

This form, issued in minimum duplicate copies, has been prepared in order to release general information relating to the contract for the people who wish to become party to the insurance contract; pursuant to the Regulation on Furnishing Information in Insurance Contracts published in the Official Gazette dated October 28th, 2007.

#### **A. DETAILS OF INSURER**

1. Insurance agency who acts as an intermediary in the contract;

Commercial Title :

Address :

Tel & Fax no. :

2. Insurer providing coverage;

Commercial Title : Anadolu Anonim Türk Sigorta Şirketi

Address : Rüzgarlıbahçe Mah. Kavak Sok. No:31 34805 Kavacık/İSTANBUL

Tel & Fax no. : 0 (850) 744 0 744; fax: 0(850) 744 0 745

MERSİS No: 2136-7142-9673-9572

#### **B. WARNINGS**

1. Premiums for medical insurance products for foreign nationals are determined on the basis of age, gender, coverage limit for the product of choice, coverage structure and payment rates, medical institutions where the product applies (network), and the rate of increase of treatment costs.

2. For detailed information on insurance, please refer to the General Terms and Conditions of Medical Insurance and Special Terms and Conditions of Medical Insurance for Foreign Nationals. These documents will be provided to you with you policy. Policy, General Terms and Conditions of Medical Insurance and Medical Insurance Special Terms and Conditions for Foreign Nationals are all integral parts of the Disclosure form. You can reach to all these documents on Anadolu Sigorta's website.

3. You have to give complete and true answers to the questions in the application form you are to fill out in order to take the medical insurance. In addition to that, in case of occurrence of a risk during the execution of the contract and/during the insurance term, the insurer should be notified of the risk within the shortest period stipulated by law. One must avoid providing incomplete or inaccurate information. Otherwise, indemnity period may extend, the full amount may not be paid or the compensation may not be paid, or the policy may be cancelled and/or additional premium or exemption may be applicable for relevant diseases.

4. Medical insurance coverage shall start after Anadolu Sigorta's approval of the application form filled out by the insured and preparation of the policy and the payment of all premiums. Unless otherwise agreed, the liability of Anadolu Sigorta shall not commence until the full insurance premium even if the policy has already been delivered.

5. The contract period for Foreign Nationals Health Insurance shall be 1 year. The medical expenses incurred by the insured on the commencement date specified on the policy, regardless of the time of the day, shall be paid within the limit specified in the policy, and the special and general terms and conditions of the policy. However, the medical expenses incurred by the insured on the expiry date of the insurance, regardless of the time of the day, shall not be paid under the policy.

Policy may only be renewed by the clear agreement of the Parties. Although the Parties clearly agreed on a new period, Anadolu Sigorta's liability shall start only after the payment of the premium of the new period.

6. To avoid any further disputes, please do not forget to get a receipt for the premium payments you made.

7. In the event that the contract is terminated without any occurrence of risk, premium days corresponding to the period for which the insurer bears responsibility shall be calculated and the excess amount shall be paid back to the insured or the imperfect premium which has not been paid until that date shall be paid to the insurer. In case the contract is terminated before its original term but after an occurrence of a risk insured shall be eligible for the amount corresponding to the proportion of agreed premium to be paid for such risk.

8. The policies of all insured covered under the policy shall be terminated immediately, in case any one of the insured covered under the policy acts in violation of the general terms and conditions of the policy or implementation principles, or attempts to willingly benefit from the insurance.

9. Anadolu Sigorta may also, if it deems necessary, require the insured to undergo an examination by a doctor to be appointed by the insurer, during the processing of the indemnity claim. Moreover, if it deems necessary, Anadolu Sigorta may first have an investigation on the issue before paying for the medical expenses of the insured. Furthermore, with the insured's written approval, it shall also be entitled to request information and copies of records regarding the medical history of the insured, from all doctors, health providers, Social Security Institution, Insurance Information and Monitoring Center (SBM), public institutions, and third persons involved in the treatment of the insured before and after the insurance period. Anadolu Sigorta may transfer any and all details in relation to insured's health information to Insurance Information and Monitoring Center (SBM) and third persons involved in insurance services.

