

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. Çam Pınarı Sok. No:6 34805 Beykoz-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 private health 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 read thoroughly the General Terms and Conditions of Health Insurance and Special Terms and Conditions of Health Insurance. These documents will be provided to you with your policy. Policy, General Terms and Conditions of Health Insurance and Health Insurance Special Terms and Conditions are all integral parts of the Disclosure form. You can reach to all these documents on Anadolu Sigorta's website.
3. You have to give complete and true answers to the questions in the application form you are to fill out in order to take the medical insurance. In addition to that, in case of occurrence of a risk during the execution of the contract and/during the insurance term, the insurer should be notified of the risk within the shortest period stipulated by law. One must avoid providing incomplete or inaccurate information. Otherwise, indemnity period may extend, the full amount may not be paid or the compensation may not be paid, or the policy may be cancelled and/or additional premium or exemption may be applicable for relevant diseases.
4. 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 contract period for Private Health Insurance is 1 year. The medical expenses incurred by the insured on the commencement date specified on the policy, regardless of the time of the day, shall be paid within the limit specified in the policy, and the special and general terms and conditions of the policy. However, the medical expenses incurred by the insured on the expiry date of the insurance, regardless of the time of the day, shall not be paid under the policy. 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 01.01.2021 and ends as of 00:01 on 01.01.2022.)
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. To avoid any further disputes, please do not forget to get a receipt for the premium payments you made (in cash or by installments).
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 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

HEALTH INSURANCE DISCLOSURE FORM

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 and medical records in the e-pulse application from all doctors, health providers, Social Security Institution, Insurance Information and Monitoring Center (SBM), public institutions, third persons involved and the insured himself in the treatment of the insured before and after the policy is issued. 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. The insurance company may implement non indemnity bonus or additional premium on the policy premium by reviewing Claim / Net Premium of the policy which comes to an end on the case that the policy has been renewed.
13. By consent of Anadolu Sigorta, it's possible for the insured to switch to another product with a higher coverage or network 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.
14. 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 Group 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 group policy.
15. Anadolu Sigorta has right to replace its contracted health providers. An up-to-date list of contracted health providers is accessible at www.anadulusigorta.com.tr website.

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 limits and payment rates 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 Special Terms. For the circumstances lying beyond the scope of the coverage, please see Health Insurance General Terms and Special Terms.
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" 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 clause c and d are not covered with this policy.
3. Maternity coverage is optional and will be included in the policy if it is received with additional premium. Insureds cannot benefit from covers not included in their policies.

HEALTH INSURANCE DISCLOSURE FORM

Insureds who will purchase a health insurance policy for the first time are required to choose one of the products with maternity packages included in our current products and to add the maternity coverage to their policy by determining the maternity limit offered.

In order for the insured, who is the current health insurance policy, to renew her policy, to be entitled to use this cover; It is necessary to add the maternity benefit to the renewed policy, not to be pregnant when the policy is renewed, and if it is pregnant, the maternity cover should be in the previous policy.

Maternity coverage takes effect 1 year after the insured is covered by a policy with maternity coverage. Birth expenses incurred in the first policy year, routine controls, expenses related to pregnancy and complications caused by birth are excluded from the scope of the policy. Expenses related to maternity coverage begin to be paid in the second policy year of the insured.

Maternity expenses are paid 100% within the coverage limit. In addition, room-board-bedside expenses, diagnostic units, prescription, doctor's visit and other covers do not come into force. Expenses incurred during birth are paid only once during the 1 year policy period.

Insured under the status of child under the policy cannot benefit from the Maternity Expenses cover.

Maternity cover is not included in the products of Hesaplı Sağlık Sigortası, Hesaplı Plus Sağlık Sigortası, Hesaplı Maksi Sağlık Sigortası and Yardımcı Paket. Therefore, expenses related to the pregnancy routine controls, birth, pregnancy and complications of birth are not covered.

In order to ensure that the new born babies of our insured, who have been entitled to use the maternity cover by completing their one-year term in a policy of maternity cover within the scope of individual health insurance can be "Anadolu Sigorta Baby"; the mother is entitled to at least one year of waiting insurance coverage under her personal health insurance, within 30 days of the date of birth, the application form must be filled and insured in the same individual plan as the mother, the mother and the baby must be insured under the same policy even if the plan is changed during the first renewal period.

