MAPFRE Sigorta

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

Please make sure that all information on this form is filled in completely.

This form, which is issued in triplicate, has been prepared in accordance with the Regulation on Information in Insurance Contracts published on 28/10/2007 in order to provide general information to the policyholder and other persons who will benefit from the insurance, both during the negotiation of the insurance contract to be made and during the continuation of the insurance, about their rights, obligations, the subject of the contract, its operation and some important changes and developments.

A - COVERAGES

1. It covers the expenses to be incurred by the Insured/Insureds for the diagnosis and treatment of the Insured/Insureds as a result of a disease and/or accident that may occur within the starting and ending dates specified in the policy/amendment, within the coverage, limits, participation rates and practices specified in the policy/amendment, in accordance with the provisions of the TCC, General Provisions, General Terms and Conditions of Health Insurance and Special Terms and Conditions.

2. In addition to the general conditions of insurance, the parties have the right to agree on special conditions, provided that they are not contrary to the law, morality and not to the detriment of the Insured. Your health insurance policy varies according to the product and coverage you choose. All coverages of the products are stated below.

a. Outpatient Treatment Coverages	Diagnostic Examinations	İAdvanced Diagnostic Examinations	Sessional Outpatient Treatment
Doctor Examination/Prescription Medicine			
b. Inpatient Treatment Coverages Surgery/ Hospitalisation Operat Doctor Fees	Chemotherapy	IntensiveCare	Hospital
	Dialysis	Radiotherapy	Room-Companion
Physiotherapy and Rehabilitation after Hospitalisation	Emergency Diagnosis		MinorIntervention
			InpatientAbroad
c. Other Guarantees Home Health Care Abroad	Motherhood	ArtificialLimb	
	StandingControl PSA/Mammograph	Check Up	AuxiliaryMedical
Air / Land Ambulance	Standing Support Treatment		Equipment

Coverages and waiting periods may vary according to the characteristics of the selected product and plan. In addition to those specified in the general and special terms and conditions of the policy, it is possible for the insurance company to exclude a certain ailment, disease or accident from the coverage with a special exception according to its own risk acceptance principles, taking into account the statements made during the policy application on the basis of the policy. Please consult your customer representative for additional optional coverage. Please read and check your coverage stated in your offer and policy.

B - POLICY PREMIUM ACCOUNT

In accordance with the Insurer's Risk Acceptance Regulation, the premiums of the Insured candidate are calculated based on the tariff sales premiums determined by the company and announced to all sales channels, taking into account the plan, coverage, age and gender of the Insured, health inflation and the claim/premium ratio of the relevant age in the portfolio. In the event that a spouse or child is added to the family or the Insured requests a change of plan after the insurance commencement date, the Insurer reserves the right not to accept the relevant request, provided that it is processed on the basis of the premiums in force on the date of the request. The premiums, discounts and maturities of the Insured are stated on the front of the policy. The policy premium is calculated based on the age at the Insurance Commencement Date (the difference between the commencement date and the date of birth calculated in days/months/years).

DISCOUNTS AND ADDITIONAL PREMIUMS

MAPFRE Sigorta A.Ş. issues the Insurance Policy by calculating the specified discount and additional premium rates for the policies that meet the following conditions.

1 - NO-DAMAGE DISCOUNT

The No Damage Discount application consists of 8 tiers in total, including the entry tier and 7 discount tiers.
Insureds who take a policy for new business or transfer start this application from the entry tier (1st tier). The tier of the renewal policy for the following year is determined by taking into account the Insured's current policy period tier and the "Compensation"/"Health Net Premium" (T/P) ratio.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

The starting digit will be 1 for the insured whose insurance period is shorter than 6 months and who entered the policy on a day basis in the previous year.

The tier of the renewal policy is determined by taking into consideration the insured's current policy term tier and the "Compensation"/"Health Net Premium" (T/P) ratio.

- If the Compensation/Premium ratio is less than 25%, one step higher,
- Same grade if the Compensation/Premium ratio is between 25.01% (inclusive) and 70% (inclusive),
- If the Compensation / Premium ratio is between 70.01% (inclusive) and 150% (inclusive), 1 lower grade,
- If the Compensation/Premium rate is between 150.01% (inclusive) and 350% (inclusive), 2 lower grades,
- If the Compensation / Premium ratio is 350.01% (inclusive) and above, it is renewed with 3 lower grades.

