

EMERGENCY HEALTH INSURANCE SPECIAL CONDITIONS

1. DEFINITIONS

1.1. Policy: refers to the Emergency Health Insurance Policy approved by Katılım Emeklilik ve Hayat A.Ş.

1.2. Policy Owner: refers to individuals who have entered into a contract with the Policyholder and are entitled to utilize the Emergency Health Insurance.

1.3. Deductible: refers to the expenses that fall outside the coverage of the Emergency Health Insurance Policy and are the responsibility of the policy owner to pay.

1.4. Emergency: The following cases have been classified as emergencies by the World Health Organization. Emergency cases approved by our claims department will be reimbursed according to the coverage limit and participation rate specified in the policy.

- Drowning in Water
- Traffic Accidents
- Terrorism, sabotage, shooting, stabbing, fighting, etc.
- Suicide attempt
- Rape
- Falling from a height
- Severe occupational accidents, extremity loss
- Electric shock
- Freezing, cold shock
- Heatstroke
- Severe burns
- Severe eye injuries
- Poisonings

• **Severe allergic reactions, anaphylactic shock:** Conditions such as arrhythmia, severe allergies, or low blood pressure that may lead to respiratory tract obstruction.

• **Spine and lower extremity fractures:** Leg fractures and any fractures of the spine accompanied by significant external or internal bleeding.

• **Decompression sickness (diver's disease):** The condition commonly referred to as "the bends," which occurs due to rapid decompression in divers.

• **Myocardial infarction, arrhythmia, hypertensive crises:** Acute conditions involving the heart, including heart attack, certain types of abnormal heart rhythm requiring immediate treatment, and severe elevation of blood pressure that can lead to life-threatening complications such as cerebral hemorrhage.

- Asthma attack, acute respiratory problems
- Any condition causing loss of consciousness
- Sudden strokes

• **Severe deterioration of general health status:** Critical decline in a person's overall health due to factors such as old age, nutritional deficiencies, insufficient care, serious long-term illness, and similar causes.

• **High fever:** Elevation of body temperature caused by factors such as poisoning, infectious diseases, heat stroke, and similar conditions, which may result in complications such as abnormal heart rhythm or seizures.

• **Diabetic and uremic bleeding:** Conditions ranging from impaired consciousness caused by diabetes and kidney failure to complete loss of consciousness (coma).

- Dialysis disease accompanied by general health deterioration.

• **Acute Abdomen:** Conditions such as perforation, obstruction, twisting, and inflammation of hollow organs such as the stomach and intestines, which require immediate intervention.

• **Acute Massive Hemorrhage:** Severe and life-threatening internal or external bleeding, typically caused by trauma.

• **Meningitis, Encephalitis, Cerebral Abscess:** Inflammatory or infectious diseases affecting the brain and the membranes surrounding it, which can impact nervous system function and vital functions.

• **Renal colic:** A condition characterized by severe pain caused by kidney stones, which can result in urinary tract or kidney damage.

• **Acute psychotic states:** Neurological or psychological disorders that lead to excessive aggression.

- Headaches accompanied by migraines, vomiting, or loss of consciousness.
- Newborn comas.
- Ongoing labor activity (rupture of the amniotic sac)

1.5. Contracted Institution: refers to the healthcare providers such as physicians, hospitals, clinics, medical centers, laboratories, physical

therapy centers, and pharmacies. These institutions have entered into an agreement with the Insurance Company to offer services to the insured and their dependents who have purchased a policy. They provide healthcare services within the coverage limits outlined in the policy and receive payment from the insurer for the services rendered. The policy and coverage tables provide detailed information about the various corporate networks included in the plans. The list of these institutions can also be found on the Insurance Company's website. The Insurance Company reserves the right to make changes to the contracted healthcare institutions.

1.6. Non-Contracted Institution: refers to healthcare institutions that are not part of the contracted institutions network of the insurer. In these institutions, the insured is responsible for paying for the services received. Reimbursement for such expenses can be considered based on the policy conditions after submitting the required documents to the Insurance Company.

1.7. Policy Commencement Date: refers to the day (at 12:00 PM Turkish local time), month, and year when the insurance policy becomes effective for the first time or upon subsequent renewals.

1.8. Policy Ending Date: refers to the day (at 12:00 PM Turkish local time), month, and year that this Insurance Agreement ends.