10. By signing the related documents, insureds or people to be insured, are agreed to confirm the allocation of their medical information, insurance records and other information from Insurance Information and Monitoring Center, Social Security Institution, Ministry of Health, health institutions and insurance companies for underwriting and claim payment processes. They are also agreed to confirm all this information to be shared with these institutions and other authorities within the regulations.

11. Anadolu Sigorta may request persons to be insured to take specific examinations at specified health providers upon approving the insurance cover. In this case, pre-examination fees shall be paid by Anadolu Sigorta. However, in case the person to be insured changes their mind and chooses not to get insured because this disease is excluded from the cover as a result of representations of the person to be insured in the application form being wrong or incomplete, and the disease being arisen during pre-examination, pre-examination fee shall be paid by such person. Hence, pre-examination fee shall be deducted from the amount charged to credit card of the applicant insured and remaining amount of the premium shall be returned to him/her. In case the insured does not grant access for Anadolu Sigorta to his/her health history information, Anadolu Sigorta may, if its deems necessary, require a physician's view on the insured's health condition. In such case, relevant expenses shall be borne by the policy holder and the insured.

12. Additional critical illness premium may be requested for such illnesses in the policies of the insured that had a critical medical condition within the policy period of the Foreign Nationals Medical Insurance.

13. Anadolu Sigorta is free to make changes on the Special Terms of the Policy and the Policy Coverage. However, such changes shall take effect on the renewal date of the insured's contract and in case the policy is renewed.

14. Anadolu Sigorta reserves the right to replace its contracted health providers. An up-to-date list of contracted health providers is accessible at [www.anadolusigorta.com.tr](http://www.anadolusigorta.com.tr) website.

15. Under the following conditions a policy may be terminated upon the request of the Insured:

\*Upon submittal of a new private insurance policy to the Company which covers the stay period,

\*Upon cancelation of residence permit,

\*Upon submittal of the document evidencing the coverage of a General Health Insurance as per the Law No.5510 on Social Insurance and General Health Insurance

### C. OVERALL INFORMATION

1. Foreign Nationals Health Insurance Policy covers the minimum liability structure defined by the Directive on Private Health Insurance for Residence Permit Applications, dated 6.6.2014 and numbered 9.

Anadolu Anonim Türk Sigorta Şirketi (Anadolu Sigorta) covers the costs of examination, diagnosis and treatment of the insured for the conditions occurred after the insurance commencement date within the framework of the General Terms and Conditions of Medical Insurance and Special Terms and Conditions of Anadolu Sigorta Foreign Nationals Medical Insurance within the scope and limits of the coverage specified in the policy. The payments within the framework of this policy require that the examination, diagnosis and treatment of the insured must be effected in the policy period. Expenses regarding conditions of which symptoms/findings or diagnosis and/or the beginning of treatment predates the insurance commencement date, as well as complications to arise in relation thereof and "cases excluded from the coverage" as per the Foreign Nationals Health Insurance Conditions shall not be covered by the policy. Please refer to the Medical Insurance General Terms and Conditions and the Special Terms and Conditions of Foreign Nationals Health Insurance for cases that fall outside the scope of the coverage.

2. Foreign Nationals Health Insurance is only for people with foreign origin. Turkish nationals may not be insured under that policy. This policy is valid only in the Republic of Turkey and shall not be valid outside of the Republic of Turkey. Turkish Republic of Northern Cyprus is regarded as abroad.

3. If the persons covered by our company under individual private insurance policy wishes to be transferred to Foreign Nationals individual Health Insurance, our company will apply a risk assessment for them.

4. "Daily incapacity allowance determined for the earnings that can not be obtained by the insured due to inability to work as a result of illness" which should be paid pursuant to subparagraphs c and d of paragraph 1 of Article 1513 of the Turkish Commercial Code and

“expenses arising as a result of care or daily care allowance determined if the insured becomes in need of care” are not covered herein.

5. Treatments, inspection and examination expenses of the disorder emerging after the starting date of the insurance and the expenses regarding the treatments, examinations and inspections for the complications to result from such disorders, all of which are specified below, will be outside the scope of the policy for 1 year after the starting date of the insurance. A waiting period of one year will also apply in emergencies to occur in relation to the diseases given below.