The discount rate of each tier is as follows:

STAGE	1	2	3	4	5	6	7	8
DISCOUNT RATES (%)	**0**	**15**	**25**	**30**	**35**	**40**	**45**	**50**

2 - LOYALTY DISCOUNT

The loyalty discount will be applied per Insured at rates varying according to the policy years in the renewal of the Insured's uninterrupted policies. The loyalty discount is not applied in the transition from a group health policy to an individual health policy.

3 -FAMILY DISCOUNT

Family discount is applied if the individual health policy consists of mother, father and children and the number of people in the policy is at least 2 or more. Family discount is applied even if different plans and products are purchased within the family.

4 - REGIONAL (PROVINCE) DISCOUNT

The regional discount is systematically given automatically according to the province where the person resides.

5 - FIRST INSURANCE DISCOUNT

The First Insured discount is applied to the Insured who are covered by the individual health insurance policy for the first time and who are subject to a waiting period.

6 - RIZICO SUPPLEMENTARY PREMIUM

These are the additional premiums applied by the insurance company according to the risk of the Insured in line with the assessment made based on the declaration stated by the Insured in the Application Form and/or the documents and information determined. Additional Premium may be applied for all or some of the coverage. The Risk Additional Premium to be applied may be maximum 200%. It is obligatory to obtain the approval of the Policyholder and/or the Insured for the additional risk premium requested during risk analysis procedures.

C - GENERAL INFORMATION AND WARNINGS

1. Health insurance covers babies over 14 days old and persons under 60 years of age.

2. The Insurers/Insured are required to make their insurance requests by filling in the Application Form completely and correctly and the Application Forms must be wet signed. In addition, even if it is not asked in the Application Form, you are also obliged to declare other issues that are effective on the assessment of the risk subject to the contract and known by you during the application.

Changes occurring after the conclusion of the contract must be notified to the Insurer in due time. Please refrain from providing incomplete or inaccurate information to the Insurer at every stage of the contract, taking into account that providing incorrect or incomplete information may eliminate your right to indemnity or result in consequences against you. Question answers left incomplete in the Application Form will be processed as "NO".

3. The Insurer may request medical examinations to assess the health risk of the Insured. The company reserves the right to reject or conditionally accept the application in line with the health status and/or Risk Acceptance Regulations. In case the application is rejected, the Application and Information Form loses its validity.

4. Policy cancellation transactions are processed based on the written declaration of the Policyholder. As a result of the completion of the relevant transaction, the information form attached to the Application Form loses its validity as of the start date of the additional document.

5. Pursuant to Article 8 of the General Terms and Conditions of Health Insurance, the provisions of the Code of Obligations shall apply in case of default in premium payment debt in health insurance.

6. In order to prevent future disputes, do not forget to get a receipt if you pay the down payment of the premium in cash.

7. Premiums paid for insurance are tax deductible. Please consult your insurer on this matter.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

8. After the conclusion of the contract, changes in matters that may affect the risk without the authorisation of the insurance company must be notified to the insurance company within eight days in accordance with Article 7 of the General Terms and Conditions of Health Insurance.

9. In the event that any of the Insureds within the scope of the personal policy makes an attempt to deliberately benefit, contrary to the general terms and conditions of the policy and its application principles, the policy of all Insureds within the scope of the policy will be cancelled immediately. The Insurer may determine a new conditional acceptance (out-of-scope, additional premium, limit, standard, etc.) for the condition determined by performing a second risk analysis according to the health problem of the Insured (including incomplete and / or misrepresentation or existing non-declaration situations) detected within the ongoing policy period.

10. If the Insurer requests a medical examination and additional examinations to determine the health status of the Insured, the costs related to such procedures shall be covered by the Insurer if the Insured authorises access to past health information, or by the Insured if the Insured does not authorise access to past health information.

11. For more detailed information about the insurance, please read the Special and General Terms and Conditions of Health Insurance carefully.

12. Exceptions, guarantees, limit, participation rate, plan information, etc. of the Insured are stated on the policy.

13. Unless otherwise agreed, the insurance commences at 12.00 pm Turkey time and ends at 12.00 pm and in any case upon the occurrence of the risk on the days specified in the policy as the commencement and expiry dates.

