

TRAVEL HEALTH INSURANCE USER GUIDE

Dear Insured,

You may find the special and general conditions, coverage structure and plan content for the Travel Health Insurance Policy that you own in this booklet.

You have reliable insurance coverage against any ailments that could result from emergency situations during your travel.

Carefully examine the explanations provided in the Visa Travel Health Insurance Special Conditions concerning your insurance policy please and keep them with you at all times during your travel.

Please check the regions where your policy is applicable, the coverage term and your coverage limit.

For your treatment abroad and assistance services call +90 212 334 62 80 to access the TRAVEL ASSISTANCE LINE.



MAPFRE SİGORTA A.Ş. VISA TRAVEL HEALTH INSURANCE SPECIAL CONDITIONS

These special conditions are valid for Insured who have a Visa Travel Health Insurance Policy issued as of 01/08/2011.

This policy is comprised of the Insurance Policy prepared in line with the conditions agreed on by Mapfre Sigorta A.Ş. (referred to hereafter as Insurer) and the Insurant/Insured and the Travel Health Insurance General Conditions and Special Conditions that are an inseparable part of the policy.

All changes and additions to be made within the period that the Insurance Policy is in force shall only be valid if they are requested in writing and agreed on mutually.

Article 1. THE SUBJECT, SCOPE AND APPLICATION OF THE INSURANCE

- a) The Insurer covers, under the coverage, rights, obligations and special and general conditions specified in this Insurance Contract, the emergency medical assistance expenses that are needed by the insured if they become ill or injured during travel within the period that the coverage in this Insurance Contract is valid.
- b) The expenses that are covered by the insurance must be concerning the treatment that the Insured medically requires as a result of illness or injury and must be within the coverage that is specified in this contract. Expenses resulting from illness or accident that is not directly related to the illness or accident state that is the subject of the Insured's treatment will be evaluated as separate coverage.
- c) Expenses for transporting the body back to the country of residence in the event that the Insured becomes deceased due to accident or illness in the country where they are travelling or if they become deceased from natural causes during travel will be paid within the limits specified in the policy.
- d) Insurance coverage is valid for the regions that are specified in the insurance policy.
- e) The maximum total liability the Insurer will undertake is specified in the insurance policy.

Article 2. REGIONS WHERE THE COVERAGE IS VALID

The coverage of this Insurance Contract is valid for the foreign travel of the Insured residing in Turkey in the below specified coverage countries. The region in which the coverage selected by the Insurant or Insured is valid will be specified in the policy. No region change can be made throughout the validity period of this Insurance Contract.

- 1.Coverage Region : Europe and Schengen Countries
- 2.Coverage Region : Europe and Schengen included all Countries of the World

Article 3. COVERAGE

The below coverage is valid for the selected coverage region if it occurs during the travel for which the policy was purchased.

The total maximum coverage of medical treatment in the event of injury or illness, transfer of insured, transport of insured to place of residence after discharge and transport expenses for deceased insured is limited to the limits specified in the policy.

Services provided to the insured outside of this coverage are in the scope of coverage within the framework of limits and coverage explanations.

1. Medical Treatment Abroad Coverage

In the event that the Insured suddenly becomes ill or injured in the scope of this policy, the Company will pay hospital, operation and treatment expenses and expenses for doctor prescribed medications.

2. Travel and transport of the Insured

The expenses for the Insured to be transported by ambulance or accompanying doctor and Mapfre Sigorta doctor in the most suitable transport vehicle if the Insured becomes ill or injured within the scope of this policy to the nearest medical center or from one medical center to another will be covered.

Transport from one medical center to another will only be covered if the equipment and medical staff necessary to treat the insured is not available at the present medical center necessary. A medical report from the doctor is required to transfer the patient.

Only the Company doctor may decide on an air ambulance. All countries outside of Europe are excluded from coverage regarding the air ambulance service.

3. Transport of Insured to Permanent Residence After Discharge

After treatment of Insured requiring an inpatient operation at a medical center due to serious illness or injury in the scope of this policy, if it is decided by Mapfre I Sigorta that the discharged patient cannot continue their travel and cannot return to their Permanent Residence on the mode of transport that they were using for their travel the Company will cover expenses for transporting the Insured to their Permanent Residence by ambulance or accompanying doctor in a vehicle considered to be the most suitable by Mapfre Sigorta. A medical report from the doctor providing the treatment is required to transport the Insured.

