

GENERAL CONDITIONS FOR "INTERNATIONAL TRAVEL" POLICY MOD. INT003 vd 06-2010

INFORMATION NOTE FOR INSURANCE CONTRACTS AGAINST DAMAGES

In accordance with the provisions of article 185 of Leg. D. of 17th September 2005 n°209.

1. INFORMATION REGARDING THE SOCIETY

Information note for the Contractor

This present information note – having a commercial character – is aimed at providing all the preliminary information necessary for the Contractor to be able to sign up for an insurance policy chosen with full knowledge of the facts and proceedings.

This note is drawn up in conformity with the regulations set down by ISVAP based on the European Union regulations for Consumer Protection concerning the insurance sector against damages and transposed into Italian with Legislative Decree no. 209 of 17th September 2005.

This information note is drawn up in Italy in the Italian language unless the Contractor requests that it be issued in a different language.

Name, legal form of the Society and its Registered Office

The contract will be stipulated with Filo diretto Assicurazioni S.p.A. with the registered office situated in Italy in Agrate Brianza (MI) – postal code 20041 – Centro Direzionale Colleoni – Via Paracelso, 14.

The society is registered in the Register of Businesses with number 1.00115.

The Society will immediately communicate any eventual changes in writing to the Contractor and any such changes will be published on the society's web site: www.filodiretto.it

Authorisation to practice the profession of Insurer

Filo diretto Assicurazioni S.p.A. is authorised to practice the profession of insurers with decree from the Minister of Industry, Commerce and Craft of 20th October 1993 (Official Gazette no. 258 dated 3rd November 1993).

2. INFORMATION REGARDING THE CONTRACT

Legislation applicable to the contract

The contract is governed by the Italian Legislation; however, the Parties have the right, before the conclusion of the contract, to choose a different legislation, on condition that it is within the limits deriving from the application of national directives and on the condition that there are no prevailing specific directives relating to obligatory insurance in accordance with Italian law.

Filo diretto Assicurazioni S.p.A. will apply the Italian Law to any contracts that may be stipulated.

Any contestation and/or controversy that may arise regarding the contract will be under the jurisdiction of the Law Courts of Monza.

However, the application of imperative regulations regarding Italian law will remain in force, with particular reference to the regulations aimed at safeguarding minors and incapacitated persons.

Prescription of rights deriving from the contract

Under the provisions of article 2952 of the Civil Code, the Contractor's rights (the person whose interest is stipulated in the contract) deriving from the contract will expire two years from the day on which the event in question occurs and/or from the day on which a third party requests payment for damages from the Contractor or on which he starts legal proceedings.

We advise the Contractor to read carefully the terms of the contract before signing.

Complaints regarding the contract

Any eventual complaints regarding the contract or the management of claims must be sent by the Client to the Complaints Office of Filo diretto Assicurazioni S.p.A. - Centro Direzionale Colleoni – Via Paracelso, 14 – 20041 - Agrate Brianza – Mi – fax 039/6892199 – reclami@filodiretto.it.

Whenever the claimant is not fully satisfied with the outcome of the complaint or in the event that the claimant does not receive notice within the maximum time limit of forty-five days, he may contact ISVAP, Servizio Tutela degli Utenti, Via del Quirinale, 21, - 00187 – Roma, enclosing the documentation referring to the complaint.

In relation to controversies regarding the quantification of the services and the assignment of responsibility, we remind you that it remains the exclusive competence of the Juridical Authorities who also have the right to resort to conciliatory solutions where possible.

Right of withdrawal

The Contractor has a period of fourteen days in which he can withdraw from the contract without penalty and without having to justify this decision. Alternatively, the time limit within which the Contractor may exercise the right to withdraw will expire:

- a) from the date of the conclusion of the contract;
- b) from the date in which the Contractor receives the conditions of the contract and the information stated in article 67-undecies, if such date is successive to that specified in letter a).

The right to withdrawal will not apply:

- a) To financial services, other than management services based on individual investment portfolios if the investments have not already gone into effect, whose price depends on the fluctuations of the financial markets that are out of the supplier's control and that may take place during the withdrawal period, such as, for example, the services regarding that listed in paragraph 5, point A of article 67–duodecies of Legislative Decree no. 209 of 7th September 2005;
- b) to insurance policies covering journeys and luggage or similar short-term policies with a validity of less than one month;
- c) to contracts entirely stipulated by the two parts on the explicit request of the Contractor before this latter exercises his right to withdrawal, as well as to obligatory insurance contracts for civil responsibility for damages caused by motor vehicles and boats, to which the insured event occurred;
- d) to declarations made by the consumer in the presence of a public officer on condition that the public officer confirms that the consumer is guaranteed the rights stated in article 67-undecies, paragraph 1.