14. Within maximum 10 days after the necessary information and documents are received by the Insurer in full, the Insurer will carry out the necessary examinations and complete the compensation procedures.

15. In the event that the contact information specified in the Application Form is incomplete or incorrect, the responsibility does not belong to the insurance company. Please notify the changes of your identity, address, telephone, etc. information available in our system to musterihizmetleri@mapfre.com.tr or to our fax number 0212 334 62 60 so that we can reach you more easily.

16. You can learn all information about your policy from the Insured Online system under the online transactions heading on our website www.mapfre.com.tr.

17. MAPFRE Sigorta A.Ş. reserves the right to change the contracted organisations determined for the network within the policy period or to exclude the relevant contracted organisation from the contracted network completely.

D - EXCEPTIONS

In addition to the Out-of-Coverage conditions specified in Article 2 of the General Terms and Conditions of Health Insurance, the following conditions are excluded for all coverage of this policy.

1. The diseases specified in this article are not covered, and the exclusions will not apply if the Insured has completed at least 3 years of uninterrupted individual insurance period in our company and is entitled to Lifetime Renewal Guarantee or is insured as a MAPFRE Baby:

a. Congenital and genetic diseases determined after the Policy Start Date, even if they occur at an advanced age, premature baby expenses (even if the baby is insured from birth), unless otherwise specified in the contract (Exception if the Baby Incubator Additional Coverage is not taken).
b. Expenses related to examinations and treatments for pes planus, hallux valgus/rigitus.
c. Dementia due to old age, Alzheimers, Parkinson's, epilepsy and antipsychotic, anxiolytic, anticonvulsant and all psychotropic drugs used in the treatment of these disorders.
d. Operations for nasal septum and concha.

- Septum and turbinate operations are valid only in contracted institutions specially designated by the Insurer under the name of ENT Network, regardless of the type of contracted institution in the policy.

- SIn the event that the treatment of the Insured is performed by a non-contracted doctor (even if it is a doctor / organisation contracted with MAPFRE Sigorta who does not work full-time or non-permanent temporary full-time) in the contracted institution, the doctor's fee will be paid up to the maximum fee specified in the HUV Tariff (HUV*1).

- However, if the Insured has completed at least 5 years of uninterrupted individual insurance period in our company and if the Insured is entitled to Lifetime Renewal Guarantee, the related operations are valid in all contracted organisations valid in the Policy. In the event that the treatment of the Insured is performed by a non-contracted doctor (even if it is a doctor/institution contracted with MAPFRE Sigorta who does not work full-time as a permanent or non-permanent temporary full-time employee) at the Contracted Institution, the doctor's fee will be paid up to the fee specified in the non-contracted doctor coverage.

2. If the Insured has completed at least 5 years of uninterrupted individual insurance period in our company and is entitled to Lifetime Renewal Guarantee or is insured as a MAPFRE Baby, treatments related to strabismus, otosclerosis, keratoconus, ptosis that did not exist before the Policy Start Date will not be considered as an exception and will be valid only in institutions within the scope of C network, regardless of the network that the Insured has in the Policy. There is an indication requirement for the related diseases and the evaluation will be made by the Medical Operations Centre. These conditions are not covered for Insureds who have not completed 5 years in the individual policy of our Company and are not entitled to Lifetime Renewal Guarantee.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

3. Premature incubator baby expenses of the newborn baby of the Insured who has not completed the maternity waiting period and has a plan without Maternity Coverage.

4. All kinds of medical expenses (whether or not diagnosed and/or treated), including existing and undeclared ailments/diseases that existed before the policy start date, and recurrences and complications of these diseases (whether or not diagnosed and/or treated).

5. All kinds of genetic disease / condition research, gene mapping, gene screening examinations.

6. All kinds of routine and specific examination and treatment expenses related to structural disorders, motor mental development and growth disorders (growth and development retardation/progress, early/late puberty, etc.).

7. Mental illnesses and psychological disorders requiring psychiatric treatment, neuropsychiatric tests, all kinds of psychotherapy and all related expenses.

8. All kinds of inconveniences and expenses related to accidents that may occur due to driving without a driving licence (the driving licence must be appropriate for the class of vehicle driven by the Insured).

