

Filo diretto

ASSICURAZIONI

Una società del Gruppo Filo diretto

Multi-Risk Comprehensive Travel Insurance Policy



AMIEASY®

This information booklet which includes:

- a) General Description and glossary
- b) Insurance Conditions

has to be given to the contracting party before subscribing the policy.

BEFORE SUBSCRIBING THE POLICY, PLEASE READ THE GENERAL DESCRIPTION CAREFULLY



Gruppo Filo diretto

INTERNATIONAL ASSISTANCE GROUP

HOW TO REQUEST ASSISTANCE

You must immediately contact the Alarm Center, which is open 24 hours a day:

- from Italy, by calling the **TOLL-FREE NUMBER 800 279 745**
- from foreign countries, by calling 0039 039.6554.6646

You will be asked to provide the following information:

- Full name
- Policy number
- Purpose of the call
- Policy holder's or insurer's contact details

Filo diretto has always been committed to giving its clients the best quality products and services. In order to do this, your help is precious: don't hesitate to send us your comments or suggestions, indicating which areas we should improve by writing to suggerimenti@filodiretto.it

GENERAL DESCRIPTION FOR INSURANCE POLICIES AGAINST LOSS OR DAMAGE

Amieasy International Travel Shengen General Description valid for forms 0111, 0113, 1221, 1222, 1223 (2012–02 issues)

Last update 02/02/2012

Pursuant to article 185 of Legislative Decree no. 209 of September, 17th 2005 and in compliance with Isvap Regulation no. 35 of May, 26th 2010.

This *General Description* is prepared according to the layout outlined by ISVAP, but its content is not subject to any prior approval by ISVAP.

The Contracting party must read the insurance conditions carefully before taking out the policy. This policy, any annex thereof, and notifications during policy validity will be written in Italian; the contracting party is entitled to ask for the policy in another language.

A) INFORMATION ABOUT THE INSURING COMPANY

1) General Information

- Corporate name, legal form and headquarters of the company

The policy will be taken out with Filo diretto Assicurazioni S.p.A., parent company of Gruppo Filo diretto, registered under number 039 with the Insurance Companies Register (*Albo dei Gruppi Assicurativi*), with headquarters in Italy, 20864 Agrate Brianza (MB) Centro Direzionale Colleoni - Via Paracelso 14, phone.: +39-039-6056804 e-mail: assicurazioni@filodiretto.it

Any variation will be promptly notified in writing to the contracting party by the company and will be made available through the company's web site: www.filodiretto.it

- Authorization to practice insurance activities

Filo diretto Assicurazioni S.p.A. is duly licensed to operate as an insurance provider pursuant to the Decree issued by the Ministry of Industry, Trade and Commerce on October, 20th 1993 (Official Journal, *Gazzetta Ufficiale*, of November 3rd 1993 no. 258). Registration number 1.00115 in the 1st Section of the Business Register.

2) Information About the Company's Assets

Information about the company's assets, as foreseen in Isvap Regulation no. 35 of May, 26th 2010, are reported in the special summary enclosed as an annex to this booklet.

For any update regarding the assets and any variation in the provisions under this booklet, please refer to the company's web site www.filodiretto.it.

B) INFORMATION ABOUT THE POLICY

Should the policy that is stipulated have an original duration of one year or more, it will automatically be subject to tacit renewal for one year upon each expiration. For any shorter duration, the policy will terminate at the date reported in the policy; no further notice is required.

Warning: the contracting party may terminate the policy, by sending a letter by registered mail to the Filo diretto Assicurazioni S.p.A. headquarters at least 30 days before the expiration date. In the event of a termination notice, which will be free of charge for the contracting party, the effects arising out of the policy will terminate, as per the legal provisions in force.

For further details, please refer to the Article pertaining to Insurance Conditions "*Validity of the Policy – Tacit Renewal*" reporting the Provisions applicable to all guarantees.

3) Insurance Coverage – Limits and Exclusions

The policy presents a range of guarantees provided to protect foreign travellers who have an entry visa or a resident permit issued only for tourism or study while staying in Italy or in countries belonging to the Shengen area. These guarantees protect from harmful and unexpected events frequently occurring just before or during travels, such as health-care treatment and medical return/transportation. We would like to remind that the insurance covers those guarantees that are actually purchased, which will be reported in the policy (on the so-called policy form), which is an essential condition for their effectiveness.

Warning: the provided insurance coverage is subject to limits and exclusions or conditions that may void the guarantees and therefore reduce or cancel the indemnity to be paid. For the exclusions applicable to individual guarantees, please refer to the Article pertaining to the Insurance Conditions "*Exclusions and Limits Applicable to Individual Guarantees...*" or, if any, to the Article "*Exclusions and Limits Applying to General Guarantees*" for further details.

Warning: the insurance policy provides the following application of deductibles and/or fixed excess and/or limits of liability, which will be defined hereinafter in the definitions under Insurance Conditions, to the extent reported in the Insurance Conditions and on the policy form:

Deductible: regardless of the amount of the damage to be indemnified that was suffered by the insured party following an accident, a fixed amount will be charged to the insured party (i.e.: Euro 150.00);

Fixed excess: regardless of the amount of the damage to be indemnified that was suffered by the insured party following an accident, a fixed percentage will be charged to the insured party (i.e.: 25% of the damage);

Limit of liability: regardless of the amount of the damage to be indemnified that was suffered by the insured party following an accident, the indemnity paid by the company will not exceed the fixed amount (i.e.: Euro 30,000.00)

Warning: the policy, with reference to the guarantee "*Land Accidents*", provides a maximum limit of the insurable age, identifying as insurable individuals those who, at the date of the stipulation, are younger than 75; nevertheless, the insurance will remain valid for individuals who were already insured before reaching 75 years of age. For further details, please refer to the Article about Insurance Conditions "*Age Limits*".

