

Consolidated Document

Subscription Regulations for the 2020-2021 Health Plans

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1. FOREWORD

The supplementary health care programme offered by Uni.C.A. for the 2020-2021 two-year period is aimed at current Group employees (whose status is shared by former employees with access to the Solidarity Fund and those who retired using the so-called “Women’s Option”), to company employees no longer included within the scope of the Group who, due to trade union agreements, remain eligible for subscription Uni.C.A., retirees and survivors.

The programme is provided:

- for non-dental cover, through the stipulation of insurance policies with RBM Assicurazione Salute, a company specialised in the health insurance sector, and a provider of **Previmedical** services
- for self-insured dental cover, by the service provider **Pronto Care** (Aon Italia Group).

For details of the main features of the new health plans for 2020-2021, refer to the notifications issued by the Chairperson, Vice-chairperson and CEO of Uni.C.A. published on the Association's website: <https://unica.unicredit.it> in the “Information” section, which form an integral part of this document.

2. MAIN INSURANCE POLICIES (NON-DENTAL)

2.1. Current employees and those of equivalent status

Once again, for the 2020-2021 two-year period two basic policies are envisaged, designed to offer employees access to personal health insurance as well as cover for any dependant close family members (spouse and/or children) without any cost to themselves; the subscription fee is covered by the contribution paid by the Group Company:

- “**Nuova Plus**”, aimed at all Professional and Senior Management Employees up to Level IV;
- “**Extra**”, aimed at **Senior Managers with Global Band Titles below FVP.**

For **Managers with Global Band Title 4 (FVP) or higher**, specific cover is offered; this includes Extra cover as standard with additional cover offered in close correlation to the Manager’s Global Band Title, with all fees paid by UniCredit.

For all Managers of Global Band Title of 5 (SVP) or lower, detailed information regarding specialised cover will be sent individually to their personal work email address once the subscription process has been launched (cf. paragraph 6 “The membership campaign”); from January 2020, this information will be made available in the benefits brochure accessible via People Focus (Self Service - Welfare/Benefits)

Moreover, employees (not including excluded retirees) may also take out additional cover for a supplementary fee. There are six optional levels of cover available in addition to the basic health plan which can be selected by the Policyholder and whose fees are linked to the Policyholder’s chosen insurance basis (individual insurance or household insurance). Policyholders may choose to opt in to one or more of these additional policies.

The supplementary policies are:

- Long Term Care (this cover applies to family members only; the Policyholder is already provided similar cover through the CASDIC, as provided for by the CCNL).
- Medications

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- Glasses and contact lenses
- Alternative medicine
- Aesthetic medicine
- Cover for “excesses and exclusions” not included in the basic health plan.

The status of existing employees also extends to:

- former employees who are no longer employed with access to the Solidarity Fund allowance as at 01/01/2020;
- employees who left the company before 01/01/2020 under the so-called “Women’s Option” for four years after the contract termination date.

2.2. Retirees and those of equivalent status

Retirees and those of equivalent status (survivors) may subscribe, at their own expense, to one of the following policies:

- Basic p
- Basic + p
- Standard p
- Plus p
- Extra p

Policyholders over the age of 85 may subscribe to the **“Over85” policy; refer to paragraph 5.2.**

3. DENTAL CARE

3.1. Current employees and those of equivalent status

Mandatory subscription to the “**collective dental care plan**” shall apply to all current employees, **with validity from 01/01/2020 to 31/12/2021**. The cost of this plan is linked to the employment category of the employee as at 1 January of each of the two years. During the subscription period, dental care cover may be **extended to the household** already insured for non-dental cover, for an additional cost of € 500,00 per year which is added to the cost of the compulsory collective dental plan.

Furthermore, employees operating in the **Professional or Senior Management** categories may also take out “**Complete**” cover in addition to the collective dental care plan, for an annual cost of € 750,00, which is added to the cost of the compulsory collective dental care plan. This plan covers the Policyholder and his/her legally dependent family members (spouse/common-law partner/children) who are already insured for basic non-dental cover.

Uni.C.A. has stipulated that the activation of the family extension of the dental and “Compete” policies shall apply once 5% of subscriptions have been reached; notification to this effect shall be given at the end of the subscription period.

Retirees with the same status as current employees may also access the collective dental care plan (optional), extend the policy to close family members or take out the “Complete” plan.

3.2. “Denti Treviso” Option

Thanks to earlier agreements related to corporate integration, the “**Denti Treviso**” plan has been continued for the 2020-2021 period under the same terms as in previous years. This supplementary fee-based dental care programme is available to current and retired employees of Cassa Marca Trevigiana who were subscribed to this kind of policy in the previous two-year period.

Failure to renew the insurance by the Policyholder will exclude the possibility to subscribe to the plan in the future.

4. PRINCIPLE FEATURES OF THE INSURANCE COVER

The main features of the insurance cover offered by the various plans are summarised in the “Health Plan Summary” tables.

For more details on the health plans please refer to the policy documents which, in view of the legal provisions in the insurance sector, are now accompanied by the “DIP” and “DIP supplement” summary documents.

The aforementioned documents are available for consultation at the Uni.C.A. website: <https://unica.unicredit.it>, in the Information section (cf. Available documentation section).

Notifications issued by the Chairperson and Vice-chairperson are also published in this section, which are recalled here in full. In particular, the Letter from the CEO summarises the new features of the Health plans.

Policyholders are required to read and acknowledge the insurance conditions and verify their eligibility for the services offered by the Association in advance and, if in doubt, to send a preliminary written query to the health service provider (Previmedical for non-dental care, Pronto-Care for dental care). Temporary unavailability of the policy text does not exempt Policyholders from the obligations described above.

5. SUBSCRIPTION TERMS AND CONDITIONS (AS AT 01/01/2020)

5.1. Employees and those of equivalent status

The programme is aimed at persons employed by the Group on 01 January 2020 or recruited after this date on a permanent basis (including apprenticeships) or temporary contract (temporary contracts must be for a duration of at least six consecutive months in the calendar year or cumulative across the previous calendar year; in the case of extension, the periods of the previous temporary contracts may count towards the six months, but the right to subscribe to the policy shall commence from the date of the extension).

Spouses (or common-law partners indicated on the family status certificate) **who are both employed by companies subscribed to Uni.C.A.** and do not wish to subscribe individually to one of the offered plans have the option to subscribe

to a single Household plan; in this case, one of the two employees (chosen by the same) will subscribe to the chosen plan as a family member of the other (as a non-legally dependent spouse/common-law partner), thus waiving their right to an individual plan.

In this case:

- if the contribution for the family member is higher than the company contribution applicable to the Employee, only the difference shall be payable;
- if the contribution for the family member is lower than the company contribution applicable to the Employee, the difference may not be used for any other purpose.

This option is only available during the Subscription period: **it may not be applied in the case of marriage or civil partnerships completed after this Subscription period.**

The programme is also aimed at **former employees who are eligible for the Solidarity Fund allowance as at 01/01/2020, or employees who left employment via the so-called “Women's Option”, for the four years following the contract termination date**, and to employees of companies which are no longer part of the Group who remain eligible through specific trade union agreements. In all such cases, the programme is offered under the same terms as for current employees.

5.2. Retirees and those of equivalent status

The programme is aimed at **retirees who took statutory retirement** who had already subscribed to the Uni.C.A. Health Plans 2018-2019, retirees who retired in 2019 or after 01/01/2020 and persons who left work in 2019 whose pensions are pending, pursuant to the provisions of Article 4, paragraph 3 of the Articles of Association.

The **new “Over 85” policy** is available to:

- Retirees already subscribed to Uni.C.A. as at 31.12.2019 who have turned 85 years by that date.

In this case, cover may be extended to include the spouse/common-law partner of the retiree (regardless of the age of said family member).

New retirees who are the spouse or common-law partner of a current or retired employee of a Group Company who is subscribed to Uni.C.A. **who choose to subscribe as a “spouse/common-law partner” may continue to subscribe to Uni.C.A. exclusively as a family member**, thus losing the possibility of subscribing to the Health Plans as the Policyholder in the future (expect in the case of court-ruled separation or divorce).

By waiving the right to subscribe personally to Uni.C.A. (or failing to renew the subscription in the case of subscribed retirees), new retirees will **not be able to subscribe to the Health Plans** in the future or access the benefits offered by the Cassa, pursuant to the Articles of Association.

In the case that the Employee or Retiree is deceased, **surviving family members** are given equivalent status to Retirees, provided that they are **recipients of a survivor’s pension**. In the case that they are already subscribed to Uni.C.A. but are **not in receipt of a survivor's pension**, the following family members are given the **same status as Survivors**:

- spouses, unless in the case of remarriage;
- children up to the age of 18 (or older if unable to work) and legally dependent student children up to the age of 21 who regularly attend high school or professional college or up to the age of 26 in the case of enrolment in an undergraduate/post-doctoral course.

Family members of the deceased Employee or Retiree who are survivors of the Policyholder are eligible for continued health insurance, under the same terms, and with the option of subscribing their own family members (spouse or children, for example), but will not acquire the status of Policyholder.

For more information on subscription terms for employees, retirees and survivors, refer to the statutory terms and conditions provided in Article 4, paragraphs 2 and 3.

5.3. Family members (eligible for non-dental cover)

Eligibility applies to:

- **legally dependent spouse and children of Employees and those of equivalent status**, without any charge to the Policyholder (in the case of subscription to the plan corresponding to their category);
- **legally dependent spouse and children of Retirees and those of equivalent status**, without any additional charge to the Policyholder on top of their standard subscription fee;
- **non-legally dependent family members and family members who are not spouses or children**, for a fee, **on the condition that the extension applies to every member of the household (as indicated on the family status certificate as at 01/01/2020)**; family members who already have a personal health insurance policy may be excluded from the household, on receipt of proof of insurance in the name of said family member.

In particular, the following family members may be included (subject to an **additional fee**):

- 1) **non-legally dependent spouses or common-law partners** (the latter, provided s/he is indicated on the family status certificate);
- 2) **Non-legally dependent children** indicated on the family status certificate, the status of which also extends to non-legally dependent children indicated on the family status document from a parent from whom the policyholder is now divorced or separated;
- 3) **other family members** indicated on the family status certificate including the children of the spouse/common-law partner;
- 4) **children who are not legally dependent and not living at the same address, whose age does not exceed 35 years, are not married and are not in common-law marriages (with a total maximum gross income not to exceed € 26,000 annually)**;
- 5) **parents over sixty years of age not living at the same address (with a total individual gross income not to exceed € 26,000 annually)**.

In cases 1), 2) and 3), the extension must apply to all members indicated on the family status certificate as at 1 January 2020, which may be requested as proof (except in the cases specified above regarding family members covered by a personal health insurance policy).

The cover **may be extended to the spouse, including in the case of separation**, even if the spouse is registered at a **different address/residence** to the Policyholder.

Couples in civil partnerships are given the same status as spouses.

For **non-legally dependent children and other family members** eligible for the “Extra” Plan subscribed by **Retirees/those of equivalent status**, an **age limit of 65** applies.

5.4. Age-dependent eligibility conditions

All policies aimed at Employees and Retirees are reserved for Policyholders and eligible family members who are under the age of 85 as at 31/12/2019 (born after 01/01/1935).

Policyholders who turn 85 during the two-year validity period of the Health Plan shall be eligible for cover until the expiry of the Plan (31/12/2021).

Policyholders who have turned 85 before 31/12/2019 (born before 31/12/1934) are eligible for the “Over85” policy; this cover may also be extended to include the spouse/common-law partner (regardless of the age of the latter).

The age upon which contribution payments are calculated, if applicable, is 1 January of the insurance year. Insurance premiums determined by age are subject to change in 2021.

5.5. Contributions and payments

For **subscription contributions** and information regarding eligible parties, see the “Subscription Premiums” prospectus (cf. Supporting Documentation paragraph).

The payment of contributions for non-dental cover shall be made as follows:

- for current employees and Excluded Retirees, applicable contributions shall be deducted from the payslip in 12 monthly instalments;
- for retirees/survivors, applicable contributions shall be deducted from the non-state pension paid out by the relevant Pension Fund, in two instalments. In the case that a non-state pension is not paid, or is not paid by UniCredit, the contribution must be paid in a single instalment from the current account of the Policyholder, upon release of SEPA debit authorisation (see paragraphs 6.2 and 6.3 for SEPA payment methods).

For the dental care plan, the annual contribution borne by the employee/Excluded Retiree is deducted from the payslip in three instalments: April, June and December.

Failure to pay the annual contribution - whose payment is required according to statutory regulations upon subscription to the policy - shall result in expulsion from the Association.

6. THE SUBSCRIPTION PERIOD

6.1. Employees

For employees, the **subscription period for 2020-2021 shall be active** on the Group Intranet (*route: People Focus > Other documentation > Supplementary health plan > Insurance year 2020*) **from 11/11/2019 and shall close at 17:00 on 29/11/2019. This period is not subject to extension.**

Please review the health care insurance and relative eligibility criteria before choosing a plan and extending the cover to legally dependent and non-dependent family members.

Employees may choose a health plan aimed at employee categories above their own (update from Nuova Plus to Extra), at their own expense (cf. "Subscription Premiums", attached).

Employees may not subscribe to health plans aimed at employee categories below their own.

Please note that the **chosen option** (for cover of a family member or a higher level of cover subject to an additional fee) **will be valid for the entire two-year period from 01/01/2020 to 31/12/2021 and may not be altered**, except in the cases and with the commencement dates expressly provided in the relevant section (cf. Additions / Cancellations / Changes”).

In the case of failure to choose a plan, the plan corresponding to relevant employee category shall be selected by default and shall include only legally dependent family members (spouse and/or children) already insured in 2019.

All Policyholders are invited to access the portal in order to make an informed decision (**confirming previous selections or modifying their selection based on current personal requirements or changes to the legal names or situations of family members**); insurance premiums are calculated and displayed in the “Contribution calculation” section of the portal.

Insurance cover is assigned based on the employment category (or Global Band Title for Senior Management) known to Uni.C.A. as at the subscription month (November 2019)

However, as the policies become effective on 01/01/2020, if - based on the wage calculation in January 2020 - a different employment category (or Global Band Title for Senior Management) compared to that assigned in November 2019 applies that results in the allocation of a different policy, the policyholder shall have the right to amend their selections based on the new policy assigned (insured household, dental care, etc.) until the end of February 2020, with the consequent adjustment of the contributions due (borne by the employer and the employee).

In this event, any claims already settled (directly or indirectly) according to the originally assigned policy shall be subject to repayment where the provisions of the new policy assigned on 01/01/2020 differ, for the claim in question, to those of the originally assigned policy.

Therefore:

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- any difference owed to the policyholder shall be paid by the insurer (or by Uni.C.A. for dental care);
- any difference owed to the insurer (or to Uni.C.A. for dental care) must be repaid by the policyholder.

These differences must be settled, by the Company or the Policyholder, by 30 June 2019.

Any changes to employment category/Global Band Title (including those coming into effect from 01/01/2020) that take place after January 2020 shall become effective in 2021.

For the sake of completeness, please note that it is also possible to waive the right to the health insurance plan, subject to the loss of the company contribution (which will not be paid in any other form).

NB: As the new plans become effective from 01/01/2020, in the case of dismissal, voluntary redundancy or death before said date, the subscription is no longer valid.

The aforementioned terms also apply to excluded retirees.

6.2. Retirees/those of equivalent status and Excluded Retirees with access to the secure area of the Uni.C.A. website (online subscription)

Retirees/those of equivalent status and excluded retirees may select their subscription plan online via the secure area of the Uni.C.A. website : <https://unica.unicredit.it>, during the subscription period from 11/11/2019 at 17:00 on 29/11/2019. This period is not subject to extension.

Please review the health care insurance and relative eligibility criteria before choosing a plan and extending the cover to legally dependent and non-dependent family members. Subscription premiums and the list of eligible parties are available in the attached “Subscription Premiums” document.

Please note that the chosen option (for cover of a family member or a higher level of cover subject to an additional fee) **will be valid for the entire two-year period from 01/01/2020 to 31/12/2021 and may not be altered**, except in the cases and with the commencement dates expressly provided in the relevant section (cf. Additions / Cancellations / Changes”).

In the case that the online portal is not used (and the “Waiver” option is not confirmed online), the subscription offer will be sent in paper format by recorded mail, along with the information document, the conditions of entry and the plan selection and subscription form,

We strongly encourage the use of the online portal; this is a much more efficient subscription method compared to subscription by post **and reduces the so-called “transition period”** during which, according to contractual conditions, access to benefits only applies to hospital admissions and cancer treatments.