Transport of Deceased Insured

If the Insured deceases due to a sudden illness or injury in the scope of this policy Mapfre Sigorta will organize the transport of the body to the Permanent Country of Residence for burial. The funeral and burial expenses are excluded from coverage.

Article 4. THE CONTRACT VALIDITY PERIOD AND START OF COVERAGE

The Annual Travel Health Insurance policy;

- a. This Insurance Contract covers the period specified in the policy as of the start date and ends automatically on the expiration date.
- b. This Insurance Contract is valid once the entire premium is paid as of the start date when the policy is issued.
- c. The coverage of this Insurance Contract will start as soon as customs is entered in the valid regions of travel specified in the policy and will continue until entry into Turkish customs at a maximum until the end of the plan's coverage period selected in the policy. If the travel time exceeds the plan's coverage period selected in the policy before entering Turkish customs coverage will be expired as of the end of the last day of the coverage period.

In policies that have a coverage period per journey; if the countries in the valid regions are travelled to again within the period that this Insurance Contract is valid after finishing one trip and returning through Turkish customs, the coverage will start again and become invalid once the last day of the relevant coverage is completed.

POLICY TERM	COVERAGE PERIOD	EUROPE AND SCHENGEN COUNTRIES (EURO/ USD)	ALL WORLD COUNTRIES INCLUDING EUROPE AND SCHENGEN COUNTRIES (EURO / USD)
15 DAYS	VALID THROUGHOUT PERIOD	30,000	50,000
MONTHLY	VALID THROUGHOUT PERIOD	30,000	50,000
3 MONTHS	VALID THROUGHOUT PERIOD	30,000	50,000
6 MONTHS	90 DAYS PER TRIP	30,000	50,000
YEARLY	90 DAYS PER TRIP	30,000	50,000

Article 5. END OF COVERAGE

The coverage of this Insurance Contract will end in the following situations.

- a- If the Insurance Contract is terminated by the Insured for justified legal reasons the coverage will end on the termination date,
- b- This Insurance Contract is valid for the coverage period as of the start date. The coverage becomes invalid on the Insurance Contract expiration date even if the insured is still travelling.
- c- If the period of travelling abroad exceeds the policy coverage term before entering Turkish customs within the Insurance Contract validity period the coverage will stop.
- d- When the policy coverage term is not exceeded within the Insurance Contract validity period coverage ends once the Turkish customs is entered.
- e- If an illness that occurs during foreign travel within the period that the coverage in this Insurance Contract is valid and requires inpatient care after the date that the coverage in this Insurance Contract is expired, the coverage will last until the end of week 1 after expiration

of coverage on the condition that documentation showing that it is not possible to transport the Insured to their country is provided. In the event that the policy and/or coverage term of the Insured is not expired, even if inpatient care is needed or continuing for the Insured, regardless of any conditions the coverage will end as soon as Turkish customs are entered.

Article 6. PAYMENT OF PREMIUM

The insurance premium for the applied period when the Insurance Contract is concluded will be calculated based on the applied premium schedule in TL equivalent to USD / EURO at the Central Bank Effective Sales exchange rate. The insurance premium can be paid when applying. The insurance starts with the payment of the entire premium. If the Insurance Contract is ended for any reason before the expiration date specified on the policy, the premium will not be refunded.

Article 7. ADDITIONS TO THE CONTRACT AND REMOVING FROM THE CONTRACT

An Insurance Contract that is issued after travel starts is invalid even if the premium has been paid.

The Insurance Policy is valid between the ages of 0-80. Insured between 66-69 can be covered by taking 50% additional premium, Insured between 70-75 can be covered by taking 100% additional premium and Insured between 76-80 can be covered by taking 200% additional premium.

It is the principle that any changes and additions to be made on the Insurance Contract within the validity period will be proposed by the Insurant and accepted by the Insurer.