In order to exercise his right to withdrawal, the Contractor must send, before the expiry date, a written communication by means of a registered letter with advice of receipt, to the registered office of the Society at the above-stated address declaring that no accidents of any type have occurred within this period.

In the event that there has in fact been an accident, the right to withdrawal becomes invalid. In the event of a false declaration, the Society will have the right to claim from the Contractor all expenses and/or costs that have been sustained directly and/or indirectly.

In the event that the Contractor exercises his right to withdrawal, the Society will withhold the fraction of the premium relating to the period in which the contract was in force.

Whenever the Contractor does not exercise his right to withdrawal, the contract will apply fully and entirely the terms agreed.

Terms of the contract before the expiry date

Apart from the specific conditions provided for in the event of withdrawal, the Contractor has the right to interrupt the contract prior to the expiry date by means of a registered letter with advice of receipt sent to the registered office of the Society at the above-stated address. In this case the Society will withhold the entire amount of the premium paid by the Contractor relating to the entire duration that was originally established for the contract.

Information during the course of the contract

If, during the course of the contract, any variations should arise regarding the information provided regarding the contract, Filo diretto Assicurazioni S.p.A. undertakes to immediately notify the Contractor together with any necessary clarification by means of a registered letter.

Warning

We advise the Contractor to read carefully the terms of the contract before signing.

This present note is a document whose only aim is to provide information.

INFORMATION NOTE IN ACCORDANCE WITH ART.13 OF LEG. D. 196/2003

In accordance with the provisions of Art.13 of Legislative Decree 196/03 and any eventual changes and additions (hereafter referred to as "The Privacy Code"), regarding your personal data that are the object of the processing, we inform you as follows:

- The above-stated processing will be carried out based on the principles of correctness, legality and transparency that will safeguard and protect your confidentiality and your rights;
- The processing also includes personal data that closely regards you and that falls into the category of "confidential data" as set down in article 4 paragraph 1 letter d) and article 26 of the Privacy Code.

1) Purpose of processing

- The personal information supplied by you or in any way obtained by Filo diretto Assicurazioni S.p.A. also through technical means of communication (Internet, Call Centre) and/or from third parties, including the confidential data above-mentioned as set down in article 4 paragraph 1 letter d) and article 26 of the Privacy Code, will be processed by our society and/or by our representatives, for the following purposes:

- a) for carrying out the various phases of your activity including conduction, management, conclusion, and accomplishment, of any pre-contractual or contractual deals you may have in course, for providing any assistance that you may request or that is to your advantage, as well as for the conduction of any closely connected activity;
- b) for fulfilling the obligations provided for by laws, regulations and dispositions issued by authorities and vigilance and control organisations;
- c) for carrying out the commercial activity of promoting the insurance services and products offered by the society and by the Filo Diretto Group, and for distributing advertising material.
- d) For assessing the clients' satisfaction and for analysing and carrying out market research on the services offered.

2) Modality of processing

The processing will be carried out in accordance with the modality set down in the Privacy Code, also by computerised or automated means and 1



methods of long-distance communication (the Internet and Call Centres), and also through operations of collecting, registration, organization, conservation, elaboration, selection, comparison, use, interconnection, consultation, communication, cancellation, destruction, blocking of data, according to the principles regarding protection, accessibility, confidentiality and integrity.

The same data is processed and held under the terms and provisions imposed by the law, within the limits and in the modality specified by this same law. The processing of the data is carried out directly by the owner's organisation and by external collaborators of the organisation who are associated with the distribution chain of the insurance sector, representatives commissioned by the same society and/or persons directly connected to the society and/or persons relating to your contractual activity and requested by you (other than that specified in point 4).

The data is not subject to distribution.

The data may be transferred abroad, throughout the world.

3) Conferment of data

a) We inform you that the conferment of your personal data, even if of a confidential nature, is necessary for the conclusion and management of the contract and for ensuring that you are able to carry out your activity in the best possible way as well as for carrying out any activity closely connected to such activity.

b) The conferment of data may be compulsory due to laws, regulations or European community requirements.

Any eventual refusal of consent to process the personal information as stated in points a) and b) could lead to our being unable to continue and/or manage the services requested by you or on your behalf, as set down in the contract.

c) The conferment of personal data for the purpose of information and commercial promotion of the services and offers made by the Filo diretto Group is not obligatory and does not have any effect on the commercial relationship covered by the contract.

