



## 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 Association – 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**



NGO/ASSOCIATION
_____
Tel. _____

**ATTACHMENT IV Contract n. 92307 (former 35012)**  
**HEALTH QUESTIONNAIRE**  
Only for sum insured above € 50,000.00 or persons aged 60 or over

Personal Data	
Surname and Name .....	Date of birth __/__/____
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Fiscal code: _____

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

**It is the interest of the Insured not to silence any information regarding his/her health condition: concealing of information (diseases, surgical interventions, exams outcomes, invalidity, etc.) expose the beneficiaries of the policy to the risk of dispute about the payment of the sum insured (artt. 1892 and 1893 of Italian Civil Code).**

*Health Questionnaire*

(tick YES or NO)

- Indicate current weight and height: Weight in kg. .... Height cm. ....
- Do you smoke or have ever smoked? Yes  No   
 If YES, indicate daily number and period .....

Do you suffer or have ever suffered from:

- Diabetes?** Yes  No   
 If YES, precise, diabetes type 1 o diabetes type 2: .....  
 Write the date of diagnosis \_\_/\_\_/\_\_\_\_  
 Recent blood glucose ..... glycated hemoglobin .....
- Possible complication/hospitalization: Yes  No   
 If YES, indicate which.....  
 Therapy performed and/or currently in progress (indicate if insulin dependent) .....

- Coronary Artery diseases?** Yes  No   
 If YES, indicate the date of diagnosis \_\_/\_\_/\_\_\_\_  
 Acute event that lead to diagnosis (heart attack, angina etc.) .....  
 Number of vessel involved (single-vessel, two-vessel or triple-vessel).....
- Possible complications (arrhythmias, cardiomyopathies, valvular diseases, a pace maker/defibrillator etc.) Yes  No   
 If YES, Precise which ones .....
- Surgical intervention/hospitalizations? Yes  No   
 If YES, indicate when and the reason.....  
 Therapy done and/or currently progress .....

- Hypertension?** Yes  No   
 If YES, precise the date of diagnosis \_\_/\_\_/\_\_\_\_
- Therapy done and/or currently underway .....It is in a medically compensation? Yes  No   
 Current pressure value: Max. .... Min. ....

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**6. Neoplasm?** Yes  No   
**If YES**, precise if malignant or benign .....  
 Date of diagnosis \_\_\_/\_\_\_/\_\_\_\_\_ date of possible removal: \_\_\_/\_\_\_/\_\_\_\_\_

Localization .....  
 TNM/staging degree .....

Possible recurrences: Yes  No   
**If YES**, Precise which ones.....  
 Type of treatment .....

**7. Hepatitis B and C?** Yes  No   
**If YES**, for Hepatitis b indicate recent values of HBsAg ..... HBV DNA ..... HBeAg .....  
**If YES**, for Hepatitis c indicate recent values of HCV ..... HCV RNA .....  
 Date of diagnosis \_\_\_/\_\_\_/\_\_\_\_\_

Possible complications (fibrosis, cirrhosis, neoplasm ...): Yes  No   
**If Yes**, indicate which ones.....  
 Current Stage/Recovery .....  
 Therapy done and/or currently in progress.....

**8. Do you suffer or have suffered of diseases or physical disablement not included in the categories listed above?**  
 Yes  No   
**If YES**, precise which ones .....  
 grade/type /stadium .....  
 time and duration.....  
 What therapy is following or has followed .....  
 outcome of the last examination carried out in relation to the illness.....

**9. Have you ever had a clinical / instrumental tests (lab tests, specialist consultation, other) that have revealed abnormal situations in the past 5 years?** Yes  No   
**If YES**, indicate which ones, when and outcome .....

**10. Have you ever been hospitalized or plan a future admission to hospitals, nursing homes, sanatoria or similar for surgery, invasive procedure, for simple tests or biopsies or have undergone blood transfusions or blood products based therapies?** Yes  No   
**(DO NOT indicate admissions occurred more than one month before, with full recovery, for Appendectomy, Tonsillectomy, Adenoidectomy, Herniectomy, Saphenous vein cut down, Varicose vein, Hemorrhoidectomy, Meniscectomy, Simple Bones fractures, Nasal septum deviation, Childbirth, Cholecystectomy not due to neoplasm, Phimosis, Bunion, post trauma Splenectomy)**  
**If YES**, indicate:  
 when .....  
 reason .....  
 duration.....  
 outcome .....

**11. Have you ever been recipient of a disability/inability allowance, or have you got pending any acknowledgement for disability/inability allowance?** Yes  No   
**If YES**, precise the reason and the percentage of invalidity .....  
 The Institution and the date of recognition of request .....

I acknowledge that the Contracting party will be informed on risk assessment in case of non-insurability / exclusions.

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

**INFORMATIVA E CONSENSO AL TRATTAMENTO DEI DATI PERSONALI COMUNI E SENSIBILI  
CUSTOMER NOTICE AND CONSENT FOR THE TREATMENT OF PERSONAL DATA (Italian D.Lgs. 196/2003)**

**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)**

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<sup>(1)</sup> (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<sup>(1)</sup> 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<sup>(2)</sup>.*

*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<sup>(3)</sup>. 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 Marocchessa 14, 31021 Mogliano Veneto TV - tel. 041.549.2599 fax 041.549.2235 - [privacy@generaligroup.com](mailto: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](mailto: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.*

DATA / DATE \_\_\_\_\_

COGNOME E NOME / NAME AND SURNAME \_\_\_\_\_

CODICE FISCALE / FISCAL CODE \_\_\_\_\_

FIRMA DELL'ASSICURANDO / SIGNATURE OF THE INSURED \_\_\_\_\_

**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, subagenti 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, pignoratori, 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 Marocchessa, 14, CAP 31021 - Tel. 041 5492111 - Fax 041 942909 - [www.generali.it](http://www.generali.it) - email: [info@generali.it](mailto:info@generali.it)

