

TRAVEL TO TURKEY INSURANCE SPECIAL CONDITIONS

Dear Insured,

First of all, we would like to thank you for choosing us as your Insurance Firm. The detailed information, which we consider may be informative for you, regarding your Travel To Turkey Insurance policy is provided below.

For further information, you can also call us at the phone number +(90) 850 7 24 0850.

We would like to recommend you to call us first upon any medical problem, to obtain information on how you can benefit from the coverages provided in your policy.

All of the assistance services described below are provided by Europ Assistance Turkey on behalf of Anadolu Insurance Company, the organization of the Europ Assistance S.A. Irish Branch in our country.

In order to benefit from the services mentioned in the policy, it is necessary to call Europ Assistance Turkey operators, by the number mentioned above.

Thank you for choosing Anadolu Sigorta and we wish you a healthy and pleasant travel.

1. DEFINITIONS

Insured: Person whose name is declared in the effective Policy issued by Anadolu Sigorta and who is included in the scope of the insurance.

Insurer: Real or legal entity who is a party to the insurance agreement with Anadolu Sigorta and who is liable from the obligations deriving from the insurance such as payment of insurance premiums.

Europ Assistance Turkey (EAT): The institution which covers the arising risks of the Insured under the Policy and which provides assistance services along with the organization of the provided service.

Policy: Travel To Turkey Health Insurance policy issued by Anadolu Sigorta and declared to EAT.

Doctor: Person who has a recognized medical degree from Turkey or from a foreign country and who is authorized to accept, treat patients.

Assistance Service: Services provided by EAT within the scope of the terms and limits presented under Chapter II under this Agreement.

Medical Team: The medical unit that provides services 7 days 24 hours appropriate to each determined case by the EAT Head doctor and the treating doctor.

Healthcare Organization: Organization that provides outpatient/inpatient treatment services, belonging to the private or public sector and that is licensed by authorized bodies.

Emergency: cases where the Insured suddenly becomes ill or

injured under the scope of the Policy and inside the effective term.

Bodily Injury: Bodily injuries that are caused suddenly such as an accident and that arise from external factors and have such an importance that require the Insured to be treated by a Healthcare Organization or Doctor under the Policy scope and inside the effective term.

Disease: The deterioration in physical or mental functions of the Insured that require intervention or clinical investigation by a Doctor under the Policy scope and inside the effective term.

Accident: Sudden incidents that are caused by factors outside the control of the Insured, which can cause bodily disease or injury and which can be diagnosed by medical examination and tests

Chronic Disease: Diseases that are consistently repetitive or which continually cause health issues and are inclined to be progressive in nature.

Preexisting conditions before the commencement of cover: Even if never treated before, a medical condition that existed at the date of application and/or insurance commencement, that is either known or unknown to the Insured and is identified to have existed before the Policy commencement date by an authorized Doctor.

Relative: Spouse, dependent children (age 17), mother/father (parents) and sister/brother.

Beneficiary: Insured and Insured Relatives.

Permanent Residence: The residence address of the Insured as defined in the Policy.

Exemption: Expenses that are not covered by the services provided by the EAT hereunder and that shall be paid by the Insured.

2. SCOPE

This agreement provides the expenses incurred by the foreign citizens within the scope of the travel insurance in Turkey during their travel in Turkey, within the framework of "Special Conditions" and Health Insurance General Conditions, according to the limits and rates mentioned in the documents and this agreement commits to ensure necessary organization and coordination within the scope. The scope of the policy will be invalid if the purchased travel ends and/or the insured person returns to his/her residential address (whichever is shorter).

The information written on the policy prevails. The coverage is valid for the persons specified on the policy, any other person cannot benefit from the assurance.

2.1. VALIDITY PERIOD AND CONDITIONS OF THE TRIP

- a. This insurance policy shall be valid after the full advance payment of the premium and with the issue of the policy. An Insurance Agreement that is issued after the trip commences is invalid even if the premium is paid.
- b. The term of the Insurance commences on the day of departure from the permanent residence city borders, given that the commencement and finalization date of the trip is documented. It is over on return to the city of permanent residence.
- c. If an illness that occurs during the trip within the effective term of the coverage of this insurance Agreement, any required inpatient treatment after the termination date of the coverage will persist for a maximum of 7 days after their termination dates, given that the impossibility to transfer the insured to the permanent residence is documented. Coverages are terminated without any condition when the insured returns to the city of permanent residence even if inpatient treatment is required or continues.
- d. Persons over the age 69 shall have a policy by paying %150 excess premium.
Coverages are limited with a maximum 92 days within the traveled geographical borders. (Total length of stay in Turkey is limited to a maximum of 92 days, in terms of policy). If total length of stay is going to be over 92 days for annual policies, you should prefer a policy covering 184 days.