The Insurant may request that the Insured in the scope of the same policy or themselves be removed from the coverage before the Insurance Policy expires. This request can only be accepted by the Insurer if it is in writing. The Insurer reserves the right not to do the exit process.

CANCELLATION OF THE POLICY

If the Insurant and/or the Insured requests cancellation the Insurer will calculate the premium refund based on the period from the cancellation date until the end of the expiration date.

1-CANCELLATION OF THE TRAVEL: If the travel is cancelled due to force majeure and you submit a written notification before the travel starts and the original policy is submitted to our company.

2-INABILITY TO OBTAIN A VISA: If you submit a written document stating that a visa could not be issued by the relevant country consulate, a copy of your passport and original policy with your request to our company.

3-LEGAL ENTITIES: If the Insurant is a legal entity and they leave this company and a resignation is submitted with the request to our company.

For situations where the policy period does not coincide with the visa period in foreign travel a second policy will be issued and starts when the first policy ends.

Article 8. SCOPE OF INSURANCE COVERAGE

Other than the exceptions specified in Article 9, the Insurer will pay expenses for urgent medical care that is medically required during the travel for which the period is specified in the countries where the coverage is valid. The below situations are covered by the Insurer.

- a) Urgent medical exam and treatment expenses in the scope of outpatient care,
- b) Medication recommended in writing by doctor, dressing materials, the medical materials needed as part of the treatment in fractures and injuries and walking assistance devices,
- c) Expenses for diagnosis that are directly related to the illness and treatment in the scope of coverage and recommended by the doctor,
- d) Hospital treatment expenses for the Insured as a result of accident and sudden illness occurring during the period that this Insurance Contract is valid on the condition that the treatment is provided in an institution accepted as a hospital in the country where the insurance coverage is valid, that contains a sufficient diagnosis and treatment department and applies treatment methods that are scientifically accepted in that country and have been clinically tried,
- e) If after being treated inpatient for the serious illness and/or injury in the scope of the policy the Insured is discharged, on the condition that the treating doctor and Mapfre Sigorta A.Ş. Medical Processes Center approves it the insured is transported to their residence in Turkey by scheduled flight (from hospital to airport and from airport to home) and land ambulance to their home in Turkey.
- f) Expenses related to medical precautions to save the life of a mother and/or baby when there is an acute complication in the pregnancy on the condition that the insured is pregnant, younger than 38 years of age and has completed the 30th week of pregnancy,
- g) Expenses related to transport services provided by an accepted ambulance service to transport the Insured to the nearest hospital or doctor that can give medical assistance in the country where the coverage is valid,
- h) Expenses related to dental treatment only to relieve acute dental pain,
- i) Expenses for transporting the body back to the country of residence in the event that the Insured becomes deceased due to accident or illness in the country where they are travelling or if they become deceased from natural causes during travel will be paid within the limit specified in the policy.

Article 9. EXCEPTIONS

The Insurer will not pay for the following situations:

- a) Expenditures made in a country that is not under coverage,
- b) Health expenditures made without getting a provision approval over the Travel Assistance Line and not paid by Mapfre Sigorta A.Ş.
- c) Acute crisis and/or all treatment expenses related to a condition, illness or state that is identified by a doctor as a pre-existing condition after the date that the policy starts regardless of whether or not it was diagnosed before the policy validity date (even if it was not treated).

