**").

Payment according to the Instructions of the National Insurance Law

Should the disability entitle payment according to the instructions of the National Insurance Law due to a work accident or professional disease, the member's eligibility to disability pension payment will be conditioned upon the member claiming the payments due thereto from the National Insurance.

As far as the National Insurance Institution acknowledges the member's right to payment by power of the instructions of the National Insurance Law, the member will have the right to choose between the following:

- 1) Payment of a disability pension of a sum equal to the highest of these:
 - a. The difference between the disability determining income and the pension he is entitled to that month by the instructions of the National Insurance Law, but no more than the sum of the disability pension to which he would have been entitled had he been found eligible for a benefit according to the National Insurance Law.
 - b. A rate of 30% of the disability pension amount, for the same month, to which he would have been eligible in accordance with the statute had he not been eligible for a benefit according to the National Insurance Law.

(Attention! This section applies in cases where the event for which the member is suing the fund for loss of working capacity is later than 24.04.2012. as far as the date of the event is earlier than that, the member will have to choose between the options available in section 1. A and 2 only).

- 2) Reimbursement of funds by redemption value and subject to the fund's statute.

Pregnancy Preserving

The Pension Funds statutes allow a member who is in a state of loss of work capacity as a result pregnancy preserving, to demand disability pension payment and to choose between disability pension payment including the Release of Benefit Payment or only the Release of Benefit Payment without receiving disability payment pension during her disability.

Attention – should you opt for the first option; the National Insurance may offset the amounts paid to you due to the pregnancy preservation.

The Right to Appeal a Decision

According to the pension fund's statutes and the legislative arrangement, you are faced with the following options:

- Appeals regarding medical issues to the medical committee's decision on matters of "Mivtachim Hachadash" send to the company's Medical Committees department, Menora Mivtachim Pension Ltd., POB 3507, Ramat Gan 5213603, within 6 months of delivery of the relevant decision, with the appropriate documents attached.
- If you wish to appeal non-medical issues (such as a decision stating your claim as passed its limitation period or that you are not an active member), you may appeal to the Labor Court within 45 days of the date of the production of the decision.
- To contact the Company's public inquiries officer, please send to the public inquiries officer's address, at Menora Mivtachim Pension Ltd., POB 35618, Ramat Gan 5213603.
- To contact the Finance Ministry's capital market, insurance and savings' public inquiries officer, send you inquiry to 1 Kaplan Street, Jerusalem.

You can review sample claim forms only, on the company's website at: www.moramivt.co.il.

The aforesaid in this document in the singular refers to the plural in meaning and vice versa, words in the masculine to the feminine and vice versa. The aforesaid hereto is general instructions only. Member, survivor, or pensioner rights in any claim will be determined in accordance with the relevant pension funds' statutes. Any contradiction between the aforesaid hereto and the aforesaid in the pension funds' statutes, the pension funds' statutes will prevail.

Appendix A

Rules for inquiries and settlement of claims for disability or survivor's pension and the handling of public inquiries

1. Documents and information in a claim clarification

- 1.1 Request for the realization of a disability or survivors' pension right ("**Claim**") will be clarified in accordance with the Institutional Bodies Circular 2009-9-18 regarding the clarification and settlement of claims and handling of public requests ("**Circular**"), or in accordance with any legislative arrangement instruction to come in its place, in accordance with statutes of the funds and in accordance with legislative arrangement provisions.
- 1.2 A claim, as aforementioned in Section 1.1, may be filed with every one of the service units of Menora Mivtachim Pension Ltd. (the "**Company**").
- 1.3 Should a person file a claim, as aforementioned in Section 1.1 (the "**Claimant**") the Company will provide him with the following documents:
- a. Details of the clarification and claim settlement process.
 - b. Instructions regarding the type of action required from the Claimant.
 - c. Details of the information and documents required from the Claimant for the clarification of his claim.
 - d. Claim application form.
 - e. Notice of the limitation period.
- 1.4 The company may require, at its discretion, that the Claimant submit additional documents needed for the clarification of the claim within fourteen business days from the day on which it was made clear to it they were required.

2. Notice regarding the Claim clarification and the results thereof

- 2.1 The Company will provide the Claimant with a notice concerning further clarifications taken or cessation of clarification within thirty days from the day it had received the submitted application form, signed by the member and all the information and documents required from him for the clarification of the claim.
- 2.2 The Company will be exempt of delivery of the notice as aforesaid if the Claimant was given notice of full or partial payment as aforesaid in section 3 or if the Claimant was given notice of the rejection of the claim as aforesaid in section 4 hereunder.
- 2.3 Should the Company realize it requires additional time for the clarification of the claim – it will deliver a written notice to the Claimant stating the reasons for which it requires additional time for clarification (in this section – the "**Continued Clarification Notice**").
- 2.4 In the Continued Clarification Notice, the Company will note any additional information or document required from the Claimant for the continuation of his clarification.

2.5 The Continued Clarification Notice will be delivered to the Claimant every ninety days and up to the delivery of a (full or partial) payment notice or notice of rejection, as the case may be.

2.6 The Company is exempted from its duty to send additional Continued Clarification Notices if the Claimant had appealed to legal instances or if the Claimant did not respond in writing after two consecutive Continued Clarification Notices were sent to him, including a request for information or document for the clarification of the claim. However, only if the company noted in its final notice that no further notices will be sent to the Claimant should the required documents were not received therefrom or up to the receipt of another response.

3. Payment Notice and Partial Payment Notice

3.1 Should the Claimant's claim, which entitles him to the payment of a pension or another payment, be accepted, the Company will deliver a written notice to the Claimant as aforesaid in the circular.

