Katılım Sağlık
Şimdi Başla

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TRAVEL HEALTH INSURANCE SPECIAL CONDITIONS

1. SUBJECT AND SCOPE OF THE INSURANCE

This Insurance Contract provides the expenses under the Travel Insurance of the insured who are Turkish Republic citizens residing within the borders of the Turkish Republic and of the foreign nationality insured residing in Türkiye within the scope of the Travel Insurance and incurred during the travels to the countries and/or the specified regions within the country and also incurred during the travels of the foreign nationals to Türkiye within the framework of the provisions of the "Turkish Code of Commerce", this 'Special Terms and Conditions' and the General Terms of Travel Health Insurance within the payment limit and rates written on the policy and undertakes to fulfill the covered organizations and coordination.

The coverage under this policy terminates when the trip that led to the purchase of the policy ends and/or when the insured returns to their registered place of residence, whichever occurs first. The coverage becomes effective at the moment it is verified by passport that the insured has left the borders of Türkiye during the policy term, beginning upon exit from customs and ending at the customs gate of Türkiye, even if this occurs before the expiry date stated in the policy.

The information stated on the policy shall prevail. The insurance coverage is valid only for the individuals named in the policy; no other person shall benefit from the coverage. As for the claims related to Foreign Travel Health policies, the person who will benefit from such insurance must be present in Türkiye while the policy is being issued, otherwise the policy shall be deemed invalid.

If two or more travel policies with the same coverage are obtained from the insurer, the policy with the higher limit shall apply, and claims will be evaluated within the limits and rates of that policy. If a travel policy with the same terms is obtained from another insurance company, the insurer must be informed of the other policy. In such cases, the date of issuance shall be taken into account. The services defined under these Special Conditions shall be provided within the framework of the conditions and limits specified herein and in the insurance policy. The coverage contained under this policy shall be provided by the insurer and contracted assistance company of the insurer. The insurer shall provide only the coverages indicated on the front page of the policy, in accordance with these Special Conditions and the General Conditions of Travel Health Insurance.

2. DEFINITIONS

The following terms and expressions shall have the meanings assigned to them whenever they appear in this policy. The definitions below are general in nature, and the scope of the policy is limited to the coverage stated in the policy.

Policy: refers to the document issued and signed by the insurer and delivered to the insured or policyholder, which sets forth the rights and obligations of both parties arising from the insurance contract.
Policyholder: refers to the person who concludes the insurance contract and assumes responsibility for fulfilling all obligations arising from it, including the payment of the premium.
Insurer: refers to Katılım Emeklilik ve Hayat Anonim Şirketi.
Accident or by Accident: refers to a sudden, unexpected, and unforeseeable injury or damage resulting from an external and unidentifiable event.
Accidental Damage: refers to the partial or total destruction of an object due to a sudden and unexpected external event, or injury to a person resulting from an event of the same nature.
Bodily Injury: refers to a health condition caused by sudden and external effects, such as an accident, which requires the Insured to undergo a medical examination or receive treatment from a healthcare institution or physician.
Adverse Weather Condition: refers to severe weather conditions that cause the police or other competent authorities to make an official announcement and warning through public communication channels (including, but not limited to, radio and television) stating that the route intended to be taken by the Insured is unsafe for travel.
Assistance Company: refers to the company assigned by the insurer to process travel assistance operations and damage claims on its behalf.
Close Relative: refers to the insured's spouse, mother, mother-in-law, father, father-in-law, daughter, daughter-in-law, son, son-in-law, sister, sister-in-law, brother, brother-in-law (including the husband of a sibling), paternal or maternal grandmother or grandfather, grandchild, stepmother, stepfather, stepsister, or stepbrother.
First-Degree Relative: refers to the insured's mother, father, siblings, and children.
Country of Residence: refers to the country where the Insured legally resides, can substantiate this status with an official proof of residence, and is registered with a physician in that country.
Emergency Medical Condition: refers to a condition not included among the exceptions or subject to waiting periods under the General and Special Conditions of Travel Health Insurance, arising from a sudden illness or bodily injury that cannot be delayed, leading to a

justified medical opinion that urgent medical or surgical treatment is required, and deemed an emergency by the Insurer. Emergencies are defined in accordance with the World Health Organization standards. Treatments provided after the patient's condition has stabilized shall not be considered emergencies.

- Any condition resulting in loss of consciousness
- Myocardial infarction
- Arrhythmia
- Hypertensive crisis
- Poisoning
- Traffic accident
- Sudden stroke
- Severe headache with vomiting and loss of consciousness (e.g., migraine)
- Asthma attack
- Acute respiratory distress
- Fever above 39°C
- Severe allergic reaction
- Anaphylaxis
- Acute abdominal pain
- Falls from height
- Severe occupational injuries
- Extremity loss
- Meningitis
- Encephalitis
- Cerebral abscess
- Electric shock
- Serious eye injuries
- Gunshot wounds
- Stabbing injuries
- Drowning
- Frostbite
- Hypothermia
- Heatstroke
- Severe burns
- Neonatal coma
- Diabetic or uremic coma
- Dialysis-related condition accompanied by general deterioration
- Acute massive hemorrhage
- Spinal and lower limb fractures
- Rape

Healthcare Institution: refers to private or public organizations licensed and regularly supervised by the competent authorities of the relevant country that provide outpatient and/or inpatient treatment services.
Insured: refers to the person in whose favor the policyholder has taken out the insurance during the policy period.
Sum Insured: refers to the maximum amount of coverage payable by the insurer.
Emergency Travel Expenses: in the event of a Medical Emergency occurring during a Trip covered by this insurance contract, refers to additional travel expenses incurred by the Insured to reach the recommended or the most reasonable and adequate medical center or hospital to receive medical assistance and/or treatment. Such expenses may include repatriation to the Insured's Country of Residence. Any refunds made to the Insured, as well as any applicable deductions or savings, shall be subtracted from these expenses.
Medical Expenses: refer to reasonable costs appreciated by a physician or for which a prescription has been issued by the same (to the extent determined by a senior physician) which are required for the assessment and/or treatment of an Emergency Medical Condition occurring during a trip (except in cases where an intra-country policy has been purchased) outside the country where the insured resides and resulting with the injury, sickness, forced quarantine, being exposed to unplanned and unexpected birth complications, or premature birth or discharge of the uterus of the insured. Medical Costs shall only be only incurred at the discretion of the senior physician until the stage where the insured is treated sufficiently to be able to return to the country of residence. Hospitalization and ambulance costs must be approved by the assistance company.
Physician: refers to a medical doctor or specialist who holds a legally recognized medical degree, is registered to practice medicine in the country of practice, and is not the Insured, a close relative, or an employee of the Insured.

