

## CORPORATE HEALTH INSURANCE DISCLOSURE FORM

This form, compiled as at least two separate copies, has been drawn up pursuant to The Regulation Regarding Information on Insurance Contracts, which was issued in the Official Gazette dated 28.10.2007, in order to inform the persons who would like to be a party to an insurance contract about the contractual issues.

### A. INFORMATION ABOUT THE INSURER

Trade Name :  
Address :  
Tel & Fax No :

**of the insurance agent which has negotiated the contract.**

Trade Name : Anadolu Anonim Türk Sigorta Şirketi  
Address : Rüzgârlıbahçe Mah. Kavak Sok. No:31 34805 Kavacık-İSTANBUL/TÜRKİYE  
Tel & Fax No : +(90) 850 744 0 744, faks: +(90) 850 744 0 745  
The Central Registry System (MERSİS) No : 2136-7142-9673-9572

**of the insurer which has given the instruction**

### B. WARNINGS

1. Premiums for corporate medical insurance products are determined on the basis of age, gender, coverage limit for the product of choice, coverage structure and payment rates, medical institutions where the product applies (network), and the rate of increase of treatment costs.
2. For detailed information on insurance, please refer to the General Terms and Conditions of Corporate Medical Insurance and Conditions of Corporate Medical Insurance Contract. These documents will be provided to you with you policy. Policy, General Terms and Conditions of Medical Insurance and Conditions of Corporate Medical Insurance Contract are all integral parts of the Disclosure form.
3. You have to give complete and true answers to the questions in the questionnaire 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/or 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. Medical insurance coverage shall start after Anadolu Sigorta's approval of the approval of the acceptance form filled out by the insured and according to the payment terms mentioned in the contract. In cases where the premium is agreed to be paid by installments, policy cover shall be ceased if the payment is not made on time.
5. The contract term for medical insurance, unless stated otherwise, shall be 1 year. The renewal of the policy shall be conditional upon the payment of the premium concerning the policy for the new period, provided that Anadolu Sigorta approves the renewal.
6. 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 corresponding to the proportion of agreed premium to be paid for such risk.



## CORPORATE HEALTH INSURANCE DISCLOSURE FORM

7. The policy of the regarding 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.
8. Anadolu Sigorta may also, if it deems necessary, require the insured to undergo an examination by a doctor to be appointed by the insurer, during the processing of the indemnity claim. Moreover, if it deems necessary, Anadolu Sigorta may first have an investigation on the issue before paying for the medical expenses of the insured. Furthermore, with the insured's written approval, it shall also be entitled to request information and copies of records regarding the medical history of the insured, from all doctors, health providers, Social Security Institution, Insurance Information and Monitoring Center (SBM), public institutions, and third persons involved in the treatment of the insured before and after the insurance period. Anadolu Sigorta may transfer any and all details in relation to insured's health information to Insurance Information and Monitoring Center (SBM) and third persons involved in insurance services.
9. By signing the relevant documents, persons covered or to be covered by the Policy consent to their health records, insurance records and other relevant information being culled from the Insurance Information and Monitoring Centre, The Social Security Institute, the Ministry of Health, health institutions and insurance companies and to the relevant information and records being shared with the Insurance Information and Monitoring Centre, insurance companies and the bodies authorized by the relevant legislation so that a risk assessment may be carried out and compensation claims may be finalized.
10. Moreover, if it deems necessary, Anadolu Sigorta may require to get a physician's opinion in order to determine the health condition of the insured. Relevant expenses shall be borne by Anadolu Sigorta. Contract shall be made based on statements of the policy holder, the insured and, in the event that insurance is taken out via an agent, of the agent, and if any, answers given to the written questions of the company where the insured does not grant Anadolu Sigorta access to information on his/her medical history. The policy holder, the insured and if there are any, the agent is obliged to give complete and true answers to questions they are asked, and report all conditions which are known by them and entail the company not to enter into the contract or enter into the contract under more appalling conditions. Moreover, if it deems necessary, Anadolu Sigorta may require to get a physician's opinion in order to determine the health condition of the insured. Relevant expenses shall be borne by the policy holder and the insured.
11. As required by the Regulation No.28800 of the Republic of Turkey,Prime Ministry Office, Undersecretariat of Treasury printed in the Official Gazette, the "Life Long Renewal Guarantee", whose details are mentioned in the corporate health insurance contract, applies to people insured by our company.  
The switch terms and conditions applying to persons who were covered under a corporate medical insurance at our company but who applied for a private policy due to termination of employment, retirement or expiry of contract between the group and our Company shall be assessed, taking into account whether that person is entitled to a Life Long Renewal Guarantee or not.
12. Anadolu Sigorta reserves the right to replace its contracted health providers. An up-to-date list of contracted health providers is accessible at [www.anadulusigorta.com.tr](http://www.anadulusigorta.com.tr) website.
13. In case the insured applies to a contracted provider for treatment, the contracted health provider receives a provision from our Company and the insured checks out the contracted health provider after paying the patient share within the coverage limits and signing a waiver.  
If treatment is provided by a non-contracted provider, the insured is required to submit the invoice



## CORPORATE HEALTH INSURANCE DISCLOSURE FORM

against the treatment expenses and other documents to our Company. Treatment expenses are assessed in accordance with the special and general terms and conditions of the policy and the indemnity amount to be paid is paid into the account of the insured.

