MAPFRE Sigorta

INFORMATION FORM FOR GROUP HEALTH

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

This form, which is issued in a single copy, 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 Policy Owner 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 of the Insured/Insureds to be incurred for the diagnosis and treatment of the same, as a result of an illness and/or accident that may occur within the starting and ending dates specified in the policy/endorsement, within the coverage, limits, participation rates and practices specified in the certificates attached to the policy/endorsement, 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 Terms and Conditions of Insurance, the parties have the right to agree on special terms and conditions, provided that they do not contravene the law, morality and are not to the detriment of the Insured.
3. Although the Health Insurance Policy includes different coverages according to the products, all coverages provided are stated below.

HEALTH
a.Outpatient Treatment Coverages
Doctor Examination, Prescription Drug, Diagnosis, Control PSA/Mamography, Advanced Diagnosis, Physical Therapy Check-Up
b. Inpatient Treatment Coverages
Surgery / Hospitalization, Dental Treatment as a result of Traffic Accident, Air-Land Ambulance, Chemotherapy, Intensive Care, Hospital Room and Board, Operator Doctor Fee, Dialysis, Radiotherapy, Minor Intervention
c. Other Coverages
Home Care, Maternity, Artificial Limb, Foreign Inpatient, Foreign Outpatient
Coverages and waiting periods may vary according to the characteristics of the product and plan selected.
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.
Please consult your customer representative for additional optional coverages. Please read and check your coverages on your certificate following the preparation of your offer and policy.

B. GENERAL INFORMATION AND WARNINGS

1. Health insurances cover infants over 14 days old and persons under the age of 60.
2. The Policy owner/Insured are required to make their insurance requests by filling in the Application Form completely and correctly and by signing it with wet signature. In addition, even if not asked in the Application Form, you have the obligation to declare other matters known to you which are effective on the assessment of the risk subject to the contract and which are known to you during the application. It is obligatory to notify the Insurer in due time of any changes that occur after the conclusion of the contract. Please refrain from providing incomplete or inaccurate information to the Insurer at every stage of the contract, taking into account that providing false or incomplete information may eliminate your right to compensation or result in consequences against you. Answers to questions left incomplete in the Application Form will be treated as "No".
3. The Insurer may request medical examinations to assess the Insured's health risk. The company reserves the right to reject or conditionally accept the application in line with the health status and/or Risk Acceptance Regulations.
4. Application rejection and policy cancellation procedures are processed based on the written declaration of the Policy Owner. 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 avoid future disputes, do not forget to get a receipt in case you pay the premium in cash.
7. Premiums paid for insurance are tax deductible. Consult your insurer on this matter.
8. After the conclusion of the contract, changes in matters that may affect the risk without the consent 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 covered by the individual policy engages in any deliberate attempt to benefit, contrary to the general terms and conditions of the policy and its application principles, the policy of all insureds covered by the policy will be canceled immediately. Depending on the health problem of the Insured (including cases of incomplete and/or misrepresentation or existing non-declaration) identified during the ongoing policy period, the Insurer may conduct a second risk analysis (2nd U/W) and determine a new conditional acceptance (out of scope, additional premium, limit, standard, etc.) for the identified situation.
10. If the Insurer requests a medical examination and additional examinations to determine the Insured's health status, the costs related to such procedures shall be covered by the Policy Owner/Insured if the Insured authorizes access to his/her past health information or by the Insurer if the Insured does not authorize access to his/her past health information.
11. For more detailed information about the insurance, please read the Insurance Special and General Conditions Booklet, Contracted Institutions Booklet and User Guide carefully. You may also obtain the Insurance Special and General Terms and Conditions Booklet and User Guide upon request during the application and contract negotiation process.
12. The insurance commences at 12:00 noon Turkish time and ends at 12:00 noon and in any case upon the occurrence of the risk, unless otherwise agreed on the days specified in the policy as the commencement and expiry dates.
13. Within a maximum of 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 indemnification procedures.
14. 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 as no information can be provided. Please notify info@mapfre.com.tr or our fax number 0212 334 90 19 so that we can reach you more easily in case of changes in your identity, address, telephone, etc. information available in our system.
15. You can learn all information about your policy from the Insured Online System under the online transactions heading at www.mapfre.com.tr.
16. MAPFRE Sigorta A.Ş. has the right to change the contracted institutions determined for the network within the policy period or to completely exclude the relevant contracted institution from the contracted network.