1.9. General Conditions: refer to the written rules established by the Republic of Turkey, Prime Ministry Undersecretariat of Treasury, which are applicable to all insurance companies offering health insurance. These rules must be adhered to by all insurance companies in relation to health insurance.

1.10. Hospital: refers to the public or private sector healthcare institutions that can provide the necessary medical services for 24 hours to sick or injured persons who have been officially licensed for the health services they provide in Turkey and abroad. In this context, the term "hospital" can never be used in place of spas, physical therapy centers, nursing homes, drugs, alcoholism, weight loss, well-being centers, organizations providing cosmetic services, etc.

1.11. Exceptions: refers to the exclusion of risks (diseases/disorders) that have arisen prior to the policy commencement date or during the insurance period, based on the assessment of the insurer, from the coverage of the policy.

1.12. Healthcare Expense: refers to the medical services that are eligible for coverage within the scope of the health-related coverage outlined in this agreement.

1.13. Pre-existing Diseases: refer to the insured's congenital diseases and any pre-existing complaints or diagnoses, whether known or unknown, that existed prior to or at the time of application for this Insurance Agreement and were not disclosed in the application form.

1.14. Insurer: refers to a company registered in accordance with the laws of the Republic of Turkey and operating in the field of insurance. The insurer provides coverage against potential risks to the insured. In this agreement, the Insurance Company is Katılım Emeklilik ve Hayat A.Ş.

1.15. Policyholder: refers to the person or entity that makes an agreement with the Insurance Company within the scope of this agreement and undertakes the responsibilities arising from this agreement, including paying premiums to the Insurance Company in return for the policy.

1.16. Insured: refers to the policyholder - or his dependent(s) - who apply to be insured by completing the application form provided by the Insurance Company or who are subsequently included in the main policy through an endorsement and are accepted and covered by the Insurance Company.

The insured must reside within the borders of Turkey for at least three-fourths (3/4) of the year.

1.17. Coverage: refers to the assurance given by the insurer to the insured against possible risks within the scope of this Agreement, excluding exceptional circumstances, waiting periods, limits, participation protocol, and deductibles.

1.18. Turkish Medical Association (TMA) Minimum Fee Tariff: refers to the list of units arranged to determine the minimum fees that physicians should receive for examination/treatment based on the law numbered 6023 of the Central Council of the Turkish Medical Association. The pricing is done by multiplying the designated units by the coefficient determined by the medical chambers of the relevant province, which changes annually, and adding VAT to the result.

1.19. Endorsement: refers to the issuance of a new policy to reflect changes in the content of the Insurance Agreement, such as limits, insured information, and the addition or removal of new insured parties.

1.20. Beneficiary: refers to an individual residing in Turkey who is entitled to utilize the services provided by the Emergency Health Insurance Policy.

2. GEOGRAPHICAL SCOPE

This insurance provides coverage for the necessary treatment expenses of insureds who are citizens of the Republic of Turkey or foreign residents within the Republic of Turkey during the policy period. The coverage applies within the borders of the Republic of Turkey and is applicable to emergency situations and/or injuries resulting from accidents, subject to the limits and rates specified in the policy. For a treatment to be eligible for coverage, it is crucial that it is administered within the policy period and that the claim for reimbursement pertaining to the treatment is submitted to the company within the policy period. Medical consultations covered by this agreement will be available nationwide.

3. PRESCRIPTION

Any claim arising from the insurance contract becomes invalid (expires) two years from the date the receivable becomes due.

4. POLICY CANCELLATIONS AND POLICY TERMINATION PROCEDURES

4.1. Cancellation Upon Request of the Insured/Policyholder

The insured/policyholder has the right to formally request the cancellation of the emergency health policy from Katılım Emeklilik ve Hayat A.Ş. In order to initiate the cancellation process, the insured/policyholder can submit a petition to Katılım Emeklilik ve Hayat A.Ş., stating the reason for policy cancellation and the requested cancellation date. If the policyholder requests policy cancellation, the premium will be refunded based on the number of days insured, considering the duration since the policy's inception, following the practice applied for short-term insurances.

The requested cancellation date should not exceed one week prior to the date it is received by the company. If a claim has been paid on the policy, the cancellation date cannot be earlier than the date of the claim. Katılım Emeklilik ve Hayat A.Ş. reserves the right to withhold premium refunds on the day of cancellation if there are any outstanding or paid claims under the policy.