1. Wart, lipoma, cyst sebaceous (wen),
2. Varicotomy, anorectal (Hemorrhoids, anal fissure, fistule, anal abscess, etc), pilonidal sinus (sacral dermoid cyst), hydatid cyst, hernia (inguinal etc), gall bladder, thyroid and breast diseases,
3. All expenses regarding nose, nostrils and adenoid, sinusitis, hearing impairment surgery and ear ventilation tube, tympanoplasty, etc,
4. Cataract surgery, glaucoma,
5. Uterus, ovaries, cystocele, cyst of Bartholin gland,
6. Knee surgery (meniscus lesion, rupture etc), trigger finger, neuropathy and ganglion, cystic hygroma, Morton neuroma.
7. Urinary system stone diseases, hydrocele and prostate,
8. Spinal diseases and disc diseases, facet denervation, nerve blockage
9. Any organ transplantation
11. Diseases in connection with blood pressure,
12. Diabetes,
13. Heart diseases,
14. All endoscopic and interventional diagnosis procedures.
15. All kinds of cancer,
16. Ulcer, gastroesophageal reflux,
17. Physiotherapy,
18. Rehabilitation

6. Anadolu Sigorta shall not be liable and accept the transfer of the vested benefits of the insureds under another policy for those who were previously insured by any other company but then wished to be covered by the Anadolu Sigorta Foreign Nationals Health Insurance.

7. Following describes the coverage of the Foreign Nationals Health Insurance:

- a. Outpatient Treatment Coverage
  - Physician Examination
  - Drugs (outpatient)
  - Diagnosis (outpatient)
  - Physiotherapy
  - Rehabilitation
  - Minor Operations
- b. Inpatient Treatment Coverage:
  - Operation
  - Hospital room - meal - attendant
  - Physician's follow-up
  - Drugs (inpatient)

- Diagnosis (inpatient)
- Intensive Care
- Chemotherapy-radiotherapy-dialysis
- c. Other coverage
- Dental Treatment As A Result of Traffic Accident
- Home Care
- Artificial Limb
- Ambulance
- Auxiliary Medical Equipments

8. Anadolu Sigorta Foreign Nationals Health Insurance does not provide "Renewal Guarantee".

9. Inpatient care is limited to 180 days in a one year policy period. For cases requiring the insured to be treated under intensive care, inpatient care limit for intensive care is maximum 90 days which will be deducted from the total inpatient care limit and expenses in connection thereof will be paid within the limits defined by the policy and as per the private and general policy terms and conditions

10. Children under the age of 18 cannot be insured on their own within the scope of this policy. It is necessary for children under the age of 18 to be insured together with one of their parents within the scope of the policy. Newborns can be included to the scope of the policy as of the 14th day after their birth at the earliest.

11. Policies must be renewed within 30 days at the latest following expiration.

12. According to Law on the Protection of Consumers and related legal provisions, insurer, who doesn't have a policy issued for commercial and professional reasons (insurer who is considered to be a consumer), can use his right of rescission within 14 days for distance sales contracts about financial services and within 7 days for installment sales contracts without showing a reason and without a penalty clause. Declaration of rescission can be made by filling in the form at our website [www.anadolusigorta.com.tr](http://www.anadolusigorta.com.tr) or a detailed declaration can be forwarded to [bilgi@anadolusigorta.com.tr](mailto:bilgi@anadolusigorta.com.tr).

13. Right of rescission cannot be used for distance sales contracts having a validity period less than one month and installment insurance sales contracts beginning with the approval of the insurer. It is accepted that the insured has approved the commencement of the policy by paying the first installment. Paid premium will be reimbursed, after the declaration of rescission for distance sales contracts. For compulsory insurance contracts, special legislation sentences will be applied.