4) Subjects or categories of subjects to whom the data may be disclosed

The data may be disclosed – for the purposes set down in point 1a) and for any purposes with the same aim - in Italy and abroad, to societies that are part of the Filo Diretto Group, subjects outside the society's distribution chain who conduct activity connected with and instrumental to the management of the contractual relationship, such as correspondents, health organisations, medical and paramedical personnel, trustworthy personnel, and other subjects in the insurance sector, such as insurance agents, co-insurers, re-insurers, agents, sub-agents, brokers, agency managers, insurance mediators and other channels utilised for acquiring insurance contracts, banks, Sim, lawyers, assessors, service societies which have been entrusted with the management, the liquidation and the payment of the services, consultancy societies, consultants, professional offices, associated organisations and consortia operating in the insurance sector, organisations that manage data and services, debt collecting societies, organisations and societies that deal with the electronic management of data and means of payment, societies that conduct the activity of printing, distribution, posting, transport and sorting of communication to the clientele, services dealing with the storing of the documentation and societies specialising in the services of data entry, supply of informatics services, administrative management and accounting services, by means of subjects commissioned by the society.

The same personal information may be communicated, for the purposes set down in point 1 b), to subjects who, by law, should receive such communication, within the limits and for the purposes provided for by the same law, such as

public organisations and supervisory organisations, public and private subjects who have been granted proxies, in conformity with the regulations in force, for publicity purposes, associated organisations and consortia operating in the insurance sector, and therefore, for example, Ania, ISVAP, the Ministry of Industry, Commerce and Crafts, CONSAP, UCI, Pension Funds Supervisory Commission, the Ministry of Labour and Social Security or other data banks to whom notification of data is compulsory (such as the Ufficio Italiano Casellario Centrale Infortuni, Vehicle Registration Office and private transport societies).

The data may be communicated for the purposes stated in points 1 c) e 1 d) to societies of the Filo diretto Group (companies controlled by, controlling or associated, even indirectly, in accordance with the laws in force), and third party companies (market research or direct marketing companies etc), commissioned by the Filo diretto Group.

5) Rights of the party concerned regarding the processing of personal data (art.7)

Furthermore we inform you that art.7 of the Privacy Code guarantees you specific rights among which the right to know, at any moment, which data is in the possession of the society or the persons to whom the data may be communicated or who may have access to such data in the position of representatives of the society, as well as the purpose; you also have right to update, add, correct or cancel such data, to request that the data be blocked and to oppose the processing for legitimate reasons and for purposes of commercial communication or for the distribution of advertising material.

In order to put these rights into effect, you may apply directly Filo diretto Assicurazioni S.p.A. with registered office in Via Paracelso 14 – 20041 Agrate Brianza (MB).

6) Processing holder

The processing holder is the legal representative of Filo diretto Assicurazioni S.p.A. with registered office in Via Paracelso 14 – 20041 Agrate Brianza (MB).

DEFINITIONS

Insured: The foreign citizens regularly staying in Italy and the Schengen countries who are in possession of a visa or permit of stay issued exclusively for tourism or study purposes.

Insurance: The insurance contract.

Assistance: Prompt aid in the form of money or in services provided to the Insured who finds himself in difficulty following the occurrence of a damaging event.

Operation Center: The Company's structure that operates every day of the year, 24 hours a day, which organizes and implements the assistance services foreseen by the policy and requested by the Insured.

Contracting Party: The physical or juridical person who stipulates the insurance.

Day hospital: A stay in a health institute, which does not include an overnight.

Domicile: The place where the Insured lives, even temporarily.

Schengen countries: The countries that adhere completely to the Schengen acquis.

Deductible: The portion of the identifiable damage that is always to be incurred by the Insured.

Accident: The event due to fortuitous, violent and external causes which provokes physical lesions, reasonably ascertainable, for which the consequences are death, permanent invalidity or temporary invalidity.

Health Institute: The hospital, private clinic or University Clinic that is regularly authorized, based on the requisites set forth by law and the competent authorities to provide hospital assistance, even through day hospital. Nonetheless, spas, rest homes and dietary and esthetic clinics are excluded.

Italy: Territory of the Italian Republic, the Vatican City and the Republic of San Marino.

Illness: Each alteration in the health condition that is not due to injury.

Pre-existing illness: illness that is the expression or direct consequence of a pathological situation that existed at the time the policy is signed.

Maximum: The total amount that the Company will be required to pay for any insurance claim.

Policy: The document that proves the insurance.

Premium: The amount of money owed by the Contracting Party to the Company.

Residence: The place where the Insured habitually lives.

Hospitalization: A stay in a health institute, which includes an overnight stay.

Risk: The probability that a damaging event will occur, which is covered by the insurance.

