

Allianz Foreign Health Insurance Information Text

Pursuant to the regulation on Information Disclosure in Insurance Contracts, published in the Official Gazette on February 14, 2020, this form has been produced in at least two (2) copies to provide certain critical information in regards to the insurance contract for individuals who wish to be a party to said contract and to others who will benefit from the insurance.

Even if signed/approved by the parties, this form shall not be construed as a proposal or a contract by itself, unless it becomes the subject of a quotation between the parties and/or is eventually executed as an insurance contract.

A. INSURER AND AGENT INFORMATION

1. The insurance agent brokering the deal;

Business Title:	
Address:	
Phone / Fax No:	
Tax Office:	
Tax Number:	
Signboard No:	
Business Segment:	

It is authorized to broker insurance contracts on behalf of insurance companies.

2. Insurers Providing the Benefit

Business Title:	Allianz Sigorta A.Ş.	
Trade Reg. Number:	6022	
Mersis Number:	0-8000-0132-7000012	
Tax Number:	8000013270	
Tax Office:	Büyük Mükellefler V.D.	
Website	www.allianz.com.tr	
Address	Allianz Tower Küçükbakkalköy Mah. Kayışdağı Cad. No:1 Ataşehir / İstanbul 34750	
Phone / Fax No	(0216) 556 66 66 / (0216) 556 67 77	
Business Segment:	Insurance*	

*All types of insurance in Turkey and foreign countries, coinsurance, reinsurance and retrocession transactions to make their operations and Allianz Sigorta A.Ş. located in other activities specified in the Articles of Association.

B. CAUTIONARY REMARKS

1. The insurance contracts cover the risks that arise after the policy start date for the duration covered by the insurance contract. Benefits are specified in the policy and are in accordance with the Turkish Commercial Code ("TCC"), the General Terms, and Policy Special Terms. For more detailed information about the insurance, and to learn about coverage exclusions, review the Health Insurance General Terms ("General Terms"), the Allianz Foreign Health Insurance Special Terms, and the List of Contracted Healthcare Institutions on our website.

2. The entire insurance premium must be paid upon delivery of the policy.

3. In the event of making payment at the time of application, it shall be regarded as prepayment, and upon application approval and policy issue by the company, it shall be deemed as a premium payment; and in the event of denying the policy, the payment shall be refunded.

4. Please remember to obtain and keep the receipt(s) of your premium payment(s) (cash or installment) to avoid any possible future disputes.

5. Upon the request of the Policy Owner or Insured, the health insurance policy issued for residence permit application can be cancelled provided that the following conditions are met:

- i. The presentation of a new health insurance policy that covers the period of the residence permit, or
- ii. Cancellation or non-extension of a residence permit,
- iii. The presentation of a document evidencing that the individual is covered by general health insurance as per the Social Security and General Health Insurance Law No. 5510,
- iv. Rejection of a residence permit application or withdrawal of a residence permit application before the decision

Cases in which uninterrupted premium refunds are made:

If the Policy Owner requests cancellation within the first 30 (thirty) days from the date of issuance of the contract and no claims has been paid to the insured or on behalf of the insured within this period, the premiums paid will be returned uninterruptedly.

Cases in which deductible premium refunds are made:

If the claims paid does not exceed the premium amount to which the insurer is entitled, it is returned to the policy owner by deducting the premium amount from the premiums paid by the policy owner. If the claims paid exceed the premium amount to which the Insurer is entitled, but do not exceed the premiums paid by the policy owner, the claims amount is deducted from the collected premiums and a refund is made.

Cases where premiums are not refunded:

If claims is paid within the specified period within the scope of the. policy and the amount of claims paid exceeds the premium amount to which the insurer is entitled, no premium will be refunded. Following the cancellation, the premium paid for the uninsured days shall be refunded in accordance with in clause No.13 "Rules Governing the Expiry of Insurance Contracts" of the Special Terms.

