This form, which has been drawn up in 2 copies, has been prepared to fulfil the customer notification obligation imposed as per article 1423 of the Turkish Code of Commerce 6102 and the Regulation on the Notification of Clients in Insurance Contracts published in the Official Gazette on 28.10.2007.

A. INFORMATION ABOUT THE INSURER

INSURANCE COMPANY	**BUPA ACIBADEM SİGORTA A.Ş.**
ADDRESS	Küçükbakkalköy Mah. Başar Sok. No: 20 34750 Ataşehir - İstanbul
PHONE AND FAX NUMBER	(0216) 571 55 55 - (0216) 571 55 56

SALES CHANNEL	
TECHNICAL PERSONNEL NAME & SURNAME	
ADDRESS	
PHONE AND FAX NUMBER	( ) - ( )
PLATE REGISTRATION NO	

B. WARNINGS

1. For further information about your Health Insurance Contract, please refer to the General Terms and Conditions and the Policy Special Terms prepared by the Insurer. Find out more about our products and partner institutions by contacting our sales channel or visiting our web site **www.bupaacibadem.com.tr**
2. Where an insurance contract has been made, the insurer's liability begins with payment of the whole insurance premium or in the case of payments in installments, with the downpayment.
3. For avoidance of any disputes, please remember to get a payment receipt for your premium payments (in advance or by installments).
4. Premium payment terms agreed between the Policy Holder and the Insurer are immutable. Policy Holders missing their installment payments fall into a payment default and make themselves liable as per article 1434 of the Turkish Code of Commerce. Other rights of the insurer arising from the Turkish Code of Obligations due to the default of the policy holder shall be reserved.
5. As a policy holder, simply click the websen section of the website **www.sencard.com.tr** to get a password using your TR ID Number and the mobile number registered in the system, view your policy details, review claims payment rules, update personal information and view online your medical examination results.
6. If the Policy Holder / Insured makes a written demand of withdrawal from the policy within the first 30 days as of the policy start date, and if no risk has occured and no claims claims have been made so far, all premiums paid are fully refunded to the Policy Holder.
7. In case of any claims payment have been made after 30 days following the policy start date and/or any claims payments have been already made before withdrawal request, the premium amount to be refunded, is determined by calculating the day-based premium [(Total premiums)/365*(length of the coverage period)]. If paid claims payment amount is more than 65% compare of the claims / premium rates, no premium refunds will be made.
8. Renewal Guarantee that comes with this Product contains different liabilities to those contained in Article 7 of the Regulation on Private Health Insurance Policies. More detailed information about scope of the Renewal Guarantee given by the Insurer can be found at the Policy Special Conditions booklet prepared by the insurer.
9. Answer all questions in the Application and Declaration Form fully and correctly during drawing up of the contract or in other cases requested by the Insurer. Any circumstances that may change the policy terms and conditions must be notified even though they may not be included in the Application and Declaration Form. Refrain from providing the insurer with wrong or missing information during the contract terms or whilst making claims. Otherwise, as per relevant provisions of the General Terms and Conditions, the Insurer may annul the contract and / or may introduce additional terms (additional premiums, exemption, limit, stanby period etc.) If the insured denies the insurance company access to details regarding his past medical history, the contract is then drawn up on the basis of statements of the Insured, the Policy Holder or, the Representative, if the insurance is being taken out via a representative, or on the basis of responses to the written questions of the company. The Insured, the Policy Holder and the Representative, if any, must give correct answers to all questions and notify any known circumstances which would cause the company not to make the contract or make it under more severe circumstances. If need should be, the company may wish to consult a medical expert's opinion for a more precise assessment of the Insured's health condition. All related costs are borne by the Policy Holder and the Insured.

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C. GENERAL INFORMATION

1. COVERAGES

This insurance covers the following items: Policy warrants and warranty amounts, to which shall apply provisions in the special terms in the policy attachment, are stated in your Policy and the attached Coverage Table.

I. HEALTH INSURANCE COVERAGES

The health insurance coverage is intended to cover, under General Terms and Conditions and Policy Special Terms, medical expenses of the insured, at limits and contribution rates stated in the Coverage Table, which may arise during the contract period.

