

FOR THE INSURED INFORMATIVES
on the processing of personal data, according to and for
the purposes of the European Regulation EU 2016/679

Dear Mr / Mrs,

Following the assistance assignment given to our Association for the fulfilment of the obligations aimed at obtaining reimbursements and indemnities provided for by the policies with which you are insured, the following information is hereby provided.

Introduction - The EU Regulation 2016/679 (Code regarding the protection of personal data) provides for the protection of legal persons and any other body or association and other subjects regarding the processing of personal data. According to this legislation, the processing of personal data referring to a subject, specifically to be defined as "interested", is based on principles of correctness, lawfulness and transparency, as well as the protection of the privacy and rights of the interested party.

This is to inform you, in compliance with the aforementioned decree, that concerning the relationship you have with our structure, we own some data relating to you, which may have also been acquired verbally. According to the Article 13 of EU Regulation 2016/679, our structure, as Data Controller, will process the personal data provided by you in compliance with the law, with the utmost care, implementing effective management procedures and processes to ensure the protection of the processing of your personal data.

1. Processing methods and purposes - The data provided, even particular (sensitive) data, will be processed for the execution and the purposes referred to in the aforementioned assignment, in compliance with the aforementioned legislation and the confidentiality obligations and rights of the 'interested'.

The data communicated will be recorded, processed, and stored in our paper and electronic archives, in particular:

- For the inclusion of personal data in the computer databases.
- For the fulfilment, with insurers, brokers and intermediaries, of the formalities aimed at obtaining reimbursements and indemnities for themselves and their families.

2. What are your rights - The privacy legislation (articles 15 -22 of the Regulations) guarantees you the right to access your data at any time, as well as to their correction and / or integration, if inaccurate or incomplete, to their cancellation or limitation of their treatment, if the conditions are met, to the opposition to their treatment for reasons related to your particular situation, to the portability of the data provided by you, when processed in an automated way for the contractual services requested by you , within the limits of the provisions of the Regulation (Article 20).

3. Data Controller and Data Processor - The Data Controller is Siscos - Services for International Cooperation (www.siscos.org) with headquarters in Via G. Parini 7 - 20121 Milan (info@siscos.org).

Your right to complain with the Italian Authority, the Privacy Guarantor, remains unaffected if deemed necessary for the protection of your data and your rights on the matter.

SISCOS

NGO/ASSOCIATION TEL **APPLICATION FORM TO THE TEMPORARY INSURANCE****IN CASE OF DEATH – Policy GENERALI Italia n° 103566****INSURED:**Surname: Name: Born on: in: Country Sex M F Fiscal Code: Address Town: Zip Code: Province: Country: Job title: Beneficiary in case of death: LEGAL HEIRWith effect from *h 24 of*: Duration n° quarters (select): 1 2 3 4 Sum insured: € 150.000,00 € 250.000,00**DECLARATION OF THE INSURED*****The undersigned insured:***

- 1) declares to be aware, also regarding the provisions of art. 1919 of the Italian Civil Code, that this form must be used exclusively for its admission to the collective agreement stipulated by the contractor with Generali Italia S.p.A. ;
- 2) declares that he is NOT the holder of a disability allowance / disability pension and that he does NOT have ongoing practices for the recognition of disability / inability;
- 3) declares that he does not suffer and that he has not suffered from diseases that have manifested themselves or that have required treatment, care and / or controls in the last 5 years (except for flu or cold syndromes, childhood exanthematous diseases, interventions cosmetic surgery, uncomplicated allergic forms, muscle-tension headaches and hospitalizations with complete healing for appendectomy, tonsillectomy, adenoidectomy, herniaectomy, saphenectomy, varices, haemorrhoidectomy, meniscectomy, simple bone fractures, deviation of the nasal septum, childbirth and cholecystectomy not due to neoplasm);
- 4) declares to be able to perform the following "elementary acts of daily life": bathing or showering, dressing and undressing, body hygiene, mobility, continence, drinking and eating.