General Terms and Conditions of Travel Health Insurance: refers to the General Terms and Conditions of Travel Health Insurance determined by the Insurance and Personal Pension Regulation and Supervision Agency.
Pre-Existing Medical Condition: refers to a medical condition that exists at the time of purchase of the policy, as described below:

a) a condition from which the Insured has previously or currently suffered, is aware of, or has consulted a medical professional about within the last five years, and for which the Insured has used prescribed medication or required hospitalization.
b) a condition for which the Insured has not yet been diagnosed but has shown signs, symptoms, or any form of disorder, or for which the Insured is awaiting medical diagnosis, examination, test results, or treatment (including surgery), or requires medical check-ups at least once every twelve months.
c) any type of cancer or other medical condition that has been diagnosed as terminal.

Deductible: refers to the amount stated in the policy that falls outside the coverage and/or service provided by the Insurance Company, or the amount that the Insured must contribute for each event.
Public Transportation Vehicle: refers to any air, land, river, or sea vehicle operating under a license for the transportation of fare-paying passengers. Public Transportation Vehicles do not include vehicles privately rented or hired.
Terrorism: refers to the act(s) of any person or group to influence any state/government for political, religious, ideological or similar reasons and/or to intimidate the people or part of the public, including but not limited to the use of actual force and violence or threatening to use force and violence. In addition, perpetrators of a terrorist activity may act alone or on behalf of or in connection with an organization or state/government.
Travel: refers to a journey that begins with the departure from the permanent residence and ends upon return to the same residence, taking place within the time interval covering the start and end dates stated on the policy and by means of the planned mode of transportation. The Insured must hold a confirmed round-trip air ticket for international trips; one-way trips or trips using open tickets are not covered.
Use of Nuclear, Chemical or Biological Weapons of Mass Destruction: refers to the emitting, discharge, dissemination, release or leakage of any solid, liquid or gas form chemical composition into the atmosphere with the use of any explosive nuclear weapon or device or a degradable material that disperses a level of radioactivity and which may neutralize, maim or kill people or animals by the proper distribution of pathogenic (disease causing) microorganism/microorganisms and/or biologically reproduced toxin/toxins.
Valuable Goods: refers to audio, imaging, video, photo device, desktop computer, laptop, iPad and/or android tablet or similar device and portable navigation equipment, mobile phone, jewelry, fur, gold and silverware, watch, binoculars, musical instrument, electronic game, and sports equipment.
War: refers to an armed conflict between nations, whether or not war has been declared, including the actions of forces operating on behalf of any international authority, invasion, hostilities, acts of war or war-like operations, civil war, rebellion, insurrection, revolution, military force, extortion, or martial law.
Exemption: refers to the circumstances excluded from the scope of the insurance contract.
Patient Share: refers to the portion of acceptable medical expenses to be borne by the Insured, calculated at the amount or rate specified in the coverage table attached to the insurance contract.
Limit: refers to the total of the indemnity amount payable by the Insurer under the same policy period and the contribution and exemption amounts to be paid by the Insured.
Special Conditions: refers to this document, issued by the Insurer as an integral part of the policy, setting forth product-specific rules and conditions.
Indemnity: refers to the amount paid for medical expenses considered within the scope of coverage under the General and Special Conditions of Travel Health Insurance, taking into account the applicable coverage, limits, exemptions, and participation share specified for the relevant policy period.

3. GEOGRAPHICAL BORDER

This insurance contract provides coverage within the geographical borders stated below.

Domestic Travel Health Insurance policies are valid within the borders of the Republic of Türkiye. Schengen/European Travel Health Insurance policies are valid within Schengen and European countries. Worldwide Travel Health Insurance policies are valid in all countries of the world.

Countries at war are excluded from coverage, even if their names are not specified in the policy. Although the Geographical Border of the policy is stated in the policy, any accidents or illnesses occurring in Türkiye are excluded from coverage under Foreign Travel Health policies. The coverage becomes effective at the moment it is verified by passport that the insured has left the borders of Türkiye during the policy term, beginning upon exit from customs and ending at the customs gate of Türkiye, even if this occurs before the expiry date stated in the policy.

4. VALIDITY PERIOD OF THE POLICY

The policy is valid for trips up to 46 days under policies with a term of 3–6 months, up to 92 days under policies with a term of 6–12 months, and up to 184 days under 1-year policies.

5. COVERAGES

5.1. COVERAGE FOR EMERGENCY MEDICAL TREATMENT

If the Insured suffers a Medical Emergency during a Travel, the Insurer shall indemnify the loss claims that the Insured notifies to the Insurer within 30 days of the date of the incident, in accordance with the procedure set out below, subject to the coverages and corresponding limits shown on the policy schedule (front page) and the terms of this contract.

For the Medical Costs and the Costs to Return to the Country of Residence, including hospitalization expenses, the Insured should—if able—call the Assistance Company for approval before incurring any expense. If the Assistance Company and the Physician cannot reach agreement, the Insurer shall be entitled with the final approval.