C. TRANSITION PROCEDURES AND VESTED RIGHTS

1. Transition from Other Insurance Companies

While renewing the Policy as a transfer 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, co-payment, waiting period, etc.), without prejudice to the provisions of the Lifetime Renewal Guarantee, if any. For the Insured who transfers from another company with the Lifetime Renewal Guarantee right, the Lifetime Renewal provisions of our company will apply.

Torun Center, Fulya Mah. Büyükdere Cad. No: 74/D Şişli, İstanbul / Türkiye
T: 0850 755 0 755 **F:** 0212 334 90 19 www.mapfre.com.tr info@mapfre.com.tr

Big Taxpayers T.O: 879 001 8869 Registry No: 38676

Ailments in the other insurance company(s) of the person and/or 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.

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

However, the rights included in the special terms and conditions for the new term but not included in the special terms and conditions for the previous term will also apply to the Insured.

In order to grant vested rights, the date of the Insured's first insurance enrollment will be taken as the basis. The Insured must apply within 30 days at the latest as of the Insurance End Date in order to preserve the initial enrollment date.

2. Transition Practices from Existing Group Policies to Individual Policies at MAPFRE Sigorta A.Ş.
In the event that the personnel insured under the group policy who have not received a renewal guarantee applies individually (Individual Policy) within 30 days at the latest from the date of leaving the scope of the contract, the Insurer reserves the right to reject the application and accept it with standard conditions or conditional acceptance (risk additional premium, limit, participation share, exception, etc.) according to the risk analysis evaluation.

In the event that the insured employee, who has a Lifetime Renewal Guarantee with the condition of continuing to be insured for at least 6 months without interruption within the scope of the group policy in our company, leaves the Group Health Insurance Policy (due to retirement, dismissal or resignation), he/she must apply for a Personal Policy within 30 days at the latest with a notice of termination of employment. If there is no equivalent product to the Group Health Insurance product that the Insured previously had, the policy can be continued with one of the individual tariffs with the closest plan. In the assessment of transition to the Individual Health Policy, the Insurer will be able to apply exclusions, risk surcharges, limits, and co-payments by performing risk analysis for the diseases included in the Group Health Insurance Policy until the Lifetime Renewal Guarantee date.

In the event that the Insured, who is covered under the Group Policy, applies for a Personal Policy without leaving the group, whether or not the Insured has a Lifetime Renewal Guarantee, a risk analysis will be made in the transition to the Personal Policy and conditions such as rejection of the application, application of an exception or application of a Risk Additional Premium may be applied according to the evaluation result.

If the Insured has an active Group Policy with Maternity Coverage and is insured in a new Personal Policy with Maternity Coverage, a 12-month waiting period will apply as of the Personal Policy start date.

D. LIFETIME RENEWAL GUARANTEE

Lifetime Renewal Guarantee may be provided to the insured who has a Group Health Insurance Policy, provided that the insured continues the insurance with the same coverage for 3 years at MAPFRE Sigorta A.Ş. without interruption, is insured before the age of 55, and the average Damage/Premium ratio for the last three years is below 80%.
The Insurer may request medical examinations to evaluate the health risk of the Insured who applies for Lifetime Renewal Guarantee. Depending on the health condition of the Insured and in line with the risk acceptance regulations in force, the Insurer reserves the right to reject the Lifetime Renewal Guarantee request, to accept it conditionally (limit, risk surcharge, participation share, waiting period, etc.) or to grant Lifetime Renewal Guarantee without any conditions.
The Lifetime Renewal Guarantee is personal and belongs to the Insured who has earned this right. The Lifetime Renewal Guarantee granted to the Insured by the Insurer shall be stated on each Insured's certificate.
For 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 limit, contribution share, exemption, additional risk premium, etc. may be applied. However, the risk additional premium that may be charged shall not exceed 200%.
The Lifetime Renewal Guarantee right gained in the previous company will be re-evaluated according to the criteria of MAPFRE Sigorta A.Ş., and as a result of the risk analysis to be made, the Insured's renewal guarantee right may be continued with the current special conditions of the Insurer.
The Insurer shall not have the right to make a risk analysis assessment and apply any new additional conditions such as additional risk premium, exception, limit, etc., or additional premium according to the indemnity/premium ratio due to disease conditions that arise after the date of the Lifetime Renewal Guarantee for an Insured who has been granted a Lifetime Renewal Guarantee, except for the cases specified in Articles 6 and 7 of the General Terms and Conditions of Health Insurance.
In the event that the Insured wishes to extend the coverage, the Insurer reserves the right to re-evaluate the existing Lifetime Renewal Guarantee and to apply limits, co-payments, exclusions, additional risk premiums, etc. according to the risk analysis.
The health policy offered by the Insurer to its Insureds to whom the Insurer has made a Lifetime Renewal Guarantee commitment is subject to the Special Terms and Conditions in force at the date the policy becomes entitled to the Lifetime Renewal Guarantee. For Insureds for whom the Lifetime Renewal Guarantee is not available, the special terms of the policy in force at each policy term will apply.
In the event that the Insured leaves the scope of the Group Health Insurance for which he/she is entitled to Lifetime Renewal Guarantee and requests an individual health policy, the Insurer has the right to apply an exception, additional risk premium, limit, contribution share by performing a risk analysis for the diseases included in the Group Health Policy until the date the Lifetime Renewal Guarantee is given/released.

