

Issued in minimum two copies, this form has been prepared for the purpose of providing general information about certain important matters related with the insurance contract to be executed to the policy holder and other persons who will benefit from the insurance pursuant to the Regulation on Providing Information about Insurance Contracts which was published in the Official Gazette of 28.10.2007. This Company is a member of the insurance arbitration commission.

A- INFORMATION ABOUT THE INSURER

1. Of the agent/broker who mediated the contract:

Trade Name :
Address :
Tel & Fax No :

2. Of the insurer who provides the insurance:

Trade Name : Groupama Sigorta A.Ş.
Address : Groupama Plaza Eski Büyükdere Cad. No: 2 34398 Maslak - İstanbul
Tel & Fax No : (212) 367 67 67 & Faks: (212) 367 68 68
Web : www.groupama.com.tr

B- CAUTIONS

1. In order to have more detailed information about the insurance, please carefully examine the Special and General Conditions for Health Insurance applicable to your policy and the List of Contracted Healthcare Institutions. You can have information about our Products and Contracted Healthcare Institutions at www.groupama.com.tr.
2. You must give complete and accurate answers to the questions on the declaration form to be filled to take out the health insurance. In addition, upon occurrence of an insured risk at the time of execution of the contract and/or during the term of the insurance, you are obliged to notify the occurrence to the insurer as soon as possible and in any case within the time specified in the law. Always avoid giving incomplete or wrong information. Otherwise payment of indemnity may delay, amount of indemnity may be reduced or payment of indemnity may be rejected or the policy may be cancelled and/or additional premium/deductible may be applied for the respective diseases.
3. Term of the health insurance contract is 1 year. If the insured requests renewal of the policy, this request will be evaluated by Groupama Sigorta A.Ş.
4. Pursuant to article 8 of the General Conditions for Health Insurance, whole amount of the insurance premium or, if the premium will be paid in installments, the first installment of the premium must be paid at the date specified on the policy. If the premium has not been paid, liability of the insurer will not commence.
5. In order to prevent any dispute in future, please don't forget to receive a receipt upon payment of the premium (cash or in installments).
6. If, in the event that a definitive due date has been agreed for payment of the premium, the premium or any installment is not paid at the due date, article 1434 of the Turkish Commercial Code shall apply.
7. In the event that any one of the insured persons covered by the policy has made an attempt which is contrary to the general conditions and implementation principles of the policy with the aim of gaining a benefit deliberately, the policy of all insured persons covered by the policy will be cancelled immediately.
8. Under the product prepared for foreign insured persons, children under 18 years old can be insured alone in consideration of an additional premium on condition that there is a policy holder above 18 years old.

C- GENERAL INFORMATION

1. This insurance insures the insured person(s) against expenses incurred by them for diagnosis and treatment of them as a result of a disease and/or accident occurred between the inception and expiry dates specified on the policy or the endorsement within the coverage, limit, contribution and practices specified on the policy or the endorsement in accordance with the General and Special Conditions for Health Insurance.
2. After having examined the application form and assessed the health risks, the Insurer has the right to exclude such risks from the

coverage depending on the medical condition of the insured person under an additional clause or exclusion or include such risks in the coverage as subject to such deductible, contribution, limit or additional premium or not to provide the insurance at all.

3. The insurer will examine the health condition and/or loss/premium ratio of the insured person over the term of the insurance and decide to renew or not to renew the policy accordingly. At the time of giving the decision for renewal, the insurer can request a declaration from the insured person about his/her recent health condition, submission of records pertaining to public and/or private health insurance of the insured person and submission of results of additional examinations of the insured person. The insurer can obtain information from the Insurance Information Center, previous insurance companies, if any, or persons and institutions who and which provided treatment to the insured person. Groupama Sigorta can exchange any information and documents (claims, details of coverage, etc.) pertaining to the insured persons with the Insurance Information Center, the Under Secretariat of Treasury and if requested, with all governmental institutions pursuant to the law and in accordance with the terms and conditions of the health insurance contract. Persons owning the health insurance product of Groupama Sigorta hereby give consent to exchange of information and documents with official authorities in accordance with the health insurance contract.

