

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

This form, compiled as at least two separate copies, has been drawn up pursuant to The Regulation Regarding Information on Insurance Contracts, which was issued in the Official Gazette dated 28.10.2007, in order to inform the persons who would like to be a party to an insurance contract about the contractual issues.

A. INFORMATION ABOUT THE INSURER

Trade Name :

Address :

Tel & Fax No :

of the insurance agent which has negotiated the contract.

Trade Name : Anadolu Anonim Türk Sigorta Şirketi

Address : Rüzgârlıbahçe Mah. Kavak Sok. No:31 34805 Kavacık-İSTANBUL/TÜRKİYE

Tel & Fax No : +(90) 850 744 0 744, faks: +(90) 850 744 0 745

The Central Registry System (MERSİS) No : 2136-7142-9673-9572

of the insurer which has given the instruction

B. UYARILAR

1. Premiums for complementary medical insurance products 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 Conditions of Complementary Medical Insurance. These documents will be provided to you with you policy. Policy, Medical Insurance General Terms and Conditions and Complementary Insurance Special Terms and Conditions are all integral parts of the Disclosure form.
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 according to the payment terms mentioned in the contract. In cases where the premium is agreed to be paid by installments, policy cover shall be ceased if the payment is not made on time.
5. The contract term for complementary medical insurance shall be 1 year, unless specified otherwise. 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.

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

6. 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.
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. 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 the prospective policy owner or the policy owner himself. Hence, pre-examination fee paid by the the prospective policy owner or the policy owner himself shall be deducted from the advance payment and remaining part of the advance payment shall be returned to the prospective policy owner or the policy owner himself.</cf> 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.
11. A medical risk assessment shall be carried out for the persons who were covered under a private or complementary corporate medical insurance at our company but applied for a private corporate health insurance policy due to ending employment, retirement or expiry of agreement between the group and our Company, taking into account whether that person is entitled to any sort of renewal.
12. Anadolu Sigorta reserves the right to replace its contracted health providers. An up-to-date list of contracted health providers is accessible at www.anadulusigorta.com.tr website.

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

C. OVERALL INFORMATION

1. 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 Complementary Health Insurance policy, General Terms and Conditions of Medical Insurance and Special Terms and Conditions of Anadolu Sigorta Complementary Medical Insurance within the scope and limits of the coverage specified in the policy and Social Security Administration reimbursement rules. Costs related to health expenses not subsidized by SSI are outside the scope of this 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. Insurance does not cover "circumstances not covered by the policy" contained in the Complementary Medical Insurance Special Terms and Conditions, and the costs of examination, diagnosis and treatment of the insured that may arise from congenital diseases (excepting infants covered on their birth date) and other conditions for which the insured received treatment or which were already known before the insurance commencement date with Anadolu Sigorta. Please refer to the Medical Insurance General Terms and Conditions and the Special Terms and Conditions of Complementary Health Insurance for cases that fall outside the scope of the coverage.
2. The remaining portion of treatment expenses not covered the SSI are covered under the Complementary Health Insurance Policy, subject to special conditions. Complementary health insurance products are valid at institutions/private clinics which have health insurance contracts with our company and the SSI. Health expenses incurred at institutions which have made health contracts with the SSI but not with our company as well as those incurred by patients without a General Health Insurance entitlement are outside the scope of this insurance policy. Persons covered by the SSI and a General Health Insurance are covered by this policy. Family members need to have separate policies to benefit from the complementary health insurance policy.
3. Only Turkish and foreign citizens with a General Health Insurance entitlement may benefit from the complementary health insurance policy. This policy is valid only within the borders of the Republic of Turkey (T.C.) and it will not be valid outside Turkey. Turkish Republic of Northern Cyprus is regarded as abroad.
4. Any amendments to the Communique on Health Practices within the policy term shall be reflected in the policy.
5. If the persons covered by our company under individual private insurance policy wishes to be transferred to complementary health Insurance, our company will not apply a risk assessment for them. Entitlement to a renewal guarantee in the individual private health insurance policy is converted into a Complementary Health Insurance Renewal Guarantee. Risk assessments accompany transitions from an individual complementary health insurance contract to an individual private health insurance contract.
6. "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.
7. The complementary corporate health insurance coverage and special conditions are included in the introduction set, which we offer to our insured.

