ANADOLU ANONİM TÜRK SİGORTA ŞİRKETİ
ANADOLU INSURANCE COMPANY
ANADOLU HİZMET VE HASAR İŞLEMLERİ HATTI : 0850 **7 24** 0850

Rüzgârlıbahçe Mah. Kavak Sok No:31
34805 Kavacık-İstanbul/Türkiye

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Büyük Mükellefler V.D. 0680061327
MERSİS No: 2136-7142-9673-9572
www.anadolusigorta.com.tr

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. WARNINGS

1. The premiums belonging to the private health insurance products; shall be determined in the framework of age, gender, the coverage limit for the chosen product, coverage structure, payment rates, agreement healthcare organizations to which the product applies (network) and the rates of increase of treatment costs.
2. In order to get more detailed information regarding the insurance, please read Health Insurance General Conditions and Health Insurance Particular Conditions carefully.
3. You're required to give exact and accurate answers to the questions on the questionnaire which you'll fill up in order to take out a health insurance. Under separate cover, in case of a risk occurs in the course of preparation of the contract and/or during the period of insurance; it's required to notify the insurer of the risk within the shortest time foreseen by law. It's strongly advised to avoid from giving imperfect or false information. If not; the indemnity payment period may extend, the indemnity received may be incomplete or no indemnity may be received, the insurance policy may be cancelled and/or an exemption might be implemented for the related illnesses.
4. Health insurance coverage shall begin provided that the application form filled up by the insured is accepted by Anadolu Sigorta, the insurance policy is issued and the determined first installment is paid if the premium has been decided to be paid in cash or by installments. Unless otherwise agreed, if the premium isn't paid in full or its advance payment isn't made, even if the policy has been submitted; the liability of Anadolu Sigorta shall not start.
5. The duration of contract for health insurance is 1 year. The policy shall be renewed only with the approval by Anadolu Sigorta and on the condition that the policy premium is paid for the new period.
6. In order to prevent certain disagreements likely to arise in the future, please don't forget to get a payment document (in cash or by installments) after your premium payments.
7. The agreement ends without any notice if the premium or premium installment isn't paid on time under the conditions in which the precise due date has been determined with expressions such as "definitely", "absolute" (Code of Obligations Art. 107).
8. In the case of any contract termination; the premium corresponding to the period during which the insurer is liable, shall be calculated over the number of days and the excess premium shall be paid

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back to the policy owner. The imperfect premium which isn't paid till this date shall be paid to the insurer by calculating the number of passing days.

9. In the event that any of the insurance holders who're subject to the policy, makes a profit-oriented attempt contrasting with general terms and implementation fundamentals of the policy; the policy of all insurance holders shall be cancelled at once.
10. If Anadolu Sigorta deems necessary; during the trading of an indemnity claim, it has the right to have the insurance taker get examined by a doctor to be determined by it. If Anadolu Separately, it has the right to ask all the doctors, healthcare organizations and third parties that treat the insurance taker both before and after the insurance for information and records regarding the health history of the insurance taker.
11. The insurance company may implement no-claim bonus or additional premium on the policy premium by reviewing Income Benefit / Received Net Premium of the policy which comes to an end on the case that the policy has been renewed.
12. By consent of Anadolu Sigorta, it's possible for the insured to switch to another product with a higher coverage in the renewal period. Anadolu Sigorta might change the particular policy conditions. However these aforementioned changes shall apply to the policy to be renewed for the following year.
13. At our company in the case of severance, retirement or termination of the contract between the group and our company, for the persons who are covered by corporate health insurance; a medical risk assessment is carried out also by considering whether the persons are entitled to lifelong renewal guarantee. For the illnesses existing before the starting date of individual policy, an exemption might be implemented or an additional premium might be received. For childbirth a 1-year waiting period is implemented. On the other hand the 1-year waiting period which is valid for certain operations isn't implemented for the insurance takers who have completed 1 year at corporate policy.
14. Together with the policy, it's a must to deliver a leaflet with Health Insurance General and Particular Conditions written in it to the insured.

