

**GENERAL CONDITIONS FOR  
"INTERNATIONAL TRAVEL"  
POLICY MOD. INT003 06/2006**

**INFORMATIVE NOTE FOR  
CONTRACTS FOR INSURANCE  
AGAINST DAMAGES**

Pursuant to article 123 of Legislative Decree no. 175 of March 17, 1995 and in conformance with what is set forth in the ISVAP (*Institute for Control of Private and Group Insurance*) circular no. 303 of June 2, 1997.

**INFORMATION CONCERNING THE  
COMPANY**

**Informative note for the Contracting  
Party**

The purpose of this Informative note is to provide all the necessary preliminary information to the Contracting Party in order to subscribe to the pre-chosen insurance with full knowledge of the facts and sound judgment.

It is drawn up in accordance with the regulations set forth by the ISVAP based on the laws established for protecting Consumers of the European Union in the field of insurance against damages and is recognized in the Italian legislature by Legislative Decree no. 175 of March 17, 1995.

This note is drawn up in both the Italian and English languages, though the Contracting Party may request that it be drawn up in other languages

**Name of the Company, legal form of  
the Company and Company  
headquarters**

The contract will be stipulated with Filo diretto Assicurazioni S.p.A. with headquarters in the Italian Republic in Agrate Brianza (MI) – zip code 20041 – Centro Direzionale Colleoni – Via Paracelso, 14. The Company will promptly notify the Contracting Party, in writing, of any eventual modifications.

**Authorization to practice insurance  
activities**

Filo diretto Assicurazioni S.p.A. is authorized to practice insurance activities by Decree issued by the Ministry of Industry, Trade and Commerce on October 20, 1993

(Gazzetta Ufficiale of November 3, 1993, no. 258).

**INFORMATION REGARDING THE  
CONTRACT**

**Applicable Legislation**

The legislation applicable to the contract is Italian Law; the Parties nonetheless have the right, before concluding the contract, to choose a different legislature, though within the limits imposed by application of the compulsory National laws and provided the specific regulations pertaining to compulsory insurance foreseen by Italian law prevail.

Filo diretto Assicurazioni S.p.A. will apply Italian Law to the contract stipulated.

In any event, the compulsory laws foreseen by Italian legislation are applicable.

**Duration of the rights deriving from  
the contract**

Pursuant to article 2952 of the Italian Civil Code, the rights of the Insured (subject in whose interest the contract is stipulated) that derive from the contract have a duration of one year from the day in which the event occurred on which the rights are based and/or from the day in which a third party has requested indemnity from the Insured or has instigated legal action against the Insured.

The Contracting Party is hereby reminded of the necessity to carefully read the contract before signing it.

**Complaints concerning the contract**

Eventual complaints regarding the contractual relationship or the handling of claims must be sent by the Client to the Ufficio Reclami (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. Should the complainant not be satisfied with the outcome of the complaint or in the event of a lack of response within the maximum time limit of 45 days, he may contact the ISVAP, Service for protection of Users, Via del Quirinale, 21, - 00187 - Roma, and send them the petition of the documents concerning the complaint handled by the Company. In regards to any controversy concerning quantification of the

services and attribution of responsibility, the Legal authorities will have exclusive jurisdiction in addition to the possibility of resorting to conciliatory systems when possible.

In the event that the Parties have chosen to apply legislation other than Italian Law to the contract, the court of jurisdiction will be that specified by the applicable legislation.

The Contracting Party may, nonetheless, contact the ISVAP, which will aid him in communication and relationships with the aforementioned Foreign Legal Authorities.

**Information during contract  
duration**

Whenever, during the validity of the contract, any variations concerning the information pertaining to the contract are made, Filo diretto Assicurazioni S.p.A. will promptly notify the Contracting Party and provide him with any necessary clarifications.

**Warning**

This note is only an informative document.

**INFORMATIVE NOTE TO THE  
CLIENT PURSUANT TO ARTICLE 13  
OF LEGISLATIVE DECREE NO.  
196/2003**

**In accordance with that which is set forth in article 13 of Legislative Decree 196/2003 and eventual modifications and integrations (form hereinafter referred to as "Privacy Code"), Filo diretto Assicurazioni S.p.A. (from hereinafter referred to as Company) wishes to provide the following informative note.**

**In regards to personal data that concern the Client and that will be handled, the Company would like to point out that:**

- **The handling of data is based on principles of correctness, lawfulness and clarity and on protection of the privacy and rights of the Client;**
- **Handling of data may include also personal data closely pertaining to the contractual relationship, which fall into the description of "sensitive data" pursuant to article 4, paragraph 1, letter d) and article 26 of the Privacy Code.**



## 1) Purpose of data handling

The personal data supplied by the Client, or nonetheless acquired by Filo diretto Assicurazioni S.p.A. through third parties, even in reference to sensitive data pursuant to article 4, paragraph 1, letter d) and article 26 of the Privacy Code will be handled by the Company and/or persons working for or on behalf of the Company for the following purposes:

- a) In order to execute, handle and conclude Company activities and fulfill obligations pertaining to the pre-contractual and contractual relationship, to provide the assistance requested, as well as to expedite the closely correlated activities, such as liquidation of claims, which pertain to the insurance activities carried out by the Company who is authorized to practice said activities by Law;
- b) To fulfill obligations foreseen by law, regulations, and norms issued by the authorities and Control and Protection organs;
- c) To carry out business activities for promoting insurance services and products offered by the Company or by Companies pertaining to the Filo Group as well as to send out advertising material.