6. The applicants shall be considered to know that the application will be assessed within the scope of the Policy Special Terms, the Health Insurance General Terms and the risk assessment principles of Allianz; Allianz reserves the right to change the policy premiums, apply exception and/or an additional disease premium, or deny the application.

7. The Insureds must notify Allianz in writing about objections (if any) within 30 days of the policy start date at the latest, and prior to any claims payment requests in any event. Otherwise, they shall be considered to have agreed that all the Policy Special and General Terms will remain in effect and be binding for them.

8. By signing/approving the related documents, persons that will be/are in the insurance coverage shall be regarded to have given consent for their health information, insurance records and other information to be obtained from the SBGM, the Social Security Institution, the Ministry of Health, health institutions and organizations, and insurance companies; and this information and records in the company can be shared with the SBGM, insurance companies and the authorities empowered by the related legislation so that risk assessment can be done and claims payment applications can be finalized.

9. To render the contract effective, all questions asked by the insurer must be answered truthfully to make clear all known and obvious issues and to avoid providing incomplete and incorrect information. The Insurer must be notified of any changes in circumstances during the term of the contract, and must promptly inform the Insurer of any incurred risks. If these obligations are not fulfilled, the Insurer reserves the right to refuse the application or, if the contract has been initiated, to withdraw from it or, to terminate the contract. Alternatively, the contract may be continued by charging additional premiums, increasing the premium, or applying an exclusion in accordance with adjustment terms.

10. During the renewal periods, in the coverage limits in the policy; with the evaluation to be made by the insurer, increases can be made based on usage statistics, inflation and similar criteria. In addition, discounts and/or additional premium rates can be changed in the coverages. All changes made are indicated on the quote and policy.

11. FIN (Foreigner Identification Number) or Tax Identification Number (Tax Identification Number) information is required for the insured who reside in Turkey for more than 6 months and therefore have a FIN. Without providing this information, it is not possible to renew the policy with only the passport number.

C. GENERAL INFORMATION

1. In addition to the General Policy Terms, the Parties shall have the right to introduce other special terms so long as they are not illegal or immoral, and not to the detriment of the Insured.

2. Allianz Sigorta A.Ş ("Allianz") is responsible for the risks occurring after the policy start date, the health expenses incurred by the insurer's contracted institutions and/or organizations specific to this product, during the period the insurance contract is in effect, with the coverages, limits, payment percentages specified in the policy, and TTK within the scope of the Network. , Health Insurance General Conditions, Private Health Insurance Regulation ("Regulation") and Policy Special Conditions. This insurance contract is a private health insurance that must be taken out for short-term residence permit applications in accordance with the Law on Foreigners and International Protection.

3. Individuals aged between 0 to 64 years at the time of the first application are eligible for the insurance.

4. The policy may be renewed prior to the end of the insurance term, in accordance with the agreement between the Policy Owner and the Insurer, and Article 9.1 of the Special Terms, entitled "Policy Renewals". The insurer performs a risk assessment for all diseases and illnesses that it has learned about (including the periods without risk assessment) and that have arisen since the first acceptance of the policy by the insured. As a result of the assessment, it may renew the policy under the same conditions, or renew it by applying exclusions and/or additional premiums, or it may decide not to renew it. During all assessments, the Insurer reserves the right to ask the Insured provide latest health disclosure or take additional tests through medical examination. Expenses related to the said procedures shall be paid by the Insurer, provided that the Insured grants the Insurer access to his/her health history and the Insurer is able to access these systems. Otherwise, the Policy owner/ Insured

shall have to cover the costs. There is no Lifetime Renewal Guarantee application within the scope of this product.

5. With this insurance, the minimum coverage structure determined in the Circular on Health Insurances required for Visa and Residence Permit Requests, dated 06/16/2021 and numbered 2021/8, including Inpatient and Outpatient Treatment benefits are provided. In the 2-year policy preference, the coverage limits are processed separately for each year. Details regarding the coverage are included in the Policy and Special Conditions of the Policy. Make sure that the Network and guarantees you choose during the conclusion of the contract are of the nature to meet your potential risks.

