



Do the right thing!



Annual Report for the year ended  
31 December

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# Corporate bodies

## Board of Directors

<b>Chairman</b>	Ignazio Stefano Farina
<b>Deputy Chairman</b>	Giuseppe Matta
<b>Directors</b>	Antonio Argento Maurizio Beccari Renato Carlo Bianchi Marco Carabelli Cinzia Caracciolo Gianluca D'Auria Fulvia Fusaroli Federico Granito Luisa Livatino Giovanni Paloschi Costanza Ramorino Luigi Marcello Rimoldi Gianna Maria Roggero Franco Pietro Scaccabarozzi Luigi Spera Rodolfo Zingariello

## Executive Committee

<b>Chairman</b>	Ignazio Stefano Farina
<b>Deputy Chairman</b>	Giuseppe Matta
<b>Directors</b>	Antonio Argento Luisa Livatino Renato Carlo Bianchi Giovanni Paloschi Federico Granito Luigi Marcello Rimoldi

## Board of Auditors

<b>Chairwoman</b>	Fiorenza Sibille
<b>Standing Auditors</b>	Cristina Costigliolo David Davite Vincenzo Ferraro
<b>Alternate Auditor</b>	Roberto Maria Innocenti

## Scientific Committee

<b>Coordinator</b>	Prof. Francesco Saverio Violante
<b>Members</b>	Prof. Galie' Nazzareno Prof. Andrea Ardizzoni
<b>Director</b>	Miriam Travaglia
<b>Assistant Director</b>	Renato De Mattia

### Uni.C.A.

UniCredit Cassa di Assistenza  
per il personale del Gruppo UniCredito  
Italian tax code 97450030156

Registered office: Piazza Gae Aulenti 3 Torre A - 20154 Milan  
Administrative headquarters: Via Nizza 150 - 10126 Turin (TO)

## Uni.C.A. - UniCredit Cassa Assistenza ended its fourteenth year of operation on 31 December 2020

The Association's operations in 2020 were significantly affected by the exceptional situation created by the health emergency resulting from the spread of Coronavirus 2019-nCoV ("Covid-19"). The resulting impact not only posed additional challenges for our day-to-day activities, but called for a response of an extraordinary nature.

As a result, the last year marked a complete "break" with the way we had operated until the previous year, requiring the rapid adoption of totally new ways of working and of living our lives.

In common with the impact elsewhere, the health emergency and the resulting lockdown forced the Association to take a different approach to organising work and communication in order to continue to carry out all our activities and fulfil our assigned role. Despite the understandable difficulties deriving from such an unexpected but all too real situation, the commitment shown by everyone enabled us to achieve our objectives, to evaluate and adopt new solutions designed to meet members' needs and to make an effective contribution to supporting research into the virus.

It should, however, be noted that, following the end of the previous three-year term between 2017 and 2019, the new Board of Directors was installed on 1 January 2020. The new Board inherited an Association in rude health and with clearly defined commitments, such as, above all, the process of ensuring that all our members subscribe for the new health plans covering the period 2020-2021.

With regard to the above process, it should be noted that, in November 2019, it was possible, for the first time since the Association's establishment, to allow members to subscribe early for the new health plans valid for the two-year period 2020-2021. This option, which represented a key commitment to our membership, has met the need for members to enjoy seamless health cover when renewing their plans, with the possibility to access all the various services directly from the date on which the new cover began, that is from 1 January 2020.

With the start of the lockdown between the end of February and the beginning of March, the Association took steps to adopt the precautionary workplace health and safety measures introduced by UniCredit, in line with the legislation passed by the Italian Government. As a result, we made use of remote working solutions, entailing the need for the relevant departments to adopt different systems with respect to those normally used. Above all, this regarded the receipt of subscriptions sent by post and call centre services: in both cases, these channels were replaced by the use of dedicated email addresses.

In view of the continuing emergency and the difficulties involved in predicting future developments, the Association decided not to proceed with the usual member identity and tax checks in 2020, which would have caused our members problems in obtaining the necessary certificates from their local authority.

On the same basis, and given the potentially high risks to health, for the first time in 12 years, the Association put on hold the prevention campaign targeting all members, an aspect that has become a distinctive feature of Uni.C.A.'s service offering. This decision was backed by the Scientific Committee, coordinated by Prof. Francesco Saverio Violante, which recommended that the initiative be postponed until it was again possible for members to easily and safely access public and private health facilities.

On the other hand, from the outset of the pandemic, the Association, in its role as a health benefits provider, took steps to provide Covid-19-related support to members.

In particular, in collaboration with UniCredit, in March we introduced a special telephone advice service focusing on issues relating to Covid-19.

The Association also decided to provide funding for research as part of efforts to combat the virus, making a donation of €60,000 to three major Italian hospital trusts engaged in studies and experiments relating to Coronavirus. The trusts, which had already been selected by the UniCredit Foundation as part of a similar initiative that raised funds from among UniCredit's employees (the COVID-19 CALL FOR ACTION), were:

## Uni.C.A.- UniCredit Cassa Assistenza ended its fourteenth year of operation on 31 December 2020 (CONTINUED)

- the Lazzaro Spallanzani National Institute for Infectious Diseases, based in Rome
- the Luigi Sacco Hospital in Milan
- the San Matteo Scientific Institute for Research, Treatment and Healthcare in Pavia.

Later, as the health emergency continued into the second half of the year, the Association took further steps to respond to members' needs, creating new health initiatives extending the range of services already on offer.

In this regard, based on advice from our Scientific Committee and in collaboration with the insurance company that manages our basic health programmes, we introduced the possibility to claim a reimbursement (or obtain direct authorisation) of the cost of molecular tests or rapid antigen tests.

In addition, in an effort to combat the spread of the virus, we introduced the possibility to be reimbursed for the cost of pneumococcal vaccination, valid throughout 2020 and 2021. This cover, funded through self-insurance and aimed at all Uni.C.A.'s policyholders and their families, is being offered in addition to the flu vaccine, which for a number of years has already been covered by the insurance.

From a corporate viewpoint, the Director, Emanuele Lusso, and a member of the Board of Auditors, Carmen Prato, were replaced in 2020. The Association would like to thank both of them for their efforts.

In the last quarter of 2020, we launched our twelfth Customer Satisfaction survey, with the aim of assessing the level of satisfaction among our members with the overall service provided by the Association. The feedback received is used to identify areas for improvement.

Complaints received, initially handled by the providers (Previmedical and Aon /Pronto Care) and subsequently by Uni.C.A.'s head office, remained more or less at the same level as in 2019. There was no change in relation to litigation, which is substantially immaterial.

In terms of corporate initiatives, mention should be made of our collaboration with the Ministry of Health. The Ministry, which is conducting a survey of the services provided by the health funds included in the Register of Funds, has embarked on a plan to expand the information available on health funds and health benefits providers. This will allow it to gain more extensive knowledge about the funds and their activities, with a view to exploiting potential future synergies or strategies in the healthcare sector in order to ensure adequate healthcare provision for citizens.

The survey, launched in the last quarter of 2020, initially involved only a few funds, including Uni.C.A., before being expanded, through voluntary participation, to most health funds and benefits providers. Dialogue with the Ministry has begun and will continue through Mefop, with which we have renewed our collaboration agreement.

In 2020, the Association was again in line with the requirements of the so-called "Sacconi Decree", enabling members to deduct their health plan contributions from taxable income in 2022.

The accounts show that the Association closed 2020 with a surplus of €6,714,618 to be taken to reserves and added to existing reserves consisting of prior year surpluses of €38,850,593. The increased reserves can be used for the Association's future activities.

At the end of a complicated and in some respects challenging year, the Board wishes to renew its future commitment to identifying solutions and services increasingly capable of meeting the needs of our members.



*Health is our heritage, our right.*

cit. Edward Bach

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## 1. The UniCredit Group's health benefits fund: our history

Uni.C.A. was founded on 15 December 2005, the date on which the agreement setting up the Association was signed by the then UniCredito Italiano (now UniCredit Spa) and the labour unions representing the Group's staff. Following major changes to the bank and to its organisational structure, the Articles of Association and the Regulation implementing the Articles were then finalised on 23 October 2006 with the signature of the relevant agreement between the parties.

Uni.C.A. was then formally established on 15 November 2006 in the form of a non-profit association established pursuant to art. 36 et seq of the Italian Civil Code, with the aim of guaranteeing and managing various types of healthcare benefits to its members, natural persons and their families, including services designed to supplement those offered by Italy's National Health Service. The Association is a welfare provider operating in accordance with the mutuality principle.

Uni.C.A. began operating on 1 January 2007.

Following the UniCredito Group's merger with the then Capitalia Group, in the second half of 2007, the parties to the original agreement decided that Uni.C.A. was to be the "vehicle" through which to provide healthcare benefits to all the new bank's Italy-based staff.

In our over ten years of operation, the Association has undergone significant change, as we have gradually developed our service model and upgraded our control and governance system.

From 1 August 2018, the registered office has been located at Piazza Gae Aulenti 3 (where the UniCredit Group is also headquartered).

Thanks to the experience acquired, the activities carried out and our active participation in initiatives and working groups within the sector, we can rightly claim that Uni.C.A. is today one of Italy's leading providers of supplementary healthcare.



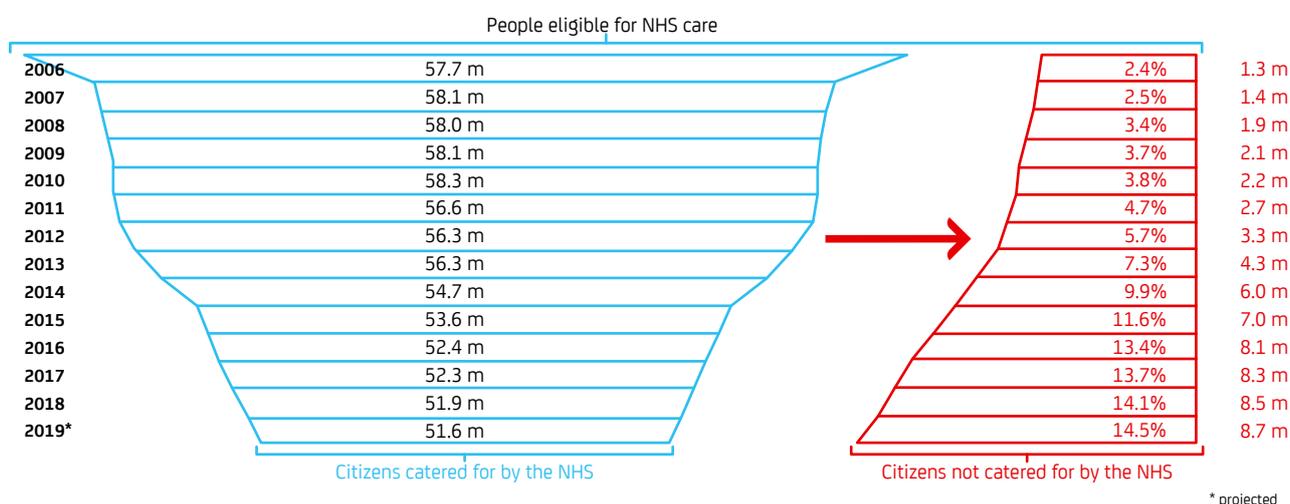
## 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency

The global spread of the Covid-19 pandemic in 2020 heightened the pressures already facing Italy's National Health Service ("NHS") in 2019.

Based on the results of the survey conducted by the insurance company, Intesa San Paolo RBM Salute, and Censis in 2019 and 2020, entitled the "IXth Report on Public, Private and Intermediate Healthcare", the following assessment and data present an overview of the current and future state of Italy's public health system and of the important role played by private healthcare. The assessment also takes into account the further issues arising as a result of the ongoing pandemic.

Since 2010, the trends for public spending on healthcare and private healthcare expenditure have diverged significantly: whilst public spending has remained broadly stable, remaining at an average of close to €113 billion, expenditure on private healthcare has seen constant growth, despite the crisis that has hit the leading euro area economies. This has been driven primarily by the Italian NHS's failure to respond adequately to the changing needs of the country's citizens.

Over the years, the number of people who regularly have difficulty accessing the care offered by the NHS has progressively increased to just below 9 million.



Source: Intesa Sanpaolo RBM Salute SpA based on data from RBM-Censis.

Based on this evidence, it is important to look at the main reasons gradually driving the growth in inequalities among Italian citizens.

A key aspect to be taken into account is the reduced distributive capacity of the NHS, given the public system's inability to meet the health needs of citizens, who are then more and more often faced with the need to pay for their own care. In this way, the redistributive impact of welfare provision tends to progressively lose traction. Major responsibility for this situation lies with waiting lists, the statistics for which are highly likely to underestimate the phenomenon due to the fact that the closure of waiting lists is in theory not permitted by law, and this makes it difficult to measure the effects.

The above IXth Report states that: "Another key factor regards the gaps between different areas of the country. Since the launch of

the federalist reform of healthcare, inequalities between regions have widened exponentially, exacerbated by a structural lack of resources and investment in certain areas of Italy. This has not only had short-term effects, with the resulting shortfall in provision leading to increased health tourism between regions (primarily from south to north) in order to obtain better quality care without extended waiting times, but also medium- to long-term impacts on rates for healthy life expectancy and overall life expectancy, which are key measures of a population's health".

A further element to be considered is the number of people foregoing treatment: the figures show that patients deciding to forego treatment are among the citizens most in need of care and this has led to a widening of the gap between demand for healthcare and the NHS's ability to meet that demand.

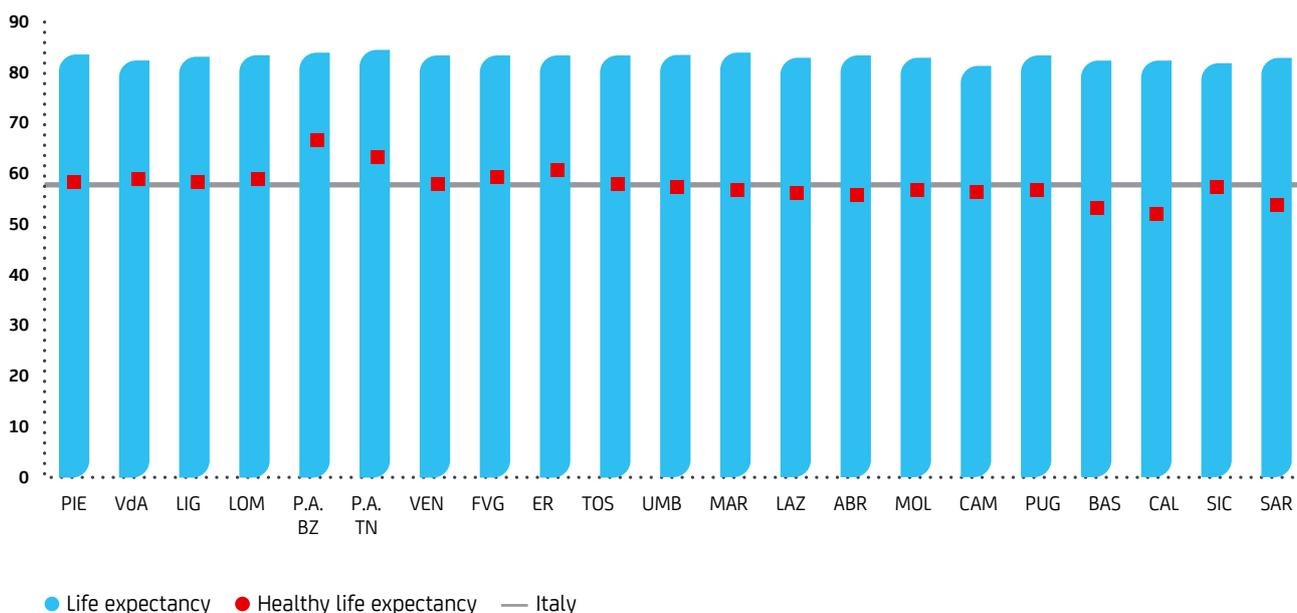
## 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency (CONTINUED)

In assessing the situation, we need to examine the structural impact on key measures of good health, above all in terms of life expectancy, given that Italy is one of the countries with the highest life expectancy in Europe. The IXth Report notes the following in this regard: “We must not underestimate the fact that there is an enormous difference between the northern and southern regions. There are in fact large gaps between regional life expectancy and the national average, which in Italy is 82.8 years at birth in relation to overall life expectancy and 58.8 years in terms of healthy life expectancy at birth. This clearly shows that certain areas of the country are lagging behind others.

Comparing these measures of life expectancy with those of other European countries clearly shows that whilst the figures for northern Italy are very much in line with other EU-14 countries (France and Germany, countries with which Italy has a shared history and culture), indicators for southern Italy increasingly resemble those for eastern Europe, where the creation of a welfare state has yet to be completed.”

The above analysis is reflected in the following chart.

**Life expectancy and healthy life expectancy at birth by region (absolute figures shown in years)**



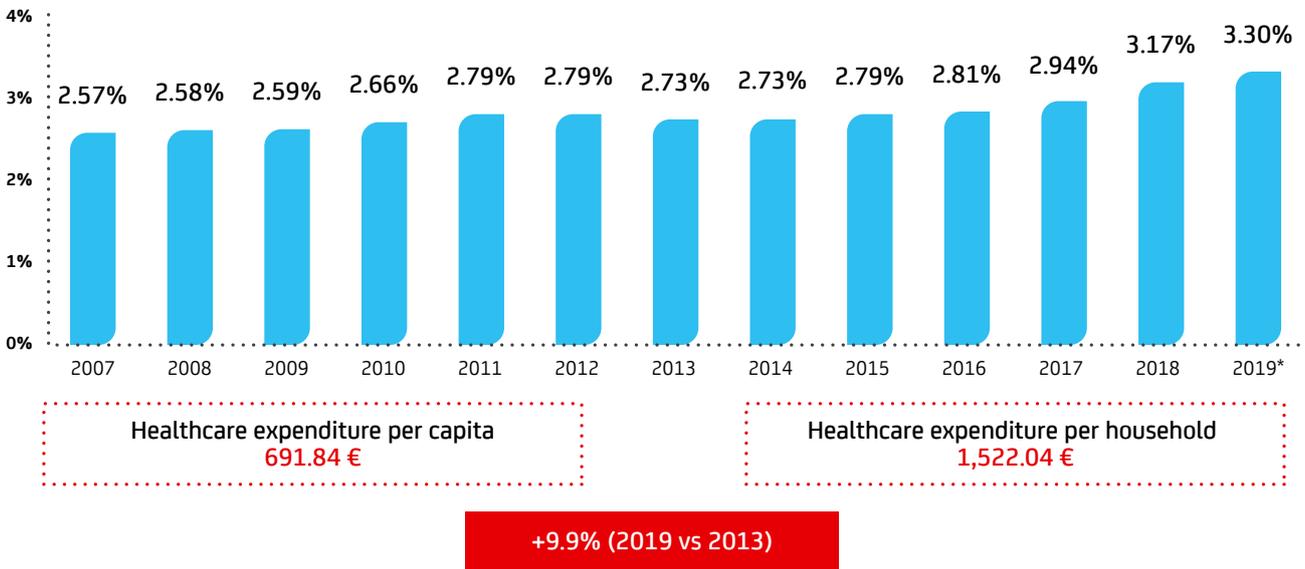
Source: Intesa Sanpaolo RBM Salute SpA based on data from ISTAT.

“In this regard, the increase in private healthcare expenditure as a share of income from 3.17% to 3.30% is also important. This shows the need for citizens to set aside a growing proportion of their income to cover the cost of their healthcare needs.

Private healthcare expenditure amounts to €1,522.04 per household and €691.84 per capita (up 2.97% and 12.33%, respectively, compared with 2017), figures that are not only significant in absolute terms but also in view of the constant growth recorded since 2013.”

## 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency (CONTINUED)

### Private healthcare expenditure as a % share of per capita income (2019\*)



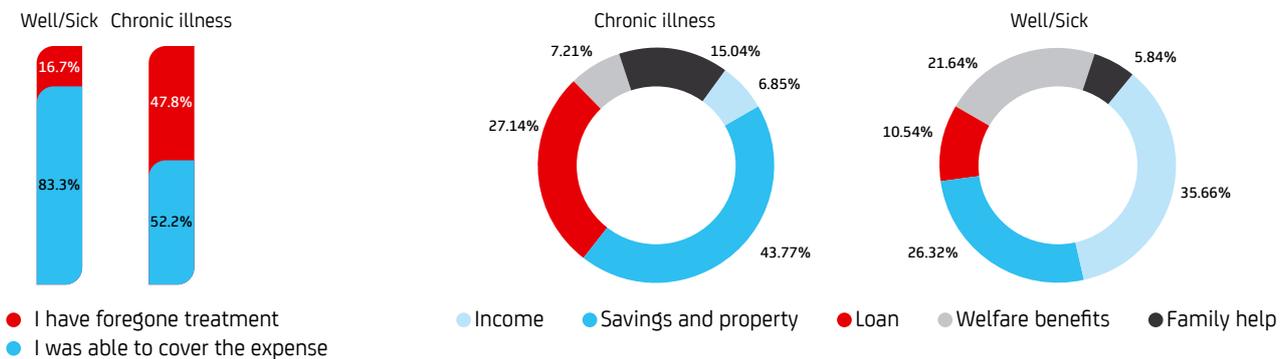
Source: Intesa Sanpaolo RBM Salute SpA based on OECD data.

\* projected

The increase in demand also corresponds with a greater need for people to pay for their care, with a growing impact on available income, a greater risk that citizens will forego treatment and reduced access to health services.

Once a person's health deteriorates from an ordinary state to a state of chronic illness, the need to be able to access credit and thus to take on debt almost triples.

### How Italians pay for private healthcare (2019\*)



Source: Intesa Sanpaolo RBM Salute SpA based on RBM-Censis data.

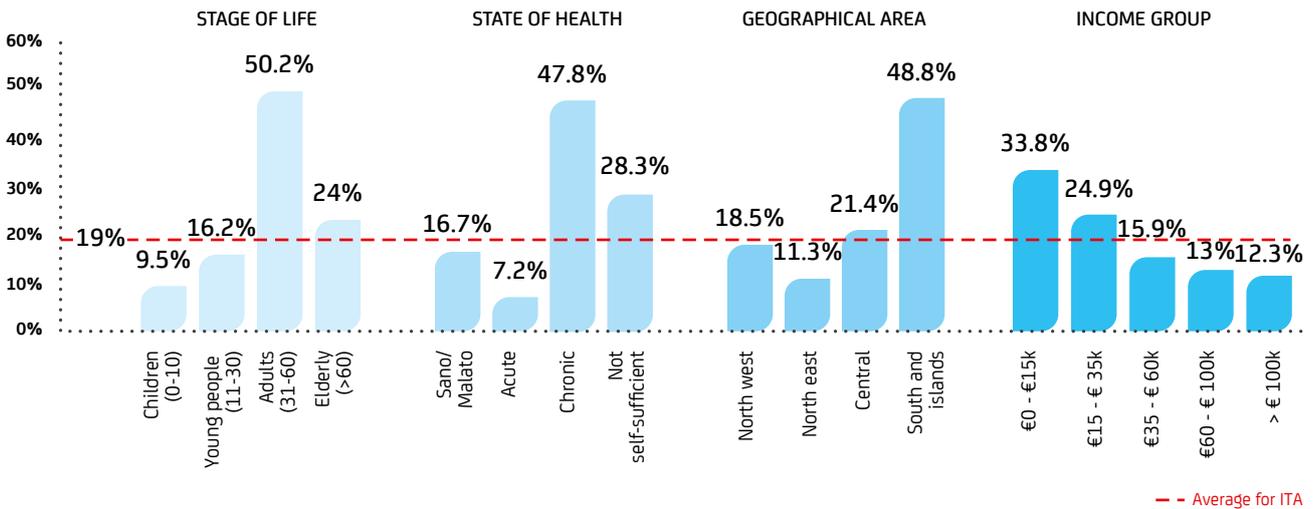
\* projected

## 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency (CONTINUED)

Based on a detailed analysis of patients foregoing treatment, we can clearly see social inequalities between the various categories of citizen. It is important to note how over half of

people foregoing treatment are on low incomes, as the proportion of citizens foregoing treatment declines as available income progressively rises.