5.1.1. EXCLUSIONS FOR MEDICAL TREATMENT COVERAGE

The exclusions listed below apply solely to this section titled "Medical Treatment Coverage." Other exclusions applicable to this coverage are described in the General Exclusions section. The Insurer shall not be liable in the following cases:

• The Insured travels against a Physician's advice (or would have done so had the Insured consulted a Physician). If there is a change in the Insured's health after the policy start date and before the booking/ticketing date of a Trip, the Insured must consult a Physician to determine fitness to travel. Medical expenses and repatriation costs for travel undertaken against medical advice are not covered. If the Trip must be canceled for medical reasons, the Insured may only claim compensation under the "Coverage for Travel Cancellation" if it is included in the coverage table.
• The Insured travels abroad for medical care, consultation, advice, or treatment (including the occurrence of other medical conditions and/or complications arising from such procedures) and/or there is no Medical Emergency.
• Medical conditions resulting from the Insured's failure to follow the treatment prescribed by the Physician or to take prescribed medication. Treatments or expenses that are not usual, customary, reasonable, or generally accepted to treat the Insured's Medical Emergency. Expenses not approved by the Senior Physician and/or the Assistance Company; and treatment that can reasonably be postponed until the Insured's return to the Country of Residence.
• Dental treatment within the borders of the Insured's Country of Residence; and funeral and burial expenses, except where domestic travel insurance is purchased.
• Unless otherwise agreed by the Insurer, treatment that can be obtained free of charge or at a reduced price from a state-run benefits provider or an equivalent institution.
• Expenses incurred after the date on which the Insurer exercises its rights under this section to transfer the Insured from one hospital to another (as determined by the Senior Physician or the Assistance Company) and/or to arrange the Insured's repatriation, but after which the Insured decides not to be transferred or not to be repatriated.
• Treatment and expenses for cosmetic reasons, except where the Senior Physician or the Assistance Company agrees that such treatment has become necessary as a result of a Medical Emergency.
• Additional expenses incurred due to the Insured's stay in a single or private room, unless the Assistance Company agrees that this is medically necessary.
• Treatments planned or reasonably foreseeable prior to travel.
• All dental treatments.
• Routine or optional (non-emergency) care or treatment received by the Insured before or during the Trip, including examinations or advice from specialists, investigations, treatments, or surgical operations, as well as complications resulting from such cosmetic or elective surgical interventions.
• Expenses incurred as a result of an illness contracted by the Insured before leaving the Country of Residence where they have not received vaccinations recommended by his/her Physician or the Ministry of Health, or has not taken the recommended medication, and/or has not completed a full course of medication recommended by his/her Physician and/or required to be completed for such medication.
• Medical expenses related to illnesses and injuries arising during the Insured's participation in, or preparation for, competitions as a professional and/or licensed athlete, and medical expenses related to the Insured's participation, whether licensed or not, in mountaineering, paragliding, skiing, snowboarding, martial arts, motor-vehicle racing, rafting, or horseback riding activities.

5.2. EMERGENCY MEDICAL EVACUATION AND TRANSPORTATION DUE TO INJURY OR SERIOUS ILLNESS

If medically necessary, and with the prior approval of the Assistance Company (based on the opinion and recommendation of the Physician and the Assistance Company), additional expenses incurred during air travel or other suitable means of transportation to

return the Insured to the Insured's Country of Residence (or city of residence if domestic coverage is purchased), including qualified escorts, are also covered. Unless otherwise agreed by the Assistance Company, the expenses arising for the return to the country apply only to the class of ticket originally booked for the out-of-country Trip. If the Assistance Company and the Physician cannot reach agreement, the Insurer shall be entitled with the final approval.

5.3. TRANSPORTATION EXPENSES AFTER MEDICAL TREATMENT
If, following hospitalization and an inpatient surgical procedure due to serious illness or serious injury covered under this policy, the Insured is discharged and the attending physician determines that the Insured cannot continue the trip and cannot use the original means of transportation to return to his/her residence address, and this situation is medically documented and approved in advance by the Assistance Company, transportation to the residence address by a scheduled mode of transportation (airplane or bus) within the limits specified in the policy shall be covered. A one-way economy class air ticket shall be provided, using the existing ticket if necessary.

5.4. ACCOMMODATION OF A FAMILY MEMBER DUE TO HOSPITALIZATION FOR ILLNESS OR INJURY
If this coverage is included in the policy and the Insured is required to be hospitalized for more than five (5) consecutive days during the trip due to a medical condition or injury covered by the policy, the presence of one family member designated by the Insured to accompany the Insured in the hospital shall be covered, subject to the approval of the Assistance Company and within the limits specified in the policy. Such expenses are limited to the overnight companion fee (excluding extras) for accompanying the Insured in the hospital and to the standard room and breakfast rate (excluding extras) for accommodation in a four-star hotel. The hotel where accommodation will take place shall be determined by the Assistance Company.

The cost of an economy class flight ticket or standard train ticket for one accompanying close relative and daily meal and accommodation expenses up to the limit stated on the front of the policy shall be paid under this coverage.

5.5. FUNERAL TRANSPORTATION
In the event of the Insured's death in a country other than their Country of Residence (or outside the city of residence if domestic coverage has been purchased), the expenses incurred for transporting the Insured's remains to the Country (and city) of Residence shall be reimbursed within the scope of this coverage, subject to the limits stated on the front of the policy and the provisions of this contract. Funeral, morgue, and burial expenses are excluded from coverage under all Travel Health Insurance policies.

5.6. EARLY RETURN COVERAGE
This coverage is valid only if included in the policy.
Economy-class airfare for the Insured's return to the city of residence due to the death of a first-degree relative is payable under this coverage. For this coverage to be valid, the Insured must submit to the Insurer a document issued by the official authorities evidencing the incident.

Economy-class airfare for the Insured's return to the city of residence due to damage to the Insured's Permanent Residence is payable under this coverage. If, during the Travel, the Permanent Residence becomes uninhabitable due to theft, flooding, fire, or explosion, or if the Insured's presence at home is required due to the risk of excessive damage, the Insurer will arrange and pay the necessary expenses for the Insured to return to the Permanent Residence on an economy-class scheduled flight (using any existing air ticket, if available). This coverage applies only if the Insured is unable to use the means of transportation used for the original Travel.
For this coverage to be valid, the Insured must submit to the Insurer an official document from the relevant authorities (such as a fire brigade report or police report) evidencing the incident.

5.7. EXTENSION OF STAY DUE TO INJURY OR ILLNESS
If medically necessary (provided that it is stated by the treating Physician), additional travel and/or accommodation expenses incurred for the Insured to remain in the country beyond the return date to the Country of Residence shown on the Insured's ticket, by no more than 10 days and up to the standard of the Insured's original reservation, shall be reimbursed.