9. Expenses related to alcoholism, alcohol (regardless of promil level), drug, stimulant, hallucinogen and other substance addiction and all kinds of diseases, poisoning, discomfort and accidents that may occur after the use of these substances.

10. Expenses arising from all hazardous sports activities and/or hazardous activities including but not limited to (mountaineering, diving with breathing apparatus, aircraft and glider piloting, parachuting, parapant, delta wing flying, horseback riding, rafting, street sledding, high jumping sports such as base jumping, kiteboarding, kitesurfing, underwater sports, mountain biking, motorcycle and automobile sports and electric scooters, electric bicycles and electric motorcycles that do not require a driver's licence, skiing, using motorcycles even if it is for transportation purposes, etc.) whether for amateur or hobby purposes. Expenses arising from professional and/or licensed sports activities of any kind are limited to 20,000 TL. Among these activities, all expenses related to skiing, motorbike and ATV use for transportation purposes and with a driving licence will be covered within the scope of the policy limit and coinsurance rates with additional premium unless the risk occurs.

11. Alternative treatment methods regardless of the institution (acupuncture, homeopathy, osteopathy, hypnosis, yoga, mesotherapy, aromatherapy, neural therapy, chiropractic treatments, chiropractic treatments, ayurveda, ozone therapy, spa and drinking treatments, spa and thermal centres, sanatorium, nursing home, nursing home, precentorium and rehabilitation centres).

12. All expenses related to unscientific treatments, experimental treatments and medicines and materials not approved by the American FDA (Food and Drug Administration).

13. Procedures/treatments that have no equivalent in PPD (Physician Practices Database).

14. All kinds of procedures performed in aesthetic, cosmetic, laser and beauty centres, lens and optical centres, centres not licensed by the Ministry of Health, healthy living centres, traditional / complementary and alternative medicine centres, anti-aging centres, slimming centres, sports centres, life coaching centres and foot health centres and all expenses related to these procedures (examination, examination, diagnosis, treatment, etc.).

15. All kinds of procedures performed by medical doctors and non-medical doctors who do not have a Ministry of Health work licence and all expenses related to these procedures.

16. Costs related to nasal valve surgery.

17. Expenses incurred for obtaining a medical board or doctor's report for reasons such as before sports, before marriage, before starting work.

18. Invoices issued by 1st degree relatives of the insured.

19. Expenses related to screening tests such as coronary artery calcium scoring, coronary VCT angiography, EBT (Electron Beam Tomography), virtual angiography and virtual colonoscopy.

20. Expenses for analyses from institutions without a laboratory licence.

21. All expenses incurred for the removal of the insured's special exception.

22. Expenses related to Inpatient Treatments that are not indicated by MAPFRE Sigorta Medical Operations Centre in accordance with the reports received from the hospital and expenses related to diagnoses and treatments that are not related to a specific complaint and / or disease and unrelated to the complaint (Check-up, routine check-up, etc.).

23. Plastic and reconstructive surgery, all kinds of aesthetic and cosmetic interventions and related complications, telangiectasia, treatments for skin haemangiomas, gynaecomastia. All expenses related to plastic and reconstructive surgery, all kinds of aesthetic and cosmetic interventions and related complications, telangiectasia, treatments for skin haemangiomas, gynaecomastia, antiperspirant and related examinations and treatment procedures, rhinoplasty, abdominal aesthetics, acne (acne) diagnosis and treatment, hair loss diagnosis and treatment (except alopecia areata), all kinds of breast reduction and augmentation surgery and accessory breast operation.

24. All expenses related to the diagnosis or treatment of obesity, weight, appetite disorders, surgery and complications, dietician, weight loss and weight gain programme.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

25. All examination and treatment expenses related to uvuloplasty, snoring, sleep apnoea (All expenses related to uvuloplasty and sleep apnoea are covered for Insureds entitled to Lifetime Renewal Guarantee before 01.10.2023).

26. All examination and treatment expenses related to scoliosis and all spinal curvatures (Scoliosis and all spinal curvatures are covered for Insureds entitled to Lifetime Renewal Guarantee before 01.10.2023).

27. Examination, diagnosis, treatment and complication expenses of doctors who apply balanced nutrition, diet-exercise programmes, alternative and/or complementary therapies.