Place and Date

Signature of the Insured _____

Warnings relating to questionnaires:

- a) untruthful, inaccurate or reticent statements made by the person entitled to provide the information required for the conclusion of the contract may compromise the right to performance;
- b) before signing the questionnaire, the person referred to in letter a) must verify the accuracy of the statements contained in the questionnaire;
- c) even in cases not expressly provided for by Generali Italia, the insured may request to be subjected to a medical examination to certify the actual state of health, at the cost of his or her own.

The insured must in any case sign the consent to the insurance treatment of common and sensitive personal data.

NGO/ASSOCIATION TEL. ATTACHMENT IV *Contract n. 103566*

HEALTH QUESTIONNAIRE

Personal Data

Surname and Name: Date of birth: Sex: M F Fiscal Code: Sum insured: €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 a dispute about the payment of the sum insured (artt. 1892 and 1893 of Italian Civil Code).

(INDICATE YES OR NO)

1. Indicate current weight and height: Weight in kg Height cm
2. Do you smoke or have ever smoked? Yes No
If YES, indicate the daily number and period
3. Are you unable to perform the following "elementary acts of daily life" bathing or showering, dressing and undressing, body hygiene, mobility, continence, drinking and eating?: Yes No
If YES, indicate which ones:
Causes and possible pathology:
Limitations to daily life (eg: shopping, driving a car, preparing food, cleaning, handle money, practice his hobbies, play sports, follow medical therapy correctly, call, etc ...):

Do you suffer or have ever suffered from:

4. **Diabetes?** Yes No
If YES, precise, diabetes type 1 o diabetes type 2:
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):
5. **Coronary Artery diseases?** Yes No
If YES, indicate the date of diagnosis :
An acute event that lead to diagnosis (heart attack, angina etc.):
The number of vessels 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:

6. Hypertension? Yes No

If YES, indicate the date of diagnosis:

Therapy done and/or currently underway :

It is in a medical compensation? Yes No

Current pressure value: Max. Min.

7. 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:

8. 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:

In both cases, fill in the fields below:

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:

9. Do you suffer or have suffered from diseases or physical disablement not included in the categories listed above?

Yes No

(DO NOT INDICATE flu or cold syndromes, childhood exanthematous diseases, cosmetic surgery, uncomplicated allergic forms, muscle-tension headaches and hospitalizations occurred with complete recovery for appendectomy, tonsillectomy, adenoidectomy, herniaectomy, saphenectomy , varices, haemorrhoidectomy, meniscectomy, simple bone fractures, nasal septal deviation, childbirth and cholecystectomy not due to neoplasia).

If YES, precise which ones :

grade/type /stadium:

time and duration:

What therapy is following or has followed :

The outcome of the last examination carried out with the illness:

10. Have you ever had 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:

Outcome:

11. Have you ever been hospitalized or do you plan to be admitted to a hospital or similar facility for surgery, invasive procedures, simple tests or biopsy examinations? **Yes** **No**
Or have you ever undergone blood transfusions or blood product therapy? **Yes** **No**

(DO NOT INDICATE hospitalizations over a month, with complete healing, for appendectomy, tonsillectomy, adenoidectomy, herniaectomy, saphenectomy, varicose veins, haemorrhoidectomy, meniscectomy, simple bone fractures, deviation of the nasal septum, childbirth and cholis-mastectomy)

If **YES**, indicate:

when:
reason:
duration:
outcome:

12. Declares that he is NOT the holder of a disability allowance / disability pension and that he does NOT have ongoing practices for the recognition of disability / inability: **Yes** **No**

If **NO**, indicate, the Institution:

Date of recognition of request :

Reason:

Percentage of invalidity:

The undersigned Insured:

- declares, for all consequent effects, that the answers and information in order and every single question of the questionnaires are complete, truthful and exact and that he has not silenced, omitted or altered any circumstances regarding the questionnaires based on which the coverage and to assume the authorship and responsibility of the responses on their own, even if, according to the indications of the undersigned, others have taken care of the compilation material. The undersigned is aware and acknowledges that all the answers and information provided with the above questionnaire are essential for stipulating the contract, since based on these the Company determines the conditions for ensuring the risk;
- confirms therefore that the same information and answers are true and exact and that he has not silenced, omitted or altered any circumstance concerning the request, assuming all responsibility for the answers, even if written by others;
- exonerates from secrecy all doctors whose services have been or should have recourse both before and after the signing of this form, as well as hospitals, clinics, nursing homes, organizations or institutes in general, public or private, which own health news concerning him, to which, even after the occurrence of the event, Generali Italia believed to contact, expressly authorizing them and inviting them to release any relevant information, certification or documentation;
- acknowledges that, in the presence of conditions of non-insurability / exclusions, the Contractor / employer will be informed about the outcome of the risk assessment.

(Place and date)

(Name and surname readable)

(Signature)



Information on the processing of personal data according to articles 13 and 14 of EU Regulation no. 679/2016 of 27 April 2016

TCM– Policy GENERALI Italia n° 103566

Use of data for contractual purposes

We inform you that, in accordance with what was communicated with the information on the processing of personal data provided at the time of signing the Customer Profile, your personal data, provided by you or acquired from third parties (1) are processed by Generali Italia S.p.A. (hereinafter also the Company), as Holder, in the context of the insurance services requested or provided for, including the insurance quotes that we will prepare for you or for third parties designated by you, (i) for the proposition and conclusion of the contract insurance and related or accessory services and / or products, and to carry out the related regulatory obligations (such as for example those relating to anti-money laundering); (ii) for the execution of the contracts entered into by you, (iii) for, where appropriate, to prevent, identify and / or prosecute any insurance fraud (2); (iv) to communicate your personal data to companies that perform outsourcing services on behalf of the Company or for the execution of existing contracts. We also inform you that the processing of your data for the purposes referred to in points (i), (ii) and (iv) is necessary and functional to the provision of services by the Company and / or to the execution of existing contracts and requires your explicit consent, if not already expressed, only for the processing of the particular categories of personal data referred to in Article 9, paragraph 1, of the Regulation (including in particular data relating to health); while for the purposes referred to in letter (iii) the processing of your data is based on the legitimate interest of the Company to prevent and identify any insurance fraud and to implement correct management. We therefore inform you that for the processing as described above under (i), (ii), (iii) and (iv) the provision of data is mandatory and their failure, partial or incorrect provision may have, as a consequence, the " impossibility of carrying out the requested activities and precludes the Company from fulfilling contractual obligations as envisaged by existing contracts.

Rights of the interested party

You will be able to know what your data are processed by the Company and, where the conditions apply, exercise the various rights relating to their use (right of access, rectification, updating, integration, cancellation, limitation to processing, portability, revocation of consent to the processing and to obtain a copy of their data where these are stored in countries outside the European Union, as well as to obtain an indication of the place where such data are stored or transferred) as well as to oppose for legitimate reasons a particular of theirs processing and in any case to their use for commercial purposes, in whole or in part, also as regards the use of automated methods by contacting: Generali Italia Sp, A., Via Marocchessa 14, 31021 Mogliano Veneto TV, privacy.it@generali.com or to the Data Protection Officer (DPO), who can be contacted by e-mail at "RPD.it@generali.com" and / or by ordinary mail at the address "RPD Generali Italia - Mogliano Veneto, Via Marocchessa 14 31021.

We also inform you that, if you find that your data is being processed that is inconsistent with the consent you have expressed, you can lodge a complaint with the Guarantor for the protection of personal data, in the manner indicated on the Guarantor's website.

Data retention times

Your data may be stored for different periods depending on the purpose for which they are processed by the Company, under the privacy legislation applicable from time to time, in particular for contractual purposes, for the entire duration of the existing relationships and, under current legislation for 10 years from the moment of termination of the effectiveness of the contract or, in the event of disputes, for the limitation period provided for by the legislation for the protection of related rights, without prejudice in any case to retention periods higher required by specific sector regulations.