2.2. GEOGRAPHICAL LIMITS OF THE POLICY

This policy is only valid within the borders of Turkish Republic.

2.3. CANCELLATION OF A POLICY

If the insured requests the cancellation of the policy in writing:

According to "The Notice Regarding the Amending of Private Health Insurances to be Made for Visa and Residence Permit Requests" numbered 2021/8 and dated 16.06.2021, the following conditions must be fulfilled. Otherwise the policy cannot be canceled.

Termination of Travel Health Insurance policies on demand of the policy holder is dependent on the existence of at least one of the conditions below.

- a. Upon submittal of a new travel health insurance or private insurance policy to the Company which covers the period of the visa,
- b. Upon cancellation of visa or visa being unextended,
- c. Upon noticing the company 24 hours earlier at the latest, in the case of visa application being denied or visa applicant renouncing before receiving the result.

In the case that the policy being terminated due to the (c) clause, paid premiums will be returned to the insured with no cuts within five business days after receiving the cancellation demand, only if there have been no compensation payments. In the case that policy being terminated due to other clauses

(a) or (b), premiums will be returned according to insurance principles, within five business days following the submittal of necessary documents.

3. SERVICES

| Service | Limit |
|--|--|
| Medical treatment for sudden discomfort and illness | 30,000 Euro |
| Covid-19 | |
| Transfer or travel to the nearest health facility where the treatment can be provided to the insured | Transport Fee by Ground Ambulance or Economy Class |
| Transfer to the residential address after being discharged | Economic Class Transportation Fee |
| Transfer of the deceased | Unlimited |

3.1. COVERAGE FOR MEDICAL TREATMENT OF SUDDEN DISCOMFORT AND ILLNESS

If the insured suddenly gets sick or is injured during the travel, the costs of outpatient treatment, inpatient treatment and surgery and medicines prescribed by the doctor will be paid within the limit of 30,000 Euro and no exemption will be applied.

3.2. TRANSFER OR TRAVEL TO THE NEAREST HEALTH FACILITY WHERE THE TREATMENT CAN BE PROVIDED TO THE INSURED

If the insured suddenly gets sick or is injured during the travel, the insured can be transferred to the nearest health facility or from one facility to another with an appropriate transfer vehicle, which is decided by the doctor of EAT (ground ambulance, air ambulance or scheduled flight). The transfer fees are covered including the transfer from the facility to the residential address. The organization of the transfers is carried out for the insured. The transfer with air ambulance is limited to European countries and Mediterranean countries. However, air ambulance transportation expenses will be covered according to the coverage limit. For other countries, the fees for ground ambulance and stretcher flight are covered but all organization for the air ambulance are carried out.

Transfer from one medical center to another medical center will be provided if the equipment and medical staff are not available at the medical center. For transferring the patient, a medical report from the physician is requested.

3.3. TRANSFER TO THE RESIDENTIAL ADDRESS AFTER BEING DISCHARGED

At the end of the treatment, the transfer to the residential address of the insured, within the scope of the medical transfer coverage, is organized. If the health status of the Insured is suitable for such a transfer, the costs of one way economy class are covered.

EAT Medical Team and the physician are responsible for determining the appropriate vehicle for the transfer (ground ambulance, air ambulance, scheduled flight, etc.) according to the illness or disease and they are responsible to decide

if any additional arrangements are required. Hence, all necessary organization for the transfer will be completed by EAT.

3.4. TRANSFER OF THE DECEASED

If the Insured dies, all necessary measures for transferring the deceased shall be taken and the coffin and other items required for the transfer in accordance with the international medical conditions shall be provided. Funeral and burial costs are not covered.

3.5. COVID-19

Medical Treatment Coverage; Medical and inpatient expenses of the Insured for Covid-19 will be covered within the limits of medical coverage.

Expenses spent on tests to diagnose Covid-19 are excluded. Only exceptionally, test expenses belonging to the insured who are found to be positive for Covid-19 test while travelling Turkey can be covered within the scope of medical treatment.

Expenses of the cases, which were diagnosed within the borders of existing country but have become serious while travelling Turkey, shall not be under coverage even in case of emergency.

Travel or Transfer of the Insured: In the event that the insured becomes ill due to Covid-19 within the scope of the policy, the transfer will be made to the nearest medical center or from one medical center to another, by an ambulance or any transport vehicle that is deemed most suitable by the doctor.

In air ambulance service are completely out of scope. If necessary, only the organization can be included.