28. Hearing defect surgery (except tube insertion, tympanoplasty, chronic otitis sequelae, etc.) and all related examinations and treatment procedures, voice and speech therapies.

29. Expenses of children under 7 years of age related to cord cyst, hydrocele, all kinds of hernia procedures (not applicable for MAPFRE Sigorta infants).

30. Medical supplies not covered under the auxiliary Medical Supplies Coverage defined in Article 3.1.13, CPAP device, its calibration and monitoring, humidifiers used at home, external devices (hearing aid, cochlear implant, etc.), injectors not taken with medication, tapes, telephone, TV, cafeteria, administrative service, paramedical service and other expenses not required for treatment such as service fees, and all kinds of external prostheses and support prostheses (those that cannot be evaluated under the Inpatient Treatment Coverage).

31. Vaccines for allergy, allergy tests, skin prick tests, food intolerance tests, all kinds of immunotherapies (except for the treatment of metabolic and autoimmune diseases).

32. All examination, treatment and complication expenses related to optional curettage, infertility, sterility, miscarriage research and ensuring pregnancy (IVF, follicle follow-up, microinjection, tuboplasty, etc.) hystero salpingography (HSG), spermiogram, adhesiolysis expenses.

33. Varicocele expenses, whether or not related to infertility (except varicocele under the age of 18).

34. Expenses for sex reassignment operations, impotence, peyronie, penile chordia, vaginismus, all examinations and treatments related to sexual dysfunctions (including penile prosthesis) and birth control methods (pills, condoms, etc.) not covered by Article 3.4.3.

35. Syphilis, anogenital condylomas, HIV, AIDS and all related examination and treatment expenses regardless of the route of transmission.

36. All expenses related to circumcision and phimosis, even if medically necessary.

37. Expenses related to sclerotherapy, laser, radiation, massage, stockings, etc. applied for the treatment of superficial varicose veins.

38. Donor-related costs in organ, tissue and blood transplantation.

39. Expenses related to cord blood and stem cell collection and storage.

40. All expenses related to officially declared epidemics and epidemics started in bad faith.

41. All vaccines except rabies, tetanus, influenza, pneumococcus for people over 65 years of age, rotavirus, meningococcus in addition to the Ministry of Health vaccination calendar for children aged 0-6 years (including pre or post vaccination examinations and vaccine administration fees) and all kinds of protective procedures against the disease.

42. Pursuant to Article 98/2 of the Social Insurance and General Health Insurance Law No. 5510, the participation fees that the insured are obliged to pay.

43. Private nursing expenses not approved by the MAPFRE Insurance Medical Operations Centre (except for Home Care Coverage) and ambulance expenses other than emergencies (explained in Article 2 Definitions), all expenses of auxiliary health personnel (such as physiotherapist, respiratory therapist, patient carer).

44. Examinations performed by the doctor in the practice (except for basic laboratory tests approved by the Ministry of Health).

45. Medicines not licensed by the Ministry of Health, preparations without active ingredients that do not fall under the definition of medicine, all kinds of substances and chemicals licensed by the Ministry of Agriculture, all medicines not officially imported (except for medicines imported with the permission of the Ministry of Health, which are not available in Turkey and have no equivalent), vitamin-mineral combinations and/or nutritional preparations and medical foods used to meet the daily needs of the body and / or to protect general health.

46. All expenses related to examination by dentists and maxillofacial surgeons, tooth-gum treatment and jaw treatments, toothpaste, oral and dental care preparations, etc.

47. Glasses-lens, lens solution, toric and multifocal lenses and all kinds of diagnosis, examination and treatment expenses for lazy eye, refractive errors in the eye (myopia, etc.), eye misalignments, except for MAPFRE Babies.

48. All kinds of medical equipment and / or device usage / rental fees (except for those evaluated within the scope of home care coverage).

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

E - STANDARD WAITING TIMES

The following conditions are excluded from the coverage of all treatments during the relevant waiting periods, unless they are the result of a judicial accident as of the date of registration of the Insured. In the event that the Insurance Policy is continued and renewed according to the renewal conditions and no special exception is made by the Insurer for one of the situations listed below, the standard Waiting Periods listed below shall not apply and shall be included in the coverage for the Insureds who have completed the 12-month insurance period without interruption and who have completed this Waiting Period if an additional Waiting Period has been set by the Insurer.

