

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/Türkiye/Türkiye

Tel & Fax No : 0850 724 0 850, fax: 0850 744 0 136

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 of 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

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- 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. For individuals covered under our company's corporate health insurance who apply for an individual policy upon termination of employment, retirement, or the termination of the group's contract with our company, a medical risk assessment is conducted, taking into account whether they are eligible for renewal guarantee. Exemptions may apply for pre-existing conditions before the policy's start date, or additional premiums may be charged for these conditions. A one-year waiting period does not apply for childbirth. For certain surgeries, the waiting period is six months for individuals insured after January 1, 2026, and one year for those insured before this date. These waiting periods do not apply to insured individuals who have completed the waiting period for surgery under corporate policies.
 15. If, after the policy comes into effect, illnesses that were not declared in the insured's application form, were incorrect, or not declared at all, or were diagnosed before or after the initial insurance date, are detected during the policy period, our Company may record these situations, exclude them from coverage, apply additional premiums, and exercise the right to cancel the policy if deemed necessary.
 16. 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.

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 "daily 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

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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.

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 Maksimum 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 following conditions, which arise after the insurance start date and are considered within the waiting period applied to surgical expenses, are listed below. For individuals insured after January 1, 2026, the waiting period is 6 months, and for those insured before this date, it is 1 year. No waiting period applies to malignant (cancerous) tumors.
- 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, cystoectocoele,
 - 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)

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5. A Commitment for Lifetime Renewal Guarantee is available for the coverages offered within the scope of this policy. The insured is not considered to have this guarantee until the right for Lifetime Renewal Guarantee is acquired. The following conditions must be fulfilled for acquiring the Lifetime Renewal Guarantee:

Conditions for Acquiring Lifetime Renewal Guarantee

The following conditions shall apply to the individuals insured after January 3, 2019: Anadolu Insurance shall provide a Lifetime Renewal Guarantee to the individual insured who have sustained their insurance coverage with Anadolu Insurance within the scope of health insurance for 4 years without interruption and for whom the ratio of the compensations paid per year from their policies to the premiums is lower than 100% for the last 4 years.

The following conditions shall apply to the individuals insured after January 3, 2019: Anadolu Insurance shall provide a Lifetime Renewal Guarantee to the individual insured who have sustained their insurance coverage with Anadolu Insurance within the scope of health insurance for 4 years without interruption and for whom the ratio of the compensations paid per year from their policies to the premiums is lower than 75% for the last 4 years.

Provided to be effective for individuals newly insured with our company as of January 1, 2026; Anadolu Sigorta will provide a Lifetime Renewal Guarantee to individual policyholders who have maintained uninterrupted insurance coverage for three years. A risk assessment will be conducted at the end of this three-year period. Our company may apply exclusions, upper limits, co-payments, and/or additional premiums for illnesses deemed necessary as a result of this risk assessment. The Lifetime Renewal Guarantee will not be provided to policyholders aged 65 and over.

Practices for the Insured Individuals with/without Lifetime Renewal Guarantee:

The policies of the insured individuals who fail to be entitled for the Lifetime Renewal Guarantee as a consequence of the assessments performed on annual basis shall be renewed up to the age of 75 (excluding 75) by charging a 30% additional premium for age in addition to the normal premium. The decision on whether the policy shall be renewed after the age of 75 or not shall be taken by as a consequence of the medical risk assessment to be conducted by our Company. The additional premium for age to be collected from the insured individuals whose policies are approved for continuation shall be 50%. The insured individuals who are entitled for the Lifetime Renewal Guarantee until they reach the age of 65 shall not be subjected to the additional premium for age. No upper age limit shall be applicable in the policies of those individuals. The insured individuals' ages are calculated by subtracting their date of birth (day/month/year) from the date the policy was issued. Children up to the age of 18 (excluding 18) are entitled for the Lifetime Renewal Guarantee from the policy commencement date, without any conditions, in the case that they are included in the health insurance coverage with Anadolu Insurance. The Lifetime Renewal Guarantee is provided on an individual basis. Granting a Lifetime Renewal Guarantee to any individual family member covered by health insurance does not mean that the other family members in the policy are automatically granted the Lifetime Renewal Guarantee.

