



HEALTH TOURISM COMPLICATION ASSURANCE Cancellation Addendum, Based on Days

POLİÇE BİLGİLERİ

Policy has been cancelled

| | | | |
|---------------------------|--------------|-----------------------|----------------|
| POLİÇE KAYIT NO/POLİÇE NO | : ---- | GENEL ŞART TARİHİ | : 01.03.2006 |
| SAGMER TARİFE NO | : --- | ÖZEL ŞART TARİHİ | : 20.07.2022 |
| POLİÇE BAŞLANGIÇ TARİHİ | : 01/12/2022 | ZEYL BAŞLANGIÇ TARİHİ | : 01/12/2022 |
| POLİÇE BİTİŞ TARİHİ | : 30/05/2023 | ZEYL TANZİM TARİHİ | : 06/10/2022 |
| POLİÇE SÜRESİ | : 180 | ZEYL NO | : 2 |
| YENİLEME NO | : 1 | NET PRİM | : -2,748.13 TL |
| SIRA NO | : --- | BSMV | : 0.00 TL |
| ACENTE LEVHA NO | : --- | BRÜT PRİM | : -2,748.13 TL |
| ACENTE NO / TİCARİ UNVANI | : --- / --- | | |
| TEK.PER.NO / ADI SOYADI | : --- / --- | | |

SİGORTA ETTİRENİN

| | |
|-------------------------|-------------|
| AD SOYAD | : TEST TEST |
| TCKNO/VERGİ/PASAPORT NO | : TEST001 |
| ADRES | : |

SİGORTALI BİLGİLERİ

| AD SOYAD | CİNS. | DOĞ.TAR. | BRY TİP | TEM SNF | KAT NO | KİMLİK NO | İ/S | DAĞITIM | NET PRİM | BSMV | BRÜT PRİM |
|-----------|-------|------------|---------|---------|--------|-----------|-----|---------|--------------|---------|--------------|
| TEST TEST | M | 01/01/1982 | Own | 1 | 1 | TEST001 | | | -2,748.13 TL | 0.00 TL | -2,748.13 TL |

ÖDEME PLANI BİLGİLERİ

| TAKSİT NO | TAKSİT TARİHİ | TAKSİT TUTARI | ÖDEME TİPİ |
|----------------|---------------|---------------|-------------|
| 2. Installment | 06/10/2022 | -2,748.13 TL | Credit Card |
| | TOPLAM | -2,748.13 TL | |



The amendments made under the scope of the Personal Health Insurance Policy the details of which are indicated above are written in the enclosed list and this was also determined with a supplement document.
Insurer has given consent and authority to the Insurance company for having the premium instalment collection taken from the credit card which was notified.
The Underwriter's liability commences upon the payment of the first premium or first instalment. The advance payments (down-payments) made during the submittal of the offer will be deemed and considered as premiums or collected as the first premiums. These premiums will be returned to the insurer if the contract was not concluded.
This supplement was issued as two copies and it was executed by the parties upon mutual agreement.
The individuals who may be or are included under the scope of insurance will be deemed to have given their consents for disclosing/sharing their insurance records and information as per Insurance Code Nr. 5684, Articles Nr. 31/A and 31/B by signing the relevant documentation in order to have the required risk assessments done and the claims for damages to be concluded.
The Particular Conditions of the Insurance and General Conditions are integral parts of this policy, and you may receive the relevant documentation from <https://www.demirsaglik.com.tr> or our Customer Services Department at 0850 252 04 04. If you request these documents to be submitted to you in written form, your request will be met.
I hereby declare that myself and the persons whose names are written on this policy have no ongoing treatments/diseases as of the date of this policy taking effect, and that I have read the general and particular conditions of this policy attached to it completely and agree to them.

SİGORTA ETTİREN
TEST TEST

DEMİR SAĞLIK VE HAYAT SİGORTA A.Ş.
MECİDİYEKÖY 2780067385

ÖRNEK

Dear Insured,

By maintaining our innovation in the field of Private Health Insurance, we offer you, with the assurance of Demir Sağlık ve Hayat Sigorta, the opportunity to obtain fastest and most reliable healthcare service in most modern healthcare institutions, at the most economical conditions.

We hope that this booklet, containing Demir Healthcare and Life Insurance Special Conditions, will keep you informed during the entire term of your insurance and with the expectation that our collaboration will last long years, we offer our respects.

Demir Sağlık ve Hayat Sigorta A.Ş
“Take Good Care of Life”

This booklet is an integral part of Demir Sağlık ve Hayat Health Insurance.

Date of Publication: 26.10.2022

These special conditions are applicable to Healthcare Tourism Complication Insurance policies, prepared as of 26/10/2022.

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These special conditions are applicable to Healthcare Tourism Complication Insurance policies, prepared as of 26/10/2022.

1-SUBJECT OF INSURANCE

The subject of this insurance, in addition to Health Insurance General Conditions, is the reimbursement of expenses, arising from complications, which may arise from surgeries, procedures and interventions, performed in hospitals and clinics in Turkey, which are accredited for healthcare tourism, for an insured, who is domiciled abroad and who has traveled to Turkey for healthcare tourism.

This product may be purchased by choosing an advance policy commencement date of up to 180 days. Policy coverage commences on selected commencement date and expires 180 days thereafter. For validity of coverages, performed surgeries, procedures, interventions and possible complications must occur during the term of this policy.

Policy may be issued for persons between the ages of 18 and 75.

Insurance coverage is only valid for persons specified in the insurance policy and other persons may not enjoy the coverage. Coverages, provided with this policy, are limited to those, specified on policy and in the certificate.

This policy does not include daily care pay and daily disability pay. In this policy, there are no transfers or protection of rights, earned on transfer from other insurance companies.

In this policy, there is no lifetime renewal guarantee practice. There are no coverages in this policy for death.

DEMİR SAĞLIK VE HAYAT SİGORTA A.Ş. HEALTHCARE TOURISM COMPLICATION INSURANCE SPECIAL CONDITIONS

For issues, which are not addressed in Special Conditions, Private Health Insurances Regulation, which has taken effect on April 23, 2014 on publication in the Official Gazette, dated October 23, 2013 and numbered 28800, and Health Insurances General Conditions and provisions, are applicable.

2- DEFINITIONS

Waiting Time: The time period, starting on the date of initial insurance of the Insured within the framework of this policy, during which certain medical conditions, specified in waiting time section of the Insurance Contract, are not covered or if any, applied by the insurance companies on the health condition of the prospective insured.

Termination Date: The date of termination of policy on request by the Insured and/or non-performance of obligations, specified in the general and special conditions of insurance documentation, by the insured/insurance provider.

General Conditions: Written rules, set by Republic of Turkey, Prime Ministry, Undersecretariat of Treasury, which must be observed by all Insurance companies in health

Illness: Is the deterioration of the health of insured, diagnosed by a Physician, requiring medical and/or surgical intervention.

Hospital: Is the inpatient treatment institutions, which are authorized by Ministry of Health in Turkey and comparable authorities abroad to admit and treat and when necessary, to perform surgery on patients in accordance with laws and regulations.