5.8. CANCELLATION OF THE TRAVEL (FOR MANDATORY REASONS)
If this coverage is included in the policy, in the event that the Insured cancels, postpones, modifies, or abandons the Trip due to the unforeseen and unavoidable reasons set out below, the Insurer shall pay up to the amount of the expenses incurred for travel arrangements made through the travel agency that are prepaid, non-refundable, and unused.

To benefit from this coverage, the Insured must submit: a receipt showing payment to the travel agency; a bank transfer receipt; if paid by credit card, a credit card statement showing the payment; a letter from the bank confirming that no chargeback (chargeback) was issued; the voucher and/or the travel contract; and the travel agency's penalty invoice.

• The Insured, a Close Relative of the Insured, a Close Relative traveling with the Insured and staying in the same room, or a person whom the Insured is visiting as the main purpose of the Trip suffers an accident resulting in serious Bodily Injury and/or becomes severely ill or is on his/her deathbed. For this coverage to apply, the above-mentioned persons must have an illness requiring emergency intervention as defined by the World Health Organization (WHO), supported by a medical report.
• The Insured is dismissed from employment in a manner that entitles him/her to unemployment benefits under applicable legislation.
• The Insured is summoned outside the usual call-up period for military service, called to serve as a juror in court, or summoned to testify in court in a capacity other than his/her professional role or as a consultant/expert witness.
• Major accidental damage occurs at the Insured's residence or place of business and the Insured is required to be present on the premises to ensure the security of the property.
• A theft occurs at the Insured's residence or workplace and the police request the Insured's presence in that area, which must be evidenced by a police report.
• Even if both coverages are shown together on the policy schedule (front page), indemnity shall be paid for only one of the coverages: Cancellation of Travel (for Mandatory Reasons) or Delayed Departure.

5.8.1. CANCELLATION OF THE TRAVEL (FOR COMPULSORY REASONS) COVERAGE EXCLUSIONS
The exclusions below apply only to this Section titled "Cancellation of the Travel (Compulsory Reasons). Other exclusions applicable to this coverage are described in the General Exclusions section. The Insurer shall not be liable in the following cases:

• Cancellation claims arising directly or indirectly from circumstances known on the date this policy was purchased or on the date the Trip was organized.
• The first 10% of the total cost of the Trip as published and invoiced by the travel agency; the cost of refundable or deferrable airline tickets; and any taxes, duties, fees, and similar amounts that are refundable on promotional tickets.
• Additional costs arising from failure to notify the providers of travel, accommodation, short trips/tours, and leisure/sports activities and services that the Trip must be canceled.
• Where cancellation is due to a medical condition, claims made without an underlying medical certificate from an appropriate Physician confirming the valid medical reasons for canceling the Trip.
• Travel tickets purchased using an airline mileage or rewards program, or accommodation paid for using a Timeshare, Timeshare Bond, or other vacation points program.
• Failure to obtain the required passport.
• Where a claim arises due to the breakdown of a scheduled Public Transport Vehicle or a private vehicle, claims made without supporting documentation from a travel services provider or other appropriate authority confirming that the Trip should be canceled.
• Losses or expenses resulting directly or indirectly from a strike or industrial action that existed or was announced before the date the Insured purchased this insurance or the date the Trip was organized.
• Cancellation claims due to the Insured's unwillingness to travel.
• Cancellation claims due to termination or unemployment arising from the Insured's misconduct or wrongdoing that led to resignation or dismissal.
• Claims arising from volcanic eruptions or volcanic ash clouds.
• Pre-existing medical conditions of a Close Relative, or of a person traveling with the Insured or being visited by the Insured.
• The Insured's failure to receive recommended vaccinations or medication prior to the Trip.
• Expenses incurred by the Insured to return to the original destination to complete the Trip after the Insured has canceled or curtailed the Trip, including additional accommodation costs.
• The Insured's stolen or lost passport or travel documents.
• Withdrawal from service (temporarily or otherwise) of an aircraft or vessel on the advice of the Civil Aviation Authority, a Port Authority, or a similar governmental regulatory body.
• The Insured's failure to check in at the time required by the original itinerary.
• Amounts that the travel agency is obligated to refund under the Law on the Protection of the Consumer No. 6502, the applicable legislation, and the package tour contract.

5.9. REFUSAL OF THE VISA REQUEST
This coverage is valid only if included in the policy. The Travel Health Insurance policy of the Insured must have been issued prior to the visa application, the Insured must have applied to the correct consulate, must have accurately and completely submitted all documents requested by the consulate, and must not have any legal impediments to obtaining a visa. If, despite meeting these conditions, the visa application of the Insured is rejected by the relevant consulate, the fee paid to the consulate shall be reimbursed to the Insured up to the limit specified in the policy. To be eligible for indemnity payment, the Insured must submit both the receipt showing the amount paid to the relevant consulate and a stamped and signed letter from the consulate clearly indicating the reason for the visa rejection. In cases where these documents cannot be provided, no compensation shall be made. The coverage provided under this benefit applies

only to the fee paid directly to the relevant consulate for the visa application. Any other payments, including but not limited to service fees, courier/shipping fees, or other ancillary charges, are excluded from the scope of coverage.

For indemnity to be paid as a result of visa rejection, the following documents must be submitted to the Insurer in full:
• Copy of the passport.
• Visa rejection document issued by the consulate (all pages must be submitted).
• Slip or receipt of the payment made for the visa application obtained from the relevant application center (if a receipt is submitted, it must be signed and stamped).
• Invoice for the "Service Fee" issued by the application center.
• Copy of the insurance policy.
• Declaration form completed and signed by the Insured.
• Round-trip flight ticket for the Insured's trip (e-ticket copy must be provided).

5.10. DELAYED DEPARTURE
This coverage is valid only if included in the policy. If the departure is delayed due to any of the hazards listed below, expenses incurred during the delay, up to a maximum of ten (10) hours from the scheduled departure time, shall be covered within the limit specified in the policy. Expenses incurred during the first two (2) hours of delay shall be borne by the Insured. To receive indemnity payment, the Insured must submit to the Insurance Company a letter from the airline confirming the delay and detailed invoices for the essential expenses incurred. The purchase cost of a new flight ticket is not covered under this benefit and will not be reimbursed.