### Foregone treatment (2019\*)



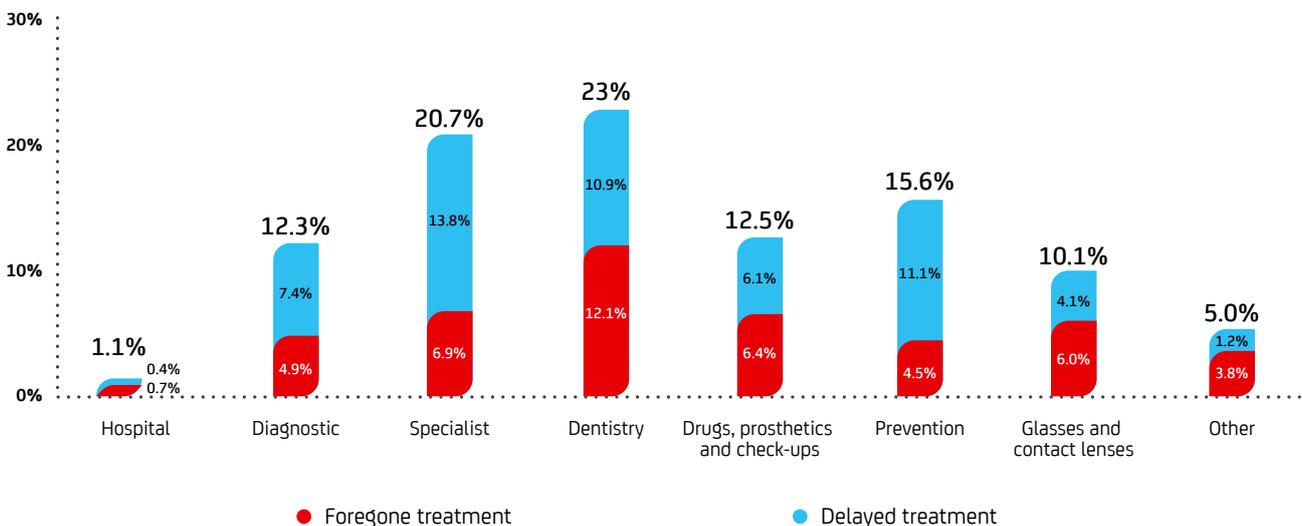
Source: Intesa Sanpaolo RBM Salute SpA based on ISTAT data.

\* projected

The IXth Report states that: "It is interesting to note that, from a geographical viewpoint, the figure for southern Italy is well above the average (48%) compared with a national average of broadly less than half this figure. It is also important to consider another aspect of foregone or delayed treatment, based on the type of healthcare.

The highest levels of foregone treatment relate to dental care and specialist examinations. In particular, people consider specialist examinations to be extremely important, so much so that they are more likely to be as far as possible delayed, rather than foregone."

### Foregone treatment by type of service (2019\*)



Source: Intesa Sanpaolo RBM Salute SpA based on EUROSTAT data.

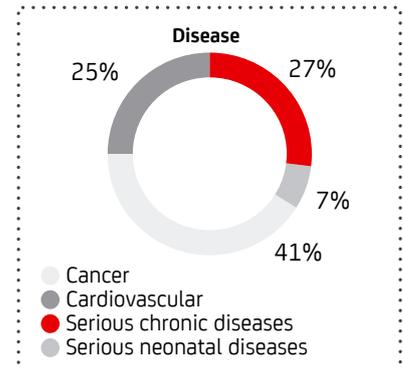
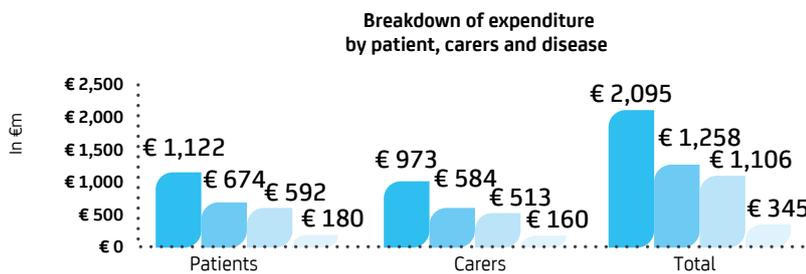
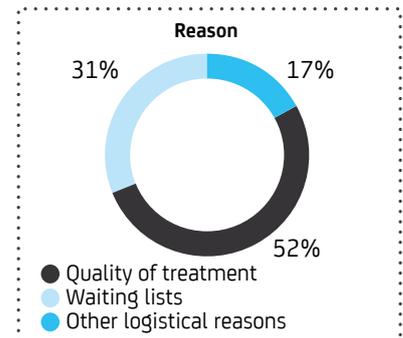
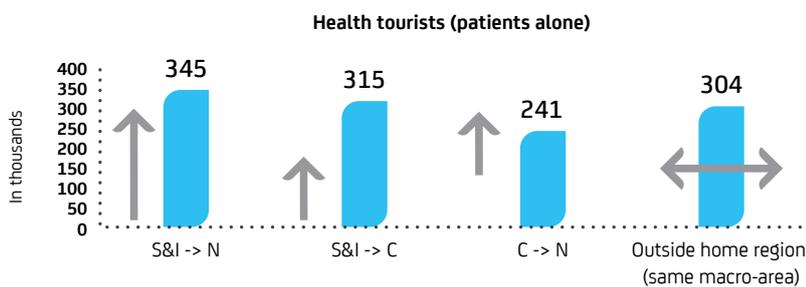
\* projected

## 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency (CONTINUED)

The large regional gaps that currently exist in our country have led to what is known as “health tourism”, with people seeking treatment at facilities located in areas outside their home region: the total cost of this phenomenon is constantly on the rise and is estimated at just under €5 billion at the end of 2019.

An analysis of the reasons behind this health tourism throws up a number of important issues, with 52% of cases linked to concerns over the quality of treatment, whilst 31% of cases reflect the length of waiting lists.

### Patient mobility: health tourists (2018)

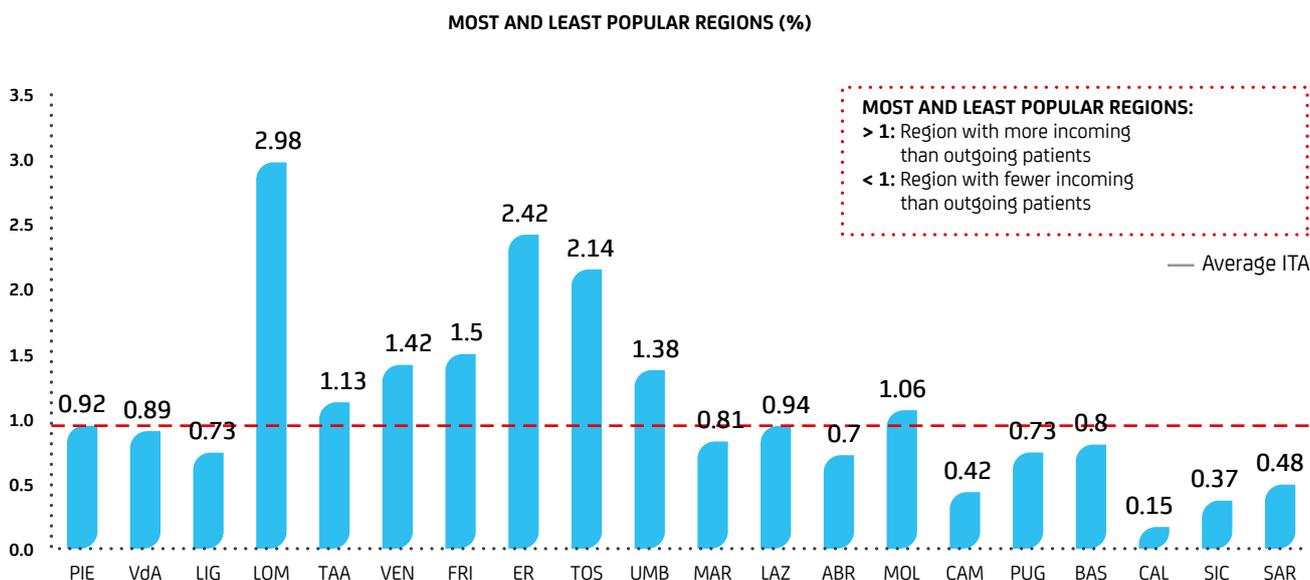


## 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency (CONTINUED)

The IXth Report states: “It is important to note that in the case of ordinary hospitalisations of acute patients, the main destinations of health tourists are concentrated in certain regions in north central Italy, such as Lombardy, Emilia Romagna and Tuscany (which on balance thus gain from health tourism), whilst all

the other central regions, including Lazio but excluding Molise, and the southern regions record fewer incoming than outgoing patients, meaning that they are in debt to other regions as a result of their citizens transferring to those regions for treatment.”

### Health tourism in relation to ordinary hospitalisations of acute patients by region: most and least popular regions (%)



Source: Intesa Sanpaolo RBM Salute SpA based on ISTAT data.

How has the health emergency linked to Covid-19 affected the above situation? The pandemic has highlighted the structural shortcomings and the impact on everyone when the health service is operating under normal conditions. Before the pandemic, out of 100 attempts to book an appointment, 28 ended up with private treatment; the other patients were dealt with by the NHS after spending time on a waiting list.

“When the virus appeared, demand for treatment reached exceptional levels, whilst it was not possible to ration care in the same way as would happen in normal circumstances. Whilst the system was successful in rapidly expanding capacity to meet the dramatic increase in demand, achieved thanks to the efforts of staff and the additional resources made available, this was also due to the rationing

of care for non-Covid-19 patients, a vast number of whom saw their treatment delayed.”

As more and more people were hospitalised and treated for Covid-19, the capacity to treat other patients declined: in this way, the system’s ability to cope with the virus was very quickly increased, in addition to benefitting from the availability of additional resources. In this emergency situation, the gap between health service capacity and patient needs (apart from those considered inappropriate or unnecessary) was bridged spontaneously by requiring certain patients to resort to private healthcare providers and obliging others with less spending power to accept that they would have to wait longer for treatment.

### 2. The Italian health system and supplementary healthcare: the difficulties faced by the public system, potential synergies with private healthcare and the inequalities resulting from the sudden onset of the Covid-19 emergency (CONTINUED)

Italy's NHS was in any event hard hit by Covid-19, resulting in the adoption of a number of measures, including for example:

- a significant increase in current expenditure: up by an estimated €5 billion in 2020, marking an increase of 4.7% in total spending;
- a large-scale recruitment drive for medical personnel and health professionals: 36,300 extra NHS staff hired between March and October;
- the decision to step up digitalisation of the NHS and digitalise key areas of work and of the services provided, such as:
  - remote medical care and surveillance;
  - the digitalisation of access and referral procedures for patients;
  - automation of the procedures and processes involved in handling patients;
  - forms of remote working.

It is now commonly accepted that the Italian NHS needs to improve the way it structures:

- its prevention services;
- tracking (involving the use of big data on citizens for both planning and clinical purposes);
- local services in general.

In the light of the above and the data gathered, the survey in question reached the following conclusions: the injection of additional cash into the National Health Service is not sufficient on its own, whilst there is an indispensable need to identify measures aimed at ensuring that the service is capable of reducing latent inequalities in the health system and restoring safeguards designed to address the most serious situations of health and economic deprivation. In this regard, the launch of Second Pillar Provision, by which care not provided by the NHS, or which it is unable to provide, is provided in private form (through health funds and insurance policies) as part of a system subject to public oversight so as to ensure the necessary synergies and alignment with the basic principles on which the public health system was founded. This would go some way to addressing the issues faced by Italy's national health system.

### 3. Uni.C.A. and the Covid-19 health emergency

The medical emergency resulting from the spread of Covid-19 has demonstrated the importance of health, which remains a source of major concern for people throughout the world.

The trauma of the pandemic has convinced everyone that our health is highly vulnerable and that our health services are not always capable of enabling us to access the care we need. This is even more the case where there is a shortage of capacity and priority has to be given to medical needs caused by exceptional events.

In this complex health scenario, Uni.C.A. has continued to carry out our primary role, providing care alongside the services offered by the NHS. This has entailed support for all our members affected by diseases not linked to Covid-19 and who were thus able to benefit from the health cover we provide in order to meet their individual needs. Alongside these activities and in response to the health emergency, in order to meet emerging needs linked to the spread of the virus, the Association has offered members new, targeted health services:

- a specialist Coronavirus consulting service (offered in synergy with UniCredit);
- antigenic and molecular testing (in agreement with the insurance company);
- pneumococcal vaccination, funded through self-insurance. Further details of the above cover are provided in paragraph 7.3.

In addition to the specific actions listed above, bearing in mind our role as a mutual and as a welfare provider, in the initial, most critical phase of the emergency, the Association also decided to make a donation to fund efforts to contain and defeat the virus.

In March 2020, the Board of Directors thus approved the donation of €60,000 to the following hospital trusts, chosen at the time because of their leading role in combating the virus and due to the advanced nature of their research:

- the Lazzaro Spallanzani National Institute for Infectious Diseases, based in Rome;
- the Luigi Sacco Hospital in Milan;
- the San Matteo Scientific Institute for Research, Treatment and Healthcare in Pavia.

2020 was the year in which the possibility of accessing treatment and health services through a health fund such as Uni.C.A. truly made the difference. It is also true, however, that 2020 was rather an anomaly in terms of the technical performance of the health plans offered to members. This was inevitable given the fact that the lockdown curtailed access to services, above all those provided out of hospital, in part given the closure of private health facilities imposed by the Government. In addition, people took a prudent approach to seeking treatment, even after the lockdown, preferring to make use of their health cover only in cases of urgent need.

It is interesting to note that in 2020, hospital admissions for surgery accounted for the largest proportion of claims compared with other services. With regard to out of hospital services, specialist consultations and diagnostic examinations were the services for which there were most claims. In short, the figures show that, despite the fact that the NHS was generally unable to meet healthcare needs other than those linked to Covid-19, Uni.C.A.'s members continued to have access to both hospital and out of hospital health services in the form of private healthcare. This is also borne out by the fact that the use of so-called "direct" (or pre-authorized) access remained broadly unchanged with respect to the previous year at around 70%. This is evidence of the good levels of efficiency and accessibility offered by our partner health facilities.

On an operational level, 2020 proved to be an extremely challenging year for Uni.C.A.. This was because all the precautions introduced by the Government to combat Coronavirus, and adopted in full by UniCredit, meant that it was necessary to provide out services primarily in remote form, without the possibility of exploiting the team synergies normally typical of how the Association works. Despite the difficulties, which were common to all organisations, Uni.C.A. was able to remain in operation during the emergency and continue to meet the needs of our members.

## 4. Organisational model

### 4.1 Re-election of corporate bodies

Following the election of new members of the Board of Directors and Board of Auditors, and the designation of the Directors and Auditors whose nomination is reserved to the parent, UniCredit, the Association's new corporate bodies took up office on 28 January 2020. Their three-year terms of office will expire on 31 December 2022. Ignazio Stefano Farina was appointed Chairman and Giuseppe Matta Deputy Chairman, whilst Fiorenza Sibille was appointed Chairwoman of the Board of Auditors.

Emanuele Lusso, an elected Director, and Carmen Prato, a member of the Board of Auditors designated by the parent, resigned for personal reasons during the year. The former was replaced by Fulvia Fusaroli, being the first-ranked among the unelected candidates, and the latter by the alternate Auditor, David Davite.

### 4.2 Uni.C.A.'s staff

In compliance with art. 16 of Uni.C.A.'s Articles of Association, UniCredit provides the personnel needed to staff the Association, including the Director.

The number of the Association's staff has remained stable over recent years, with five people including the Director and the Assistant Director.

The organisation has gradually taken on the nature and responsibilities typical of an "Expertise Centre" that manages all aspects of the Association's operations. These range from the preparation and implementation of health plan renewals, to day-to-day operations, such as the creation of membership forms and documents, the production of statistics on performance, the publication of news, the handling of complaints, litigation and out-of-court disputes (if necessary with support from external advisors), the preparation of questionnaires for the annual customer satisfaction survey, preparation of the annual report and the activities involved in its approval.

In 2020, as a result of the measures introduced in response to the Covid-19 emergency, Uni.C.A.'s staff were also required to adopt new ways of working and interacting, both within the Association and with external parties. This involved the adoption of remote working.

Aside from ordinary, every-day activities, the staff were primarily engaged in ensuring that all our members subscribed for the new

health plans for the period 2020-2021, and in completing the related administrative procedures, including all the contractual formalities involved in renewing the health cover.

The need to provide support for the Board of Directors and the Board of Auditors, as well as the Supervisory Board set up pursuant to Legislative Decree 231/01 was equally challenging, given the fact that here too had to be managed remotely at all times.

### 4.3 Scientific Committee and medical advisors

Uni.C.A.'s Scientific Committee, coordinated by Professor Francesco Saverio Violante, played a key part in supporting the Association in our efforts to manage the health emergency linked to the spread of Covid-19. In particular, the Committee made an important contribution both to the assessment of whether or not to continue with our traditional prevention campaign, due to be launched in 2020, and in providing advice on the most appropriate health services to offer to members under the circumstances.

Due to Prof. Antonio Colombo's inability to continue to work with Uni.C.A. due to pressure of work, the Scientific Committee welcomed a new member, Prof. Nazzareno Galié. Prof. Galié, a cardiologist like his predecessor, is a leader in his field in both Italy and at international level. He works at the Sant'Orsola Hospital in Bologna and is, among other things, a full professor at the school of cardiology and director of the Postgraduate Programme specialising in Cardiovascular Disease at the University of Bologna.

The Association continued to work with the medical advisors, Francesco Sanguinetti and Pier Paolo Cirulli, who were requested to provide opinions on non-dental and dental matters, respectively.

The above advisors provided a total of 31 opinions in 2020 to support the handling of complaints.

### 4.4 Supervisory Board pursuant to Legislative Decree 231/01

Early in the year saw the launch of the information plan relating to the Organisational and Management Model pursuant to Legislative Decree 231/01, the new edition of which (General and Special parts and the Code of Ethics) was approved by the Board of Directors in December 2019.

## 4. Organisational model (CONTINUED)

To disseminate the Model, a special section was created on the Uni.C.A. website dedicated to the Organisational and Management Model and all the required communications were made to representatives of the Association and to the departments within UniCredit that carry out the activities that enable the Association to function, to external parties such as commercial partners and to suppliers, professionals and consultants.

In its annual report presented to the Board of Directors at the end of 2020, the Supervisory Board did not raise any concerns regarding the Association's activities or processes. The Board did make reference to the need to update the risk map and the Organisational Model following the addition of new predicate offences to the related legislation. At the same time, the Board of Directors approved the revision of the General Part of the Organisational Model, which has applied the Board of Directors' resolution assigning the Supervisory Board responsibility for nominating its Chair, who is to be selected from among the two members external to the Board of Directors.

## 5. Service model

### 5.1 Insurance and service partnership

Since our foundation, Uni.C.A. has provided health services to our members, mainly by taking out insurance policies with leading insurance companies and outsourcing the services relating to the insurance cover (the payment of claims, the services provided by our network of healthcare partners, etc.) to specialist service companies.

In addition to the services provided through insurance policies and service agreements, the Association also supplies certain services directly, such as prevention initiatives or the coverage of medical expenses not included in the cover provided by the above insurance policies. These regard particularly serious cases judged by the Board of Directors to qualify for exceptional forms of support.

Uni.C.A.'s initial approach was based on a multi-provider model, using a number of service providers that were independent of our partner insurance companies.

This strategy remained in place over a number of years until 2013, partly in view of the complex process of integrating the activities involved in the provision of health benefits with those relating to the Capitalia group and the related continuation of the partnership with C.A.S.P.I.E. (the acquired group's health benefits provider).

Having acquired sufficient experience and operational independence, enabling us to assess the data contained in our database and the related trends, from 2014 the Association adopted a radically different service model. This resulted in the switch to a mono-provider approach, based on an insurance and service partnership, for non-dental services, with companies forming part of the same group and affiliated with each other, namely RBM Assicurazione Salute and Previmedical, both RBHold group companies.

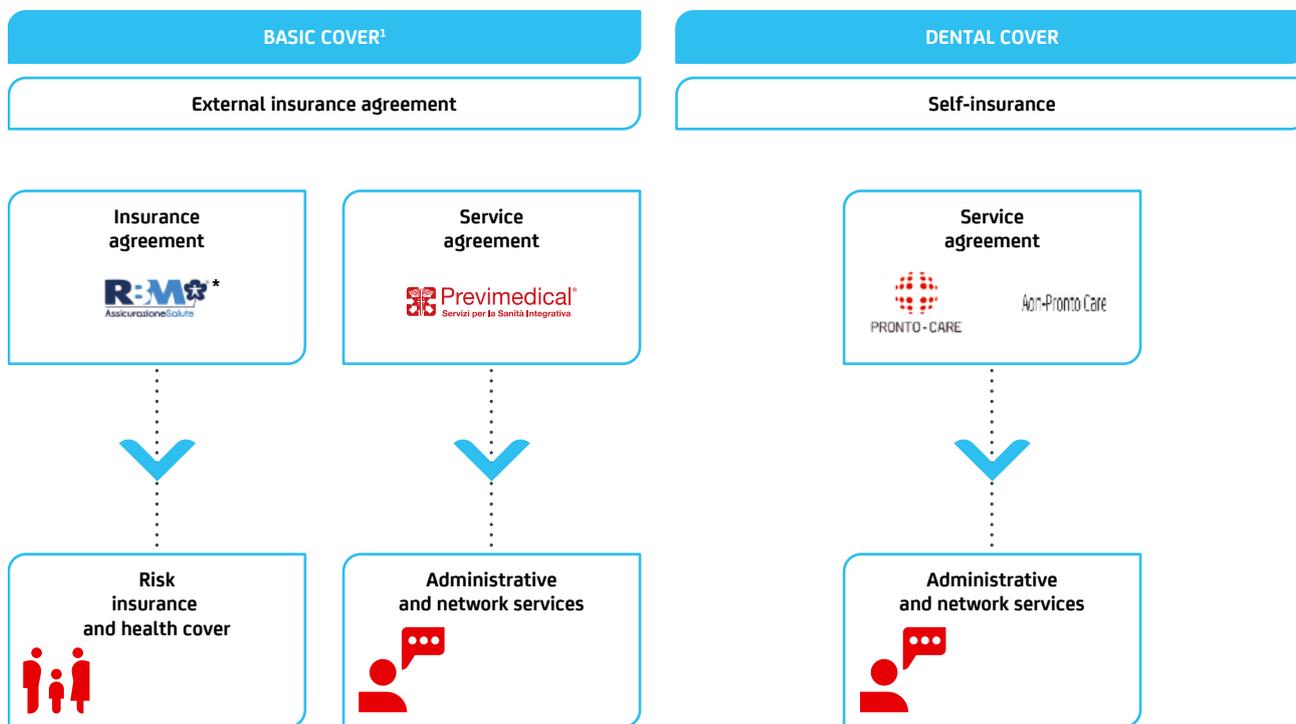
Thanks to the synergies resulting from this partnership, the Association has been able not only to maintain but also to improve the levels of cover in the subsequent years. This has been done without any increase in costs for members, whilst achieving notable savings despite the far from favourable scenario resulting from the economic crisis, the reduction in NHS capacity, putting more pressure on the private sector, an aging membership and rising healthcare costs.