4) Statement by the Insured Party about Risk Circumstances – Invalidity

Warning: should the contracting party/insured party make false or reticent statements about the risk circumstances at the time the policy is stipulated, said could effect the services rendered by the company. For further details, please refer to the Article concerning Insurance Conditions "*Definition of Premium – Statements about Risk Circumstances*".

5) Risk Increase and Decrease

The contracting party/insured party must notify the Company in writing by registered mail with return receipt of any risk increase or decrease. For further details, please refer to the Article concerning Insurance Conditions "*Definition of Premium – Statements about Risk Circumstances*".

As an example, but not limited to, the following hypothesis concerning risk variations may be identified: change of destination.

6) Premium

To subscribe to the policy, the contracting party will pay the first installment of the premium. The premium always refers to insurance durations of one year, unless shorter durations are provided, and it will be due in full even if the premium is divided into installments. The company will accept payment of the premium by bank transfer, bank draft, personal check, or cash up to the limits provided by the law and by Isvap Regulation no. 5, and by any other means complying with the legal provisions in force and accepted by the broker as authorized by the company

7) Recourses

Warning: the insurance policy may provide the right of recourse for the company, such as the possibility of the insurer to retaliate against a third party liable for damage after its payment. The insured party should see further details in the Article about Insurance Conditions "Recourses".

8) Right of Withdrawal

Warning: the insurance policy may assign the right of withdrawal to the insured party, the company or both of them. The insured party can refer to the reference Article "Withdrawal in Case of an Accident" for the terms and conditions for exercising this right.

For policies taken out by the contracting party/insured party directly with the company without the support of a broker (so-called direct sale), the insured party should also see the provisions under the Article "Right of Withdrawal".

9) Debarment and Forfeiture of the Rights Arising out of the Policy

Pursuant to article 2952 of the Italian Civil Code, the rights of the insured party (subject benefiting from the stipulation of the policy) arising out of the policy are forfeited two years after the day of the event which the right is based upon and/or after the day when the third party has filed a claim for damages to the insured party or has started any legal action against him/her.

We would like to remind the contracting party/insured party to read the policy carefully before subscribing to it.

10) Applicable Law and Jurisdiction

The policy will be regulated exclusively by Italian law; nevertheless, the Parties are entitled – before signing the policy – to select another applicable legislation, within the limits provided by application of the domestic compulsory provisions and not withstanding the priority of special provisions of any compulsory insurance defined by Italian regulations.

Filo diretto Assicurazioni S.p.A. applies the Italian law to the policy to be subscribed. Italian compulsory provisions will be applied

11) Tax Regulations

Tax charges and any other legal charge pertaining to this policy will be charged to the contracting party.

C) INFORMATION ABOUT PAYMENT PROCEDURES AND CLAIMS

12) Accidents – Accident Payment

Warning: The Insurance policy may provide particular terms and conditions for the report of accidents, as defined in the section "*What to Do in Case of an Accident*"; non-compliance with these terms may reduce or cancel the right to indemnity, as defined in detail in the Article "*Obligations of the Insured Party*" and "*Report of an Accident and Relevant Obligations*".

Warning: the right time of occurrence of the accident must be identified:

- In the event of illness: upon identification of any variation in the health conditions that may not be ascribed to accidents, as detected through suitable and applicable medical examinations;
- In the event of an accident: upon the occurrence of any event due to any fortuitous, violent or external cause producing bodily injuries that may be objectively detected;

The following evaluation about the possibility of indemnifying the damage arising out of the accident will remain unchanged. Please refer to the Article "*Damages Payment Criteria*".

Furthermore, the insurance policy may entail costs for determining the damage for the insured party, for the company or for both of them. The insured party should see the details about payment procedures in the pertinent Articles.

13) Claims

In the event of any claim regarding the contractual relationship or accident management, the Insured Party must notify the Insurer's Claim Office (Ufficio Reclami of Filo diretto Assicurazioni S.p.A. - Centro Direzionale Colleoni - Via Paracelso, 14 - 20864 - Agrate Brianza - MB - Italy - fax no. +39 039 6892199 - reclami@filodiretto.it).

Should the insured party not deem the result of the claim as satisfactory or in case of non-reply within forty-five days, he/she may contact ISVAP, Servizio Tutela degli Utenti, Via del Quirinale, 21, - 00187 - Rome - Italy, and must enclose the documents supporting the claim that was submitted to the company.

As far as disputes regarding the definition of indemnity and liability are concerned, we would like to remind you that you will fall exclusively within the competence of legal authorities and that it is possible to appeal to conciliatory systems whenever they are.

14) Arbitration

Warning: this insurance policy may provide – if expressly regulated by current provisions – the possibility for the insured party and/or for the company to have recourse to arbitration procedures for settlement of any dispute arising between the parties.

Either party is entitled to appeal directly to legal authorities to have his/her rights protected.

DEFINITIONS

In the following text, the terms shall have the same meaning as assigned to them hereby:

ABROAD – any other country than Italy as defined hereinafter;

ACCIDENT – any occurrence of any fact or harmful event as covered by the insurance;
Injury: any event due to a fortuitous, violent or external cause, producing bodily injuries – that can be objectively detected – resulting in death, permanent disability or temporary partial or total inability;

ALARM CENTER – the company's structure composed of technicians and operators, working 24 hours a day, seven days a week, who reply by phone to the requests of the insured party and arrange and provide assistance;

AMBULATORY – any medical center or structure duly equipped and authorized to provide medical assistance or examinations, as well as any consulting room legally authorized for individual doctors;

ASSISTANCE – any prompt aid, both cash or in kind, provided to the insured party in difficulty after the occurrence of an accident;

BREAKDOWN – any damage suffered from any vehicle and due to wear-and-tear, defect, failure, no- functioning of its components (except any intervention of ordinary maintenance) that prevents the insured party from making regular use of the vehicle;

CAR ACCIDENT – any event that effects any vehicle that arises out of a fortuitous circumstance, malpractice, negligence, non-compliance with provisions and regulations that is connected with road circulation, as defined by the law, that damages the vehicle and prevents its regular use;

COMPANY – Filo diretto Assicurazioni S.p.A.;

CONTRACTING PARTY – any natural or legal person who stipulates the insurance policy;

COUNTRIES IN THE SCHENGEN AREA – any country fully adhering to the Schengen agreement.