Covered Hazards:
• Strikes or industrial actions affecting the scheduled public transportation vehicle for which the Insured has purchased a ticket.
• Adverse weather conditions.
• Delays occurring while traveling to or from the final departure point within the Insured's Country of Residence due to a mechanical breakdown in the scheduled public transportation vehicle for which the Insured has purchased a ticket.

Delays arising from any hazard within the scope of insurance coverage that was known to public authorities or to the Insured prior to the issuance of the insurance policy are excluded from coverage.

5.10.1. COVERAGE EXCLUSIONS FOR DELAYED DEPARTURE
The exclusions listed below apply solely to this section titled "Delayed Departure." Other exclusions applicable to this coverage are described in the General Exclusions section. The Insurer shall not be liable in the following cases:

• Damage claims made in the event of insufficient time to arrive at the departure airport/port.
• Additional costs incurred where the airline, train, or the ship operator offers alternative travel and accommodation arrangements and where these are refused.
• The damage claims made by the insured in cases where the airline voluntarily accepts the compensation amount paid by the airline in order not to travel on a flight booked over seat capacity.
• Damage claims caused by Adverse Weather Conditions, strikes, and other industrial actions that were already present or announced to the public at the time of the Insured's travel reservation.
• Withdrawal from service (temporarily or otherwise) of an aircraft or vessel on the advice of the Civil Aviation Authority, a Port Authority, or a similar governmental regulatory body.
• Damage claims linked to the delays arising due to volcanic eruptions or volcanic ash clouds.
• Domestic flights or travels within the Country of Residence which do not form a part of the Insured's departure or arrival trip.
• The Insured being reluctant to travel.

5.11. DELAY DUE TO DOUBLE BOOKING
This coverage is valid only if included in the policy. If the Insured's scheduled flight is delayed for more than six (6) hours, or the trip is cancelled due to overbooking caused by an airline company error, the Insurer shall reimburse the Insured for the first emergency expenses, within the limits specified in the policy, provided that the original invoices are submitted.

5.12. DELAYED LUGGAGE
This coverage is valid only if included in the policy. If, during the outbound journey, the Insured's luggage is temporarily lost while under the custody of a public transportation operator or another transportation carrier from which a ticket has been purchased, and is not returned to the Insured within six (6) hours, and provided that a written confirmation is obtained from the said operator indicating the total duration of the delay and submitted to the Insurer, the Insurer shall reimburse the Insured for the expenses incurred for the immediate replacement of necessary clothing, medicines, and personal care products.

In such cases where luggage is delayed for six (6) hours, the Insurer shall pay compensation up to the maximum limit stated on the face of the policy. The Insured must submit a written notice of claim to the airline within the time limit specified in the airline's conditions of carriage and must retain all travel tickets, luggage tags, and receipts for emergency items purchased, in accordance with these conditions.

5.12.1. COVERAGE EXCLUSIONS FOR DELAYED LUGGAGE
The exclusions listed below apply solely to this section titled "Delayed Luggage." Other exclusions applicable to this coverage are described in the General Exclusions section. The Insurer shall not be liable in the following cases:

• Luggage delays occurring on the final leg of the return flight to the Insured's Country of Residence.
• Items and materials that are not immediately necessary or essential for the Trip.
• Items and materials purchased after the luggage has been returned.
• Claims for loss where a Property Irregularity Report (PIR) or other confirmation from the relevant airline authorities evidencing the loss and the duration of the delay has not been obtained.
• Delay, detention, or confiscation of the Insured's luggage by customs or other official authorities.
• Any goods transported under a Bill of Lading.
• Any amounts received as compensation from an airline or other carrier shall be deducted from the claim amount payable.

5.13. LOSS, DAMAGE OR THEFT OF LUGGAGE
This coverage is valid only if included in the policy. If, during the Trip, any item within the Insured's luggage delivered to the carrier is lost, damaged or stolen, and the item is not found within the period determined by the airline company, the Insurer shall pay compensation for the replacement or repair of such items within the maximum limit stated on the face of the policy and subject to the terms and conditions of this contract.

The amount of compensation payable by the Insurer shall be determined by deducting from the total loss reported by the Insured any compensation paid by the responsible airline company and any amount previously paid to the Insured under the Delayed Luggage Coverage. The Insured is required to submit a list of the contents of the luggage, including the estimated value and purchase dates of the items, together with the indemnity payment certificate received from the airline.

The decision to replace or repair the item(s) rests solely at the discretion of the Insurer. The amount payable shall be either the replacement cost as of the date of loss, less depreciation and amortization, or the repair cost—whichever is lower.

• 10% will be deducted for items up to 1 year old.
• 30% will be deducted for items between 1 and 2 years old.
• 40% will be deducted for items between 2 and 3 years old.
• 50% will be deducted for items between 3 and 4 years old.
• 60% will be deducted for items between 4 and 5 years old.
• 80% will be deducted for items older than 5 years.
• Claims made under the section titled Delayed Luggage shall be deducted from any valid claim made under this section.

5.13.1. EXCLUSIONS FOR LOSS, DAMAGE OR THEFT OF LUGGAGE
The exclusions below apply only to this section titled Loss, Damage or Theft of Luggage. Other exclusions applicable to this coverage are specified in the General Exclusions section. The Insurer shall not be liable in the following cases:

• Loss or damage to personal belongings that were not delivered to the airline.
• Loss or damage caused by normal wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, cleaning, repair, or restoration work, or mechanical or electronic failure.
• Any single item, pair, or set exceeding USD 250 (or EUR 250 for policies with premiums paid in Euro).
• Loss or damage to items rented, lent, or entrusted to the Insured.
• Loss or damage to personal belongings not reported to the transport service provider within 24 hours and for which an appropriate report has not been obtained.
• Damage to or loss of fragile or delicate items, or to household furniture, appliances, or equipment.
• Loss or theft of mobile phones, laptops, or tablets.
• Loss or damage to stamps, documents, title deeds, promissory notes, samples or merchandise, drafts, manuscripts, or any kind of security, or any expense directly or indirectly arising from such loss, damage, or theft.
• Loss or theft of food, beverages, or tobacco products.
• Loss or theft of contact lenses or corneal lenses, dentures or prostheses, loose precious stones, glassware, porcelain, paintings, antiques, hearing aids, prescription medicines, bicycles, small boats, dinghies, vessels and/or auxiliary equipment, vehicles, or vehicle accessories (except non-motorized wheelchairs).