If there are no pending or paid claims, provisions, etc. related to the insured person who terminated the insurance policy or deceased during the insurance year, the company will calculate the premium refund on a daily basis, from the cancellation date until the end date.

Termination: In order for the cancellation to be processed, the time period between the cancellation request and the policy issuance date must not exceed 30 days. If the time period exceeds 30 days, the entire premium will not be refunded, and the cancellation will be processed on a day-by-day basis. Even within the 30-day period, if there is a paid or outstanding claim for the insured, the cancellation cannot be processed, and the day-by-day cancellation will be applied. Once a policy has been terminated, it cannot be reinstated at a later date.

4.2. Cancellation Due to Incomplete Declaration

If Katılım Emeklilik ve Hayat A.Ş. determines that the insured/policyholder has failed to disclose a pre-existing condition in the application form, it reserves the right to reject the claim and cancel the policy in accordance with Article 6 of the Health Insurance General Conditions. In the case of incomplete disclosure by the insured, the policy will be canceled through the under-declaration procedure, and no policy will be issued to individuals who later provide deficient disclosure.

The procedure begins with a warning issued to the insured within three working days. If the insured/policyholder intentionally provided incomplete information, the policy will be canceled without a premium refund. If the insured/policyholder's failure to disclose is unintentional, the policy will be canceled with a premium refund on a day-by-day basis.

The cancellation date is the date on which the under-declaration is detected, and the policy is canceled as a result of under-declaration, provided that the indemnity equal to the outstanding or paid provision amount until that date is recovered from the policyholder.

5. GENERAL PROVISIONS

The policyholder/insured is required to submit insurance claims by completing the insurance request offer form accurately and in its entirety. Offer forms must be fully completed and signed with a wet signature. Additionally, even if not explicitly requested in the offer form, you are obligated to disclose any other relevant information within your knowledge that may affect the assessment of the risk covered by the agreement. It is mandatory to inform the insurer of any changes that occur after the agreement is concluded. Please avoid providing incomplete or incorrect information to the insurer at any stage of the agreement, as providing false or incomplete information may result in the nullification of your right to compensation or have adverse consequences. Incomplete questions on the offer form will be treated as negative responses. Katılım Emeklilik ve Hayat A.Ş. may require medical examinations to assess the insured's health risk. The company reserves the right to reject the application or conditionally accept it based on the health status and/or Risk Acceptance regulation.

The Emergency Health Insurance is valid for a period of 1 year, and the Insurer determines the coverages, coverage limits, and premiums related to the coverages during the renewal periods within a reasonable range. The Insurer also reserves the right to make changes to the special conditions of the policy, which will apply to all insured individuals from the renewal period onwards.

Katılım Emeklilik ve Hayat A.Ş.

SARAY MAHALLESİ DR. ADNAN BÜYÜKDENİZ CADDESİ NO: 2 AKKOM OFİS PARK 3. BLOK KAT: 2 ÜMRANİYE/İSTANBUL

Çağrı Merkezi: 0850 226 0 123 - Telefon No: 0(216) 999 81 00 - Faks: 0(216) 692 11 22 - E-Posta: info@katilimemeklilik.com.tr - www.katilimemeklilik.com.tr

Mersis No: 0528064104700018, Ticaret Sicil MÜd. İstanbul Ticaret Odası (İTO), Ticaret Sicil No: 895027

Katılım Sağlık, bir Katılım Emeklilik ve Hayat A.Ş. markasıdır.

Please note that the Emergency Health Insurance does not guarantee lifetime renewal.

With the insured's written consent, Katılım Emeklilik ve Hayat A.Ş. has the right to gather information regarding the insured's treatment, request medical records, and conduct on-site inspections from treating physicians, healthcare institutions, the Social Security Institution (SSI), the Ministry of Health, SAGMER, and other relevant parties, if deemed necessary. By purchasing the policy, the insured grants Katılım Emeklilik ve Hayat A.Ş. authorization to obtain information about their medical history and current health status. Participation Pension and Life A.Ş. may appoint independent representatives on its behalf for this examination.

If the health information declared by the insured during the application stage is requested by the Health Insurance Information and Supervision Center (SAGMER), Katılım Emeklilik ve Hayat A.Ş. will send it to SAGMER, and this information can be obtained from SAGMER when necessary.