Transfer of Insured to Permanent Residence: In the event that the insured is discharged due to Covid-19 covered by the policy, following the termination of her inpatient treatment at a medical center, insured can be transported to the permanent residence by an ambulance or any transport vehicle approved by the doctor.

For this, the doctor must decide that the insured cannot continue the journey and cannot use the means of transportation that he originally used for returning to permanent residence. A medical report to be issued by the treating doctor is required to make the transfer.

Transfer of Insured's Funeral: In case of the death of the insured due to Covid-19, insured will be transported to the burial place in the country of permanent residence in order to be buried

4. EXCEPTIONS

Apart from the coverage exclusions set out in the Travel Health Insurance General Conditions, the following conditions are outside the scope of this Insurance Agreement.

1. The fraudulent and deliberate movements of the Insured, which is within the scope of the policy,
2. In the course of the provision of any service covered by this policy, any and all tangible/intangible losses which may arise directly or indirectly, and which are not

covered by the policy,

3. Floods, earthquakes, volcanic eruptions, landslides, storms, lightning and meteor fall, etc. damages resulting from natural disasters,
4. War, war, revolt, rebellion, insurrection, terrorist activities and internal turmoil arising therefrom,
5. Terrorist acts and sabotage specified in the Anti-Terrorism Law No. 3713 and the interventions made by the competent bodies to prevent them and reduce their effects,
6. Any attack or sabotage resulting from the use of nuclear risks or nuclear, biological or chemical weapons or the emergence of nuclear, biological or chemical substances,
7. The operation of the armed forces or security forces or their organizations,
8. Except for the rescue of persons and goods in danger, the Insurances are in movements that will even expose themselves to a grave danger,
9. All diseases present at the date of application and/or based on the date of the insurance start date, acute diseases and complications developing on chronic grounds,
10. All diseases present at the date of application and/or based on the date of the insurance start date, acute diseases and complications developing on chronic grounds,
11. All kinds of health expenditures related to pregnancy and complications
12. Epidemic diseases officially announced, AIDS and AIDS-related diseases,
13. Hearing aid expenditures and all kinds of auxiliary medical devices and materials, breast and penile prostheses etc. used for psychosocial reasons, etc., such as seat covers, wheelchairs, corsets, orthopedic shoes, insoles, boots, slippers, ice cutters, expenses,
14. Costs not required for treatment, private nursing expenses,
15. Attempted suicide or suicide, all soul and nervous and geriatric diseases, psychosomatic diseases,
16. Sexual dysfunctions, sexually transmitted diseases,
17. All alternative treatments and all kinds of cosmetic expenses, aesthetic treatments, vaccination,
18. Non-medicinal supplements, herbal medicines, food supplements All medicinal substances not approved by WHO,
19. Damages caused by him or her when the person's mental balance is in place or not, criminal damage, alcohol poisoning, alcoholism, and alcohol-related diseases, injuries; heroin, morphine, etc. as well as all kinds of medical expenses, such as drugs and addictive substances,
20.
 - a. Expenses incurred due to the participation or preparation of the insurance as a licensed athlete,
 - b. Occupational accidents of professional athletes,
 - c. Unlicensed or amateur skiing, mountaineering, horse riding, rafting, scuba diving, paragliding, fight

sports, vehicle racing sports etc. Like all dangerous sporting branches,

21. All treatment costs related to tooth disorders,
22. The complications arising from improper treatment and surgery resulting from doctors and health institutions are the resulting costs,
23. In addition to being a passenger on a regularly scheduled (IATA member) airline, the medical problem, disability and medical examinations and therapies required by the flight in any way, the use of motorbikes,
24. Luggage containing missing, unlabeled, broken or defaced products that are not sufficient in packaging,
25. The geographical limits of the policy (the borders of Turkey), except after the last travel and insurance costs that occur after permanent return to the country.
26. Out-of-scope situations related to Covid-19 disease are listed below;
 - Travel cancellation damage caused by fear of traveling to an affected country or region due to Covid-19 is excluded.
 - Curfew due to epidemic, epidemic or pandemic recognized by the local authorities of the insured, Quarantine, A government authority is required to travel, The benefit travel cancellation requests that are not able to travel due to the results such as limited transportation facilities, calls made and called by health personnel officials are out of scope.
 - Failure to use the service from travel operators is not covered by the cancellation of the trip.
 - Travel advice for an epidemic, epidemic or pandemic curfew recognized by local authorities, Quarantine, Closure of borders, travel for any reason or any reason other than basic travel (issued after the state authority of the country where the insured resides), flight The policy time extension is out of scope due to its consequences such as not allowing departure by the operator. This service can only be included for additional premium.
27. Within Turkey or during travel abroad, vaccines developed against Covid-19 and its variants are excluded.
Covid-19 PCR for screening purposes, antibody tests, rapid antigen tests, rapid antibody tests or tests taken from the pharmacy are excluded.