• Loss or theft of wedding attire, business equipment, securities, negotiable instruments, deeds, or documents held for business purposes.
• Any amounts received as compensation from an airline or other carrier shall be deducted from the claim amount payable.

For compensation arising from loss or damage of luggage to be paid, the following documents must be submitted to the Insurer in full:
• Round-trip flight ticket.
• Declaration form fully completed and signed by the Insured.
• Travel document verification form requested by the assistance company.
• Report from the relevant airline authorities confirming the loss of luggage, specifying the duration of the delay, the list of items, and the delivery record.
• Luggage Loss/Damage Report (report on damage obtained from ground handling services or the airline company).

5.14. CASH ADVANCE SERVICE
This coverage is valid only if included in the policy. If the Insured, who is a resident of Türkiye, has their wallet stolen during the Trip and this situation is confirmed by a police report and a written undertaking to return the amount received, the Assistance Company shall provide the Insured with a cash advance up to the amount stated on the face of the policy. This amount shall be regarded as "entrusted money" in the possession of the Insured and must be returned to the Assistance Company by the Insured within a maximum of three (3) days following the completion of the Trip. In case of failure to comply with this obligation, the Assistance Company may initiate any and all legal proceedings and enforcement actions, including filing a criminal complaint with the Public Prosecutor's Offices of the Republic of Türkiye.

5.15. INFORMATION AND ORGANIZATION SERVICE
If this service is included in the policy, the Assistance Company shall provide the Insured with information regarding any problems encountered by the Insured.

5.16. MISSED CONNECTING FLIGHT DUE TO DELAY
This coverage is valid only if included in the policy. In the event that a connecting flight is missed due to a delay caused by the carrier, necessary expenses incurred at the airport, other than the compensation paid by the airline company, shall be covered within the limits specified in the policy. To receive indemnity payment, the Insured must submit to the Insurance Company a letter from the airline confirming the delay and detailed invoices for the essential expenses incurred. The purchase cost of a new flight ticket is not covered under this benefit and will not be reimbursed.

6. GENERAL EXCEPTIONS

In addition to the exclusions specifically set out above for each type of coverage, the Insurer shall not be liable for the following circumstances and any resulting losses and claims for indemnity:

• Unless expressly provided otherwise in the definitions of coverage under this contract, the exclusions set out in Article 9 of the General Terms and Conditions of Travel Health Insurance issued by the Ministry of Treasury and Finance.
• Claims for indemnity in respect of coverages not expressly stated on the face of the policy, or, if stated, to the extent they exceed the limits shown opposite such coverages.
• All claims arising from trips not organized by a travel agency established in the Republic of Türkiye where the Insured is not a resident of the Republic of Türkiye (i.e., for non-residents, only trips organized by a Türkiye-established travel agency are eligible).
• Where the policy premium has not been paid to the Insurer in advance.
• Where the Insured has not paid an additional premium (surcharge), any claims or expenses incurred on and after the date the Insured reaches the age of 66.
• Failure to follow the advice and instructions of the Insurer or the Senior Physician.
• Pre-Existing Medical Conditions.
• Expenses recoverable from any other source.
• Participation in sporting events and other activities not expressly covered under the Sports and Events section of this policy, or, whether or not listed in that section, participation in sports or other activities undertaken competitively or professionally.
• Self-inflicted injury or illness, suicide, or attempted suicide, or knowingly or recklessly exposing oneself to danger (except when attempting to rescue a person).
• Injuries arising from the Insured's failure to comply with the laws and regulations of the country in which the Insured is traveling. Injuries or accidents resulting from drug or alcohol abuse, or occurring while the Insured is under the influence of alcohol (at a level above the local legal driving limit in the destination country) or of drugs/medicines other than those prescribed by a duly licensed Physician.
• All pregnancy-related events and complications where the Trip commences after the onset of pregnancy without a report issued by a specialist physician confirming that there is no condition preventing the Insured from traveling.

• Strikes, lockouts, work slowdowns, and other industrial action that commence or are announced prior to the date the travel reservation is made.
• Trips to, or reservations made for, countries or any regions thereof where, after the policy has been purchased, a state or government agency, the World Health Organization (WHO), or a similar body has issued an advisory recommending against travel or advising travel only in cases of necessity. In such cases, the policy shall be cancelled and the premium refunded.
• Travel into or through the following countries: Afghanistan, Liberia, Syria, Iraq, Israel, Palestine, or Sudan.
• Any seizure of, or damage to, the Insured's personal belongings by any governmental, customs or public authority.
• Traveling, or attempting to travel, without proper and valid travel documents, including but not limited to passports and visas.
• Failure to receive or use any of the recommended vaccinations or medications for travel.
• State of war, whether declared or not.
• Terrorism; however, this exclusion does not apply to claims under the Medical Expenses section in cases of riot or civil commotion that commence simultaneously with the Trip.
• Ionizing radiation or radioactive contamination emitted from any nuclear fuel or nuclear waste, from the combustion of nuclear fuel, or arising from the radioactive, explosive, or other harmful and hazardous properties of any nuclear installation, or from other nuclear components of such an installation.
• Exposure to the use of nuclear, chemical, or biological weapons of mass destruction.
• Participation in a criminal act, civil commotion, or riot.
• The Insured, or a person accompanying the Insured during the Trip, traveling contrary to a Physician's advice or instructions, or traveling for the purpose of obtaining medical treatment or medical opinion/advice.
• A complication of pregnancy or childbirth where the same complication also occurred in a previous pregnancy.
• Participation or involvement in professional sports, races (other than walking or running), motor rallies, or motor vehicle competitions; or engaging in flying activities other than as a fare-paying passenger on a fully licensed passenger aircraft.
• Driving, except where the Insured holds a valid driver's license permitting driving in the Insured's country of residence and in the country visited.
• Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) and/or HIV- or AIDS-related diseases and sexually transmitted diseases, however transmitted/acquired and however named.
• Use of medication for the treatment of drug addiction.
• Phobias, anxiety, depression, or stress.
• The Insured's active service in any Armed Forces of any country and engaging in professional activities during their travel.
• Damage, destruction, or loss caused directly or indirectly by pressure waves from aircraft or other aerial devices traveling at or above the speed of sound.
• Any and all search and rescue expenses.
• All medical expenses related to epidemics and associated syndromes announced by the World Health Organization and/or the Ministry of Health; and procedures (including PRP) that have not been proven to have therapeutic properties, are not included in the treatment list, and have no equivalent in SUT and/or TTBAÜT-HUV. Any epidemic disease defined in this item may be included in coverage if specified in the policy; if not specified, the Company may, at its discretion, treat such procedure within scope as an ex-gratia payment.
• Phimosis treatment.
• Examinations performed for pre-pregnancy (pre-conception) control.
• Gender reassignment surgeries and treatments.
• All expenses related to the preparation and delivery of documents requested by the Insurer.
• All expenses related to treatment and care provided by persons (physiotherapist, dietician, private nurse, etc.) who do not meet the definition of "Physician" specified in the policy.
• Psychotropic medications; psychiatric disorders; and examinations and treatments performed in psychiatric clinics and/or by psychiatrists and psychologists, whether or not related to the treatment of psychiatric disorders.
• Flu vaccine.
• Expenses incurred for a medical board/committee report obtained for reasons such as pre-marriage, pre-employment, or pre-sports.
• Expenses related to screening for familial risk factors.
• Expenses incurred due to complications arising from faulty treatment or surgery attributable to physicians or healthcare institutions.
• Cosmetic treatments, vaccination.
• The Air Ambulance service can only be authorized by the Insurer and/or the medical team of the Assistance Company. Air ambulance transportation is covered only under international Travel Health policies within the European continent. Air ambulance transportation is not covered under domestic Travel Health policies or outside the European continent.
• One-way trips that are not related to a temporary journey are excluded from coverage.

