

## Group Health INSURANCE POLICY

Customer No	20067732974	Agent No	6002511	Policy No	377724835 / 2	Addendum No		0
Insurance Inception-Expiry Date			01.02.2023 - 01.02.2024		Issue Date	01.02.2023	Period (Days)	365
Group No	3002493995 / 2	Subject to Customer	SEM H TERC			Sagmer Tariff Code		12148

### Policyholder Information

[Name-Surname / Title] Of : TURKIYE CUMHURİYET MERKEZ BANK AŞI ANONİM SİRKETİ  
Correspondence Address : Hacı Bayram Mah. Mah. İstiklal Cad. Cad. Merkez Bankası İdare Merkezi Sitesi 10/altındag Ankara  
Identification No : Turkey  
GSM : 61\*\*\*\*\*1  
9\*\*\*\*\*616 E-Mail : id\*\*\*\*\*@kirakunatadejibar.com

### Insured Information

Name-Surname	SEMIH TERCİ	Identification No	2***4***9**	Relationship	Self	Sex	MALE	Birth Date	30.05.1994	Renewal Guarantee	YES	Package	TCMB PERSONEL	First Entry Date	30/05/1994
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### Benefit List

InPatient Treatment Benefits	In Network						Out Of Network					
Benefits	Type	Yearly Limit	Limit Per Event	Exemption	Annual Limit Group	Insured Payment%	Type	Yearly Limit	Limit Per Event	Exemption	Annual Limit Group	Insured Payment%
SURGERY	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
PHYSIOTHERAPY AFTER SURGERY	Per Case	Unlimited	TTBx1		PHYSIOTHERAPY AFTER SURGERY	0	Per Case	Unlimited	TTBx1		PHYSIOTHERAPY AFTER SURGERY	0
STAY IN HOSPITAL	Per Case	Unlimited	TTBx1		NUMBER OF DAYS	0	Per Case	Unlimited	TTBx1		NUMBER OF DAYS	0
DENTAL TREATMENT AFTER TRAFFIC ACCIDENT	Per Case	Unlimited	TDBx1			0	Per Case	Unlimited	TDBx1			0
MEDICAL CARE AT HOME	Per Case	Unlimited	TTBx1		Home Care	0	Per Case	Unlimited	TTBx1		Home Care	0
CHEMOTHERAPY-RADIOTHERAPY-DIALYSIS	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
MINOR MEDICAL TREATMENT	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
PHYSICIAN PAY	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
ARTIFICIAL ORGAN	Per Case	Unlimited	SUTx4			0	Per Case	Unlimited	SUTx4			0
MEDICAL EQUIPMENT	Per Case	Unlimited	SUTx4			10	Per Case	Unlimited	SUTx4			10
INTENSIVE CARE	Yearly	90 Day-Seance			Intensive Care	0	Yearly	90 Day-Seance			Intensive Care	0
ANGIOGRAPHY	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
REHABILITATION	Per Case	Unlimited	TTBx1		REHABILITATION	0	Per Case	Unlimited	TTBx1		REHABILITATION	0
AIR AMBULANCE	Yearly	20000 TL				0	Yearly	20000 TL				0
AMBULANCE	Yearly	3000 TL				0	Yearly	3000 TL				0
CHEMOTHERAPY-RADIOTHERAPY-DIALYSIS DIAGNOSIS	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
KRONER ANGIOGRAPHY	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
	Yearly	Unlimited			NUMBER OF DAYS	0	Yearly	Unlimited			NUMBER OF DAYS	0
	Yearly	Unlimited			NUMBER OF DAYS	0	Yearly	Unlimited			NUMBER OF DAYS	0
	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
	Yearly	Unlimited			Intensive Care	0	Yearly	Unlimited			Intensive Care	0
DISABLED PERSON PHYSICAL	Per Case	Unlimited	TTBx1		e-Phyiscal Treatment	0	Per Case	Unlimited	TTBx1		e-Phyiscal Treatment	0
DISABLED PERSON AUXILIARY MEDICAL EQUIPMENT	Yearly	Unlimited				0	Yearly	Unlimited				0