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

8. New born babies may be covered under insurance warranty providing the relevant application form is filled out and forwarded to our company within 15 days (including the 15th day) following their birth. Congenital disorders of these babies will be paid within the policy coverage and guarantees. Congenital disorders of babies not covered by an insurance policy within 15 days (including the 15th day) following their birth shall not be covered by the policy.
9. Unless specified otherwise in policy terms and conditions, medical conditions that may appear after the commencement date of insurance and surgery expenses of which are left outside the coverage for 3 months are specified as follows. 3 month waiting period shall not apply in case of malign tumours.
 - a. Wart, lipoma, cyst sebaceous (wen),
 - b. Varicotomy, anorectal (Hemorrhoids, anal fissure, fistule, anal abscess, etc), pilonidal sinus (sacral dermoid cyst), hydatid cyst, hernia (inguinal etc), gall bladder, thyroid gland and breast diseases,
 - c. Nose, nostrils and adenoid, sinusitis, hearing impairment surgery, ear ventilation tube, tympanoplasty, etc,
 - d. Cataract surgery, glaucoma,
 - e. Uterus, ovaries, cystocele, cyst of bartholin gland,
 - f. Knee surgery (meniscus lesion, rupture etc), trigger finger, neuropathy and ganglion, cystic hygroma, morton neuroma,
 - g. ESWL and operation, hydrocele, prostate,
 - h. Expenses for operations in relation to disk hernia, facet denervation, nerve blockade,
 - i. Any organ transplantation
10. Although complementary health insurance policies include different covers depending on the products, all covers are given below.
 - a. Inpatient Treatment Coverage:
 - Operation
 - Minor Operations
 - Hospital room - meal - attendant
 - Intensive Care
 - Chemotherapy-radiotherapy-dialysis
 - b. Outpatient Treatment Coverage
 - Physician Examination
 - Diagnosis Expenses
 - Physiotherapy Expenses
11. Anadolu Sigorta will provide a 'Complementary Health Insurance renewal guarantee' to the firm personnel and their dependents, who sustained their insurance with Anadolu Sigorta for an uninterrupted period of 4 years within the scope of this health insurance and whose ratios of compensations paid to premiums under their policies for each year within the last 4 years were less than 100%, without leaving the sicknesses that might arise after the initial starting date of this group health insurance out of the coverage and without requiring the payment of any additional sickness premium for these sicknesses.

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

The insured, who could not be entitled to receive the "Complementary Health Insurance renewal guarantee" as a result of the first evaluation realized at the end of the 4th year, will be re-evaluated for "Complementary Health Insurance renewal guarantee" every year during policy renewal periods on the basis of their compensation/premium ratios within their last 4 years. Policy owners who have not received an entitlement to a Complementary Health Insurance renewal guarantee until the age of 64 shall no longer be entitled to or evaluated for their fitness to earn an entitlement to a Complementary Health Insurance renewal guarantee when they reach the age of 64 or above.

There will not be any changes made to the compensation limits and premium ratios of persons who are entitled to a "Renewal Guarantee" under their complementary health insurance policy unless requested personally by them. The complementary health insurance renewal guarantee will be provided exclusively for each individual. All details on the Supplementary Health Insurance Renewal Guarantee are specified in the Complementary Health Insurance Special Terms and Conditions

12. Pursuant to Consumer Protection Law and relevant legislation; persons, whose insurance were not to include commercial or professional purposes (persons with a consumer attribute), shall have the right of recourse for 14 days in distance contracts for financial services and for 7 days in installment sales contracts without giving any reason or paying a penal clause. To make use of the right of withdrawal, one has to fill out the declaration form at www.anadolusigorta.com.tr and sent it together with a clear declaration at bilgi@anadolusigorta.com.tr.

For insurance contracts with a shorter distance contracts fewer than one month and installment sales contracts with the approval of the insured, there will be now right of withdrawal. For installment sales contracts, the contract will be considered approved after the insured pays the first installment. The collected premium amount for distance contracts shall be returned with the arrival of the withdrawal notification. Special relevant legislation shall apply for compulsory insurances.