#### D. RISK OCCURRENCE

1. Please ask for the documents and information required in indemnity applications with your policy.

2. Notify the insurer of the situation as soon as possible in case of risk occurrence.

3. Follow the Insurer's instructions during notification period.

4. In case of risk occurrence, the insurer shall be liable for indemnity payment within the policy conditions.

## E. INDEMNITY

1. To be valid for any coverage, the amounts to be paid to the physicians and their teams (assistant, anesthesiologist) for the diagnosis and treatment procedures of the insured to be carried out by the non-staff physicians at the domestic contracted health providers shall be deducted from the limits of unconstructed institution as per the payment conditions specified in the policy and be as much as the fees specified in the contract signed by Anadolu Sigorta with the health provider.
2. Physician fees to be paid in relation to the operations made outside the contracted health providers or at the physician's offices by physician and his/her team (assistant, anesthesiologist) shall be deducted from the limits of unconstructed institution as per the payment conditions specified in the policy and be covered up to an amount of the fees specified in the Turkish Physicians Association Minimum Fee Tariff.
3. Policy coverage is not valid outside of Turkey.
4. Information on the indemnity payment shall be transferred to Insurance Information Centre.

## F. INDEMNITY PAYMENT

1. The exemption and implementation terms applicable to the contract to be executed shall be specified in the policy.
2. For the payment of indemnity, the following documents must be submitted to Anadolu Sigorta.
  - a. Indemnity Claim Form (relevant fields of the Claim Form should be filled and signed by the insured, doctor, or the health provider where the treatment was received.),
  - b. Original invoices for all expenses and invoice statements,
  - c. Operations report and/or patient release epicrisis for inpatient treatments,
  - d. Results of analyses for the diagnosis of the condition,
  - e. Alcohol report, judicial report and traffic accident report, in case the treatment is necessitated by a traffic accident; alcohol report, judicial report and statement of the insured, in case of any other kinds of accident.
  - f. Original prescription, drug packing clipping cuts and receipt or invoice from the pharmacy, (attaching to the prescription and submitting of drug tags),
  - g. Original of paranasal sinus tomography before sinusitis surgeries,
  - h. For physiotherapy expenses to be payable, the results of imaging making treatment necessary (MR, tomography, ultrasound, etc.) and detailed physician's report (how many sessions of physiotherapy are needed, detailed breakdown of therapy which must be administered in one session),
  - J. Chemotherapy treatment schema.
3. Insurer is a party to the Arbitration system.

## S. DISCOUNT AND ADDITIONAL PREMIUM PRACTICES

Foreign Nationals Private Health Insurance policy does not include family discount, no-claim discount, liability supplementary premium, discount for collaborates or affiliates.

- Additional premium rate which will be effective for each renewal year shall not exceed 50% for each illness.

- Any expenses regarding conditions of which symptoms/findings or diagnosis and/or the beginning of treatment predates the insurance commencement date, as well as complications to arise in relation thereof shall be covered by the policy, if deemed fit as a result of a risk assessment provided that illness premium is applied. An illness premium at the rate of maximum 200% of the base premium shall be applicable per illness. Anadolu Sigorta has the discretion.

- Base tariff premiums, which are to be actuarially calculated, of the policyholders shall be increased at the rate of maximum 50% in policy renewal period. The maximum increase rate, which is 50%, has been determined based on the assumption that inflation rate would not exceed 15% and, in case inflation rate exceeds this rate, the difference in between shall be added to the rate of 50%.

#### H. COMPLAINTS AND INFORMATION REQUESTS

1. The insured can apply to the address and phone number below for any kind of information request and complaints relating to the insurance. The insurer has to reply to the requests within 15 business days after it receives the same.

Address : Rüzgarlıbahçe Mah. Kavak Sok. No:31 34805 Kavacık/İSTANBUL

Tel & Fax no. : 0 (850) 744 0 744; fax: 0(850) 744 0 136

E-mail: Contact Us / Your Opinion and Suggestions link at the address <http://www.anadolusigorta.com.tr>

Insured's Full Name and Signature Seal of Insurer or Agent and Signature of Authorized Person

Date : \_\_\_/\_\_\_/\_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_\_\_

Information provided on this disclosure form shall be valid as of the day on which the form is signed by both parties. The form signed by the insured should be delivered to the insurer/agent that draws up the policy.