

ALLIANZ VITAMIN 2E 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.

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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 Health Insurance 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 Vitamin 2E Health Insurance Policy Special Terms, and the List of Contracted Healthcare Institutions on our website.

2. The entire insurance premium or its first installment (if the installment payment option has been selected) must be paid upon delivery of the policy. If the premium or the first installment has not been paid in full, then even if the policy has been delivered, the Insurer's responsibility shall not start. If the first installment or all of the premiums due at once are not paid in a timely manner, the insurer may be out of the contract within three months unless payment is made. In the case that any of the subsequent premiums have not been paid on time, the insurer shall notify the Policy Owner of a 10 (ten) day grace period for payment, with the termination of the agreement at the end of this period otherwise. In an insurance period; if the policy holder has been given a warning twice, the insurer may terminate the contract to make a judgment at the end of the insurance period. Upon payment of the claims, all outstanding future premium installments that do not exceed the claims payable by the Insurer shall become due.

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

4. If the Policy Owner requests a cancellation within 30 (thirty) days of the policy start date, then the premiums paid shall be fully refunded to the Policy Owner, provided that no compensation has been paid to the Insured or on his/her behalf in the meantime. The following conditions must be met for the cancellation of the health insurance issued for holders of residence permits upon the request of the Policy Owner or Insured: the presentation of a new health insurance policy that covers the period of the residence permit, or cancellation of the residence permit, or general health insurance as per the Social Insurance and General Health Insurance Law No. 5510, and a document stating the individual is covered by the insurance and/or rejection of the residence permit application or withdrawal of the residence permit application before the decision. Following the cancellation, the premium paid for the uninsured days shall be refunded in accordance with Article 13 of the "Cancellation of the Policy Upon the Request of the Insured or Policy Owner" of the Policy Special Terms.

5. If claims has been paid to the Insured or on his/her behalf within 30 days of the policy start date, during which the Policy Owner has also requested a cancellation, or if the cancellation has been requested after the first 30 days, then the remaining balances of the paid premiums shall be refunded to the Policy Owner, after deducting the premiums calculated by considering the period (number of days) Insurer's responsibilities have continued. If the claims paid do not exceed the premiums earned, then the premiums collected shall be deducted from the premiums earned to calculate the premium amount to be refunded to the Policy Owner. If the claims paid exceed the premiums earned, but do not exceed the premiums collected, then the claims shall be deducted from the premiums collected to calculate the premium amount to be refunded to the Policy Owner. If the claims paid exceed both the premiums earned and collected, then no refunds shall be made.. The Insurer has the right to decide on whether to include the applicants in the policy or not, or cover them by applying Exclusions/Additional Disease Premiums, based on the information disclosed by Policy Owner/Insured on the Form and by assessing any illnesses and/or diseases. The applicant is required to answer all the questions asked in the Form, additional documents (if any) and other places accurately and completely, and declare all the issues that are known to him/her that could be useful in risk assessment. Also avoid providing incomplete or inaccurate information to the Insurer at the time of drawing up the contract and/or during the insurance period; and notify the Insurer immediately in the event of a risk occurrence. If the applicant has been provided with insurance coverage as a result of incomplete, incorrect, or wrongful disclosure by the Insured, the Insurer may choose to cancel or continue the policy. In

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the latter case, exclusions or additional disease premium charges for the conditions involved may apply. For detailed information, please refer to Article 14.2 of the Policy Special Terms, entitled "Failure to Fulfill Disclosure Obligations and Responsibilities."

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; 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.

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 Terms and Health Insurance 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. The duration of the contract is 1 year or 2 years depends on the choice of policyholder. Unless agreed otherwise, the policy shall go into effect at noon and end at noon Turkish time, on the policy start and end dates, respectively. For the benefits in policies drawn up for a period longer than one (1) year, each year shall be considered a term within the policy start and end dates.

10. If you try to provide unfair advantage for yourself/a third party through your role as a Policy Owner/Insured/Inheritor/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 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.

11. Foreign Identification Number or Tax Identification Number must be reported for insureds that are the citizens of Turkish Republic and having identity number due to this reason, or having Foreign Identification Number due to residing more than 6 months in Turkey. Without notification of this information policy renewal cannot be made according to the passport number.

12. Pursuant to the Law No. 5549 on the "Prevention of Laundering Proceeds of Crime"; in the case of health policies with a premium amount of 75,000 TL or more on the policy arrangement date, and even if the premium is less than this amount, in the case of a claims payment of 75,000 TL or more, which the insured will demand directly or reimbursement payment within the scope of the coverage in their policies, identification and confirmation procedures are required.

13. As stated in the Article 14.3 of the Policy Special Terms as "Notification of Policy Owner/Insured" clause, the Insurer shall use the contact information available in the Company Records, provided by the Policy Owner/Insured. However, if any contact information provided is incomplete / inaccurate or changes have been made therein, then unless the Policy Owner/Insured notifies the Insurer in writing immediately about the accurate and/or new contact information, then the Insurer shall be considered to have performed its notification duty. Unless otherwise stated, notifications to be made to Insured's dependents shall be made to the contact address of the insured provided in writing in the policy.

