

Issued in minimum two copies and pursuant to the Regulation on Notification about Insurance Policies and The Regulation on Private Health Insurance published respectively in the Official Gazette of 28.10.2007 and 23.10.2013 this notice of information has been prepared for the policyholder and those who will benefit From the insurance in order to provide general information on important topics related to the insurance policy. This Company is a member of the insurance arbitration commission.

A- INFORMATION ABOUT THE INSURER

1. Intermediary agent/broker of this policy:

Trade Name :
Address :
Tel & Fax No :

2. Of the insurer who provides the insurance:

Trade Name : GROUPAMA SİGORTA A.Ş.
Address : GROUPAMA PLAZA ESKİ BÜYÜKDERE CAD. NO:2 34398 MASLAK/ İSTANBUL
Tel & Fax No : 0212 367 67 67 / 0212 367 68 68

B- CAUTIONS

1. Please read carefully the Special and General Conditions for Health Insurance and the List of Contracted Healthcare Institutions in order to have detailed information about your insurance policy. Information about our products and the Contracted Healthcare Institutions can be found on www.groupama.com.tr.
2. In order to obtain a health insurance policy, the declaration form should be filled comprehensively and accurately. Moreover, in case of occurrence of a risk at the time of issue and/or during the term of the policy, the occurrence should be notified to the insurer as soon as possible within the legal period. Giving incomplete or wrong information should be avoided. Otherwise the payment of indemnity may delay, the amount of indemnity may decrease, payment of indemnity may be rejected or the policy may be cancelled and/or additional premium/deductible may be applied for the related diseases.
3. The present health insurance policy is valid for 1 year. Following the expiration date of the policy, a new policy may be issued upon the request of the insured/policyholder within the conditions to be determined by the insurer (Edited optional 2 years)
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 should be paid at the date defined on the policy. In case of non-payment of the premium, the liability will not be undertaken by the insurer.
5. In order to prevent any future conflict, we kindly ask you to not forget to receive a receipt upon payment of the premium (cash or in installments).
6. If the due date of the premium payment has been defined in the policy, the Turkish Commercial Code Article 1434 will be apply in case of non-payment of the premium or the installment at the due date.
7. The policy of all the insured who are covered will be cancelled immediately in case of a deliberate attempt to benefit of any insured covered by this policy against the general conditions and application principles of the policy.
8. Children under 18 years old can be insured alone by this product dedicated to foreigners, on condition that an additional premium is applied and the policyholder is above 18 years old.

C- GENERAL INFORMATION

1. The policy/addendum covers diagnostic and treatment expenses of the insured(s) related to a disease and/or an accident occurred between the inception and expiration date of the policy/addendum within the coverage, limit, contribution rates and practices determined by the policy/addendum in accordance with the General and Special Conditions of the Health Insurance for Foreigners.

2. After the assessment of the application form and the health risk analysis, the insurer has the right to apply additional clause/exception for these risks according to the medical condition of the insured, to not cover them by applying a deductible, to request some contribution or additional premium, to set limits or to not underwrite the insurance.

3. The present health insurance policy is valid for 1 year. Following the expiration date of the policy, a new policy may be issued upon the request of the insured/policyholder within the conditions to be determined by the insurer. (Edited optional 2 years) In case of no renewal of the policy after the expiration date, the insured will be considered as a new insured i.e. a proposal will be given to the insured and the insured will be considered as a new one. If the insured requests to change the insurance plan during the renewal period, the acquired rights will no longer be valid and the issued policy will be considered as new business. The insurer will make a risk analysis in order to decide to renew the policy or not and may apply exceptions, guarantee limits, additional premium and contribution rates according to diseases at the renewal period. During the decision process, the insurer may request from the insured/policyholder by having its written consent, a health declaration form, an evidence of private health insurance and additional examinations. The insurer may also obtain information from individuals and institutions providing health care services for the insured. Those who own a health insurance product from Groupama Sigorta accept beforehand the exchange of information and documents with official authorities within the scope of the health insurance policy.