C. GENERAL INFORMATION

1. Health Insurance policy compensates for the examination, scrutiny and treatment expenses arising after the starting date of the insurance at Anadolu Sigorta within the scope and limits of the coverage defined in the policy. Policy coverage doesn't cover any examination, scrutiny and treatment which are possible to arise from the congenital disorders, disorders for which the person has been treated before the insurance starting date at Anadolu Sigorta or disorders of which the insured is aware. It also doesn't cover the circumstances which lie beyond the scope of the policy which appears in Health Insurance Particular Conditions. For the circumstances lying beyond the scope of the coverage, please see Health Insurance General Conditions and Particular Conditions.
2. The expenses related to "dailiy inability allowance aimed to compensate the loss in the income of the insured due to his inability to work as a result of an illness" as stated in Turkish Commercial Code Article 1513 Paragraph 1-c and "the expenses of daily care and daily care payment in case the insured becomes in need of care" as stated in Turkish Commercial Code Article 1513 Paragraph 1-d are not covered with this policy.
3. The coverage for childbirth becomes valid 1 year later after the insured has been included in the scope of the policy. The childbirth expenses arising within the first policy year, routine pregnancy controls, and expenses arising from the complications caused by pregnancy or childbirth are out of the coverage scope.

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The expenses regarding coverage for childbirth start to be paid in the 2nd policy year of the insured person who has coverage for childbirth. The childbirth expenses are covered with a rate of 100% within the policy scope. Additionally room-food-hospital attendant, diagnostic units, medicine, doctor and other warranties shall not come into force. The expenses arising during the childbirth shall be paid only for once during the 1-year policy period. The women who are insured with child status together with her parents or one of her parents cannot benefit from the coverage for childbirth. There is no coverage for childbirth in Package 1, Package 1 ECO, Package 1 with Check-up, Package 1 ECO with Check-up, Sağlıkta Fırsat/P7, Sağlıkta Fırsat/P7 ECO, Sağlıkta Fırsat/P7 with Check-up, Sağlıkta Fırsat/P7 ECO with Check-up, Sağlıkta Maksi Fırsat, Sağlıkta Maksi Fırsat ECO, Sağlıkta Maksi Fırsat with Check-up,and Sağlıkta Maksi Fırsat ECO with Check-up and Complementary package products. For this reason; the expenses arising from routine pregnancy controls, childbirth, pregnancy and childbirth complications are not covered.

4. The disorders emerging after the policy starting date and the surgical expenses of which have been left beyond the scope for 1-year period are stated below. For malignant tumors 1-year waiting period isn't implemented.
   a. Verruca, lipoma, cyst, sebaceous,
   b. Varicosis, anorectal disorders (hemorrhoid, anal fissure, fistule, anal abscess, etc.), sinus pilonoidalis (pilonidal sinus), cyst hydatid, all kind of hernia (abdominal, visceral hernia, etc.), gallbladder, thyroid gland, and breast diseases,
   c. Nose, palatine tonsil, adenoid, sinusitis, hearing impairment, Eustachian Tube operations, thympanoplasty, etc.),
   d. Cataract surgery, glaucoma,
   e. Uterine, ovarian, cystorectocele, bartholin cyst,
   f. Knee (meniscus lesion, ligament injury, etc.), trigger finger, all kinds of entrapment neuropathy, ganglion, cystic hygroma,
   g. Breaking down the calculus in urinary system (ESWL) and surgery, hydrocele, prostate,
   h. Operations regarding spinal and disc diseases, facet denervation, neural blocking,
   i. All kinds of organ transplant (transplantation)
5. For the insurance takers who've switched from other insurance companies to Anadolu Sigorta, 1-year surgery waiting period shall not be implemented. However in their first years at Anadolu Sigorta, the insurance takers who've switched from other insurance companies, will not receive any payment for the expenses arising from routine pregnancy controls and coverage for childbirth.
6. All the expenses arising from inguinal hernia (except children whose congenital disorders are covered), septal deviation, oncha hypertrophy and hallux valgus seen in children under 2 are beyond the scope.
7. Only inpatient treatment expenses of the people insurad within the scope of Package 1, Package 1 ECO, Package 1 with Check-up and Package 1 ECO with Check-up are covered with a rate of 100% under Particular and General Conditions. In Sağlıkta Fırsat/P7, Sağlıkta Fırsat/P7 ECO, Sağlıkta Fırsat/P7 with Check-up and Sağlıkta Fırsat/P7 ECO with Check-up; along with the inpatient treatment expenses fully covered, advanced diagnostic procedure expenses are also covered with a rate of 80%. In the scope of Package 2, 3, 4, Package 2,3 and 4 ECO; ambulatory treatment expenses are covered with a rate of 80% within the coverage limits. In Sağlıkta Maksi Fırsat, Sağlıkta Maksi Fırsat ECO, Sağlıkta Maksi Fırsat with Check-up and Sağlıkta Maksi Fırsat ECO with Check-up; along with the inpatient treatment expenses fully covered, all diagnostic procedure expenses are also covered with a rate of 80%. These aforementioned expenses are covered fully within the scope of Package 5 and Package 5 ECO.