6. The individuals who would like to maintain individual health insurance with Anadolu Insurance without any pause longer than 1 month while they are insured with any of the other insurance companies, without renewing their policies with that company shall be able to:
- Be insured by excluding the diseases which emerge before the commencement date of their insurance with Anadolu Insurance and/or being subjected to additional premiums for these diseases.
 - If deemed appropriate, the no-claims discount entitled for with the other insurance company may be transferred in accordance with the practices of our Company, provided that this is evidenced with transfer information and/or a renewal offer. The policy of the insured individual shall be commenced from the grade which the discount rate written on the document corresponds to in the table of discount/additional premium depending on usage. The maximum discount rate that could be given is 20%.
 - Waiting periods applicable to certain surgeries do not apply to policyholders who have completed the relevant waiting period with another insurance company and apply to our company within 1 month of the policy expiration date. For individuals whose Anadolu Sigorta start date is after January 1, 2026, the waiting period is 6 months, and for those whose start date is before this date, it is 1 year.
 - The 1-year waiting period shall be applicable in any case to the expenses related to childbirth and pregnancy. This applies to everybody, regardless of whether their renewal guarantee right in the other insurance company is taken over or not.
 - The initial insurance start date will be based on the start date with the previous insurance company, and a risk assessment will be conducted during the transfer process. After the policy comes into effect, if any illnesses

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diagnosed before or after the initial insurance date are discovered during the policy period—illnesses that were not declared incompletely, incorrectly, or at all in the insured's application form, or not declared to our company by the current insurance company—our company may record these conditions, exclude them from coverage, apply additional premiums, and exercise the right to cancel the policy if deemed necessary.

- The Lifetime Renewal Guarantee will be transferred based on a risk assessment that examines past insurance information sent from the previous insurance company, the insured's health declaration, and the terms under which the renewal guarantee was obtained from the previous insurance company. Our company reserves the right to refuse offers based on its risk acceptance criteria.

Conditions for Acquiring a Lifetime Renewal Guarantee for Transitions from Other Insurance Companies

The following conditions shall apply to the individuals insured before January 3, 2019: The assessment of whether the individuals who, while insured with another insurance company, do not renew their policies with that company and would like to maintain individual health insurance with Anadolu Insurance within a period longer than 1 month, and for whom the right for renewal guarantee cannot be transferred or was not provided by their previous company have been entitled for the Lifetime Renewal Guarantee shall be conducted at the end of their 2nd year with Anadolu Insurance. Those insured individuals who meet the condition that the ratio of the compensations paid per year from their policies to the premiums is lower than 100% at the end of their 2nd year shall be granted a Lifetime Renewal Guarantee. For insured individuals who cannot be entitled for the Lifetime Renewal Guarantee at the end of their 2nd year, the rules applicable to those who first purchased a policy with Anadolu Insurance shall be applied when assessing the Lifetime Guarantee for the following year; and those insured individuals for whom the ratio of the compensations paid per year from their policies to the premiums is lower than 100% for the last 4 years shall be granted the Lifetime Renewal Guarantee.

The following conditions shall apply to the individuals insured after January 3, 2019: The assessment of whether the individuals who, while insured with another insurance company, do not renew their policies with that company and would like to maintain individual health insurance with Anadolu Insurance within a period longer than 1 month, and for whom the right for renewal guarantee cannot be transferred or was not provided by their previous company have been entitled for the Lifetime Renewal Guarantee shall be conducted at the end of their 2nd year with Anadolu Insurance. Those insured individuals who meet the condition that the ratio of the compensations paid per year from their policies to the premiums is lower than 75% at the end of their 2nd year shall be granted a Lifetime Renewal Guarantee. For insured individuals who cannot be entitled for the Lifetime Renewal Guarantee at the end of their 2nd year, the rules applicable to those who first purchased a policy with Anadolu Insurance shall be applied when assessing the Lifetime Guarantee for the following year; and those insured individuals for whom the ratio of the compensations paid per year from their policies to the premiums is lower than 75% for the last 4 years shall be granted the Lifetime Renewal Guarantee.

The following conditions shall apply to the individuals insured after January 1, 2026: For individuals who are insured with other insurance companies and wish to switch to Anadolu Sigorta for individual health insurance within a period of more than one month without renewing their policies with those companies, a Lifetime Renewal Guarantee may be provided, taking into account the uninterrupted period of insurance with the previous company, for a total risk assessment of 3 years. During the Lifetime Renewal Guarantee assessment, exclusions, upper limits, co-payments, and/or additional premiums may be applied for illnesses deemed necessary.