E. CANCELLATIONS

If the Policy Owner/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 canceled as of the Inception Date and the premiums paid shall be returned to the Insured without interruption. For claims approved by the Insurer and exceeding 30 days, the Insurer is entitled to premium depending on the time elapsed from the Policy Inception Date. The amount to be returned to the Insured/Policy Owner due to cancellation is calculated on a daily basis, taking into account the compensation paid.
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.

Big Taxpayers T.O: 879 001 8869 Registry No: 38676

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

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 indemnity amount that the Insurer is obliged to pay becomes due and payable.
The Policy Owner shall be in default if he/she 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/Policy Owner (benefiting from the insurance coverage of persons who are not insured and having health expenses issued on behalf of other insured persons, detection of existing undeclared diseases that the Insured knows and/or whose symptoms started before the Insurance Commencement 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.

F. DEATH OF THE POLICY OWNER OR THE INSURED

In the event of the death of the Policy Owner and/or the Insured, the Insurer shall act in accordance with the following conditions.
In the event of the death of the Policy Owner; if the Policy Owner and the Insured(s) in the policy are different and the Insured(s) wish to continue the policy by changing the Policy Owner, the written consent of the legal heirs of the Policy Owner must be submitted to the Insurer. In this case, the policy is continued by changing the Policy Owner. In cases where the approval of the legal heirs is not obtained, the policy is cancelled 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 Policy Owner is the same as the Insured, the policy becomes void in the event of the death of the Policy Owner. Upon the written request of the legal heirs of the Policy Owner, the policy shall be cancelled in accordance with the above-mentioned cancellation criteria and the premium refund, if any, shall be made to the legal heirs.
In policies where more than one person is 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, is made to the Policy Owner in the policy.

G. INFORMING SAGMER (INSURANCE SUPERVISION CENTRE)

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.

H. MAKING OF INDEMNITY 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 for indemnity claims according to the coverage obtained from the policy. Please make sure that your User's Guide, which contains the list of information and documents required for your application for indemnity in non-contracted institutions, is included in the policy kit you receive following the preparation of the policy.
2. The list of our contracted institutions is available in the Contracted Institutions Booklet you will receive. For continuously updated information on contracted institutions, please visit www.mapfre.com.tr or contact our Customer Services Centre at 0 850 755 0 755.
3. Indemnity payments will be evaluated within the scope of the Special and General Conditions of the Policy, Additional Protocol, if any, and the coverage limits of your Certificate.
4. For compensation claims made in our contracted institutions, it is sufficient to apply to the institution with your identification card or your Turkish ID number.
5. In the event of the realisation of the risk, the obligation to pay compensation belongs to the insurance company.

İ. OTHER INFORMATION

The Insurer is not a member of the Arbitration System.

J. 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 on technical issues related to the insurance, the characteristics of the insurance transactions to be made or already made, 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. The insurer is obliged to respond to the requests within 15 business days following the receipt of the application.
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.

I, the undersigned, hereby declare that I have accepted and completed the insurance conditions stated in this application and information form consisting of 3 pages.

I declare, accept and certify that MAPFRE Sigorta AŞ (Insurance Company) is not under any commitment due to the attached Application Form, I have not concealed any matter that the Insurance Company should know which may affect whether I am accepted for health insurance coverage or not, that I have not made any false and/or incomplete statements, that the Insurance Company will not be under any liability in disputes that may arise otherwise, that I have authorised the Insurance Company and/or the real or legal person to be authorised by the Insurance Company to obtain information from doctors, health institutions and other relevant persons about all the matters I have stated in the attached Application Form.
I also agree that the questions I have not ticked on the attached Application Form will be treated as "No".

POLICY OWNER / INSURED

Name Surname: Signature: Date: