

INFORMATION FORM FOR THE EMERGENCY SITUATIONS INSURANCE

Please fill out all required fields.

This document consists of three copies and has been prepared for the purpose of providing Policy Owners and other individuals covered by the policy with information on their rights, obligations, the subject of the contract, its execution and other significant changes and developments as per the Regulation on the Disclosure Obligation of Insurance Companies published on 28.10.2007.

A - SUBJECT AND SCOPE OF COVERAGE

In this policy, the treatment expenses required for the Policyholder to overcome the life-threatening status in Emergency Illnesses/Situations specified below will be paid to all types of private and public health entities which are licensed by the Ministry of Health will be covered based on the coverage, limit and participation rates specified in the policy, according to Health Insurance Special and General Conditions.

- 1. Drowning:** Cases of breathing or heartbeat stopping, or lungs are filling with water to the extent to cause drowning.
- 2. Traffic accident:** Acute cases where there are spine injuries and bleeding broken bones. Severe chest, abdomen or head traumas which may cause internal bleeding, even they may not have affected the patient at that moment. Sharp object injuries which are caused by vehicle parts, causing huge bleeding at the body.
- 3. Rape**
- 4. Terror, sabotage, being shot, being stabbed, fight etc.** (Applicable to the situations that the Policyholder is not the planner or a party to and is exposed to them accidentally.)
- 5. Falling from the heights:** Acute cases where there are spine injuries and bleeding broken bones. Severe chest, abdomen or head traumas which may cause internal bleeding, even they may not have affected the patient at that moment. Sharp object injuries which are caused by vehicle parts, causing huge bleeding at the body.
- 6. Serious work accidents, detaching of limbs:** In addition to the cases in article 2, emergency situations unique to the work that is being carried out. E.g.: Breathing poisonous gases, drinking chemical substances, or these spilling on the person, detachment of the finger, hand, foot, arm or leg partially or completely.
- 7. Electric shock:** Severe electric shock to the extent that it causes burns, organ damage or disrupt the cardiac rhythm.
- 8. Getting frozen, frostbite:** Getting exposed to cold which affects life functions, creates shock, causes gangrene in the limbs.
- 9. Heat stroke:** Getting exposed to the effects of the sun or hot environments, so as to affect cardiac rhythm, blood pressure or consciousness.
- 10. Serious burns:** Burns from fire, chemical substances, electricity, etc. so as to cause huge dehydration, organ loss, or skin damage. Breathing heavy smoke or hot air, so as to narrow the respiratory tract.
- 11. Serious eye injuries:** Severe injuries of the eye with sharp objects, blunt trauma, contact with chemical substances to create damage in the eye.

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12. Intoxication: Oral intake of substances, which, at the moment of the event have deteriorated life functions or have a high probability of doing so, contact of chemical substances with the skin, or breathing toxic gases.

13. Anaphylactic Shock: Allergy or low blood pressure so serious as to cause disruption of the cardiac rhythm, blocking of the respiratory tract.

14. Spine and lower-upper extremity breaks as the result of trauma: All types of broken bone, luxatio, sprain expenses, stitching.

15. Heart attack, hypertension crisis: Heart attack in action, cardiac rhythm disruptions requiring emergency treatment, blood pressure increasing so as to create serious cases such as cerebral bleeding, etc.

16. Acute respiration problems: Drowning, swallowing objects, allergic reaction, respiratory tract burns, which can cause serious respiratory syndrome.

17. All kinds of organic defect resulting in blackout: Cases such as fainting and heart trauma which may cause deterioration in the consciousness.

18. Immediate paralyses: The limbs or the whole body not being able to move or sense, due to reasons such as cerebral bleeding, spine injury, etc.

19. Serious overall medical condition problems: Health condition severely deteriorating in general, for reasons such as lack of food, insufficient care, long lasting serious disease.

20. High fever (over 39.5): Body temperature increasing to a high level so as to cause convulsion or cardiac rhythm disruption because of intoxication, infection disease, heat stroke, etc. Average 39.5°C and above.

21. Diabetic and uremic coma: Cases which may include blurred vision due to diabetes or renal impairment, up to total loss of consciousness (coma).

22. Dialysis disease accompanied with overall medical condition problems:

23. Acute abdomen: Diseases requiring urgent surgical operation related to abdominal organs such as; puncture of hollow organs such as the stomach and intestines, intestinal obstruction or knot, obstruction of bile ducts because of stone or inflammation, serious organ inflammations such as appendicitis and pancreatitis, obstruction in peritoneal arteries, etc.

24. Acute massive bleeding: Internal or external bleeding so serious to threaten life, occurring usually as the result of a trauma.

25. Meningitis, encephalitis, cerebral abscess: Inflammatory, infectious diseases related to the brain or cerebral cortex, which may affect neural system functions, and thus life functions, which may change the state of consciousness.

26. Renal colic: Situation creating severe pain caused by renal stones, which may cause renal damage or urinary tract damage if they grow.

B - POLICY PREMIUM ACCOUNT

Premium for the Policyholder candidate is calculated on an annual basis according to the Risk Acceptance Regulation of the Insurer, considering the health risks of the Policyholder portfolio, selected plan, coverage, age, gender and health inflation.

If the spouse and children are included within the family scope after the start date of the insurance, reserving the right of the Insurer not to accept such a request, the premium of the new Policyholder

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candidates are calculated on a daily basis. The premiums and coverage details such as limit, participation etc. of the Policyholders covered by the policy are indicated in the policy.

Policy premium is calculated based on the age in the insurance commencement date (calculation of difference between commencement date and date of birth as day/month/year).

C - GENERAL INFORMATION AND WARNINGS

1. Policy Owners/Policyholders must make their insurance requests by filling out the Application Form in an accurate and complete manner. Application Forms must be filled out fully and bear a wet signature. Applicants are also obliged to provide details of any circumstances known to them that may have an impact on the likelihood of risk materializing, even if there are no specific questions in the Application Form to that end. Any change in circumstances following the drawing up of the contract should be immediately reported to the Insurer. Please refrain from providing inaccurate or incomplete information as doing so may result in your right to indemnity being revoked or generate negative consequences in terms of your policy. Fields left blank in the Application Form will be assumed to have been answered as NO.

2. The Insurer may request that the Policyholder undergo medical examinations in order to assess their health risk. The company's right to decline, or to apply conditional acceptance in line with the Risk Acceptance Regulation and/or state of health is reserved. If the application is denied the Application and Information Form becomes void.

3. Policy cancellation transactions are processed in accordance with the written representation of the Policy Owner. As a result of the processing of the relevant transaction, the information form attached to the Application Form becomes void as of the start date of the attached document.

4. Provisions of the Code of Obligations shall apply in the event of a default in the payment of insurance premiums in accordance with Article 8 of the General Conditions of Health Insurance.

5. Insurance premiums are tax deductible. Please consult your Insurer regarding this matter.

6. If any of the Policyholders covered by the policy are engaged in an attempt that conflicts with the general terms and application principles of policy and which intentionally aims at getting benefits, the policy of all the Policyholders shall be immediately terminated.

7. Insurance company is entitled to request information and records related to the health background of the Policyholder, from all doctors who have treated the Policyholder, from health entities and third persons, before and after the insurance period. If the Policyholder will not allow this in good faith, the insurer can reject to pay indemnity, or can terminate the agreement.

8. At renewal times, the Insurer specifies coverage, limits, and premiums associated with coverage reasonably, and is entitled to change the policy special conditions. This change will be effective as of the renewal date for each Policyholder.

9. For more information on the insurance please carefully read the Emergency Cases Special Conditions and the Health Insurance General Conditions.

10. Policies start, unless otherwise agreed, at 12:00 on the policy start date and end at 12:00 on the policy end date, and when the risk materializes in any case.

11. The Policy Owner is obliged to inform the Policyholder to reply all the questions asked completely and accurately, and advise all conditions that may require the company not to execute the agreement, or to execute the agreement with more severe conditions. If the company requires doctor's opinion or some tests to be carried out at the application stage or throughout the insurance term, expenses of these will be paid by the Policy Owner/Policyholder.

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12. In order for us to reach you more easily in case of any changes in your information such as identity, address, phone number, etc. found on our system, please contact info@mapfre.com.tr or the fax number 0212 334 90 19.

13. In case of switching from this product to another health insurance product, the earned rights are not transferred.

D - EXCEPTIONS

Please refer to exceptions in the General Conditions for Health Insurance and Special Conditions for Emergency Cases Health Insurance to find out more about conditions that are not covered by the policy.

E - LIFETIME RENEWAL GUARANTEE

The Lifetime Renewal Guarantee is not available for this product.

F - CANCELLATIONS

If the Policyholder/Policy Owner makes a cancellation request within 30 days following the drawing up of the policy, the policy is canceled as of its start date, if no risks have materialized, and the paid-in premiums are fully refunded to the Policyholder.

For the requests delivered after 30 days but approved by the Insurer, the Insurer is entitled to collect premium on days basis, from the start date to the cancellation date. The amount to be returned to the Policy Owner/Policyholder due to cancellation is calculated based on days by taking paid indemnity into consideration.

If the indemnity payments made to the Policyholder do not exceed the premium amount earned by the Insurer, the Insurer deducts the paid-in premiums due to them and refunds the remaining sum to the Policyholder. If indemnities paid to the Policyholder exceed the premium amount the Insurer is entitled to, but do not exceed the premium amount that the Insurer collects, Insurer deducts the indemnity amount from collected premium amount and returns the remaining premium to the Policyholder.

If the indemnity amount paid to the Policyholder exceeds both premium amount that the Insurer is entitled to have and the premiums paid by the Policyholder, cancellation is done without refunding the premiums. When the risk occurs, the part of indemnity amount that the Insurer is obliged to pay becomes due, even if the premiums are undue.

If he/she fails to pay the premiums whose due dates and amounts are indicated in the policy before the maturity date, the Policy Owner shall fall into a payment default. Provisions of Article 1434 of the Turkish Commercial Code shall apply if the premium is not paid on time.

If the Insurer catches the Policyholder/Policy Owner acting in bad faith (making persons not covered by the policy benefit from the policy's warranties, misrepresentation of health expenditures as costs incurred by other Policyholders, discovery of medical conditions known to the applicant before the insurance start date but deliberately not reported etc.). the Insurer has the right to claim health care expenses and/or to revoke the policy without refunding the premiums.

G - CONTRACT RENEWAL

The Policyholder may apply to the Insurer for a new agreement (policy) up to 30 days before or 30 days after the end date of the current policy. The Insurer reserves the right not to provide coverage for risks that occur in the interim period until the drawing up of the new policy, to provide conditional coverage (limits, patient share, additional premiums, waiting period etc.) for such risks as per the Risk Acceptance Legislation and revoke the validity of the renewal rights.

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H - SAGMER (INSURANCE SURVEILLANCE CENTER) NOTIFICATION

By signing the relevant documents, persons covered or to be covered by the policy consent to their health information, insurance records and other details being taken from the Insurance Information and Surveillance Center (SBGM), Social Security Institution, Ministry of Health, health institutions and organizations and insurance companies and the concerned data and records held by the company to being shared with the Insurance Information and Surveillance Center, insurance companies and authorities authorized by the relevant legislation, for accurate risk assessment or to help finalize indemnity claims.

I - INDEMNITY PAYMENT

Expenses made in providers other than in-network providers are paid upon the receipt by the Insurer of the original invoices indicating health expenses made by the Policyholder.

When in-scope coverage expenses (policy special conditions) are made in non-contracted providers, these must be approved by the Medical Operations Center, and the following documents must be delivered to the Insurer.

1. Detailed hospital invoices, report stating the reason for the inpatient situation,
2. When there are surgical operations, detailed operation report (including the pathology result report, if biopsy was carried out),
3. Observation file if required, traffic collision report, judicial report, judicial minutes, alcohol report, Policyholder's declaration,
4. Epicrisis (flow summary) report,
5. If required, laparoscopic/arthroscopic/endoscopic operation tapes.

J - OTHER INFORMATION

The Insurer is not a member of the Insurance System of Arbitration.

K - COMPLAINTS AND REQUESTS FOR INFORMATION

1. Please contact us on the following numbers or write to us at the following address for more details on your insurance policy, including its negotiation and drawing up, any technical issues, insurance transactions performed or to be performed, the warranties offered by the contract and how the policy works, as well as any information requests and complaints. The insurer must respond to requests within 15 business days following receipt of the claim.

2. Contact our **Customer Service Center** on **0850 755 0 755** if you still have not received your policy agreement or rejection letter within 30 days from the date of your application.