Babies who are not admitted for insurance within 30 days from the date of birth or who have applied for insurance application at later dates are insured as of the date of medical underwriting.

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.
- Verruca, lipoma, cyst, sebaceous,
 - Varicosis, anorectal disorders (hemorrhoid, anal fissure, fistule, anal abscess, etc.), sinus pilonidalis (pilonidal sinus), cyst hydatid, all kind of hernia (abdominal, visceral hernia, etc.), gallbladder, thyroid gland, and breast diseases,
 - Nose (except accidental nasal fractures, palatine tonsil, adenoid, sinusitis, hearing impairment, Eustachian Tube operations, thympanoplasty, etc.),
 - Cataract surgery, glaucoma,
 - Uterine, ovarian, cystorectocele,
 - Trigger finger, all kinds of entrapment neuropathy, ganglion, cystic hygroma,
 - Breaking down the calculus in urinary system (ESWL) and surgery, hydrocele, prostate,
 - Operations regarding spinal and disc diseases, facet denervation, neural blocking,
 - All kinds of organ transplant (transplantation)
 - All kinds of joint diseases (knee, shoulder, hip, elbow, medium and large joints)
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 maternity. Underwriting will be carried out by Anadolu Sigorta regarding whether the existing rights in the other insurance company will continue.
6. For the insurance holders who have Supplemental Health Insurance policy in our company, whether or not they have Supplemental Renewal Guarantee, in the case of transferring to Individual Health Insurance policy, the risk assessment will be made, and the waiting period of surgical operations will not be implemented. For the insureds who have maternity coverage in their Supplemental Health Insurance policy, the waiting period of maternity coverage in Individual Health Insurance will not be applied. Within the scope of Supplemental Health Insurance, when the insurance holders who have Supplemental Health Insurance Renewal Guarantees are transferring to Individual Health Insurance, their Renewal

HEALTH INSURANCE DISCLOSURE FORM

Guarantee will be changed into Lifetime Renewal Guarantee. For insurance holders who do not have Renewal Guarantee, the policy period they had in Supplemental Health Insurance will be taken into consideration for Lifetime Renewal Guarantee assessment.

7. For individuals who have Anadolu Supplemental Health Insurance in our company that also who to purchase Individual Health Insurance, whether or not they have Supplemental Renewal Guarantee, the risk assessment will be made. First Commencement Date of Supplemental Health Insurance will be transferred to Individual Health Insurance. For waiting periods of surgical operation and maternity coverage, and the Lifetime Renewal Guarantee assessments for insureds who do not have Supplemental Health Renewal Guarantee, Individual Health Insurance First Insurance Commencement Date will be predicated on. Within the scope of Supplemental Health Insurance, when the insurance holders who have Supplemental Health Insurance Renewal Guarantees are transferring to Individual Health Insurance, their Renewal Guarantee will be changed into Lifetime Renewal Guarantee.
8. Only inpatient treatment expenses of the people insured within the scope of Hesaplı Sağlık Sigortası plan are covered with a rate of 100% under General and Special Terms. In Hesaplı Plus Sağlık Sigortası plan; along with the inpatient treatment expenses fully covered, advanced diagnostic procedure expenses are also covered with a rate of 80%. In Hesaplı Maksi Sağlık Sigortası product; along with the inpatient treatment expenses fully covered, all diagnostic procedure expenses are also covered with a rate of 80%. In the scope of Standart Sağlık Sigortası, Standart Plus Sağlık Sigortası and Elit Sağlık Sigortası; outpatient treatment expenses are covered with a rate of 80%, in Elit Plus Sağlık Sigortası expenses are covered with rate 100% within the coverage limits.
9. For the persons insured within the scope of economical network;
- abroad healthcare expenses are out of scope.
 - Expenses related to the treatments that will occur in the non-contracted health institutions; within the limit and payment rates stated in the policy, up to the amount specified in the current price and application basis of the Turkish Medical Association. Outpatient drug expenditures in non-contracted pharmacies and the costs of the auxiliary medical supplies obtained from non-contracted health institutions are paid within the limit and payment rates stated in the policy.
 - You can find the information on health care providers that are covered and those that are, including emergency situations, not covered by the Network* of your policy from Health Center step on www.anadulusigorta.com.tr address or from our Sağlığım Cepte application. Medical bills from health care providers that are completely uncovered by Eco Network, and new institutions that might be owned by these institutions in the future, INCLUDING EMERGENCY SITUATIONS (stated in Special Conditions article 5.6), will not be paid under any circumstances. Anadolu Insurance always reserves the right to update the status of institutions in scope of networks.