INPATIENT TREATMENT COVERAGE

Candidate Insured No	☐ I am interested		☐ I am not interested	
	☐ Unlimited			
	☐ Exemption	☐ TL 5.000	☐ TL 10.000	☐ TL 20.000

OUTPATIENT TREATMENT COVERAGE

Candidate Insured No	☐ I am interested			☐ I am not interested			
	☐ Unlimited	☐ TL 2.000	☐ TL 2.500	☐ TL 3.000	☐ TL 4.000	☐ TL 5.000	☐ TL 7.000
	☐ Laboratory–Imaging-sub margin limit	☐ If the Outpatient Treatment limit are preferred as TL 2.000,TL 2.500 and TL 3.000, lower limit will be TL 750 and if TL 4.000 is preferred, the lower limit will be TL 1.000, if TL 5.000 and TL 7.000 is preferred, the lower limit will be TL 1250.		☐ All expenses covered under Outpatient Treatments are limited to Outpatient Coverage limit.			
	☐ Exemption	☐ TL 300	☐ TL 1.000	☐ TL 1.500	☐ TL 2.000		
	☐ Contribution Rate	☐ 0	20		☐ 30		
	☐ Contribution Amount	☐ Package I (Doctor TL 30, Medication TL 10, Laboratory Scanning TL 80, FTR TL 80)		☐ Package II (Doctor TL 50, Medication TL 15, Laboratory Scanning TL 100, FTR TL 100)			

Candidate Insured No	☐ I am interested	☐ I am not interested	

MEDICAL SERVICE NETWORK SELECTION

Candidate Insured No			
☐ A1	☐ A2	☐ A3	
☐ A4			

2. EXCLUSIONS

Please refer to the Medical Insurance General Terms and Conditions and the Policy Special Terms prepared by the Insurer for the cases out of coverage. The insurer can determine coverage, coverage limits and base premiums depending on coverages.

No payments are made for conditions stated in the Turkish Code of Commerce, General Terms and Conditions and in the "Out Of Coverage Situations" of Medical Insurance General Terms and Conditions and the Policy Special Terms (standard exceptions and standby period) article in the Special Policy Terms.

3. PREMIUM TARIFF PREMIUM

It is the basis premium calculated based on scientifically acknowledged or actual methodologies used by the company, considering frequency, intensity and similar effects of the past, present and the future.

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POLICY PREMIUM

It refers to custom personal premiums calculated after application of additional premiums and / or discounts (except seasonal discounts) stated in the "Premium Regulations" sections.

POLICY PREMIUM PAYABLE

It refers to custom personal premiums calculated after application of all periodical discounts stated in the "Premium Regulations" section.

4. PRINCIPLE OF MAXIMUM GOOD WILL

The insurer draws up this insurance contract and its terms based on the statements of the Policy Holder. Therefore, the Policy Holder is obliged to provide true and accurate information in the Application and Statement Form and any accompanying documents and mention any circumstances or facts that may impact the outcome of the assessment process.
Acting in Good Will requires the Policy Holder to provide voluntarily correct and thorough information on his and all insureds' current and past diseases and current medical condition.

D. RISK ASSESSMENT AND REGULATION PREMIUMS

1. As the Insurer make an evaluation, refers to all information provided by the Insured and / or the Policy Holder during the initial contract and refers to claims payments throughout the year and his/her health situation during contract renewal. According to research and evaluation of the Insurer, may choose to introduce additional terms (exemption, limit, additional premiums, contribution, stanby period etc.), reject the application or refuse not to renew the contract following his/her evaluation. Please consult your sales channel to find out about the outcome of the assessment.

2. You can apply for your new-born baby 14 days after your baby's birth date. Your baby may be included in the policy according to the evaluation result of the Insurer. The premiums of the persons to be added to the policy (including new-born babies and adopted children) will be calculated on a daily basis over the annual premium. If you, as a mother or father, have a corporate or individual health policy within Bupa Acıbadem Sigorta for at least one year, you will be entitled to Bupa Baby, provided that you make the application for your new-born baby within 30 days from the birth date of your baby and the policy premium of your baby is paid and the policy is activated. You can find the details of the "Bupa Baby" right given by the insurer and the advantages to be provided in the Special Conditions of the Policy included in the Annex of the Policy.

