

ID/Passport No. מס' זהות/דרכון			
סוג המסמך	דפים pages		

לשימוש
פנימי בלבד
(סריקה)
For
internal
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(scan)

חותמת קבלה
Receipt stamp

המוסד לביטוח לאומי
**The National
Insurance Institute**
**Change in personal
information**
Email, Mail address, Bank
account



Check ✓ in the relevant box for:

- | | |
|--|---|
| <input type="checkbox"/> Hostile Action Casualties (איבה) | <input type="checkbox"/> Work Injury Allowance (דמי פגיעה) |
| <input type="checkbox"/> Work Disability (נכות מעבודה) | <input type="checkbox"/> Bankruptcy (פשיטות רגל) |
| <input type="checkbox"/> Reserve Service (מילואים) | <input type="checkbox"/> General Disability (נכות כללית) |
| <input type="checkbox"/> Old Age and Survivors Pension (אזרח ותיק ושאיירים) | |
| <input type="checkbox"/> Work-Injury Victims' Dependents (גמלת תלויים בנפגעי עבודה) | |

☞ In each details category, the information that have changed must be filled-in and, additionally, in each application, one must complete the section 5 of the form (work and income) according to type of paid benefit as listed in this section.
☞ This form can be provided to a branch of the National Insurance Institute or sent by mail.
☞ **Mail can be received by internet instead of by post.** To this end, please fill in your email address in the claim form. Instead of receiving a letter in the mail, you will be sent an email with an invitation to view the letter securely on your Personal Service page of the National Insurance Institute's website.

Identifying information (פרטים מזהים)

1

ID No. (מספר זהות)	First Name (שם פרטי)	Surname (שם משפחה)

Change of mail address – New address (שינוי כתובת למשלוח דואר – כתובת חדשה)

2

- If there is a change please cross this box (אם חל שינוי סמן כאן X)

City (יישוב)	Postal Code (מיקוד)	House No. (בית)	Street (רחוב)
Country (ארץ)	State (מדינה)	District (מחוז)	
Email :	Cell Phone (טלפון נייד)	Landline Phone (טלפון קווי)	
_____@_____			

I refuse to receive messages that include personal information on digital channels (SMS, email) instead of regular mail. Unless you refuse by checking this statement box, messages will be sent to you on digital channels according to the information you provided.

Change in bank account details (שינוי בפרטי חשבון הבנק)

3

Bank Account Holder's Names שמות בעלי החשבון		
Bank Details (פרטי חשבון בנק)		
BIC/SWIFT	Routing No. (קוד מסלקה)	Bank Name (שם בנק)
IBAN		
Postal Code (מיקוד)	House No. (מספר בית)	Street (רחוב)
Country (ארץ)	State (מדינה)	City (יישוב)
Payment currency: <input type="checkbox"/> Dollar <input type="checkbox"/> Euro <input type="checkbox"/> Local currency		
*You must attach a bank account verification letter (חובה לצרף אישור מהבנק על פרטי החשבון)		
<p>I assume the obligation to notify the National Insurance Institute (NII) of any change of joint holders or proxy in relation to the account, and to verify their signature upon the account details update form.</p> <p>I give my consent to the bank to transfer to the National Insurance Institute, occasionally and upon its request, information about account's joint holders and proxy, during the period of entitlement to the benefit and afterwards.</p> <p>I agree that the aforementioned bank, if requested to do so, will return payments from my account to the NII in cases where the NII deposited on the account a payment that was, in full or in part, made by mistake or illegally, and that the bank will communicate drawers' details to the NII.</p> <p>I agree that the NII will contact the aforementioned bank, using computerized communication, in order to verify my ownership of the bank account, as I declared above, and that the aforementioned bank and / or whoever works on its behalf, shall give the NII the information it needs to verify the bank account details I have given above. Alternatively, I am aware that the NII may require additional documents and certificates to verify the details of the bank account I provided above and that I will have to supply these on demand.</p> <p>I, the undersigned, declare that all the information I have given in this notification and its appendices is true and full. I am aware that giving false information or withholding details is a legal offence and that a person who deceitfully or knowingly causes a benefit to be granted under the present law or increased by concealing relevant important information, can be fined or imprisoned. I am aware that each change I have mentioned in this notification and its appendices may affect my entitlement to the benefit or create a debt, and, therefore, I am obligated to inform of any change within 30 days.</p>		
Date (תאריך) _____ Signature of insured (חתימת מבטוח) ✕ _____		