In order to enable risk assessment by insurance companies, if information and documents cannot be obtained from the healthcare providers, SBGM, SSI, and the Ministry of Health, despite the insured's written consent, actions will be taken in accordance with paragraph 4 of Article 5 of the Health Insurance Regulation.

6. PRINCIPLE OF SUCCESSION (TRANSFER OF RIGHTS)

After the occurrence of a risk covered by the policy and the payment of compensation to the insured (rights holder), in accordance with the "principle of succession," Katılım Emeklilik ve Hayat A.Ş. has the right to seek compensation from the person or institution responsible for the loss, thereby stepping into the insured's position as per the applicable legislation. In order to exercise this right, the insured is required to provide Katılım Emeklilik ve Hayat A.Ş. with all necessary information, documents, and assistance.

7. PROTECTION OF PERSONAL DATA

This notification is provided in compliance with the "Personal Data Protection Law" numbered 6698, as required by legal obligations. As Katılım Emeklilik ve Hayat A.Ş., the "Data Controller," we hereby inform you that the personal information of our customers will be collected, stored, updated as necessary, transferred with specified details, and processed in accordance with the methods specified by the Law.

For what purposes can your personal data be processed?

Your Personal Data may be processed in the following ways:

- Collecting and recording your identity, address, and other necessary information to provide the products and services of Katılım Emeklilik ve Hayat A.Ş. in accordance with the Insurance Law and other applicable legislation and to communicate with you regarding the services you have received or will receive.
- Preparing all necessary records and documents for transactions, whether in electronic or paper format.
- Meeting the information storage, reporting, and disclosure obligations mandated by legislation, the Undersecretariat of Treasury, and other relevant authorities.
- Carrying out the insurance activities requested by or on your behalf and fulfilling the contractual obligations of the agreement you have entered into.

Who do we transfer your Personal Data to, and for what purpose?

Your personal data may be transferred to the following parties for the purposes mentioned above:

- Individuals or organizations authorized by the Insurance Law and other applicable legislation.
- Our majority shareholder.
- Our direct/indirect parent company and our group companies operating in Turkey and abroad.
- Program partner organizations and other third parties with whom we cooperate and from whom we receive services in order to carry out our insurance activities.
- Reinsurers in Turkey or abroad for reinsurance transactions that complement insurance activities.

Under what legal bases and through what methods do we collect your personal data?

Your personal data may be collected through various channels, including verbal, written, or electronic means, by the General Directorate, third-party agencies we cooperate with, banks, and brokers. These channels may include our website, www.katilimemeklilik.com.tr, our mobile application, and our call center at 0 (850) 226 0123.

What are Your Rights as the Data Subject?

Pursuant to Article 11 of the Personal Data Protection Law (PDPL), by using the contact form at www.katilimemeklilik.com.tr, you may:

- a) learn whether your personal data are processed or not,
- b) request information if processed,

- c) learn the purpose of your data processing and whether these personal data are used in compliance with the purpose,
- d) learn the third parties to whom personal data have been transferred in the country or abroad,
- e) request the rectification of the incomplete or inaccurate data, if any,
- f) request erasure or destruction of personal data pursuant to article 7 of PDPL,
- g) request reporting of the operations made as per sub-paragraphs (d) and (e) to third parties to whom your personal data have been transferred,
- h) object to the occurrence of any result against the person yourself by analyzing the data processed solely through automated systems,
- i) claim compensation for the damage arising from the unlawful processing of your personal data.

If you need more information about your personal data, you can reach our Customer Services by calling 0 (850) 226 0123 or using the contact form at www.katilimemeklilik.com.tr.

8. EMERGENCY HEALTH INSURANCE COVERAGE

8.1. Medical Information and Consultation

The insured individual is provided with information regarding their health condition, whether it is an emergency or non-urgent issue. They are informed of the names, addresses, and contact numbers of doctors, specialists, dentists, hospitals, diagnostic centers, and pharmacies. Recommendations are given regarding appropriate measures to be taken in relation to the health problem, but no diagnosis or medication recommendations are provided.

8.2. Medical Transport

Medical Transport Service is provided according to more than 20 international emergency parameters established by the World Health Organization.

