



DECLARATION

חשבונות סטודנטים
האגף
למינהל תלמידים
Account Section
Students Administration
Department

I HEREBY confirm that I am covered in Israel by the following Health Insurance/Medical Plan:

and have chosen not to purchase the health insurance policy offered at the Hebrew University.

Student No.

Name (print clearly)

Date

Signature

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ירושלים 91905
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