4. Except for the cost of initial physician's examination, expenses incurred for diagnosis and outpatient treatment, minor intervention, surgery and inpatient treatment of the diseases and complications specified below shall be excluded from the coverage for 12 months following the date of first enrollment in the insurance provided by Groupama Sigorta:

Cardiac, Cancer, Organ Transplantation and Organ Failure, Adhesiolysis, Chronic Diseases (Diabetes, Hypertension, COPD, MS, etc.), Hernias, Hemorrhoid / Anal Fistula, Anal Fissure / Anal Abscess, Perianal Abscess, Bartholin's Abscess / Cyst, Breast Diseases, Tonsillitis, Adenoid, Thyroid Gland Diseases / Goiter, Otitis Media, Cataract, Glaucoma and Retinal Diseases, Disc Diseases (Discopathy), Gall Bladder and Biliary Tract Diseases, Urinary System Stone, Ovary Cyst, Myoma and Prostate Diseases, Sinus Pilonidalis, every kind of benign tumor-mass-polyp-lypoma-nevus-wart (Verruca), Cyst, Carpal Tunnel Syndrome, Ulnar Tunnel Syndrome, Varicose, Coxarthrosis, gastroesophageal reflux, peptic ulcer, auto-sclerosis, endometriosis, endometrioma, sinusitis, hygroma, stress incontinence, cystocele, shoulder and knee surgery (meniscus, cartilage, sinovya and tendon lesions, etc.).

Providing that the insurer, after having evaluated the declaration/documents of the insured person or the policy holder, may extend the waiting period for the diseases specified above or apply waiting period for other diseases on condition that it is written on the endorsement of the policy.

Every kind of physical therapy and rehabilitation expenses and algology procedures (except for any cases falling under the definition of emergency given in the special conditions) are excluded from the coverage for 12 months following the date of first enrollment in the insurance provided by this Company or a previous insurance company, providing that any earned rights are granted to the insured. Under the Room-Accompanying Person, Intensive Care Unit coverages and under all inpatient treatment coverages, expenses shall be paid for maximum 180 days within the limits of coverage. Coverage for the intensive care unit is limited with 90 days at most.

D- DETERMINATION OF THE PREMIUM

The insurance premium is calculated based on the standard tariff premiums as established for the age, the gender and the chosen plan by taking into account the criteria of loss/premium ratio of the insured, current disease risks of the insured and list of contracted healthcare institutions for the policy. In the establishment of the standard tariff premiums, changes in the Minimum Fee Tariff of the Turkish Medical Association, increases in the current prices of private hospitals and prices of drugs and consumables, new diagnostic and treatment methods and changed costs, overheads, commissions, changes in the age, gender, disease and treatment risk distribution of the portfolio of the insured, factors such as payment periods, interest rates, inflation and exchange rates are taken into account. The criteria affecting the calculation of the standard tariff premiums and the premium can be reviewed and changed when it is deemed necessary. Policy premiums are calculated based on the standard tariff premiums and the tariff model being in effect at the date of inception of the policy.

E- REGULATIONS APPLICABLE TO THE PREMIUM

The following discounts and additional premiums are applied separately and successively for each insured person on the standard tariff premiums which are the basis of the insurance premium.:

1. In the calculation of the renewal premiums, the insurer has the right to apply no-claim bonus or additional premium for loss on the standard tariff premium.

For policies to which an additional premium was applied according to the loss/premium ratio in the preceding year, in the calculation of the renewal premium, no discount shall be applied according to the loss/premium ratio.

2. For any disease/sickness incurred by the insured person, additional premium can be applied within the range of 5 to 50% per disease.

3. No-claim bonus shall not be granted to policies which completed the first year, even if the loss/premium ratio is 0.

F- INFORMATION ABOUT THE COVERAGE

While the health insurance policy includes different coverages depending on the products, the summary of the coverages provided under the current products of us is given below. For different products, please referred to your policy for coverages and their limits.

Coverage	Scope	CONTRACTED		NON-CONTRACTED	
		Limit of Coverage	Contribution	Limit of Coverage	Contribution
Inpatient Treatment	Annual	Unlimited	None	20,000	20%
Hospital Room & Meals	Daily	Charge for standard single room	None	Charge for standard single room	20%
Intensive Care	Daily	Charge for Intensive Care Unit	None	Charge for Intensive Care Unit	20%
Outpatient Diagnosis & Treatment	Annual	TL 2,000 TL *	40%	TL 2.000 TL *	40%
Auxiliary Medical Supplies	Annual	TL 1,000 TL	40%	TL 1,000 TL	40%
International Emergency Assistance and Medical Consultancy	Annual	Unlimited	None	Unlimited	None

**Outpatient treatment coverage is limited with TL 2,000 in aggregate annually at contracted and non-contracted healthcare institutions.*

G- OCCURRENCE OF A RISK

1. Beneficiaries are obliged to furnish the relevant documents to the insurer in order to be able to claim the rights arising from the policy.