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8. For the persons insured within the scope of economical packages (ECO products);
   - overseas healthcare expenses are out of scope.
   - expenses arising from diagnostic operations (test, x-ray, MR, gastroscopy, colonoscopy, etc.) carried out at non-agreement healthcare organizations are not covered.
   - pharmaceutical expenses made at non-agreement pharmacies are covered.
   - medical examination at non-agreement healthcare organizations are covered to the amount indicated in Turkish Medical Association Minimum Fee Tariff within the scope of the payment rate specified in the policy.
   - at non-agreement healthcare organizations and the healthcare organizations given below; only the expenses arising from emergencies specified in policy particular conditions, are covered till the annual limit which has been specified in the policy.
   - Except for emergencies the expenses at the healthcare organizations given below shall not be covered.
   - Acıbadem Sağlık Grubu Acıbadem Hastanesi Acıbadem, Acıbadem Hastanesi Kozyatağı, Acıbadem Carousel Hastanesi, Acıbadem Hastanesi Maslak, Acıbadem Hastanesi Bursa, Acıbadem Hastanesi Kocaeli, Acıbadem Hastanesi Kayseri, Acıbadem Hastanesi Adana, Acıbadem Hastanesi Ankara, Acıbadem Hastanesi Eskişehir, Acıbadem Hastanesi Fulya, Acıbadem Göz Sağlığı Merkezi, Acıbadem Bağdat Cad. Polikliniği, Acıbadem Etiler Polikliniği, Acıbadem Soyak Polikliniği, Acıbadem Beylikdüzü Polikliniği, Acıbadem Uludağ Polikliniği, Acıbadem Ataşehir Tıp Merkezi, Acıbadem Göktürk Tıp Merkezi, Acıbadem Labmed Klinik Laboratuarı Adana, Acıbadem Labmed, Antalya, Acıbadem Labmed Çapa, Acıbadem Levent Tıp Merkezi, JFK Hospital.
   - Alman Hastanesi Grubu: Alman Hastanesi, Bahçeşehir Sağlık Merkezi, Alman Hastanesi Çamlıca, Alman Hastanesi Batman, Alman Galata Polikliniği
   - Amerikan Hastanesi Grubu: Amerikan Hastanesi, Amerikan Zekeriyaköy Polikliniği, Med-Amerikan Polikliniği
   - Florence Nightingale Grubu: Florence Nightingale Hastanesi, Metropolitan Florence Nightingale Hastanesi, Istanbul Bilim Üniversitesi Hastanesi, Florence Nightingale Kadıköy Hastanesi, Florence Nightingale Tıp Merkezi Göktürk, İstanbul Florence Nightingale
   - International Hospital Grubu: International Hospital, International Hospital Etiler Polikliniği
   - Liv Hospital
   - Others: Intermed Tıp Merkezi, Intermed Maslak Polikliniği, Intermed Bebek Laboratuarı
9. Regional Eco Products are the Eco Products which have been indicated in Particular Conditions and are valid only in the geographical region where hometown is located.
   For these products, certain discounts are implemented on regional basis as specified in Particular Conditions. As it has the characteristics of Eco product, it's not valid at the institutions where the Eco product specified in Particular Conditions doesn't apply, at non-agreement institutions and overseas. Moreover it shall not be valid at the agreement organizations out of the cities located in the geographical area of the current address. In addition to this, in parallel with the characteristics of our Eco products; the medical examination at non-agreement organizations out of these geographical areas shall be covered limited with Turkish Medical Association Minimum Fee Tariff; for pharmaceutical expenses there shall be no agreement/non-agreement organization difference and coverage limit for emergency which is valid only in case of emergencies shall apply to all agreement/non-agreement organizations without any patient share paid. The insurance takers to buy a policy of this kind; may choose the desired individual product within the scope of risk acceptance criteria during the policy renewal period. However geographical area special offer shall not be