3. During the renewal period of the contract terminated in the insurer;
• For each insured in the policy, a discount and / or additional premium may be applied in the new year premiums at the following conditions and rates as a result of the evaluation of the Compensation Paid/Policy Premium to be Paid (T/P) ratio of the last year.
• Check-up coverage and compensations paid for Mammography for women over 40 and PSA for men are not taken into account in the calculation of the Compensation Paid/Policy Premium to be Paid (T/P) ratio.
• As a result of the evaluation of the Compensation Paid/Policy Premium to be Paid (T/P) ratio in the first policy renewal of children between 0-1 (one) age who are registered to the policy in the interim period, discounts and/or additional premiums will not be applied in the policy premiums to be renewed at the following conditions and rates.
For policies that include Outpatient Treatment Coverage Only or Inpatient and Outpatient Treatment Coverage;

C/P RATE	DISCOUNT/ADDITIONAL PREMIUM RATE	C/P RATE	DISCOUNT/ADDITIONAL PREMIUM RATE
0	% 25 discount	110 ≤ 120	%10 additional premium
0 ≤15	% 20 discount	120 ≤ 140	%15 additional premium
15 ≤ 40	% 15 discount	140 ≤ 160	%20 additional premium
40 ≤ 50	% 5 discount	160 ≤ 180	%25 additional premium
50 ≤100	%0 discount	180 ≤ 200	%30 additional premium
100 < 110	% 5 additional premium	200 <	%50 additional premium

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For policies that only contain Inpatient Treatment Coverage;

- If T / P Ratio at the end of the first year is 0%, 10%
- If the T / P ratio is 0% in the second and above years, a 20% discount is applied.

4. Renewal Assurance can be given due to circumstances such as, first entry to Insurer age should be before 56, insured for 3 years consecutively and in this period behave in accordance with ''Maximum Good Will'' principle, and following medical and technical assessment by the Risk Assessment Unit. However, the Insurer's rights such as, not giving Renewal Assurance or giving with additional conditions (exemption, limit, additional premium, contribution, stanby period, etc.) are reserved.
   The Insurer's commitment of "Renewal Assurance" differs from the commitment terms set out in the "Life Long Renewal Assurance" in Article 7 of the Regulation 28800 of Private Health Insurance published in the Official Gazette by the Treasury of the Turkish Republic. Scope of the Renewal Assurance provided by the insurer, can be found under Policy Special Terms in the Policy attachment.

E. INDEMNITY PAYMENTS

1. In case of application to a contracted/partner company, the Insurer makes payment for medical treatment expenses directly to partner company in the scope of Coverage Table and agreement between the Insurer and the partner company which is enclosed to Policy and Policy General and Special Conditions.
2. In case of application to uncontracted/non-partner company, medical treatment cost will be initially paid by insured. Claims notifications would be assessed within maximum 5 days, following receipt of all necessary documents and information/data by the Insurer. Claims notifications in scope of Health Policy General Conditions and Policy Special Conditions are paid by the Insurer due to conditions such as; limits, exemptions, contribution share indicated in enclosed Coverage Table.
3. In the event of a liason if the risk materializes, the indemnity shall be borne by the Insurer.
4. Health expenses in scope of inpatient coverage, length of stay at healthcare institutions is 720 days for a lifetime and 180 days for an annual insurance period. Normal hospitalization is 1 day and emergency unit hospitalization is calculated as 2 days and deducted from the total length of stay. All expenses from hospitalization at health institutions exceeding the 180 days and 720 days lifetime limit are out of coverage.

F. TAXATION

Premiums paid for health insurance may be deducted from the tax base subject to taxation. Please consult your Insurance Company for more information.

G. ARBITRATION SYSTEM MEMBERSHIP

Insurer ; ☐ system arbitration member ■ not a member of system arbitration

H. COMPLAINTS AND INFORMATION REQUESTS

Please use the address, phone number and email address given below for all your complaints and requests. All your requests and complaints are responded in 15 days (if the insurer deems it necessary this period may start at the end of the investigation) in case of contact information not given to insurer, respond will be send to insured to his/her latest contact details where insurer have in its system.
I agree that your company may send messages of information and marketing, sent by SMS, telephone, e-mail and other communication channels.

CONTACT ADDRESS

ADDRESS	**Sencard Service Centre** Küçükbakkalköy Mah. Başar Sok. No: 20 34750 Ataşehir - İstanbul
PHONE NO	444 9 555
FAX NO	(0216) 571 55 56
E-MAIL	mim@sencard.com.tr

Policy Holder Title, Stamp/Name, Surname, Date	Signature	Sales Channel Title, Stamp/Name, Surname, Date	Signature
__/__/____		__/__/____	

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