DAY HOSPITAL – any one-day admission to a hospital without over-night stay;

DEDUCTIBLE – any fixed amount charged to the insured party for any accident;

DIRECT SALE – any policy stipulated by the contracting/insured party directly with the company, on the web site www.filodiretto.it, without the support of any broker;

DURATION OF THE POLICY – the period of validity of the insurance policy selected by the insured party;

EUROPE – any European and Mediterranean country, Russian Federation excluded;

FAMILY MEMBER – spouses/partners living together more uxorio, parents, brothers, sisters,

children, parents-in-law, brothers-in-law, sisters-in-law, grandparents, uncles, aunts, nieces and nephews up to the 3rd degree of kinship;

FAMILY UNIT – the spouse/partner and the children living with the insured party;

FIRE – any combustion with flames;

FIXED EXCESS – the part of damage to be indemnified according to the policy that will be charged to the insured party for any accident;

HOSPITAL – any health care institute, nursing home, university hospital that is duly authorized – as per legal requirements by relevant authorities – to provide hospital assistance. Spas, convalescent homes, centers with beauty or dietary purposes are excluded;

HOSPITALIZATION – any stay in a hospital including an over-night stay;

ILLNESS – any variation in health conditions that is not due to an accident;

INDEMNITY – any amount owed by the company in case of an accident covered by the policy guarantees;

INSURANCE – the insurance policy;

INSURED PARTY – any individual whose interest is protected by the insurance, such as foreign citizens regularly residing in Italy and in the countries included in the Schengen area provided with an entry visa or a residence permit issued solely for touristic or educational purposes.

ITALY – the territory of Italian Republic, the Vatican City and the Republic of San Marino;
Limit of Liability: any maximum amount paid by the company for any accident covered by the insurance;

MEDICINES – any medicine included in the official Italian List of Medicines. Therefore, they do not include over-the-counter, homeopathic, cosmetic, dietary, galenical products, even if prescribed by a doctor;

OFFICIAL RESIDENCE – any place where the natural or legal person is officially resident, as per vital records;

PERMANENT DISABILITY – any definitive partial or total loss, due to accidents of the ability of the insured party to carry out any work, regardless of its job;

POLICY – any document certifying the insurance;

PRE-EXISTING DISEASE – any disease that is directly due to pathological situations that arose before the stipulation of the policy;

PREMIUM – any amount due by the Contracting party to the company;

RESIDENCE – any place, even temporary, where the insured party lives;

RISK – any probability that the harmful event covered by the insurance will occur;

ROBBERY – any misappropriation of personal property from the owner, using violence or threatening the owner him/herself;

SURGICAL OPERATION – any medical operation carried out in an operating room of a hospital or ambulatory that is equipped as required, which is based on surgery of tissues using sources of mechanic, thermal or light energy. For insurance purposes, it includes also the closed reduction of fractures and dislocations;

THEFT – any crime under article 624 of the Italian Criminal Code, committed by anyone who takes possession of the personal property of any third party, stealing it from the owner, in order to make profit for him/herself or for any third party;

TOURISTIC SERVICES – any flight, hotel accommodation, transfer, car rental, etc. sold by the contracting party to the insured party;

TRAVEL COMPANION – Any insured person who, even though not related to the insured party who suffered the accident, is regularly participating to the same travel as the insured party;

WORLD – all the countries of the world, excepting US and Canada;

Filo diretto Assicurazioni S.p.A. is responsible for the truthfulness and completeness of the information reported in this General Description.

The Legal Proxy
Mr. Gualtiero Ventura



AMIEASY INTERNATIONAL TRAVEL SHENGEN INSURANCE CONDITIONS

Amieasy International Travel Shengen Insurance Conditions for form 0211 (2012-02 issues) -
Last update 02/02/2012

SECTION 1 – MEDICAL EXPENSES

This guarantee is valid and effective only if reported on the policy form and if the relevant premium has been paid.

Article 1.1 – Purpose of the Insurance

Within the limits of liability granted for the insured party as reported in the policy form, any medical expense for urgent and non deferrable care or operations, that is duly detected and proven by documentary evidence, that was suffered by the insured party during travel due to an accident or illness that arises during validity of the guarantee will be reimbursed

The guarantee includes:

- Any expense for hospitalization up to the limit of Euro 300.00 per day of stay;
- Any expense for surgical operation and doctor's fees arising out of illness or accident;
- Any expense for outpatient medical examinations, diagnostic and clinical tests (provided they refer to the illness or accident reported) up to Euro 500.00;
- Any expense for the medicines prescribed by the local doctor (provided they refer to the illness or accident reported) up to Euro 250.00;
- Any expense of transport from the place of the accident to the closest hospital, up to Euro 1,000.00.

In case of hospitalization due to an accident or illness subject to indemnity pursuant to the policy, the alarm center, upon request by the insured party, must proceed with direct payment of medical expenses.

Nevertheless, the insured party will be charged, and will proceed with the direct payment on site, for any amount exceeding the limits of liability provided in the policy and any relevant deductibles.

For amounts exceeding Euro 1,000.00 prior authorization by the alarm center is required

Article 1.2 – Deductible and Fixed Excess

To each accident a fixed deductible of Euro 150.00 shall be applied; this deductible will be charged to the insured party.

To each accident with amounts exceeding Euro 1,000.00 in the event of non-authorization by the alarm center, a fixed excess corresponding to 25% of the amount to be reimbursed will be applied (the minimum amount applicable amounts to Euro 150,00).