Uncovered: Is the amount of the damage, which will obligatorily be incurred by the Insured, expressed as a percentage.

Claim: The occurrence of a damaging event, which is covered by the insurance, and for which assistance, reimbursement or indemnity is requested by the Insured.

Company: Filo diretto Assicurazioni S.p.A.

Third parties: Any person, except spouses/cohabitants, ascendant and descendant family members, both natural and adoptive, of the Insured as well as the other family members or relations living with him.

RULES THAT REGULATE THE INSURANCE IN GENERAL

ART. 1 – VALIDITY, COMMENCEMENT AND DURATION OF THE POLICY

The policy is valid for foreign citizens who request a visa or permit of stay for tourism or study purposes based on the regulations set forth by the Schengen acquis.

The Insurance Policy even provides a coverage for family rejoining

The commencement and duration of the policy is the date chosen by the Contracting Party and indicated on the title page of the policy, provided that the premium has been paid a the time. If the premium has not been paid, the commencement of the policy will begin at midnight on the day the payment is made, the expiration dates set forth in the contract notwithstanding.

If the Contracting party has chosen an annual duration, it is agreed between the parties that, in the event of no cancellation sent by registered mail at least 30 days prior to the expiration of the insurance, the policy will be automatically renewed for one year.

ART. 2 – EFFECTIVENESS OF THE GUARANTEES/SERVICES

The guarantees will be effective upon the date the Insured enters into Italy or in the other member states that fully apply the regulations of the Schengen acquis and will have a duration equal to the number of days that is expressed on the title page of the policy.

Art. 3 – TERRITORIAL EXTENSION

The insurance is valid in Italy and in the other member states that fully apply the regulations of the Schengen acquis.

ART. 4 – OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

In the event of a claim, the Insured must notify the Company in writing or by telephone according to the manners foreseen in the single insurance services. A lack in fulfilling this obligation may cause a full or partial loss of the right to indemnity pursuant to article 1915 of the Italian Civil Code.

ART. 5- EXCLUSIONS

Any consequence and/or event due directly or indirectly to the following are excluded from the guarantees:

a) acts of war, revolts, public uprisings, strikes, riots, terrorism, sabotage, military occupation, invasions;



- b) volcanic eruption, earthquakes, seismic sea waves, whirlwinds, hurricanes, flooding, other natural phenomena with the characteristics of natural calamities;
- c) development in any way, controlled or not, of nuclear energy or radioactivity;
- d) accidents or illness consequent to alcohol abuse, as well as from the non-therapeutic use of psychotropic drugs or hallucinogens;
- e) malice by the Contracting Party or the Insured;
- f) travel initiated against medical advice or, in any case, with a pathology in the acute phase or for the purpose of being subjected to medical/surgical treatment;
- g) illness that is the expression or direct consequence if pathological situations that are chronic or pre-existent, that the Insured was already aware of at the time the policy was signed or nonetheless that existed before the travel of the Insured began, with the exception of services for transporting the corpse;
- h) pathologies that can be traced to pregnancy complications beyond the 24th week and puerperium;
- i) explants and/or transplant of organs;
- j) the expenses for voluntary interruption of a pregnancy (abortion);
- k) alcoholism, drug dependency, HIV or AIDS, mental illness, organic and cerebral syndromes, schizophrenia, manic depressive conditions, paranoid conditions, physiological disturbances including neurotic behavior;
- l) trials, training, automobile, motorcycle and boat racing including jet skis and bobsleighs;
- m) practice of sports such as: mountain climbing with heights superior to the third level, free climbing, ramp jumping with skis, hydro skis, acrobatic skiing and extreme skiing, off-track skiing, bob, river canoeing beyond the third level, rafting, kite-surfing, hydro speed, bungee jumping, parachuting, hangliding, air sports in general, boxing, wrestling, American football, rugby, ice hockey, scuba diving, weight lifting;
- n) reckless acts;
- o) professional sporting activities; participation in sporting competitions or contests, including trials and training, unless they are running/walking, bocce, golf, non-scuba fishing, target shooting, fencing, as well as company games, inter-company games or sporting activities that have a recreational nature;
- p) contagious illness whenever the assistance intervention is prohibited by national or international health standards;
- q) carrying out of activities that require direct use of explosives or fire arms;

Events that occur while conducting professional activities are also excluded.

ART. 6 – NON-INSURABLE PERSONS

If the Company, were it aware that the Insured was affected by alcoholism, drug dependency, HIV; AIDS or one of the following mental illnesses (organic cerebral syndromes, schizophrenia and/or paranoia, manic depression), would not have provided insurance coverage, it is understood that, in the event that one or more of the aforementioned disturbances should arise during the validity of the policy, what is set forth in article 1898 of the Italian Civil Code will be applicable, regardless of the concrete evaluation of the health conditions of the Insured.