- d)** Health expenses for a traffic accident and/or judicial accident that occurs during the travel of the Insured for which no official document and relevant authority report and/or record and alcohol report is submitted to the Insurer,
- e)** Expenses related to any assistance service in the country of the Insured and/or permanent residence, and body transport and burial services if deceased;
- f)** Illnesses and accidents that occur as a result of active participation in war, situations similar to war and rebellions;
- g)** Regardless of whether or not it is considered a crime legally, injuries that are the result of the Insured's consciously harming themselves, suicide and suicide attempt;
- h)** All situations resulting from the Insured consciously committing a crime, alcoholism, addiction and abuse of alcohol, drugs, stimulants and other substances.
- i)** The treatment or care of injuries that occur during participation in and training for competitions as a professional or semi-professional athlete;
- j)** Correction of physical imperfections or anomalies (cosmetic treatment);
- k)** Regardless of the subject of illness or treatment, all expenses related to spas, sanatoriums, elderly care homes and similar establishments;
- l)** Psychoanalysis treatment and psychotherapy;
- m)** Expenses related to typical complaints during pregnancy and results of these, routine exams and inspections, changes that occur in chronic illnesses due to pregnancy and abortions;
- n)** Physical treatment and rehabilitation expenses and prosthesis, artificial limb, etc. expenses;
- o)** The interest amounts that accrue in Compensation Payments when the delay is caused by the insured/insurant.
- p)** The Insured must still request rights according to the Social Securities System in the Permanent Residence Country or, if it is an issue, according to the special systems that take the place of these organizations or institutions, and are obligated to pay back the amounts they are awarded to the Company.
- q)** The work travel of individuals who work with their hands, bodies and continuously with machines will be excluded from coverage. The travel that such individuals undertake for touristic and educational purposes without being active in their job field will be covered.
- r)** Individuals who work with mind and hands and in the fields of professions that are listed in article 4 and those who are assigned in regions that are considered dangerous will be excluded from coverage. (ie. Engineers and accountants working in construction sites or areas)
- s)** The Company shall not be held accountable for being unable to fulfill the special benefits set forth in this policy in the event of force majeure.
- t)** Other expenses that are not specified in the scope of coverage in Article 8.

Article 9. EVALUATION OF CLAIMS

In order for your expenses incurred within the policy period and coverage for emergency healthcare services, treatment and interventions to be paid in line with the special and general conditions of the policy; all of your expenditures must be documented in your compensation requests and the originals of these documents must be sent to our **Medical Process Center (MPC)**. (If deemed necessary by Mapfre Sigorta A.Ş they may be asked to be sent with translations.)

The Insurance Company (Mapfre Sigorta A.Ş) reserves the right to reject payment of incurred healthcare expenses.

For a claim concerning coverage under this Insurance Contract the insurance coverage must be documented and the documents specified below must be submitted.

- a) A travel ticket issued to the individual showing travel was made and the customs records showing that the travel was carried out,
- b) Originals of all expense receipts,
- c) On all expenditure documentation, the name of the treated person, type of illness, a detailed breakdown of treatment provided and the treatment dates must be included. Prescriptions by doctors must include medicine name, prices of medicine and the pharmacy's stamp and/or seal in clear form. In dental treatments the details of the tooth treated and the treatment must be included on the expenditure receipts.
- d) The necessary official document, relevant institution reports and/or records and alcohol reports for health expenditures to be paid in the event that the Insured is involved in a traffic and/or judicial accident during travel,
- e) A claim for compensation related to expenses for transporting a body to the country or for transport to be buried in a foreign country must be documented with an official death certificate and doctor's report concerning the cause of death. No doctor reports written by the Insured's relative of family member will be accepted.
- f) The Insurer may require expenditure receipts in a foreign language to be translated; in this case the expenses for translation will be deducted from the compensation.
- g) The Insurer has the right to demand documents they deem necessary concerning the compensation like customs records and inheritance documents from the Insured or from their beneficiaries in the event of their death.
- h) Compensation payments are made in Turkish Lira based on the T.R. Central Bank effective sales exchange rate for the compensation in the country where it occurred on the date that the expense was billed.

Article 10. OBLIGATIONS

- a) If requested by the insurer the Insurant and/or the Insured must allow the Insurer to obtain information they deem necessary from third parties (doctors, dentists, health institutions, etc.) and they must permit third parties to be released from the obligation of holding their information confidential in such situations.

- b) The Insurer will make the compensation payment according to the policy coverage and limits when the necessary conditions are met to the Insured or the Insurant upon written request by the Insured or to their legal benefactor in the event of their death.

DEFINITIONS

Insured Individual: The individual who has purchased the travel assistance package in the attachment during the validity term of this contract and in whose name the policy is issued and who will be notified to the Assistant Company before setting out on travel.

First Degree Family Members: The spouse and children (17 and younger) or mother/father (parent) residing with the insured individual.

Company: Mapfre Sigorta A.Ş.

Assistant Company: Mapfre Sigorta A.Ş./Medical Process Center/Travel Assistance Line

Illness: A change in the insured's health condition that has occurred during the policy validity period and been diagnosed and confirmed by a legally authorized doctor and is not under any one of the two groups specified below.