## 2) Data handling manners

Data handling will be carried out according to the manners foreseen by the Privacy Code, even by means of informatics and automated instruments, by means of, but not limited to, data collection operations, registration, organization, conservation, elaboration, selection, comparison, use, interconnection, consultation, communication, cancellation, distribution, blocking of data, according to the principles for safeguarding the security, access, confidentiality and integrity of the data. The same data will be handled and held within the limits of what is obligatorily foreseen by law, within the limits and manners foreseen within said laws.

Data handling will be performed directly by the organization of the Owner of data handling and by external subjects who are part of distribution networks in the insurance field to whom said task has been

delegated to by the Company, and/or subjects strictly connected to the function of data handling and/or the expediting of contractual activities foreseen (in addition to that which is foreseen by point 4).

The data is not subject to diffusion.

The data may be transferred outside Italy, worldwide.

## 3) Conferment of data

- a) The conferment of personal data regarding the client (even of a sensitive nature) is necessary in order to conclude and manage the contract and to improve execution of the contractual services, as well as to expedite the activities strictly connected with providing said services, as well as the handling and liquidation of claims.
- b) Conferment of data may be obligatory based on laws, regulations and European Community norms. An eventual refusal to provide explicit consent for data handling as per point a) and b) will bring about an impossibility to conclude and execute the contract and/or provide the contractual services foreseen.
- c) Conferment of personal data for the purposes of sales information and promotion of the services offered by the Company is optional and has no effect on the contractual relationship.

## 4) Subjects or categories of subjects to whom data may be communicated

Data may be communicated – for the purposes specified in point 1 a) and in order to be subjected to treatment for the same purposes – in Italy or outside Italy, to the Company or companies of the Filo group, subjects outside the distribution network of the Company who carry out correlated activities necessary to the contractual relationship, such as correspondents, health organizations, medical or paramedic personnel, known persons of trust, and other subjects in the insurance industry, such as insurers, coinsurers, reinsurers, agents, subagents, brokers, agency producers, insurance mediators and other channels for acquisition of

insurance contracts, banks, SIM, lawyers, appraisers and mechanic shops, service companies who are entrusted with handling, liquidation and pay out services, business consulting companies, consultants, professional offices, associations and consortiums in the insurance industry, data handling and service companies, factoring and credit collection companies, agencies and organizations that perform electronic data processing operations of data and payments, companies who carry out printing, transmission, enveloping, delivery and sorting activities for communication to the client, archiving services of the documentation and companies specialized in data entry services, the supply of informatics services, and for administrative and accounting services through subjects appointed by the company.

Said data may be communicated for the purposes specified in point 1 b) to subjects to whom communication is obligatory by law, within the limits and for the purposes foreseen by law, such as: public agencies and control organizations, public and private subjects who, as per the laws in vigor, are authorized to perform public surveys, associations and consortiums in the insurance field and therefore, for example: ANIA (*National Association of Insurance Businesses*), ISVAP (*Institute for Control of Private and Group Insurance*), Ministry of Industry, Trade and Commerce, CONSAP (*Public Concessionary of Insurance Services*), UCI (*Italian Central Office*), Retirement Fund Control Commission, Ministry of Labor and Social Security and other databanks to whom communication of the data is obligatory (for example: Italian Office of Central records for injury and the Motor vehicle department).

The data may be communicated for the purposes specified in point 1 c) to companies of the Filo diretto group (parent companies, branches and subsidiaries, even indirectly pursuant to the laws in vigor) as well as to qualified employees of the Filo diretto Group.



## 5) Rights of the interested party in regards to personal data handling (article 7 of the Privacy Code)

Article 7 of the Privacy Code grants the Client specific rights, among which, those which must be recognized at all times are rights pertaining to his data held at the Company or held by subjects to whom said data is communicated or who may become aware of said data in their role as individuals responsible for said data or to whom the data is entrusted to or who must use said data; the Client also has the right to have his personal data updated, integrated, ratified or cancelled, to request the block of his data and to oppose the handling of said data for sales purposes or for advertising purposes.

In order exercise said rights, the Client may contact Filo diretto Assicurazioni S.p.A. with headquarters in Via Paracelso 14 – 20041 Agrate Brianza (MI).

## 6) Owner of data handling

The owners of data handling are Filo diretto Assicurazioni S.p.A. with headquarters in Via Paracelso 14 – 20041 Agrate Brianza (MI) through the legal representative, and each of the companies pertaining to the Filo diretto Group who perform data handling automatically with direct responsibility.

## 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 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 at 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.

### 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, hanggliding, 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 one year 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.

#### 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 to 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 ascertainments 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 teleconsulting 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 ascertainment 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](http://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](http://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](http://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 previously 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](http://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 THIRD PARTY OWNER OF THE DATA**

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