Acceptable Indemnification: All indemnifications, specified in insurance general and special conditions, which are included in coverage.

Date of Registry: The date, on which the Insured, who is covered by a policy, is covered under the First policy, which is renewed without interruption (12:00 noon Turkey time), month and year.

Complications: are possible medically known undesired conditions, following a medical procedure or surgery. Complications, related to each procedure and surgery, are notified to insured/patient before procedure/surgery and consent is obtained. Health problems, which may occur in the insured and which are not related to surgery or procedure, are not complications.

Accident: Any unexpected and sudden incident, which is not caused by any condition, and occurs as a result of high-energy trauma (traffic accident, falling...) and which has caused bodily injury, which may be medically proven and approved by the Insurance Company with an emergency physician consultation within 24 hours.

Reimbursement rate: Provided that the covered expenditures do not exceed the annual limit or per case or per illness limit, the percentage (%) rate of reimbursement of each expenditure by the Insurer, after deduction of exemption, if any.

Preliminary Approval Form: The form, which will be completed and sent to Demir Sağlık ve Hayat Sigorta A.Ş., by the Physician, for inpatient treatment and some outpatient treatment procedures, such as Modern Diagnosis Methods and Physical Therapy.

Policy Commencement Date: The effective date of Policy, on first issue and on each subsequent renewals. (00:00 Midnight Turkey Time)

Policy Expiry Date: The date of expiry of validity of policy. (00:00 Midnight Turkey Time)

Insurance Policy: Is the document, evidencing insurance contract. Is the amount of annual exemption, applied per acceptable indemnification, within the framework of Insurance general and special conditions and limits, which is included within the scope of acceptable indemnification, assumed by the Insurance Provider/Insured.

Certificate/Coverage Table : A document, issued in the name of the persons, insured under this healthcare tourism insurance contract, containing information for persons, policy number, commencement and expiry dates of invoice, selected coverages information, payment rate and if any, exclusions.

Insurer: Is the policy-issuing Insurance Company, which is registered and has an operational authorization. (in these Special Conditions, it is Demir Sağlık ve Hayat Sigorta A.Ş.)

Insurance Provider: Real or legal entity, who files an application for this insurance contract, whose application is accepted by insurer and acts on his/her own behalf and on behalf of persons to be insured, and who is obliged to fulfill contractual obligations, including payment of premiums.

Insured: Persons, whose names are provided by Insurance Provider in health insurance application.

Issuance Date: The date of issuance of policy.

Coverage Limit: Is the coverage limit, allocated by the Insurer to the insured, specified on certificate, for healthcare expenditures, which occur in policy term, in accordance with special and general conditions of policy.

Physician: Is the specialist, who is legally authorized to examine the patient, to diagnose and to intervene, when necessary, for diagnosis and treatment.

Inpatient Treatment: Conditions, which require hospitalization for medical and/or surgical intervention, treatment or monitoring.

Annual Total Coverage: The scope of healthcare expenditures, to be assumed by the Insured under the conditions of this insurance contract, with the exception of exclusions, waiting time, limits and exemptions, is the amount of maximum expenditures, which may be used by the Insured from annual coverage, during the term of Insurance Contract.

3- COVERAGES AND RULES OF IMPLEMENTATION

A-INPATIENT TREATMENT COVERAGE

The medical complications, arising following surgery, intervention and medical applications on insured, performed in a healthcare institution within the territory of Republic of Turkey, which has Healthcare Tourism Accreditation Certificate, reimbursed according to coverage limits for the treatments, specified in the policy and certificates.

In plastic surgeries and dental treatments, dissatisfactions, arising from personal preferences, are excluded from coverage.

The coverage is only valid for the surgery or intervention, specified in the policy and complication, arising from another medical treatment or application, outside of related policy plan, are excluded from coverage.

The expenses, required for treatment of complication with revision surgery are covered and rehabilitation/physical therapy expenses, which may be required following surgery/intervention, are excluded.

Tests and pharmaceuticals for medical procedure are also reimbursed under this coverage. Diagnostic procedures, beyond diagnosis, required by medical procedure and standard pre-operation tests and pharmaceuticals, which are unrelated to surgery, are excluded from the Coverage.

Support therapies before and after both the initial surgery and revision surgery (installation of an IV line, supportive pharmaceutical therapies, blood glucose level, blood pressure regulation, etc.), and additional examinations and follow-up tests, planned/required for health problems, which are not connected to surgery, are excluded.

B-FLIGHT TICKET COVERAGE

The price of economy class flight ticket, paid by the insured for treatment of complication, arising as a result of a treatment, applied to insured in Turkey, or revision of surgery, is reimbursed subject to limit and exclusions in the policy. Flight ticket coverage limit varies between plans; check your certificate. Coverage is indicated on certificate and/or policy. Flight ticket coverage has an exemption of EUR 100 and maximum payable coverage varies depending on plan. Coverage limit is specified in the certificate and policy.

C-ACCOMMODATION COVERAGE

Accommodation expenses, paid by the insured for treatment of complication, arising as a result of a treatment, applied to insured in Turkey, or revision of surgery, before and after the treatment in Turkey, outside of healthcare institution, are reimbursed under this coverage, at a maximum of USD 100 per day and up to the coverage limit, specified in certificate. Accommodation expenses are subject to exemption of EUR 200/2 days in surgical plans and EUR 100/1 day in other plans and coverage will be applicable to subsequent days of accommodation after expiry of these exemption terms. Optional accommodation without medical necessity, is excluded from coverage. Necessity of accommodation is determined by a physician report.

D-INTERVENTION IN NATIVE COUNTRY COVERAGE

May be purchased optionally.

Minor interventions and medical treatments, related to early complications, such as discharge in wound and infection, related to medical procedure/surgery, experienced by the insured after returning to native country, which do not require the insured to return, will be reimbursed within the limits, specified in the policy and certificate under this coverage.

For reimbursement of these expenses, the insured must deliver medical report and original invoice, bank information for payment (SWIFT, IBAN), via mail. Following evaluation, payment for covered expenses, will be made to the bank account of insured, subject to coverage limits. In payments, bank transfer and swift expenses will be deducted from coverage limits.

E-COMPANION EXPENSES COVERAGE

May be purchased optionally only in Surgery and Cardiovascular Surgery plans. Related coverage is not valid for the initial procedure/surgery to be applied in Turkey.

On activation of policy coverages during the secondary procedure to be performed on the insured, transportation and accommodation expenses for one companion, who will travel to Turkey with the insured, will be reimbursed, subject to coverage limits and exemptions, specified in policy and certificate.

Companion expenses in hospital invoice during hospitalization, are excluded.

F-TRAVEL POLICY COVERAGE

This is included in all plans. Healthcare, ambulance, medical consultancy and transfer of remains expenses, are considered within the framework of coverage limits and travel health insurance special conditions (separately presented in the annex).

G- HOSPITAL DAILY PAY, DAILY CARE PAY AND DAILY DISABILITY PAY

This policy does not include hospital daily indemnification, daily care pay and daily disability pay.