The present policy gives no renewal guarantee.

The policies of those who are 65 years old above will not be renewed.

4. Expenses of diagnosis, outpatient treatments, minor interventions, surgeries and inpatient treatments related to the below mentioned diseases and complications are not covered for 12 months following the first issue date of the policy provided by Groupama Sigorta: Heart diseases, cancer, chronic diseases (diabetes, hypertension, COPD, MS, Thyroid Gland Diseases/Goiter, hepatitis, gastroesophageal reflux, peptic ulcer etc.) benign tumor - mass - polyp - lipoma nevus - verruca - cyst.

Providing that, after evaluating the declaration/documents of the insured/ the policyholder, the insurer may extend the waiting period for the abovementioned diseases or apply waiting period for other diseases on condition that it is written on the addendum. All kind of physiotherapy and rehabilitation expenses as well as algology treatments are not covered for 12 months following the first issue date of the policy.

Hospital room - hospital attendant guarantee, Intensive care unit guarantee and all inpatient treatment guarantees in total, the expenses are covered for maximum 180 days within the limits of coverage. Coverage for the intensive care unit is limited with 90 days at most.

5. In order for the risk evaluation and indemnity applications to be done, those who will or are covered by the insurance policy give consent by signing the relevant documents to the medical information, insurance register and other information to be provided from the Insurance Information and Monitoring Center (SBGM), Social Security Institution, Ministry of Health, Health Institutions and insurance companies, and the information and registers within the possession of the company to be shared with SBGM, insurance companies and authorities empowered by regulation.

6. I do not want to be contacted by the below mentioned means to receive any information regarding Marketing and advertising activities about Groupama Sigorta products and/or campaigns.

I do not want to receive SMS

I do not want to receive e-mails

I do not want to receive calls

D- DETERMINATION OF THE PREMIUM

The insurance premium is calculated based on the standard tariff determined according to the age, the Gender and the chosen insurance plan by taking into account the loss ratio and the current disease risks of The insured as well as the list of the contracted healthcare institutions for foreigners.

Changes in Turkish Medical Association minimum fee tariff, increases in private hospitals current prices and medicine and consumables prices, additional costs of new diagnostic and treatment methods, general expenses, commissions, changes in the repartition of risks by age, gender, disease and treatment in the portfolio, payment periods, interest rates, inflation and exchange rates are taken into account in the calculation of the standard tariff premiums. If necessary the criteria of the standard tariff premiums and the premium calculation can be revised and changed. Premiums of the policy are calculated based on the standard tariff premiums and the tariffication model effective at the issue date of the policy.

E- ADJUSTMENT OF THE PREMIUM

In the calculation of the renewal premium, Groupama Sigorta has the right to apply on the standard tariff arising from your claims. An additional premium between 5% and 100% may be applied for each disease/sickness of the insured. Maximum additional premium arising from claims that can be applied is 300%.

Once the renewal premium is fixed, if there is an indemnity request related to the previous policy and if this request changes the renewal premium, the insurer has the right to apply additional premium or to cancel the policy.

In the calculation of renewal premium, no discount will be applied according to loss ratio for policies to which an additional premium was given according to the loss ratio of the previous year.

No-claim bonus will not be given at the end of the first year even if the loss ratio is 0 (zero).

F- INFORMATION ABOUT THE COVERAGE

The health insurance policy contains different guarantees given according to products. The scope of Guarantees given according to our current products is mentioned below. Please refer to your policy for cover limits given for different products.

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	2,000 TRY *	40%	2.000 TRY *	40%
Auxiliary Medical Supplies	Annual	1,000 TRY	40%	1,000 TRY	40%
Inland Emergency Assistance and Medical Consultancy	Annual	Unlimited	None	Unlimited	None

*The annual limit of outpatient treatment coverage is to 2,000 TRY for contracted and non-contracted healthcare institutions.