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7. For individuals who transit to the Private Health Insurance in the case that the term of their Anadolu Supplementary Health Insurance with our Company expires:
- The Lifetime Renewal Guarantee rights of the insured individuals who were granted a renewal guarantee in their Supplementary Health Insurance policy shall be transferred during transition to the Private Health Insurance by performing a risk assessment. The diseases determined as a consequence of the risk assessment may be excluded from the coverage or upper limit may be applied and/or additional premium could be charged. For the insured individuals without a Renewal Guarantee, the period they pass in the Individual Supplementary Health Insurance and initial insurance commencement date of the Individual Supplementary Health Insurance shall be taken into consideration.
 - For the insured individuals having Supplementary Health Insurance policy with our Company, regardless of availability of a renewal guarantee or not, a risk assessment shall be conducted during transition to the Private Health Insurance policy, the Insurance Commencement Date on the Supplementary Health Insurance policy shall be transferred and periods for surgery waiting shall not be applicable.
 - The excluded situations existing in the Supplementary Health Insurance policy shall remain valid likewise, whereas additional premium and upper limit practices shall be assessed according to the conditions of the Private Health Insurance. Furthermore exemption could be applicable for diseases that emerge within the period when the Supplementary Health Insurance policy is in force or additional premium could be charged for those diseases. Our Company reserves the right to reject submitting an offer in accordance with the risk acceptance criteria.
 - For the insured individuals having maternity coverage in their Supplementary Health Insurance policy, the period of waiting for the maternity coverage shall not be applicable in the Private Health Insurance.
8. For individuals who would like to purchase Private Health Insurance as well while they already have Anadolu Supplementary Health Insurance with our Company:
- The insured individuals having a Renewal Guarantee in their Supplementary Health Insurance policy could transfer this right to the Private Health Insurance policy as well as a Lifetime Renewal Guarantee after a risk assessment. For the insured individuals without a Renewal Guarantee, the initial insurance commencement date and special conditions of the Private Health Insurance shall be taken as basis.
 - The initial insurance start date in the Supplementary Health Insurance policy is also transferred to the Private Health Insurance policy. When calculating waiting times for surgery, the time spent under the Supplementary Health Insurance is taken into account and deducted from the waiting period to be applied to the Private Health Insurance. However, for maternity coverage and other waiting periods, the start date and specific conditions of the Private Health Insurance policy are used as the basis.
 - Regardless of availability of a Supplementary Health Insurance Renewal Guarantee or not, a risk assessment shall be conducted and existing exclusions shall remain valid likewise, while additional premium and upper limit practices shall be assessed according to the conditions of the Private Health Insurance. The insured individual may not be deemed suitable for the transfer as a consequence of the risk assessment. Our Company reserves the right to reject submitting an offer in accordance with the risk acceptance criteria.
9. 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.
10. 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.

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- 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.anadolusigorta.com.tr address or from our Sağlıkım 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.

11. 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.
12. 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.
13. 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)
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		
14. 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.
15. 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.
16. The policies should be renewed within 30 days at the latest after completion.
17. Inpatient treatment coverage accepted by the insurer prior to the expiration date of the insurance continues in the end of the contract period and in case that no new contract is made, it shall continue for not more than ten days in the special conditions and not exceeding the guarantee limit.

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18. 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.
19. 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

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

E. INDEMNITY

1. Begin valid at all products for all coverage types; at the agreement domestic healthcare organizations, if the insured is treated by unstaffed doctors although there are staffed doctors who're capable of carrying out that treatment and there is no staffed doctor to carry out that operation at the agreement healthcare organization where the operation will be carried out;
the fee to be paid for unstaffed doctors and their teams shall be equal to the fee which will be paid by Anadolu Sigorta within the contract scope to the agreement organization for staffed doctor and team.
2. At non-agreement healthcare organizations or clinics; the fee to be paid for the operations carried out by the doctor and his team (assistant, anesthesiologist) shall be equal to the fee designated in the current price and application principles of Turkish Physicians Association.
3. The fees to be paid for overseas treatments are indicated seperately in overseas coverage tables. Overseas ambulatory and inpatient treatment fees are covered till the coverage limit specified in the policies.

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),

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- 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.

In the event of any disputes arising out of or in connection with this insurance contract, the parties may apply to the Provincial or District Consumer Arbitration Committees within the monetary limits set and announced annually by the Ministry of Trade. For disputes exceeding such monetary limits, parties may file an action before the Consumer Courts, provided that they first apply to a mediator in accordance with Article 73/A of the Law on the Protection of Consumers. The competent authorities for such applications are the Consumer Arbitration Committees and Consumer Courts located in the domicile of either the entitled claimant or the insurer.