Transfer to Hospital

In cases of Bodily Injury and Serious Disease that pose a threat to the insured's life and fall within the scope of the 20 International emergencies determined by the World Health Organization, arrangements will be made to transport the insured by land to the nearest well-equipped hospital or healthcare institution.*

Transfer from One Hospital to Another

In cases where it is necessary, the insured will be directly transferred to a hospital that has more suitable equipment for their bodily harm or disease. The transfer will be conducted under the necessary supervision, using a vehicle such as a land ambulance, as determined by the Insurance Company.*

The transfer between medical centers will only be arranged if the current medical center lacks the necessary equipment and medical team to treat the patient. A medical report issued by the attending doctor is required for the transfer to take place.

* Please note that the Insurance Company is solely responsible for covering the expenses associated with medical transportation via land ambulance.

8.3. Coverage for Emergency Medical Treatment

If the policy explicitly includes treatment costs within the insurance coverage, the insurer may cover expenses such as physician's fees, medication, radiography, massage, hospital charges, and other treatment costs (excluding transport/transfer fees) incurred within one year from the day the disease related to the accident/specified emergency occurred, up to the specified coverage limit in this policy. The insurance provides compensation for prosthetic costs and treatment expenses related to damages incurred to natural or fixed artificial teeth as a result of an accident, up to a maximum of 10% of the total coverage amount.

If the treatment costs are covered by multiple insurers, the expenses will be divided proportionally among the insurers based on their coverage.

The insurer will seek reimbursement from the responsible third parties for the amount paid against the treatment costs.

All the coverage types mentioned below will be subject to the annual coverage limit specified in the policy.

8.3.1. Coverage for Emergency Surgical Hospitalization

In situations that necessitate surgical intervention and/or hospitalization as defined for emergencies, expenses related to the operating room, surgeon, anesthesia, surgical assistants, medication, and consumables are covered within the annual limit.

8.3.2. Coverage for Emergency Internal Hospitalization

Fees for consultations and physician's services during non-surgical hospitalization and/or surgical and orthopedic interventions that do not require the insured to be hospitalized, and necessary medical materials such as blood, blood plasma, oxygen, anesthesia, plaster, suture

application, corsets, orthopedic supports, bandages, dressings, injections, electrocardiographs, X-rays, MRIs, diagnostic laboratory tests, and patient care services are covered within the annual limit for defined emergencies.

8.3.3. Coverage for Room-Meal

The expenses for room-meal (limited to the standard single-bed room rate) and nursing services during the insured's hospital stay are covered within the annual limit for defined emergencies on a daily basis.

8.3.4. Coverage for Intensive Care

The expenses for intensive care services during the insured's stay in the intensive care unit due to a defined emergency are covered within the annual policy limit on a daily basis.

9. BENEFITS OF KATILIM SAĞLIK

The benefits are valid as per the coverage table attached to your policy.

10. INSURANCE ELIGIBILITY AGE

This insurance is valid for individuals aged between 0 and 66.

11. GENERAL EXCEPTIONS

11.1. The insured shall not be entitled to reimbursement of expenses paid directly by themselves without the knowledge of Katılım Emeklilik ve Hayat A.Ş. unless they notify within 15 days.

