

NEFES 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. Premiums for private 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 Terms and Conditions of Nefes Health Insurance.
3. 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 may take longer to pay, the full amount may not be paid or the compensation may not be paid at all, or the policy may be cancelled.
4. Medical insurance coverage shall commence upon the drawing up of the policy and the payment of the premium in full, or the payment of the first instalment specified, in case instalment payment is allowed for. Unless otherwise agreed, the liability of Anadolu Sigorta shall not commence until the full insurance premium or advance payment is paid, even if the policy has already been delivered.
5. The contract term for medical insurance shall be 1 year. The renewal of the policy shall be conditional upon the payment of the premium concerning the policy for the new period, provided that Anadolu Sigorta approves the renewal.
6. To avoid any further disputes, please do not forget to get a receipt for the premium payments you made (in advance or by instalments).
7. In the event that the agreement is terminated, premium days corresponding to the period for which the insurer bears responsibility shall be calculated and the excess amount shall be reimbursed to the insured or the incomplete premium which has not been paid until that date shall be paid to the insurer.
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.



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9. You must take delivery of the Medical Insurance General Terms and Conditions and Special Terms and Conditions of Nefes Health Insurance along with the policy.

C. GENERAL INFORMATION

1. Nefes Health Insurance policy covers, within the framework of the coverage specified in the policy and the terms and conditions specified below, the expenses for the first response, first examination, in-patient costs and operation costs to occur in a medical institution in case of an emergency specified in the Special Terms and Conditions, and in case that a maximum of 12 hours have passed from the occurrence of emergency until the application for treatment.
- Treated or untreated acute crises of chronic diseases and treatment expenses for inborn diseases known beforehand shall not be covered under the policy. The insurance does not provide coverage for diagnosis and treatment expenses concerning conditions known to the insured, for which the persons under coverage were treated before the commencement date of the insurance. The coverage does not include the treatment expenses to arise due to diseases and accidents, except for emergencies, specified in the Special Terms and Conditions.
- Please refer to the Medical Insurance General Terms and Conditions and the Special Terms and Conditions of Nefes Health Insurance for cases that fall outside the scope of the coverage.
2. Anadolu Sigorta may amend the special terms and conditions of policy. However, such amendments shall apply for the renewed policy of the insured in the following year.
3. 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.anadulusigorta.com.tr address or with an open and clear statement to bilgi@anadulusigorta.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.
4. 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.



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D. RISK OCCURENCE

1. Documents and information required in indemnity applications should be requested with the policy.
2. The insurer should be notified of the situation as soon as possible in case of risk occurrence.
3. Please act in line within the instructions given by the insurer during notification.
4. In case of risk occurrence, the insurer shall be liable for indemnity payment.

E. INDEMNITY

Without making discrimination between contracted and non-contracted providers, or staff physicians and non-staff physicians, the expenses for the treatments shall be paid within the limits of policy coverage and the framework of the Special and General Terms and Conditions of the policy. The invoices for the treatments received in non-contracted health providers of Anadolu Sigorta shall be first paid by the insured. After the relevant documents and the invoice are submitted to Anadolu Sigorta, the indemnity payment shall be deposited by Anadolu Sigorta as a reimbursement in the bank account of the insured, in accordance with the special and general terms and conditions of the policy.

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, it shall also be entitled to request information and copies of records regarding the medical history of the insured, from all doctors, health providers, and third persons involved in the treatment of the insured before and after the insurance period.

Anadolu Sigorta is authorized to provide medical institutions, doctors, and third parties all kinds of information and copies of records regarding the health and medical history of the insured persons covered under this policy.

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. Traffic accident report form, alcohol report and judicial report in case the treatment is necessitated by an accident.
3. Insurer is a party to the Arbitration system.

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G. IMPORTANT INFORMATION

- It is not allowed to enter into the personal or corporate health insurance coverage with transferring vested interests of this policy.
- Transfers between alternative plans are only allowed at times of renewal of policy, and even then, with the approval of Anadolu Sigorta.
- Lifelong Renewal Guarantee, no-claim discount, additional indemnity premium, additional critical illness premium, and discounts for employees or affiliated institutions shall not apply with respect to this policy.
- Anadolu Sigorta shall have full discretion on the issue of renewal/non-renewal of the policy for the next year.
- Anadolu Anonim Türk Sigorta Şirketi is authorized to obtain from health providers, doctors, and third parties all kinds of information and copies of records regarding the health and medical history of the insured.
- A discount of 5% over 5-instalment prices shall be applied for policies of which premium is paid in a lump sum.

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, 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

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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.

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.anadolisigorta.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.