It is understood that no indemnity will be due for amounts exceeding Euro 1,000.00 if the insured party cannot demonstrate the effective payment of the medical expenses by bank transfer or credit card.

For policies having a validity of one year, the deductible applied to each accident amounts to Euro 450.00.

Article 1.3 – Special Exclusions and Limits Applicable to the Guarantees for Medical Expenses

In addition to the exclusions under the Provisions applicable to the guarantees, any expense for dental, physiotherapeutic, nursing, spa, weight loss treatment and for the elimination of congenital physical defects are excluded, as well as any expense for eye-glasses, contact lenses, prothesis and therapeutic devices, beauty operations or applications. The insurance does not cover voluntary abortions, or treatments or therapies for fertility and/or sterility and/or impotence.

Should the insured party fail in reporting to the alarm center the hospitalization (including day hospitals) or medical treatment supplied by emergency room, any relevant expense is excluded.

SECTION 2 – ASSISTANCE TO THE PERSON

This guarantee is valid and effective only if reported in the policy form and if the relevant premium has been paid. The service activities reported in the guarantee for Assistance to the Person are offered free of charge.

Article 2.1 – Purpose of the Insurance

If the insured party runs into difficulties due to the occurrence of illness, accidents or fortuitous events, the company will foresee to immediately making the services granted by the insurance available to the insured party, within the terms provided in the policy and through the staff and equipment of the alarm center. The support provided may consist of cash or kind.

Article 2.2 – Medical Consultancy Rendered by Phone

If, due to illness or an accident, the health conditions of the insured party were to be assessed, the company will make the alarm center medical service available to the insured party for medical contacts aiming at the handling of the first medical emergency.

Article 2.3 – Organized Medical Transport

Following any illness or accident suffered by the insured party that causes infirmity or injuries that may not be treated on site or that prevent continuation of the travel and/or of the stay, the medical service of the alarm center, after consulting the local doctor and if necessary/possible the general practitioner of the insured party will arrange medical transport/return of the insured party. According to the seriousness of the health conditions, the insured party will be transferred to the most suitable medical center or transferred to his/her residence.

The medical service of the alarm center will decide how to arrange the medical transport; the following means may be used:

-air ambulance –commercial flight– sleeping car – 1st class berth – ground ambulance – other means as deemed suitable.

According to the health conditions, the insured party may be escorted by doctors and/or paramedics of the alarm center during the travel.

The return from non-European countries (such as any country outside Continental Europe, including overseas possessions, territories and districts), except Mediterranean countries, will be carried out using exclusively commercial flights. No medical service will be rendered if the insured party or his/her family members signs the voluntary discharge from the hospital despite the adverse advice of the medical staff of the facility where the insured party is admitted.

Article 2.4 – Return of Family Members or Travel companion

In case of medical transport of the insured party, of the corpse, or return of the convalescent, the alarm center will make arrangements, and the company will incur the costs, for the return of family members only if they are insured (flight in economy class or train in 1st class) or one travel companion. This service will be rendered only if the insured party cannot use his/her own tickets.

Article 2.5 – Transport of the Corpse

In case of death of the insured party during travel and/or a stay, the alarm center will arrange transport of the corpse, carry out any formality required and pay any expense that is required and essential (after-death treatment, documents for the transport of the coffin), up to Euro 5,000.00, up to the place of burial in the country of residence of the insured party. This guarantee does not include the expenses for research, funeral, burial and possible recovery of the corpse.

Article 2.6 – Travel of a Family Member in Case of Hospitalization

Should the insured party be hospitalized for more than 10 days, the alarm center will arrange, and the company will pay, for travel (round-trip plane ticket in economy class or 1st class train ticket) as well as accommodation expenses up to a daily limit of Euro 100.00 and for a maximum of 10 days for one family member.

This service will be rendered only if no adult family member is already present on the spot.

Article 2.7 – Special Exclusions and Limits Applicable to guarantees for Assistance to the Person

In addition to the exclusions under the Provisions applicable to the guarantees, the company will not cover the expenses incurred by the insured party without prior authorization from the alarm center.

Should one or more services not be rendered to the insured party, the company will not indemnify the insured party for the non-rendered services, nor will it supply any alternative services.

The company will not pay any reimbursement or indemnity in place of services when the services were provided by other companies or institutions when they have not been previously requested through the alarm center or arranged by it. The reimbursement will be paid (up to the limits provided in this policy) if the alarm center, after having been contacted, has duly authorized the insured party to arrange the services of assistance on his/her own; in this case, the original documents supporting the expenses incurred by the insured party for the services rendered will be sent to the alarm center.

Any infectious disease, should the intervention of assistance be prevented by international health provisions, is excluded.

Article 2.8 – Responsibility

The company will not be responsible for any delay or event preventing the rendering of the services of assistance in case of events already excluded pursuant to the General and Special Conditions due to:

- any order issued by local authorities preventing the rendering of these services;
- any fortuitous or unexpected event;
- any cause of force majeure.

Article 2.9 –Ticket Return

The insured party must return non-used tickets to the company once the services have been rendered.

ADDITIONAL GUARANTIEES

SECTION 3 – "TRAVEL CARE" SERVICE

Article 3.1 – Description of the service

Should the insured party travelling abroad have an accident or suffer from sickness, where he/she may receive a on-line telephone medical consultancy directly from doctors members of Italian and international leading medical centers.

Specialist consultancy will be provided, mainly and as far as possible, by IT solution through **NET FOR CARE** telemedicine system.

Net for Care is a technological platform that, using the most innovative IT solutions, link doctors of Italian and International highly-specialized hospitals that have an agreement with

the operation Headquarters of the company, thus allowing the insured party to access on-line services of medical consultancy.

Article 3.2 – How to access the service

Should the insured party need a telephone consultancy, he/she just has to require it to the operation Headquarters of Telemedicine to contact directly the medical staff available 24/7 to provide telephone consultancy of first level. According to the patient's requirements, a medical consultancy of second level with one of the specialist of Filo diretto providers network shall be arranged and provided by one of the medical centers of the network with the presence of the insured party and/or one of his/her family members.