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.
- For the insured individuals insured before January 1, 2026, the insured individuals who develop a significant disease before receiving the Lifetime Renewal Guarantee after the policy is issued could be charged an additional health premium for this disease in their policies renewed in the next year. The additional premium rate, which will be valid for each year the policy is renewed, does not exceed 75% for each disease. For individuals insured after January 1, 2026, this rate shall be maximum 200% for each disease.
- All expenses related to diseases symptoms/findings and/or diagnosis and/or treatment of which commence before the insurance commencement date, and the complications arising therefrom, may be included in the policy coverage with a certain percentages of additional health premium, if deemed appropriate as a consequence of the risk assessment conducted. Additional health premium of maximum 200% of the base premium may be applied per disease. This issue is under the initiative of the insurer.
- The children between the ages 0-17 (including 17) can be insured individually without their parents within the scope of our company's individual health insurance. In this case, an insurance policy can be issued with an additional premium to be applied at the below given rates.

AGE	PREMIUM RATES TO BE APPLIED TO STANDARD PREMIUM AMOUNT
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0-6	% 30
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- For children within the age range specified above, it is mandatory for them to be insured under the same plan as at least one of their parents in order to avoid additional premiums.
- Relevant institution/customer discount; is a discount offered by our company to persons, their spouses, children, parent and siblings who work at T. Is Bank and its participations; institutions and their members to which a special agreement is offered by our company.
- In individual policies within the scope of which at least 10 employees are included in insurance coverage and the premiums of which are paid by the same corporation; 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

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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 continued.

As a result of the evaluations made every year, the insured persons who are not eligible for Lifetime Renewal Guarantee from the age of 65, 30% additional premium will be applied in the renewal, until the age of 75 (excluding). 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%.

- Valid for the insured persons whose starting date at Anadolu Sigorta is before the date 27.09.2023 for the policy that is the basis for the evaluation of the lifetime renewal guarantee: 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%."

Valid for the insured persons whose starting date at Anadolu Sigorta is after the date 27.09.2023 for the policy that is the basis for the evaluation of the lifetime renewal guarantee: The increase in the "Health Tariff Premium" of our insured members who have lifetime renewal guarantee is limited to a maximum of three times the previous year's tariff premium in the same plan, provided that it does not remain below the health inflation.

H. PRIVACY NOTICE ON THE PROCESSING OF PERSONAL DATA

We, Anadolu Anonim Türk Sigorta Şirketi (the "**Company**"), attach importance to the security of your personal data. In this regard, within the scope of the Law No. 6698 on the Protection of Personal Data (the "**Law**"), we would like to inform you about our data processing activities in connection with your policy or the processes in which you are involved as a third party. As a result of changes in legal regulations or company policies, updates may be made to this text periodically. In this case, we would like to state that we will share the most up-to-date version of the text with you on our website.

1- Purposes and Legal Grounds for the Processing of Your Personal Data

Within the scope of your policy or the processes in which you are involved as a third party, your data relating to identity, contact, location, employment, legal transaction, customer transaction, transaction security, risk management, finance, marketing, visual and audio records as well as health data may be processed.

Your relevant personal data is processed based on the following legal grounds and processing purposes specified in Article 5 of the Law.

-Based on the legal ground that "**processing is necessary for the conclusion and performance of a contract,**" your personal data is processed for the purposes of execution of policy quotation, issuance, suspension, renewal, and cancellation processes; execution of risk assessment and research activities within the scope of the policy; exercise of rights, fulfilment of obligations, and execution of policy transactions arising from the policy; provision of services linked to the policy and delivery of after-sales support services; execution of communication activities and evaluation of requests and complaints; and execution of reinsurance and co-insurance transactions.

-Based on the legal grounds that "**processing is necessary for compliance with a legal obligation to which the data controller is subject,**" "**it is expressly provided for by the laws,**" and "**processing is necessary for the establishment, exercise, or protection of a right,**" your personal data is processed for the purposes of execution of indemnity processes; execution of information security processes; operation of claim and recourse processes; execution of transition transactions; exercise of rights and fulfilment of obligations arising from legal regulations; execution of informative activities; execution of storage and archiving activities; submission of necessary information to authorised institutions and organisations; and execution and follow-up of legal affairs and transactions.

