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**QUESTIONS AND ANSWERS REGARDING THE
GENERAL HEALTH INSURANCE**

1- What are the amendments in the general health insurance implementation starting from the data 1 January 2012?

One of the basic requirements to benefit from the general health insurance is to reside in Turkey. The mandatory general health insurance came into effect beginning from the date 1/1/2012. According to this; prisoners and convicted prisoners, soldiers, non-commissioned officers and officer candidate school students, the people, who are covered by a foreign country's social security and whose health expenses are covered by the foreign country they reside in, the people and their dependants, who are included within the scope of the bank's and insurance authorities' fund under the temporary article 20 of the law number 5510 until they are taken over by the authority, the citizens of foreign countries, who have not resided in Turkey for more than a year continuously, the parliament members and the constitutional court president and the constitutional court members and the retired employee from those entities, the ones who reside in Turkey except orphans and widows have been taken into the scope of the general health insurance.

THE PEOPLE WHO ARE EMPLOYEE, TRADESMAN AND CIVIL SERVANT

2- Will there be any amendment in the case of a person who is covered by a health insurance and who is a worker (4/a), tradesman (4/b) and civil servant (4/c) and of the people who receive a monthly pay owing to their insurance?

The health benefit will be provided to the people and their dependants, who are covered by the insurance as before. In other words, no amendment has been made for a person and their dependants, who are mandatory covered by the insurance and who work as workers, tradesmen and civil servants and the retired people.

3- What will those with compulsory insurance under law and having premium debts of more than 60 days among those working for and on behalf of themselves (those subject to Article 4/b) do then?

In case those with such circumstance pay all of their debts or pay the first installment (advance payment) by splitting their debts into installments of up to 36 months pursuant to Law No. 6183, it is possible those in question and their dependants to benefit from health

services. Installment transactions can be performed by the Institution upon application to installment plan, submission of the documents indicating their serious financial predicament (which can be found on the web pages of the Institution) and disbursement of the advance payment.

4- How will the spouses and children who are dependants of the insured who have premium debts of more than 60 days but have not applied to an installment plan or not made any payment among those working for and on behalf of themselves (those subject to Article 4/b) benefit from health services?

The spouses and children of older than 18 years old who are dependants of those with such circumstance may demand for general health insurance to our Institution. If they apply to Social Assistance and Solidarity Foundations located in their legal domiciles for income review after request, they may benefit from health services by paying premiums or coverage thereof by the Government according to the income review results.

5- How will those working under service contract as per the article (4/a) among those working for and on behalf of themselves (those subject to Article 4/b) benefit from health services?

When those working for and on behalf of themselves (those subject to 4/b) work for one or more than one employer, their insurance coverage shall be terminated pursuant to Article 53(4/b); therefore, they and their dependants may enjoy health benefits, provided that they pay a premium for at least 30 days under paragraph (4/a). However, their obligation to pay premium debts shall survive.

CHILDREN OVER 18 YEARS OLD

6- What will the case for the children over the age of 18?

The boys over the age of 18 studying at high school or its equivalent shall utilize the health benefits until the age of 20 in full; those still doing a master degree until the age of 25 in full, and those who are not married via health coverage of their parents. In other words, it is adequate for such persons to submit their student certificates annually to the provincial directorates/social security centers.

The girls enjoying the health benefits as in the capacity of “dependant” prior to 1st October 2008 may enjoy the health benefits as of 1st January 2012 same as before without seeking the age requirement unless they are married or under any insurance coverage.

7- What will the case for the boys who are over the age of 18 and are not studying/working or those who are over the age of 25 and are not studying/working?

Such persons shall be registered ex officio as of 1st January 2012 pursuant to Article 60 (1/g) of Law No. 5510. Such persons are required to apply to the social assistance and solidarity foundation located in their domiciles for income review. According to the income review results, their premiums shall be paid by themselves or the Government.

8- Will the incomes of the parents or of the children who have ceased to be dependants any more be considered in the income review?

While determining the income, it is based upon the parents of the person to be registered as under general health coverage and the children who are not married without considering the spouses appearing on their civil registry and living within the same house as a family and

their ages. Accordingly, while determining the incomes of those residing in the same address as their parents and still being dependants of the parents due to their age conditions, it is based upon the incomes of the parents and children. However, the incomes of those residing apart from their parents according to the civil registry and being ceased to be dependants shall be performed separately.

9- Will the children not residing in the same house as their parents due to educational conditions and being below the age of 25 be considered while determining the income?

