

INDIVIDUAL HEALTH INSURANCE POLICY

Agency Code	: ****	Agency Name	: KAZ** *****
Phone	: 90 *****	Agency Fax	: *****
Web Address	:	Agency E-Mail	: *****
		Trade Registration	: *****
		Registration Number	: *****
Agency Address	: *****		

Policy Number	SAGMER TARIFF CODE	SAGMER TARIFF NAME	INSURANCE START DATE	INSURANCE END DATE	POLICY PERIOD	FIRST/RENEWAL	ISSUED DATE
000000-0	-	YABANCILAR SAĞ.SİG.	07.02.2019	07.02.2020	365 DAYS	FIRST	08.02.2018

INSURED INFOS

NAME SURNAME / TITLE	: MOHAMMED *****	TAX NUMBER	:
PHONE	: *****	TCKN / YKN	:
ADDRESS	: *****		

PAYMENT INFOS

SELECTED PLAN : YABANCILAR SAĞLIK SİGORTASI						
OUTPATIENT TREATMENT BENEFITS	FOREIGNERS HEALTH INSURANCE NETWORK (Amerikan.ASG,FNG,Memorial,LİV,ASM Excluding Group)			Nonnetwork Provider		
	Application	Annual Limit	Participation%	Application	Annual Limit	Participation%
MEDICAL DOCTOR'S EXAMINATION	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40
LABORATORY SERVICES	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40
MEDICAL IMAGING	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40
PHYSIOTHERAPY AND REHABILITATION (YEARLY)	This benefit is covered OP coverage (An. 20 sess)	The annual Limit of 2.000 TL	40	This benefit is covered OP coverage (An. 20 sess)	The annual Limit of 2.000 TL	40
MEDICINE	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40	This benefit is covered outpatient coverage.	The annual Limit of 2.000 TL	40
INPATIENT TREATMENT BENEFITS	FOREIGNERS HEALTH INSURANCE NETWORK (Amerikan.ASG,FNG,Memorial,LİV,ASM Excluding Group)			Nonnetwork Provider		
	Application	Annual Limit	Participation%	Application	Annual Limit	Participation%
SURGICAL OPERATION (PER ANY ONE OCCURRENCE)	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit of 20.000 TL	20
Payment Date Payment Type Amount(TL) 08.02.2018 Cash ***,00				TOTAL : ***,00 TL Interest Free Advance		

COLLATERAL TABLE

ROOM-FOOD-HOSPITAL ATTENDANT

ROOM-FOOD-HOSPITAL ATTENDANT (PER DAY)	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit of 20.000 TL	20
HOSPITALIZATION FOR MEDICAL TREATMENT	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit of 20.000 TL	20
DAY-PATIENT SURGERY	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	20
	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit of 20.000 TL	20
ANGIOGRAPHY, CHEMOTHERAPY, RADIOTHERAPY AND DIALYSIS	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit of 20.000 TL	20
	FOREIGNERS HEALTH INSURANCE NETWORK (Amerikan.ASG,FNG,Memorial,LIV,ASM Excluding Group)			Nonnetwork Provider		
SUPPLEMENTAL BENEFITS	Application	Annual Limit	Participation%	Application	Annual Limit	Participation%
EMERGENCY MEDICAL ASSISTANCE	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0
GROUND AMBULANCE (DOMESTIC)	Unlimited	The annual Limit is unlimited.	0	Yok		
ACCESSORY MEDICAL EQUIPMENT AND SUPPLIES	2.000 TL	The annual Limit of 2.000 TL	20	2.000 TL	The annual Limit of 2.000 TL	40
ARTIFICIAL LIMB (PER ANNUM)	7.000 TL	The annual Limit of 7.000 TL	0	7.000 TL	The annual Limit of 7.000 TL	20
POST HOSPITALIZATION PHYSIOTHERAPY	Annual limited is 20 session.	The annual Limit is unlimited.	0	Annual limited is 20 session.	The annual Limit is unlimited.	20
REHABILITATION (YEARLY)	5.000 TL	The annual Limit of 5.000 TL	0	5.000 TL	The annual Limit of 5.000 TL	20
DENTAL TREATMENT DUE TO TRAFFIC ACCIDENTS (PER ANNUM)	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	0	This benefit is covered inpatient coverage.	The annual Limit is unlimited.	20
HOME CARE (PER ANNUM)	Annual limited is 45 days.	The annual Limit is unlimited.	20	Annual limited is 45 days.	The annual Limit is unlimited.	40

RAY SİGORTA A.Ş., hereby acknowledges and agrees with this insurance and issues this policy by taking the declaration/statement of the Insured/Policy Owner on the application form as well as complying with and adhering to the provisions of the Turkish Commercial Code, and also the General and Special Terms and Conditions for Health Insurance constituting an integral part of the policy. The Policy Booklet, whereby the General Terms and Conditions for Health Insurance and the items of coverage are described, has been delivered as attached hereto.