ART. 7 – CRITERIA FOR LIQUIDATION OF CLAIMS

Payment for what is owed as per the contract will be made, after presentation of the invoices and receipts that have been paid. Upon the request of the Insured, the Company will reimburse the aforementioned originals after having placed a stamp with the date and amount of liquidation on them.

Should the Insured present third parties with the original invoices or receipts to obtain

reimbursement, the Company will make payment for what is owed according to this contract after demonstration of the actual expenses incurred, net of the amount paid by third parties. The reimbursement will always be made in Euro. The Company will reimburse the Insured, only after complete presentation of the documents requested and necessary in order to evaluate the claim.

ART. 8 – EXCLUSION OF ALTERNATIVE COMPENSATIONS

Should the Insured not make use of one or more services, the Company is not obligated to provide indemnity or alternative services as compensation.

ART. 9 – REDUCTION OF THE INSURED AMOUNTS

Following each claim, the amount insured for each single guarantee will be reduced, effective immediately, until expiration of the period of insurance underway, by an amount equal to that of the indemnified damage without a correspondent reimbursement of the premium.

ART. 10 – ACCUMULATION OF RISKS

In the case that an event involves more than one Insured party, the maximum reimbursement by the Company may not exceed € 100,000.00. In the event that the indicated amount is exceeded, the excess costs will be incurred in proportionate amounts by the insured parties involved in the same event.

ART. 11 – RECESSION IN THE EVENT OF A CLAIM

After each claim made according to the policy and until the 60th day from payment or refusal of indemnity, the Contracting Party or the Company may recede from the insurance with a forewarning of 30 days. In the event that the Company wishes to recede from the contract, the Company within 15 days from the date of the effective recession, will reimburse the portion of the net premium relative to the unused period of risk.

ART. 12 – PERIOD OF EFFECTIVENESS

Each right exercised before the Company will have an effectiveness of two years from the date of the claim from which the right or service and/or guarantee originated in accordance with that which is set forth by article 2952 of the Italian Civil Code.

ART. 13 – DECLARATION PERTAINING TO THE CIRCUMSTANCES OF THE RISK

Inexact declarations or withholding of information by the Contracting Party concerning the circumstances that influenced the evaluation of the risk may bring about the partial or total loss of the right to receive indemnity, as well as cession from the insurance, pursuant to articles 1892, 1893 and 1894 of the Italian Civil Code. All communication that the Contracting Party is obligated to make during validity of the contract must be made by registered mail, telegram, telex or fax.

ART. 14 – OTHER INSURANCE

The Insured must notify the Company in writing of the existence and the successive stipulation of other insurance for the same risk; in the event of a claim, the Insured must notify all the insurers, indicating to each the name of the others, pursuant to article 1910 of the Italian Civil Code.

ART. 15 – AGGRAVATED RISK

The Contracting Party must notify the Company in writing of each aggravated risk. An aggravated risks that the Company is not aware of or does not accept may cause a total or partial loss of the right to indemnity, as well as cession of the insurance, pursuant to article 1898 of the Italian Civil Code.

ART. 16 – REDUCED RISK

In the event of reduced risk, the Company is obligated to reduce the premium or the rate of the premium following communication from the Contracting Party, pursuant to article 1897 of the Italian Civil Code, and forfeits the relative right of recession.

ART. 17 – MODIFICATIONS TO THE INSURANCE

The eventual modifications of the policy must be made in writing.

ART. 18 – TAX FEES

The taxes to be paid on the insurance policy are to be insured by the Insured.

ART. 19 – APPLICATION OF THE LAW

For anything that is not otherwise regulated herein, the regulations set forth by law are applicable.

The Insurance is regulated by Italian law.

ART. 20 – CONTROVERSY

Quantification of the damage will be determined by the Company through a direct agreement between the Parties or, in the lack of an agreement, will be established by two appraisers nominated one by each party. In the event of a disagreement, the appraisers will elect a third. If one of the Parties does not nominate his appraiser or there is a disagreement regarding the choice of the third appraiser, the nomination will be made by the President of the Court that has jurisdiction where the Company headquarters are located. Each of the Parties will incur the expenses for his appraiser and half of the expenses for the third appraiser. The decisions will be made based on the majority without the need for legal formalities and are binding for the parties, who must forfeit as of now any recourse, with the exception of cases of violence, malice, error or violation of the contractual agreements.

