

HEALTH INSURANCE FOR FOREIGN NATIONALS INFORMATION 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 7 24 0850, faks: +(90) 850 744 0 745

The Central Registry System (MERSİS) No : 0068006132739588

of the insurer which has given the instruction

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 read thoroughly 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. The Turkish text shall prevail in disputes that may arise under the provisions of the contract in referring to the circular on Private Health Insurance to be made in residence permit applications dated 10.5.2016 and numbered 16/2016.
4. 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.
5. 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.
6. The contract period for Foreign Nationals Health Insurance shall be 1 year or 2 years depending on the preference of the insured person for the term of the contract. 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.
Benefits of the policy begin as of 00:01 on the commencement date specified in the policy and ends as 00:01 on the expiry date specified in the policy. (For example; Benefits of the policy starts as of 00:01 on 01.01.2019 and the policy is issued for one year; ends as of 00:01 on 01.01.2020, if the policy is issued for two years; ends on 01.01.2021 at 00:01.)
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. To avoid any further disputes, please do not forget to get a receipt for the premium payments you made.
8. 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

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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.

9. The policy of the 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.
10. 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.
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 policyholder and the insured.
12. Additional premiums may be requested after the renewal of the policy for such illnesses that occurred 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 has right to replace its contracted health providers. An up-to-date list of contracted health providers is accessible at 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 10.5.2016 and numbered 16/2016.

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.

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Turkish Republic of Northern Cyprus is regarded as abroad.

The institutions set forth and health institutions that will be advanced to these institutions in future will not pay any health expenses, including emergencies for the invoices which are from new health institutions. These institutions are fully out of coverage and would not considered as unconstructed institution.

Acıbadem Health Group

Amerikan Hospital Group (Koç University Hospital, Med Amerikan etc.)

Florence Nightingale Group

Liv Hospital Group

Intermed Group

Anadolu Health Merkezi Group

Güven Hospital Group

Okan University Group

Mehmet Toprak Hospital

Medipol Group

Medicana Group

Ortopor Group

Memorial Group (Hizmet Hospital and Medstar Hospitals vb.)

Medical Park Group (İstinye University, Florya Aydın University, VM and Anadolu Hospitals etc.)

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 cannot 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. One year waiting period will also be applied, in case of emergencies that may be related to the diseases below.
 1. Wart, lipoma, cyst sebaceous (wen) and other benign tumors.
 2. Anorectal (Hemorrhoids, anal fissure, fistule, anal abscess, etc), pilonidal sinus (sacral dermoid cyst), hydatid cyst, hernia (inguinal etc), gall blader and biliary diseases,
 3. Thyroid and parathyroid diseases,
 4. Stomach and esophagus, thin and large bowel diseases, liver diseases, colonoscopy, polypectomy in gastroscopy, pancreas and spleen diseases,
 5. All expenses regarding nose, nostrils and adenoid, sinusitis, sinus diseases, benign vocal cord diseases, hearing impairment surgery and ear ventilation tube, tympanoplasty, etc,
 6. Cataract, glaucoma, keratoconus, retinal diseases,
 7. Breast diseases, uterus, ovaries, cystorectocele, endometriosis, cyst of bartholin gland,
 8. Trigger finger, hammer finger, neuropathy and ganflion, cystic hygroma, morton neuroma.
 9. Urinary system diseases ((Urinary system stone (include ESWL), prostate diseases, bladder diseases, health expenses related to dialysis, etc. and hydrocele,
 10. Spinal diseases and disc diseases, facet denervation, nerve blockage
 11. Any organ transplantation
 12. Diseases in connection with blood pressure, diabetes, COPD, asthma, connective tissue diseases, all rheumatologic and autoimmune diseases (multiple sclerosis, SLE, rheumatoid arthritis, etc.), sarcoidosis,
 13. Heart and cardiovascular system diseases, brain vein, neck vein, peripheral vascular diseases, varicosis,

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14. All endoscopic and interventional diagnosis procedures.
 15. Cancer,
 16. Physiotherapy and rehabilitation,
 17. All joint diseases (knee, shoulder, hip, elbow and all kinds of joints), meniscus lesion, ligament lesion, tendon rupture etc.
 18. Aplastic anemia, ITP (Immune Thrombocytopenic purpura),
 19. Algology applications,
 20. Fallopian tube disease and diseases of the nervous system.
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
 - Prescription (outpatient)
 - Diagnosis (outpatient)
 - Physiotherapy
 - Rehabilitation
 - Minor Operations
 - b. Inpatient Treatment Coverage:
 - Operation
 - Hospital room - board - bedside
 - Physician's follow-up
 - Prescription (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 Equipment
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. As an exception; only children between the ages of 10 and 17 (including 17) who come to our country for education can only be insured on the condition that the policyholder is over 18 years old and that a formal document proving their education in Turkey is submitted. 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. 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

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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.