The children among those who are not 25 years old in full, who are not married and who are residing apart from their parents due to educational reasons shall be evaluated within the same family during the income review.

CHILDREN BELOW THE AGE OF 18

10- What will be the case for the children whose parents do not have any social security?

Since all our citizens shall be registered compulsorily under the general health insurance, the children below the age of 18 of such persons shall be registered as their dependants and such children may benefit from health services via their parents pursuant to Article (60/g) of the said Law. All the children below the age of 18 may continue to benefit from health services without seeking the requirement of existing payment of premium debts for 30 days and absence of premium debts.

11- How will those being married until the full age of 18 and their children be covered under general health insurance?

According to the Turkish Civil Code, the persons become majors upon marriage, those who are below the age of 18 and do not have any social security as well as those who apply to be covered under the general health insurance to the Institution as per Article (60/g) of the said Law shall be registered as of the date of application, and they shall be subject to the procedures according to the income review results upon application to the foundation located on their domiciles.

INCOME REVIEW PROCEDURES FOR THOSE WITH GREEN CARDS AND NOT HAVING ANY SOCIAL SECURITY

12- How will those who have green cards prior to 1st January 2012 benefit from health services pursuant to Law No. 3816?

Those who have green cards prior to 1st January 2012 and continue to have their visas (right ownership) after such date shall continue to benefit from health services under general health insurance until the expiry of their visas. They are required to apply to the social assistance and solidarity foundation located on their domiciles within one month at the latest as of the expiry of their visas. According to the income review results, those whose monthly income per capita within the family is below two thirds of the minimum wage shall benefit from health services like those with having green cards, and their premiums shall be paid by the Government under Article 60/c-1 of the said Law.

13- What should those whose green card visas expire after 1st January 2012 do in order to benefit from health services?

Such persons are required to apply to the social assistance and solidarity foundation located on their domiciles within one month as of the expiry date of their visas.

14- How will the social assistance and solidarity foundations be contacted for income review?

The addresses and other contact details of Social Assistance and Solidarity Foundations via the websites of Ministry of Family and Social Policies at <http://www.aile.gov.tr> or "<http://www.sydgm.gov.tr/tr/vakif>". In addition, those to apply for income review may refer to the governorates/district governorships located in the provinces and districts of their domiciles in order to learn more.

15- Where can the people, who want to have an income test done, obtain the application form from?

The application form for the income test can be obtained from the web site of the Ministry of Family and Social Policies or through personal application to the foundations.

16- What will happen if the people, who are not covered by any kind of social insurance, don't apply for the income test until the date of 31/1/2012?

The people without a social insurance have been enrolled ex officio by the Institution under the subparagraph (60/g) of the law beginning from the date 1/1/2012. The document for the "notification for the income test application" has been mailed to the addresses of the people, who are under this scope, to have the income test made. The people, who are notified with the "notification for the income test application", will apply to the foundations in their residential area maximum in one month. However, these people can directly go and apply the foundations in their residential area without the need to wait for the written notification. In consequence of this, the date of 31/1/2012 will not be considered as the deadline for application.

17- Are those having income review performed required to do afterwards?

Since the income review results of those having such review performed shall be sent to SSI by the social assistance and solidarity foundations, such persons are not required to apply to the Institution for registration procedures separately. According to the income review results, SSI shall make a notification indicating their general health insurance status and premium amounts, which they are required to pay to such persons according to the monthly income per capita within the family.

18- When are those who do not have any social security required to apply to the social assistance and solidarity foundations for income review?

Those who do not have any social security and whose benefit period from general health insurance has expired may apply to the social assistance and solidarity foundations for income review without waiting for the notification by the Institution. However, such persons are deemed being under the coverage of general health insurance under Article (60/g) of the said Law and are required to apply to the social assistance and solidarity foundations within one month from the date of notification "application to income review", which is sent to their addresses for having income review performed.

19- What are those who do not have the right to benefit from general health insurance and/or whose general health insurances have expired required to do in case they do not want to have income review performed?

If those who do not have any social security or whose rights to benefit from general health insurance apply to the Institution for the performance of income review with a written declaration for the performance of income review, they shall pay general health insurance premiums in the amount to be calculated at the rate of 12% over two times of the minimum wage. (The amount shall be of TRY 213 for the initial six months.)

20- Will the dependants of those who are deemed premium payers because of the income review pay premiums as well?

Because of income review, the premiums of those whose monthly income per capita within the family is one third of the minimum wage and more shall be paid by themselves under Article (60/g) of the said Law. The spouses, children, and if any, parents of such persons, all of whom are dependants of such persons as well, are not liable to pay premiums. Such persons' dependants such as their spouses, children and parents may benefit from health services via the registered insured person.