Article 3.3 – Limits to the supply of the service

The insured party may use the service maximum three times for one year of policy currency.

Article 3.4 Cost of the service

The company shall pay all the expenses for the organization and management of medical consultancy, as well as the fee of the doctor who has rendered the consultancy. The insured party shall be charged with the expenses for all the examinations required (diagnostic examinations, clinical tests, photographic images, etc.) for the telephone consultancy and for any further assessment as required by the doctor who has rendered the consultancy.

SECTION 4 – MULTILANGUAGE ON-LINE MEDICAL RECORD CALLED "MEDICAL PASSPORT"

The activities of the service called "Medical Passport" are offered free of charge.

Article 4.1 – Description of the Service

The insured party may use the service called "Medical Passport" to create his/her own multilanguage on-line medical record, available on a web site, duly protected by an ID system, which is accessible from any Internet connection all over the world. Personal medical information will be entered by filling in a simple guided questionnaire.

Article 4.2 – Activation of the Service

The insured party can access the web site www.medical-passport.it, and enter the section "How to Activate", and register by filling in the on-line form and providing the number of his/her policy and his/her Username and Password. By logging in with his/her Username and Password, he/she may access his/her on-line medical record by selecting the "Edit" mode (while entering the password for edit) or the "Read Only" mode (while entering the password for read only). By entering the password for edit, which must be kept safe, the insured party will be able to fill in and then edit the guided questionnaire about his/her personal medical record, possibly supported by his/her general practitioner. The questionnaire will be automatically translated in several foreign languages (English, French, German, Spanish, Russian, Turkish, Bulgarian, Rumanian and other languages currently under processing), so that the insured party may provide his/her personal medical information abroad without errors of mistranslation. The password for read will be reported on the personal card called "Medical Passport", which will be sent to the insured party upon request for accessing the service; it will be kept carefully by the insured party and provided to doctors when required (such as in case of illness, accident and other health problems).

Article 4.3 – Use of the on-line Medical report

When required (such as in the event of an illness, accident and other health problems) the

insured party, his/her family members and/or doctors and paramedics may access the web site www.medical-passport.it by entering the Username and Password as reported in the personal card called "Medical Passport" and access the multilanguage on-line medical record of the insured party, which will provide them with all medical information previously entered by the insured party him/herself.

Article 4.4 – Duration and Renewal

The service will have the same duration as the policy; should the service called "Medical Passport" be activated following the stipulation of an insurance policy with a duration that is shorter than one year, the service will have the same duration as the policy; the minimum duration will be of one month. Upon expiry, the insured party may renew the service upon the conditions that will be notified to him/her, by using the procedure for renewal that is made available on the restricted area of the web site. The company will be entitled to revoke the service if, for any reason, the original policy including the service "Medical Passport" is terminated.

Article 4.5 – Services

The service "Medical Passport" included in the policy of Filo diretto is the individual **standard version** including:

- **Multilanguage on-line medical record:** where it is possible to enter all the personal medical information of the insured party using a protected web site; such information may be automatically translated in 10 languages by clicking on the flag of the corresponding country. Once filled in, the record may be:
 - examined **anytime and anywhere in the world**, by entering the password for read;
 - **printed** in any of the foreign languages provided (i.e. in the language of the country where the insured party is travelling to);
 - **saved** on any pc or on any other IT support (portable hard disk, USB key, etc.).
- **Option for attachment uploading,** for diagnostic examinations, X-ray photographs, CT scans, electrocardiograms, etc, up to 1 Gb, that may be accessed by any computer, anywhere, tank to **Virtual Viewer®**, the innovative platform supporting **almost any most common type of file**, not just graphic ones.
- **Service of attachment uploading:** if documents cannot be saved on files, the staff of Medical Passport may do it for the insured party. Information about the methods and the rates of the service are included in personal Medical Passport, in the top menu, under the section "Service for Attachment Uploading".
- **Support for filling in the medical record:** the staff of Medical Passport is available for information and the insured party may require the support of a doctor for filling in the medical report. The service may be accessed:
 - by telephone: please contact the relevant number as reported in the section "Contacts";
 - by chat: please click the bottom "chat" in the illness area;
 - by fax or mail: please send the paper medical report available in the section "Support for filling in".
- **Medical Passport Card:** this card is sent to all the customers who activate the service and it indicates the references for accessing the service, as well as name, surname, username and "read" password (to be filled in by the insured party)
- **Agreements with doctors and medical centers:** it is possible to access the network of **medical centers and doctors** in Italy as provided by Filo diretto and to benefit from **special rates for examinations and tests**. To search, the insured party may use the special function provided in his/her Medical Passport under section "Agreements with Filo diretto" or contact the alarm center that, for the standard version of the service, supplies the names of centers and doctors thus allowing the insured party to contact them directly. The insured party must identify himself as being insured by Filo diretto and submit his/her **Medical**

Passport Card upon payment of the medical service rendered in order to benefit from the special rates.