- **A Congenital Condition:** An illness that exists at birth due to genetic factors or as a result of complaints that occur during pregnancy.
- **Pre-existing Conditions:** A condition that the insured had before becoming insured.

Critical Illness: An illness that requires the insured to be hospitalized and according to the Company medical team's opinion prevents the insured from continuing their travel or is life threatening.

Injury: A health problem that occurs suddenly and severely as the result of external sources beyond the control of the insured within the policy term.

Serious Injury: An injury resulting from an accident which prevents the Insured from travelling and is life threatening according to the medical team of the Company.

Permanent Residence Country: Means the country in which the policy was issued. (Republic of Turkey)

Permanent Residence: Means the permanent address of residence for the Insured in the Permanent Residence Country.

Geographical Region: The countries outside of Turkey where the policy of the insured is valid.

Coverage Area: The area in which the coverage in the Insured person's policy is valid (Europe,Schengen Countries or World Countries)

**MAPFRE SİGORTA A.Ş.
TRAVEL HEALTH INSURANCE GENERAL CONDITIONS**

Scope of the Insurance

Article 1- The Travel health insurance is a special type of insurance that protects individuals travelling on any mode of transportation within the country, abroad or from abroad to our country from health risks that they may encounter during travel.

An Insurer provides the Insured with the coverage specified in the policy against an accident that may occur during travel within the policy term or an illness that is not related to a pre-existing condition as long as it does not occur outside of the planned travel time.

The Term of the Insurance

Article 2- The term of the insurance will start once it is determined by the passport that the country has been departed from for international travel and ends when it is by the passport that the country has been entered. For travel to our country from abroad the term starts when it is determined by the passport that our country borders have been entered and ends when it is determined by the passport that the individual has gone beyond our borders.

For travel within the country the insurance term starts and ends on the dates specified in the policy.

Assistant Person/Company

Article 3- The insurance companies provide the services for the coverage included in the Travel Health Insurance. The provision on services concerning coverage included in the Travel Health Insurance can be transferred over to people/companies through service purchase contracts by the insurer when necessary.

Policy Cancellation

Article 4- The individual who has purchased travel health insurance may cancel their policy and get a refund of the premium they paid if they are not going to travel, on the condition that they notify the insurer 24 hours at the latest before the term of the insurance starts and return their policy.

Minimum Coverage Provided

Article 5- The policies that the Insured has purchased from the Insurer must include the following coverage at a minimum and the insurance companies will show the limits concerning this coverage on the policy.

Sudden illness and medical treatment for illness coverage

If the Insured suddenly becomes ill or injured in the scope of this policy the Company will pay hospital, operation and treatment expenses, as well as expenses for medications prescribed by the doctor, within the limits of this policy.

The travel or transport of the Insured to the nearest medical center that can provide treatment in the event of sudden illness or injury, will be provided with the vehicle most suitable for the Insured's medical condition to the nearest possible health institution and/or establishment.

If the health institution and/or establishment that is found does not have the necessary equipment and medical staff for the treatment that the patient requires the Company is obligated to transport the Insured to another institution and/or establishment that can treat the medical condition.

The transport of the Insured to their residence after being discharged

After treatment of Insured requiring an inpatient operation at a medical center due to serious illness or injury in the scope of this policy, if it is decided by the doctor treating the insured that they cannot continue their travel and cannot return to their residence on the mode of transport that they were using for their travel, the Company will cover expenses in the framework of policy rules for transporting the Insured to their residence in a vehicle considered to be the most suitable by the doctor.

Transport of deceased insured

If the Insured becomes deceased as a result of sudden illness or injury in the scope of this policy, the Company will organize the transport of the body to the specified address and pay the related expenses.

Additional Coverage to be provided

Article 6- Insurance companies may provide additional coverage to supplement the minimum coverage.

Premium Payment Method and Consequences of Nonpayment

Article 7- The insurance premium must be paid as soon as the policy is issued. Unless specified otherwise if the premium is not submitted the liability of the insurer shall not start even if the policy has been delivered.