The same service model has been retained for the two-year period from 2020 to 2021, continuing with the partnership with RBM Assicurazione Salute and Previmedical. Following the transaction that has resulted in Intesa Sanpaolo Vita's acquisition of a 50% + 1 share stake in RBM Assicurazione Salute SpA, from 11 May 2020, the insurance company joined the Intesa Sanpaolo Vita group. This transaction did not involve Previmedical, the insurance company's main provider, which continues to be wholly owned by the RBHold group.

In terms of dental cover, since 2016, the Association has fully self-insured the related risk, appointing Aon Pronto Care (Aon Advisory and Solutions Srl), an Aon Italia group company, solely to manage the service, having been satisfied with the services offered by this provider over the years.

Over time, the decision to self-insure dental plans has proved to have been correct as, partly due to the definition of clear rules governing usage and continuous monitoring of the cover provided, it has been possible to achieve significant savings that have been progressively reinvested in improvements - some major - to the cover provided under the various health plans offered in the following years.

## 5. Service model (CONTINUED)



1. non-dental

\* from May 2020, renamed Intesa Sanpaolo RBM Salute S.p.A.

### 5.2 Administrative services - the agreement between Uni.C.A. and UniCredit

Uni.C.A. continues to make use of the IT and administrative services provided by departments and companies belonging to the Group, in accordance with the Articles of Association and with the commitments contained in the operating agreement entered into by the Association and UniCredit in 2013. This latter document sets out the two parties' responsibilities in managing the various aspects of the Association's operations and in seeking to fulfil its objects. Following amendment of the agreement to include the provision of the data protection service (linked to compliance with the GDPR), the agreement was further revised during the year in order to bring it into line with organisational changes, above all the correct assignment of operational responsibilities to the Team dedicated to Uni.C.A. forming part of the HC Operations Italy department (which has assumed the role previously carried out by the former ES-SSC, later DXC, unit

previously outsourced and then later insourced by the Group). The alignment was also necessary following a number of changes to the operational processes involved in certain membership procedures.

The Uni.C.A. Team, operating within HC Operations Italy, is tasked with handling the administrative processes involved in the subscription for health plans; the initial information provided to members; the sending and receipt of correspondence with members; the collection of contributions; member identify and tax checks, etc..

The new ways of working adopted in response to the health emergency, primarily involving remote arrangements, led to delays in the Team's ordinary activities, above all with regard to the handling and receipt of subscription requests in paper form from members in early 2020. In agreement with management, the Team took immediate steps to manage subscriptions via email, thus ensuring that all subscriptions were successfully received.

## 6. Members: figures at 31 December 2020 and related trends

The number of members at 31 December 2020 totals 119,517, including 54,851 policyholders (approximately 45.9%) and 64,666 family members. Of the latter, 14,171 (approximately 21.9%) have been included against payment of an additional fee.

7,946 policyholders are retirees (approximately 14.5% of total policyholders) and 6,311 are their family members, including 3,787 included against payment of an additional fee (approximately 26.7% of total family members included against payment of an additional fee).

Among employee members, early retirees account for 6,622 policyholders, compared with 6,357 in 2019. The percentage of total policyholders who are early retirees has thus risen from 11.1% in 2019 to 12.1% in 2020. This increase is closely connected with the implementation of early retirement schemes that include the option

of accessing the banking industry Solidarity Fund, governed by union agreements entered into over the years within the Group.

In general, all the various categories of Uni.C.A. member have declined with respect to the past, primarily due to progressive cuts in UniCredit's workforce and the decision taken by some recent retirees not to continue their membership.

The average age of policyholders at the end of 2020 is 52.49, compared with 51.73 at 31 December 2019. The average size of households is 2.2 (identical to the figure for 2019).

The following tables (from 1 to 11) show figures relating to membership at 31 December 2020 and membership trends over the years.

**Table 1: membership figures at 31 December 2020**

BRIEF POLICY DESCRIPTION	NO. OF POLICY-HOLDERS	NO. OF FAMILY MEMBERS	OF WHICH DEPENDENTS	OF WHICH PAYING FAMILY MEMBERS	TOTAL MEMBERS	TOTAL NO. OF MEMBERS BY GEOGRAPHICAL AREA			
						NORTH	CENTRAL	SOUTH & ISLANDS	OVERSEAS
NUOVA PLUS employees	44,739	54,442	45,215	9,227	99,181	57,364	21,529	20,248	40
EXTRA 3 employees	1,356	2,320	1,579	741	3,676	1,725	1,620	328	3
EXTRA 4 employees	591	1,147	842	305	1,738	1,395	250	86	7
EXTRA 5 employees	219	446	335	111	665	594	52	18	1
<b>TOTAL EMPLOYEES<sup>(1)</sup></b>	<b>46,905</b>	<b>58,355</b>	<b>47,971</b>	<b>10,384</b>	<b>105,260</b>	<b>61,078</b>	<b>23,451</b>	<b>20,680</b>	<b>51</b>
BASE retirees	1,863	1,400	515	885	3,263	1,315	1,336	608	4
BASE + retirees	3,745	2,987	1,155	1,832	6,732	3,168	2,782	776	6
STANDARD retirees	1,644	1,320	547	773	2,964	1,314	1,376	271	3
PLUS retirees	279	268	144	124	547	230	268	49	0
EXTRA retirees	296	270	123	147	566	267	260	27	12
OVER 85 retirees	119	66	40	26	185	74	106	5	0
<b>TOTAL RETIREES</b>	<b>7,946</b>	<b>6,311</b>	<b>2,524</b>	<b>3,787</b>	<b>14,257</b>	<b>6,368</b>	<b>6,128</b>	<b>1,736</b>	<b>25</b>
<b>OVERALL TOTAL</b>	<b>54,851</b>	<b>64,666</b>	<b>50,495</b>	<b>14,171</b>	<b>119,517</b>	<b>67,446</b>	<b>29,579</b>	<b>22,416</b>	<b>76</b>
						56%	25%	19%	n/s
"Denti Treviso" dental cover	131								
Collective dental cover <sup>(2)</sup>	43,907								
- family members covered by collective dental cover	2,877								
Full dental cover for middle management and professionals	1,897								
Full dental cover for senior management	171								
Top dental cover for senior management	589								

(1) Employee policyholders include 6,586 early retirees belonging to the Unicredit group and 1,209 policyholders (including 36 early retirees) belonging to companies outside the Group who, under union agreements, have the option of continuing their membership.

(2) This includes senior management with Global Band Title 6, 7 and 8 who are not covered by Uni.C.A.'s non-dental cover.

## 6. Members: figures at 31 December 2020 and related trends (CONTINUED)

**Table 2: membership data at 31 December 2020, showing breakdown of policyholders by gender and type of family member**

BRIEF POLICY DESCRIPTION	NO. OF POLICYHOLDERS		NO. OF DEPENDENT FAMIL MEMBERS		NO. OF FAMILY MEMBERS PAYING		
	MEN	WOMEN	SPOUSES	CHILDREN	SPOUSES	CHILDREN	OTHER
NUOVA PLUS employees	24,171	20,568	3,853	41,362	6,901	1,559	767
<b>EXTRA 3 employees</b>	<b>892</b>	<b>464</b>	<b>219</b>	<b>1,360</b>	<b>509</b>	<b>137</b>	<b>95</b>
EXTRA 4 employees	491	100	107	735	233	38	34
EXTRA 5 employees	180	39	45	290	80	19	12
<b>TOTAL EMPLOYEES</b>	<b>25,734</b>	<b>21,171</b>	<b>4,224</b>	<b>43,747</b>	<b>7,723</b>	<b>1,753</b>	<b>908</b>
BASE retirees	1,280	583	285	230	714	158	13
BASE + retirees	2,302	1,443	642	513	1,532	281	19
STANDARD retirees	1,103	541	324	223	624	141	8
PLUS retirees	202	77	84	60	97	25	2
EXTRA retirees	209	87	75	48	117	27	3
OVER 85 retirees	98	21	40		26		
<b>TOTAL RETIREES</b>	<b>5,194</b>	<b>2,752</b>	<b>1,450</b>	<b>1,074</b>	<b>3,110</b>	<b>632</b>	<b>45</b>
<b>OVERALL TOTAL</b>	<b>30,928</b>	<b>23,923</b>	<b>5,674</b>	<b>44,821</b>	<b>10,833</b>	<b>2,385</b>	<b>953</b>
% of total by category	56%	44%	11%	89%	76%	17%	7%

Note: family members include 5,956 members of the families of early retirees belonging to the Unicredit group and 1,537 members of policyholders' families (including 31 relating to early retirees) belonging to companies outside the Group who, under union agreements, have the option of continuing their membership.

**Table 3: membership data at 31 December 2020, showing breakdown by age bracket**

BRIEF POLICY DESCRIPTION	NO. OF POLICYHOLDERS BY AGE BRACKET					TOTAL
	UP TO 30	FROM 31 TO 40	FROM 41 TO 50	FROM 51 TO 60	OVER 60	
NUOVA PLUS employees	2,054	6,314	13,800	17,541	5,030	44,739
EXTRA 3 employees	5	85	319	684	263	1,356
EXTRA 4 employees	0	21	173	335	62	591
EXTRA 5 employees	0	11	105	86	17	219
<b>Total EMPLOYEES</b>	<b>2,059</b>	<b>6,431</b>	<b>14,397</b>	<b>18,646</b>	<b>5,372</b>	<b>46,905</b>
BASE retirees	1	1	1	34	1,826	1,863
BASE + retirees			3	54	3,688	3,745
STANDARD retirees	1		1	23	1,619	1,644
PLUS retirees				3	276	279
EXTRA retirees				4	292	296
OVER 85 retirees					119	119
<b>TOTAL RETIREES</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>118</b>	<b>7,820</b>	<b>7,946</b>
<b>OVERALL TOTAL</b>	<b>2,061</b>	<b>6,432</b>	<b>14,402</b>	<b>18,764</b>	<b>13,192</b>	<b>54,851</b>
% of overall total	4%	12%	26%	34%	24%	

Note: all policies are restricted to members aged no older than 85, with the exception of the specific Over 85 policy for retirees. The policies restricted to retirees may include the holders of survivor pensions regardless of age (not over the age of 85).

## 6. Members: figures at 31 December 2020 and related trends (CONTINUED)

**Table 4: membership data at 31 December 2020, showing breakdown by number and age bracket of legally dependent family members**

BRIEF POLICY DESCRIPTION	NO. DEPENDENT FAMILY MEMBERS OF BY AGE BRACKET							
	SPOUSES				CHILDREN			
	UP TO 40	FROM 41 TO 50	OVER 50	TOTAL	UP TO 20	FROM 21 TO 30	OVER 30	TOTAL
NUOVA PLUS employees	434	1,059	2,360	3,853	31,193	9,728	441	41,362
EXTRA 3 employees	19	49	151	219	936	400	24	1,360
EXTRA 4 employees	4	38	65	107	560	172	3	735
EXTRA 5 employees	5	22	18	45	239	51	0	290
<b>TOTAL EMPLOYEES</b>	<b>462</b>	<b>1,168</b>	<b>2,594</b>	<b>4,224</b>	<b>32,928</b>	<b>10,351</b>	<b>468</b>	<b>43,747</b>
BASE retirees		4	281	285	31	135	64	230
BASE + retirees	2	11	629	642	52	299	162	513
STANDARD retirees		2	322	324	18	138	67	223
PLUS retirees			84	84	6	45	9	60
EXTRA retirees			75	75	9	28	11	48
OVER 85 retirees			40	40		0		0
<b>TOTAL RETIREES</b>	<b>2</b>	<b>17</b>	<b>1,431</b>	<b>1,450</b>	<b>116</b>	<b>645</b>	<b>313</b>	<b>1,074</b>
<b>OVERALL TOTAL</b>	<b>464</b>	<b>1,185</b>	<b>4,025</b>	<b>5,674</b>	<b>33,044</b>	<b>10,996</b>	<b>781</b>	<b>44,821</b>
% of total by category	8%	21%	71%		74%	24%	2%	

**Table 5: membership data at 31 December 2020, showing breakdown by number and age bracket of paying family members**

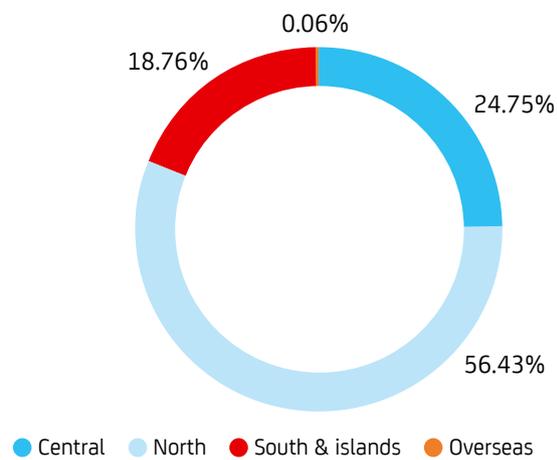
BRIEF POLICY DESCRIPTION	NO. OF PAYING FAMILY MEMBERS BY AGE RANGE								
	SPOUSES			CHILDREN			OTHER		
	UP TO 40	FROM 41 TO 50	OVER 50	FINO A 20	21 TO 30	OVER 30	UP TO 40	FROM 41 TO 50	OVER 50
NUOVA PLUS employees	712	1,993	4,196	63	1,183	313	141	184	442
EXTRA 3 employees	24	126	359	7	95	35	11	7	77
EXTRA 4 employees	14	72	147	4	31	3	2	8	24
EXTRA 5 employees	10	31	39	1	16	2	1	3	8
<b>TOTAL EMPLOYEES</b>	<b>760</b>	<b>2,222</b>	<b>4,741</b>	<b>75</b>	<b>1,325</b>	<b>353</b>	<b>155</b>	<b>202</b>	<b>551</b>
BASE retirees		1	713	1	44	113	1		12
BASE + retirees		3	1,529	1	97	183			19
STANDARD retirees			624	2	48	91			8
PLUS retirees			97		9	16		1	1
EXTRA retirees			117		9	18			3
OVER 85 retirees			26						
<b>TOTAL RETIREES</b>	<b>0</b>	<b>4</b>	<b>3,106</b>	<b>4</b>	<b>207</b>	<b>421</b>	<b>1</b>	<b>1</b>	<b>43</b>
<b>OVERALL TOTAL</b>	<b>760</b>	<b>2,226</b>	<b>7,847</b>	<b>79</b>	<b>1,532</b>	<b>774</b>	<b>156</b>	<b>203</b>	<b>594</b>
% of total by category	7%	21%	72%	3%	64%	33%	17%	21%	62%

## 6. Members: figures at 31 December 2020 and related trends (CONTINUED)

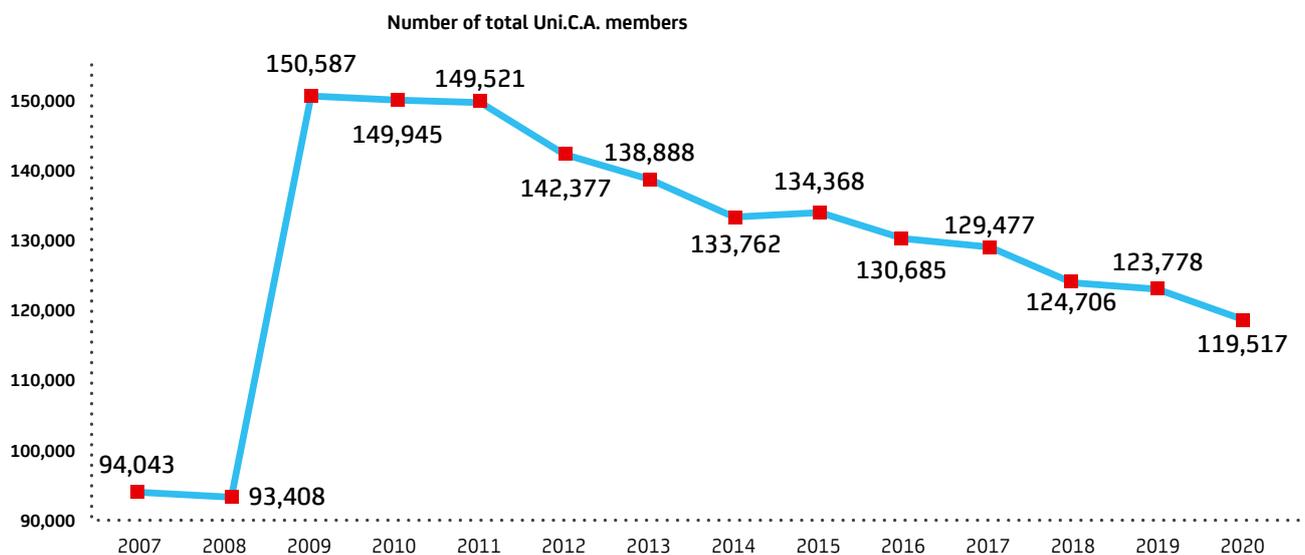
**Table 6: membership data at 31 December 2020, showing breakdown by region and geographical area**

REGION	NO. OF MEMBERS	%
Abruzzo	844	0.7%
Basilicata	343	0.3%
Calabria	806	0.7%
Campania	4,837	4.0%
Emilia Romagna	12,420	10.4%
Friuli Venezia Giulia	2,565	2.1%
Lazio	22,139	18.5%
Liguria	1,908	1.6%
Lombardy	26,321	22.0%
Marche	1,569	1.3%
Molise	566	0.5%
Piedmont	11,262	9.4%
Puglia	3,513	2.9%
Sardinia	951	0.8%
Sicily	11,400	9.5%
Tuscany	3,218	2.7%
Trentino Alto Adige	1,076	0.9%
Umbria	1,809	1.5%
Valle d'Aosta	266	0.2%
Veneto	11,628	9.7%
Overseas	76	0.1%
<b>Overall total</b>	<b>119,517</b>	<b>100.0%</b>

**Members 2020: % distribution by geographical area**

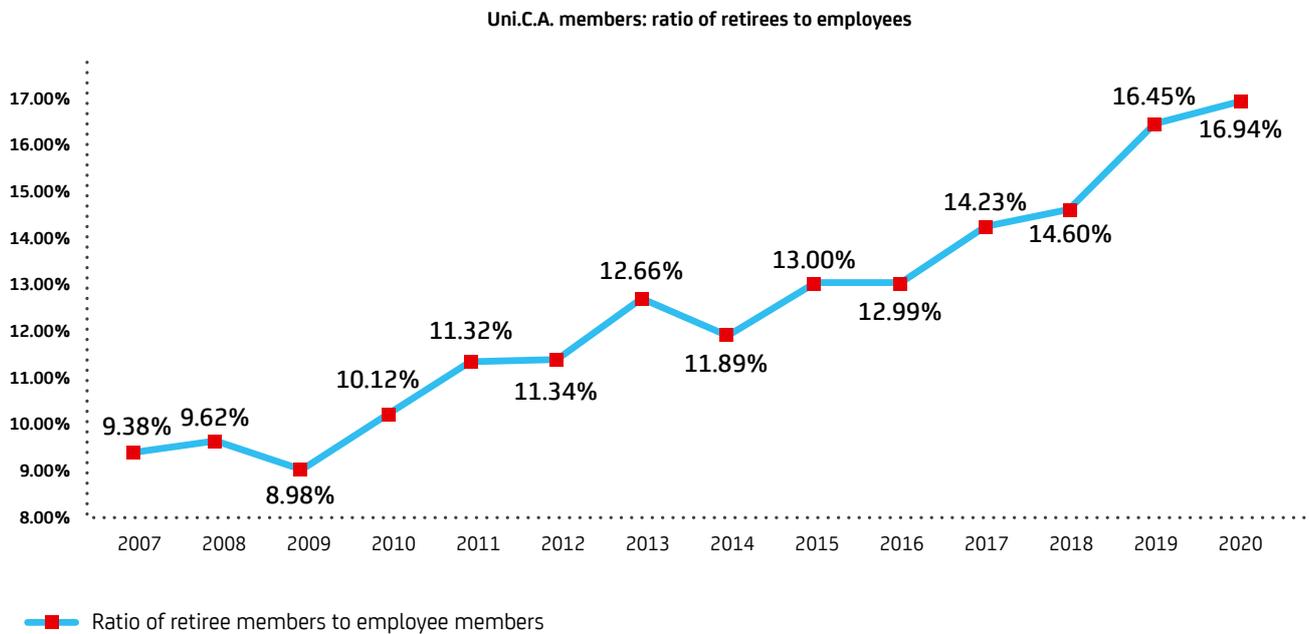


**Table 7: membership trend between 2007 and 2020**



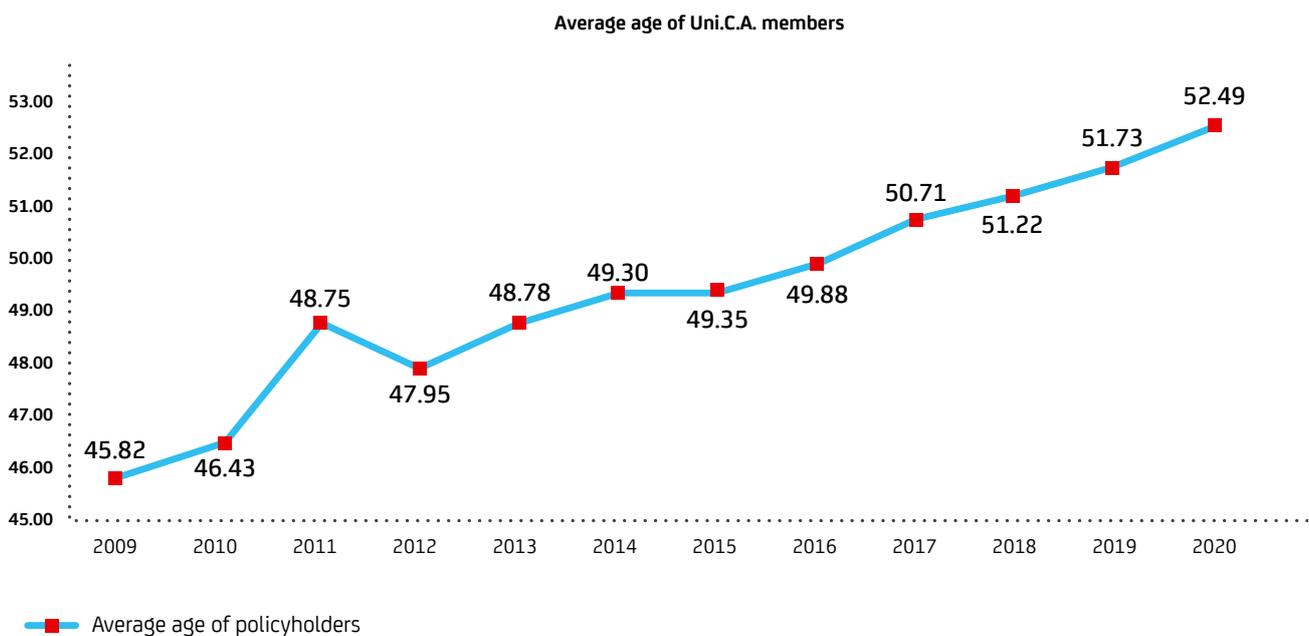
## 6. Members: figures at 31 December 2020 and related trends (CONTINUED)

**Table 8: ratio of retirees to employees from 2007 to 2020**



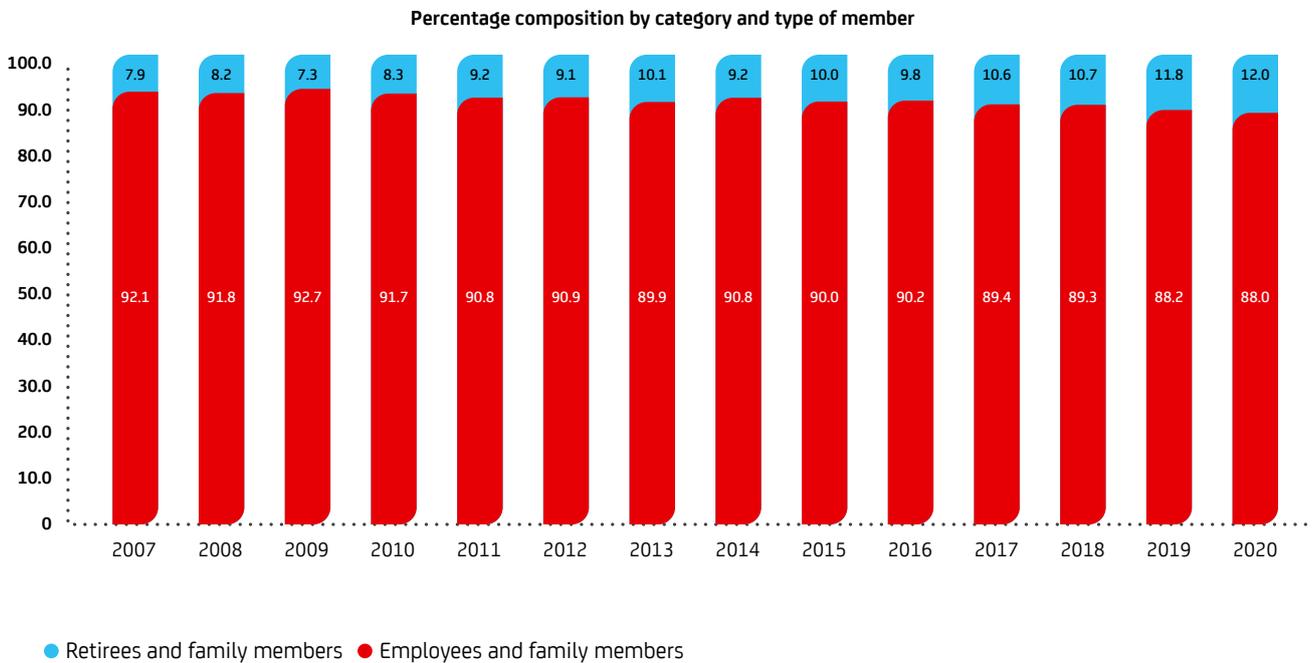
Note: the table shows the percentage growth in retiree members versus employee members.