21- What rights shall be provided with those who apply for income review?

The premium amount to be paid by those registered under general health insurance because of having income review performed shall be determined according to the income status of such persons. Because of income review, those whose monthly income per capita within the family is lower than one third of the minimum wage shall benefit from general health insurance and their premiums shall be borne by the Government.

Because of income review, those whose monthly income per capita within the family is higher than one third of the minimum wage shall be liable to pay premiums. In case the income review is not performed, the income of the registered person shall be deemed as higher than two thirds of the minimum wage, thereby requiring them to pay premiums over two times of the minimum wage.

22- What will be considered while performing income review?

While performing income review, the monthly income of the family is determined considering the incomes of the insured and spouses, single children and parents residing in the same house as the insured as well as their expenses, movables and immovables and rights arising there from. Such income amount is divided into the number of individuals within the family, and the result shall be the monthly income per capita.

23- Will those whose incomes are lower than one third of the minimum wage according to the income review results pay premiums?

According to the income review results, in case the average monthly income per capita within the family is lower than one third of the minimum wage, their premiums shall be paid by the Government and they are not required to pay premiums separately. Those whose incomes are determined in such manner shall not pay premiums as in those with green cards prior to 1st January 2012 and be deemed under coverage pursuant to Article (60/c-1) of the said Law.

24- How much premium will those whose income per capita within the family is more than two thirds of the gross minimum wage because of the income review?

Considering the minimum wage (TRY 886.50) between 1st January 2012 and 30th June 2012;

They shall pay a premium of TRY **35.46** in a month if their monthly income per capita is between two thirds of gross minimum wage and minimum wage (TRY 295.50 – TRY 886.50);

They shall pay a premium of TRY **106.38** in a month if their monthly income per capita is between two times of minimum wage and minimum wage (TRY 886.50 – TRY 1,773);

They shall pay TRY **212.76** in a month if their income per capita is higher than two times of the minimum wage (TRY 1,773).

Considering the minimum wage (TRY 940.50) between 1st July 2012 and 30th December 2012;

They shall pay a premium of TRY **37.62** in a month if monthly income per capita is between two thirds of gross minimum wage and minimum wage (TRY 313.50 – TRY 940.50);

They shall pay a premium of TRY **112.86** if their monthly income per capita is between two times of minimum wage and minimum wage (TRY 940.50 – TRY 1,881);

- They shall pay TRY **225.72** in a month if their income per capita is higher than two times of the minimum wage (TRY 1,881).

On basis of general health insurance. The insured persons and their dependants shall benefit from health services in return for such paid premiums.

THOSE WHO DO NOT WANT TO HAVE INCOME REVIEW PERFORMED

25- What should those who do not want to have income review performed?

Such persons shall submit a written declaration indicating that they do not want to have income review performed to the Institution, and thus, they and their dependants may benefit from health services by means of paying a premium of at a rate of two times of the minimum wage.

26- What proceedings shall be taken against those who do not apply to the foundation within one month as of notification date of the letter "notification for application for income review"?

For those who do not apply to the foundation within one month as of notification date of the letter "notification for application for income review", premium accrual over two times of minimum wage shall be applied to their income, and thus, they shall become registered under Article (60/g) of the said Law.

27- How can those who do not work and do not want to have income review performed benefit from general health insurance by means of paying premium subject to the long term insurance branches?

Those who want to benefit from both long term insurance (disability, old age and death) and general health insurance shall be registered as of the day following the application date depending upon their applications under optional insurance coverage. In case of optional insurance coverage, the persons with dependants have the opportunity to benefit from health services by paying a premium of 32% of gross minimum wage (TRY 886.50 x 32/100 = 283.68) at minimum thereby meeting the requirement of pension and payment of e premium of 30 days, provided that their dependants do not owe premium debts.

THOSE UNDER PRIVATE HEALTH INSURANCE COVERAGE

28- Do the people, who are covered by a private health insurance, have to be covered by the general health insurance?

The general health insurance has come into effect by the law as “mandatory” beginning from the date of 1/1/2012. According to this, everyone who resides in Turkey has to be covered by the general health insurance within the context, which is stated by the law number 5510.

THOSE AT THE AGE OF 65 AND HAVING DISABILITY PENSION

29- How will those who are at the age of 65 or receive a disability pension prior to 1st January 2012 benefit from health services pursuant to Law No. 2022?