ART. 21 INTEGRATION OF DOCUMENTS FOR PROCESSING CLAIMS

The Insured knowingly and expressly permits Filo diretto Assicurazioni the right to request, in order to aid liquidation of the claim, ulterior documentation in respects to those indicated in the single guarantees/services.

A lack in producing these documents, pertaining to the specific case may cause a partial or total loss of the right to reimbursement.

PARTICULAR CONDITIONS OF THE INSURANCE

REIMBURSEMENT OF MEDICAL EXPENSES

ART.1 – OBJECT OF THE INSURANCE

Within the limits of the maximum amount insured and indicated in the policy, the Company will reimburse the medical expenses incurred for urgent and non-delayable medical expenses and/or urgent hospitalization following injury or illness that did not exist prior to the validity period of the guarantees.

The maximum includes the:

- hospitalization expenses, with a limit for per daily stay of €300.00;
- the physician fees consequent to illness or injury;
- expenses for diagnostic testing and laboratory exams (provided they are pertinent to the illness or injury of the claim) up to €500.00;
- expenses for emergency medication when prescribed by a physician (provided they are pertinent to the illness or injury of the claim) up to €250.00;
- transportation expenses from the place of the damaging event to the nearest hospital or emergency room up to € 1,000.00.

In the event of hospitalization following injury or illness that may be indemnified according to the policy, the Operation Center will pay the medical expenses directly upon request by the Insured.

ART. 2 – DEDUCTIBLE/UNCOVERED AMOUNT

For each claim, a deductible of €150.00 will be applied, which will be incurred by the Insured. 3



For annual policies a deductible of € 450.00 will be applied for each claim.

ART. 3 – FILING THE CLAIM AND RELATIVE OBLIGATIONS

The Contracting Party or the Insured must promptly notified the Company of the claim as soon as possible by calling the Operation Center. Afterwards, the Insured must send, no later than 30 days from the event, a written notification to:

Filo diretto Assicurazioni S.p.A.
Ufficio Sinistri (Claims Office)
Via Paracelso, 14
20041 Agrate Brianza MI

indicating:

- first and last name, address and telephone number;
- policy number or data of the Contracting Party;
- emergency room certificate written up at the place of the damaging event, which states the pathology, prescriptions, prognosis and medical diagnosis and which certifies the type of illness and/or injury suffered;
- in the event of hospitalization, a complete copy of the medical records;
- medical prescription and original of the invoices and receipts received for the expenses incurred;
- medical prescription for any eventual purchase of medications, with the original receipt from the pharmacies where they were purchased.

The Operation Center retains the right to request, in order to aid liquidation of the claim, ulterior documentation in respects to those indicated. A lack in producing the aforementioned documents may cause a partial or total loss of the right to reimbursement.

ART. 4 - EXCLUSIONS

In addition, to the exclusions foreseen by the General Conditions, the following are also excluded:

- any expense in the event that the Insured does not notify the Operation Center of a hospitalization (including Day hospital) or emergency room visit;
- the medical expenses that exceed € 1,500.00, for which the Insured did not contact the Operation Center so that it could proceed with direct payment or with authorization of the expenses;
- in the event of direct payment of the medical expenses by the Company after activation by the Operation Center, the eventual excess over the maximum foreseen in the policy and the relative deductible;
- the expenses for physical therapy care or services, nursing, spa, dietary services, dental fees and the elimination of physical defects of an esthetic nature or due to genetic malformations;
- the expenses pertaining the purchase, maintenance or repair of eyeglasses, contact lenses, prosthesis and therapeutic equipment;
- the expenses for the voluntary interruption of a pregnancy (abortion);
- the services and therapy pertaining to assisted reproduction and/or infertility and/or impotence.

ASSISTENCE TO THE INDIVIDUAL

ART. 1 – OBJECT OF THE INSURANCE

The Company is obligated, within the limits stipulated in the policy, to provide the Insured with the assistance foreseen by the insurance in the event that the Insured finds himself in difficulty following an illness or injury, through the use of personnel and equipment at the Operation Center. The assistance may be in the form of money or services.

ART. 2 – MEDICAL TELEPHONIC CONSULTATION

Should, it be necessary, following an illness or injury, to ascertain the health conditions of the

Insured, the company will provide medical services through the Operation Center to assist in the necessary contacts or ascertainties needed to face the primary health emergency.

ART. 3 – ORGANIZED MEDICAL TRANSPORT

The Medical services department of the Operation Center will organize Medical transport for the Insured following illness or injury, which provoke infirmity or lesions that cannot be cured locally or that impede the continuation of travel and/or stay, after an eventual consultation with a local physician, and, if necessary/possible, the family physician. Based on the graveness of the situation, the Insured will be transported to the hospital most appropriate in consideration of his condition or he will be transported to his residence.