Cases with a Waiting Period of 12 Months Unless a Judicial Accident Occurs

1. All hernias.

2. A norectal diseases (haemorrhoids, anal fistula and fissure, anal abscess, etc.) pilonidal sinus (cyst dermoid sacral).

3. Tonsillectomy, adenoid vegetation surgery, eardrum surgery and tube application, sinus surgery.

4. Excision of all benign tumours, space-occupying lesions, nevi, polyps and hyperplasia, etc.

5. Thyroid and parathyroid diseases.

6. Diseases and operations related to cervix, uterus, ovaries and tubes, endometriosis, cystorectocele.

7. Hydrocele, spermatocele, cord cyst and epididymal cyst.

8. Spine and disc diseases, all kinds of joint disorders (knee, shoulder, etc.) trigger finger, ligament and tendon disorders, carpal tunnel, tarsal tunnel.

9. Varicose veins and vein thrombosis.

10. Calculous diseases of the urinary system, prostate surgery.

11. All endoscopic, laparoscopic procedures and angiographies (except diagnostic procedures).

12. Cataract, glocoma, keratoplasty.

13. Gall bladder and biliary tract diseases.

14. All chronic disease treatments and home care services for chronic diseases (hypertension, ulcers, reflux, inflammatory bowel diseases (ulcerative colitis, crohn's, etc.) COPD, asthma, diabetes, demyelinating diseases, myasthenia gravis, sarcoidosis, nephritis, all rheumatic and connective tissue diseases.

15. All conditions covered by the Maternity Coverage (Pregnancy routine checks, normal or caesarean delivery, miscarriage and/or any complications arising therefrom, etc.).

F - TRANSITION PROCEDURES AND VESTED RIGHTS

Vested rights refer to the removal of the waiting periods in the special conditions and the rights that the Insured had in the previous policy. Rights that are included in the special conditions/content of the Insured's previous policy but not in the special conditions/content valid for the new insurance period will not be considered as vested rights. However, the rights that are included in the special terms and conditions of the new term but not included in the special terms and conditions of the previous term will also be valid for the Insured.

While renewing the policy as a transition from another company, the Insurer has the right to request a health declaration from the Insured, request additional examinations, request a doctor's examination when deemed necessary, limit the coverage and/or make conditional acceptances (limit, Risk Additional Premium, participation share, waiting period, etc.), without prejudice to the provisions of the Lifetime Renewal Guarantee, if any.

The first Insurance Enrolment Date of the Insured will be taken as a basis for the granting of vested rights. The Insured must apply within 30 days from the Insurance End Date in order to preserve the first enrolment date.

The ailments of the person in other insurance company(s) and/or the ailments that are determined to date back to before the date of the first insurance, even if they were paid in the previous insurance company, are not included in the scope of vested rights if they are not declared in the Application Form. These conditions are excluded from the coverage.

G - LIFETIME REPLACEMENT GUARANTEE

"Lifetime Renewal Guarantee" can be given to the Insured who have a Health Policy, provided that the Insured continues to be insured in the same product at MAPFRE Sigorta A.Ş. for 3 years without interruption and the average Damage/Premium ratio for the last three years is below 80%, within the conditions to be determined for those who are medically suitable as a result of the risk analysis assessment to be made. "Lifetime Renewal Guarantee" can be given to the Insured who have a Health Policy, provided that the Insured continues to be insured in the same product for 3 years at MAPFRE Sigorta A.Ş. without interruption and the average Damage/Premium ratio for the last three years is below 80%, within the conditions to be determined for those who are medically suitable as a result of the risk analysis evaluation.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

In order to evaluate the "Lifetime Renewal Guarantee", the Insurer may request the application form containing the current health status of the Insured and medical reports if necessary. The Insurer reserves the right to reject the application, accept the application by applying conditional acceptances (limit, Risk Supplementary Premium, exception, participation, waiting period, etc.) or grant "Lifetime Renewal Guarantee" without applying any conditions in line with the risk acceptance regulation in force according to the health conditions.

The renewal guarantee is personalised and belongs to the Insured who has earned this right. The phrase "Lifetime Renewal Guarantee" given to the Insured by the Insurer is stated in the policy of each Insured.