11.2. Damages arising from the following reasons are not covered:

- Damages resulting from war, invasion, actions of foreign enemies, conflicts (whether or not a war has been declared), civil war, rebellion, uprising, terrorist attacks, military-police operations, public movements, damages caused by climatic conditions, and natural disasters such as floods, earthquakes, etc.
- Participation of the insured in a crime.
- Health expenses incurred as a result of doing sports as a professional or as a trainer for an official competition or show, injuries and wounding that may occur during the practice of dangerous sports (amateur aviation, delta wing, glider, parachuting, parasailing, paragliding, bungee jumping, mountaineering, skiing, rafting, scuba diving, horse riding, etc.) any health expense that may occur during sports competitions and races (any sports event, automobile, motorcycle races, etc.), any examination, treatment, and care of the diseases that occur during the insured's participation in the matches as a licensed athlete or during their preparation are not covered.
- Damage due to the Insured's involvement in any fight/quarrel, excluding self-defense.
- Health expenses arising directly or indirectly from or caused by ionization radiations from any nuclear fuel or radioactive contamination or the radioactive, toxic, and other hazardous properties of any explosive nuclear composition or nuclear component.
- Fraudulent acts of any other person who represents or mediates for the policyholder making a claim under these general terms.
- Insurance coverage is not applicable for individuals aged 66 and above.
- Any expenses related to pre-existing diseases and conditions, as well as expenses resulting from the periodic continuation and recurrence of these diseases.
- Any examination and treatment expenses that are not covered by the policy's coverage.
- Suicide and suicide attempt.
- **Decompression sickness (diver's disease):** The condition commonly referred to as "the bends," which occurs due to rapid decompression in divers.
- **Acute Psychotic States:** Neurological or psychological disorders that lead to excessive aggression.
- Newborn comas.
- Ongoing labor activity (rupture of the amniotic sac)
- Except for cases requiring reconstruction, all aesthetic and plastic surgeries not resulting from a covered accident during the policy validity period.
- All medical expenses arising from any dangerous sports activities, whether for professional or hobby purposes (such as mountain climbing, scuba diving, piloting aircraft and gliders, motorcycling (including the driver and passenger), parachuting, paragliding, hang-gliding, horseback riding in races and competitions, skiing, etc.), are excluded.
- Epidemics officially declared and intentionally initiated;
- Expenses related to the materials not accepted as drugs, any substance and chemical licensed by the Ministry of Agriculture, any drug that is not officially imported, and any external prosthesis and support prosthesis (that cannot be evaluated within the Inpatient Treatment Coverage), Vitamin-mineral combinations and/or nutritional regulatory preparations used to meet the daily needs of the body and/or to maintain general health (walking stick, wristband, heel support, strap, home-use moisturizers, externally worn devices, gauzes, non-medicated injectors, tapes, glasses-lens, lens solution, toothpaste, oral and dental care preparations, sterile seawater, etc.), other expenses that are not necessary for treatment such as telephone, TV, cafeteria, administrative service, paramedical service, and service fee, etc.

- If non-contracted health institutions are utilized after the necessary notification is given, the total payment for treatment/surgery should not exceed the average cost incurred at comparable hospitals.
- Pregnancy, including any related complications and treatments.
- Mild bleeding, such as vaginal bleeding, nosebleeds, etc., that will not result in hypovolemia in localized bleeding situations.
- Occupational diseases, and work accidents.

11.3. Deductible amount specified in the policy for emergency medical treatments.

12. SCOPE OF MEDICAL EMERGENCY SERVICES

Acute Abdomen: Sudden and life-threatening conditions of the abdominal region (e.g., appendicitis, gastric perforation, intestinal obstruction, peritonitis). The emergence of diseases related to intra-abdominal organs that require urgent surgical intervention, such as perforation or obstruction of hollow organs such as the stomach and intestines, obstruction of the bile ducts due to stones or inflammation, serious organ inflammations like appendicitis or pancreatitis, obstruction in the intestinal or peritoneal arteries, etc.

Acute Massive Hemorrhage: Sudden and short-lived excessive bleeding, such as accidental internal organ and extremity bleeding. Severe and life-threatening internal or external bleeding, typically caused by trauma.

Sudden Strokes: Losing the ability to move or feel the limbs or the whole body due to cerebral hemorrhage, spinal injury, etc.

Asthma Attack and Acute Respiratory Problems: Drowning, foreign body ingestion, allergic reaction, respiratory tract burns that may cause severe respiratory failure.

Severe Allergic Reactions, Anaphylactic Shock: Allergic conditions that may lead to anaphylactic shock, characterized by a systemic and potentially life-threatening reaction (e.g., penicillin allergy, severe allergies, or low blood pressure).

Limb Amputations: Partial or complete detachment of fingers, hands, feet, arms, or legs resulting from an emergency.

Severe Burns (Non-first-degree burns): Extensive injuries caused by fire, chemicals, electricity, or other sources, which can lead to significant dehydration, organ damage, or skin impairment. Additionally, inhaling smoke or hot air can cause constriction in the respiratory tract.

Any Coma Condition: Conditions ranging from impaired consciousness caused by diabetes, cerebral hemorrhage, kidney failure, etc., to complete loss of consciousness (coma).

Freezing, Cold Shock: Exposure to extremely cold temperatures can have detrimental effects on vital functions, potentially leading to shock and causing gangrene in the limbs.

Electric Shock: Severe electrical shocks that can cause burns, damage to organs, or disrupt the heart rhythm.

Heat Stroke: Heat stroke refers to situations where individuals are exposed to prolonged periods of intense heat or hot environments, leading to disturbances in heart rhythm, blood pressure, or consciousness.