6. Contracted Health Institutions and Networks are regularly updated and published for informative purposes on our Company's corporate website www.allianz.com.tr. If you would like to obtain more information besides this, then please call your Customer Representative / Broker or the Allianz Customer Services at 0850 399 99 99. Some of the institutions that are included under Allianz Foreigner Health Insurance Networks are listed in the below. This information is given as a sample, before visiting the hospital, please check the institution from Contracted Health Institutions list under the website www.allianz.com.tr that you have preferred is valid according to the your policy.

Sarı Network: Many of the Contracted Health Institutions with the exception of the American Hospital Group.

Mavi Network: in addition to institutions that are not covered under Sarı Network, Many of the Contracted Health Institutions with the exception of the Acibadem Health Group, the Florence Nightingale Group, the Memorial Health Group, Anadolu Health Center, the Liv Hospital Group.

The Insurer reserves the right to make amendments to the Contracted Health Institutions in the Networks, regardless of the policy date. In the event of the contract between the Contracted Health Institutions in the Networks and the Insurer expiring, all practices adopted specific to the health institutions in the associated Network terminate automatically.

7. Please read clause No. 5; "Excluded Cases" in the Health Insurance General Terms and Policy Special Terms for more information on the expenses that are not covered independent of the benefits you have selected in your policy. A 9-month waiting period will be applied for the diseases/disorders specified in Article 4 of the Policy Special Conditions, which regulates the "Waiting Period to be Applied in Treatment", and 6 months for the expenses related to physical therapy and rehabilitation included in the outpatient treatment coverage. Health Expenses due to global, regional or country-wide epidemic diseases declared by the World Health Organization and / or Ministry of Health are covered within the policy guarantees, limits and copayments provided that the symptoms and complaints about the disease occurred 1 month after they are included in the policy.

8. The "Health Tariff Premium" that helps the policy remain in effect as of the policy start date varies depending on the risk profile features such as the selected benefit details, contracted health institutions applicable for the Network included in the policy, as well as the insured's age, sex and residence address. The Insurer shall update the "Health Tariff Premium" periodically by taking into account the overall performance of the portfolio and individual risk profile, health inflation and other general economic developments in the country.

The disease supplemental premium rate to be applied to the "Health Tariff Premium" of the insured cannot exceed 200% for each disease.

There is no no claim discount in the policy.

9. The period of the insurance contract can be determined as 1 or 2 years, depending on the residence permit requirement. Unless otherwise agreed, the insurance starts at 12:00 noon in Turkey time and ends at 12:00 noon on the days written as the start and end dates in the policy. Subject to the agreement

of the parties and the Special Conditions, titled "Renewal of the Policy", without prejudice to the right of the insurer regarding the renewal to make a risk assessment and to renew the policy or not. 9.1. The insurance policy can be renewed for a period of 1 year if the conditions specified in Article No. The renewal must be made at the latest on the expiry date of the previous policy. Otherwise, the Insurer reserves the right not to cover the risks that arise during the period until the new policy is issued and to revoke the validity of its renewal rights.

10. Requests made at the time of policy renewals, for benefit changes and transfers shall be assessed in accordance with the "Transfer Procedures and Earned Rights" clause in the Policy Special Terms, and if approved by the Insurer, a change of coverage or a transfer may be made. In order for the Insurer to consider a policy for a transfer, the Insured shall be required to have at least one full year coverage under other insurance companies or. an Allianz Group Policy and complete an application Form within 30 days of the policy exit date at the latest in addition to new entrants issues under Policy special Conditions.

11. If you try to provide unfair advantage for yourself/a third party through your role as a Insured/ Policy Owner/ Beneficiary/Claimant, not only would you risk timely payment of your claims, you would also risk full payment and even not get paid at all. Legal action shall be taken pursuant to the Turkish Criminal Law and the Regulation on the Procedures and Principles for the Determination, Notification, Recording of and Fight Against False Insurance Practices published in the Trade Reg. No. 27920 dated April 30, 2011.