1/1/2012 As per Law No. 2022, those who are at the age of 65 and receive a disability pension prior to 1st January 2012 and their dependants shall benefit from general health insurance without any income review and visa procedures as long as they receive the said pension under Article (60/c-3) of the said Law.

1/1/2012 Like prior to 1st January 2012, the parents of the children of younger than 18 years old and receiving a disability pension shall not enjoy health benefits in the capacity of “dependants” by way of such children. The disabled children shall enjoy the health benefits only for themselves as long as they receive the disability pension.

THOSE SERVING THEIR LAW INTERNSHIPS

31- What will those undergoing law internship do?

Law apprentices who are not in the status of being under the coverage of general health insurance or in the capacity of dependants may enjoy the health benefits because their general health insurance premiums are borne by the Union of Turkish Bar Associations throughout their internships.

THOSE HAVING COMPLETED THE PREMIUM DAY BUT WAITING FOR AGE REQUIREMENT

33- How will those not under any insurance coverage among those having completed the number of premium payment days necessary for receiving old age pension but waiting for meeting the age requirement benefit from general health insurance?

Such persons are included under general health insurance as per Article (60/g) of the said Law, and in case they apply for income review, either their premiums shall be paid by the Government according to the income review results or they shall be liable to pay 'general health insurance premium according to the amount of income per capita within the family.

PART-TIME WORKERS

34- Will the people who work part-time have to pay the premium for the rest of a month in order to benefit from the general health insurance?

According to the Labour Law number 4857, the people who work for short term or on a vocational job and the people who work in housekeeping less than 30 days in a month, have to complete the general health insurance premium for the rest of a month as 30 days beginning from the date of 1/1/2012. The people who work under such circumstances will benefit from the

medical care providing that the premium will be paid by the government or themselves depending on the result of the income test.

However, in the event of the fact that they optionally complete this period of time by paying the premium within the scope of (4/a), they will not pay extra general health insurance premium for the rest of a month.

35- Who are not liable to complete the notified incomplete days to 30 days in terms of general health insurance among those working on part-time basis?

The obligation to complete 30 days until the funds are transferred to the Institution shall not apply to those who have “tally” due to the incomplete paid days in terms of premiums, who are subject to the social security support contribution, who some insurance branches have been implemented on some rights under Article 5 of the said Law, who have worked on more than one workplaces within the month and completed their working period to 30 days, who are working in governmental agencies subject to Article 4(B) and 4(C) of Law No. 657, and who are working for governmental funds subject to the provisional Article 20 of Law No. 506 while working pursuant to Law No. 4857.

TURKISH CITIZENS LIVING ABROAD

36-Are Turkish citizens having their domiciles in Turkey but living abroad required to apply for the income review?

In case such persons update their domiciles as their current domiciles abroad on Address-Based Population Registration System in person or via their relatives in Turkey, they shall not be deemed to be under general health insurance coverage. However, their dependants (spouses, children, parents) living in Turkey shall be registered under Article 60/g of the said Law, and after they apply to social assistance and solidarity foundations for income review, they shall subject to procedures according to the income review results.

37- How will the case for those going abroad while working in a workplace by receiving unpaid leave?

According to the Law, if those under Article (4/a) are abroad, they may enjoy health benefits for the period for which they are abroad and on unpaid leave upon the notification by their employers within a month at maximum within a calendar year. In accordance with the Law, the governmental officers (those subject to Article 4/c) may benefit from the health services as they are deemed as being under the coverage of general health insurance.

38- Are those going to the USA or another country with which any social security contract are not concluded with their spouses entitling to receive grants but those Turkish citizens living in this country as housewives obliged to pay premiums under the general health insurance?

In case such persons update their domiciles as their current domiciles abroad on Address-Based Population Registration System in person or via their relatives in Turkey, they shall not pay premiums under general health insurance coverage.

39- What will those who are dual citizens, are not covered under insurance in Turkey but those Turkish people working in the foreign country to which they are citizens/insured/retired do?

Those having dual citizenships are required to bring the document called “formulary” with themselves in case the relevant country have a social security agreement with our country and the aforementioned persons are working in the foreign country to which they are citizens, and the same shall apply to the relatives of the aforementioned persons. However,

in case the dual citizens work in a country without an agreement with Turkey and their domiciles are included abroad, those in question may not be covered under the general health insurance.

THOSE GOING ABROAD FOR EDUCATION

40- What will be the case for those who do not work and not have insurance among those being Turkish citizens but going abroad for bachelor's degree, master's degree, and doctoral degree? Is it possible for their family members and relatives to apply for income review on behalf of them?