4- WAITING TIMES

In this policy, there are no waiting times for complications, arising as a result of a surgery, procedure, or plastic procedure, performed subsequent to the policy commencement date.

5-STANDARD EXCLUSIONS

- 1- Revision surgeries, due to a surgery/procedure, performed before insurance commencement date or even if a policy has been obtained for medical interventions, secondary complications, which may occur as a result of such revision surgery/procedure.
- 2- Early complications, developed within 7 days following discharge of insured from hospital following medical procedure and surgery.
- 3- Healthcare expenses, caused by medical malpractice,
- 4- Expenses, related to complications, which are not specified in the consent form, which has to be signed by the insured/patient,
- 5- Minor complications, which occur after the insured returns to native country, which occur in the native country and require minor procedures (such as discharge and infection in wound site), minor complications (if no additional coverage is purchased),
- 6- Genetic diseases and genetic studies and treatments.
- 7- Expenses, related to complications for a treatment, other than a surgery/procedure specified in policy plan.
- 8- Diagnostic and pharmaceutical expenses, other than the pre-op tests and diagnosis procedures, required by surgery/procedure, medical treatment,
- 9- Rehabilitation and physical therapy expenses, which may be required following surgery to treat complications,
- 10- Secondary procedures, to be applied to eliminate dissatisfactions, arising from personal preferences in plastic surgeries and dental treatments,
- 11- Medical admissions without any medical procedure/surgery and intervention, and subsequent inpatient treatments, constituting extension of the same and their complications

- 12- In cases, requiring surgical or medical procedures, accommodation and other expenses for companion in healthcare institution, and other expenses and transportation and hotel accommodation expenses (if additional coverage is purchased),
- 13- Even if prescribed by a physician, all drugs, not used during hospitalization
- 14- Private nurse expenses, suite room charge.
- 15- Alternative medicine methods, examination and treatment expenditures in alternative medicine centers, all procedures in anti-aging centers, treatments, which are not scientifically proven, experimental treatments and medical materials, pharmaceuticals and treatments, deemed in experimental phase by the United States Food and Drug Administration (FDA) and procedures, not specified in TTB/HUV (Turkish Association of Physicians),
- 16- Complications, arising from treatments and procedures, performed in institutions and establishments, which are not accredited for Healthcare Tourism, in unlicensed institutions and by persons without a medical diploma.
- 17- Complications, which arise more than 6 months after a procedure or surgery, performed in compliance with policy plan.
- 18- Expenses for procedures for revision of complications, performed outside of the healthcare institution, where original surgery, medical procedure or plastic procedure are performed after the commencement date of policy
- 19- In case of death of insured as a result of treatment or medical intervention, received in Turkey, the portion of expenses for transportation of remains and internment, which exceed the travel plan coverage under this policy.
- 20- As a result of a second opinion assessment of the insurer, by a neutral physician, in case it is determined that the health problem was not a standard complication and was caused by incompilance of patient/insured, no reimbursement is made.
- 21- Death compensation in case of death of insured following medical procedure.

6- INDEMNIFICATION PRACTICES

Amount of acceptable indemnification, under coverages, granted to insured during the term of policy, is paid from related coverage, defined in certificate, in line with coverage limit and payment rate. Even in case of multiple complications under the same plan and in case the insured has to travel to Turkey for several times, total payable reimbursement may not exceed the total coverage limit, written on the policy.

This policy is not subject to preliminary approval with provision.

There are no coverages in this policy for death.

The amount of healthcare expenses, made by the insured, are paid to the credit card or account of the person, in whose name the hospital invoice is issued, at the end of 10-day examination and assessment period after delivery of the following documents and additional documents, which may be required under the plan, to Insurer.

In case of development of complications, the surgery/procedure must be in the institution of original surgery or procedure.

No expenses, related to initial procedure/surgery (such as early complications, prolongation of hospitalization due to other health problems, removal of stitches), are excluded from the policy.

The invoice for the health expenditure must be issued in the name of the insured. The refund is made to the person to whom the invoice was issued. If the insured

requests payment on behalf of a person other than himself/herself, original-signed document instruction letter must be sent to the Company along with the compensation documents.

For acceptance of deterioration of health following a procedure or surgery, as a complication, international medical literature is considered. Malpractice is excluded. In suspicious cases, the insurer may evaluate the case by requesting a second opinion (a physician, who is a lecturer in faculty of medicine or from physicians' professional association).

While additional documents may be requested on the basis of policy plans, in all reimbursement claims for all plans;

- Letter of authorization, to enable insurer to obtain medical documents
- Initial surgery report
- Consent form, signed by insured/patient before initial surgery, specifying possible complications,
- Declaration of insured concerning complication (the commencement date, complaints, etc)
- Medical report, explaining complication treatment, if any, surgery report
- Originals of invoices, showing expenses for healthcare institution, hotel and transportation costs, document, showing flight ticket destination and dates.
- The photocopies of stamp page of passport, showing dates of entry to and exit from Turkey and the first page, showing identity information.

Dental Plan:

Complications, which may be reimbursed under dental plan are expenses, which arise following tooth extraction, surgical tooth extraction, root canal operation, implant operation, prosthetic tooth application and periodontology applications. Orthodontic treatments are excluded from coverage.

In prosthetic tooth application, problems, such as undesired color or form of prosthesis, will not be deemed as complication and no reimbursement will be made.

In surgical tooth extraction, complications, such as delayed hemorrhage, gingiva infection, leaving a part of tooth; in implant applications, ill-fitting implant, loose implant, dislodged implant and inflicting damage on jaw bone, are excluded from coverage.

In the absence of the treatment plan and panoramic x-ray prepared before the first treatment in the dental plan, and the current panoramic x-ray taken at the end of the treatment and when complications develop, compensation is not paid.

If there is a treatment period in the dental plan that will last longer than 6 months in the treatment plan, the second policy, which was initiated 6 months after the first policy, must be received within 30 days following the issuance of the first policy. In this case, the guarantee period is taken into account as 12 months. In long-term treatment planning, if a second policy is issued more than 30 days from the first policy start date following the purchase of the first policy, it is not considered as complementary policies.

Eye Plan:

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Eye plan includes coverages for complications, which may arise due to corrective procedures, such as excimer laser and lasik, cataract surgery, ptosis surgery, glaucoma surgery and retina detachment surgery.

Flap dislocation in excimer laser surgeries, keratitis, development of epithelia under flap, more than 0.75 degrees visual impairment in the examination, performed 60 days after surgery;

In cataract surgeries; hemorrhage, perforation of eye, tearing of lens capsule, loss of transparency of cornea layer, burns at incision site, cataract parts remaining in the eye, infection, retina detachment, edema in yellow spot, disturbance and pain in the eye, droopy eyelids, glaucoma and/or double vision; more than 1 degree visual impairment in the examination, performed 60 days after surgery, opacification of rear capsule;

In ptosis surgery, relapse of droopy eyelid,

In retina detachment surgery, relapse of detachment, intraocular hemorrhage, formation of cataract and glaucoma;

In glaucoma surgery, conjunctival tearing, scleral flap damage, loss of vitreous, loss of central visual field, decompression retinopathy, infection, bleb leakage, supracoroidal hemorrhage, uveitis, are included in coverage.