General Conditions

Article 8- In the event of any demand, the responsibility of the insurer to pay compensation and the right for the insured to demand compensation is dependent on their compliance with policy conditions.

For a demand in the scope of this policy the Insured must;

- a) Take all necessary precautions to reduce the damage to a minimum.
- b) Notify the Company and/or the Assistant Company immediately. If the Company cannot be reached to obtain approval the insured may go to the nearest emergency health institution and/or establishment. In this case the insured will convey information about the services they received and their condition to the company. The insured is obligated to present original documents and receipts documenting the incident to the Company.
- c) The insured must provide all the information and documents (hospital reports, prescriptions, medical test reports, receipts, bills, etc.) that the Company needs to provide the service in full.

General Exceptions

Article 9- Whether they are indirect or direct, the cases that may occur due to the following situations are excluded from insurance coverage.

- a) The deceptive acts of the Insured making claims in the scope of this policy,
- b) Damages generated by natural incidents like flood, earthquake, volcanic explosions, landslides, storms and meteors falling,
- c) War and operations, revolutions, rebellions, uprisings and internal conflicts in the nature of war,
- d) Acts of terrorism as specified in the Law Against Terrorism No. 3713 and sabotage and the intervention by authorized organs to prevent and mitigate these acts,
- e) Nuclear risks or use of nuclear, biological and chemical substances or any attacks or sabotage that causes nuclear, biological and chemical substances to be revealed,
- f) Operations by armed forces or security forces or organizations,
- g) The insured knowingly putting themselves at serious risk other than to save people and possessions,
- h) The intentional acts of the insured,
- i) Illnesses or pathological conditions that are caused by the voluntary consumption of alcohol, medications other than prescribed, poisonous substances, drugs or medical products,
- j) Acute crisis and/or all treatment expenses related to a condition, illness or state that is identified by a doctor as a pre-existing condition after the date that the policy starts,
- k) A Congenital Condition (an illness that exists at birth or due to genetic factors),
- l) Suicide or suicide attempt,
- m) Mental illness, psychological conditions, epidemics,
- n) Doing the following sports: no matter what type any kind of race, rally or similar attempts, hunting other than fishing, diving with or without an oxygen tube, touring in international waters on vessels that are not designed for public transport, horseback riding, mountain climbing, shooting, boxing, any kind of wrestling, combat sports, parachuting, hot air balloons, free-falling, hang gliding and all sports or recreation generally considered to be dangerous,
- o) Participating in races or tournaments organized by sports federations or similar organizations,
- p) Unless it is agreed on specifically and coverage is provided, skiing
- r) The use of aircraft and helicopter without authority to carry passengers as a passenger or staff, riding motorcycles,
- s) Drowning unless it is the result of an incident covered by the insurance,

However, the situations specified in clauses **b, j, m, n, o, p and s** may be covered with special conditions.

Multiple Insurance

Article 10- If the insured has made another insurance contract with other companies against the same risks for the same period they are obligated to notify the insurer immediately.

When more than one insurance company is in question the treatment expenses are paid by the insurance companies in order of issuance.

Notification and Warnings

Article 11- The insured makes notifications to the insurance company headquarters or the agency acting as intermediary by notary or registered mail.

The insurer makes notifications to the insured at the address specified in the policy or to the most recently notified address if the address has changed.

Notifications that are made by hand delivered mail or telegraph in exchange for the party's signature are also considered registered mail.

Maintaining Confidentiality

Article 12- The insurer and those acting on behalf of the insurer are liable for any damages that may occur for not maintaining the confidentiality of the secrets they learn belonging to the insured.

Authorized Court

Article 13- The authorized court in any cases filed against the insurer due to conflicts generated by this insurance contract will be the courts assigned to commercial cases located where the insurance company or the agency acting as intermediary to the insurance contract resides or in the cases filed by the insurer the courts assigned to commercial cases located where the defendant resides.

Statute of Limitation

Article 14- All claims generated by the insurance contract expire in two years.

Special Conditions:

Article 15- Insurance companies may apply special conditions to these general conditions as long as they are not against the insured's interests and do not narrow the coverage.

Enforcement

Article 16-These General Conditions go into force as of 01.03.2006.