PROVISIONS APPLICABLE TO ALL GUARANTEES

Article 1 – Exclusions and Limits Applicable to All Guarantees

No service will be provided for accidents that occur during or arising out of:

- wars, revolutions, riots or popular demonstrations, pillages, acts of terrorism or vandalism, strikes;
- earthquakes, flooding and other adverse weather conditions called weather hazards, events occurred in connection with energetic transformation of atoms, both naturally and artificially induced. This exclusion does not apply to single cases but only when weather hazards and social emergencies are officially stated by authorities;
- fraud committed by the contracting or insured party;
- travels against medical advice or, anyway, during a serious illness or for the purpose of undergoing medical/surgical operations;
- illness due to chronic or pre-existing diseases that the insured party known when he/she signed the policy;
- illness that may be connected with pregnancy complications beyond the 24th week and puerperium;
- voluntary abortion, organ explants and/or transplants;
- non-therapeutic use of medicines or drugs, addiction to alcohol or drugs, HIV-related diseases, AIDS, mental diseases and cerebral organic syndromes;
- some sports such as: mountain climbing including climbs exceeding the third degree, free climbing, ski-jumping and water ski-jumping, freestyle or extreme skiing, off-run skiing, bobsleighing, river canoeing exceeding the third degree, rafting, kite-surfing, hydrospeed, bungee jumping, parachuting, hang-gliding, air sports, boxing, wrestling, football, rugby, ice hockey, scuba diving, weightlifting;
- acts of imprudence;
- professional sports; participation in sport competitions, including trainings and trials supported by sport associations; competitions connected with leisure and/or games are included and considered as insured;
- racing with cars, motorcycles, motor-boats including water scooters, bobsleighs and relevant trainings and trials, unless connected with leisure;
- infectious diseases when assistance cannot be provided due to national or international health rules;
- activities implying any direct use of explosives or firearms;
- events that take place in countries which are at war and where, for this reason, assistance cannot be provided.

Moreover any event that takes place during work is excluded, as well.

It is prohibited to stipulate more than one International Travel policy covering the same risk in order to:

- increase the limits of liability of individual guarantees;
- extend the period of validity of any ongoing risk.

Article 2 – Non Insurable Persons

Should the company have known that the insured party was in one of the following conditions excluded from the policy: non therapeutic use of medicines or drugs, alcohol or drug addiction, HIV-related diseases, AIDS, mental diseases or cerebral organic syndromes, it would not have

agreed to provide the insurance; therefore, it is agreed that if one or more of the above-mentioned diseases arise during validity of the policy, the provisions set forth in article 1898 of the Italian Civil Code will apply, regardless of the real evaluation of the insured party health conditions.

Article 3 – Exclusion of Alternative compensation

Should one or more services not be rendered to the insured party, the company will not indemnify the insured party for the non-rendered services, nor supply any alternative services as compensation.

Article 4 – Effectiveness, Applicability and duration of Guarantees

The guarantees will go into effect upon the date when the insured party arrives in Italy or in another member state that adheres in full to the Schengen Agreement and they will be valid for the number of days as reported in the policy form.

The policy applies to foreign citizens who apply for the entry visa or residence permit for touristic or educational purposes in compliance with the provisions under the Schengen agreement.

The policy also applies to family reunions.

The policy will go into effect on the date selected by the contracting party that is reported on the policy form, provided the relevant premium has been paid.

Coverage is provided within the limits of liability and services where the event occurred, provided that this country is included in the "DESTINATION" for which the policy has been stipulated.

Article 5 – Obligations of the Insured Party in Case of an Accident

In case of an accident, the insured party must inform the company by telephone and in writing and must notify the company of the event in compliance with the requirements of each guarantee. Should the insured party not meet his/her obligations, the indemnity may be reduced or cancelled pursuant to article 1915 of the Italian Civil Code.

Article 6 – Territorial Extension

The insurance is valid in Italy and in other member states which adhere in full to the Schengen agreement.

Article 7 – Damage Payment Criteria

The payment of any contractually due sum will be made upon submission of the relevant original bills as duly receipted. Upon request by the insured party, the company will return the above-mentioned original documents, with an indication of the date of payment and the amount paid.

If the insured party submits the original bills to any third party in order to obtain a reimbursement, the company will pay any contractually due sum on the basis of the proof of the expenses effectively incurred, after the amount already charged to any third party. Any reimbursement will be made in Euro only.

The company will indemnify the insured party only after submission of all the documents required for evaluation of the damage.

Article 8 – Payment of Damages/Appointment as Expert

Damages will be evaluated by the company after direct settlement between the parties or, failing such a settlement, they will be defined by two experts respectively appointed by the parties. Failing settlement between the experts, they will appoint a third expert. Should either party fail in appointing its own expert or should the experts fail in agreeing upon the appointment of a third expert, the appointment will be carried out by the President of the

Court having jurisdiction for the place where the company has its headquarters. Each party will be charged with the expenses for the relevant expert and with half of the expenses for the third expert. Resolutions will be issued by a majority, but no legal formality is required; resolutions will be binding for the parties, who hereby agree to waive any act of impugnation, except in the presence of cases of violence, fraud, error or breach of contractual obligations. Anyway, either party will be entitled to appeal to higher legal authorities to have their rights protected.

Article 9 – Applicable Law and Jurisdiction

The parties hereby agree that this policy and any dispute arising thereof shall be regulated in compliance with Italian law.

Article 10 – Further Documents Reporting the Accident that must be submitted

The insured party expressly agrees that Filo diretto Assicurazioni is entitled, for accommodating the payment of damages, to demand the submission of documents in addition to the ones required under each single guarantee/insurance.

The non-submission of documents, regarding individual cases, may reduce or cancel the reimbursement.

Article 11 – Withdrawal in Case of an Accident

After reporting any single accident and until the 60th day from the payment of the relevant indemnity or from any other relevant settlement, the contracting party or the company may withdraw from the policy.

The withdraw will be valid:

- **in case of withdrawal carried out by the contracting party:** from the date of the relevant notification;
- **in case of withdrawal carried out by the company:** after thirty days from the date when the insured party receives the notification by the company;

In case of withdrawal carried out by the company, the company will – within 15 days from the date of the effective withdrawal – reimburse the part of the premium for the remaining period, tax excluded.

Article 11 Bis – Right of Withdrawal

(applicable to policies resulting from the so-called direct sale only)

The insured party has fourteen days at his disposal to withdraw from the policy without penalties or supporting reasons.

The term for exercising this right of withdrawal starts alternatively:

- a) from the date of stipulation of the policy;
- b) from the date when the consumer receives the contractual conditions and information under article 67-undecies of Legislative Decree no. 209 of September 7th 2005, if this date is later than the one under a).