**Table 9: trend for the average age of policyholders**

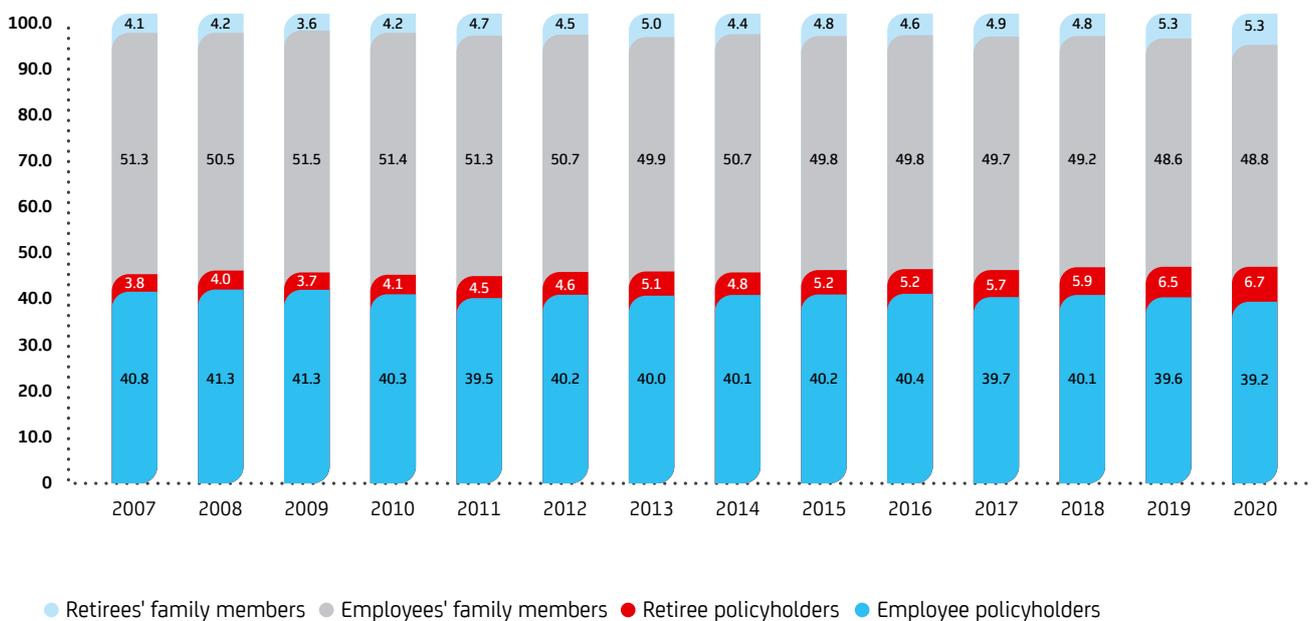


## 6. Members: figures at 31 December 2020 and related trends (CONTINUED)

**Table 10: percentage trends by macro-category of members**



**Table 11: percentage trends by type of member**



## 7. Member services

### 7.1 The services provided by Uni.C.A.

Art. 7 of Uni.C.A.'s Articles of Association defines the healthcare services that the Association can provide, including through the reimbursement of costs incurred by members and their family members.

The beneficiaries of the services are employees of the Group, retirees, persons previously covered by the health plans offered within the Group and who have taken early retirement ("early retirees") and surviving family members of employees and retirees.

It is possible to extend cover to family members against payment of an additional fee depending on whether they are legally dependent or on the type of relationship.

Services may be provided directly, or via agreements with other entities or service or insurance companies. In addition to the services provided through insurance policies and service agreements, the Association also supplies certain services directly, such as prevention initiatives or the coverage of medical expenses not covered by the above insurance policies, subject to specific authorisation by the Board of Directors. In this regard, Uni.C.A.'s role as a mutual and as a welfare provider allows the Association to intervene, in keeping with the financial resources at our disposal, in order to support members where the policyholder or a family member included in the cover finds themselves in a particularly serious situation.

### 7.2 Health plans 2020-2021

The new health plans valid for the two-year period 2020-2021 came into effect from 1 January 2020. In a complete break with the past, it was possible to bring forward the subscription period by two months (November 2019), thus enabling members to enjoy seamless access to all the benefits from 1 January 2020. This allowed most members to avoid the so-called "transition period", during which it is not possible to have direct access to certain services for the first few months until all members' personal details have been processed by the service provider and the insurance company.

To cater for anyone who failed to take advantage of the early subscription period, in January and February the Association sent out documentation needed to register their choice of subscription options in paper form.

In keeping with past years, management of non-dental insurance cover was again assigned to the insurance company, RBM

Assicurazione Salute (now Intesa Sanpaolo RBM Salute) and Previmedical as the provider of the service. Likewise, Aon Pronto Care (Aon Advisory and Solutions srl) was again contracted to provide dental cover.

In general, all the insured health plans (providing "basic cover") previously offered between 2018 and 2019 were retained. These include:

- for current employees (with whom early retirees have equivalent status)
  - Nuova Plus, reserved for all employees belonging to professional categories and middle managers;
  - Extra, reserved for senior management. Managers in the Global Band Title 4 category and above have specific forms of cover that, starting from the Extra policy, offer a series of additional incremental benefits that are unchanged with respect to those offered during the previous two-year period.
- for retirees
  - Base p, Base+p, Standard p, Plus p and Extra p;
  - Over 85, reserved for retirees aged 85 at the date on which the new health plans come into effect.

Despite the difficulties linked to a market in which costs are continually rising, it was possible to introduce a number of improvements and changes. In particular:

- **psychotherapy treatment** has been added to the Nuova Plus employees and Plus retirees policies and the limit of indemnity has been raised for the Extra employees and Extra retirees policies;
- **the "Maternity Package"** offers consultations and examinations in the first 6 months of pregnancy and the option of having 1 gynecological check-up and up to 3 psychological support sessions in the event of a miscarriage, within 3 months of the event;
- **pre-birth genetic testing of fetal DNA:** the age for eligibility for the test has been lowered to 30 (from the previous 35);
- **obstetric support:** in the event of both natural and caesarian births, access to obstetric support has been added to the medical/nursing services already offered, subject to a specific limit of indemnity only in the case of a caesarian birth;
- **familial and autologous stem cell storage** for cells from the umbilical cord: a specific premium is payable if this option is chosen;
- **assisted conception:** a benefit already offered but for which the limit of indemnity has been raised;
- **congenital disorders and/or defects:** the age limit for a child's eligibility to access treatment has been raised from 8 to 10.

## 7. Member services (CONTINUED)

A number of improvements have also been made to fully self-insured dental cover:

- the annual limit of indemnity for all forms of cover has been increased, including the limits applicable to family members included in the cover;
- the one-off sum payable for expenses incurred when using the partner network for orthodontic treatment under the Collective and Extended Collective cover has been increased.

Another major change in the new two-year plans regards the extension of cover to include extended family members, in line with modern forms of the family and the strategy aimed at expanding the welfare offering: members can now pay an additional fee to add the children of their spouse or common-law partner (provided that they are included in the family status certificate), and children who are not legal dependents of the policyholder but who are included in the family status certificate of the other separated or divorced parent.

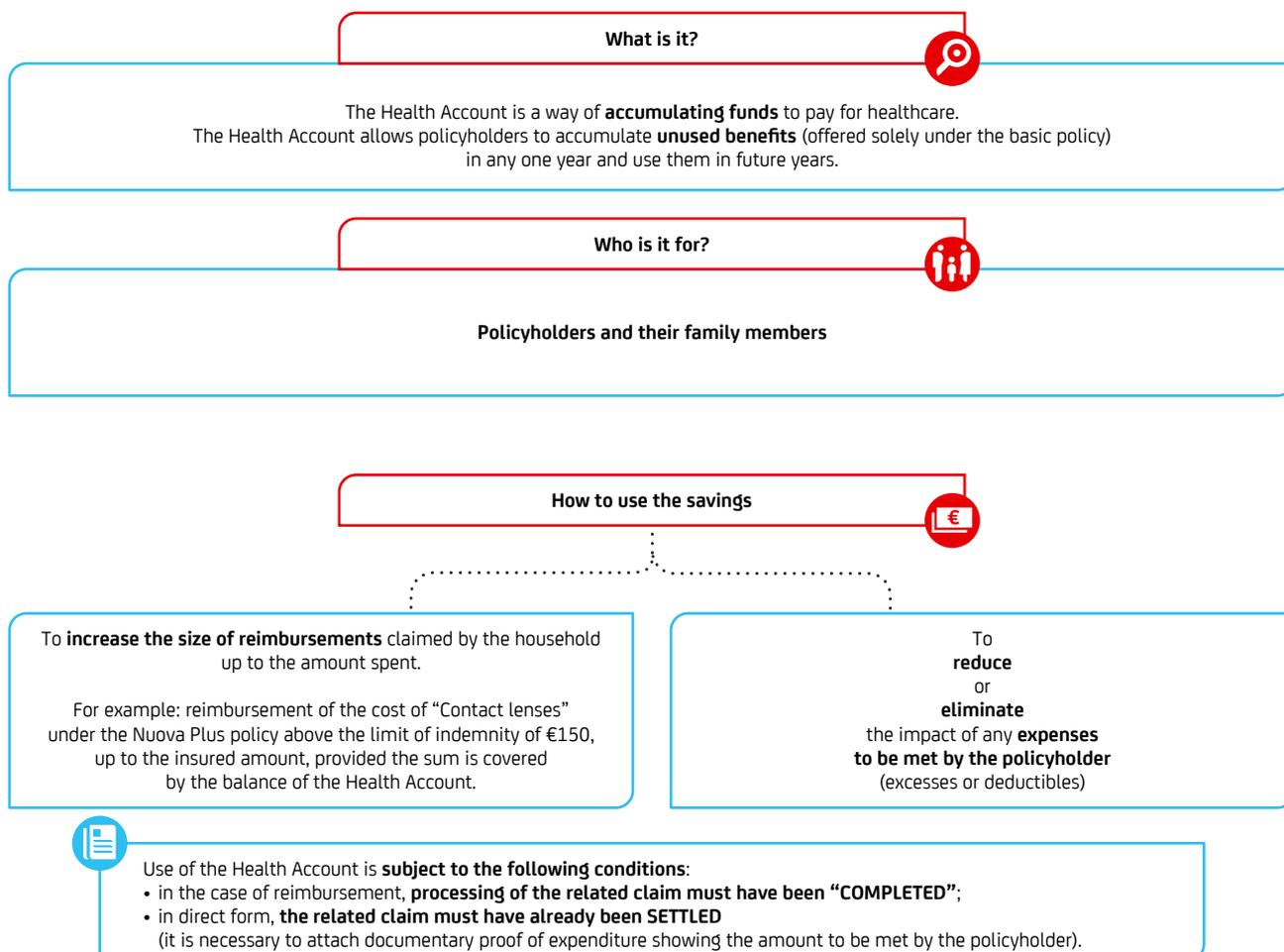
The six optional levels of cover offered to current employees in return for payment of an additional fee have been retained, with costs

differentiated based on the type of benefits and the composition of the policyholder's household and reimbursable from UniCredit's Welfare Account (*Conto Welfare*). The Earthquake policy has also been retained, with the related cost covered entirely by the Association.

Finally, the benefits offered by the "Health Account" (*Conto Salute*) were also made available in 2020 on the terms provided for. Already included in the health plans for the period 2018-2019, this has required the acquisition of additional information on the legal and tax status of members in order to correctly adapt the platform that enables members to make use of it.

This is a particularly innovative form of benefit that represents a way of saving on healthcare costs. It allows a household to accumulate savings for use in future years in which the cover is valid, calculated as a percentage of the contributions paid to Uni.C.A.. There are two ways to accumulate savings that, when earned, can be added together:

- the good health bonus, credited after the end of the two-year period covered by the plan;
- healthcare savings, credited at the end of each year covered by the plan.



## 7. Member services (CONTINUED)

### 7.3 New Covid-19 services

In response to the emergency linked to the pandemic, a number of specific new health benefits have been introduced in order to meet demand from members for services linked to the spread of the virus.

In close collaboration with UniCredit, which met the related costs, from March all the Group's employees were given access to specialist medical advice on issues relating to Covid-19. The service, managed by RBM Assicurazione Salute (now Intesa San Paolo RBM Salute), enabled employees to request medical advice (including from frontline personnel) on how to prevent transmission of the virus, how to assess symptoms and what to do in the event of infection.

At the same time, the Board of Directors approved donations to three hospital trusts to support scientific research as part of efforts to combat the virus (further information is provided above in section 3).

Later, in response to the closure for approximately two months of health facilities following phase 1 of the lockdown, the Association agreed a temporary extension with the insurance company to enable post-treatment physiotherapy and rehabilitation to take place.

Subsequently, in view of the continuing pandemic, we agreed with the insurance company that reimbursement of the cost of molecular and rapid antigen tests, designed to monitor the spread of the disease or current infection, would be included in the cover provided.

The decision to include testing in the cover provided was accompanied by the decision to reimburse the cost of pneumococcal

vaccination, reimbursing both the cost of the vaccine itself and of the vaccinations. This service, funded through self-insurance and strongly recommended by the Scientific Committee in order to boost immunity to Covid-19, was offered in addition to the flu vaccine, which for a number of years has already been covered by the insurance.

### 7.4 Prevention

For the first time in 12 years, as a result of the critical state of health facilities and the risks connected with infection and the spread of the virus, and with the aim of protecting the health of our members, the Association decided to postpone the usual, highly popular prevention campaign for members.

In consultation with the Scientific Committee, and in view of the health crisis faced throughout the country, we decided to postpone the campaign until a later date. This was based on fears of a resurgence of the outbreak in the autumn at a time when, in general, other seasonal viruses begin to circulate.

The prevention campaign has always been a distinctive feature of the Association, which sets great store by efforts aimed at protecting the health of members. Since 2008 and until the two-year period 2018-2019, Uni.C.A. has spent a total of approximately €30 million in response to growing demand from members who over the same period have participated 118,000 times in the related initiatives.

The following table shows figures for the prevention campaigns run so far.

## 7. Member services (CONTINUED)

**Table 12: Uni.C.A.'s prevention campaigns in figures**

Uni.C.A.'s prevention campaigns						
2008	2009/10	2010/11	2012/13	2014/15	2016/17	2018/19
Preventive cardiovascular screening	Cancer, hypertension and cardiovascular screening			Two-stage check-ups; collection of summary epidemiological data	Two-stage check-ups; potential third stage: colonoscopy for over 60s For the first time heavy smokers offered a chest CT scan	Same as the 2016-2017 campaign For the first time - extended to under 40s - dental check-ups for children (aged 6-18)
<b>2008</b>	✓ No. of members involved: ~9,350 ✓ Investment: ~ €2,550,000					
<b>2009/10</b>	✓ No. of members involved: ~20,500 ✓ Investment: ~ €3,500,000					
<b>2010/11</b>	✓ Investment: ~ €2,750,000.00 Phase 1: Reserved for participants in the previous campaign No. of members involved: ~8,500 Phase 2: remaining available to the staff No. of members involved: ~6,000					
<b>2012/13</b>	✓ Investment: ~ €4,000,000.00 Phase 1: Reserved for participants in the previous campaign No. of members involved: ~12,000 Fase 2: remaining available to the staff No. of members involved: ~3,500					
<b>2014/15</b>	✓ No. of members involved: ~18,000 ✓ Investment: ~ €5,200,000.00					
<b>2016/17</b>	✓ No. of members involved: ~19,000 ✓ Investment: ~ €5,200,000.00					
<b>2018/19</b>	✓ No. of members involved: ~21,000 ✓ Investment: ~ €6,900,000.00					

## 7. Member services (CONTINUED)

### 7.5 Other directly financed initiatives

The Policy approved by the Board of Directors, regarding the provision of financial support for members whose healthcare needs are not covered by the insurance policies referred to above, came into effect in 2019.

To ensure that it meets the underlying aims, a number of changes were made to the name and the text of the Policy in 2020, including further clarification of the eligibility criteria.

The aim of the Policy is to offer help to members forced to meet the cost of treatment for particularly serious conditions, sometimes over an extended period of time, where this could cause financial difficulties for their families.

A total of €10,700 was disbursed in 2020.

The Policy document and the application form are available to members on Uni.C.A.'s website on the "Directly financed initiatives" page.



## 7. Member services (CONTINUED)

### 7.6 Uni.C.A.'s complaints procedure

The internal complaints procedure, consisting of an "initial stage" handled by the service providers and a "second stage" handled directly by the Association, once again proved to be a valid method of managing potentially difficult situations.

In terms of providers, **Previmedical**:

- handled 2,869 complaints at the initial stage (down from 4,345 in 2019), of which 20% resulted in a positive outcome;
- at the second stage, complaints regarding Previmedical totalled 487, of which 33% resulted in a positive outcome.

As regards **Aon/Pronto-Care**:

- this provider handled 137 complaints at the initial stage, of which 94 - around 69% - were requests for clarification;
- at the second stage, there were 29 complaints, of which 52% resulted in a positive outcome.

A total of 751 complaints were handled at the second stage in 2020 (slightly up on the 730 of 2019), of which approximately 42% regarding the settlement of claims and 13% regarding the authorisation of health services paid for directly by the Association.

Response times were satisfactory, at both the initial stage (100% within the required timescale in the case of Previmedical and Pronto-Care), and at the second stage (over 94% within the required timescale). Where responses took longer, this was connected with the need to acquire additional information about a case, on occasion including the need to obtain an opinion from Uni.C.A.'s medical advisors.

The complaints procedure again proved to be an important tool for monitoring the services provided to members, enabling us to identify and promptly resolve any problems relating to the service provided and the settlement of claims.

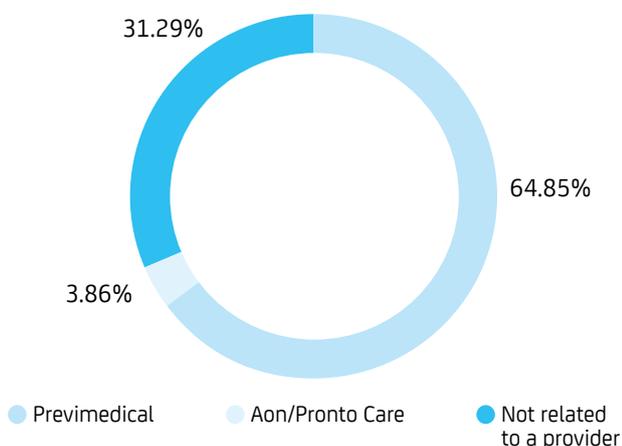
**Table 13: second-stage claims**

	PREVIMEDICAL	AON/PRONTO CARE	NOT RELATED TO A PROVIDER	TOTAL	% OF TOTAL
FORMAL COMPLAINTS	450	22	193	665	88.55%
NON-FORMAL COMPLAINTS <sup>(1)</sup>	37	7	42	86	11.45%
<b>TOTAL COMPLAINTS</b>	<b>487</b>	<b>29</b>	<b>235</b>	<b>751</b>	<b>100.00%</b>
POSITIVE OUTCOME	160	15	125	300	39.95%
PARTIALLY POSITIVE OUTCOME	3	2	-	5	0.67%
NEGATIVE OUTCOME	92	4	20	116	15.45%
UNRESOLVED	54	3	24	81	10.79%
REQUESTED CLARIFICATION PROVIDED	178	5	66	249	33.16%
<b>TOTAL OUTCOME</b>	<b>487</b>	<b>29</b>	<b>235</b>	<b>751</b>	<b>100.00%</b>
WITHIN 10 DAYS	306	22	211	539	71.77%
BETWEEN 11 AND 20 DAYS	106	4	15	125	16.64%
BETWEEN 21 AND 30 DAYS	35	1	6	42	5.59%
BETWEEN 31 AND 40 DAYS	18	-	2	20	2.66%
MORE THAN 40 DAYS	22	2	1	25	3.33%
<b>TOTAL RESPONSE TIMES</b>	<b>487</b>	<b>29</b>	<b>235</b>	<b>751</b>	<b>100.00%</b>

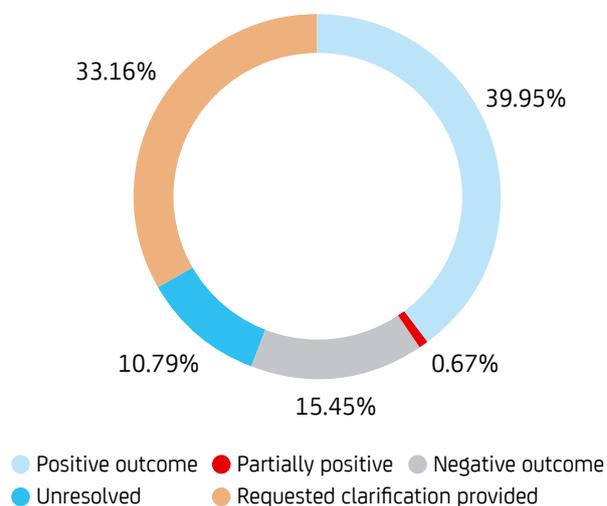
(1) not submitted directly by the member

## 7. Member services (CONTINUED)

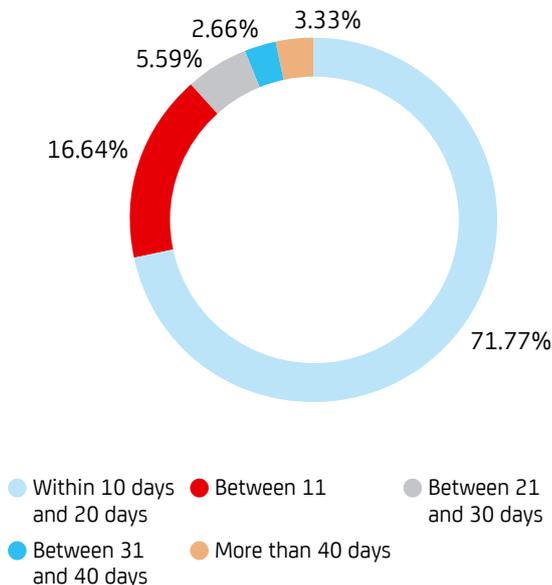
**Table 14: distribution of complaints by provider**



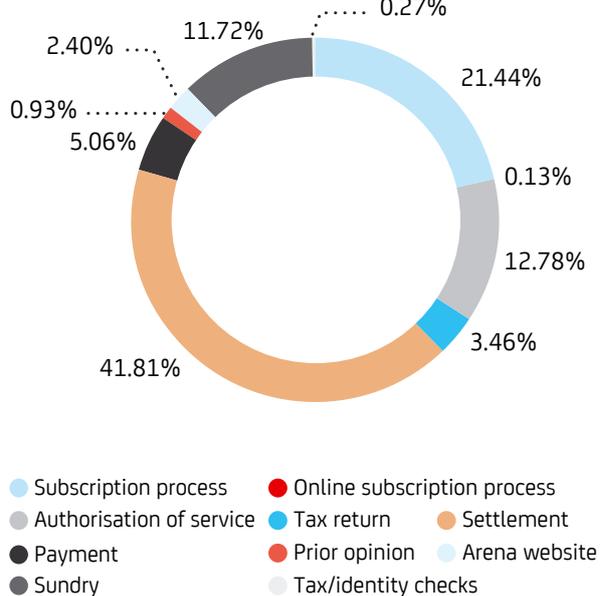
**Table 15: complaint outcomes**



**Table 16: complaint response times**



**Table 17: breakdown by type of complaint**



## 8. Audit of membership database

The purpose of this activity, which has become structural over time, is to ensure the formal and substantive correctness of the information contained in the Association's database, that is the regularity of the registration of only entitled members and compliance with the Articles of Association and the membership terms and conditions.