Based on the judgment of the Medical Service of the Operation Center, the medical transport may be organized through the following means:

- Medical air transport – commercial airline – train sleeping car – first class sleeping berth – ambulance – other means deemed appropriate.

Should the conditions make it necessary, the transportation will be organized with a physician or paramedic from the Operation Center who will accompany the Insured.

Return from extra-European countries, excluding those within the Mediterranean, will be organized exclusively with commercial airlines. The services are not owed to the Insured or his family members when they insist on being demitted against medical advice from the health structure where the Insured is being cared for.

ART. 4 – RE-ENTRANCE OF FAMILY MEMBERS OR TRAVEL COMPANIONS

In the event of medical transport of the Insured, the Operation Center will organize, at the Companies expense, the return travel (economy air travel or first class train travel) of a family member provided said member is insured within the expense limits of €800.00. This service is applicable when the Insured is not able to make use of the tickets already in his possession.

ART. 5 – TRANSPORT OF THE CORPSE

In the event of death of the Insured during his travel and/or stay, the Operation Center will organize transportation of the corpse and expedite all the necessary formalities and incur the expenses that are necessary and unavoidable up to a maximum of €5,000.00 (post-death treatment, corpse transport documentation) to the funeral home or burial place in the Insured's country of residence. Nonetheless, the expenses for searching for the corpse, funeral expenses and eventual collection or recovery of the corpse are excluded.

ART. 6 – TRAVEL OF A FAMILY MEMBER IN THE EVENT OF HOSPITALIZATION

In the event that hospitalization of the Insured exceeds 10 days, the Operation Center will organize at the Company's expense round-trip travel (economy air travel or first class train travel) and accommodation expenses for a family member up to a maximum of €100.00 per day for a maximum of 10 days.

This service will be provided only when an adult family member is not already present locally.

ART. 21 - EXCLUSIONS

In addition to the exclusions foreseen in the General Conditions, the Company will not be held responsible for the expenses incurred by the Insured without having obtained previous authorization from the Operation Center.

Should the Insured not make use of one or more services, the Company is not obligated to provide alternative indemnity or services as compensation.

Contagious diseases are also excluded whenever assistance intervention is prohibited by national or international health laws.

ART. 22 - RESPONSIBILITY

The Company will not accept any responsibility for tardiness or impediments that may arise during execution of the services offered to the Insured in the events already excluded from the General Conditions and in particular following:

- regulations by the local authorities that prohibit the intervention of the foreseen assistance;
- any fortuitous or unforeseen circumstance;
- outside and uncontrollable forces

ART. 23 – REIMBURSEMENT OF TRAVEL TICKETS

The Insured must deliver any travel tickets that are not used to the Company after benefiting from the services offered.

TRAVEL CARE

ART.1 – DESCRIPTION OF THE SERVICES

If the Insured, during travel outside Italy, suffers from injury or illness, he can go to one of the health institutes that are equipped with a telemedicine station, **Net for Care (*)**, and he will have the possibility of receiving an on-line medical specialist tele-consultation directly from primary Italian and International health Institutes.

Net for Care is the technological platform that, through the most innovation telematics solutions, unites a series of **highly specialized hospitals in Italy and throughout the world** on-line through the Operation Center of the Company, which permits the Insured to have access to **on-line** medical specialist consultation.

ART. 2 – THE NETWORK OF SPECIALIZED STRUCTURES

The following institutes are part of the network (*) of highly qualified institutes set up for implementation of the tele-consulting services:

- Duke University Health System (Durham, USA)
- Cleveland Clinic Foundation (Cleveland, USA)
- Massachusetts General Hospital (Boston, USA)
- Brigham and Women's Hospital (Boston, USA)
- Istituto Tumori Milano of Milan
- L'Istituto Ortopedico Rizzoli of Bologna
- Chief physicians specialized and in special agreement with the telemedicine Operation Center.

ART. 3 – HOW TO GAIN ACCESS TO THE SERVICE

If the Insured needs a tele-consultation, he need only request it through the Telemedicine Operation Center in order to enter directly into contact with the medical staff, which is available 24 hours a day, 365 days a year to provide first level medical tele-consultation. Based on the needs of the patient, a second level medical consultation will then be organized with one of the specialized institutes that are part of the network in the presence of the Insured and/or one of his family members.

ART. 4 – LIMITS TO THE EROGATION OF SERVICES

The Insured may make use of the service up to a maximum of three times per year.

