



CUSTOMER NOTICE FOR THE TREATMENT OF PERSONAL DATA

Dear Sir or Madame,

Siscos, whom you gave authorization to follow your claims until the payment of reimbursements and benefits, would like to give you some information.

The Leg. Dec. 30 June 2003 n. 196 (Personal Data Protection Code) provides for the protection of personal data, and establishes that data of the interested person must be kept and utilized in transparency, with a view to defend the rights of the person involved.

This is to inform you that Siscos is in possession of some personal data about you. In compliance with art. 13 of Leg. Dec. 30 June 2003, n° 196, Siscos will register, treat and keep your personal data as follows:

- In its electronic data bases.
- To carry out all its duties with the insurance companies and brokers, until the final reimbursement of claims and benefits for the insured person and his family members.

Rights enshrined in Art. 7 – The data subject has the right to obtain confirmation on the existence of his/her personal data; to know how they were acquired; to ask for data cancellation; to change into anonymous ones or to seal off those personal data treated violating law; the right to update, to rectify or to complete his/her data; and the right to oppose him/herself their treatment.

Person in charge of the processing/data controller – Siscos, Via G. Parini 7 – 20121 Milan, is in charge of the data treatment. On this behalf, Siscos reserves itself the right to treat and process your personal data, should it be necessary to:

- perform the duties prescribed by law or UE rules and regulations;
- carry out all duty necessary to assist the insured persons.

SISCOS

**APPLICATION FORM
FOR REFUND OF MEDICAL EXPENSES**

NGO EXPATRIATE WORKERS

Please send to the NGO you work for (or to Siscos, Via G. Parini 7 – 20121 Milan, Italy)

I the undersigned..... E-mail
address.....
working in with the organisationhave received
medical assistance for me / my family member.....
from/...../..... to/...../..... and apply for the reimbursement of the expenses
listed in the annex and accompanied with **medical diagnosis certification**.

I hereby authorize SISCOS to see to the reimbursement procedure until the payment is confirmed, and I demand that the amount be credited to the current account below:

Holder of current account:																		
Codice Fiscale of current account holder:																		
Country		Check Digit	BANK DETAILS															
			Cin	ABI				CAB				C/C number						
I	T																	

Date _____ Signature _____

I have taken note of the statement complying with the D. Lgs. 30 June 2003 n. 196, art. 13, that I received, and I give my consent to the processing of my personal and sensitive information to SISCOS, as it is the holder of the processing; with the means and limitations of the above mentioned statement, with the only aim to carry out the assignment of assistance I gave it.

Date _____ Signature _____

I ENCLOSE: Consent for processing of personal data – Generali Italia, filled-in and signed

Do not fill this section – c/o SISCOS

<i>Details of reimbursement claimed:</i>	<i>Local currency</i>	<i>Euro</i>
A/B) Medical expenses
C) Pharmaceuticals
D) Dental treatments
E) Hospitalization
F) Other
Total	_____	_____

EXCHANGE: REIMBURSEMENT EURO:

Filled out by Ms. / Mr.
Local currency exchange rate / 1 Euro:

Date	Documentation	Amount (local currency)
	A) For medical consultations: <ul style="list-style-type: none">– Doctor’s certificate indicating the diagnosis*– Original receipts / invoices	
.....
.....
.....
	B) For analysis, diagnosis exams, treatment materials, etc.: <ul style="list-style-type: none">– Medical prescriptions and outcomes– Original receipts / invoices	
.....
.....
.....
	C) For medicines/pharmaceuticals: <ul style="list-style-type: none">– Medical prescriptions– Original receipts/invoices	
.....
.....
.....
	D) For dental treatments: <ul style="list-style-type: none">– Dentist certificate indicating the diagnosis*– Diagram, prescription and details of the treatments done– Original receipts / invoices in details	
.....
.....
.....
	E) For hospitalization: <ul style="list-style-type: none">– Hospitalization certificate– Hospital report / case history– Original receipts / invoices	
.....
.....
.....
	F) Other expenses:	
.....
.....
.....
	TOTAL	_____

*** Medical certificates must always indicate the provisional or ascertained diagnosis**
IMPORTANT: In case of treatments due to an **accident**, please attach a signed **statement** indicating causes and dynamic of the accident.