Hair Transplantation Plan:

In hair transplantation plan, complications, arising as a result of patient's non-compliance with the recommendations of physician (early hair combined and brushing, failure to comply with hair washing procedure, failure to apply necessary care) and failure of hair transplantation, are excluded from coverage.

Despite compliance with all these recommendations, non-retention of hair follicles or treatments for infection in the skin and repetition of hair transplant, are included in coverage. For reimbursement of claims, it must be determined with a physician report that recommendations were followed following hair transplantation.

In revision transplantation, transplantation, exceeding the number of transplantations in the original procedure, are excluded.

Orthopedy, Gynecology, General Surgery, Plastic Surgery, Plan:

In all surgical procedures, the complications, given in informed consent form, signed by patient, are under the coverage. (Except Death)

In plastic surgeries revision requests due to failure to comply with personal liking, will not be reimbursed. However, failure of surgery (nasal tip drop after rhinoplasty; remaining deviation; nasal septum perforation; asymmetry in breast surgery, dropping, implant perforation and capsular contracture) are under coverage. Botox applications are excluded.

Cardiovascular Surgery Plan:

Possible complications, specified in literature for related surgery, such as restenosis, stent shift, following a surgery/procedure, such as peripheral vascular surgery, varicosele surgery, heart valve replacement, valvuloplasty, coronary arterial bypass surgery, coronary stent application, large vessel replacement, in a healthcare institution in Turkey, are covered.

Demir Sağlık ve Hayat Sigorta A.Ş., may obtain a second opinion when necessary from an independent expert in the assessment of reimbursement

**DEMİR SAĞLIK VE HAYAT SİGORTA A.Ş.
HEALTHCARE TOURISM COMPLICATION INSURANCE SPECIAL CONDITIONS**

claims of insured. Demir Sağlık ve Hayat AŞ is the ultimate decision maker for reimbursements of complication claims.

In all these cases, requiring surgical or medical procedures, accommodation and other expenses for companion in healthcare institution and other expenses and transportation and hotel accommodation expenses, are not reimbursed.) (In case of purchase of additional companion plan, transportation (flight) and hotel accommodation expenses for companion are reimbursed subject to coverages).

7- GEOGRAPHICAL TERRITORY OF INSURANCE

This policy is only valid in case the treatments for complications of surgeries, interventions and medical treatments, performed in Turkey after policy commencement date, are performed within the territory of Republic of Turkey.

7- DEMİR SAĞLIK VE HAYAT SİGORTA RISK ACCEPTANCE ASSESSMENT

No risk acceptance assessment is made for acceptance to this policy.

9- POLICY RENEWAL

No renewal is made for this policy.

10-LIFETIME RENEWAL GUARANTEE

In this policy, there is no lifetime renewal guarantee practice.

11- INSURANCE TERM AND PREMIUMS

The policy is valid for 6 months starting from the date of commencement. Policy coverages commence at 0:00 Turkey time on the commencement date of policy and ends at 0:00 Turkey time on the policy expiry date.

Premiums do not change according to age and gender.

The coverages commence with the payment of all of the policy premiums and the issuance of policy.

12-AUTHORITY TO ACCEPT FOR INSURANCE AND CONTROL

These insurance coverages are valid for complications for surgeries and procedures to be performed in clinics and hospitals in Turkey, accredited for healthcare tourism, on persons, who are domiciled abroad and who come to Turkey for healthcare tourism.

This insurance provides coverage for persons between the ages of 18 and 75.

In case of a claim, the insurer is entitled to subject the insured to a control examination and/or to obtain a second opinion. As a result of a second opinion assessment of the insurer, by a neutral physician, in case it is determined that the health problem was not a standard complication and was caused by incompliance of patient/insured, or in case the reported complication is not considered as a complication in medical literature or is not specified in the consent form, signed by insured prior to procedure, no reimbursement is made.

13-TRANSITION PROCEDURES AND VESTED RIGHTS

In admission to this policy, no transfer or right transfer from a health insurance is allowed. In case the insured wishes to purchase another health insurance product of Demir Sağlık ve Hayat Sigorta A.Ş, standard risk acceptance procedure is performed.

14- PLAN CHANGE

Policy plan to be obtained by the insured for medical/plastic surgeries and procedures, is fixed.

In case a therapy, beyond the medical treatments, given in the purchased plan, will be administered, related plan will be canceled and policy is issued from appropriate plan. There is no interplan transfer.

15-REQUESTS OF CANCELLATION OR WITHDRAWAL FROM POLICY AS A RESULT OF NON-PAYMENT OF PREMIUMS OR REQUEST OF INSURANCE PROVIDER

Provided that the effective date is specified in writing, the insurance provider is entitled to request cancellation of this policy from the insurer. However, in case a medical treatment has been administered in Turkey after the issuance of policy, policy is not canceled and no premiums are refunded.

If claims have been reimbursed under the policy, policy can not be canceled and premiums can not be refunded.

16- DEATH OF INSURED

In case of death of insurance provider and/or insured, the insurer will take action according to following:

In case of death of insurance provider/insured, the policy becomes void. In case the insured has passed away before arriving in Turkey for medical treatment, the policy is canceled and the premium is paid to legal heirs of insured.

In case the insured has passed away following medical treatment in Turkey, policy can not be canceled and no premiums may be refunded.

No reimbursement will be made as a result of death of insured after treatment.

ARTICLE 17-TREATMENTS FOLLOWING EXPIRY OF INSURANCE TERM

Complications, secondary to surgery or medical procedure, which will emerge following expiry of insurance term, are excluded from coverage.

18. RIGHT TO RECOURSE

The Insurer is entitled to collect expenditures which are incompliant with the Policy Special Conditions and Health Insurance General Conditions, and the payments beyond coverage, from the insured, together with interest thereon.

19- PRECAUTIONS AND INFORMATION

In case you cause any actions, aiming to provide unfair benefits to you or any third person in the insurance relationship, in which you have the title of Insured/Beneficiary/Right Owner, incomplete indemnification or no indemnification cases may be in question and action will be taken in accordance with Regulation concerning Rules and Procedures for Determination, Reporting, Recording of Incorrect Insurance Applications, and Countering these Applications," published in the Official Gazette, dated April 30, 2011 and numbered 27920.

In accordance with Private Health Insurances regulation, published by Ministry of Treasury and Finance, in the Official Gazette, dated October 23, 2013 and numbered 28800, Demir Sağlık ve Hayat Sigorta A.Ş. shares insurance records and other health and personal information concerning the insured with Ministry of Treasury and Finance and SBGM (Insurance Information and Supervision Center), at the scope, proposed in other legislations and laws.