In contrast to previous years, in 2020 the Association postponed the usual identity and tax checks on family members included in the cover provided by the plans.

The reasons for this decision are the health emergency caused by Covid-19 and the consequent objective difficulties that the members concerned would have encountered in retrieving and obtaining the required certification of personal details from public offices.

The results shown in the tables below confirm the efficacy of the audits of the Association's database over time.

**Table 18: findings of audits of family members claimed as dependents**

YEAR INITIATIVE	NO. OF POLICYHOLDERS INVOLVED IN THE YEAR OF AUDIT	NO. OF POLICYHOLDERS WHO REQUESTED EXCLUSIONS	% EXCLUSIONS REQUESTED	NO. OF POLICYHOLDERS WHO REQUESTED INCLUSIONS	% INCLUSIONS REQUESTED	NO. OF POLICYHOLDERS WITH FAMILY MEMBERS EXCLUDED FOLLOWING THE AUDIT	% EXCLUSIONS FOLLOWING THE AUDIT	TOTAL CHANGES	% TOTAL CHANGES
	A	B	C=B/A	D	E= D/A	F	G = F/A	H=B+D+F	I = H/A
2012	2,069	491	23.7%	145	7.0%	243	11.7%	879	42.5%
2013	6,368	1,226	19.3%	549	8.6%	522	8.2%	2,297	36.1%
2014	6,107	265	4.3%	304	5.0%	322	5.3%	891	14.6%
2015	2,289	225	9.8%	46	2.0%	176	7.7%	447	19.5%
2016	949	123	13.0%	117	12.3%	59	6.2%	299	31.5%
2017	989	5	0.5%	7	0.7%	38	3.8%	50	5.1%
2018	986	2	0.2%	76	7.7%	35	3.5%	113	11.5%
2019	1,067	20	1.9%	129	12.1%	203	19.0%	352	33.0%

**Table 19: family members involved in the audit**

YEAR INITIATIVE	NO. OF FAMILY MEMBERS INVOLVED IN THE YEAR OF THE AUDIT	TOTAL FAMILY MEMBERS EXCLUDED	% EXCLUSIONS REQUESTED	TOTAL FAMILY MEMBERS INCLUDED	% INCLUSIONS REQUESTED	TOTAL FAMILY MEMBERS EXCLUDED FOLLOWING THE AUDIT	% EXCLUSIONS FOLLOWING THE AUDIT	TOTAL CHANGES	% TOTAL CHANGES
	A	B	C = B/A	D	E= D/A	F	G = F/A	H=B+D+F	I=H/A
2012	3,988	653	16.4%	158	4.0%	492	12.3%	1,303	32.7%
2013	10,807	1,416	13.1%	602	5.6%	927	8.6%	2,945	27.3%
2014	7,770	273	3.5%	309	4.0%	487	6.3%	1,069	13.8%
2015	2,771	237	8.6%	48	1.7%	200	7.2%	485	17.5%
2016	952	123	12.9%	117	12.3%	61	6.4%	301	31.6%
2017	990	5	0.5%	7	0.7%	38	3.8%	50	5.1%
2018	988	2	0.2%	77	7.8%	35	3.5%	114	11.5%
2019	1,137	22	1.9%	139	12.2%	226	19.9%	387	34.0%

Moreover, the above activities made it possible to improve the loss ratio by almost 5 percentage points, thanks to the greater contributions generated by a higher number of paying individuals,

on the one hand, and the lower amount paid in benefits for the excluded individuals, on the other.

## 9. Loss ratios (claims/premiums ratio; claims/contributions ratio) for insurance cover

Over the years, the loss ratio (i.e. the ratio between claims paid and premiums paid to the insurance company, after deducting taxes), relating to Uni.C.A.'s basic non-dental plans (basic policies) have shown an upward trend.

The average for the period 2007-2019, for which sufficient historical data is now available, is 103.5%.

There are different reasons for the steady increase, but in general it can be said that the increase in healthcare expenditure (i.e. rising healthcare costs), the greater awareness of the available benefits on the part of members, and the expansion of health cover are among the main drivers.

The closing result for 2020, although based on data that is still provisional, stands at around 98.3%, a marked decrease compared to the previous year (120.8%), thus bucking the trend indicated above.

This trend reversal is no doubt due to the emergency situation linked to Covid-19, which led to a significant reduction in access to health services, especially those not linked to serious conditions, which occurred mainly in the first half of the year.

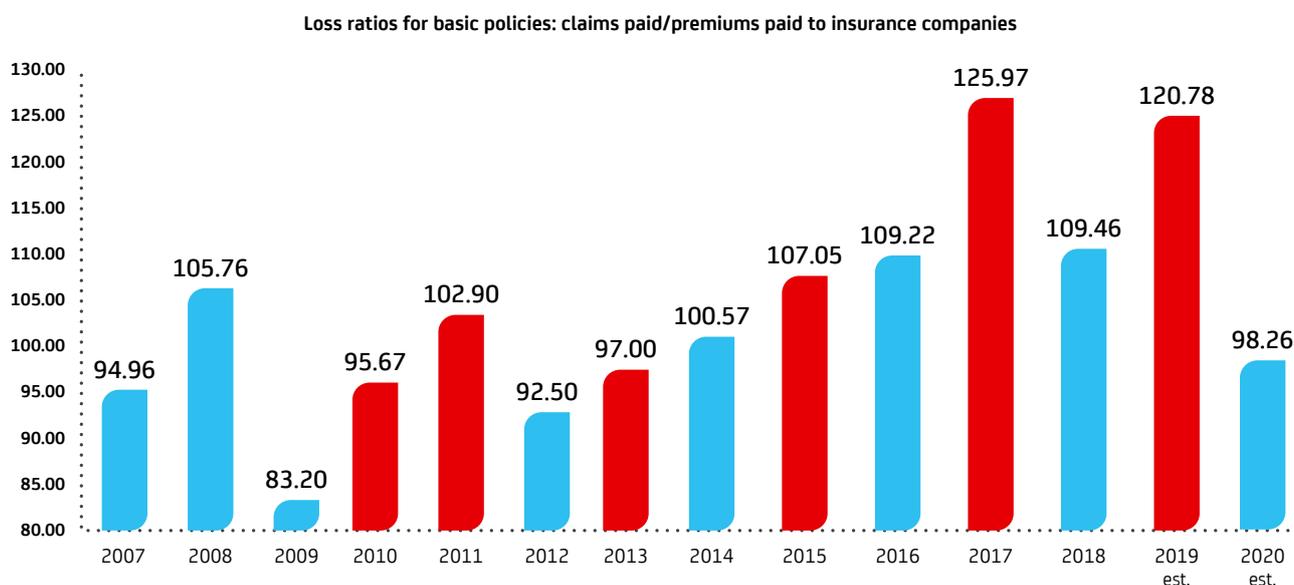
In light of the above, the result obtained by the Association with the renewal of the 2020-2021 health plans is undoubtedly positive, given that the new plans have provided enhanced cover without any increase in costs for members.

The tables below show:

- loss ratio data, broken down between claims/premiums and claims/contributions, and between employees and retirees;
- loss ratio data aggregated by geographical area and by age bracket.

It is noted that the figures for 2019 and 2020 are "estimated" due to the two-year statute of limitations on the benefits covered by the policies.

**Table 20: loss ratios (claims paid/premiums collected)**



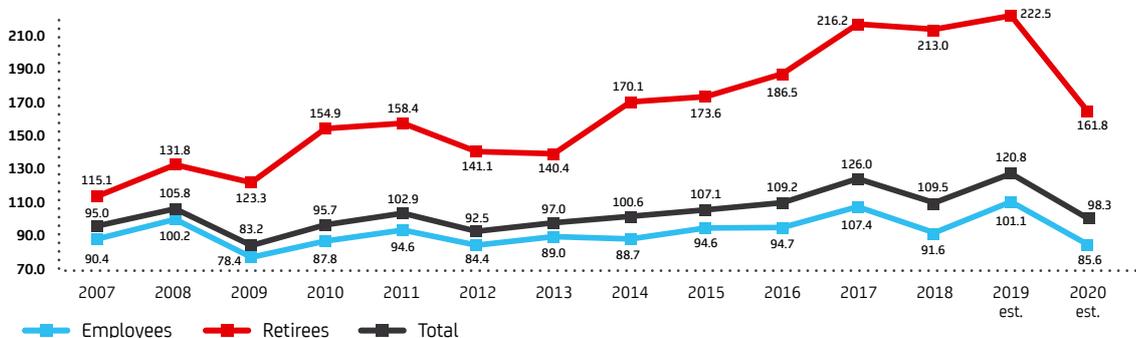
The years 2007 - 2008 - 2009 - 2012 - 2014 - 2016 - 2018 - 2020 represent year 1 of each respective plan. Since 2018 there has been a substantial increase in premiums due to the unification of the company contribution for professionals and middle managers.

Compiled by Uni.C.A., on the basis of data provided by the insurance companies and by the sole provider, Assirecre, for the years 2007-2008.

## 9. Loss ratios (claims/premiums ratio; claims/contributions ratio) for insurance cover (CONTINUED)

**Table 21: loss ratios by member category**

Claims/premiums ratio on basic policies: breakdown between employees and retirees

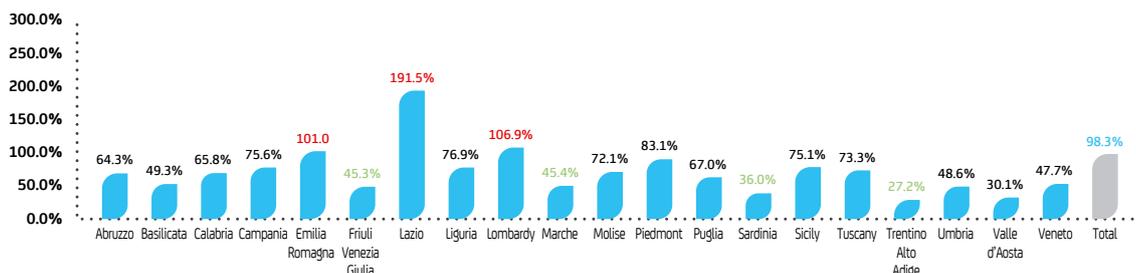


The years 2007 - 2008 - 2009 - 2012 - 2014 - 2016 - 2018 - 2020 represent year 1 of each respective plan.

Compiled by Uni.C.A. on the basis of data provided by the insurance companies and by the sole provider, Assirecre, for the years 2007-2008.

**Table 22: geographical distribution of loss ratios**

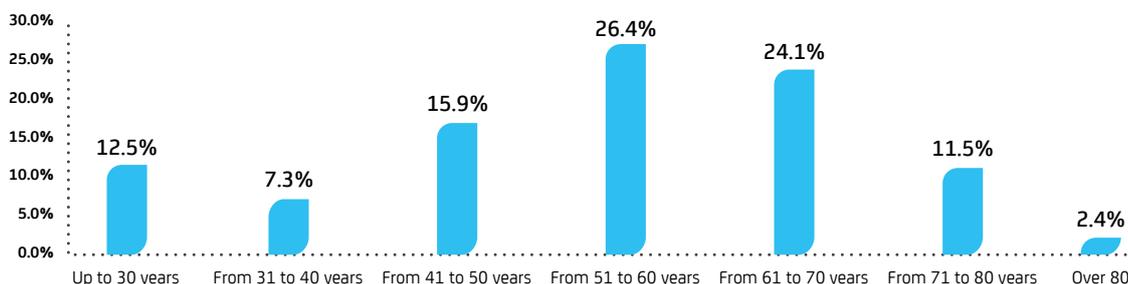
Estimated loss ratio by region



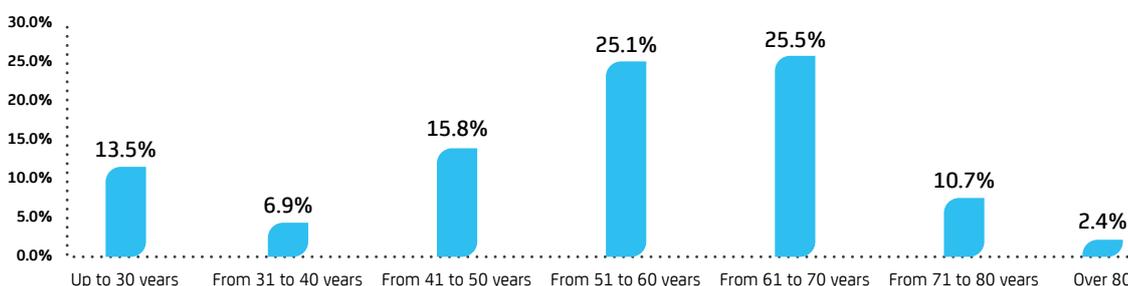
The table shows the region with the highest loss ratios

**Tables 23: use of basic policies by age bracket**

**Table 23a: 2019**



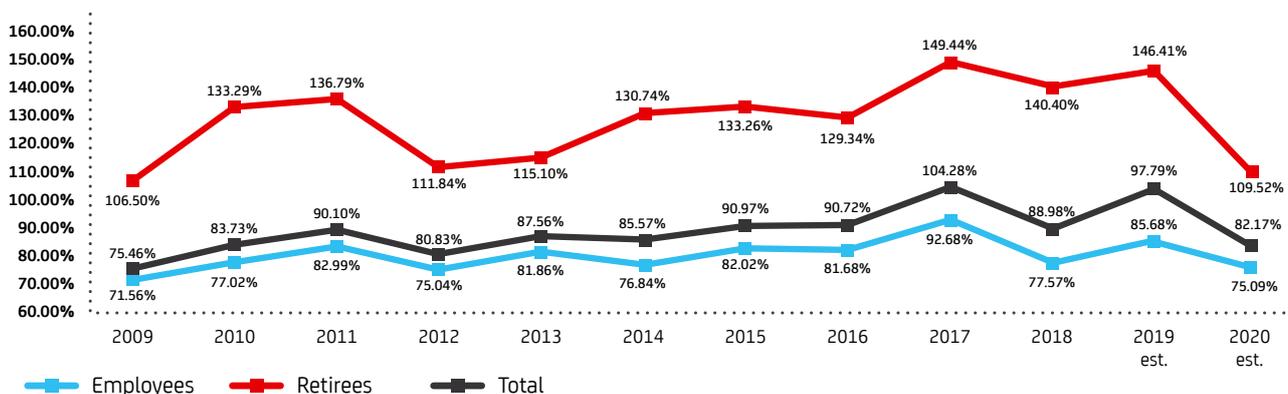
**Table 23b: 2020**



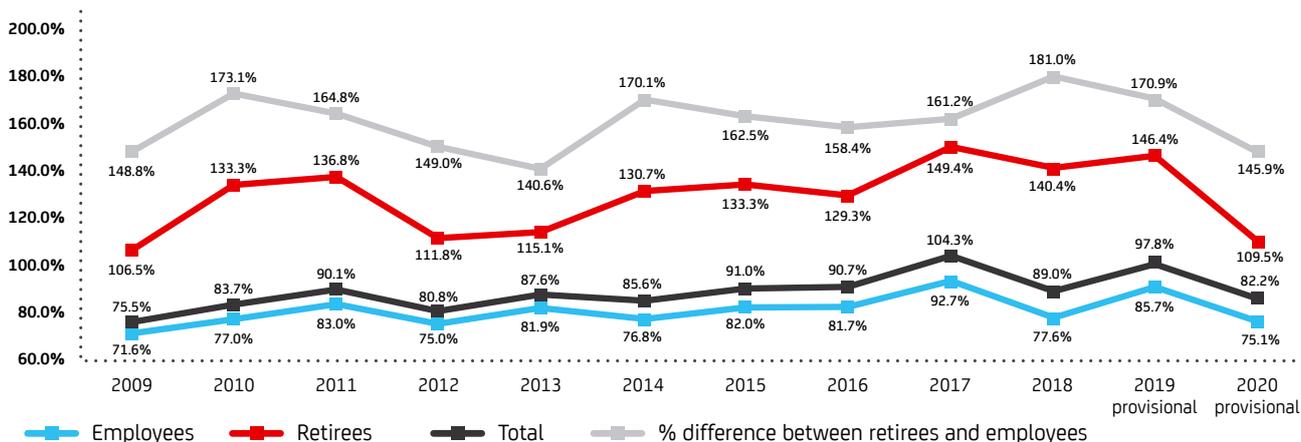
## 9. Loss ratios (claims/premiums ratio; claims/contributions ratio) for insurance cover (CONTINUED)

**Table 24: claims / contributions ratio of basic policies**

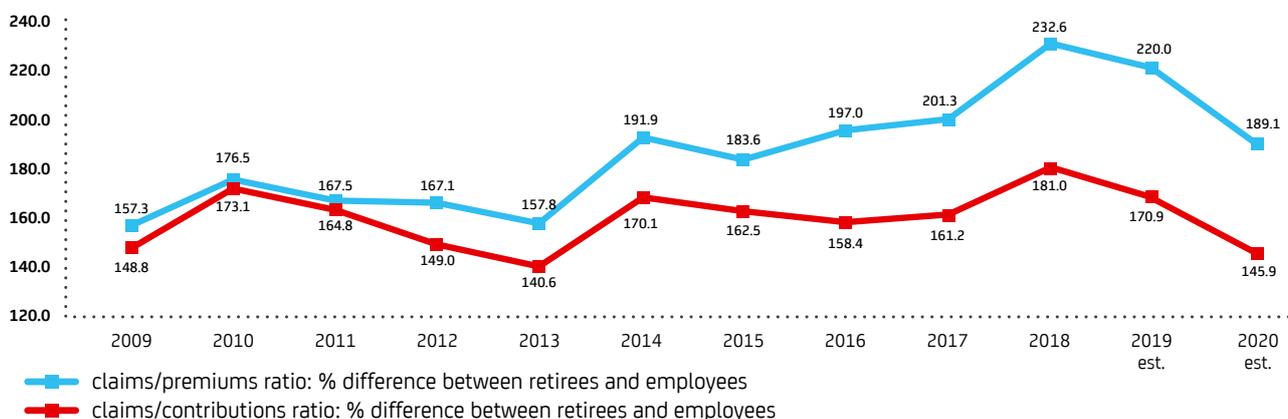
Claims/contributions ratio on basic policies: breakdown between employees and retirees



**Table 25: difference in claims/contributions ratios between employees and retirees**



**Table 26: difference in claims/premium and claims/contributions between retirees and employees**

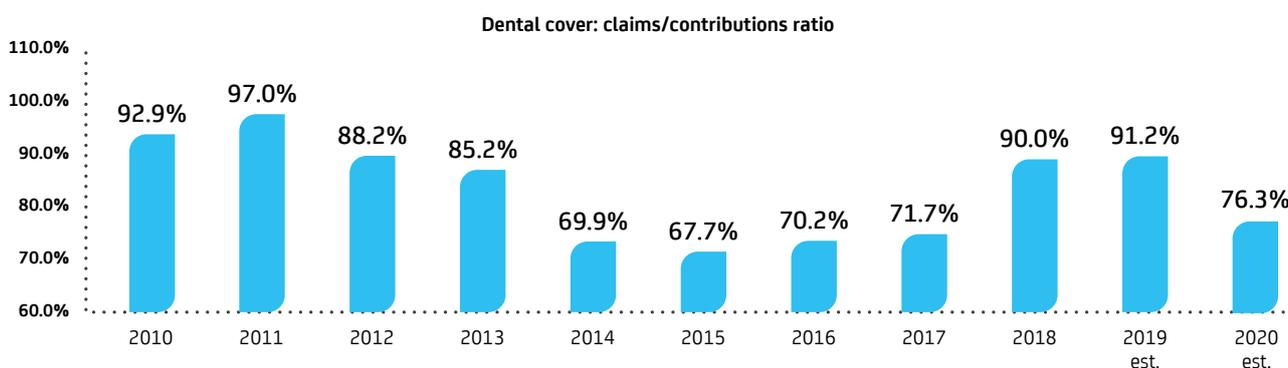


## 9. Loss ratios (claims/premiums ratio; claims/contributions ratio) for insurance cover (CONTINUED)

As far as dental cover is concerned, despite the considerable improvements made to all the dental plans offered by the Association, the loss ratio remains more than acceptable. However, it should be borne in mind that the past year has not made it possible to assess correctly the impact of the improvements introduced on the loss ratio due to the critical health situation.

In this respect, therefore, with a view to prudent management of the Association's assets, it will be necessary to continue to monitor the trends in the cover in question, especially in view of a hoped-for return to normality with regard to accessing dental surgeries.

**Table 27: loss ratio of dental cover**



# 10. Key operational and management data

Overall, around 289,000 claims were handled in 2020, with €45.6 million settled.

In the dental field, since 2017 the provider Aon Pronto Care has directly reimbursed members (for claims handled indirectly) and dentists (for claims handled directly), while the Association paid the reimbursements requested for previous years.

In 2020, about 31,500 dental claims were reimbursed, making a total of about €8 million, of which €5.3 million related to 2020 and €2.7 million to previous years.

The contributions of retirees who were not “channeled” - i.e. retirees whose Uni.C..A. contributions were not withheld from the pensions paid by UniCredit Group pension funds - were collected by SDD (Sepa Direct Debit) or by bank transfer, with a total of €4.267 million collected relating to 2,701 positions.

Failure to pay contributions resulted in exclusion from the Association (3 cases).

The following tables refer to the uses of cover for 2019 and 2020, for the purposes of a comparison between the two insurance years.