PLEASE NOTE - Retirees/those of equivalent status

Please note that the **SEPA debit authorisation form** for the contribution to be borne by the Policyholder, duly completed and signed by the same, forms an integral part of the subscription form and is an **essential element** for the **Subscription to the Health Plans 2020-2021**. for the following members only:

- **policyholders who are already retired as at 01/01/2019 who do not receive a supplementary pension from the company pension fund through UniCredit;**
- **all retirees who retired after 01/01/2019.**

For these members, failure to submit the duly completed and signed SEPA form will result in failure to subscribe to the Health Plans 2020-2021, with the consequent application of the effects of current statutory conditions for failure to pay the required contribution.

The duly signed and completed form, available for download from the online subscription page, must be sent by email to: polsanpen@unicredit.eu or by fax to: +39 02 97 68 87 02

6.3. Retirees/those of equivalent status and Excluded Retirees WITHOUT access to the secure area of the Uni.C.A. website (subscription by post)

Retirees/those of equivalent status and excluded retirees who do not have access to the online Uni.C.A. subscription portal will receive the subscription offer, including the information document, the terms of entry and the plan selection and subscription form, by recorded mail, following the closure of the online subscription period.

For Excluded Retirees, in the case of failure to return the plan selection and subscription form, the plan corresponding to relevant employee category in effect at the date of retirement shall be selected by default and shall include only legally dependent family members (spouse and/or children) already insured in 2019.

PLEASE NOTE - Retirees/those of equivalent status

Please note that the **SEPA debit authorisation form** for the contribution to be borne by the Policyholder, duly completed and signed by the same, forms an integral part of the subscription form and is an **essential element** for the **Subscription to the Health Plans 2020-2021**. for the following members only:

- **policyholders who are already retired as at 01/01/2019 who do not receive a supplementary pension from the company pension fund through UniCredit;**
- **all retirees who retired after 01/01/2019.**

For these members, failure to submit the duly completed and signed SEPA form will result in failure to subscribe to the Health Plans 2020-2021, with the consequent application of the effects of current statutory conditions for failure to pay the required contribution.

The duly completed and signed SEPA form must be sent **together** with the plan selection and subscription form.

7. LEGALLY-DEPENDENT FAMILY MEMBERS

Members are required to pay the utmost attention to the legal dependency status of family members included on the policy.

For each year of the health plan, insurance may be provided free of charge only to the spouse and/or children of the policyholder who in the previous tax year did not exceed the total income threshold provided for by the taxation regulations for consideration as legally-dependent family members.

Please note that documentation proving the family or tax situation of the insured family members may be uploaded to the health plan subscription portal. This portal also enables the upload of the family status certificate as at 01/01/2020, as well as the household tax situation of the previous tax year (e.g. CU, 730), when available.

8. VERIFICATION OF TAX SITUATION AND NAMES OF INSURED FAMILY MEMBERS

The Association reserves the right, during each of the two years of the health plan, to carry out comprehensive controls:

- **of the dependency status of family members insured free of charge, with reference to the income situation of the tax year period to the insurance year under verification;**
- **of the names and details of the household included on the policy, with reference to 01 January of the insurance year under verification.**

9. ADDITIONS / CANCELLATIONS / CHANGES DURING THE TWO-YEAR VALIDITY OF THE HEALTH PLANS

Subscription to the various insurance plans applies for the two-year validity period of the Health Plans and must be completed before the deadline published on the Association's website: <https://unica.unicredit.it>

Failure to subscribe to the health plans by the deadline will prevent any later changes during the validity period of the Health Plans, except in the case of the exceptions given below.

9.1. Additions

Additions to the insurance made after the subscription deadline is permitted exclusively in the following cases:

- a) new employment;
- b) return to Italy of a previously expatriated UniCredit employee (former Expat), starting from the re-entry date or the day after the expiry of the Expat employee insurance policy, whichever is the later;
- c) birth/adoption/custody of a child;
- d) marriage of the Policyholder;
- e) new cohabitation for the common-law partner and/or for the family member;
- f) expiry or termination of an alternative insurance policy provided to a family member. This category includes the spouse/common-law partner who is already subscribed to Uni.C.A. as an employee or excluded retiree, whose insurance provided by the employer will cease subsequent to retirement.