In the policies to be transferred from another insurance company to MAPFRE Sigorta A.Ş., risk analysis will be made for the insured, whether or not there is a renewal guarantee, and applications such as limit, contribution share, exemption, Risk Additional Premium, etc. may be in question. However, the sickness additional premium that may be charged shall not exceed 200%.

The right of Renewal Guarantee earned in the previous company will be re-evaluated according to the criteria of MAPFRE Sigorta A.Ş. and within the framework of the risk analysis to be made, the Insured's right of renewal guarantee can be continued with the current special conditions of the Insurer.

The Insurer has no right to make a risk analysis assessment and apply a new additional condition such as Risk Supplementary Premium, exception, limit, co-payment, or to apply a supplementary premium according to the indemnity/premium ratio, except for the cases specified in Articles 6 and 7 of the General Terms and Conditions of Health Insurance, due to disease conditions that arise after the date of the renewal guarantee for an Insured who has been granted a Lifetime Renewal Guarantee.

If the Insured wishes to extend the coverage during this period, the Insurer may apply conditions such as limit, contribution share, exception, Additional Premium for Risk, etc. by analysing the risk again for the coverage to be added or changed. In addition, the Insurer reserves the right to reject the relevant request.

The Health Policy offered by the Insurer to its Insureds to whom the Insurer has made a renewal guarantee commitment is subject to the special terms and conditions in force at the date the policy is entitled to Lifetime Renewal Guarantee. For Insureds for whom Lifetime Renewal Guarantee is not available, the Policy Special Conditions in force at each policy term shall apply.

H - CANCELLATION

If the Policyholder/Insured requests cancellation within 30 days after the issuance date of the policy; in cases where the risk has not occurred, the Policy shall be cancelled as of the Policy Inception Date and the premiums paid shall be returned to the Insured without interruption.

If the indemnities paid to the Insured do not exceed the premium amount to which the Insurer is entitled, the Insurer shall deduct the premiums it is entitled to receive from the premiums collected and return the remaining premiums to the Insured. If the indemnities paid to the Insured exceed the premium amount to which the Insurer is entitled but do not exceed the premium amount collected by the Insurer, the Insurer shall deduct the relevant indemnity amount from the premium amount collected and return the remaining premium to the Insured.

If the amount of compensation paid to the Insured exceeds both the premium amount to which the Insurer is entitled and the premiums paid by the Insured, the premium is cancelled without refund. When the risk is realised, even if the premiums are not yet due, the part of the premiums up to the amount of the compensation amount that the Insurer is obliged to pay becomes due and payable. The Policyholder shall be in default if he fails to pay any of the premiums, the exact due dates and amounts of which are specified on the policy, by the due date. In case the premium debt is not paid on time, the provisions of Article 1434 of the Turkish Commercial Code shall apply.

In cases where the Insurer detects malicious acts of the Insured/Insurer (benefiting from the insurance coverage of persons who are not Insured and having health expenses issued in the name of other Insureds, detection of existing undeclared diseases that the Insured knows and/or whose symptoms started before the insurance start date but did not declare to the Insurer, etc.), the Insurer has the right to collect the health expenses paid and/or cancel the policy without premium refund.

I - DEATH OF THE INSURER OR INSURED

In the event of the death of the Policyholder and/or the Insured, the Insurer shall act according to the following conditions. In the event of the death of the Policyholder, if the Policyholder and the Insured(s) in the policy are different and the Insureds wish to continue the policy by changing the Policyholder, the written consent of the legal heirs of the Policyholder must be submitted to the Insurer. In this case, the policy is continued by changing the Policyholder. In cases where the approval of the legal heirs is not obtained, the policy is processed in accordance with the cancellation criteria stated above and the premium refund, if any, is made to the legal heirs.

In a single person policy where the Policyholder is the same as the Insured, the policy becomes void in the event of the death of the Policyholder. Upon written request of the legal heirs of the Policyholder, the policy is processed in accordance with the above-mentioned cancellation criteria and the premium refund, if any, is made to the legal heirs.