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valid if they choose a product for which no geographical area limitation exists. In the case that the permanent address is Istanbul, Kocaeli, Izmit and Adapazarı (Sakarya); no Eco Product alternative based on Geographical region shall be offered.
These cities have been exempted from any geographical discount.

10. At each impatient treatment at an intensive care unit at the healthcare organization, at the most 90-day intensive care unit expenses shall be covered.
11. For the insurance takers within the scope of Package 2, 3, 4 and 5; Package 2, 3, 4 and 5 ECO; check-up expenses are covered within the conditions indicated in particular conditions. When it comes to Package 1, Package 1 ECO, Sağlıkta Fırsat/P7, Sağlıkta Fırsat/P7 ECO, Sağlıkta Maksi Fırsat and Sağlıkta Maksi Fırsat ECO the coverage for check-up may be included in the policy on demand. In the complementary package there is no coverage for check-up.
12. Before including any applicant in insurance coverage, Anadolu Sigorta has the right to ask for certain tests to be carried out at certain healthcare organizations. In that case, preliminary examination expense is covered by Anadolu Sigorta. However if the insured gives imperfect or false information in the application form and this fact becomes known during the preliminary examination; as this disorder is left out of the scope, in the case that the prospective insurance taker gives up the insurance, the preliminary examination fee shall be paid by the prospective insurance taker. For this reason, the preliminary examination fee shall be deducted from the amount paid by the prospective insurance taker or withdrawn from his/her credit card. The rest of the advance payment shall be paid back to the prospective insurance taker.
13. Anadolu Sigorta has the right to change special policy fees. However these changes shall be valid for the policy to be renewed in the following year.
14. While health insurance policy include different coverage types according to the products, all the coverage types offered are indicated below.
    a. Coverage for Ambulatory Treatment (Only valid for Package 2, 3, 4 and 5; Package 2, 3, 4 and 5 ECO.)

Medical examination	Dental Treatment After Traffic Accident
Medicine (ambulatory)	Routine Controls
Diagnosis (ambulatory)	
Physiotherapy	

    b. Coverage for Inpatient Treatment

Surgical Operation	Medical Follow-up
Hospital room-food expenses-hospital attendant	Medicine (inpatient)
Intensive Care	Diagnosis (inpatient)

    c. Coverage for Other Expenses

Petty Medical Intervention	Rehabilitation	Overseas Air Ambulance
Nursing at Home	Post-surgical Physiotherapy	Childbirth
Chemotherapy	Artificial Limb	Auxiliary Medical Supplies
Radiotherapy	Ground Ambulance	Controlling Mammography
Dialysis	Domestic Air Ambulance	Control PSA
Check-up	Advanced Diagnostic Procedures	Control Colonoscopy

15. Organization of the services included in "Senin Yanında", will be provided by the assistant company and the service costs will belong to the insured. Service costs will not be covered by any of the benefits of the health insurance policy.