This policy has been issued on the basis of special conditions and clauses and the declaration of insured. The entire of premium must be paid as soon as the policy is issued and in any case, in exchange for delivery of policy. In case the premium is not paid in entirety, even if the policy is delivered, the liability of insurer will not commence and the insurance becomes in default in case left unpaid until the end of day on the date of delivery.

20 - APPROVAL CONCERNING COMMUNICATION AUTHORIZATIONS

I hereby agree and declare that information, promotion and marketing information, comprising data, audio and video contents, to be sent by Demir Sağlık ve Hayat Sigorta A.Ş., and its agencies, directly or via SMS, image, animation, short message, MMS, containing multimedia objects, telephone, fax, automatic callers and similar channels, and I am entitled to refuse all kinds of message deliveries, such as data, audio, video, etc., at any time entirely or on the basis of product and channel and product.

21 - INFORMATION AND EXPLICIT CONSENT FOR PROCESSING OF PERSONAL DATA

1. General Information concerning Law concerning Protection of Personal Data

Personal Data Protection Law, numbered 6698 (hereinafter will be referred to as "KVKK), has been published in Official Gazette, dated April 7, 2016 and numbered 29677.

2. Information as Data Officer

- As data officer, Demir Sağlık ve Hayat Sigorta Anonim Şirketi, may process, record, store, classify, update and disclose/transfer your personal data and special personal data to 3rd persons, as required for processing purposes, in line with KVKK, to the extent required by legislation and within the framework, given below.
- In order to provide health insurance and life insurance products and services within the framework of all national and international legislation, in particular Turkish Commercial Code, numbered 6102 and Insurance Law, numbered 5684, to fulfill obligations within the scope of activities as an insurer and to provide establishment, conduction and development of necessary procedure, to perform current and future insurance contracts, to record all necessary information, including identity, contact, address and health data, to determine the owner and relevance of all kinds of works and transactions to be performed, to prepare all kinds of records and documents, to constitute a basis for works and transactions to be performed in physical or electronic medium, to fulfill information storage, reporting and providing obligations, imposed by all judicial and administrative authorities (such as Ministry of Treasury and Finance, Financial Crimes Investigation Board ("MASAK"), Insurance

Information and Monitoring Center (SBGM), Judicial Authorities), in accordance with national and international legislation, and to provide security in line with legitimate interests, our company processes your personal data and special personal data. For performance of obligations by our company before the preparation of insurance policy and after the establishment of contract, and within the scope of claim payments, both in order to make risk measurement and to assess claims, our company must process personal data and health-related special personal data of the party to insurance contract/insured/right owner under insurance contract. In order to allow the exercise of rights by our company, the insurance Provider, the insured and right owners under the insurance contract and to protect legitimate interests, our company is obliged to provide, assess and share the health-related personal data of insurance provider/insured/right owners, with in particular agencies and brokers, and also intermediaries, reinsurers, assistance forms, contracted institutions and 3rd persons, rendering services, in particular support services, and to store personal data as long as permitted by legislation.

Health information is processed in accordance with statutory provisions of KVKK and Data Protection Policy of our Company, via partially automatic, automatic or non-automatic means, in physical or electronic medium, in order to perform our activities as an insurer. Your explicit consents, related to your personal data and/or special personal data, will be obtained by us with this contract or by the employees of General Directorate/Regional Directorate, by our agencies, brokers, websites, internet applications and call centers, in verbal, written or electronic format, according to your preferences.

- In order to determine the information of owner of transaction, in accordance with Law concerning Regulation of Electronic Trade, numbered 6563, Law concerning Protection of Consumers, numbered 6502 and Regulation concerning Service Provider and Intermediate Service Providers in Electronic Commerce, published in the Official Gazette, dated August 26, 2015 and numbered 29457, and Proximity Sale Regulation, published in the Official Gazette, dated November 27, 2014 and numbered 29188, and other related legislation, processed by recording identity, contact, address and other relevant information.
- Your personal data and special personal data, submitted to our Company, are processed in order to enable you to benefit from products, offers, advantages and campaigns, which are suitable for you in line with your needs and requests and in order to provide you information, including sales and to provide all kinds of communication with you and within this framework, your personal data and special personal data are processed for the purpose of delivery of information, promotion and marketing information, comprising data, audio and video contents, to be sent by the Company or agencies and brokers, providing services on behalf of the Company, directly or via SMS, image, animation, short message, MMS, containing multimedia objects, telephone, fax, automatic callers and similar channels.
- Preparation of all kinds of records and documents, which will constitute grounds for transaction in payment methods, electronic contract or printed medium, which are mandatory in Banking and Electronic Payment fields, and provision of information storage, reporting and information provision, proposed in line with legislation and by other authorities, are the obligations of data officer.

3. The Purpose of Sharing of your Personal Data and Transmitted Locations

Your personal data and special personal data, shared with our Company, are shared with

- Our business partners, reinsurers, contracted lawyers, and service provider firms, which provide, in particular, support services, our agencies and brokers, in order to fulfill our obligations, assumed under insurance contract,
 - Your health-related personal data and your personal data, may be shared with persons and institutions, who provide expert opinion concerning the health status of prospective insured and make assessments, in the stage of policy preparation,
 - In reimbursement applications, with provision service institutions, who examine and approve the healthcare transaction, to be made within the country or abroad,
 - With institutions, evaluating or determining reports, containing disability or working ability loss levels,
 - With other 3rd persons and contracted institutions, providing healthcare assistance services,
 - With service intermediates and reinsurers in foreign countries under Reinsurance Agreements (in countries, accredited by Personal Data Board and with sufficient protection of personal data),
 - In case of death or disability, with actuaries to conduct an actuarial calculation
 - With institutions and establishments, related to presented services, such as parcel couriers, and other insurance companies,
 - Contracted program partner institutions, domestic/foreign institutions, from whom we procure services to conduct our operations and/or services as Data Processor
 - Provision obligations, imposed by all judicial and administrative authorities (such as Ministry of Treasury and Finance, MASAK, SBGM, Judicial Authorities), in accordance with national and international legislation.
4. In accordance with KVKK, Personal Data Owner, by filing an application before our Company, is entitled to
- Learn whether personal data and special personal data belonging to him/her is processed or not,
 - If personal data and special personal data, belonging to him/her is processed, request information concerning the same,
 - Learn the purpose of processing of personal data and special personal data and whether they are used in accordance with purpose,
 - To know the third persons in Turkey or abroad, to whom the data is transmitted,
 - In case the personal data and special personal data is processed incompletely or inaccurately, to request revision of the same,
 - Within the framework of conditions, proposed in Article 7 of KVKK, to request deletion or destruction of personal data and special personal data,

- In case of revision, deletion, destruction of personal data, to request notification of such transactions to third persons, to whom the data is transmitted,
- To file an objection against a unfavorable result due to analysis of processed data exclusively using automatic systems,
- In case the of damage due to processing of personal data and special personal data in violation of law to request indemnification.
- Personal Data Owners may deliver their questions, opinions or requests to our Company via any one of the communication channels, given in Information Text and contact information, given in official website of the company.