In the above cases, the insurance cover shall be effective 24 hours after the event, subject to notification within 90 days of said date.

For points c), d), e) and f), the date of the event must be shown on the certificate.

For additions carried out during the insurance period that require payment of a contribution, the contribution shall be calculated at:

- 100% of the annual contribution, if the addition occurs during the first 6-month insurance period;

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- 60% of the annual contribution, if the addition occurs during the second 6-month insurance period.

9.2. Cancellation

Without prejudice to the natural expiry date of the cover at the end of the two-year period (31 December 2019), policies may be cancelled before such date in the following cases:

- a) termination of employment of the Policyholder;
- b) death of the Policyholder or of a beneficiary family member;
- c) court-ruled separation of divorce between the Policyholder and spouse;
- d) conclusion of cohabitation with the Policyholder of a common-law partner and/or of a non-dependent family member (for children, see note ¹).
- e) subscription of a family member of the Policyholder to an alternative health plan offered by an employer;
- f) attainment of the age limit envisaged for each policy, without prejudice to the provisions for continued cover beyond said age limit;
- g) exclusion of the Policyholder from the Association, as determined by the Uni.C.A. Articles of Association and Regulations.

Insurance shall remain valid until 31 December of the insurance year during which the event occurs, with the exception of the following cases in which cancellation is immediate (cf. Article 3 of the Implementing Regulations of the Uni.C.A. Articles of Association):

¹ In order to cancel the insurance cover of non-dependent children who have left the household of the Policyholder, the following cases must apply:

- a) the child is forming his/her own household (marriage/common-law cohabitation);
- b) in the year of departure from the household, the child registers a total income in excess of € 26,000.

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- fair dismissal or subjective justified dismissal;
- establishment of employment with a Company outside the UniCredit Group;
- exclusion of the Policyholder from the Association.

In the case of the death of the Policyholder, cover shall remain valid for beneficiary family members until 31 December of the insurance year of the event.

For all cases mentioned above, no reimbursement of the annual contribution shall be payable.

9.3. Changes

Changes to the insurance during the validity period of the Health Plans may be made in the following cases:

a) **change to the legal dependency status of the spouse/child of the Policyholder** (employed or retired member²):

- allocation of legal dependency status mid-year: the contribution is payable until 31 December of the insurance year during which legal dependency status was acquired; from the following 1 January, the spouse/child must be included as a legally dependent family member;
- loss of legal dependency status mid-year: the insurance contribution shall apply from 1 January of the year after the loss of legal dependency status;

b) **change in category (formerly CCNL) of an employee** during the course of the insurance year (from Professional/Management to Senior Management, or vice versa) or, for current Senior Managers, in the case of changes to the Global Band Title: the current policy will remain valid until 31 December of the current insurance year; from 1 January of the following insurance year, the employee will be transferred to the health plan provided for the new employment category or Global Band Title. In such cases, the member shall have the right to renew payable subscriptions for family members;

² To determine whether a family member is considered legally dependent, refer to the paragraph 7. Legally-dependent family members

c) **employment termination** with immediate right to access a pension or pension-related incentives: valid Health Plan policies shall remain in effect until 31 December of the employment termination year.

Furthermore, during the validity period of the Health Plan:

- Policyholders eligible for Solidarity Fund allowances who acquire Retiree status (receipt of statutory pension) may renew their subscription to Uni.C.A. from the 1 January of the following year by taking out one of the policy options provided for retired employees;
- Policyholders whose employment ceased pursuant to Article 6 of the Agreement of 15/09/2012 and Article 7 of the Agreement of 28/06/2014, the so-called “Women's Option”, may renew subscription to UNI.C.A. until 1 January of the fifth year following the termination of employment by taking out one of the policy options provided for retired employees;

Please note that cancellation of the subscription as a retired Member shall result in the definitive termination of the right to subscribe to Uni.C.A. in the future, as provided for by the Articles of Association.