Data communication

Your data will not be disclosed and will be processed with suitable methods and procedures, including computerized ones, by our employees, collaborators and other subjects, including external ones, designated as Data Processors and / or Data Processors or, in any case, operating as Data Controllers, who are involved in the management of existing relationships with you or who perform tasks of a technical, organizational, operational nature on our behalf, including within and outside the EU (3).

Transfer of data abroad

Your data may also be disclosed, where necessary, to individuals, private or public, connected to the specific insurance relationship or to the insurance and reinsurance sector operating in countries located in the European Union or outside it (4) some of which may not to provide adequate guarantees of data protection (a complete list of countries that provide adequate guarantees of data protection is available on the website of the Guarantor for the Protection of Personal Data). In such cases, the transfer of your data will be carried out in compliance with the international regulations and agreements in force, as well as against the adoption of adequate measures (eg standard contractual clauses).

Changes and updates to the information

Also in consideration of future changes that may affect the applicable privacy legislation, the Company may integrate and / or update, in whole or in part, this Information. It is understood that any changes, additions or updates will be communicated to you in compliance with current legislation, including through publication on the Company's website www.generali.it.



NOTE:

1. The Company processes the following categories of data: personal and identification data, contact data, policy data, tax data and bank account details, other personal data provided by the interested party, particular categories of personal data referred to in Article 9, paragraph 1, of the Regulation, data collected from public sources (lists, registers, public documents that can be known by anyone), data acquired from other third parties (Generali Group companies, contractors, policyholders, members of social security or welfare funds or health , commercial information and financial risk companies, external companies for market research purposes). In addition, even at the request of the Judicial Authority, the Company may process data relating to criminal convictions and offences.

2. By way of example, formulation of personalized recommendations and / or insurance proposals consistent with your insurance needs, preparation of estimates and subsequent renewals, stipulation of life, non-life or supplementary pension insurance contracts, premium collection, additional payments , switches and other activities envisaged by the contract, settlement of claims or other services, reinsurance, co-insurance, exercise and defense of the rights of the insurer, fulfilment of specific legal or contractual obligations, management and internal control, statistical activities.

3. These are subjects belonging to the "insurance chain" (eg agents, sub-agents, agency collaborators, producers, insurance brokers, banks, credit institutions, debt collection companies, securities firms, insurers, co-insurers and reinsurers, pension funds, actuaries, lawyers and fiduciary doctors, technical consultants, experts, car repair shops, roadside assistance companies, vehicle demolition centres, healthcare facilities, claims and contract settlement companies, and other affiliated service providers, etc.), companies of the Generali Group, and other companies that perform, such as outsourcers, IT, telematics, financial, administrative, archiving, correspondence management, auditing and budget certification services, as well as companies specialized in market research and surveys on the quality of services.

4. Contracting parties, policyholders, members of social security or health funds, pledges, binding; insurers, co-insurers, reinsurers and associative / consortium bodies (ANIA, Mefop, Assoprevidenza) towards which the communication of data is functional to provide the services indicated above and to protect the rights of the insurance industry, institutional bodies and public bodies to which the data must be communicated by law.

My privacy consents

Having read the attached privacy policy on the processing of personal data, regarding the processing of personal data for contractual purposes, I acknowledge that for the purposes of the processing as illustrated in the privacy policy sub (i), (ii), (iii) and (iv) the provision of data is mandatory and that Generali Italia will process the same according to what is indicated in the information to fulfil the contractual obligations as required by the existing contracts.

By signing, I also authorize the processing of the particular categories of my data, including those relating to health, for the processing illustrated in the privacy policy sub (i), (ii), (iii) and (iv), as necessary the provision of the services requested or in my favour provided.

(Place and date)

(Legible Name and Surname)

(Signature)