### C. OVERALL INFORMATION

1. Medical Insurance policy covers the costs of examination, diagnosis and treatment of the insured for the conditions occurred after the insurance commencement date with Anadolu Sigorta within the scope and limits of the coverage specified in the policy. Insurance does not cover "circumstances not covered by the policy" contained in the Terms and Conditions of Corporate Medical Insurance Contract, and the costs of examination, diagnosis and treatment of the insured that may arise from congenital diseases and other conditions for which the insured received treatment or which were already known before the insurance commencement date with Anadolu Sigorta. Please refer to the Terms and Conditions of Medical Insurance General and the Conditions of Corporate Health Insurance for cases that fall outside the scope of the coverage.
2. "Daily incapacity allowance determined for the earnings that can not be obtained by the insured due to inability to work as a result of illness" which should be paid pursuant to subparagraphs c and d of paragraph 1 of Article 1513 of the Turkish Commercial Code and "expenses arising as a result of care or daily care allowance determined if the insured becomes in need of care" are not covered herein.
3. The corporate health insurance coverage and special conditions are included in the introduction set, which we offer to our insured.
4. 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 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 approval form being wrong or incomplete, and the disease being arisen during pre-examination, pre-examination fee shall be paid by such person.
5. Assistance company shall organize the services provided within the By Your Side Service and service fee shall be paid by the insured.
6. Life Long Renewal Guarantee option is available to all customers of Anadolu Sigorta. All diseases existing prior to the commencement date of the initial insurance are not covered by this renewal guarantee.  
The life long renewal guarantee terms applying to the insurees are mentioned in the corporate health insurance contract and the introduction set that has been sent to the insurees.
7. Inpatient treatment cover accepted by the insurer prior to expiration of the insurance, in case contract term is expired and no new contract has been signed, shall continue for only an additional ten days on the condition that duration and cover limit specified in special terms are not exceeded.
8. 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](http://www.anadolusigorta.com.tr) address or with an open and clear statement to [bilgi@anadolusigorta.com.tr](mailto: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.



## CORPORATE HEALTH INSURANCE DISCLOSURE FORM

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.

### D. RISK OCCURRENCE

1. Please ask for the documents and information required in indemnity applications with your policy.
2. Notify the insurer of the situation as soon as possible in case of risk occurrence.
3. Follow the Insurer's instructions during notification period.
4. In case of risk occurrence, the insurer shall be liable for indemnity payment within the policy conditions.

### E. INDEMNITY

1. Unless stated otherwise in the corporate health insurance contract, the fee payable to the physicians and their crew (assistant, anesthesiologist) called in from other institutions shall be equivalent to the amount payable to the contracted institution for the service of their in-house physician and the crew as part of the contract signed by and between Anadolu Sigorta and health provider where the insured is treated by called-in physicians although there are in-house physicians who may perform the treatment, or in case there are no physicians to carry out the procedure at the contracted health provider where operation is performed as applicable to all covers for all products at domestic contracted health providers.
2. Unless stated otherwise in the corporate health insurance contract, fees to be paid in relation to the operations made outside the contracted health providers or at the physician's offices by physician and his/her team (assistant, anesthesiologist) shall be covered up to an amount of the fees specified in the Turkish Physicians Association Minimum Fee Tariff.
3. The amounts payable for treatments abroad are separately stated in the overseas coverage section in their policies. Inpatient and outpatient treatment expenses abroad are paid up to the coverage limits specified in the policies.
4. Turkish Physicians Association Minimum Fee Tariff shall be taken as basis in the classification of operations specified in the coverage list in the policy. However, operations, the rate of which are 2500 or over individually are considered within the Extra Major Operations class which is not included in the tariff but is covered by the Policy Coverage Tables.

### F. INDEMNITY PAYMENT

1. The exemption and implementation terms applicable to the contract to be executed shall be specified in the policy.
2. For the payment of indemnity, the following documents must be submitted to Anadolu Sigorta.
  - a. Indemnity Claim Form (relevant fields of the Claim Form should be filled and signed by the insured, doctor, or the health provider where the treatment was received.),
  - b. Original invoices for all expenses and invoice statements,
  - c. Operations report and/or patient release epicrisis for inpatient treatments,
  - d. Results of analyses for the diagnosis of the condition,
  - e. Alcohol report, judicial report and traffic accident report, in case the treatment is necessitated by a traffic accident; alcohol report, judicial report and statement of the insured, in case of any other kinds of accident.

## CORPORATE HEALTH INSURANCE DISCLOSURE FORM

- 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. Translations in Turkish of the reports and examinations carried out abroad, documents proving payment was made (credit card statement, credit card slip, remittance slip)
  - j. Chemotherapy treatment schema.
3. Insurer is a party to the Arbitration system.
  4. In case the insured applies to a contracted provider for treatment, the contracted health provider receives a provision from our Company and the insured checks out the contracted health provider after paying the patient share within the coverage limits and signing a waiver.

### G. COMPLAINT AND INFORMATION REQUESTS

1. For all kinds of information requests and complaints regarding the insurance, you can resort to the address and phone numbers given below. The insurer is required to respond the requests within 15 days after submission of the application.

Address : Marketing and Customer Management Department, Rüzgârlıbahçe Mah.  
Kavak Sok. No:31 34805 Kavacık-İSTANBUL/TÜRKİYE  
Tel & Fax no : +(90) 850 744 0 744/7825; faks: +(90) 850 744 0 136  
E-mail : Contact us via the web address <http://www.anadolusigorta.com.tr/>  
Link for your opinions and suggestions

Name, Last Name and Signature of the Insured

Seal of the Insurer or Agency and the Authorized Signature

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The information given in this information form are valid as of the day on which the form is signed by both parties. The form signed by the insured is required to be submitted to the insurer/agency issuing the insurance policy.