Informativa sul trattamento dei dati per fini assicurativi delle persone fisiche (art. 13 D. Lgs. 196/2003 - Codice Privacy)
Information note for treatment of personal data of individuals for insurance purpose (Leg. Dec. no. 196/2003, art. 13 - Privacy Law)

Polizza N 764063711 / Polizza N 360145970
 Policy n. 764063711 / Policy n. 360145970

La informiamo che la nostra Società, Titolare del trattamento, intende acquisire o già detiene i Suoi dati personali, eventualmente anche sensibili o giudiziari ove indispensabili, al fine di prestare i servizi assicurativi⁽¹⁾ (danni, vita, previdenziali) richiesti o in Suo favore previsti, ivi compresi l'adempimento dei correlati obblighi normativi e la prevenzione di eventuali frodi assicurative.

We inform you that our Society, acting as Data Controller, intend to collect or is already in possession of personal data about you, including sensitive or judicial data, for the purpose of providing the insurance services⁽¹⁾ requested by you or to be provided in your favour, including the fulfilment of law obligations and the prevention of insurance frauds. I soli dati necessari per perseguire i fini suddetti, da Lei forniti od acquisiti da terzi, saranno trattati in Italia o all'estero con idonee modalità e procedure anche informatizzate, da nostri dipendenti, collaboratori ed altri soggetti anche esterni, designati Responsabili e/o Incaricati del trattamento, o comunque operanti quali Titolari autonomi, che svolgono per nostro conto compiti di natura tecnica, organizzativa, operativa⁽²⁾.

The data provided by you or other subjects, is only that strictly necessary to provide you with the above-mentioned services. This data will be processed only with such methods and procedures-also with the help of electronic instruments-by our workers or collaborators and other external persons, in their capacity as Data Processors and/or autonomous Persons in charge of processing, or anyway operating as autonomous data Processors, which carry out technical, organisational and operational (2) tasks on our behalf.

Sempre nell'ambito del servizio assicurativo prestato, i Suoi dati potranno essere inoltre comunicati ove necessario a soggetti, privati e pubblici, connessi al settore assicurativo e riassicurativo operanti in Italia o all'estero⁽³⁾. I Suoi dati non saranno diffusi.

Senza i Suoi dati - alcuni dei quali richiesti in forza di un obbligo di legge - non potremo fornirLe, in tutto o in parte, i nostri servizi.

For the purpose of providing the insurance services, your data may also be disclosed to other subjects, private or institutional, linked to the insurance services in Italy or abroad. Your data are not subject to dissemination. Without your data-some of which must be provided by you or third parties by law-we shall not be able to provide our services.

Lei potrà conoscere quali sono i Suoi dati trattati presso di noi ed, ove ne ricorrano le condizioni, esercitare i diversi diritti previsti (rettifica, aggiornamento, cancellazione, opposizione etc) rivolgendosi al Responsabile ex art. 7 Codice Privacy: Generali Corporate Services S.c.a.r.l. - Privacy, Via Marocchese 14, 31021 Mogliano Veneto TV - tel. 041.549.2599 fax 041.549.2235 - privacy@generaligroup.com

Sul sito della Società troverà l'elenco aggiornato delle informative, dei Responsabili e delle categorie di soggetti a cui possono essere comunicati i dati, nonché le politiche privacy della nostra Società.

You shall be entitled to ascertain at all times what data is held by us, and, if the necessary conditions are fulfilled, you may exercise your rights as provided for (the data to be rectified, updated, deleted, ask for it to be blocked, etc), by contacting the Data Processor under Section 7 of Legislative Decree no. 196/2003: Generali corporate Services S.c.a.r.l. - Privacy, Via Marocchese 14, 31021 Mogliano Veneto, TV - tel. +39 041.549.2599 fax +39 041.549.2235 - privacy@generaligroup.com

The Company website contains updated information notes, list of Data Processors and the information on privacy policies in our Company.

Consenso al trattamento dei dati per fini assicurativi
Consent to the processing of data for insurance purposes

Ciò premesso, firmando il presente documento Lei autorizza il trattamento dei dati personali - eventualmente anche sensibili - da parte della nostra Società, la loro comunicazione ai soggetti sopra indicati e il trattamento da parte di questi ultimi a fini assicurativi.