In policies where more than one person is an Insured, if one of the Insureds dies, the deceased Insured is cancelled from the policy as of the date of death. In line with the above-mentioned cancellation criteria, the premium refund, if any, shall be made to the Insured in the policy.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

İ - RENEWAL OF CONTRACT

This insurance is valid for a maximum period of 1 year. However, following the expiry date of the insurance, a new policy may be issued upon the request of the Insured/Insurer within the principles to be determined by the Insurer. If a plan change is requested during the renewal period, a Health Declaration Form may be requested.

The Insurer decides on the policy renewal conditions by analysing the health status and/or loss/premium ratio of the Insureds whose Lifetime Renewal Guarantee is not available.

In the event that the Insurer makes conditional acceptances for the previous period and/or ongoing ailments to be valid in the new contract, provided that the Lifetime Renewal Guarantee Provisions are reserved, these conditional acceptances will be valid unless the policy is renewed and the parties decide to invalidate it.

The Policyholder may apply to the Insurer at the time of renewal in order to extend the Coverage Scope of the insurance policy and/or to add different coverage. The Insurer reserves the right to request a new Application Form, reject the application, or accept the application conditionally (Additional Premium, limit, participation, etc.). The waiting period starts again for the newly added coverage. In addition, policies are renewed with the current premium, tariff and special conditions.

The insured may apply to the Insurer for a new contract (policy) 30 days before or 30 days after the expiry date of the existing policy.

If 30 days or more have elapsed since the renewal date, a new Application Form will be issued for the Insured as a new Insured and he/she will join the insurance as a new Insured. His/her vested rights and the Lifetime Renewal Guarantee right he/she has earned will not be valid, and a risk analysis will be made for his/her existing diseases. Any discounts earned in the previous policy, such as those arising from the Insured's loss/premium ratio, etc. will not be valid.

The Insurer reserves the right not to cover the risks occurring during the period until the new policy is issued, to cover them with conditional acceptances (limit, Risk Supplementary Premium, participation, waiting period, etc.) in accordance with the Risk Acceptance Regulation, and to revoke the validity of renewal rights.

The Insured must comply with the declaration obligation regulated in Article 6 of the General Terms and Conditions of Health Insurance and Article 1435 of the Turkish Commercial Code at the time of renewal.

J - SAGMER (INSURANCE SURVEILLANCE CENTRE) INFORMATION

By signing the relevant documents, the persons who will be or have been covered by the insurance are deemed to have consented to the acquisition of health information, insurance records and other information from the Insurance Information and Surveillance Centre (SBGM), the Social Security Institution, the Ministry of Health, health institutions and organisations and insurance companies for the purpose of risk assessment and finalisation of compensation applications, and to the sharing of such information and records held by the company with SBGM, insurance companies and authorities authorised by the relevant legislation.

K - MAKING COMPENSATION PAYMENTS

1. Beneficiaries are obliged to submit the relevant documents to the Insurer in order to claim their rights arising from the policy. The documents required for indemnity payments differ in the claims that will arise according to the coverage received from the policy.

You can find explanations regarding the information and documents required for your application for compensation in non-contracted organisations in the policy annexes.

2. You can access the information on contracted organisations, which is constantly updated, via our web address www.mapfre.com.tr or by calling our Customer Services Centre at 0 850 755 0 755

3. Indemnity payments will be evaluated within the special and general conditions of the policy, additional protocol, if any, and the coverage limits specified in your policy.

4. Your T.R. Identity Number is sufficient for provisioning transactions in your application to our contracted institutions.

5. In the event that the risk is realised, the obligation to pay compensation belongs to the insurance company.

L - OTHER INFORMATION

The Insurer is not a member of the Arbitration System.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676

INFORMATION FORM FOR 3S HEALTH INSURANCE SYSTEM

M -COMPLAINTS AND INFORMATION REQUESTS

1. You may apply to the addresses and telephones listed below for all kinds of information requests and complaints regarding the insurance, as well as the information given to you verbally regarding the characteristics of the insurance transactions to be made or made on technical issues related to the insurance, the insurance coverage subject to the contract and the operation of the insurance, both during the negotiation and establishment of the insurance contract and during the validity of the contract.

2. If you do not receive your policy or rejection letter within 30 days from the date of application, you can contact our Customer Services Centre at 0 850 755 0 755.

System Date: 2023-08-14 16:06:32

Large Taxpayers V.D: 879 001 8869 Registry No: 38676