12. Daily allowance for incapacity identified for earnings that the Insured could not earn due to the fact that he or she was not able to work and expenses associated with care services or identified daily care allowance in the event that the Insured becomes in need of care shall not be covered under any policy coverage.

D. OCCURRENCE OF RISK

- 1.** In the event that a risk occurs at the time of drawing up the contract and/or during the insurance period, please notify the Insurer immediately.
- 2.** Make sure to follow the instructions provided by the Insurer in your application.
- 3.** After the policy has been drawn up, please ask your Customer Representative/Agent to provide you with the list of documents and Information required for the claims application.
- 4.** In the event a risk occurs, compensation payment obligation shall belong to the Insurer.

E. CLAIMS PAYMENT

- 1.** In the event a risk occurs, the amount committed by the Insurer shall be limited to the Network, benefits, limits and co-insurance percentages stated in the Policy; and the claims payment shall be assessed in accordance with the TCC, Policy Special Terms and the General Terms. The insured shall be responsible for the co-payments and the amounts exceeding the benefit limits.
- 2.** Health expenses incurred at the health institutions included in the Networks selected shall be directly paid to the contracted institution under the agreement made by that institution.
- 3.** In the event of stating policy validity in a non-contracted institution, in order to evaluate the health expenses incurred at health institutions not included in the Networks selected, all the documents and medical reports related to the procedure must be submitted to the Insurer in full. A "Therapeutic Expenses Claim Form" must be filled out in the compensation application, and other required information and documents are shown in the Policy Special Terms Documentation of health Expenses article number 8.

4. The Insurer shall perform the necessary reviews to complete the compensation process within the time frame projected by the Policy General and Special Terms and the Turkish Commercial Code after the required information and documents have been received by the Insurer in full.

F. COMPLAINTS AND INFORMATION REQUESTS

1. All information requests and complaints made regarding the insurance shall be referred to the following address and telephone numbers. The Insurer shall be obligated to respond to the requests within fifteen (15) days of receiving them. Address: Allianz Tower, Küçükbakkalköy Mah., Kayisdagi Yolu Caddesi No: 1, 34750 Atasehir, Istanbul Telephone: 0850 399 99 99 Fax: 0(216) 556 67 77 Email: info@allianz.com.tr

2. The Insurer is a member of the Arbitration system. You can apply to the Consumer Court, Consumer Arbitration Committee or Insurance Arbitration Commission for your complaints and objections.

G. NOTIFICATION

1. The contact information such as address, email and GSM belonging to the Policy Owner/Insured in the policy shall be deemed accurate and complete. In the case that the contact information belonging to the Policy Owner/Insured in the policy has not been provided accurately and completely, inaccurate and/or incomplete contact information in the policy has not been corrected, and contact information changes in the policy has not been provided to the Insurer in writing; the notifications made to the last contact address and/or GSM number reported to the Insurer shall be deemed as a valid notification made to the Policy Owner/Insured, and this notification shall be valid with all of its consequences.

H. ECONOMIC SANCTIONS CLAUSE

No insurance/reinsurance company with this agreement shall not be deemed to have given any coverage that may be subject to commercial or economic sanctions, prohibition or restriction and subject it to sanctions pursuant to UN resolutions or laws or regulations to which the reinsurer/insurer is subject. It shall not be liable for the payment of such claim or the provision of benefits.

The Parties signed/approved this form on the date stated below by accepting and declaring that the Insurer and/or its agent have verbally explained and also provided detailed contextual information on the products provided at the beginning of this form and selected by the Policy Owner in this form based on the Policy Owner's declared insurance and the requested coverage.

In case any conflict occurs between the Turkish and the English version of this contract/policy/guarantee table, Turkish version will be deemed valid legally.

AGENCY/BROKER INFORMATION

Business Title :	
Branch No / Name :	
Address :	
Phone :	Fax :
Trade Reg. No :	RM No :
ITC (BGD) Registry No / Name :	Campaing Code :
RD Consultant :	Renewal Desk Phone :



* If the Insurant is a legal entity, then the official with the proper representation authority should affix the seal and signature.