The right of withdrawal does not apply to:

- insurance policies for travel and luggage or similar short-term insurance policies having a validity that is shorter than one month;

To exercise the right of withdrawal, the insured party must notify the supplier company, before expiry of the terms, in writing, by registered mail with return receipt, to the above-mentioned headquarters of the company, stating that in such time period no accident occurred.

Should an accident have occurred, the right of withdrawal may not be exercised. In case of a false statement, the company will be entitled to retaliate against the insured party for any expense and/or charge directly incurred and/or indirectly connected therewith.

Should the insured party exercise his/her right of withdrawal, the company will hold the portion of the premium applicable to the period of the policy that has already lapsed.

Should the insured party not exercise his/her right of withdrawal, the policy will be applied as stipulated.

Article 12 – Taxes and Duties

Fiscal charges and any other charge as defined by law applying to the insurance will be charged to the contracting party.

Article 13 – Recourse

Any recourse pursuant to article 1916 of the Italian Civil Code, against third responsible parties or other bound individuals, will be exercised by the company for the same amount of the indemnity paid.

Article 14 – Definition of the Premium – Statements about Risk Circumstances

The premium is defined based on the data reported in the policy form and in regards to destination, travel price and duration, limits of liability selected and the number of insured individuals.

The contracting/insured party must promptly notify the company of any variation that occurs during the validity of the policy. In case of inexact or reticent statements made by the contracting party at the time the policy is stipulated concerning the circumstances that may influence the risk evaluation, or in case of non-notification of any variation of these same circumstances that may increase the risk, the payment of damages will be subject to reduction or cancellation pursuant to the provisions of articles 1892 - 1893 - 1894 and 1898 of the Italian Civil Code.

Article 15 – Payment of the Premium and Effectiveness of the Guarantee

To stipulate this policy, the premium and any following installment of the premium as reported in the policy form will be paid within due deadlines; as a consequence thereof, the company will issue relevant receipts reporting the date of payment and the signature of the person who is entitled to collect the premium.

The insurance will go into effect at 12.00 pm of the day as reported in the policy form if the premium or the first installment of the premium has been paid, otherwise at 12.00 pm of the day of payment.

Article 16 – Duration of the Policy – Tacit Renewal

The duration of the policy will be the one as selected by the contracting party and reported in the policy form.

Should the contracting/insured party select a duration of one year, the parties agree that, failing any termination notice sent by registered mail at least 30 days before expiry of the insurance, such insurance will be extended for one year more.

In case of a shorter duration, the policy will terminate on the date as reported in the policy and no termination notice is required.

Any variation in the policy will be notified by the company directly to the contracting party or through the broker who is responsible for the policy at least 45 days before the annual renewal of the policy.

Should the contracting party not agree to the new conditions regarding the premium and/or the insured sums as proposed for the following year, he/she will be entitled to terminate the policy by sending a letter by registered mail to the company at least 30 days before the expiry.

HOW TO REQUEST ASSISTANCE

Assistance

In case of an accident please contact IMMEDIATELY the alarm center of the company which operates 24 hrs/day every day of the year at the following free phone number:

800 279745

From abroad the alarm center can be reached dialing the number 0039.039.6554.6646.

During the call you will be asked the following information:

- Name and Surname
- Policy Number
- Reason of the Call
- Telephone number and/or address where you may be reached.

WHAT TO DO IN CASE OF AN ACCIDENT

Other Guarantees

All the accidents must be reported as follows:

- **by internet** (on the web site www.filodiretto.it under the section "On-Line Report") in compliance with the instructions provided.
- **by telephone** calling the number 0039/039/6899941

Correspondence or documents must be sent to:

**Filo diretto Assicurazioni S.p.A.
Ufficio Sinistri
Via Paracelso, 14 – Centro Colleoni
20864 AGRATE BRIANZA (MB)**

Based on the general provisions and the ones applying to each single insurance service, damages must be notified in detail and, in order to speed up the payment, the report of the accident must be attached to the following documents that are required for each single insurance service:

In case of medical expenses

- Medical certificate issued by the emergency room of the place where the accident occurred reporting the illness, prescriptions, prognosis and diagnosis; the certificate must report the kind and seriousness of the illness and/or of the accident that occurred;
- In case of hospitalization, a complete copy of the medical record;
- Medical prescription and original invoices, receipts and bills for the medical expenses incurred;
- Medical prescription for any purchase of medicines, with the original receipts of purchased medicines.
- Policy number
- Copy of the entry visa or the residence permit

Please note:

- The invoices for repairs and the bills for any expense incurred due to the accident shall always be sent to the company in original.

The company is entitled to request further documents in order to evaluate the reported accident properly. **Non-submission of the above-mentioned documents, pertaining to any of these cases, may reduce or cancel reimbursement.**

- Any variation in the risk occurring after stipulation of the policy must be notified to the company.

Please remember that the right to reimbursement lapses two years after the last written request concerning the accident has been sent to the company. (pursuant to article 2952 of the Italian Civil Code).

IMPORTANT!

In any case of an accident, the insured party must notify the company of all the required documents and the references of his/her bank account for payment of reimbursement or indemnity (number of bank account, bank, address, number of branch, ABI, CAB and CIN codes).

For any claim, please contact:

Filo diretto Assicurazioni S.p.A.

Ufficio Reclami

Centro Direzionale Colleoni

Via Paracelso, 14

20864 Agrate Brianza – MB – fax 039/6892199 – reclami@filodiretto.it

In case of non-reply, please contact:

ISVAP – Servizio Tutela degli Utenti

Via del Quirinale, 21

00187 ROMA (RM)

DISCLAIMER PURSUANT TO ARTICLE 13 OF LEGISLATIVE DECREE NO. 196/2003

In compliance with what is set forth in article 13 of Legislative Decree no. 196/2003 as amended (hereinafter referred to as "Code of Privacy"), Filo diretto Assicurazioni S.p.A. (hereinafter referred to as the "Company") intends to provide the following disclaimer.