7. OTHER TERMS AND CONDITIONS REQUIRED TO FILE A CLAIM

• All claims or potential claims for compensation must be reported to the Assistance Company no later than 30 days after the date of the event giving rise to the claim.

• Medical Treatment Expenses: All such expenses must be pre-approved by the Assistance Company. The Insured must immediately contact the Assistance Company in the event of a condition requiring medical treatment and act in accordance with its directions. If the Insured is unable to notify the Assistance Company at the time of the incident, the expenses must be submitted for approval as soon as possible thereafter.
• The Insurer shall only pay the Sum Insured and only to the extent that the same loss is not covered under any other insurance, state social security, or similar agreement. The Insured must inform the Insurer of such other coverage and, where applicable, assist the Insurer and/or any third-party service providers in pursuing claims for reimbursement.
• The Insured must, at their own expense, send any damaged property to the Insurer and transfer to the Insurer all relevant legal rights that would enable the Insurer to recover from the responsible party any amount paid to the Insured.
• Failure by the Insured or any other interested party to comply with the obligations set out in these terms and conditions may result in the rejection of the claim. A claim may also be rejected if the Insured has willfully caused the event giving rise to the claim, has acted fraudulently, or has refused to comply with the advice or instructions of the claim-handling authorities.
• In order to fully evaluate a claim, the Insurer may require the Insured to undergo a medical examination conducted by a Physician or medical professional appointed by the Insurer.
• The Insured must provide the Insurer with all records, reports, information, and documents required to support the claim. The costs associated with providing such documentation shall be borne by the Insured. The Insurer reserves the right to request any supplementary medical evidence deemed necessary by the Senior Physician to evaluate the claim.
• The Insured must seek and follow the medical opinion and advice of a Physician and undergo any medical examinations or tests requested and paid for by the Insurer. The Insured must submit to the Insurer (at the Insured's own expense) all required evidence, information, and documentation. In the event of the Insured's death, the Insurer reserves the right to request, at its own expense, an autopsy examination.
• The Insured shall provide the Insurer with any authorization required for the Insurer or its representatives to obtain the Insured's medical records upon request.
• The Insured or the person submitting a claim must cooperate with and assist the Insurer, the Assistance Company, or their representatives in a timely manner to obtain any additional records deemed necessary for the assessment of the incident or claim. The Insurer shall not, under any circumstances, be liable to make any payment unless the Insured fully cooperates with the Insurer or its representatives during the investigation and settlement of the claim.
• Indemnity payments shall be calculated based on the CBRT exchange rates applicable on the date the payment is made by the Insured or the Company. If the indemnity payment made by the Insured or the Company coincides with a public holiday or weekend, the exchange rate determined on the last official business day preceding the payment date shall be applied.
• Indemnity payments shall be made to the Insured's or the Company's bank account by wire transfer or EFT within a minimum of ten (10) business days, based on the policy start date of the Insured, provided that all claim-related documents have been submitted and approved by Katılım Emeklilik ve Hayat A.Ş. The documents required for the assessment of Travel Health Insurance claims are as follows:

o Declaration letter of the Insured
o Photocopy of the Insured's passport (including the page showing entry and exit dates)
o IBAN of the Insured
o Medical report or epicrisis report
o Original invoices for treatment expenses
o If medication was prescribed, the original prescription
o If medication was prescribed, the original pharmacy receipt

8. NECESSARY INFORMATION ABOUT CLAIM

Inpatient Medical Claims: For claims involving hospitalization of the Insured, the Insured must contact the telephone number provided below. All expenses must be pre-approved by the insurance company, except where the Insured is unable to make immediate contact, in which case the insurance company must be notified at the earliest possible opportunity.
Please contact the Health Contact Center at 0850 226 01 23 for such claims. Always have your policy number readily available, as it will serve as your reference number.

Outpatient Medical Claims and Non-Medical Claims: In cases that do not require admission to the hospital as an inpatient, for example, for medical damage claims such as physician's examination, medication or X-ray procedures, the insured must pay these costs directly and apply for their reimbursement when they return to the country of residence. The Insured must apply to the insurance company in accordance with the procedure described below. Non-medical damage claims shall be handled in the same manner as outpatient claims.
Please contact the insurance company at the following number: **0850 226 01 23**
Please ensure that copies of all documents submitted to the Insurer are retained to verify the accuracy of the claim.