Finally:

- d) **change to the cohabitation/non-cohabitation status of an insured family member as indicated on the family status certificate:** changes to the cohabitation status of an insured family member during the insurance year will not affect the contribution owed for the year in question.
- e) **change from common-law partner to spouse of an insured family member:** in the case of marriage with the insured common-law partner during the insurance year, the contribution for the year in question will not be affected.

9.4. Warning

The facts specified in the above paragraphs (Additions / Cancellations / Changes) must be **notified in writing** by the Member to the HR Operations Italy for Uni.C.A. via the channels specified in the Contact Us section of the website: <https://unica.unicredit.it/it/contatti.html>.

For employees of companies outside the UniCredit Group who are subscribed to Uni.C.A., all communications must be transmitted to the HR Operations Italy for Uni.C.A. via the relative HRBP.

Please note that all communications regarding changes to household status made by the Member to their employer (e.g. marriage, change in legal dependency status of a family member, etc.) will not be automatically forwarded by the employer to Uni.C.A. and must be expressly notified to the same by the Member via the channels described above.

UniCredit Group employees are exempt from the obligation to notify Uni.C.A. of the following changes regarding the employment context between the Member and the Group Company employer:

- new employment;
- termination of employment;
- change in category: level or Global Band Title for Senior Managers.

Please note that in order for Uni.C.A. to effectively and promptly manage communications with Members, changes to contact information (address, telephone number, IBAN, etc.) must be promptly updated according to the following methods:

- for employees with access to the UniCredit Group Intranet:
 - > *People Focus > Self Service > Personal Information*
- for employees without access to the UniCredit Group Intranet (e.g. long-term absence):
 - > *via your HRBP who will submit an HR Ticket*
- for Employees of companies not belonging to the UniCredit Group:
 - > by email via the relative HRBP.
- for excluded retirees and retirees:

> contact HR Operations Italy by email to ucipolsan@unicredit.eu for excluded retirees, or polsanpen@unicredit.eu for retirees, attaching a photocopy of the front/rear of an identity document in order to identify the applicant to protect the data of the policyholder (data protection).

Uni.C.A. is not responsible for the failed receipt of communications by the Member in the case of failure by the same to update the relative contact details.

10. HELP

For all information regarding the **subscription process** (eligible family members, plan premiums, etc.), Policyholders must contact **the HR Operations Italy for Uni.C.A.:**

- Employees with access to the UniCredit Group Intranet: submitting an HR Ticket via People Focus (sec. Benefits > Health plan)
- Employees without access to the UniCredit Group Intranet: by your via your HRBP who will submit an HR Ticket (sec. Benefits > Health plan)
- for Employees of companies not belonging to the UniCredit Group: via the relative HRBP;
- Excluded retirees, Retirees: by email to
 - ucipolsan@unicredit.eu for Excluded Retirees;
 - polsanpen@unicredit.eu for retirees

or by calling 02 94458503, open Monday to Friday from 09:00 to 13:00.

Consolidated Document - Subscription Regulations for the Health Plans 2020-2021

For all information concerning **health services** (cover, maximums, etc.), Members should contact their relative health care provider:

- **Previmedical** for non-dental care (“basic” health plan and optional cover)

800 901 223 (freephone)

+39 04221744023 for international calls; calls will be charged.

assistenza.unica@previmedical.it

<http://www.unica.previmedical.it/contatti.html>

- **Pronto-Care** for dental care

800 662 475 Freephone, lines open Monday to Friday from 09:00 to 18:00

infoperunica@pronto-care.com

<https://pronto-careperunica.com/?q=node/12>

11. AVAILABLE DOCUMENTATION

The following documentation is available on the Uni.C.A. website: :

- Letter from the CEO of Uni.C.A.
- Summary of personal health care plans for 2020-2021
- Summary of Optional Supplementary Policies for 2020-2021
- Summary of personal health care plans for retirees for 2020-2021
- Summary of the Over 85 Policy for Retirees
- Subscription premiums - employees
- Subscription premiums - supplementary options (employees only)
- Subscription premiums - retirees
- Subscription premiums - Over 85 Policy
- Subscription premiums - “Denti Treviso” policy 2020-2021
- Policy extract RBM / DIP / DIP supplement
- Dental care plan 2020-2021
- SEPA Form (only for use in the cases provided for in paragraphs 6.2 and 6.3).