Having taken due note of the information above, by signing below, you will decide to consent to the processing of your data - including sensitive data - by the Company its communication to the above-mentioned entities and their processing of your data, for insurance purposes.

Luogo e data / Place and date

Cognome e Nome leggibile / Name and Surname (readable)

Firma / Signature

NOTE / NOTES:

1. Predisposizione e stipulazione di contratti di assicurazione o di previdenza complementare, raccolta dei premi, liquidazione di sinistri o altre prestazioni, riassicurazione, coassicurazione, prevenzione e individuazione delle frodi assicurative e relative azioni legali, costituzione esercizio e difesa di diritti dell'assicuratore, adempimento di specifici obblighi di legge o contrattuali, gestione e controllo interno, attività statistiche.
Establishment and drawing up of insurance contracts, premium income, contractual obligations, reinsurance, co-insurance, prevention or fulfillment of specific legal and contractual obligations, management and internal audit, prevention and detection of insurance frauds and related legal actions, management and defense of the rights of the insurer, fulfillment of specific law or contract obligations, internal management and supervision, statistics.
2. Trattasi di soggetti, facenti parte della "catena assicurativa" (agenti, sub-agenti ed altri collaboratori di agenzia, produttori, mediatori di assicurazione, banche, SIM ed altri canali di acquisizione; assicuratori, coassicuratori e riassicuratori, fondi pensione, attuari, legali e medici fiduciari, consulenti tecnici, periti, autofficine, centri di demolizione di autoveicoli, strutture sanitarie, società di liquidazione dei sinistri e dei contratti, ed altri erogatori convenzionati di servizi), società del Gruppo Generali ed altre società che svolgono, quali outsourcer, servizi di gestione dei contratti e delle prestazioni, servizi informatici, telematici, finanziari, amministrativi, di archiviazione, di gestione della corrispondenza, di revisione contabile e certificazione di bilancio, nonché società specializzate in ricerche di mercato e indagini sulla qualità dei servizi.
These subjects belong to the "insurance chain" (agents, sub-agents and other agency collaborators, agency providers, insurance brokers, banks, stock brokerage companies and other insurance contracts acquisition channels; insurers, co-insurers and reinsurers, actuaries, legal and medical advisers, distraintees, Group companies and other service companies, including companies dealing with the management and settlement of contracts, IT, computerized, financial, administrative, customer satisfaction survey, filing services, printing of letters, handling of incoming and outgoing mail and auditing companies. In particular, your data may also be disclosed to the Parent Companies of Generali Group, and its trustees for risk assessment, contract settlement, coinsurance or reinsurance purposes.
3. Soggetti coinvolti nello specifico rapporto assicurativo (contraenti, assicurati, aderenti, pignoratari, vincolatari), assicuratori, coassicuratori, riassicuratori ed organismi associativi /consortili (ANIA, Mefop, Assoprevidenza) nei cui confronti la comunicazione dei dati è funzionale per fornire i servizi sopra indicati e per tutelare i diritti dell'industria assicurativa, organismi istituzionali ed enti pubblici a cui i dati devono essere comunicati per obbligo normativo.
Subjects involved in the insurance contract (agents, insured, distraintees,...) insurers, co-insurers reinsurers as well as institutional bodies and other sector bodies (ANIA, Mefop, Assoprevidenza), to which data must be disclosed to provide the above-mentioned services or to protect the rights of insurance companies, to which data disclosure is compulsory.

GIPRY100/00

Generali Italia S.p.A. - Sede legale: Mogliano Veneto (TV), Via Marocchese, 14, CAP 31021 - Tel. 041 5492111 - Fax 041 942909 - www.generali.it - email: info@generali.it



C.F. e iscr. nel Registro Imprese di Treviso n. 00409920584 - Partita IVA 00885351007 - Capitale Sociale: Euro 1.618.628.450,00 i.v.. Società iscritta all'Albo delle Imprese IVASS n. 1.00021, soggetta all'attività di direzione e coordinamento dell'Azionista unico Assicurazioni Generali S.p.A. ed appartenente al Gruppo Generali, iscritto al n. 026 dell'Albo dei gruppi assicurativi.

