CUSTOMER NOTICE FOR THE TREATMENT OF PERSONAL DATA

Dear Sir / Madam,

Following the assignment of assistance given to our Association for the execution of procedures aimed at obtaining refunds and compensation provided by the policies with which you are insured, please find hereby the following information.

Introduction - The Legislative Decree no. 30 June 2003 n. 196 (personal data protection Code) provides for the protection of persons and other subjects with regard to the treatment of personal data. According to this regulations the treatment of personal data related to a party, is based on principles of fairness, legality and transparency, as well as the protection of privacy and the rights of the same party.

Please be informed, in accordance with the aforementioned decree, that in relation to the relationship you have with our structure, we are in possession of some data relating to you, which may also have been acquired verbally. According to Article 13 of Law no. 196/03 our structure will treat the personal data you provided, in accordance with the current regulations, by implementing procedures and processes to ensure an effective protection of your personal data.

Methods and aims of the treatment - The data will be used for the execution and the aims as the assignment above, in compliance with the aforementioned law and the privacy obligations as well as the rights of the party.

The reported data will be recorded, treated and stored in our paper and electronic archives, in particular:

- in its electronic data bases;
- to carry out with the insurers, brokers and intermediaries, all the activities aimed at obtaining the final reimbursement of claims and benefits for the insured party and his family members.

Rights enshrined in Art. 7 - With regard to the treatment of personal data, it is possible to exercise, even by proxy or power of attorney to an individual or association, the rights of the article. 7 Legislative Decree no. 196/2003, including those ones aimed to obtain from the Processor confirmation of the existence of personal data and their availability in an intelligible form; to know the origin of the data, as well as the logic and purpose on which the treatment is based; to obtain the cancellation, transformation into anonymous form or block of data treated in violation of the law, as well as the updating, correction or, if required, integration of data; to oppose, for legitimate reasons, the treatment itself.

The processor - The responsible of treatment is the writing company, – Siscos, viale delle Milizie, 38 – 00192 Rome, is in charge of the data treatment.

The data controller - Please be informed that our Association, pursuant to art. 29 of Legislative Decree no. 196/2003, has not appointed a Person in charge of the processing/data controller.

Treatments without need of consent - Please note that Siscos, without a lack of consent, shall be entitled to treat your personal details, except sensitive data, in case it will be necessary to:

- Comply with an obligation imposed by law, regulation or legislation;
- Fulfil obligations arising from the office of insurance assistance.

SISCOS
APPLICATION FORM TO THE TEMPORARY
ONLY FOR SUM INSURED ABOVE € 50,000.00 OR PERSONS AGED 60 OR OVER
INSURANCE IN CASE OF DEATH – Policy GENERALI Italia n° 92307 (former 35012)

INSURED:
Surname ………………………………..………….………………………. Name ………………………………………………………………..
Born on ……………. in …………………………………………………………………………………………………….. Country………………………………………..
Sex M □ F □ Fiscal code: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Address: …………………………………………………………. ……. Town ………………………………………………………………………………………………..
Zip code …………………………. Country ………………………………………………………………………………………………………………………………
Beneficiary in case of death (specify only if different from legal heir)*……………………………………………………………………………………….…..
With effect from h 24.00 of ………………………….. Duration n° quarters (select): 1 □ 2 □ 3 □ 4 □

Sum insured: € 50,000.00 □ € 150,000.00 □ € 250,000.00 □

☐ Tick only if the insured works in a de-mining unit

DECLARATION OF THE INSURED

Knowing that the information I give will constitute the basis on which the GENERALI Italia S.p.A. will give his assent to the insurance coverage, I declare what follows:

1) I claim to know – with reference to dispositions written in Art.1919 of Italian Civil Code – that this application form serves as a base for admission to the Collective Life Policy stipulated between the Policy Holder and Generali Italia S.p.A.;

2) I claim to NOT be the holder of a disability / inability benefit or allowance, and to NOT have any pending acknowledgement for disability/inability allowance;

3) I claim NOT to suffer and NOT to have suffered from diseases which have arisen or which have necessitated treatments, cares and/or follow-ups in the last five years (*).

I also declare, pursuant to articles 1892 and 1893 of Italian Civil Code, to assume responsibility for information provided, confirming that they are truth and correct. I acquit all physicians, Public and Private Institutions in possession of my personal health-related information, and I authorize them to release information and certifications without any exception.

In relation to the customer notice for treatment of personal data, pursuant to Art. 13 of Italian D.Lgs. 196/2003, I give my consent to the treatment of my personal data, and sensitive information, enshrined in Art.4/d) of Italian D.Lgs. 196/2003.

Date ………………………… Signature of the Insured……………………………..

(*) With the exclusion of cold and Flu syndromes, Childhood Pox, Esthetic Surgery, non complex Allergies/Intolerances, muscle-tensive-type headaches, and hospitalizations ended with complete recovery following Appendectomy, Tonsillectomy, Adenoidectomy, Herniectomy, Saphenous vein cut down, Varicose vein, Hemorrhoidectomy, Menisectomy, Simple Bones fractures, Nasal septum deviation, Childbirth, Cholecystectomy not due to tumor, Phimosis, Bunion, post trauma Splenectomy.
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(2) 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 fornitid o acquisiti da terzi, saranno trattati in Italia o all’estero con idonee modalità e procedure anche informizzate, 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(3).

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 ovve necessario a soggetti, privati e pubblici, connessi al settore assicurativo e rassicurativo operanti in Italia o all’estero (4). 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 e in parte, i nostri servizi.

Without your data – we shall not be able to provide our services.

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 other 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) rinvogendo al Responsabile ex art. 7 Codice Privacy. Generali Corporate Services S.c.a.r.l. – Privacy, Via Marocchessa 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 Marocchessa 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.

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.

DATA / DATE

COGNOME E NOME / NAME AND SURNAME

N. DI PASSAPORTO / PASSPORT NUMBER

FIRMA DELL’ASSICURANDO / SIGNATURE OF THE INSURED

NOTE / NOTES:

1. Predisposizione e stipulazione di contratti di assicurazione o di prevvidenza complementare, raccolta dei premi, liquidazione di sinistri o altre prestazioni, riassicurazione, coassicurazione, previsione e individuazione delle frodi assicurative e relative azioni legali, costituzione esercizio e dèesa 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.


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, distraintes, 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 (consorzi, ANIA, Melof, 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 altri soggetti pubblici a cui i dati devono essere comunicati per obbligo normativo.

Subjects involved in the insurance contract (agents, insured, distrainters,...) insurers, co-insurers reinsurers as well as institutional bodies and other sector bodies (ANIA, Melof, 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.

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Firma dell’assicurando / Signature of the Insured

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