While the documents required for indemnity payments vary depending on the claims made under the coverages provided in the policy, the documents required in general are as follows:

Claim form, original invoices, prescription of drugs, tags of drugs, test request form issued by the physician, photocopy of the test result. For inpatient treatment, in addition of the above stated documents, hospital discharge report with anamnesis, itemized invoice of the hospital, photocopy of the observation file, surgery report, and, in the case of a traffic accident, traffic report and intoxication report.

2. Upon occurrence of a risk, please apply to the insurer at the address and telephone number specified on the front page with the required information and documents within 8 business days.

3. Please act in accordance with the instructions given by the insurer at the time of notification of the occurrence.

4. Upon occurrence of a risk, the liability to pay indemnity rests on the insurer.

H- INDEMNITY

1. In addition to the exclusions set out in article 2 of the General Conditions for Health Insurance, this insurance shall not cover the expenses incurred for diagnosis and treatment of any disease or disability existing from the inception date of the insurance, for diagnosis and treatment of any congenital disease or disability which have been continuing after the first diagnosis, for diagnosis and treatment of any hereditary disease or disability of the insured as well as the "excluded events" set out in the Special Conditions of Health Insurance.

I- PAYMENT OF INDEMNITY

1. If you apply to a contracted healthcare institution, the Insurer, after having evaluated the expenses incurred for treatment in accordance with the General and Special Conditions of the Policy and the coverage plan in the attachment of the Policy, may pay the approved amount directly to the Contracted Healthcare Institution (LIST OF CONTRACTED HEALTHCARE INSTITUTIONS FOR HEALTH INSURANCE FOR FOREIGNERS). For healthcare expenses incurred at a contracted healthcare institution, the insured is obliged to present his/her insurance card and original passport to the representative of the institution at the time of application. Applications without these documents may not be processed by the institution as direct payment.

2. If application is made to a non-contracted healthcare institution, treatment expenses shall be paid first by the Insured. After payment of the treatment expenses, the Insured must send the claim form completed in full and signed by the attending physician in the attachment of the invoice as well as the documents specified in the Special Conditions to the Insurance Company. You can obtain the claim form at www.groupama.com.tr.

3. In the event that the attending physician is not a staff member of a contracted healthcare institution or has not made a contract with Groupama Sigorta, the physician shall issue a separate invoice for diagnosis, treatment, surgery and follow-up charges. This invoice shall not be considered as a direct payment but shall be paid within the limits specified on the policy if the relevant documents have been sent after the payment has been made.

4. Upon receipt of the required information and documents in full by the Insurer, your claim shall be assessed and paid within the limits and rates specified on the Policy within 5 business days.

5. In order that the payment can be made, the details of the bank account (name of bank, branch office code, account and IBAN number) valid in Turkey must be notified to the Insurer.

J- TERMS AND CONDITIONS APPLICABLE TO TERMINATION OF THE INSURANCE CONTRACT

If the policy holder requests cancellation of the health insurance policy before the expiry date, the following conditions must be fulfilled:

- If a new private health insurance contract covering the period of the residence permit is presented to the company;
- If the residence permit is revoked;
- If a certificate stating that the insured person is included in the Public Health Insurance in accordance with the Social Security and Public Health Insurance Law No. 5510.

In addition, the required documents showing the date of exit from the country must be sent to the insurance company.

If the contract is terminated, premium shall be charged on pro rata basis in accordance with the insurance principles and cancellation of the contract shall be effected.

K- COMPLAINTS AND INFORMATION REQUESTS

1. You can apply to the address and telephone numbers stated below for information requests and complaints regarding the insurance. The insurance company is obliged to reply such requests within 15 days after receipt of the same.

Address : Groupama Plaza Eski Büyükdere Cad.No:2 Maslak/İstanbul

Phone : 0850 250 50 50 & Fax : 0212 367 68 68

E-mail : sigorta@groupama.com.tr

Policy Owner – Name Surname and Signature

.....

Insurer or Agency Stamp and Signature

.....