## Tables 28: Non-dental cover. Uses

Table 28a

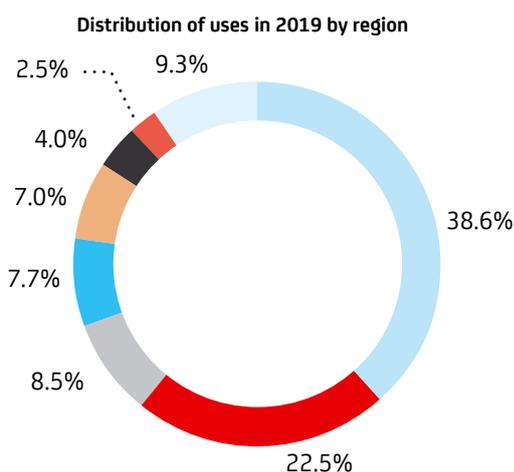
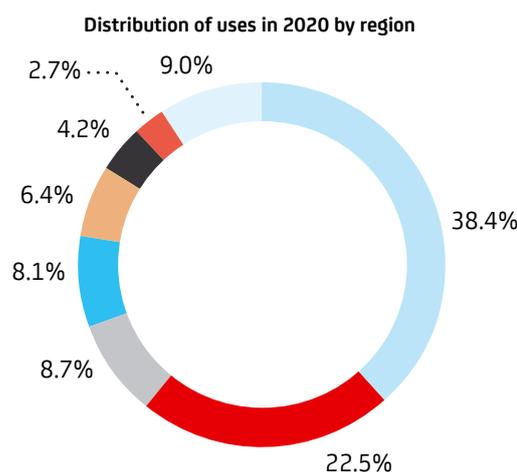


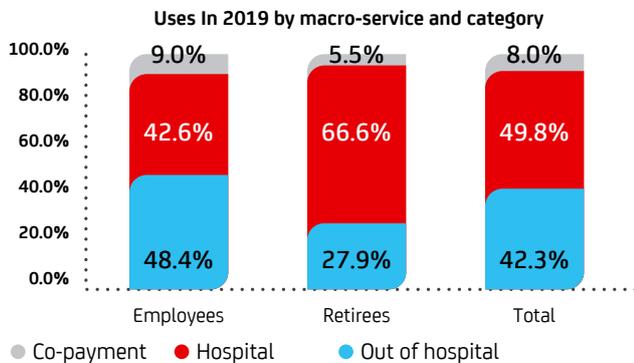
Table 28b



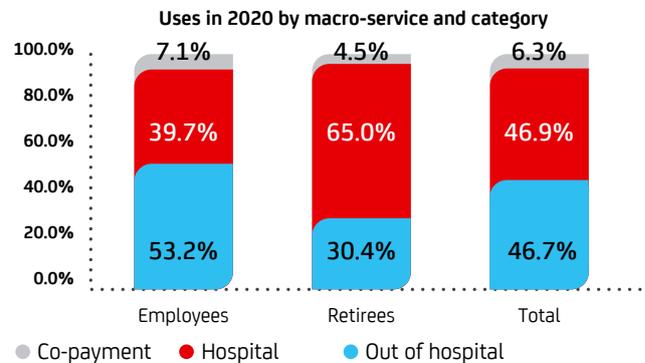
Legend: Lazio (light blue), Lombardy (red), Emilia Romagna (grey), Piedmont (blue), Sicily (orange), Veneto (black), Campania (dark red), Other (lightest blue)

# 10. Key operational and management data (CONTINUED)

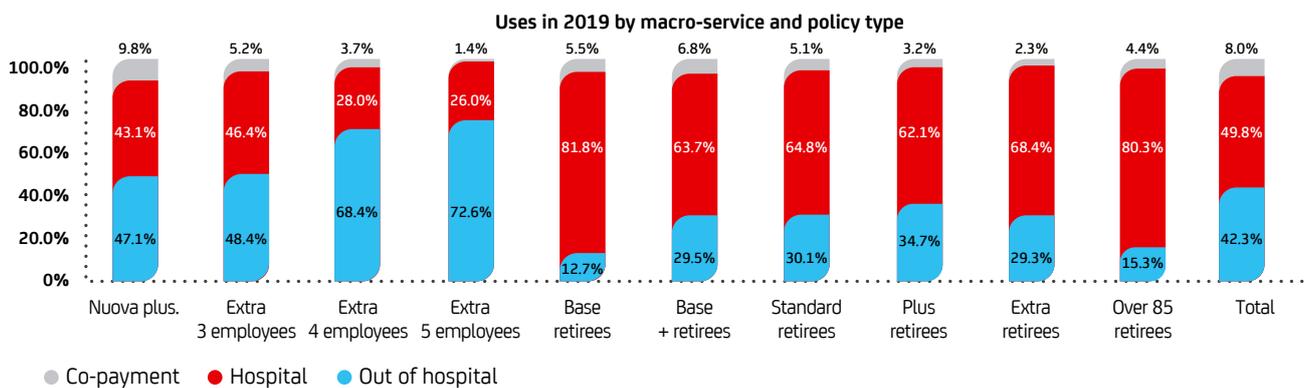
**Table 28c**



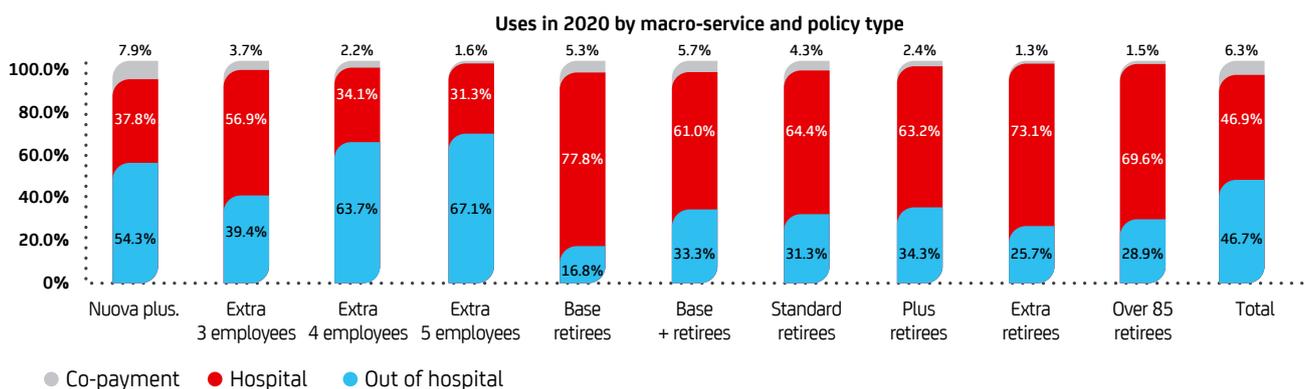
**Table 28d**



**Table 28e**

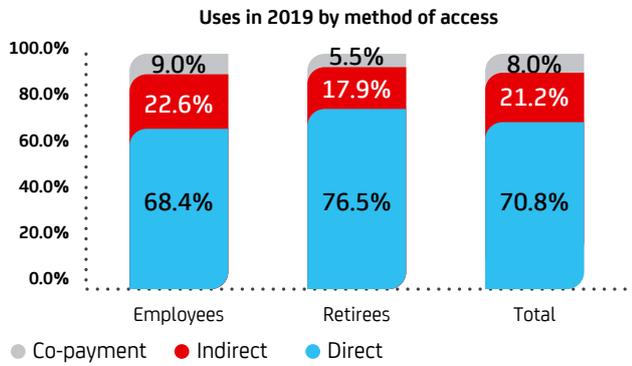


**Table 28f**

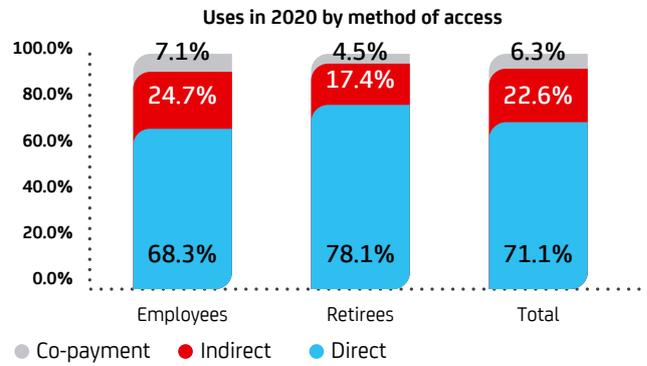


# 10. Key operational and management data (CONTINUED)

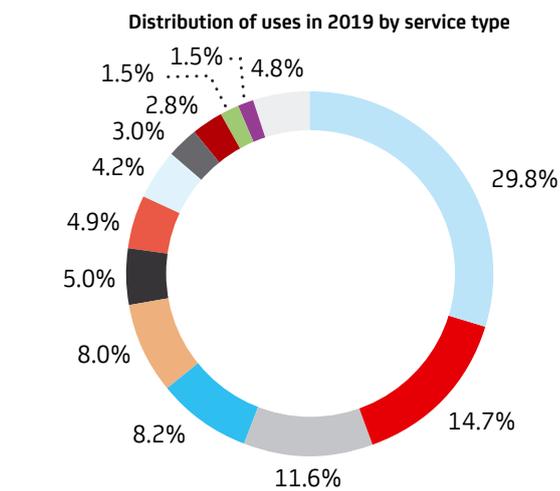
**Table 28g**



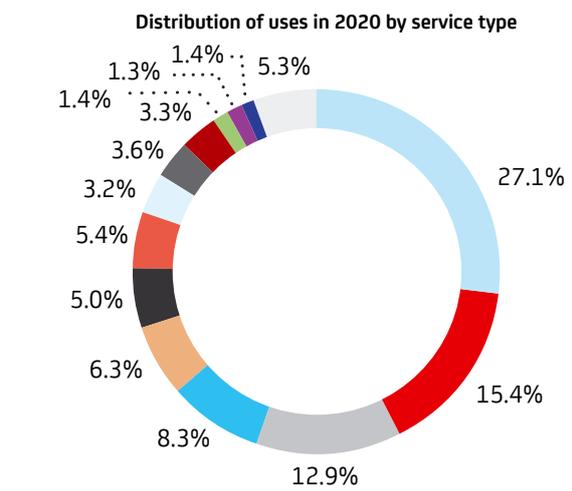
**Table 28h**



**Table 28i**



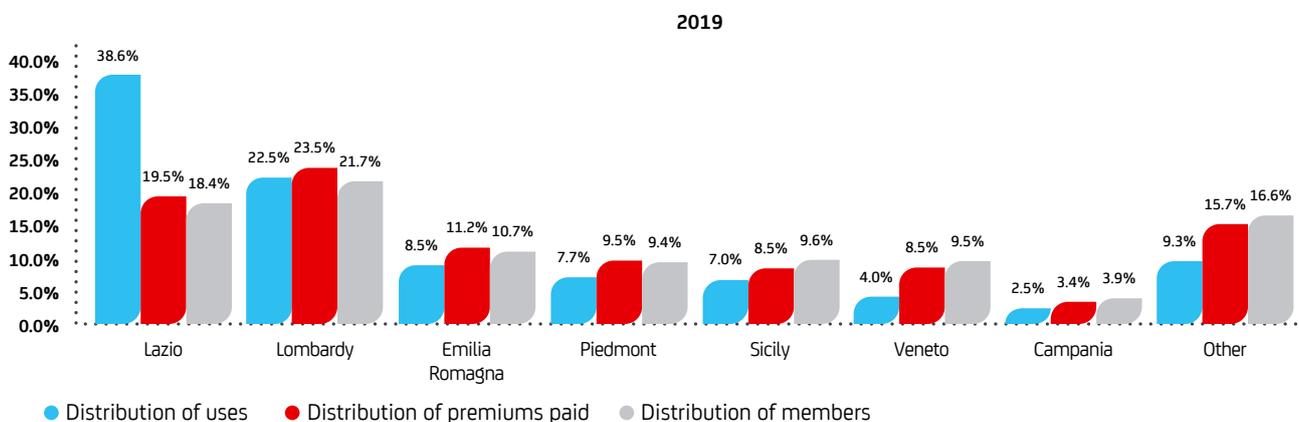
**Table 28l**



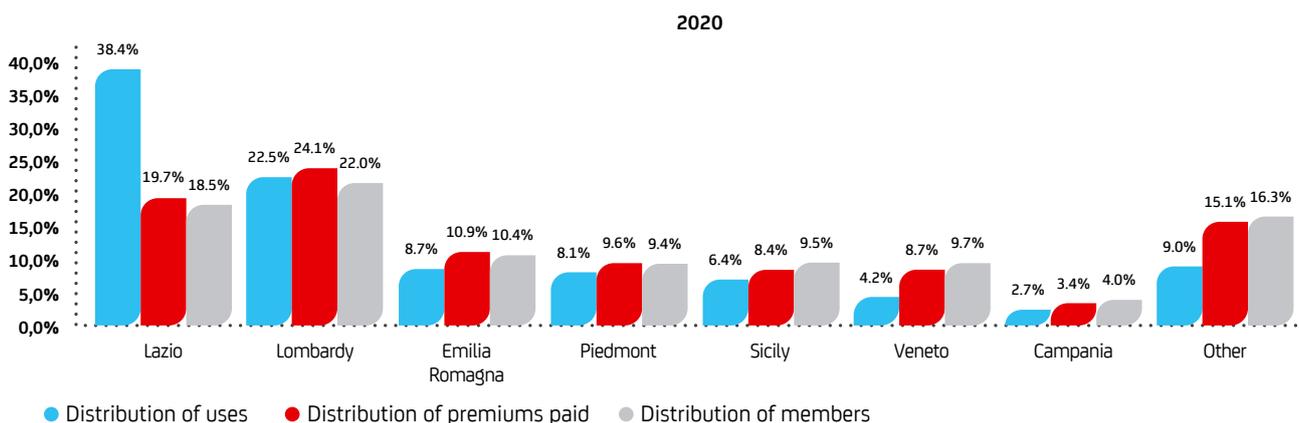
- Hospitalisation for surgery
- Highly specialist (treatment and advanced diagnostics)
- Day hospital with surgery
- Cash allowance Hospitalisation w/o Surgery
- Specialist examinations
- Reimbursement by NHS
- Major surgery
- Orthopaedic and hearing aids
- Other
- Diagnostic tests (ordinary diagnostics)
- Surgery
- Contact lenses and eyewear
- Hospitalisation w/o surgery
- Psychotherapy

## 10. Key operational and management data (CONTINUED)

**Table 28m - Distribution of uses, premiums paid and members by region**

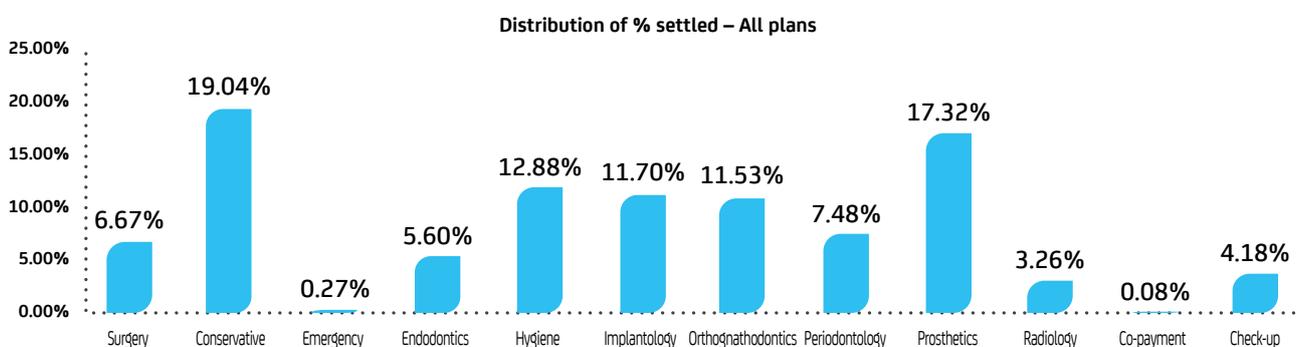


**Table 28n - Distribution of uses, premiums paid and members by region**



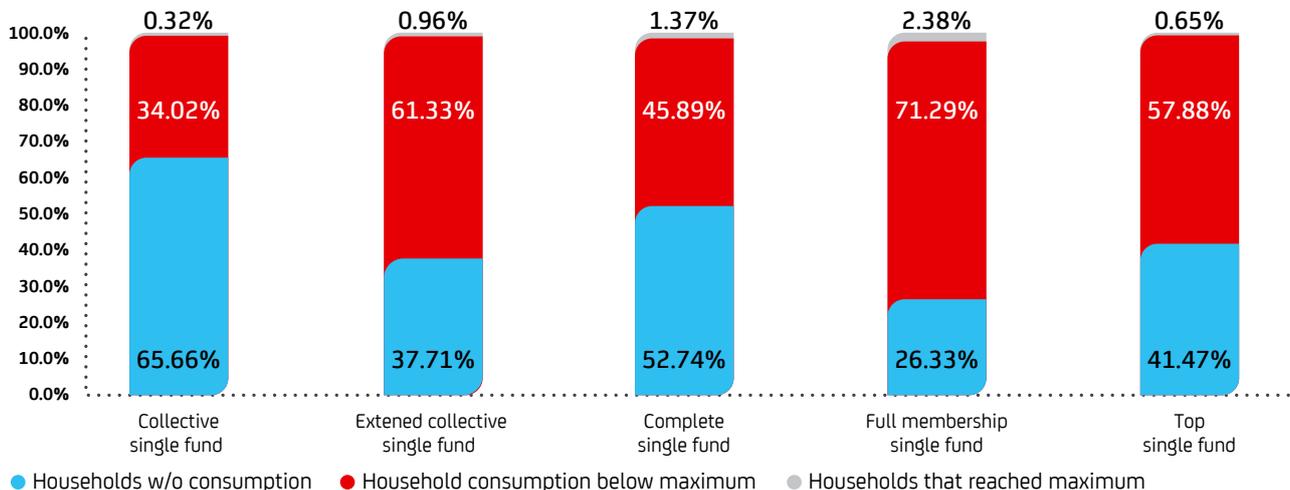
**Tables 29: dental cover. Uses in 2020**

**Table 29a**

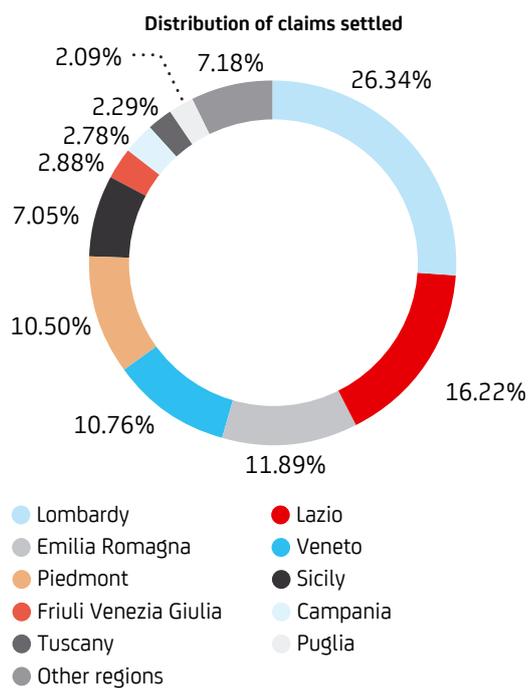


## 10. Key operational and management data (CONTINUED)

**Table 29b**



**Table 29c**



## 10. Key operational and management data (CONTINUED)

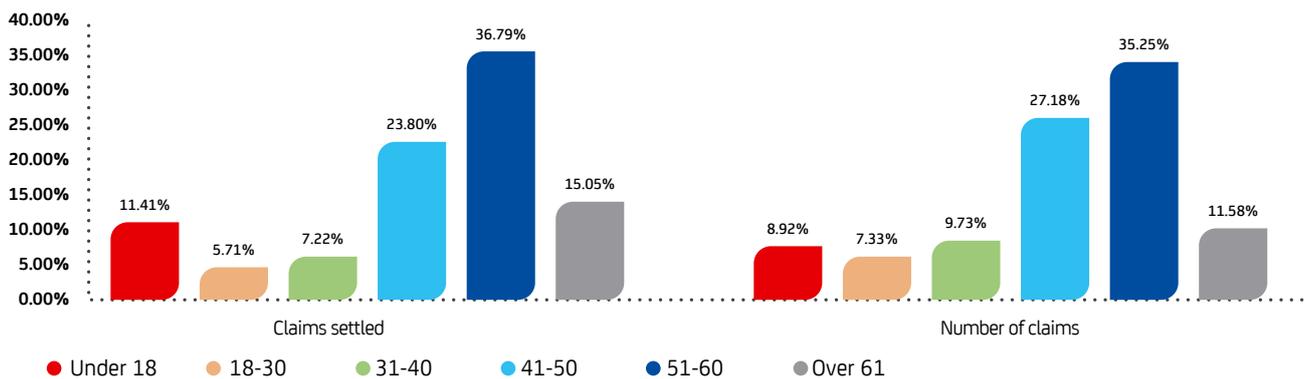
**Table 29d**

**Dental expenditure - % distribution of households and claims settled**

REGION	HOUSEHOLDS	PERCENTAGE DISTRIBUTION CLAIMS SETTLED	
		COLLECTIVE	OTHER PLANS
ABRUZZO	0.70%	0.65%	0.98%
BASILICATA	0.28%	0.16%	0.13%
CALABRIA	0.64%	0.30%	0.67%
CAMPANIA	3.99%	3.34%	2.07%
EMILIA ROMAGNA	10.51%	11.98%	11.77%
FRIULI VENEZIA GIULIA	2.45%	3.30%	2.36%
LAZIO	14.69%	14.41%	18.57%
LIGURIA	1.41%	1.48%	1.81%
LOMBARDY	24.87%	24.32%	28.86%
MARCHE	1.37%	1.19%	0.85%
MOLISE	0.43%	0.29%	0.16%
PIEDMONT	9.83%	11.61%	9.10%
PUGLIA	2.70%	2.25%	1.89%
SARDINIA	0.79%	0.53%	0.48%
SICILY	9.09%	8.10%	5.73%
TUSCANY	2.57%	2.22%	2.39%
TRENTINO ALTO ADIGE	0.98%	1.42%	0.75%
UMBRIA	1.49%	1.16%	0.84%
VALLE D'AOSTA	0.24%	0.25%	0.20%
VENETO	10.97%	11.04%	10.40%

**Table 29e**

**Distribution by age bracket**



## 11. Exercise of Director's powers and legal disputes

In 2020, the Director exercised her powers, as delegated by the Board of Directors, to settle 5 claims totalling €909.73.

The Association is currently involved in 2 civil disputes (none as plaintiff) at first instance.

The substantial absence of litigation, 14 years after the start of operations, is one of the Association's strengths, testifying to the quality of settlements and the positive impact of the procedures used to manage and defuse any disputes, such as the internal complaints procedure.

## 12. Accounting highlights

The year under review ended with a surplus of €6,714,618. The reserve fund consists of €38,850,593 in surpluses from previous years and €9,097 in net assets resulting from the winding up of the former Bipop Health Fund (FAP), which were transferred to the Association in 2018. In addition, provisions have been made for prevention campaigns, in the amount of €1,075,960, for legal disputes, in the amount of €9,000, for requests for special contributions, in the amount of €59,300, and a technical reserve has been established for self-insured dental plans, amounting to €2,500,000.

## 13. Application of the Sacconi Decree

For 2020, the percentage of funds earmarked for restricted healthcare services pursuant to the Sacconi Decree, in relation to the total funds designed to cover all the services guaranteed to members, is 31.50%, thus well above the 20% limit set by the Decree. This will enable members to continue to deduct health benefit contributions from their taxable income in 2022.