**FIT 2 annual policy period 1. The first 12-month period, 2nd period covers the second 12-month period.

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. Even though documents required for the payment of indemnities depend on the indemnity requests raised in line with guarantees of the policy, the documents required in general are as follows:

Indemnity request form, original invoices, medical prescription, medication barcode, medical examination request form ordered by the physician, copy of the test results. For inpatient treatment, in addition of the above stated documents, hospital discharge report with anamnesis, detailed hospital invoice, copy of the observation file, surgery report, and in the case of a traffic accident, accident report and intoxication report.

2. When the risk is realized, please contact the insurer by phone or at the address mentioned on the front page within 8 days with required information and documents.

3. At the time of claim notification please act in accordance with the instructions given by the insurer.

4. When the risk is realized, the indemnity is paid by the insurer.

H- INDEMNITY

1. In addition to the article 2 of the General Conditions of the Health Insurance, expenses regarding diseases and disabilities which

exist before the issue date of the policy, examination and treatment following the first diagnose of congenital diseases and disabilities, diagnoses and treatments of hereditary diseases and disabilities as well as the expenses for any related disorder, and all articles under Exclusions on the article 5 of the Special Conditions of Health Insurance for Foreigners are not covered.

I- PAYMENT OF INDEMNITY

1. If the insured receives healthcare services from a contracted healthcare institution, the insurer may pay the treatment expenses directly to the contracted healthcare institution (LIST OF CONTRACTED HEALTHCARE INSTITUTIONS FOR HEALTH INSURANCE FOR FOREIGNERS) after the assessment made in accordance with the general and special conditions of the policy and guarantee schedule mentioned in the addendum.

For healthcare expenses in a contracted healthcare institution, the insured is obliged to give its client number and present the original passport to the representative of the institution at the time of application. Applications made without presenting the original passport will not be treated by the institution as direct payment.

2. If the insured receives healthcare services from a non-contracted healthcare institution treatment Expenses shall be paid first by the insured. After the payment of the treatment expenses, the insured should send to the Insurance Company as attachment of the invoice the indemnity request form fully completed and signed by the physician as well as the documents specified in the Special Conditions. Please find the indemnity request form at www.groupama.com.tr.

3. If the physician is not a staff member of a contracted healthcare institution or do not have a contract with Groupama Sigorta, the physician should issue a separate invoice for diagnose, treatment, surgery and medical follow-up charges. This invoice will not be considered as a direct payment and will be paid within the limits specified on the policy if the relevant documents are sent once the payment is made by the insured.

4. After the reception of the required information and documents in full by the insurer, the indemnification request will be assessed and paid within 5 business days and the limits and rates specified on the policy.

5. In order to make the payment, the details of a bank account in Turkey (name of bank, branch office code, branch office name, account number and IBAN number) should be provided to the insurer.

Notes: In case of any conflict, the Turkish version shall prevail.

J- TERMS AND CONDITIONS OF THE TERMINATION OF THE INSURANCE CONTRACT:

If the policyholder requests the cancelation of the health insurance policy before the expiration date, the following conditions will be fulfilled:

- Evidence of a new private health insurance contract covering the period of the residence permit;
- Termination of the residence permit;
- Evidence of registration to Public Health Insurance system in accordance with the Social Security and Public Health Insurance Law No. 5510. Moreover, the documents proving the date of exit from the country should be sent to the insurance company.

In case of cancelation of the contract, the premium shall be charged in accordance with the insurance principles on pro rata basis on condition that it is not before the date of the last claim and cancelation of the contract shall be effected.

K- COMPLAINTS AND INFORMATION REQUESTS

Below mentioned address and telephone numbers may be used for information requests and complaints regarding the insurance.

The insurance company is obliged to reply the requests within 15 days after their reception.

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

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Groupama Sigorta A.Ş. Mersis No: 0144003789300010