In the event the insurance premium or, where it was agreed to be paid in installments, the related advance payment thereof is not paid in spite of the delivery of the policy, the liability of the insurer hereunder shall not commence. In the event of realization of the risk, the installments shall entirely become due and payable. In the event that the policy owner fails to pay any of the premium installments, the due dates of which are set out on the policy, by such due dates, it shall be deemed to have gone into default. Pursuant to Article 1434 of the TCC (Turkish Commercial Code); if the premium, the first installment or the entire of which is required to be paid at once, is not paid timely, then the insurer may renege on the contract within three months unless such payment is performed. Such period shall start as of the due date. If the premium receivable has not been claimed through either any court action or such other legal proceedings within a period of three months as of the date, on which such premium receivable has become due and payable, then it shall be deemed to have been renegeged on the contract.

In the event that any of the subsequent premiums is not paid timely, then the insurer shall serve a notice, instructing the policy owner to fulfill its obligation by granting a period of ten days, and stating that the contract, otherwise, shall be deemed to have been terminated upon elapse of such period, through the agency of a notary public or by registered and certified mail, to the policy owner. If the receivable has not been paid upon elapse of such period, the insurance contract shall have been terminated. Any other rights of the insurer, arising from Turkish Code of Obligations due to any default of the policy owner, are hereby reserved.

Any newborn infants and adopted minors shall be included to the coverage in consequence of the risk assessment to be carried out by the Insurer, and if the Policy Owner accepts the premium as specified on the tariff of the Insurer.

If required by Health Insurance Information Center (SAGMER), the medical records, subject to declaration and declared by the insured at the application stage, shall be provided by Ray Sigorta A.S. to Health Insurance Information Center (SAGMER); and such details will be accessible through SAGMER, where necessary.

The Insurance Company is obliged to submit any information obtained from the insured during issuance of the health insurance contract (claims (compensation), coverage details, personal information, etc.) to Insurance Information Center, Undersecretariat of Treasury, SAGMER and any other governmental authority, if requested, in accordance with statutory regulations. Each person who has purchased a health insurance automatically gives consent to submission of such information to official bodies.

Ray Sigorta A.S. shall forward the transfer details regarding medical profile of the insured upon obtaining written consent from the insured and/or based on the consent statement in the declaration form, if the insured wishes to be transferred to another insurance company.

The Insurance Company may amend/change the special terms and conditions, waiting periods, uncovered cases, benefits, coverage limits and premiums of the policy. Such amendments shall become effective as of the date of renewal of the policy for each insured.

THE FACTORS TO BE TAKEN INTO ACCOUNT WHILE DETERMINING YOUR INSURANCE PREMIUM; THE PLAN SELECTED, METHOD OF PAYMENT, AGE AND GENDER, DETAILS AND INFORMATION SPECIFIED ON THE MEDICAL DECLARATION, MEDICAL RISK ASSESSMENT, medical inflation (the practice and yearly pricing change as per the Minimum Fee Tariff of the Turkish Medical Association), AND FOR ANY POLICIES TO BE RENEWED, THE UTILIZATION RATIO FOR THE PREVIOUS YEAR IN ADDITION TO THE FOREGOING.

This offer / acceptance by the policy, the Outgoing / insured title insurance, insurance available through your company's contact information, the scope of Law No. 6563 shall be given approval to issue any kind of statement sending commercial electronic message.

You can reach the "Explanatory Information Regarding Processing and Transfer of Personal Data" on www.raysigorta.com.tr or via our call center 444 4 729.

SANCTION CLAUSE

Notwithstanding any other terms under this agreement, the Insurer shall not be deemed to provide coverage or make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate applicable sanctions all be the following trade, financial embargos or economic sanctions, laws or regulations, which are directly applicable to the Insurer. Applicable sanctions are as follows: (i) local sanctions; (ii) European Union (EU); (iii) United Nation (UN); (iv) United States (US) and/or (v) any other sanctions applicable to the Insurer.

CYBER RISK EXCLUSION CLAUSE

In this insurance policy, damage, loss, liability and expenses are excluded which are directly or indirectly caused by or contributed to or the use of the program / systems in a damaging manner of a computer, computer systems, software programs, malicious software, computer viruses, computer operations or similar electronic systems.

If and when the policy starting date is before the policy issuing date, then all and any expenses regarding complaints, disorders and illnesses existing before the policy issuing date and other expenses arising out of periodic continuity and relapse thereof shall be excluded from the scope of this policy.

INSURED MOHAMMED

**INSURER RAY
SİGORTA A.Ş.**

User Name

User Code : *****

: KA** *****

Surname