-Based on the legal ground that "**processing is necessary for the legitimate interests pursued by the data controller,**" your personal data is processed for the purposes of planning and execution of audit activities necessary to ensure that operations are conducted in compliance with Company procedures and relevant legislation; conducting studies

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and analyses, and using necessary tools for the development of products and services and for ensuring process optimisation; conducting scientific research activities; ensuring internal audit, process improvement, and operational security; execution of customer satisfaction processes; management of customer relations and conducting customer evaluation studies; execution of fraud prevention and detection activities; analysing and evaluating competition through market research; training of artificial intelligence systems and their development through post-use outputs; execution of segmentation activities.

-Based on the legal ground of **"having the explicit consent of the data subject,"** your personal data is processed for the purposes of execution of marketing, promotion, campaign, and customer loyalty activities; and preparation of personalised offers and execution of profiling activities.

Personal health data, which includes all types of information regarding the physical and mental health of individuals and information regarding the health services provided, are included in the category of "special categories of personal data." In this context, your health data is processed based on the following legal grounds and processing purposes specified in Article 6 of the Law.

-Based on the legal grounds that **"it is expressly provided for by the laws"** and **"processing is necessary for the establishment, exercise, or protection of a right,"** your personal data is processed for the purposes of conducting risk assessments, including quotation, policy, and reinsurance processes; execution of indemnity processes; execution of transition transactions; verification of the insured's declaration; operation of claim and recourse processes; exercise of rights and fulfilment of obligations arising from legal regulations; procurement of support services; execution of storage and archiving activities; sharing information with authorised institutions and organisations within the framework of their powers specified in the legislation; execution and follow-up of legal affairs and transactions; and collection of necessary information belonging to third parties within the scope of policy transactions.

2- Method of Collection of Your Personal Data

Your personal data is collected directly from you or through the Insurance Information and Monitoring Center, authorised public institutions and organisations, healthcare institutions, insurance companies, legal representatives, employers, or individuals authorised to issue a policy on your behalf, the insured or the policyholder, third-party service providers, or our authorised agents/brokers via electronic media through automated means or verbally/in writing through non-automated means.

Your personal data is retained for the periods stipulated in the relevant legislation or required by the purpose of processing, in a manner that is relevant, limited and proportionate to the purposes of processing.

3- Third Parties to Whom Your Personal Data is Transferred

Your personal data may be transferred to the third parties specified below, depending on the nature of the activity, in accordance with the purposes set out above.

Your personal data may be transferred to authorised agents/brokers, reinsurers/co-insurers, assistance companies, the policyholder, provision service providers, actuaries, external experts, support service providers, data verification service providers, other insurance companies, healthcare institutions, the Insurance Information and Monitoring Center, the Insurance and Private Pension Regulation and Supervision Agency, the Insurance, Reinsurance and Pension Companies Association of Türkiye, legal representatives within the framework of the Insurance Law and other legislative provisions, banks/finance companies, individuals and organisations providing services on legal, financial, tax, and operational matters, audit firms, suppliers, companies providing marketing and advertising services, debt collection agencies, dispute resolution bodies, and authorised public institutions and organisations.

4- Your Rights under Article 11 of the Law and Information on Application

You have the rights to learn whether your personal data is being processed; to request information if your personal data has been processed; to learn the purpose of the processing of your personal data and whether it is used in accordance with the processing purpose; to know the third parties to whom your personal data is transferred within the country or abroad; to request the rectification of your personal data if it is processed incompletely or inaccurately; to request the erasure or destruction of your personal data in the event that the reasons requiring their processing no longer exist; to request the notification of the rectification, erasure, or destruction operations to third parties to whom personal data has been transferred; to object to the occurrence of a detrimental result for you through the processing of personal data solely via automated systems; to request compensation for damages in case you incur damages due to the unlawful processing of personal data.

You may submit your requests within the scope of your rights regarding the processing of your personal data at any time via the "Application Form" on our website or in accordance with the conditions regulated in the Communiqué on the Procedures and Principles of Application to the Data Controller. Furthermore, you can find more detailed information regarding the application addresses and application processes on our website and in the application form.

I. COMPLAINT AND INFORMATION REQUESTS

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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 : Corporate Communications and Sustainability Department
Rüzgârlıbahçe Mah. Çam Pınarı Sok. No:6 34805 Beykoz-İstanbul/Türkiye

Tel No : +90850 724 0 850; Fax No: +(90) 850 744 0 136

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:

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.