ART. 5 – COST OF THE SERVICE

The Company will incur all the expenses pertaining to the organization and management of the medical specialist tele-consultation, excluding the fees of the specialist being consulted.

In addition, the costs for all the necessary exams for the tele-consultation (diagnostic exams, laboratory exams, photographic imaging, etc.) will be incurred by the Insured as well as the eventual cost for ulterior ascertainties requested by the specialist contacted.

(*) *The network of affiliated specialized health institutes and centers in the primary tourist and business locations that are equipped with a telemedicine station is continually being*



broadened. The list of the stations can be found at the web site of the Filo Diretto Group (www.netforcare.it) or can be requested through the Company's Operation Center.

MEDICAL PASSPORT

ART. 1 - DESCRIPTION OF THE SERVICE

With a Medical passport, the Insured has the possibility of creating his own medical records on-line, which is available in Italian and English on a web space, which is appropriately protected by a password system and can be consulted from any Internet access point and therefore from any part of the world.

The information pertaining to the Insured's health history can be inserted by filling out a guided questionnaire, which has been formulated by using the database of pathologies, surgical operations and traumas, called "International Classification of Diseases" (ICD-9), drawn up by the World Health Organization.

ART. 2 - ACTIVATION OF THE SERVICE

The Insured, by accessing the web site, www.netforcare.com, under the section, "Medical Passport", must fill out the on-line form and indicate his policy number in order to request a Username and Password, which will be then sent to him by Email, telephone and/or standard mail.

The Insured will receive two Usernames and Passwords, which will allow him to gain access to his on-line medical records, which he can modify (by inserting the password for edit) or which he can read only (by inserting the password for read).

By using the edit password, which must be kept in a safe place, the Insured must fill out and later modify the questionnaire regarding his health history, if possible with help from his physician. The questionnaire will then be automatically translated into English in order to permit the Insured to supply parties outside Italy with his health history without translation errors.

The read password must be written on the personal card, "Medical Passport" which will be sent to the Insured when he requests activation of the service and must be kept in a safe place by him and made available to physicians in the event of need (example: illness, injury or other health problems).

ART. 3 - USE OF THE ON-LINE MEDICAL RECORDS SERVICE

In the event of need, (example: illness, injury or other health problems), the Insured, his family members and/or physicians or paramedics, by going to www.netforcare.com and inserting the Username and Password indicated on the personal card, Medical Passport, may gain access to the Insured's medical records, which will be available in Italian and English, and therefore they will be able to obtain all the information regarding the Insured's medical history that has been previous inserted by him.

ART. 4 - DURATION AND RENEWAL

The service is effective for one year from the moment it is accessed by the Insured in the area reserved for him on the web site www.netforcare.com when he accepts the conditions of use.

Upon expiration, the Insured may renew the service under the conditions that will be communicated to him when he implements the renewal procedure available on the web site.



WHAT TO DO IN THE EVENT OF A CLAIM

In the event of need, immediately contact the Operation Center, which can be reached 24 hours a day by **phoning+39/039/6899965** or by **sending a fax (+39/039/60575339)** and communicate at once the following information:

- First and last name
- Policy number
- Reason for the call
- The precise area where you are located
- Telephone number

FORM FOR FILING A CLAIM

This form must be sent to Filo diretto Assicurazioni S.p.A. – Ufficio liquidazioni Sinistri (Claims liquidation office) Via Paracelso 14 - 20041 – Agrate Brianza – Milan.

LAST NAME..... FIRST NAME.....
STREET..... NO.....TELEPHONE.....
CITY..... STATE.....ZIP CODE.....
POLICY NUMBER.....
PLACE AND DATE OF THE DAMAGING EVENT.....

BRIEF DESCRIPTION OF THE EVENT

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REIMBURSEMENT OF MEDICAL EXPENSES

- Emergency room certificate drawn up in the place where the event occurred, which states the pathology, the prescriptions, the prognosis and medical diagnosis and which certifies the type of illness and/or injury suffered;
- In the event of hospitalization, a copy of the medical records;
- Medical prescriptions and original receipts and invoices for expenses incurred;
- Medical prescriptions for eventual purchase of medications, with the original pharmacy receipt.

(The Company reserves the right to request ulterior documentation that may be necessary in order to evaluate the reimbursement as indicated in article 21 of the Rules that regulate the Insurance in General)

CONSENT TO HANDLE PERSONAL AND SENSITIVE DATA

Pursuant to article 13 of Legislative Decree no. 196/2003 and eventual modifications and integrations (otherwise referred to as "Privacy Code"), the Insured authorizes handling of his personal data.

SIGNATURE OF THE INSURED OR THIRDPARTY OWNER OF THE DATA

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