Benefit List												
OutPatient Treatment Benefits												
Benefits	Type	Yearly Limit	Limit Per Event	Exemption	Annual Limit Group	Insured Payment%	Type	Yearly Limit	Limit Per Event	Exemption	Annual Limit Group	Insured Payment%
MEDICINE	Per Case	Unlimited				10	Per Case	Unlimited				10
MEDICAL EXAMINATION	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
PHYSICAL TREATMENT	Per Case	Unlimited	TTBx1		PHYSICAL TREATMENT	10	Per Case	Unlimited	TTBx1		PHYSICAL TREATMENT	10
ADVANCED DIAGNOSIS METHODS	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
ANALYSIS	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
X RAY	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
	Yearly	Unlimited				0	Yearly	Unlimited				0
Additional Benefits												
Benefits	Type	Yearly Limit	Limit Per Event	Exemption	Annual Limit Group	Insured Payment%	Type	Yearly Limit	Limit Per Event	Exemption	Annual Limit Group	Insured Payment%
DENTAL TREATMENT	Yearly	7200 TL				10	Yearly	7200 TL				10
GLASSES-GLASS-RIM-LENS	Yearly	1800 TL				10	Yearly	1800 TL				10
OVERSEAS INPATIENT TREATMENT	Per Case	Unlimited	TTBx1			0	Per Case	Unlimited	TTBx1			0
OVERSEAS MEDICAL EXAMINATION	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
OVERSEAS MEDICINE	Per Case	Unlimited				10	Per Case	Unlimited				10
OVERSEAS ANALYSIS	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
OVERSEAS X RAY	Per Case	Unlimited				10	Per Case	Unlimited	TTBx1			10
OVERSEAS ADVANCED DIAGNOSIS METHODS	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10
OVERSEAS PHYSICAL TREATMENT	Per Case	30 Day- Seance	TTBx1			10	Per Case	30 Day- Seance	TTBx1			10
	Per Case	Unlimited	TTBx2			10	Per Case	Unlimited	TTBx2			10
	Per Case	Unlimited	TTBx1			10	Per Case	Unlimited	TTBx1			10

Annual Limit Group List				
Limit Group	Limit	Exemption	Count Limit	Daily/Session Limit
e-Physical Treatment				60 Day-Session
Home Care				56 Day-Session
Intensive Care				180 Day-Session
NUMBER OF DAYS				180 Day-Session
PHYSICAL TREATMENT				30 Day-Session
PHYSIOTHERAPY AFTER SURGERY				30 Day-Session
REHABILITATION				30 Day-Session

LifeTime Renewal Information			
Renewal Guarantee	:Available	Renewal Type	:LifeTime Renewal Guarantee
Group Renewal Exceptions	:		

Scope of Cover
IMPORTANT NOT
Daily work disability compensation' on account of inability of the insured due to

sickness and, if the insured is in need of personal care, expenses incurred for personal care or 'daily personal care compensation' are excluded from the coverage.

Türkiye Sigorta A.Ş. accepts to provide this insurance and executes this policy based on the declaration of the Insured or the Policy Holder on the application form as per provisions of the Turkish Commercial Code as well as the General and Special Conditions for Health Insurance which is an integral part of the policy.

Within the framework of the health insurance contract to be made between me and your company I, in my capacity as the insured party/policy holder, consent to information about my personal health records, my insurance registration records and details and copies of my health status being obtained from the Insurance and Information Surveillance Center (SBGM), the Social Security Institution, the Ministry of Health, health institutions and organizations, existing and / or other health insurance companies, physicians and / or from all public and private institutions and organizations and third parties determined by the relevant legislation as well as to such information being collected, processed, updated, periodically checked, kept in the database, processed and stored and shared with relevant institutions and organizations as needed and with third parties and institutions for the benefit of the contract and with service providing companies based in Turkey and abroad and the same consent extends to my personal data being kept, stored and processed by the same for a health insurance proposal to be submitted, for a health risk assessment to be performed, for obligations under the insurance policy to be fulfilled, and for compensation claims to be processed.