5. GENERAL TERMS AND CONDITIONS OF TRAVEL HEALTH INSURANCE

Cover

Article 1

The Travel Health Insurance is a special type of insurance protecting those who travel within, without or to Turkey by means of any kind of transportation against health risks likely to arise during their travels.

The Insurer shall be liable to provide the covers stipulated in the policy as a result of any illness arising during the travel and within the term of the policy provided that the said illness does not result from any accident or any pre-existing condition and that the Insured is taken ill during the planned travel period.

Term

Article 2

As far as travels from Turkey to abroad are concerned, the term of the insurance shall start upon the establishment by means of the passport that the Insured is without the Turkish borders and end upon the establishment by means of the passport that the insured is back within Turkey. For travels from abroad to Turkey, the term of the insurance shall start upon the establishment by means of the passport that the insured is within Turkish borders and end upon the establishment by means of the passport that the insured is without the Turkish borders.

As far as travels within Turkey are concerned, the commencement or end of the insurance term shall be stipulated in the insurance policy.

Assisting Person/Company

Article 3

Services related to the covers of the Travel Health Insurance shall be rendered by insurance companies. If deemed necessary, the insurer shall be entitled to assign the rendering of services related to the covers of the Travel Health Insurance to assisting persons/companies by means of service purchase agreements.

Revoking the Policy

Article 4

In cases when a person purchasing the travel health insurance is unable to set out on the related trip, then he/she shall be entitled to recover the insurance premium paid provided that the insurer is informed about the state of affairs within a maximum of 24 hours from the commencement of the policy's term and that the policy is revoked by being returned to the insurance company.

Minimum Covers Applicable

Article 5

Any policies supplied by the insurance company to the insured shall have to include the following minimum covers and the insurance companies shall be liable to indicate the related limits in the policy.

- a. Medical treatment cover related to sudden illnesses and conditions

In cases when the insured suddenly falls prey to an illness or injury covered by the policy, then the Company shall be liable to cover the hospital, surgical operation and treatment expenses as well as the cost of drugs prescribed by the physician within the policy limits.

- b. Travel or transfer of the Insured to the nearest suitable health institution

In cases when the insured suddenly falls prey to an illness or injury covered by the policy, then the Company shall be liable to ensure that the insured reaches the nearest health institution and/or organization by a means of transportation most suited to the medical situation in hand.

In cases when the health institution and/or organization currently treating the insured is not medically equipped to deal with the situation, then the Company shall be liable to transfer the insured to another capable health institution and/or organization.

- c. Transfer of the insured to his/her home address after being discharged

Following the completion of the treatment by surgical operation entailing the insured to be hospitalized in a medical center as a result of an illness or injury covered by the policy, and the discharge of the insured, and in cases when it is decided by the physician treating the insured that the patient is unable to carry on with the trip or to return to his/her home by using the original means of transportation, then the Company shall be liable to cover the expenses arising out of the Insured's transfer to his/her home address by using the most suitable means of transport to be established by the related physician.

- d. Transfer of the deceased insured

In cases when the insured deceases after suddenly falling prey to an illness or accident covered by the policy, then the Company shall be liable to transfer the body to the requested address and to cover any related expenses.

Additional Covers

Article 6

Apart from the minimum covers, the insurance companies shall be entitled to offer additional covers in their special conditions.

Payment of Premiums and Outcome of the Failure to Pay Premiums

Article 7

The entire insurance premium shall be required to be paid in advance upon the execution of the contract and the delivery of the policy. Unless otherwise agreed upon, the insurer's liability shall not commence in cases when the premium is not paid notwithstanding whether the policy is delivered or not.

General Terms and Conditions

Article 8

In case of any claims, the insurer's liability to pay damages and the insured's right to demand damages shall be dependent upon their conforming to the terms and conditions stipulated

in the policy.

As far as claims to be made within the framework of this policy, the Insured shall be liable,

- a. To take all the reasonable measures to minimize damages.
- b. To inform the Company and/or Assisting Person/ Company about the state of affairs as soon as possible. In cases when the Company could not be accessed for approval purposes, the insured shall be entitled to apply to the nearest emergency health institution and/or organization. In this case, the insured shall keep the Company informed about any services rendered and the current situation. The insured shall be liable to submit the relevant original documentation and invoices to the Company.
- c. To submit all kinds of information and documentation required for the full rendering of the services (hospital reports, prescriptions, medical examination reports, receipts, invoices etc.) to the Company.