Such persons are required to update their domiciles as their current address abroad on Address-Based Population Registration System in person or via their relatives in Turkey. Such persons in question shall not be registered under general health insurance since their domiciles are abroad. However, if they do not have the status of being dependants as long as they are in Turkey, they may apply for income review and benefit from the provisions of general health insurance according to their income reviews.

41- What will those going abroad and covered under insurance by the country where they go and schools where they are studying do?

Such persons are required to update their domiciles as their current address abroad on Address-Based Population Registration System in person or via their relatives in Turkey. Such persons in question shall not be registered under general health insurance since their domiciles are abroad.

42- What will those receiving an official scholarship from the Government and referred to education abroad, who are more than 25 years old as well and under no coverage in Turkey, do?

Such persons are required to update their domiciles as Address-Based Population Registration System in person or via their relatives in Turkey. Such persons in question shall not be registered under general health insurance since their domiciles are abroad.

43- What is the status of seamen working on foreign-flagged ships and international waters then? Will they be covered by an insurance when they return Turkey?

Turkish citizens working on foreign-flagged ships shall be under bilateral social security agreements in terms of their social security. If they are not under bilateral social security agreements, they may not be subject to the provisions of Law No. 5510. They shall be covered under the general health insurance when they return Turkey in terms of general health insurance implementation.

However, seamen working on Turkish-flagged ships and being engaged in the international waters shall be under compulsory insurance coverage as per Article (4/a) as per Law No. 5510. In case of those working within such scope but being employed, their insurance transactions are required to be carried out within one month as of the month the insured person is employed.

FOREIGN CITIZENS RESIDING IN TURKEY

44- What will the foreign citizens, who have been residing in Turkey for more than a year and who don't have the right to benefit from the medical care in their own countries, have to do?

The foreigners, who have been residing in Turkey by a continuous residence of one year and who are not covered by a general health insurance in their country, have been considered under the coverage of the general health insurance within the scope of the law (60/d)

beginning from the expiration date of this one-year period. In consequence of that, these people have to apply to the nearest provincial directorate of social security institution/social security centre within a month following the expiration date of the one-year period. Their income will be acknowledged as double the amount of gross minimum wage and a general health insurance premium, which will be calculated on the basis of this amount, will be effectuated.

45- How will the UK citizens, who have been residing in Turkey for more than a year and who is covered by their own general health insurance or who are retired from their own country, benefit from the medical care in Turkey?

Due to the fact that the UK citizens, in case of the event that they have resided in Turkey for more than one year but who couldn't benefit from the medical care within their regulations, regardless of the fact that they are insured/retired in their own country, the UK citizens will be considered as covered by the general health insurance within the scope of the subparagraph (60/d) of the law number 5510 depending on their applications.

46- Can a woman, who has got married with a Turkish citizen but who hasn't become a Turkish citizen, since she hasn't completed 3 years yet, benefit from her spouse's social security?

These people will be able to benefit from the general health insurance legally, in the event that they receive the residence permit.

47- What will the situation be for the foreigner citizens, who have received the residence permit in Turkey, who are not covered by an insurance but who are covered by a private insurance?

The foreign citizens, who have completed their one-year residence, can apply to the provincial directorate of social security institution/social security centre with a general health insurance admission declaration within one month following the expiration of one-year residence, if they are not covered by the insurance in their own country for medical care. An administrative fine in amount of gross minimum wage will be executed to the foreigner citizens, who don't apply within the given date above. The fact that these foreigners are covered by a private insurance doesn't constitute an impediment for their coverage under the general health insurance.

48- Will the foreign citizens, who reside in Turkey for more than one year but who are not covered by insurance in their own country, apply to the social assistance and solidarity foundations for the income test?

Due to the fact that the right for income test application is entitled to the Turkish citizens, who are considered as covered by the general health insurance within the scope of the subparagraph (60/g) of the law, the foreign citizens, who reside in Turkey, don't have the right to apply for an income test.

DEPENDANTS

49- If those receiving health benefit plans as dependants are covered by insurance, are they obliged to wait for enjoying such plans for 30 days?

In case those receiving health benefit plans by way of their parents/spouses as dependants are covered by general health insurance, they shall not subject to waiting for benefiting from

health services for 30 days and may avail themselves of health benefit plans as of the day on which they commence working.

50- How will those both having the dependant status and under coverage of insurance receive health services?

In case of those both in dependant status and under coverage of compulsory insurances under law or optional insurance, they may benefit from health services based upon their insurance coverage.

Yours Very Truly

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