14. 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.

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1. In addition to the Health Insurance General Terms, the Parties shall have the right to introduce other Policy Special Terms so long as they are not illegal or immoral, and not to the detriment of the Insured.
2. This private health insurance is required for short-term residency permit applications pursuant to the Law on Foreigners and International Protection. Allianz Sigorta A.Ş. (Allianz) shall guarantee all health expenses the Insured may incur due to accident, disease, or illness during the term of the insurance contract within the scope of plan(s), benefit, limits, co-insurance percentages, deductibles and contracted institution network (Network) listed in the policy pursuant to the legal legislation, including the Policy Special Terms (Special Terms) and its attachment, Health Insurance General Terms (General Terms), Private Health Insurance Regulation (Regulation), Turkish Commercial Code (TCC), and insurance and health regulations.
3. Only individuals who are 0 to 64 years of age at the time of the first application shall be insured.
4. The coverage within the scope of this product accord with the minimum benefit structure defined in the Circular on Health Insurances Required for Visa and Residency Permit Request No. 2021/8 dated June 16, 2021. Please make sure that the plan you form by selecting the contracted health institutions (network), benefit limits, co- insurance percentage at the time of drawing up the contract is appropriate to cover the potential risks.
5. 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 Vitamin 2E 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.
Yellow Network: Many of the Contracted Health Institutions with the exception of the American Hospital Group.
Blue Network: in addition to institutions that are not covered under Yellow Network, Many of the Contracted Health Institution 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.
6. 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. All treatments and complications related to the diseases/illnesses specified clause No. 4 "Waiting Time for Treatments" in the Policy Special Terms within the scope of inpatient treatment, after 9 months of being covered by insurance, all physical therapy and rehabilitation-related expenses are within the scope of outpatient treatment, covered after 6 months of being covered by insurance. 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.
7. 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 Insurer reserves the right to make reasonable changes at renewals to the benefits, coverage limits or premiums, and the discount and/or additional premium rates stipulated by clause no. 10; "Determining the Premium" clause in the Policy Special Terms. This amendment shall become

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effective for each insured at the time of policy renewal. Requests made at the time of policy renewals, for benefit changes and transfers shall be assessed in accordance with the

8. Article 12 "Transfer Procedures and Vested Rights" clause in the Policy Special Terms, and become effective upon approval by the Insurer.

9. As mentioned in the Article 9.1 "Policy Renewal" included in Policy Special Terms, before the end of the policy period policy owner and the insurer may make a new agreement effect from the end date of the previous policy. The renewal policy can be issued with 1 year duration or 2 years. This product/policy does not include a Lifetime Renewal Guarantee.

10. However, within the scope of this Allianz Vitamin 2E Health Insurance product, any Lifetime Renewal Guarantee shall continue in accordance with the Policy Special Terms for any Insured covered without interruption beginning prior to May 5, 2017; Provided that the insured continues the Allianz Vitamin 2E Health Insurance for three years in a row and notifies the Insurer immediately in writing about all diseases/illnesses suffered, then regardless of whether or not any claims are involved, the Insurer shall review the insured's right to a guaranteed lifetime renewal at the end of the first three years, by taking into account his/her past insurance standing, health condition and developments in the previous insurance period, and accordingly renew the policy if appropriate. The Insurer shall perform the assessment at the expiry time, as per the rules stipulated by the "Policy Renewal And Lifetime Renewal Guarantee" clause in the prior Policy Special Terms. The Insurer reserves the right whether to automatically renew the policies after this assessment. If an insured enrolls in a policy in an interim period, then the Policy Special Terms and premiums applied to the endorsed policy shall apply.

11. If the Insurer requests a medical examination and/or additional tests to determine insured's health condition, then 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 bear the costs.

12. The policy does not have a benefit that covers the daily incapacity allowance paid to compensate the lost earnings of the insured due to incapacity caused by diseases, as well as the expenses related to the care services or the daily care allowance needed in the event of the insured needing care.

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 coinsurance percentages stated in the Policy; and the claims payment shall be assessed in accordance with the TCC, Policy Special Terms and the Health Insurance 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 "Health Expenses Form" must be

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filled out in the compensation application, and other required information and documents are shown in the Article 8.2 "Documentation of Health Expenses" in Policy Special Terms.

4. The Insurer shall perform the necessary reviews to complete the compensation process within the time frame projected by the Health Insurance General Terms and Policy 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., Kayışdağı Yolu Caddesi No: 1, 34750 Ataşehir, İstanbul
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

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:	

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ITC (BGD) Registry No/ Name:		Campaign Code:	
RD Consultant :		Renewal Desk Phone :	
Date	Policy Owner Name - Surname, Signature	Agency/Broker Name - Surname, Seal and Signature	

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