13. 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.
14. All liability for wrong treatments to the insured by the contracted health providers or physicians shall be of the contracted health provider or physicians that applied the treatment, within the ratio specified by legal institutions. Anadolu Sigorta is not responsible for any of these wrong treatments and has no obligation to compensate any of these damages.

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 current price and application principles of Turkish Physicians Association.
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

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breakdown of therapy which must be administered in one session),

j. Chemotherapy treatment schema.

3. Insurer is a party to the Arbitration system.

G. DISCOUNT AND ADDITIONAL PREMIUM PRACTICES

Additional premium rates to be applied by considering Paid Claimd/ Collected Net Premium rates are shown in the table below:

LOSS RATIO	ADD. PREMIUM RATE
%101 - %150	50%
%151 - %180	75%
%181 - %200	100%
%200+	200%

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

- Additional premium rate which will be effective for each renewal year shall not exceed 200% for each illness.
- Any expenses regarding conditions of which symptoms/findings and/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 200% in policy renewal period.

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

Anadolu Sigorta as responsible of data, takes entire measures required to avoid unlawful utilization of the data, protect such and maintain proper security level in accordance with the legislation within the procedures of processing and transferring personal data. Personal data is processed in order to conduct risk assessment in insurance business, prepare an insurance proposal, use the rights and perform the liabilities emerging from the insurance contract, make insurance transactions and make planning and statistical works within this scope and develop customized opportunities and could be transferred to authorized agencies, reassurers, experts, assistance companies, actuaries, support service suppliers and public institutions and organizations for the same purposes and within the frame of Insurance Law and the provisions of the other legislations.

Data of the persons pertaining to their race, ethnic origin, political view, philosophical belief, religion, denomination or other beliefs, fashion and attire, membership in an association, foundation or syndicate, health, sexual life, penal conviction and security measures and their biometrical and genetical data are accepted as special categories of personal data. From among special categories of personal data the ones pertaining to health and sexual life could be processed only if an explicit consent is given. In case the persons who are covered or shall be covered by insurance give consent to processing of such data, it is processed and for the same purposes, their health information, insurance records and other information could be obtained from Insurance Information and Supervision Center (SBGM), Social Security Institution, Ministry of Health, health institutions and organizations and insurance companies in order to make risk assessment and conclude indemnity applications and aforementioned information and records which are in care of the company can be shared with SBGM, insurance companies and authorities which have been entitled by the relevant legislation.

Such personal data is collected electronically via automated means and orally/in writing via non-automated means. According to the nature of the transaction, this personal data is processed within the scope of Art. 5. of the Law, "prediction explicitly in the law", "necessary because it is directly related with the establishment and performance of an insurance contract", "mandatory for the data controller to fulfill his legal obligation", "provided that the fundamental rights and freedoms of the person concerned is not damaged, principal data processing is a must for the legitimate interests of the data controller" and in exceptional cases "to have the explicit consent of the person concerned". The special categories of personal data is processed subject to Section 6 of the Law, within the scope of the causes of action "to have the explicit consent of the person concerned" and "to be clearly foreseen in the law".

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Personal data shall not be used for any purpose other than processing and shall not be transferred and/or disclosed to third persons without an explicit consent or any other reason prescribed within the relevant legislation. The relevant person is entitled to wholly or partially waive from any kinds of consents which they have given pertaining to processing of personal data. Apart from that they are entitled to request information pertaining to whether the personal data have been processed, if such have been processed; to obtain information with regards to such processing; to learn the purpose of such processing and whether such data have been used fit for the purpose of use, whether such information have been transferred to third persons at home or abroad and if such have been transferred; to learn about such third persons or category of such persons; to request such data be corrected in case they are incomplete or false; be updated in case they have changed; such personal information be deleted or eliminated in case the reasons which require them to be processed have disappeared; to request the processes of correction/deletion/elimination be notified to third persons to whom such personal information have been transferred; to raise objections in case an adverse consequence emerges by means of analyzing processed personal information exclusively through automatic systems and to claim indemnification in case of incurring damages due to processing of personal information in breach of the legislation. You may reach further information pertaining to the subject from the Policy on Protection and Processing of Personal Data which was publicized in the corporate web site of Anadolu Sigorta.

I. COMPLAINTS 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 : Digital Insurance and Customer Communications Department, Rüzgârlıbahçe Mah.
Kavak Sok. No:31 34805 Kavacık-İSTANBUL/TÜRKİYE

Tel No : +(90) 850 7 24 0850; Fax No: +(90) 850 744 0 802

Web/Mobile/E-mail : You can reach from <http://www.anadolusigorta.com.tr> "Your Opinion and Suggestions" form, "Sigortam Cepte" mobile application or bilgi@anadolusigorta.com.tr mail adress.

Name, Last Name and Signature of the Insured

Seal of the Insurer or Agency and the Authorized Signature

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.