**Table 30: application of the Sacconi Decree**

Member contributions	73,096,912		
Figurative CASDIC contribution	4,215,200		
Deductible operating costs	-3,920,431		
<b>Total contributions after operating costs</b>	<b>73,391,680</b>		
20% of total contributions after operating costs: minimum compliant healthcare services			<b>14,678,336</b>
<b>COVER OF COMPLIANT SERVICES</b>	<b>SELF-INSURED PREMIUMS OR USES</b>	<b>% COMPLIANT SERVICES</b>	<b>COMPLIANT AMOUNTS</b>
- collective use of self-insured dental cover	5,285,815	100%	5,285,815
- "Denti Treviso" dental cover	128,309	100%	128,309
- additional use of self-insured cover for managers	567,827	100%	567,827
- fully paid use under self-insured cover	1,812,105	100%	1,812,105
- policies for dental and non-dental cover	55,028,662	20.19%	11,112,208
- CASDIC LTC	4,215,200	100%	4,215,200
<b>Total</b>	<b>67,037,918</b>		<b>23,121,464</b>
Ratio of compliant services to total contributions after operating costs		<b>31.50%</b>	

## 14. Corporate activities

In 2020, collaboration began with the Ministry of Health on the project called "DASHBOARD OF ANALYSIS OF THE SERVICES PROVIDED BY FUNDS" which, through a survey of the services provided by the health funds included in the Register of Funds, is part of the Ministry's plan to expand the information available on health funds and health benefits providers. This will allow it to gain more extensive knowledge about the funds and their activities, with a view to exploiting potential future synergies or strategies in the healthcare sector in order to ensure adequate healthcare provision for citizens.

The survey, launched in the last quarter of 2020, initially involved only a few funds, including Uni.C.A., before being expanded, through voluntary participation, to most health funds and benefits providers. Dialogue with the Ministry has begun and will continue through Mefop (a company majority owned by the Ministry of the Economy and Finance), with which we have renewed our collaboration agreement.

The partnership with the Bocconi University of Milan in relation to the *Osservatorio Consumi Privati in Sanità* (Private Consumption in Health Care Survey) also continued.

## 15. Events in the first quarter of 2021

In the first quarter of 2021, Uni.C.A. focused in particular on:

- activities related to intra-plan membership, involving a portion of the Fund's members;
- preparation of the financial statements for 2020;
- the assessments involved in preparation for the launch of the new commercial survey for health plans for the two-year period 2022-2023 and the ensuing operational activities.



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1,913  
\$  
15,913

*Financial statements as at and for the year ended 31 December 2020*

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# Financial statements as at and for the year ended 31 December 2020

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# Statement of financial position at 31 December 2020

ASSETS	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE	LIABILITIES AND NET ASSETS	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Trade receivables</b>	<b>111,695.22</b>	<b>688,184.82</b>	<b>-576,489.60</b>	<b>Reserve fund</b>	<b>45,574,307.66</b>	<b>38,859,690.14</b>	<b>6,714,617.52</b>
Due from Unicredit Group companies (for employee members)	108,982.21	676,518.64	-567,536.43	Surplus / deficit for the year	6,714,617.52	6,978,640.55	-264,023.03
Due from participating companies (for employee members)	1,019.01	1,272.68	-253.67	Accumulated surplus/deficit	38,850,593.42	31,871,952.87	6,978,640.55
Due from retirees not enrolled in Group pension funds	1,694.00	8,620.50	-6,926.50	Residual net assets former Bipop Carire health plan	9,096.72	9,096.72	0.00
Due from retirees enrolled in Group pension funds	-	1,773.00	-1,773.00				
				<b>Provisions for prevention campaigns</b>	<b>1,075,959.76</b>	<b>1,277,886.79</b>	<b>-201,927.03</b>
				Provisions for prevention campaigns	1,075,959.76	1,277,886.79	-201,927.03
<b>Sundry receivables</b>	<b>119,396.01</b>	<b>30,053.62</b>	<b>89,342.39</b>	<b>Provisions for risks and charges</b>	<b>9,000.00</b>	<b>9,000.00</b>	<b>0.00</b>
Due from third parties for charges incurred on their behalf	47,859.81	30,053.62	17,806.19	Provisions for legal disputes	9,000.00	9,000.00	0.00
Due from providers and others	71,536.20	0.00	71,536.20				
				<b>Provisions for "Requests for exceptional contributions"</b>	<b>59,300.00</b>	<b>53,935.00</b>	<b>5,365.00</b>
				Provisions for "Requests for exceptional contributions"	59,300.00	53,935.00	5,365.00
				<b>Liabilities arising from self-insured dental plan</b>	<b>5,389,978.69</b>	<b>5,679,855.89</b>	<b>-289,877.20</b>
				Technical reserves for self-insured dental plan	2,500,000.00	2,500,000.00	0.00
				Due to members covered by dental insurance	2,889,978.69	3,179,855.89	-289,877.20
<b>Cash and cash equivalents</b>	<b>61,379,183.45</b>	<b>54,749,500.94</b>	<b>6,629,682.51</b>	<b>Due to Group companies for advance contributions</b>	<b>8,283,132.00</b>	<b>8,912,632.00</b>	<b>-629,500.00</b>
Cash and other valuables on hand	53.00	13.00	40.00	Due to Group companies for advance contributions	8,283,132.00	8,912,632.00	-629,500.00
Bank deposits	61,379,130.45	54,749,487.94	6,629,642.51				
				<b>Trade payables</b>	<b>1,188,561.71</b>	<b>175,260.75</b>	<b>1,013,300.96</b>
				Due to Unicredit Group companies	14,734.00	22,697.48	-7,963.48
				Due to participating companies	0.00	8,187.96	-8,187.96
				Due to insurance companies	267,977.71	144,375.31	123,602.40
				Due to claims management company	905,850.00	0.00	905,850.00
				<b>Sundry payables</b>	<b>30,034.86</b>	<b>497,498.23</b>	<b>-467,463.37</b>
				Due to members	6,333.49	6,797.99	-464.50
				Due to service providers	23,701.37	490,700.24	-466,998.87
				<b>Tax payables</b>	<b>0.00</b>	<b>1,980.58</b>	<b>-1,980.58</b>
				Due to tax authorities	0.00	1,980.58	-1,980.58
<b>TOTAL ASSETS</b>	<b>61,610,274.68</b>	<b>55,467,739.38</b>	<b>6,142,535.30</b>	<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>61,610,274.68</b>	<b>55,467,739.38</b>	<b>6,142,535.30</b>

## Income statement for the year ended 31 December 2020

COSTS	2020	2019	CHANGE	REVENUE	2020	2019	CHANGE
<b>Benefit expenses</b>	<b>66,677,627.05</b>	<b>68,084,596.12</b>	<b>-1,406,969.07</b>	<b>Member contributions</b>	<b>73,096,911.64</b>	<b>74,754,824.32</b>	<b>-1,657,912.68</b>
Insurance premiums	55,156,971.50	54,666,251.47	490,720.03	From employers	47,583,514.62	49,780,538.86	-2,197,024.24
Self-insurance costs	7,665,746.96	10,175,466.55	-2,509,719.59	From members	25,513,397.02	24,974,285.46	539,111.56
Claims management costs	3,820,470.33	1,997,385.00	1,823,085.33				
Provisions for prevention campaigns	0.00	1,200,000.00	-1,200,000.00				
Provisions for "Requests for exceptional contributions"	11,888.53	9,490.00	2,398.53				
Cost of direct payment of claims	909.73	4,482.30	-3,572.57				
Provisions for legal disputes	0.00	5,000.00	-5,000.00				
Sundry expenses	21,640.00	26,520.80	-4,880.80				
<b>Financial expenses</b>	<b>211.95</b>	<b>192.54</b>	<b>19.41</b>	<b>Financial income</b>	<b>386,510.17</b>	<b>348,320.91</b>	<b>38,189.26</b>
Banking commissions and fees	211.95	192.54	19.41	Interest income	386,510.17	348,320.91	38,189.26
<b>Other expenses</b>	<b>139,009.49</b>	<b>47,360.73</b>	<b>91,648.76</b>	<b>Other income</b>	<b>85,878.98</b>	<b>80,062.63</b>	<b>5,816.35</b>
Expenses incurred on behalf of third parties under specific arrangements	77,095.06	42,864.24	34,230.82	Recovery of costs incurred on behalf of third parties	77,095.06	42,864.24	34,230.82
Contingent losses	1,914.43	4,496.49	-2,582.06	Penalties and cost recoveries	7,848.50	32,098.39	-24,249.89
Charitable donations and gratuities	60,000.00	0.00	60,000.00	Excess provisions made in previous years	0.00	4,000.00	-4,000.00
				Sundry cost recoveries and contingent gains	935.42	1,100.00	-164.58
<b>Extraordinary expenses</b>	<b>37,834.78</b>	<b>72,417.92</b>	<b>-34,583.14</b>				
Professional fees	18,630.88	51,667.73	-33,036.85				
Miscellaneous expenses	19,203.90	20,750.19	-1,546.29				
<b>TOTAL COSTS</b>	<b>66,854,683.27</b>	<b>68,204,567.31</b>	<b>-1,349,884.04</b>	<b>TOTAL REVENUE</b>	<b>73,569,300.79</b>	<b>75,183,207.86</b>	<b>-1,613,907.07</b>
<b>SURPLUS FOR THE YEAR</b>	<b>6,714,617.52</b>	<b>6,978,640.55</b>	<b>-264,023.03</b>	<b>DEFICIT FOR THE YEAR</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>GRAND TOTAL</b>	<b>73,569,300.79</b>	<b>75,183,207.86</b>	<b>-1,613,907.07</b>	<b>GRAND TOTAL</b>	<b>73,569,300.79</b>	<b>75,183,207.86</b>	<b>-1,613,907.07</b>

## Income statement for the year ended 31 December 2020 (CONTINUED)

## Income statement for the year ended 31 December 2020 – Employee section

COSTS	2020	2019	CHANGE	REVENUE	2020	2019	CHANGE
<b>Benefit expenses</b>	<b>57,059,780.85</b>	<b>59,038,897.79</b>	<b>-1,979,116.94</b>	<b>Member contributions</b>	<b>60,259,903.39</b>	<b>61,932,011.32</b>	<b>-1,672,107.93</b>
Insurance premiums	46,133,466.98	45,897,243.90	236,223.08	From employers	47,583,514.62	49,780,538.86	-2,197,024.24
Self-insurance costs	7,665,746.96	10,175,466.55	-2,509,719.59	From members	12,676,388.77	12,151,472.46	524,916.31
Claims management costs	3,241,618.07	1,732,030.61	1,509,587.46				
Provisions for prevention campaigns	0.00	1,200,000.00	-1,200,000.00				
Provisions for "Requests for exceptional contributions"	0.00	2,840.00	-2,840.00				
Cost of direct payment of claims	909.73	4,092.30	-3,182.57				
Provisions for legal disputes	0.00	5,000.00	-5,000.00				
Sundry expenses	18,039.11	22,224.43	-4,185.32				
<b>Financial expenses</b>	<b>176.68</b>	<b>161.35</b>	<b>15.33</b>	<b>Financial income</b>	<b>322,194.88</b>	<b>291,892.92</b>	<b>30,301.96</b>
Banking commissions and fees	176.68	161.35	15.33	Interest income	322,194.88	291,892.92	30,301.96
<b>Other expenses</b>	<b>51,930.43</b>	<b>3,091.49</b>	<b>48,838.94</b>	<b>Other income</b>	<b>1,495.42</b>	<b>7,291.80</b>	<b>-5,796.38</b>
Contingent losses	1,914.43	3,091.49	-1,177.06	Penalties and cost recoveries	560.00	2,370.00	-1,810.00
Charitable donations and gratuities	50,016.00	0.00	50,016.00	Excess provisions made in previous years	0.00	4,000.00	-4,000.00
				Sundry cost recoveries and contingent gains	935.42	921.80	13.62
<b>Extraordinary expenses</b>	<b>31,539.07</b>	<b>60,686.21</b>	<b>-29,147.14</b>				
Professional fees	15,530.70	43,297.55	-27,766.85				
Miscellaneous expenses	16,008.37	17,388.66	-1,380.29				
<b>TOTAL COSTS</b>	<b>57,143,427.03</b>	<b>59,102,836.84</b>	<b>-1,959,409.81</b>	<b>TOTAL REVENUES</b>	<b>60,583,593.69</b>	<b>62,231,196.04</b>	<b>-1,647,602.35</b>
<b>SURPLUS FOR THE YEAR</b>	<b>3,440,166.66</b>	<b>3,128,359.20</b>	<b>311,807.46</b>	<b>DEFICIT FOR THE YEAR</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>GRAND TOTAL</b>	<b>60,583,593.69</b>	<b>62,231,196.04</b>	<b>-1,647,602.35</b>	<b>GRAND TOTAL</b>	<b>60,583,593.69</b>	<b>62,231,196.04</b>	<b>-1,647,602.35</b>

## Income statement for the year ended 31 December 2020 (CONTINUED)

## Income statement for the year ended 31 December 2020 – Retiree section

COSTS	2020	2019	CHANGE	REVENUE	2020	2019	CHANGE
<b>Benefit expenses</b>	<b>9,617,846.20</b>	<b>9,045,698.33</b>	<b>572,147.87</b>	<b>Member contributions</b>	<b>12,837,008.25</b>	<b>12,822,813.00</b>	<b>14,195.25</b>
Insurance premiums	9,023,504.52	8,769,007.57	254,496.95	From employers	12,837,008.25	12,822,813.00	14,195.25
Self-insurance costs	0.00	0.00	0.00	From members			
Claims management costs	578,852.26	265,354.39	313,497.87				
Provisions for prevention campaigns	0.00	0.00	0.00				
Provisions for "Requests for exceptional contributions"	11,888.53	6,650.00	5,238.53				
Cost of direct payment of claims	0.00	390.00	-390.00				
Provisions for legal disputes	0.00	0.00	0.00				
Sundry expenses	3,600.89	4,296.37	-695.48				
<b>Financial expenses</b>	<b>35.27</b>	<b>31.19</b>	<b>4.08</b>	<b>Financial income</b>	<b>64,315.29</b>	<b>56,427.99</b>	<b>7,887.30</b>
Banking commissions and fees	35.27	31.19	4.08	Interest income	64,315.29	56,427.99	7,887.30
<b>Other expenses</b>	<b>9,984.00</b>	<b>1,405.00</b>	<b>8,579.00</b>	<b>Other income</b>	<b>7,288.50</b>	<b>29,906.59</b>	<b>-22,618.09</b>
Contingent losses	0.00	1,405.00	-1,405.00	Penalties and cost recoveries	7,288.50	29,728.39	-22,439.89
Charitable donations and gratuities	9,984.00	0.00	9,984.00	Excess provisions made in previous years	0.00	0.00	0.00
				Sundry cost recoveries and contingent gains	0.00	178.20	-178.20
<b>Extraordinary expenses</b>	<b>6,295.71</b>	<b>11,731.71</b>	<b>-5,436.00</b>				
Professional fees	3,100.18	8,370.18	-5,270.00				
Miscellaneous expenses	3,195.53	3,361.53	-166.00				
<b>TOTAL COSTS</b>	<b>9,634,161.18</b>	<b>9,058,866.23</b>	<b>575,294.95</b>	<b>TOTAL REVENUES</b>	<b>12,908,612.04</b>	<b>12,909,147.58</b>	<b>-535.54</b>
<b>SURPLUS FOR THE YEAR</b>	<b>3,274,450.86</b>	<b>3,850,281.35</b>	<b>-575,830.49</b>	<b>DEFICIT FOR THE YEAR</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>GRAND TOTAL</b>	<b>12,908,612.04</b>	<b>12,909,147.58</b>	<b>-535.54</b>	<b>GRAND TOTAL</b>	<b>12,908,612.04</b>	<b>12,909,147.58</b>	<b>-535.54</b>

# Notes

## Introduction

Uni.C.A., UniCredit Cassa Assistenza, is a health benefits provider serving the employees of the UniCredit Group, established on 15 November 2006 and having its registered office in Milan.

It is a non-recognised association pursuant to article 36 et seq. of the Italian Civil Code.

Uni.C.A.'s purpose is to provide and manage health benefits to its individual members and their families, including in addition to those provided by the National Healthcare Service, in case of sickness, injury and other events that might require medical assistance or care, in accordance with collective labour agreements and/or company policies, within the framework of the laws applicable from time to time.

Corporate bodies and officers of the company include the General Meeting of members, the Board of Directors, the Executive Committee, the Chairman and the Deputy Chairman, and the Board of Auditors.

## Basis of presentation of the financial statements

The financial statements consist of the statement of financial position, the income statement and the notes and are accompanied by the Board of Directors' report and the report on operations.

In accordance with article 19 of the Articles of Association, in the income statement, costs and revenues are divided into two distinct sections in relation to the nature of the members (Employees and Retirees/Survivors) with the exception of the costs incurred on behalf of third parties as a result of agreements and their recovery.

The 2020 financial year, the fourteenth year of operation for the Association, ended with a surplus of €6,714,617.52, which has been carried forward for use in subsequent years.

The financial statements are audited by the Board of Auditors.

As UniCredit Cassa Assistenza does not perform commercial activities, is not registered for VAT and its income is exempt from income tax.

## Notes (CONTINUED)

### ACCOUNTING POLICIES

Costs and revenue are recognised on an accruals basis and in accordance with the matching principle, except for extraordinary revenue, which is recognised on a cash basis. In particular, costs and revenue resulting from ordinary operations are divided into two distinct sections based on the type of members to whom they refer, employees and retirees/survivors.

#### ASSETS

##### *Receivables*

**Receivables** are recognised at their expected realisable value.

**Trade receivables** reflect sums due from companies for their employees and family members and sums due from pension funds or retirees/survivors in relation to enrolled retirees/family members.

**Sundry receivables** include sums due from third parties for charges incurred on their behalf and suspense account items.

**Cash and cash equivalents** are recognised at their nominal value and consist of bank deposits and cash and other valuables on hand.

##### *Accrued income and prepaid expenses*

These are calculated on an accruals basis of accounting and are treated in accordance with the matching principle.

#### LIABILITIES AND NET ASSETS

##### *Provisions*

###### *Reserve fund*

This item reflects the cumulative surpluses generated over the years until 31 December 2020.

###### **Provisions for prevention campaigns**

**This item regards provisions solely for use in funding** initiatives carried out over the years.

###### **Provisions for risks and charges**

This item reflects sums set aside for disputed claims and litigation.

###### **Provisions for “Requests for exceptional contributions”**

This item has been established to fund requests for exceptional contributions.

###### *Liabilities arising from self-insured dental plans*

This item reflects sums set aside in technical reserves and direct and indirect payables due to members covered by the self-insured dental plan.

##### *Payables*

Payables are recognised at their nominal value.

**Payables due to Group companies for advance contributions** represent contribution payments made in advance by certain Unicredit Group companies and attributable to the following year.

## Notes (CONTINUED)

**Trade payables** consist of sums due to companies for employees and their enrolled family members and to pension funds or retirees/survivors in relation to retirees and their enrolled family members; to insurance companies in relation to premiums payable; and to claims management companies and participating organisations for invoices to be received and still outstanding. In addition, they reflect commitments by the Association to disburse funds not yet fulfilled.

**Sundry payables** include payables due to members, entities, suppliers for invoices to be received or still unpaid in connection with services rendered in the year, as well as sums available to third parties or suspense account items.

Tax payables include sums due to the tax authorities.

### ***Accrued expenses and deferred income***

These are calculated on an accruals basis and are treated in accordance with the matching principle.

## **COSTS**

**Benefit expenses** include premiums due to insurance companies, costs incurred for uses related to self-insured benefits and operating costs, including provisions to the technical reserves necessary to manage the risks associated with self-insured cover. In addition, they include provisions for prevention campaigns, for litigation, for requests for exceptional contributions, for the other initiatives approved by the Board of Directors and for direct reimbursements to members.

**Financial expenses** concern bank charges and expenses related to the payment of claims to members.

**Sundry expenses** reflect the costs incurred on behalf of third parties and subsequently reimbursed on the basis of existing arrangements, contingent losses relating to previous years and donations to charities or research projects.

**Extraordinary expenses** reflect costs incurred for special events, advice and opinions requested from external experts, as well as any other expenditure approved by the Board of Directors.

## **REVENUE**

**Member contributions** refer to regular contributions and any special contributions received during the year.

**Financial income** relates to interest income net of any tax withholdings.

**Other income** includes any income of a nature other than the above, such as releases from provisions and recoveries of costs incurred on behalf of third parties on the basis of existing arrangements, as well as excess provisions made.

## **ADDITIONAL INFORMATION**

In the Employee/Retiree sections, costs and revenue that could not be attributed directly have been allocated in proportion to the contributions received, in order to calculate the related percentage share of the surplus/deficit for the year.

## Notes (CONTINUED)

## NOTES TO THE STATEMENT OF FINANCIAL POSITION AND THE INCOME STATEMENT

## ASSETS

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
Trade receivables	111,695.22	688,184.82	-576,489.60

This item reflects the value of receivables due from UniCredit Group companies (**€108,982.21**), participating companies (**€1,019.01**) and retirees who are not members of the Group's pension funds (**€1,694.00**) for contributions or cost recoveries relating entirely to 2020 and that were received at the beginning of 2021 or are in the process of being received.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
Sundry receivables	119,396.01	30,053.62	89,342.39
<i>due from third parties for charges incurred on their behalf</i>	47,859.81	30,053.62	17,806.19
<i>Due from providers and others</i>	71,536.20	0.00	71,536.20

**Sundry receivables** reflect sums due from third parties for costs incurred on their behalf on the basis of existing arrangements and prepayments to suppliers and others.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
Cash and cash equivalents	61,379,183.45	54,749,500.94	6,629,682.51
<i>Cash and other valuables</i>	53.00	13.00	40.00
<i>Bank deposits</i>	61,379,130.45	54,749,487.94	6,629,642.51

**Cash and other valuables include** cash and revenue stamps on hand for immediate use. **Bank deposits** reflects the balance of current accounts held with UniCredit S.p.A.

Notes (CONTINUED)

**LIABILITIES AND NET ASSETS**

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Reserve fund</b>	<b>45,574,307.66</b>	<b>38,859,690.14</b>	<b>6,714,617.52</b>
<i>Surplus/deficit for the year</i>	<i>6,714,617.52</i>	<i>6,978,640.55</i>	<i>-264,023.03</i>
<i>Accumulated surplus/deficit</i>	<i>38,850,593.42</i>	<i>31,871,952.87</i>	<i>6,978,640.55</i>
<i>Residual net assets former Bipop Carire health plan</i>	<i>9,096.72</i>	<i>9,096.72</i>	<i>0.00</i>

The reserve fund amounts to **€45,574,307.66**, including:

- the surplus for the year of €6,714,617.52 (employees €3,440,166.66 and retirees €3,274,450.86);
- surpluses from previous years, totalling €38,850,593.42.
- the residual net assets transferred to the Association following the winding up of the former Bipop Health plan (FAP), amounting to €9,096.72.

Movements in the reserve fund for the year

	SURPLUS/ DEFICIT FOR THE YEAR	ACCUMULATED SURPLUS/DEFICIT	RESIDUAL NET ASSETS FORMER BIPOP CARIRE HEALTH PLAN	TOTAL RESERVE FUND
Opening balance - 2020	-	38,850,593.42	9,096.72	38,859,690.14
Provisions	-	-	-	0.00
Uses/transfers from provisions	-	-	-	0.00
Surplus for the year	6,714,617.52	-	-	6,714,617.52
<b>Balance at 31 December 2020</b>	<b>6,714,617.52</b>	<b>38,850,593.42</b>	<b>9,096.72</b>	<b>45,574,307.66</b>

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Provisions for prevention campaigns</b>	<b>1,075,959.76</b>	<b>1,277,886.79</b>	<b>-201,927.03</b>

Provisions for prevention campaigns reflect specific provisions made over the years.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Provisions for risks and changes</b>	<b>9,000.00</b>	<b>9,000.00</b>	<b>0.00</b>
<i>Provisions for legal disputes</i>	<i>9,000.00</i>	<i>9,000.00</i>	<i>0.00</i>

Provisions for legal disputes refer to funds set aside prudentially in relation to legal proceedings under way.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Provisions for "Requests for exceptional contributions"</b>	<b>59,300.00</b>	<b>53,935.00</b>	<b>5,365.00</b>
<i>Provisions for "Requests for exceptional contributions"</i>	<i>59,300.00</i>	<i>53,935.00</i>	<i>5,365.00</i>

Provisions for "Requests for exceptions contributions" concern funds set aside to address members' healthcare requirements not covered by the insurance policies entered into.