3.2 Should the Company decide to accept part of the claim, the company will deliver a written notice to the Claimant as aforesaid in the circular.

4. Notice of Rejection

Should the Company decide to reject the claim, the Claimant will receive a written notice stating the reasons for the rejection.

5. Notice of a disability pension claim obsolescence

A Notice, as aforementioned in sections 2, 3 and 4 will include a paragraph concerning the claim limitation period in accordance with the instructions of the circular.

6. Notice regarding the right to appeal the decision

In a partial payment notice, as aforementioned in section 3, or in a rejection notice, as aforementioned in section 4, the options available to the Claimant to appeal the Company's decision will be stated.

7. Reexamination of Eligibility

The Company may reexamine the Claimant's eligibility for pension payments and amend its decisions accordingly, if it has reasonable grounds to believe that there have been changes in the member's condition or if additional documents have been received, which were not presented to her before.

8. Interruption or Reduction of Payments to a Member

8.1 Reduction or an interruption of periodical payments, following a reexamination of eligibility, as stated in section 7 above, will be carried out in accordance with the instructions stated in the statute and after notice was given to the Claimant regarding the Company's intention to stop or reduce payments.

8.2 A notice as aforesaid in section 8.1 above, will be sent at least thirty days prior to the date of the payment reduction or interruption, but no more than sixty days prior to the aforementioned date. This is not to derogate from the aforesaid.

9. Clarification of a Claim with the Help of an Expert

9.1 The Company may use the services of an expert in order to clarify a claim as well as demand the Claimant is examined thereby. The Claimant may attend the examination accompanied by a person that may be his attorney.

9.2 For this section an "expert" is considered as such whether he is employed by the pension funds or the Company or not; whether he has met with the Claimant or not; but excluding a legal advisor and the medical committee.

10. Expert Opinion

10.1 Should the Company rely on an expert's opinion as aforementioned in section 9 (in this section – the "**Opinion**"), it will deliver a copy thereof to the Claimant, with a copy of a notice regarding the process of the clarification of the claim or with a Continued Clarification Notice.

10.2 Should the Expert's Opinion be confidential by law, the Company will delivery written notice to the Claimant, explaining why the Opinion is confidential.

11. Responses and Public Inquiry Handling

The company will respond to any written request forwarded to it by the Claimant. The relevant body will send this response within thirty days of receipt of the inquiry.

12. Providing Copies

12.1 At the Claimant's request the Company will provide copies of the funds' statutes within fourteen business days of receipt of request.

12.2 At the Claimant's request the Company will provide a copy of any document signed by the Claimant, of any document delivered by the Claimant to the Company, or of any document which was received by the Company by power of the Claimant's consent, within twenty one business days of receipt of request.

13. Storage of Information and Documents

13.1 The company will store all information and documentation regarding the member for as long as he is a member of the fund, and for a duration of at least seven years after he ceased to be a member, and the Company will save payment dates and amount in accordance with the instructions of the circular.

Circular Section	Action	Date or term set in the circular	Date or term for disability / survivor type claims
8(a)(6)	Request for addition information and documents	14 business days	14 business days
8(b)	Delivery of notice regarding the clarification of the claim and its results	30 days	30 days
8(f)(3)	Delivery of the Continued Clarification Notice	Every 90 days	Every 90 days
8(i)(6)	Delivery of notice of change regarding the reduction or	30-60 days	30-60 days

	interruption of periodical payments		
8(l)(2)	Forwarding a copy of a verdict or agreement	14 business days	14 business days
8(n)	Written reply to a public inquiry	30 days	30 days
8(o)(1)	Delivery of policy or statute copies	14 business days	14 business days
8(o)(3)	Delivery of copies of any document signed by the Claimant	21 business days	21 business days

All of the above mentioned in the masculine refers also to the feminine.

Appendix B

Hereunder is a list of the information and documents the survivor is required to bring with him when filing the claim:

- An occupational doctor's certification of a loss of working capacity of at least 25%, for a period of at least 91 consecutive days.
- Medical certifications supporting the member's loss of working capacity claim.
- The employer certification of leave of absence from work and remaining sick leave not yet used by the member.
- A clear and legible photocopy of the member's and his spouse's ID card, including an open attachment.
- A photocopy of a check or confirmation of bank account management.
- An assessor certificate regarding the tax rate or an exemption certificate from National Insurance Institute.

In addition to all of the abovementioned, upon filing the claim the survivor will be required to fill in the following forms:

- A claim form
- An agreement for the provision of medical information according to the Privacy Protection Law 5741 – 1981 (and certification)
- Form 101 – please make sure section e is completed as well as the date and the signing required in section j on the second page.

Special cases:

- In case of a **road accident** – a police certification to the road accident.
- In case of a **work accident / professional disease** which was recognized by the National Insurance Institute:
 - Certification of payment of injury fees, certification of disability level, its rates and funds paid therefore, pension level including annual quarterly wages, including the National Insurance's medical committee documents.
 - A signed statement letter and undertaking in case of a work accident.
- In case of a loss of working capacity due to **pregnancy preserving**:
 - The attending physician's certification regarding the reason for the pregnancy preserving and an estimate of the delivery due date.
 - A signed form selecting between the option of receiving a pension and release and receiving a release only.
- In cases where the member has a **guardian**:
 - A guardian appointment order for the body.
 - A completed and signed guardian statement letter form.
- Should the claim be represented by an attorney – a power of attorney for the attorney directed specifically to Menora Mivtachim Pension must be presented.
- Should the claim be handled by an agent – present a power of attorney for the agent.

All of the above mentioned in the masculine refers also to the feminine.