During the renewal period, the insurer has the right to accept or reject the policy by applying the standard conditions or additional conditions (additional premiums, exceptions, etc.) by risk assessment in the light of all the information stated by the Policy Owner / the Insured Party in the application form and the compensation claims made during the validity period of the contract. The policy owner / the insured party reserves the right to appeal against the UW conditions applied following the risk assessment within 1 month after the policy has come into effect. The contract may be temporarily suspended in case of no compensation claims within one month.

In the event that it is decided that insurance premium is to be paid in installments , all the premiums with respect to the compensation or money to be paid in the event of partial damage shall become due and it shall be set off from the compensation.

If whole amount or down payment of the insurance premium is not paid, the insurer's liability shall not commence even if the policy has been delivered. If the down payment is not made, the policy shall be deemed terminated. If any of the premium installments is not paid by the end of the business hours at the respective due date, the policy shall terminate at the end of the 10-day period following the written notice given as per article 1434 of the Turkish Commercial Code concerning the Insurance Law.

INFORMATION NOTE:

Diagnosis, distinctive diagnosis/treatment/control/complication and protective health services (including vaccination and related complication) of regional (endemic), epidemic or transnational (pandemic) diseases that occur in Turkey and/or other countries regardless of whether they are announced or not announced officially; diseases and cases that are in the scope of quarantine; diseases that are subject of biological warfare; any expenses for diagnosis, treatment, control and complication of diseases declared by the WHO (except expenses for examination and inspection of covid 19 in persons who comply with methods of vaccination and treatment recommended by the WHO, Ministry of Health and local governments and are diagnosed with Covid-19 (test positive) (except PCR, antibody tests and card test) and expenses requiring inpatient treatment shall be evaluated within limits of policy coverage and participation rates)

#### OTHER RISKS THAT CANNOT BE WRITTEN

In this insurance policy, the scope of the insurance, the scope of the insurance value, the conditions and losses that can be included in the scope of the additional contract and the clauses and exemptions and special conditions are specified in accordance with the relevant general conditions. The risks that are excluded from this scope and not clearly written will be compensated by the insurer as a maximum of 10.-TL within the policy period.

#### SANCTIONS

If the insurer, the insured and/or the insured determines that it is included in any of the international sanctions lists at the application evaluation stage, at any time after the policy is issued and/or at any payment stage regarding the insurance; is authorized to reject the insurance application unilaterally and to terminate the insurance contract with unilateral notification without the need for any approval or instruction and/or not to pay the amounts to be paid under this insurance to the beneficiary. The beneficiary accepts, declares and undertakes that he/she will not claim any rights and receivables from the Insurer due to these transactions and that he/she has released the Insurer irrevocably.

**Regional Office** : KURUMSAL SATIS VE TEKNİK MUDURLUGU  
**Tel / Fax** :  
**Adress** : SISLI ISTANBUL TURKIYE

**Agent Name Surname / Title** : TURKIYE CUMHURİYET MERKEZ BANKASI  
ANONİM SİRKETİ-SAGLIK  
**Agent Address** : HACI BAYRAM MAH. İSTİKLAL CAD. CAD. SITE:  
**Agent Tel / Fax** : MERKEZ BANKASI İDARE MERK. NO: 10  
ALTINDAG ANKARA TURKIYE  
:0 ( )

**Agent Board No** :  
**Staff Name/Surname** :  
**Staff Plate Registration No** :  
**TÜRK YE S GORTA A**

**Insured / Policy Holder**



**For any questions and problems related to your policy, you can contact the Customer Contact Center on 0 850 202 20 20.**

This policy and its attachments have been issued 1 original and 2 copies and as 4 pages on 01.02.2023 at 10:53 in Ankara and delivered to the insured.