*Network: States the contracted health care providers that the products cover.

10. At each inpatient 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 insured within the scope of Standart Sağlık Sigortası, Standart Plus Sağlık Sigortası, Elit Sağlık Sigortası ve Elit Plus Sağlık Sigortası; check-up expenses are covered within the conditions indicated in policy. In Hesaplı Sağlık Sigortası, Hesaplı Plus Sağlık Sigortası and Hesaplı Maksi Sağlık Sigortası plans the coverage for check-up may be included in the policy on demand. Earthquake coverage is out of scope in individual health insurance products and can be included in the policy upon request. In the Yardımcı Paket there is no coverage for check-up and earthquake.
12. While health insurance policy include different coverage types according to the products, all the coverage types are indicated below.
- a. Coverage for Outpatient Treatment (Only valid for Standart Sağlık Sigortası, Standart Plus Sağlık Sigortası, Elit Sağlık Sigortası and Elit Plus Sağlık Sigortası)
- | | |
|------------------------|---|
| Medical examination | Dental Treatment After Traffic Accident |
| Medicine (outpatient) | Routine Controls |
| Diagnosis (outpatient) | |
| Physiotherapy | |
- b. Coverage for Inpatient Treatment
- | | |
|-----------------------------|----------------------|
| Operation | Doctor's visit |
| Room-Board-Bedside expenses | Medicine (inpatient) |

HEALTH INSURANCE DISCLOSURE FORM

Intensive Care

Diagnosis (inpatient)

c. Coverage for Other Expenses

Minor Medical Treatment

Rehabilitation

Air Ambulance Abroad

Home Health Care

Physical Therapy after operation

Maternity

Chemotherapy

Artificial Limb

Auxiliary Medical Material

Radiotherapy

Ambulance

Control Mammography

Dialysis

Air Ambulance in Turkey

Control PSA

Check-up

Diagnostic Analysis

Control Colonoscopy

Earthquake

13. Diseases that arise after the date on which entitlement to the Lifetime Renewal Guarantee is entitled to a renewal guarantee will not be excluded during renewal periods and no additional premiums will be charged for such diseases. Indemnity additional premium does not implement to the insured who has Lifetime Renewal Guarantee. Details of the Lifetime Renewal Guarantee application are detailed in the Private Health Insurance Special Terms that are included with the policy.
14. As of 23/04/2014 newly arranged individual health insurance policy, the insured is sought condition to reside in the Republic of Turkey. However, Anadolu Sigorta reserves the right to request passports and not to pay the costs incurred abroad when it is determined that they reside in a policy period for more than 120 consecutive days abroad.
15. The policies should be renewed within 30 days at the latest after completion.
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.
18. All responsibilities of the medical malpractice that may occur during the treatment of the insured in the contracted institution are belong to the Contracted Institution and doctor in error rate determined by the official institutions. Anadolu Sigorta does not have any liability and no liability to indemnity for medical errors.

D. REALIZATION OF RISK

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

E. INDEMNITY

- 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

HEALTH INSURANCE DISCLOSURE FORM

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 the current price and application principles of Turkish Physicians Association.
3. The fees to be paid for overseas treatments are indicated separately in overseas coverage tables. Overseas ambulatory and inpatient treatment fees are covered till the coverage limit specified in the policies.