Heart Attack and Rhythm Disorders, Hypertension Crises: Acute conditions involving the heart, including heart attack, certain types of abnormal heart rhythm requiring immediate treatment, and severe elevation of blood pressure that can lead to serious complications such as cerebral hemorrhage.

Meningitis (Inflammation of the meninges), Encephalitis (Brain inflammation), Brain Abscess: Inflammatory and infectious diseases affecting the brain and its surrounding membrane can have an impact on nervous system functions, potentially affecting vital functions and causing alterations in consciousness.

Sprains/Dislocations/Fractures of the Entire Skeletal System: Any fractures, dislocations, sprains and plaster expenses caused by an emergency.

Renal Colic (Severe Kidney Pain) (Excluding ESWL, etc., treatments and surgeries): A condition characterized by severe pain caused by kidney stones, which, if advanced, can result in the urinary tract or kidney damage.

Drowning in Water: Situations where there is water ingress into the lungs to the degree that causes suffocation, typically occurring during respiratory or cardiac arrest or when the patient's general condition is compromised.

Traffic Accident: Acute cases involving spinal injuries and hemorrhagic fractures that result from traffic accidents. Severe trauma to the

chest, abdomen, or head, which can lead to internal bleeding, even if the patient's condition may not be immediately affected. Incidents involving sharp, penetrating injuries caused by vehicle parts, resulting in significant blood loss within the body.

High fever (over 39.5°C): Elevation of body temperature caused by factors such as poisoning, infectious diseases, heat stroke, etc., which may result in complications such as abnormal heart rhythm or convulsion (seizures). The average is 39.5°C or higher.

Fall: Acute cases involving sprains, lacerations, spinal injuries, and hemorrhagic fractures that result from falls. Severe trauma to the chest, abdomen, or head, which can lead to internal bleeding, even if the patient's condition may not be immediately affected. Incidents involving sharp, penetrating injuries caused by vehicle parts, resulting in significant blood loss within the body.

Severe Poisoning: Instances where vital functions are compromised either at the time of the event or with the potential to disrupt them in the future due to the oral ingestion of substances, contact with chemical substances on the skin, or inhalation of toxic gases.

13. CRITERIA FOR DETERMINATION OF PREMIUM

When determining the prices of our products, various factors are taken into account, including medical inflation (which depends on the Turkish Medical Association Minimum Wage Tariff), fluctuations in private hospital prices, changes in medicine prices, increased costs of surgical consumables, expenses related to new diagnostic and treatment methods due to technological advancements, product profitability, general expenses, commission rates, portfolio aging, shifts in disease and treatment risk distribution based on gender and age, as well as changes in exchange rates. The Insurance Company may recalculate and adjust product prices as needed, considering the aforementioned criteria.

14. LIABILITIES OF THE POLICY OWNER

14.1. General Procedure

In case of an emergency, the Policy Owner should contact the 24-hour Health Communication Center at 0(850) 226 0123, as per the agreement between them and Katılım Emeklilik ve Hayat A.Ş. They should provide the following information:

- Full name,
- Location and contact number,
- Description of the problem they are facing and the type of assistance needed.

In cases where the treatment of the insured requires surgical intervention (surgery), the following documents need to be submitted:

- Medical report and discharge report (epicrisis) confirming the necessity of the surgical intervention.
- Technical surgery report.
- Original printed invoice covering all surgical costs, including the operator's fee.
- Pathology report.
- In the case of a traffic accident, an alcohol report and an accident report.

14.2. Liability to Make a Fair Declaration

The Policy Owner acknowledges and confirms that all information submitted to Katılım Emeklilik ve Hayat A.Ş. is true and represents their own declaration. If it is determined that the information provided by the Policy Owner regarding themselves and/or their dependents while receiving services under the insurance agreement is incorrect, incomplete, or false, an additional fee will be charged for all services provided by the Insurance Company. The Policy Owner agrees and undertakes to indemnify Katılım Emeklilik ve Hayat A.Ş. for any losses incurred due to their inaccurate, incomplete, or false declaration.

14.3. Organizations to Which Insurance Claim Payment Information is Submitted

The Insurance Company is required to disclose any information (regarding damages, coverage details, personal information, etc.) received from the insured during the issuance of the health insurance agreement to the Insurance Information Center, Undersecretariat of Treasury, SAGMER, and any other state institution as mandated by legal regulations. By purchasing health insurance, individuals agree in advance to the disclosure of this information to official institutions.