General Exemptions

Article 9

Any incidents arising directly or indirectly out of the following shall in no way be covered by this insurance:

- a. Fraudulent acts of the Insured filing claims within the framework of this policy,
- b. Damages arising out of natural disasters such as flood, torrent, earthquake, volcanic eruption, landslide, storm and meteor fall,
- c. Wars or war-like campaigns, revolutions, riots, revolts and civil disorders arising out of the same,
- d. Terrorist acts and sabotages stipulated in the Fight Against Terrorism Act no. 3713 as well as any acts by the related authorities to prevent or mitigate the effects of the same,
- e. Nuclear risks or the use of nuclear, biological or chemical weapons or all kinds of attacks and sabotages causing nuclear, biological or chemical agents to be released,
- f. Acts by the armed forces or the security forces or organizations,
- g. With the exception of rescuing persons and goods in danger, the insured's acting in such a manner so as to put himself/herself intentionally in great peril,
- h. Intentional acts of the Insured,
- i. Illnesses or pathological conditions arising out of the voluntary consumption of non-prescribed alcohol, drugs, toxic substances, narcotic drugs or medical products,
- j. Any medical conditions which are established by an authorized physician to be pre-existing before the start of the Policy's term or any acute crises arising out of the said condition,
- k. Hereditary diseases (prenatal diseases or diseases arising out of genetic factors),
- l. Suicide or attempted suicide,
- m. Mental illnesses, psychological conditions, epidemics,
- n. Engagement in any of the following sports: all kinds of races, rally or similar trials, hunting with the exception

of catching fish with a fish line, skin diving and scuba diving, wandering around in international waters in sea vessels not designed for public passenger transport, horse-riding, mountaineering, marksmanship, boxing, all kinds of wrestling, fight sports, parachuting, hot air ballooning, free falling, paragliding and all kinds of sports and entertainment activities which are generally known to be dangerous,

- o. Participation in races or tournaments organized by sports federations or similar institutions,
- p. Skiing unless it is expressly agreed in the policy that a separate cover is available,
- r. Utilization as passenger or crew of any air vehicle or helicopter not licensed to carry passengers, motorcycle riding,
- s. Drowning in water unless the incident arising out of an accident covered hereunder.

However, the parties shall be entitled to have cases stipulated hereunder in paragraphs b, j, m, n, o, p and s covered by the insurance by means of special terms and conditions.

Multiple Insurances

Article 10

In case the insured executes any other insurance contract with another insurance company covering the same risks and applicable for the same period of time, then the insured shall be liable to inform the Insurer about the state of affairs immediately.

In cases when the insured is covered by multiple insurances, then any treatment costs shall be reimbursed on the basis of the policy issuance dates by the insurance companies.

Notices

Article 11

The insured shall be liable to deliver any notices to the head office of the insurance company or the agency acting as intermediary for the insurance contract by means of a Notary Public or by registered mail.

The insurer shall be liable to deliver any notices to the insured's address stipulated in the policy or the last known address in case of address changes by means of a Notary Public or by registered mail.

Any letters delivered by hand against signature to the parties or notices served by telegram shall be deemed to be registered mail.

Confidentiality

Article 12

Persons to be included or included within the scope of insurance are deemed to have given consent to share health information, insurance records and other information within the framework of the provisions of Articles 31 / A and 31 / B of the Insurance Law, in order to make a risk assessment and finalize compensation applications by signing the relevant documents.

Facts of the case is stated in the information form and in the policy or certificate of participation.

The information and documents requested must be in line with the need and have a direct link in order to make a risk assessment and finalize compensation applications under the first paragraph of this article.

Company; health information, insurance records and other information cannot be given to any real or legal person except for the authorities authorized by the relevant legislation, unless the insured's consent is obtained.

All natural and legal persons who are aware of the secrets about the insured are responsible for keeping these secrets confidential.

Authorized Court

Article 13

The authorized courts for any actions to be brought against the insurer on the basis of any conflicts arising out of this insurance contract shall be the courts sitting at the place where the head offices of the insurance company or the agency acting on behalf of the insurance company are situated. The authorized courts for any actions to be brought by the insurer shall be the court authorized to hear commercial cases in the place where the defendant resides.

Statute of Limitation

Article 14

All claims arising out of this insurance contract shall be subject to a statute of limitation of two years.

Special Terms and Conditions

Article 15

The insurance companies shall be entitled to apply special terms and conditions to those general terms and conditions provided that the said terms and conditions are not against the insured and do not limit the cover of the insurance.

Validity

Article 16

These General Terms and Conditions shall come into force on 01.03.2006.