5. Explicit Consent

- I hereby give my explicit consent for processing of my special personal data, including my recent and past health data, and my personal data by Demir Sağlık ve Hayat Sigorta A.Ş., the acquisition of the same from all healthcare providers, public or private at the conditions, given above, the recording of this information on the data registry systems of your Company, and by classifying in these systems, to store the same for the time, proposed in legislation, the transfer of the same to persons, institutions and establishments, specified in this Information and Explicit Consent form, the disclosure and transfer of the same to all kinds of regulatory and supervisory public and private institutions and establishments, in particular, Ministry of Treasury and Finance, SBGM and MASAK and judicial authorities.

This section contains Special Conditions for Travel Health Insurance, included in the product

EMERGENCY ASSISTANCE CENTERS

DEMİR SAĞLIK HAYAT SİGORTA Tel (+90 850) 252 04 04

In case of an emergency

- Demir Sağlık ve Hayat Sigorta Emergency Assistance Center is a Turkish language center.
- Demir Sağlık ve Hayat Sigorta Emergency Assistance Center serves round-the-clock and telephone numbers for this center are given above.

To enable Emergency Assistance Center to help you as soon as possible, please specify:

- Your name, surname, your location and telephone number,
- Policy number of the insured, policy commencement and expiry dates and if possible, the name, surname and address (hospital, hotel) and telephone number (if any, fax number) of physician,
- A brief definition of health problem and expected assistance.

This booklet is an integral part of Demir Sağlık ve Hayat Complications Health Insurance.

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ARTICLE 1 - SUBJECT OF INSURANCE

This insurance contract hereby has been made by and between Demir Sağlık ve Hayat Sigorta A.Ş (hereinafter will be referred to as Insurer) and the insured. This insurance covers expenditures, related to accidents and sudden illnesses, which may occur during travel, in line with Travel Health Insurance General Conditions and Health Tourism Complication Insurance Special Conditions, within the limit, specified in the policy.

This insurance covers the travels of persons, who reside outside of the borders of Republic of Turkey and who are not citizens of Republic of Turkey, to Turkey, as specified in the policy.

The insurance coverage is determined within the framework of information on the policy. Coverages are only valid for persons, specified in the policy and other persons may not enjoy the coverage.

The person, who will enjoy insurance, must be in their own country as of the moment of application; otherwise the coverages will be void.

ARTICLE 2 - INSURANCE DEFINITIONS

INSURED : Is the person, whose name is specified in the insurance policy in force, prepared by the Insurer, and who is included in insurance coverage.

INSURANCE PROVIDER : Is the real or legal entity, who is a party to the insurance contract with the Insurer and who bears the obligations, arising from insurance, such as payment of insurance premiums.

BODILY HARM/INJURY : Means injury, other than illness or sickness, which occur during the term of the contract entirely and directly in a vehicle accident, within the geographical area, subject to contract.

DISEASE : Sudden and unexpected illnesses, which occur after the date of commencement of insurance, provided that they remain within the insurance coverage.

PRE-EXISTING CONDITIONS : Are all health conditions, requiring treatment, surgery or medical consultancy prior to the date of commencement of insurance and/or are persistent.

SERIOUS HEALTH CONDITIONS : Are sudden, life-threatening illnesses and accidental injuries during the term of insurance, requiring emergency medical transfer decision by Emergency Assistance Center authorities.

EMERGENCY ASSISTANCE CENTER : Is the Emergency Assistance Center, with telephone numbers, given in Special Conditions booklet and in the policy, serving 24 hours a day in case the insured gets sick or is injured as a result of accident within the territory, specified in the policy, provided that it remains within insurance coverage.

POLICY : Is the Travel Health Insurance Policy, prepared by the Insurer for individuals and groups, for which necessary service is provided by Emergency Assistance Center.

EXEMPTION : Is the expenditure amount, written on the policy, requiring contribution for each incident, provided that it is applicable to the on-duty physician examination in the hotel, camping, etc., under the Treatment and Hospital Services Coverage.

PANDEMIC : All diseases, declared as pandemic by World Health Organization.

ARTICLE 3 - INSURANCE COVERAGES

MEDICAL CONSULTANCY : In case of an emergency, the notification of names and addresses of closest physicians, hospitals and healthcare institutions to the insured.

EMERGENCY MEDICAL TRANSFER : Is the transfer of the insured by land to the closest hospital, where medical care can be provided. First aid during transfer is covered by the insurance.

After necessary first aid, in line with opinions of treating physician and medical authority of Demir Sağlık ve Hayat Emergency Assistance Center, if there are no obstacles, preventing the insured from returning to country of origin on a scheduled flight, the insured is repatriated to country of origin. After repatriation to country of origin, in case the treatment of insured must be continued, the insured is placed to a healthcare institution, close to his/her domicile.

Demir Sağlık ve Hayat Emergency Assistance Center is entitled to decide the necessity of emergency medical transfer of insured, the destination and means of transfer.

MEDICAL TREATMENT COVERAGE : Provides coverage for expenditures, related to physician examination, prescription, tests-x-rays, hospitalization, meals, nurse, surgeon, anesthesiologist, specialist consultant, intensive care, operating room and consumables in Contracted institutions within the framework of limits.

PANDEMIC / COVID-19 : Subject to following conditions, in "Pandemic Inclusive" plans in the product, all pandemics are covered by this policy for the insured between ages of 18 to 65:

For coverage of pandemic, pandemic must have been declared by World Health Organization, the insured must not be older than 65 years of age, must have had a test for related diseases three days before entering the territory of Turkey and must be able to document health status at the beginning of travel.

For medical treatment and intensive care expenses in healthcare institutions, declared as pandemic hospitals, authorization is provided directly to healthcare institution in case it is a Demir Hayat Sigorta A.Ş. contracted institution and payment process is commenced. In case of a non-contracted institution, the following documents must be submitted for reimbursement:

- 1- Passport entry-exit photocopies,
- 2- Photocopy of passport's front page,
- 3- Report, physician monitoring forms, detailed invoice and test results

Expenses at institutions, which are excluded from contracted institution network, are considered with a limit of 1 x TTB. In case plan of choice includes this coverage, it will be shown on the certificate and will be covered in the policy.

REPATRIATION OF REMAINS : Covers the repatriation of the remains of deceased insured and the transfer of the same to the place of interment in the country of permanent residence by land or air, coordinated by Demir Sağlık ve Hayat Sigorta authorities. The cost of funeral and interment are excluded from coverage. Upper limit for this guarantee is EUR 2,500.

ARTICLE 4- TOTAL MAXIMUM LIMIT

Is the maximum amount, which may be claimed by the insured in connection with health expenditures, during the term of insurance. The sum of expenses, payable in case of illness or accident, may not exceed the maximum limit, identified in the policy for each coverage. This limit, specified in the policy is applicable for each insured, specified in the policy. For this

policy, total upper limit of all coverages, applicable within the term of Insurance is limited to EUR 30,000 (Including Repatriation of remains coverage of EUR 2,500).