9. METHOD OF PREMIUM PAYMENT AND CONSEQUENCES OF NON-PAYMENT

The full insurance premium must be paid upon delivery of the policy, immediately after the conclusion of the contract. Unless otherwise agreed, if the premium is not paid, the Insurer's liability shall not commence, even if the policy has been delivered.

10. VALIDITY PERIOD OF THE CONTRACT AND COMMENCEMENT OF COVERAGES

This Insurance Contract shall become valid upon full payment of the premium in advance and issuance of the policy. Any Insurance Contract issued after the commencement of the trip shall be deemed invalid, even if the premium has been paid.

The insurance coverage commences upon entry through the customs of the destination country within the regions where the coverages specified in the policy are valid. The coverage continues until the end of the trip and the date of re-entry through Turkish customs. In the event that a new trip is made to the region specified in the policy within the validity period of this Insurance Contract after the completion of a trip and re-entry to Türkiye, the coverages shall resume.

Under this Contract, the policy shall be valid worldwide, excluding Türkiye, for trips lasting up to 46 days for policies with a duration of 3 to 6 months, up to 92 days for policies with a duration of 6 to 12 months, and up to 184 days for one-year policies.

If inpatient treatment becomes necessary after the expiry date of the coverage due to an illness that occurred during a trip abroad within the validity period of the Insurance Contract, the coverage shall continue for a maximum of 7 days following the expiry date, provided that it is documented that the Insured cannot be transported to Türkiye. However, regardless of whether inpatient treatment is required or ongoing, the coverage shall immediately terminate upon the Insured's re-entry through Turkish customs.

All assistance cases falling within the scope of assistance services shall be valid within the relevant reference year and limitation period, in accordance with the start date of the case and the validity period of Katılım Emeklilik ve Hayat A.Ş. Travel Policy.

11. AGE LIMIT

To be eligible for this insurance, the Insured must be between the ages of 0 and 65 (inclusive) and must be a resident of Türkiye. Insureds aged between 66 and 74 (inclusive) may be covered under the policy with an additional premium (surcharge) of 100%, while those aged between 75 and 80 (inclusive) may be covered with an additional premium (surcharge) of 200%. Persons aged 81 and over are not eligible for coverage.

However, for Insureds aged 66 and above, expenses related to illness are not covered, and only accident-related expenses are included in the coverage. Minors (persons under 18 years of age) may be insured only if the policyholder is an individual over the age of 18 or a legal entity.

12. LIMITATION OF INDEMNITY

In the event of a claim arising from a loss, the Insured must take all reasonable steps to limit or prevent further loss. Any expenses incurred outside the scope of coverage and any payments made on behalf of the Insured shall be borne by the Insured, provided that prior consent of the Insured has been obtained.

13. DAMAGE CLAIM AND PAYMENT PROCEDURES

Compensation payments shall be made via wire transfer or EFT to the bank account notified by the Insured, within ten (10) business days from the policy start date, provided that all documents related to the compensation claim have been submitted and approved by Katılım Emeklilik ve Hayat A.Ş.

14. CONTRACT CANCELLATIONS

If the Insured requests cancellation due to the non-realization of the trip, provided that the Insured notifies the Insurance Company at least 24 hours prior to the policy start date and returns the policy to the Insurance Company, the full premium shall be refunded to the Insured by the Insurance Company. If the Insured requests cancellation after the policy start date due to tour cancellation, the Insurance Company shall be entitled to the full insurance premium, and no refund shall be made to the Insured. However, if the Insured submits a signed undertaking letter within a maximum of 15 days before the policy expiry date and waives the right to benefit from the tour cancellation coverage, the cancellation process shall be executed and a pro-rata (day-based) refund shall be made.

In order to terminate travel health insurance contracts arranged within the scope of visa applications upon the request of the Insured, and in accordance with the circular of the Undersecretariat of Treasury dated 10.05.2016 and numbered 2016/16 on Health Insurances to be Arranged for Visa and Residence Permit Applications, one of the following conditions must be met:

a) Submission to Katılım Emeklilik ve Hayat A.Ş. of a new travel health insurance or health insurance contract covering the visa period,
b) Visa revocation or non-extension of the visa,
c) Submission of a document confirming that the Insured is covered under Law No. 5510,
d) Rejection of the visa application or withdrawal of the application prior to decision.
In the event of termination of the contract, a pro-rata refund shall be made on a daily basis in accordance with insurance principles.
The policy cannot be transferred to another person.
The English versions of the documents that are required to be provided to the policyholder under the insurance legislation shall be delivered in addition to the documents printed in Turkish. In the event of any discrepancy between the provisions of the Contract, the Turkish text shall prevail.

15. FINAL PROVISIONS

This Policy shall be governed by and construed exclusively in accordance with the laws of the Republic of Türkiye, and the courts of the Republic of Türkiye shall have exclusive jurisdiction over all disputes arising hereunder.

This Policy and any benefits provided under it may not be assigned by the Insured without the written consent of the Insurer.
• The Insurer may cancel any or all of the coverage provided under this Policy in the event of war, by giving seven (7) days' written notice to the Insured's last known address.
• This Policy shall be rendered void if the Insured or any person acting on their behalf misrepresents, misdescribes, or conceals any material information. If any claim submitted by the Insured or any person acting on their behalf under this Policy is found to be false or fraudulent, the Insurer shall have no liability to pay such claim, shall remain entitled to the premium, and any amounts previously paid to the Insured under this Policy shall be reimbursed to the Insurer.
• No Sum Insured payable under this Policy shall accrue interest.
• It is a fundamental condition of this Policy that the Insured shall, at all times, comply with the terms and conditions of this Contract that require the Insured to act or refrain from acting as specified in the Policy. Failure to comply with the Contract shall result in the Insured forfeiting the right to the coverage provided under this Policy.
• The Insurer shall not pay any claim if any loss, damage, payment, or liability is wholly or partly covered under another insurance. However, this condition shall not apply to amounts exceeding those that would have been covered by such other insurance if this Policy had not come into effect.
• Any amendment or modification to the terms of this Policy may only be made with the prior written consent of the Insurer.