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 indemnity payments to be made, the documents given below are required to be submitted to Anadolu Sigorta.
 - a. Indemnity Claim Form (relevant fields of the Claim Form should be filled and signed by the insured, doctor, or the health provider where the treatment was received.),
 - b. Original invoices for all expenses and invoice statements,
 - c. Operations report and/or patient release epicrisis for inpatient treatments,
 - d. Results of analyses for the diagnosis of the condition,
 - e. Alcohol report, judicial report and traffic accident report, in case the treatment is necessitated by a traffic accident; alcohol report, judicial report and statement of the insured, in case of any other kinds of accident.
 - f. Original prescription, drug packing clipping cuts and receipt or invoice from the pharmacy, (attaching to the prescription and submitting of drug tags),
 - g. Original of paranasal sinus tomography before sinusitis surgeries,
 - h. For physiotherapy expenses to be payable, the results of imaging making treatment necessary (MR, tomography, ultrasound, etc.) and detailed physician's report (how many sessions of physiotherapy are needed, detailed breakdown of therapy which must be administered in one session),
 - i. Turkish translations of reports and examinations which belong to overseas treatments,
 - j. Chemotherapy treatment scheme.
3. Insurer is a party to the Arbitration system.
4. In case the insured applies to the contracted institution for the treatment, the contracted institution obtains the provision from our company and the insured leaves the contracted institution by paying the contribution amount to be paid within the guarantee limits and by signing the form with approval.

G. DISCOUNT AND ADDITIONAL PREMIUM APPLICATIONS

For all our products; depending on the use of our policyholders, non-indemnity discount or additional premium because of loss ratio is applied. These rates vary between our products. The tables showing the rates are included in the Special Conditions of Health Insurance and will be delivered with your policy.

- Insured who take inpatient treatment via Social Security Institution, If the insured who provide savings to our Company is higher than the additional premium of the renewed policy, there will not be affected by additional premium.
- If the major diseases occurs until insurer entitled Lifetime Renewal Guarantee, additional premium could apply for these diseases. The additional premium rate, which will be valid every year when the policy is renewed, does not exceed 75% 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. Additional premium can be applied up to 200% of base premium for disease. 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.

HEALTH INSURANCE DISCLOSURE FORM

AGE	PREMIUM RATES TO BE APPLIED TO STANDARD PREMIUM AMOUNT
0-6	% 30

Children 0-17 years old must be insured with at least one of their parents in order to avoid the additional premiums mentioned above.

- Relevant institution/customer discount; is a discount offered by our company to persons, their spouses, children, parent and siblings who work at T. İş Bankası 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; discount will be applied of the rates determined by our Company. This aforementioned discount is defined separately for each policy.
- Insureds pay additional premium for optional covers added to their policies. No discount is applied to the cover premium.
- The insured, including the insured, who is included in the spouse status due to marriage, will not be able to receive the maternity cover optionally in the interim period after the policy begins. Maternity cover can be included in the policy optionally at the beginning of the policy period.
- Single children till the age of 30 (including) can be insured depending on family insurance by making use of family discount.

Between 0-17 years (including 17), family discounts will be applied to the siblings' policies that will be insured without their parents. Individual children's additional premiums will be continue.

For the insurance takers who haven't been able to gain the lifetime renewal guarantee and the insurance takers who are included in health insurance for the first time at the age of 62, 63, 64 at Anadolu Sigorta; the policies are renewed by taking an age additional premium of 30% till the age of 75 (except 75). It will be decided whether the policy will be renewed from the age of 75, as a result of the medical underwriting to be carried out by our Company and the additional age premium to be taken from the policy holders who have been approved for the continuation of the policy will be 50%. For the insurance takers who have gained the right of lifetime renewal at any age under 64, no additional age premium is applied to the policies.

- The actuarial tariff base premiums of the insureds who has lifetime guarantee will increase by a maximum of 75% in the renewal policy. The maximum increase rate of 75% is determined by the assumption that the inflation rate will not exceed 15%, and if inflation is above that rate, the difference may be added over 75%.

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, reinsurers, 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

HEALTH INSURANCE DISCLOSURE FORM

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".

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. 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 : Digital Insurance and Customer Communications Department, Rüzgârlıbahçe Mah.
Çam Pınarı Sok. No:6 34805 Beykoz-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.

In disputes that may arise from this insurance contract, applications can be made to Provincial and District Consumer Arbitration Committees within the monetary limits determined/announced every year by the Ministry of Customs and Trade, and to Consumer Courts in cases exceeding these limits. In the application, Arbitration Committees and Consumer Courts in the domicile (residence) of the right holder or the Insurer are authorized.

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.