Notes (CONTINUED)

Movements in the other provisions for the year

	PROVISIONS FOR PREVENTION CAMPAIGNS	PROVISIONS FOR LEGAL DISPUTES	PROVISIONS FOR "REQUESTS FOR EXCEPTIONAL CONTRIBUTIONS"	TECHNICAL RESERVE FOR SELF-INSURED DENTAL PLAN	TOTAL OTHER PROVISIONS
Opening balance - 2020	1,277,886.79	9,000.00	53,935.00	2,500,000.00	<b>3,840,821.79</b>
Provisions	0.00	0.00	16,065.00	0.00	<b>16,065.00</b>
Uses/transfers from provisions	-201,927.03	0.00	-10,700.00	0.00	<b>-212,627.03</b>
Surplus for the year	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Balance at 31 December 2020</b>	<b>1,075,959.76</b>	<b>9,000.00</b>	<b>59,300.00</b>	<b>2,500,000.00</b>	<b>3,644,259.76</b>

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Liabilities arising from self-insured dental plan</b>	<b>5,389,978.69</b>	<b>5,679,855.89</b>	<b>-289,877.20</b>
<i>Technical reserve for self-insured dental plan</i>	<i>2,500,000.00</i>	<i>2,500,000.00</i>	<i>0.00</i>
<i>Due to members covered by dental insurance</i>	<i>2,889,978.69</i>	<i>3,179,855.89</i>	<i>-289,877.20</i>

Liabilities arising from self-insured dental plan relate to coverage whose risk is borne by the Association. They consist of:

- the technical reserve for the potential risk, totalling €2,500,000.00;
- sums due to healthcare/medical providers (i.e. where services are paid for directly by Association) and members (i.e. in the form of claims for reimbursement), totalling €2,889,978.69.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Due to Group companies for advance contributions</b>	<b>8,283,132.00</b>	<b>8,912,632.00</b>	<b>-629,500.00</b>
Due to Group companies for advance contributions	8,283,132.00	8,912,632.00	-629,500.00

This item relates to advance contributions made by UniCredit Group companies.

## Notes (CONTINUED)

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Trade payables</b>	<b>1,188,561.71</b>	<b>175,260.75</b>	<b>1,013,300.96</b>
<i>Due to Unicredit Group companies</i>	<i>14,734.00</i>	<i>22,697.48</i>	<i>-7,963.48</i>
<i>Due to participating companies</i>	<i>0.00</i>	<i>8,187.96</i>	<i>-8,187.96</i>
<i>Due to insurance companies</i>	<i>267,977.71</i>	<i>144,375.31</i>	<i>123,602.40</i>
<i>Due to claims management company</i>	<i>905,850.00</i>	<i>0.00</i>	<i>905,850.00</i>

Sums due to UniCredit Group companies (**€14,734.00**) consist of surplus contributions paid in 2020 that were repaid at the beginning of 2021 or are in the process of being repaid.

The amount of **€267,977.71** due to insurance companies refers to insurance premiums still to be paid, of which €243,577.33 refers to 2020 and €24,400.38 to previous years.

The amount owing to the claims management company, totalling **€905,850.00**, is due to an invoice issued at the end of the year and paid at the beginning of 2021.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Sundry payables</b>	<b>30,034.86</b>	<b>497,498.23</b>	<b>-467,463.37</b>
<i>Due to members</i>	<i>6,333.49</i>	<i>6,797.99</i>	<i>-464.50</i>
<i>Due to service providers</i>	<i>23,701.37</i>	<i>490,700.24</i>	<i>-466,998.87</i>

This item consists of:

- amounts due to members, amounting to **€6,333.49**, mainly in relation to benefits and contributions for 2020, which were repaid in early 2021 or are in the process of being repaid;
- amounts due to suppliers, including providers, or professionals for services received and not yet invoiced, totalling **€23,701.37**.

	31 DECEMBER 2020	31 DECEMBER 2019	CHANGE
<b>Tax payables</b>	<b>0.00</b>	<b>1,980.58</b>	<b>-1,980.58</b>

This item represents any withholding tax to be paid in January of the following year and refers to invoices issued by healthcare facilities (for self-insured dental coverage) and paid in December.

## Notes (CONTINUED)

The income statement is divided into two distinct sections according to the type of member to whom the costs and revenue refer, with the exception of the costs incurred on behalf of third parties and the related recoveries, the related information is provided by item, with the subsequent presentation of the overall data followed by figures for the two sections.

### COSTS

#### Benefit expenses

These are the expenses incurred to achieve the purposes of Uni.C.A.. They amount to **€66,677,627.05** (employees €57,059,780.85, retirees €9,617,846.20) and break down as follows:

	2020	2019	CHANGE
<b>Benefit expenses</b>	<b>66,677,627.05</b>	<b>68,084,596.12</b>	<b>-1,406,969.07</b>
<i>Insurance premiums</i>	<i>55,156,971.50</i>	<i>54,666,251.47</i>	<i>490,720.03</i>
<i>Self-insurance costs</i>	<i>7,665,746.96</i>	<i>10,175,466.55</i>	<i>-2,509,719.59</i>
<i>Claims management costs</i>	<i>3,820,470.33</i>	<i>1,997,385.00</i>	<i>1,823,085.33</i>
<i>Provisions for prevention campaigns</i>	<i>0.00</i>	<i>1,200,000.00</i>	<i>-1,200,000.00</i>
<b>Provisions for "Requests for exceptional contributions"</b>	<b>11,888.53</b>	<b>9,490.00</b>	<b>2,398.53</b>
<i>Cost of direct payment of claims</i>	<i>909.73</i>	<i>4,482.30</i>	<i>-3,572.57</i>
<i>Provisions for legal disputes</i>	<i>0.00</i>	<i>5,000.00</i>	<i>-5,000.00</i>
<i>Sundry expenses</i>	<i>21,640.00</i>	<i>26,520.80</i>	<i>-4,880.80</i>

#### Employee section

	2020	2019	CHANGE
<b>Benefit expenses</b>	<b>57,059,780.85</b>	<b>59,038,897.79</b>	<b>-1,979,116.94</b>
<i>Insurance premiums</i>	<i>46,133,466.98</i>	<i>45,897,243.90</i>	<i>236,223.08</i>
<i>Self-insurance costs</i>	<i>7,665,746.96</i>	<i>10,175,466.55</i>	<i>-2,509,719.59</i>
<i>Claims management costs</i>	<i>3,241,618.07</i>	<i>1,732,030.61</i>	<i>1,509,587.46</i>
<i>Provisions for prevention campaigns</i>	<i>0.00</i>	<i>1,200,000.00</i>	<i>-1,200,000.00</i>
<b>Provisions for "Requests for exceptional contributions"</b>	<b>0.00</b>	<b>2,840.00</b>	<b>-2,840.00</b>
<i>Cost of direct payment of claims</i>	<i>909.73</i>	<i>4,092.30</i>	<i>-3,182.57</i>
<i>Provisions for legal disputes</i>	<i>0.00</i>	<i>5,000.00</i>	<i>-5,000.00</i>
<i>Sundry expenses</i>	<i>18,039.11</i>	<i>22,224.43</i>	<i>-4,185.32</i>

#### Retiree section

	2020	2019	CHANGE
<b>Benefit expenses</b>	<b>9,617,846.20</b>	<b>9,045,698.33</b>	<b>572,147.87</b>
<i>Insurance premiums</i>	<i>9,023,504.52</i>	<i>8,769,007.57</i>	<i>254,496.95</i>
<i>Self-insurance costs</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Claims management costs</i>	<i>578,852.26</i>	<i>265,354.39</i>	<i>313,497.87</i>
<i>Provisions for prevention campaigns</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<b>Provisions for "Requests for exceptional contributions"</b>	<b>11,888.53</b>	<b>6,650.00</b>	<b>5,238.53</b>
<i>Cost of direct payment of claims</i>	<i>0.00</i>	<i>390.00</i>	<i>-390.00</i>
<i>Provisions for legal disputes</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Sundry expenses</i>	<i>3,600.89</i>	<i>4,296.37</i>	<i>-695.48</i>

## Notes (CONTINUED)

**Insurance premiums** amount to a total of **€55,156,971.50** (employees €46,133,466.98, retirees € 9,023,504.52) and includes premiums for the year relating to policies purchased directly from insurance companies.

**Self-insurance costs** amount to **€7,665,746.96** (attributed to employees in its entirety) and relate to fully self-insured dental cover for 2020.

**Claims management** costs of **€3,820,470.33** (employees €3,241,618.07, retirees €578,852.26) reflect the costs incurred for claims management activities carried out by the providers, Previmedical and Pronto-care.

**Provision for “Requests for exceptional contributions”**, totalling **€11,888.53** (attributed to retirees in its entirety), includes provisions for the year relating to reimbursements paid to members for particular claims not covered by the insurance companies, as authorised by the Board of Directors.

**Costs for direct reimbursement of claims**, totalling **€909.73** (attributed to employees in its entirety), regards the charge for the year relating to the direct reimbursement of claims falling within the Director’s powers or as authorised by the Board of Directors.

**Sundry expenses** of **€21,640.00** (employees €18,039.11, retirees €3,600.89) consist of costs for the year relating to the fees paid to the members of the Scientific Committee and to medical advisors.

## Notes (CONTINUED)

	2020	2019	CHANGE
<b>Financial expenses</b>	<b>211.95</b>	<b>192.54</b>	<b>19.41</b>
<i>Bank charges and fees</i>	<i>211.95</i>	<i>192.54</i>	<i>19.41</i>

**Financial expenses** (employees €176.68, retirees €35.27) consist of bank charges and fees relating to current accounts specifically opened, with reference to each provider, for the settlement of claims from members.

	2020	2019	CHANGE
<b>Other expenses</b>	<b>139,009.49</b>	<b>47,360.73</b>	<b>91,648.76</b>
<i>Expenses incurred on behalf of third parties under specific arrangements</i>	<i>77,095.06</i>	<i>42,864.24</i>	<i>34,230.82</i>
<i>Contingent losses</i>	<i>1,914.43</i>	<i>4,496.49</i>	<i>-2,582.06</i>
<i>Charitable donations and gratuities</i>	<i>60,000.00</i>	<i>0.00</i>	<i>60,000.00</i>

The items included in "Other expenses" include expenses incurred on behalf of third parties as a result of agreements that, by their nature, do not affect the determination of the surplus/deficit for the year; these expenses are fully recovered and therefore constitute an exception to the inclusion in the separate employee/retiree sections. The item also includes contingent losses (entirely attributed to employees) of **€1,914.43** concerning returned contributions and unforeseen extraordinary fees.

Charitable donations and gratuities amount to **€60,000.00** and concern the donations made to three hospitals to support scientific research as part of efforts to combat Covid-19.

	2020	2019	CHANGE
<b>Extraordinary expenses</b>	<b>37,834.78</b>	<b>72,417.92</b>	<b>-34,583.14</b>
<i>Professional fees</i>	<i>18,630.88</i>	<i>51,667.73</i>	<i>-33,036.85</i>
<i>Miscellaneous expenses</i>	<i>19,203.90</i>	<i>20,750.19</i>	<i>-1,546.29</i>

These amount to **€37,834.78** and reflect the cost of legal opinions, tax and technical advice requested from external professionals, amounting to €18,630.88 (employees €15,530.70, retirees €3,100.18) and sundry administrative costs amounting to €9,203.90 (employees €16,008.37, retirees €3,195.53).

It should be noted that the above administrative costs are the only ones borne by Uni.C.A., as all other administrative costs are borne directly by the UniCredit Group, as established in the Articles of Association.

## Notes (CONTINUED)

**REVENUE****Member contributions**

These represent contributions for 2020 and amount to **€73,096,911.64** (employees €60,259,903.39, retirees €12,837,008.25).

	2020	2019	CHANGE
<b>Member contributions</b>	<b>73,096,911.64</b>	<b>74,754,824.32</b>	<b>-1,657,912.68</b>
<i>From employers</i>	<i>47,583,514.62</i>	<i>49,780,538.86</i>	<i>-2,197,024.24</i>
<i>From members</i>	<i>25,513,397.02</i>	<i>24,974,285.46</i>	<i>539,111.56</i>

Contributions in the employee section concern payments made by companies in favour of their employees (€47,583,514.62) and by employees (€12,676,388.77) who have purchased cover that is additional to the cover provided, or who have added family members who are not legal dependents to their policy by paying the required contribution directly.

Contributions also break down in terms of payments received from UniCredit Group companies (€46,532,148.02) and participating companies (€1,231,366.60).

Contributions of €12,837,008.25 in the retiree section are paid only by the retirees themselves. They break down into contributions received from retirees who are members of Group pension funds (€8,575,035.25) and contributions from retirees who are not members of Group pension funds (€4,261,973.00).

	2020	2019	CHANGE
<b>Financial income</b>	<b>386,510.17</b>	<b>348,320.91</b>	<b>38,189.26</b>
<i>Interest income</i>	<i>386,510.17</i>	<i>348,320.91</i>	<i>38,189.26</i>

This item relates to interest accrued during the year on current accounts held with UniCredit SpA. It is shown net of 26% withholding tax and is divided between employees (€322,194.88) and retirees (€64,315.29).

	2020	2019	CHANGE
<b>Other income</b>	<b>85,878.98</b>	<b>80,062.63</b>	<b>5,816.35</b>
<i>Recovery of costs incurred on behalf of third parties</i>	<i>77,095.06</i>	<i>42,864.24</i>	<i>34,230.82</i>
<i>Penalties and cost recoveries</i>	<i>7,848.50</i>	<i>32,098.39</i>	<i>-24,249.89</i>
<i>Excess provisions made in previous years</i>	<i>0.00</i>	<i>4,000.00</i>	<i>-4,000.00</i>
<i>Sundry cost recoveries and contingent gains</i>	<i>935.42</i>	<i>1,100.00</i>	<i>-164.58</i>

This item reflects the recovery of costs incurred on behalf of third parties, totalling €77,095.06, which, due to their nature, have not been included in the separate employee/retiree sections. This item also includes penalties and cost recoveries of €7,848.50 (employees €560.00 and retirees €7,288.50), deriving from the need to complete the registration process for certain members, and the recovery of sundry costs amounting to €935.42 (entirely attributed to employees).

## Notes (CONTINUED)

### **OTHER INFORMATION**

As at 31 December 2020, the Association had no employees but availed itself of the services provided by UniCredit Group employees, whose cost is allocated to the companies involved.

Members of the Board of Directors and the Board of Auditors do not receive any compensation.

**Milan, 31 March 2021**

**The Chairman**  
Ignazio Stefano Farina



# Board of Auditors' Report

Dear Members of Uni.C.A.

## Introduction

In the year ended 31 December 2020, the Board of Auditors carried out both the functions provided for in article 2403 *et seq.* of the Italian Civil Code and those provided for in article 2409-*bis* of the Italian Civil Code, as well as those provided for in the Association's Articles of Association.

This report contains:

- section A) the "Report of the independent auditor pursuant to article 14 of Legislative Decree 39 of 27 January 2010"
- section B) the "Report pursuant to article 2429, paragraph 2 of the Italian Civil Code".

## A) Report of the independent auditor pursuant to article 14 of Legislative Decree 39 of 27 January 2010 Auditor's opinion on the financial statements

### *Opinion*

We have audited the financial statements of Uni.C.A. - Cassa di Assistenza per il Personale del Gruppo UniCredito Italiano, consisting of the statement of financial position, the income statement and the notes, accompanied by the Board of Directors' report and the report on operations as at and for the year ended 31 December 2020.

In our opinion, the financial statements give a true and fair view of the financial position of the Association and of the results of its operations for the year ended 31 December 2020, in accordance with Italian law governing the preparation of financial statements.

### *Basis for opinion*

We conducted our audit in accordance with International Standards on Auditing (ISA) Italy, insofar as they are applicable to the audited entity. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of this report. We are independent of the Association in accordance with ethical and independence rules and principles applicable to the audit of financial statements under Italian law.

We believe that we have obtained sufficient appropriate audit evidence on which to base our opinion.

### *Responsibilities of the Directors and the Board of Auditors for the financial statements*

The Directors are responsible for the preparation of the financial statements that give a true and fair view in accordance with Italian law and, within the terms provided by law, for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Directors are responsible for assessing the Association's ability to continue as a going concern and, when preparing the financial statements, for the appropriateness of the going concern assumption, and for appropriate disclosure thereof.

The Board of Auditors is responsible, within the terms provided by law, for overseeing the Association's financial reporting process.

### *Auditor's responsibility for the audit of financial statements*

Our task is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with International Standards on Auditing (ISA Italia) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

## Board of Auditors' Report (CONTINUED)

As part of an audit, carried out – to the extent applicable to the audited entity - in accordance with International Standards on Auditing (ISA Italia), we have exercised professional judgment and maintained professional scepticism throughout the audit. In addition, we have:

- identified and assessed the risks of material misstatement in the financial statements, whether due to fraud or error;
- designed and performed audit procedures responsive to those risks;
- obtained audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls;
- obtained an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal controls;
- assessed the appropriateness of the accounting policies used and the reasonableness of accounting estimates and the related disclosures made by the Directors;
- evaluated the overall presentation, form and content of the financial statements, including disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves a fair representation;
- communicated with those charged with governance, identified at an appropriate level as required by ISA Italia, regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant shortcomings in internal controls identified during our audit.

We have reached a conclusion on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to consider this matter in forming our opinion. Our conclusions are based on the audit evidence obtained up to the date of this report.

### **Report on compliance with other legal and regulatory requirements**

#### ***Opinion on the consistency of the report on operations with the financial statements pursuant to article 14, paragraph 2(e) of Legislative Decree 39/10***

The Directors of Uni.C.A. – UniCredit Cassa di Assistenza per il personale del Gruppo UniCredito Italiano - are responsible for the preparation of the Association's report on operations for the year ended 31 December 2020, including its consistency with the related financial statements and compliance with the applicable laws and regulations.

We have performed, insofar as applicable to the audited entity, the procedures required under audit standard SA Italia 720B, in order to express an opinion on the consistency of the report on operations with the Association's financial statements as at and for the year ended 31 December 2020 and its compliance with the applicable laws and regulations, and in order to assess whether it contains material misstatements.

In our opinion, the report on operations is consistent with the Association's financial statements as at and for the year ended 31 December 2020 and complies with the applicable laws and regulations.

With reference to the statement required by art. 14, paragraph 2(e) of Legislative Decree 39 of 27 January 2010, based on our knowledge and understanding of the entity and its environment obtained through our audit, we have no matters to report.

#### ***Opinion on the basis of presentation for the financial statement***

The document substantially follows the criteria adopted by the Association since it was established. The Association may consider a restatement of the accounts in the future to make them more effective and efficient.

### **B) Report on oversight activities pursuant to article 2429, paragraph 2 of the Italian Civil Code**

During the financial year ended 31 December 2020, we carried out our activities in accordance with the related statutory requirements and the rules of conduct for boards of auditors issued by the Governing Body of the Italian Accounting Profession.

## Board of Auditors' Report (CONTINUED)

**B1) Oversight activities pursuant to article 2403 et seq. of the Italian Civil Code**

We monitored compliance with the law and the Articles of Association and with best administrative practices.

We attended the meetings of the Board of Directors and, on the basis of the information available, we did not identify any breaches of the law or the Articles of Association, or any transactions that were manifestly imprudent, risky, in potential conflict of interest or such as to compromise the integrity of the Association's assets.

During meetings of the Board of Auditors and the Board of Directors, we acquired information on the overall operating performance and the related outlook, also in relation to the continuing impact of the Covid-19 health emergency in early 2021, as well as on transactions entered into by the Association and considered material in terms of size or nature.

On the basis of the information obtained, we have no particular observations to report.

We have acquired information from the Supervisory Board and no critical issues have emerged with respect to the proper implementation of the organisational model requiring disclosure in this report.

We have gained knowledge of and supervised, within the scope of our responsibilities, the functioning of the Association's organisational structure, also by collecting information from management and the Board of Directors, including details of the measures introduced in response to the emergency situation caused by Covid-19. In this regard, we have no particular observations to make.

We have gained knowledge of and supervised, within the scope of our responsibilities, the functioning of the administrative and accounting system, as well as the reliability of such system in correctly recording transactions, by obtaining information from management and examining company documents. In this regard, we have no particular observations to make.

During the year, the Board of Auditors did not issue any opinions required by law.

During the performance of our oversight activities, as described above, no other significant aspects emerged requiring mention in this report.

No complaints were received from members pursuant to article 2408 of the Italian Civil Code.

The Board of Auditors has verified that, also in 2020, the Association complied with the provisions of the Sacconi Decree of 2009, complying with the restrictions on the use of the assets of health benefits funds in order to retain the tax benefits on healthcare contributions paid.

The minimum ratio between compliant services and total member contributions, net of operating costs, is set by the regulation at 20%. Uni.C.A. reached a higher level in 2020, equal to 31.50%, as shown in table 30 of the report on operations.

**B2) Opinion on the financial statements**

To the best of our knowledge, the Directors, in preparing the financial statements, have not departed from the provisions of article 2423, paragraph 4 of the Italian Civil Code.

The results of our audit of the financial statements are contained in Section A) of this report.

The table below provides financial highlights:

	2020	2019
<b>Assets</b>	<b>61,610,274.68</b>	<b>55,467,739.38</b>
<b>Reserve fund</b>	<b>(45,574,307.66)</b>	<b>(38,859,690.14)</b>
<b>Member contributions</b>	<b>73,096,911.64</b>	<b>74,754,824.32</b>
<b>Benefit expenses</b>	<b>(66,677,627.05)</b>	<b>(68,084,596.12)</b>
<b>Surplus for the year</b>	<b>6,714,617.52</b>	<b>6,978,640.55</b>

## Board of Auditors' Report (CONTINUED)

The events of 2020 are fully described in the report on operations, confirming the positive assessment of the Association's operating activities.

As of 1 January 2020, the new health plans for the two-year period 2020-2021 were launched. In a completed break with the past, it was possible to bring forward the subscription period to November 2019, thus enabling members to enjoy seamless access to all the benefits from the beginning of 2020.

The new health plans were further improved with new initiatives and, in view of the emergency situation linked to the pandemic, new and targeted health cover was also introduced, in order to meet the needs expressed by members, relating to the spread of the virus.

Meanwhile, the Board of Directors approved donations to three hospitals to support scientific research as part of efforts to combat the virus.

In view of the critical state of health facilities and the risks connected with infection and the spread of the virus, and in order to guarantee maximum health protection for members, for the first time in 12 years the usual prevention campaign aimed at members was postponed.

Unlike in previous years, in 2020 the Association postponed the usual checks on the personal and tax status of family members covered by the plans. The reasons for this decision are related to the health emergency caused by Covid-19 and the consequent objective difficulties that the members concerned would have encountered in obtaining the required certificates from public offices.

The year under review saw the launch of the information plan relating to the Organisational and Management Model pursuant to Legislative Decree 231/01, approved by the Board of Directors in December 2019. To disseminate the Model, a special section was created on the Uni.C.A. website dedicated to the Organisational and Management Model and all the required communications were made (to representatives of the Association and to the departments within UniCredit that carry out the activities that enable the Association to function).

The Board of Auditors recommends continuing to monitor outsourcers to ensure adequate quality standards.

### **B3) Opinion and proposals regarding approval of the financial statements**

Based on the above and in keeping with the scope of our duties, and considering that we have acquired sufficient and appropriate evidence on which to base our opinion, the Board of Auditors hereby expresses a favourable opinion on approval of the financial statements as at and for the year ended 31 December 2020, as submitted to us by the Board of Directors, and on the relative proposal for the allocation of the result for the year.

On behalf of the Board of Auditors  
Sibille Fiorenza - Chair of the Board of Auditors

Milan, 21 April 2021