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16. Inpatient treatment coverage accepted by the insurer prior to the expiration date of the insurance continues in the end of the contract period and in case that no new contract is made, it shall continue for not more than ten days in the special conditions and not exceeding the guarantee limit.
17. In accordance with the Law on the Protection of the Consumer and provisions of the relevant legislation, the Insurant, who has not taken out the policy for commercial and/or professional purposes (qualified as consumer), can exercise its right of withdrawal without showing any reason and paying any penal clause following the draw up of the agreement within 14 days in distance agreements regarding financial services and 7 days in installment selling agreements. The right of withdrawal notification should be made by filling out the declaration form at www.anadolusigorta.com.tr address or with an open and clear statement to bilgi@anadolusigorta.com.tr address.
The right of withdrawal cannot be exercised in distance agreement whose validity period is less than one month and installment insurance agreements in which the insurance coverage has started. Within the framework of the installment insurance agreements, the insurant who has paid the first installment is deemed as accepted the start of the insurance coverage. Within the framework of the distance insurance agreements, the collected premium amount will be returned following the delivery of the right of withdrawal notification. The special legislation provisions shall apply for the obligatory insurances.

D. REALIZATION OF RISK

1. It is required to ask for the information and documents necessary for indemnity application together with your policy.
2. In the case of realization of risk; it is a must to inform the insurer as soon as possible.
3. In the course of notification, it is necessary to act in parallel with the instructions given by the insurer.
4. In the case of risk realization, the insurer is responsible for paying indemnity.

E. INDEMNITY

1. Begin valid at all products for all coverage types; at the agreement domestic healthcare organizations, if the insured is treated by unstaffed doctors although there are staffed doctors who're capable of carrying out that treatment and there is no staffed doctor to carry out that operation at the agreement healthcare organization where the operation will be carried out;
the fee to be paid for unstaffed doctors and their teams shall be equal to the fee which will be paid by Anadolu Sigorta within the contract scope to the agreement organization for staffed doctor and team.
2. At non-agreement healthcare organizations or clinics; the fee to be paid for the operations carried out by the doctor and his team (assistant, anesthesiologist) shall be equal to the fee designated in Turkish Medical Association Minimum Fee Tariff.
3. The fees to be paid for overseas treatments are indicated seperately in overseas coverage tables. Overseas ambulatory and inpatient treatment fees are covered till the coverage limit specified in the policies.
4. The operational classification in coverage tables given in the insurance policy is based on Turkish Medical Association Minimum Fee Tariff. Operations which cost 2500 or more are classified as Extra Major Operations that aren't included in this tariff but indicated in Coverage Tables.

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F. INDEMNITY PAYMENT

1. The exemption and implementation conditions which shall be valid in the contract to be signed shall be indicated in the insurance policy.
2. For the indemnity payments to be made, the documents given below are required to be submitted to Anadolu Sigorta.
   a. Indemnity Claim Form (The related parts of The Indemnity Claim Form needs to be filled up and signed by the insured, doctor and the healthcare organization where ambulatory treatment is given),
   b. The original bills of all expenses and bill inventories,
   c. Operation report and/or patient discharge document at inpatient treatments,
   d. Test results regarding the diagnosis of the disease,
   e. In the case that inpatient treatment becomes necessary as a result of an accident; traffic accident report, alcohol report, judicial report,
   f. The original prescription, prescriptions, sales slip or bill taken from a pharmacy,
   g. The original paranasal sinus tomography which belongs to the insured and taken before sinusitis operations,
   h. In physiotherapies, screening results which necessitates any treatment (MR, tomography, ultrasonography, etc.) and detailed medical report (how many sessions are necessary for physiotherapy, the detailed inventory regarding the treatment needs to be carried on in a session),
   i. Turkish translations of reports and examinations which belong to overseas treatments.
3. The insurer is a member of Arbitration System.