ARTICLE 5 - INSURANCE PREMIUM

Republic of Turkey Central Bank effective sales rate as of the date of issuance of policy, will be considered in calculation of premiums. However, the premiums, collected in exchange for the coverages hereunder, have been calculated on the basis of assumption that the quarterly increase for USD rate will be maximum 20 % and in case exchange rate increases beyond this rate, considering the price increases in healthcare industry and the structure of portfolio, the Insurer is entitled to revise the exchange rate, considered in premiums and the use of coverages.

ARTICLE 6- REIMBURSEMENT OF HEALTHCARE EXPENSES

Starting from the date of commencement of insurance, in case of any sudden sickness or accident, the insured will contact the Demir Sağlık ve Hayat Emergency Assistance Center, specified in these Special Conditions. Demir Sağlık ve Hayat Emergency Assistance Center will provide all kinds of services related to treatment, which are required for the health issue of the insured. At the end of the treatment of the insured, healthcare expenditures will be paid by Demir Sağlık ve Hayat Emergency Assistance Center to treating healthcare institution or physician following treatment. Expenditures, related to the treatment, received by the insured without informing Demir Sağlık ve Hayat Emergency Assistance Center and expenditures, related to treatments outside of the network of Contracted institutions are not covered under this policy.

ARTICLE 7- INSURANCE TERM

The insurance will remain in effect between the dates, specified in the policy. Services, offered to insured, will only begin after payment of the entire of insurance premium.

The term of insurance begins at the moment of entry to the territory of the Republic of Turkey and ends at the moment of exit.. The entry and exit dates on the passport are considered for these dates.

Coverate term is limited to policy expiry date. Maximum coverage term is limited to 92 days for one travel and maximum 180 days during the term of policy.

ARTICLE 8- AGE LIMIT

This insurance provides coverage for between the ages of 18 and 75.

Pandemic diseases are covered for the insured between 18 and 65 years of age.

ARTICLE 9- CANCELLATION AND ASSIGNMENT OF POLICY

In case the insured requests cancellation before the commencement date of the policy due to cancellation of travel, entire of premium is returned. In case a cancellation request is made after the date of commencement of policy, since the insurer is entitled to all of the insurance premium, no return is made..Policy may not be assigned to another person.

ARTICLE 10- GEOGRAPHICAL BORDERS

Insurance coverages are valid within the borders of Republic of Turkey in Contracted healthcare institutions.

ARTICLE 11 - DEMİR SAĞLIK ve HAYAT EMERGENCY ASSISTANCE CENTER COVERAGE EXCLUSIONS

Demir Sağlık ve Hayat Emergency Assistance Center may be unable to provide services due to strikes, war, occupation, acts of war, riots, civil commotions, acts of terrorism, nuclear risks and similar force majeure events and may not be held responsible for problems, which may arise due to the same.

ARTICLE 12- RIGHT TO RECOURSE

The Insurer shall recourse to Insured with respect to payments, which are incompliant with the Special and General Conditions of Insurance and which are made beyond the scope of coverage, and collect the same, together with interest thereon.

ARTICLE 13- RIGHT TO SUBROGATION

The Insurer takes the place of Insured to the extent of the amount, paid to concerned third persons due to treatment expenses.

ARTICLE 14- DEATH OF INSURED

The insurance will be void in case of death of insured.

ARTICLE 15 - TREATMENTS AFTER EXPIRY OF INSURANCE TERM

In cases, whose treatments continue after the date of expiry of insurance, specified in the policy, the coverage will continue until the end of treatment. However, in any case, this term may not exceed 7 days after the expiry date of insurance.

ARTICLE 16 – EXCLUSIONS

Other than the excluded conditions, specified in Travel Health Insurance General Conditions, the following conditions are excluded from the coverage of this Insurance Policy.

1. Fraudulent or deliberate actions of insured, claiming under this policy,
2. Damages, arising due to natural disasters, such as floods, earthquakes, volcanic eruptions, landslides, storms, meteor impacts, etc.,
3. War or acts of war, coup d'etat, riots, civil commotions, acts of terrorism and related civil strifes,
4. Acts of terrorism and sabotage, specified in Counter-Terrorism Law, numbered 3713 and interventions, made by authorities to prevent or mitigate the effects of the same,
5. Nuclear risks or use of nuclear, biological and chemical weapons or all kinds of attacks or sabotage, causing yield of nuclear, biological or chemical substances,
6. Operations of armed forces or law enforcement or organizations,
7. Actions of the insured, deliberately subjecting himself to severe danger, except rescue of persons and property in danger,
8. The use of an aircraft, which is not authorized to carry passengers or helicopters, as a passenger or crew, driving motorcycles,
9. Treatment expenses, continuing after return to the city of domicile after the end of the travel,
10. Even if untreated, expenses for all conditions, pre-existing as of the date of application and/or dates back to prior to the date of commencement of insurance, acute condition attacks, developing on a chronic basis and their complications (including death due to disease and costs of transfer of remains to the country and expenses of burial).

11. Conditions with incubation period, such as flu/cold, which start within 24 hours after travel. Conditions with incubation period, started prior to travel.
12. Expenses, related to routine or specific all kinds of tests and treatments for all congenital conditions and anomalies, even if diagnosed at an advanced age (congenital anomalies, genetic disorders), expenses for prematurity (incubator care, etc), motor and mental development disorders (retardation of growth and development) (for example: genetic tests, all kinds of karyotype research, hemoglobin electrophoresis, phenylketonuria tests, newborn thyroid tests, hip USG, undescended and retractile testicles, polycystic kidney, vesico-urethral reflux - VUR, etc),
13. All kinds of health expenses, related to pregnancy and its complications,
14. All kinds of expenses, related to umbilical cord blood drawing, storage and cord blood bank,
15. All kinds of tests, screenings and treatment expenses for officially declared epidemic diseases (cholera, malaria, etc) (in non-Pandemic Inclusive plans); AIDS, AIDS-related conditions and all diseases to be caused by HIV,
16. Private nurse expenses,
17. Expenses for crutches, wheelchair, corsets, orthopedic shoe, sole plate, boots, slippers, ice bag, escar ring and all kinds of orthopedic supports and hearing aid expenses and all kinds of auxiliary medical devices and m (sleep apnea device and calibration, holter device, etc), expenses for breast and penile prosthesis, used for psychosocial causes,
18. Corrective lenses, frames, all kinds of contact lenses and lens solutions,
19. Expenses for blood cells and donors in organ transplantation and blood transfusions and transfer expenses for organ/tissue,
20. Other expenses, such as telephone, television, cafeteria, administrative services and paramedical services, which are not necessary for treatment,
21. Disease, injury or death, due to a suicide attempt by insured, Expenses for examination, tests, treatments and pharmaceuticals for all kinds of mental and nervous conditions and geriatric conditions, and psychosomatic conditions,
22. Tests and treatments, related to sexual dysfunction and sexually transmitted diseases,
23. All expenses for alternative therapies and all expenses for cosmetic purposes (acupuncture, mesotherapy, magnetotherapy, neural therapy, chiropractice, anti-aging, reiki, ayurveda, etc),
24. Examinations and treatments, which are not oriented to a specific condition (screening tests, vaccination, control tests, viral markers, porter tests, etc), check-up expenses and annual control mammograms, smear and PSA tests, etc, routine screenings,
25. Allergic conditions, except anaphylaxis and treatments for these conditions,
26. In case treatment includes physiotherapy sessions, within the framework of approval of injury, only first two sessions will be reimbursed and subsequent sessions will not be reimbursed.
27. All kinds of health expenses, which may arise as a result of the injuries, which may be given by person to himself, when the person is mentally stable or not, injuries to be inflicted on self as a result of committing crimes, alcohol poisoning, alcoholism and conditions and injuries, arising due to alcohol use, all kinds of expenses, which may arise as a result of use of narcotic and addictive substances, such as morphine and heroine,