With reference to the Customer's personal information that will be dealt with, the Company intends to point out that:

- Personal information will be dealt with properly, lawfully and clearly in order to protect the Customer's privacy and rights;
- Personal information may report information strictly connected with this policy, included in "confidential information" under articles 4, 1st paragraph, letter d) and 26 of the Privacy Code.

1) Purposes of handling

Any personal information provided by the Customer, or anyway notified to Filo diretto Assicurazioni S.p.A. by any third party, which may also pertain to confidential information under articles 4, 1st paragraph, d) and 26 of the Privacy Code, is handled by the company and/ or its agents for the following purposes:

- a) Execution, management, stipulation, fulfillment of contractual obligations in order to provide assistance as required and relevant services, such as payment of damages, pertaining to the insurance business as authorized by the law;
- b) Execution of its obligations, in compliance with legal provisions, regulations, orders issued by supervisory institutions and authorities;

- c) Performance of business activities aimed at the promotion of insurance services and products that may be offered by the company or by companies held by Gruppo Filo diretto, as well for the distribution of advertising material.

2) Procedures Applicable to Management

Personal information will be managed while applying the provisions under the Privacy Code, also through IT tools, including – but not limited to – collection, recording, organization, filing, processing, selection, comparison, use, interconnection, consultation, communication, cancellation, destruction, block of the data, in compliance with the principles of protection and security, accessibility, confidentiality and completeness.

That same information will be managed pursuant to legal provisions, within legal limits and procedures.

Personal information is managed directly by the holder's staff and by other third parties that are not included in such staff, but that are included in the supply chain of the insurance industry, or that are appointed as agents/managers of the company and/or as individuals strictly connected with the functioning of the company and/or to the execution of activities under the policy as required by the Customer (in addition to provisions under paragraph 4).

Personal information may not be spread, but may be transferred abroad worldwide.

3) Notification of Personal Information

- a) The notification of the customer's personal information (including confidential information) is required for the stipulation and management of the policy, as well as for a better execution of contractual services, for fulfillment of the obligations that are strictly connected with such services, for management of accidents and payment of damages.
- b) The notification of such information may be provided by law, regulations or EU provisions.
- c) Should the customer expressly deny handling of his/her personal information by the company as per paragraphs a) and b), the policy will not be executed and no contractual service will be rendered.
- d) The notification of personal information to the company for promotional or information purposes optional and any relevant denial cannot influence the effectiveness of the policy

4) Individuals or Categories of Individuals Who Are Entitled to Receive Personal Information

Personal information, for the purposes under paragraph 1a) and for similar purposes, may be communicated in Italy and abroad to the company or to companies held by Gruppo Filo diretto, to individuals that are not included in the supply chain of the company, but that carry out activities connected with the management of the policy; among these individuals are correspondents, health institutions, doctors and paramedics, reliable staff, as well as other individuals operating in the insurance field, such as insurers, co-insurers, reinsurers, agents, subagents, brokers, agency producers, insurance brokers and other institutions providing insurance policies, such as banks, real estate agencies, attorneys, experts and car-repair garages, companies providing the management and payment of services, business consultants, consultants, firms, insurance associations, institutions managing data and services, factoring and credit collecting companies, institutions providing IT data and payments processing and management, companies providing services of press, transmission, transport and distribution of communication to customers, filing documents and companies specialized in data entry services, supplying IT services, accounting and administrative management services, though the individuals appointed by the company.

That same information may be notified for the purposes under paragraph 1 b) to those individuals whose notification is required by the law, within legal limits and purposes, such as public institutions and supervisors, public and private individuals charged with publicity in

compliance with current legal provisions, insurance associations such as – but not limited to – Ania, ISVAP, Ministry of Industry, Trade and Commerce, CONSAP, UCI, Supervising Commission for retirement funds, Ministry of Labor and National Insurance or other databases requiring such information (i.e. Italian Central Office for Accident Management, Traffic and Transport Control Authority).

The data may then be notified for the purposes under paragraph 1 c) to companies held by Gruppo Filo diretto (parent companies, controlled and associated companies, even indirectly, pursuant to the current legal provisions), as well as to any other individual as appointed by Gruppo Filo diretto.

5) Right of the Involved Party in regards to Personal data handling (article 7 of the Privacy Code)

Pursuant to article 7 of the Privacy Code the customer is conferred special rights, including the one entitling him/her to know at anytime which personal data are managed by the company or by third parties, to whom these data are notified or who may become acquainted with the data as managers or appointed parties, as well as what is the current purpose or which said data is used; the customer is entitled to have this data updated, amended, corrected or cancelled, require its block or prevent its handling for legal, promotional or advertising purposes.

In order to exercise his/her rights, the customer can directly contact Filo diretto Assicurazioni S.p.A., Via Paracelso 14 – 20864 Agrate Brianza (MB).

6) Liability for the Management of Personal data

Filo diretto Assicurazioni S.p.A., with headquarters in Via Paracelso 14 – 20864 Agrate Brianza (MB) through its legal proxy, and any company held by Gruppo Filo diretto will be directly responsible for the automatic handling of such personal data.



This product contributes to help Filo diretto Onlus' projects.

Filo diretto Onlus promotes and supports the implementation of projects and initiatives dedicated to children in difficulties and their families and to elderly.

For information or to give a donation : www.filodirettoonlus.org – Toll-free number **800.326464**

It's also possible to **donate the 5x1000** in Filo diretto Onlus' favour. Just fill in the opposite box that you can find in all the individual income tax return's form (730, CUD e Unico) with the tax code **02922360967** and sign in the box "*Support non-profit organizations for social utility and associations of social promotion*".

Filo diretto Assicurazioni S.p.A.
Via Paracelso, 14 – 20864 Agrate Brianza (MB)
Tel. 039.6056804 – Fax 039.6899940
www.filodiretto.it – assicurazioni@filodiretto.it