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. In case the insured applies to a contracted provider for treatment, the contracted health provider receives a provision from the Social Security Institution and our Company and the insured checks out the contracted health provider after paying the patient share within the coverage limits and signing a waiver.
2. Health expenses incurred by patients who visit non-contractual institutions shall not be covered by the policy.
3. Information on the indemnity payment shall be transferred to Insurance Information Centre.

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

F. INDEMNITY PAYMENT

1. The exemption and implementation terms applicable to the contract to be executed shall be specified in the policy.
2. Insurer is a party to the Arbitration system.

G. PERSONAL DATA PROCESSING and TRANSFER and THE RIGHTS of DATA SUBJECT

Insurer, takes necessary precautions to prevent the illegal use of the data, to protect them and to ensure an appropriate level of security in accordance with the legislation while processing and transferring the personal data as the data controller. Personal data are processed in order to make risk assessment in insurance, to exercise the rights and fulfill the requirements arising from insurance agreement, to carry out planning and statistics works within the scope of insurance and to improve tailor-made opportunities, and are transferred to authorized agencies, reinsurers, experts, assistant companies, actuaries, support service providers and public institutions and organizations and other related people and/or institutions within the scope of Insurance Law and other legislative provisions.

Data related to the race, ethnicity, political view, philosophical belief, religion, sect or other beliefs, appearance, memberships to associations, foundations or unions, health, sexual lives, criminal conviction and safety measures as well as biometric and genetic data are the special personal data. Out of special personal data, those related to health and sexual life can be processed only upon approval. By signing the related documents, people covered or to be covered by insurance accept that their health data, insurance records and other data shall be obtained from Insurance Information and Monitoring Center (SBGM), Social Security Institution, Ministry of Health, health institutions and organizations as well as insurance companies and that such data and records available at the company shall be shared with SBGM, insurance companies and offices authorized as per the applicable legislation.

Personal data are not used for any purpose than a processing purpose, and are not transferred and/or disclosed to third parties without approval or any other reason prescribed in the applicable legislation. The data that must be shared with related people and/or institutions and public institutions and organizations and judicial bodies within the scope of Insurance Law and other legislative provisions are exempt from the last sentence.

Owner of the personal data is entitled to waive from any approval s/he granted for personal data processing fully or in part. Without prejudice to Insurer's rights arising from the legislation and this Form, s/he furthermore is entitled to learn whether the personal data are processed or not; to request information accordingly, if processed; to learn which personal data are processed, what their purpose of processing is, whether they are used in accordance with the purpose or not, whether they are transferred to third parties at home or abroad, and if transferred who these third parties or person categories are; to request the correction of personal data, if incomplete or incorrect, the update thereof, if changed, the deletion or disposal of personal data, if the reasons for processing are not available anymore, notifying third parties to whom personal data are transferred about correction/deletion/disposal of such data; to reject in the event that an unfavourable case arises by exclusively analyzing the personal data processed through automatic systems; and to request the cover of losses incurred as the personal data are not processed in accordance with the legislation. The Insurer reserves the right to reject requests that are unreasonably repetitive, require disproportionate technical effort, risk the privacy of others, or would be extremely impractical.

COMPLEMENTARY CORPORATE HEALTH INSURANCE DISCLOSURE FORM

H. COMPLAINT AND INFORMATION REQUESTS

1. For all kinds of information requests and complaints regarding the insurance, you can resort to the address and phone numbers given below. The insurer is required to respond the requests within 15 days after submission of the application.

Address : Marketing and Customer Management Department, Rüzgârlıbahçe Mah.

Kavak Sok. No:31 34805 Kavacık-İSTANBUL/TÜRKİYE

Tel & Fax no : +(90) 850 744 0 744/7825; faks: +(90) 850 744 0 136

E-mail : Contact us via the web address <http://www.anadulusigorta.com.tr/>
Link for your opinions and suggestions

Name, Last Name and Signature of the Insured

Seal of the Insurer or Agency and the Authorized Signature

Date : ____ / ____ / ____

Date : ____ / ____ / ____

The information given in this information form are valid as of the day on which the form is signed by both parties. The form signed by the insured is required to be submitted to the insurer/agency issuing the insurance policy.