28. Tests, treatment and care of insured, arising as a result of participation or preparation to sports events as a licensed athlete,
29. Professional accidents of professional athletes. However, sudden illnesses, which are irrelevant with the sports branch and accidents, which occur outside of related sports branches, are covered and no surcharge is applicable:
30. All dangerous sports branches, including mountain climbing, equestrianism, rafting, scuba/free diving, paragliding, martial arts, motorsports, etc.
31. Safari and similar dangerous tours/dangerous activities (tomboline, amusement park accidents, whether there is a ski policy or not, in treatments, due to accidents in ski resorts, where the medical report does not contain how the incident happened)
32. All treatment expenses for dental conditions
33. Child care expenses, infant formulae, diapers, bottles and pacifiers, etc.)
34. Non-pharmaceutical supportive products, used to meet daily requirement of body and/or support general health, herbal medicines, food supplements, all pharmaceuticals, not approved by WHO,
35. Expenses due to complications, arising from incorrect treatment and surgery, caused by physicians and healthcare institutions,
36. Relapses and complications of surgeries and treatments, applied prior to the term of insurance,
37. Application to hospital more than once for similar complaints without knowledge of Assistance Firm Medical
38. Other than as a ticketed passenger in an airline, conducting regular flights (IATA Member), all medical problems, disabilities and necessary tests and treatments and other expenses, related to these,
39. Aesthetic treatments, vaccination,
40. In case of death of insured in the province of permanent residence, cost of transfer of remains and burial,
41. Treatment expenses, which occur in a time period, exceeding the coverage term, specified in policy,
42. All treatments and expenses, existing prior to coverage,
43. Planned treatments and prescriptions abroad
44. As of the date of issuance of policy, insured is not within the territory of the country of residence.
45. In case the total travel term of 92 days is exceeded, all medical, medical transfer and remains transfer expenses, occurring after 92 days,
46. All expenses, related to the treatments of accidents or illnesses, which are not organized by Assistance Firm.

ARTICLE 17- GENERAL IMPLEMENTATION

In case of emergency, the Insured must first of all call Demir Sağlık ve Hayat Sigorta Emergency Assistance Center before applying anywhere else and report,

- Name, surname, policy number, policy commencement and expiry date,

DEMİR SAĞLIK VE HAYAT SİGORTA A.Ş. HEALTHCARE TOURISM COMPLICATION INSURANCE SPECIAL CONDITIONS

- Address and phone number of accommodation,
- Health problem and the assistance sought.

ARTICLE 18- PRACTICE CONCERNING MEDICAL TRANSFER

Medical transfer request of insured is only applicable to following cases:

1 - To allow Demir Sağlık ve Hayat Emergency Assistance Center to consider the issue urgently, the insured, or the person, calling Demir Sağlık ve Hayat Emergency Assistance Center on behalf of the insured, must report,

* Name, address and telephone number of the healthcare institution, where the insured is admitted,

* The name of the treating physician and if any, the name of family practitioner.

2 - Medical authority or representatives of Demir Sağlık ve Hayat Emergency Assistance Center are entitled to free access to insured in order to check the condition of insured. Otherwise the insured may not request medical assistance.

3 - Demir Sağlık ve Hayat Emergency Assistance Center, in agreement with the treating physician, will determine the date of transfer, transfer vehicle or means.

4 - In case of sudden sickness or accident requiring hospitalization, the insured or the person, acting on behalf of insured, must notify Demir Sağlık ve Hayat Emergency Assistance Center on the date of incident. In case this condition is not fulfilled and in case the consequences of sickness or accident are aggravated due to this, Demir Sağlık ve Hayat Sigorta will not be held responsible for additional costs.

ARTICLE 19: PRECAUTIONS AND INFORMATION

Any institution, establishment and/or person, listed by Demir Sağlık ve Hayat Sigorta A.Ş. as Contracted and Discount healthcare institution, is an additional service, where Demir Sağlık ve Hayat Sigorta A.Ş. provides additional benefits to its insured and the Insured are free to choose these persons, institutions and establishments. This service may not, in any way, be deemed as a recommendation or direction by Demir Sağlık ve Hayat Sigorta A.Ş, and does not mean, in any way, endorsement with respect to diagnosis, treatment, post-treatment assessments and all kinds of controls and practices, related to screening tests and their results of such institution and establishment.

In case you cause any actions, aiming to provide unfair benefits to you or any third person in the insurance relationship, in which you have the title of Insured/Beneficiary/Right Owner, incomplete indemnification or no indemnification cases may be in question and action will be taken in accordance with "Regulation concerning Rules and Procedures for Determination, Reporting, Recording of Incorrect Insurance Applications, and Countering these Applications," published in the Official Gazette, dated April 30, 2011 and numbered 27920.

In accordance with Private Health Insurances regulation, published by Undersecretariat of Treasury, in the Official Gazette, dated October 23, 2013 and numbered 28800, Demir Sağlık ve Hayat Sigorta A.Ş. shares insurance records and other health and personal information concerning the insured with Undersecretariat of Treasury and SBGM (Insurance Information and Supervision Center), at the scope, proposed in other legislations and laws.

By consenting to issuance of a policy following completion and signing of health insurance application form, within the framework of the health insurance, to be made by our Company, as insured/insurance provider, for provision of a health insurance proposal, conduction of health risk assessment, fulfillment of obligations under the insurance policy and conclusion of indemnification requests, I hereby consent to acquisition of my personal health data, insurance records and copies of information and records related to my health status, from

Insurance Information and Monitoring Center (SBGM), Social Security Institution, Ministry of Health, healthcare institutions and establishments, current and/or other health insurance companies, physicians and/or all public or private institutions or establishments, and third persons, specified in legislation, the collection, processing, updating, periodical control, retention, processing and storage in database of the same, when necessary, to share the same with related public institutions and establishments, with 3rd party persons and institutions, in line with the contract and service providers, domiciled in Turkey and abroad and retention, storage and processing of my personal data also by these.

You are entitled to be informed concerning the scope of storage of your personal data and your special data and with which third party Institutions and establishments, they were shared. On expiry of policy relationship, your data will be deleted or anonymized after storage on our system for the legally prescribed terms.

ÖRNEKTİR