G. DISCOUNT AND ADDITIONAL PREMIUM APPLICATIONS

NO CLAIM DISCOUNT AND ADDITIONAL PREMIUM TABLE OR POLICIES COVERING BOTH INPATIENT AND BENEFITS (*)			NO CLAIM DISCOUNT AND ADDITIONAL PREMIUM TABLE FOR POLICIES COVERING ONLY INPATIENT OUTPATIENT BENEFITS (*)	
T/ P Rate (%)	NO CLAIM DISCOUNT		T/ P Oran (%)	HASARSIZLIK İNDİRİM VE EK PRİM ORANLARI
0	%30 discount		0	%10 discount
1-20	%25 discount		1-20	-
21-40	%20 discount		21-40	-
41-50	%10 discount		41-50	-
51-60	%5 discount		51-60	-
61-100	-		61-100	-
101-120	%5 additional premium		101-120	%5 additional premium
121-140	%10 additional premium		121-140	%10 additional premium
141-160	%15 additional premium		141-160	%15 additional premium
161-180	%20 additional premium		161-180	%20 additional premium
181-199	%25 additional premium		181-199	%25 additional premium
≥ 200	%30 additional premium		≥ 200	%30 additional premium

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≥ 200	%50 additional premium (for the insurance takers whose t/p rate exceeds 200% in the annual assessment for the last two insurance periods)	≥ 200	%50 additional premium (for the insurance takers whose t/p rate exceeds 200% in the annual assessment for the last two insurance periods)

- No indemnity additional premium shall be applied to the renewed policies of the insurance takers who get inpatient treatment via Social Security Institution and for this reason whose Insurance Company saves more than the additional indemnity premium to be applied on the renewed policy.
- For the insurance takers who have a major illness in the first 2 years of his/her policy, additional premium may be taken for these illnesses in the policies to be renewed in the following year. The additional premium rate to be valid for each renewal year shall not exceed 50% for each disease.
- All the expenses arising from disorders the symptom, diagnosis and/or treatment of which go back to the policy starting date and related disorders (complications), if deemed appropriate after the risk assessment is carried out, can be included in policy coverage by applying an additional premium at certain rates. Our company has the initiative.
- The children between the ages 0-17 (including 17) can be insured individually without their parents within the scope of our company's individual health insurance. In this case, an insurance policy can be issued with an additional premium to be applied at the below given rates.

AGE	PREMIUM RATES TO BE APPLIED TO STANDARD PREMIUM AMOUNT
0	% 100
1-3	% 50
4-6	% 30
7-17	% 10

- Relevant institution/customer discount; is a discount offered by our company to persons, their spouses, children, parent and siblings who work at T. Is Bank and its participations; institutions and their members to which a special agreement is offered by our company.
- In individual policies within the scope of which at least 10 employees are included in insurance coverage and the premiums of which are paid by the same corporation; a discount of 10% is made. This aforementioned discount is defined separately for each policy.
- A discount of 5% is applied to policies paid in cash in premium amount paid in 5 installments. Delay interest is applied on policies paid in 9 installments.
- Single children till the age of 30 (including) can be insured depending on family insurance by making use of family discount (at a rate of 10%).
- For the insurance takers who haven't been able to gain the lifelong renewal guarantee and the insurance takers who are included in health insurance for the first time at the age of 62, 63, 64; the policies are renewed by taking an age premium of 30% till the age of 75 (except 75). For the insurance takers who have gained the right of lifelong renewal at any age under 64, no additional age premium is applied to the policies.

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H. 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, reassurers, 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 infavourable 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 nor 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.

ANADOLU ANONİM TÜRK SİGORTA ŞİRKETİ
ANADOLU INSURANCE COMPANY
ANADOLU HİZMET VE HASAR İŞLEMLERİ HATTI : 0850 **7 24** 0850

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HEALTH INSURANCE DISCLOSURE FORM

I. 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.anadolusigorta.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.

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