

Health Plans 2022 – 2023



Subscription regulations

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1. FOREWORD

The health plan programme offered by Uni.C.A. for the 2022-2023 two-year period is aimed at current UniCredit 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 their survivors.

The programme is provided:

- for non-dental cover, through the stipulation of collective insurance policies with the service provider **Previmedical**;
- for self-insured dental cover, by the service provider **Pronto Care** (Aon Italia Group).
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For details of the main features of the new health plans for 2022-2023, refer to the notifications issued by the Chairperson, Deputy chairperson and CEO of Uni.C.A. published on the Association’s website: <https://unica.unicredit.it> in the “News” section.

It should be noted that, under the provisions of the Private Insurance Code, only persons domiciled in Italy are insurable. This provision, which is binding for all individuals (employees, exodus, pensioners, survivors, family members), concerns all insurance cover.

The present document is a translation of the official Italian version. Please note that in case of discrepancies the Italian version will prevail

2. BASIC INSURANCE POLICIES (NON-DENTAL)

2.1 Current employees and those of equivalent status

There are two “**basic**” policies, 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 policies are offered which include additional cover compared to the “Extra” cover offered for the Manager’s Global Band Title, with all fees paid by UniCredit. For these Managers, detailed information regarding the level of cover provided will be made available in the benefits brochure accessible via People focus (Self-service - Welfare/Benefit)

The status of existing employees also extends to:

- former employees who are no longer employed with access to the Solidarity Fund allowance as at 01/01/2022;
- employees who left the company before 01/01/2022 under the so-called “Women’s Option” for four years after the contract termination date.

Moreover, employees (not including excluded retirees) may also take out optional 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 employee is already provided similar cover through the CASDIC, as provided for by the CCNL).
- Medications
- Glasses and contact lenses
- Alternative medicine
- Aesthetic medicine
- Cover for “excesses and exclusions” not included in the basic health plan.

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 5.4.

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, **from 01/01/2022 to 31/12/2023**. 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, the **Collective Dental Care cover** may be **extended to the household** already insured for basic cover, subject to an additional fee which is added to the cost of the compulsory Collective Dental Care plan.

Furthermore, employees operating in the **Professional or Senior Management** categories may also take out **“Complete”** cover, subject to an additional fee which is added to the cost of the compulsory Collective Dental Care plan.

The Complete plan covers the Policyholder and his/her legally dependent or non-dependent spouse or legally dependent common-law partner and children who are already insured for basic cover.

Retirees may **opt in** to the Collective dental care plan, extend the policy to family members or take out the **“Complete”** plan.

For full terms and conditions, see the dental care cover prospectus (cf. paragraph 11 **“Available documentation”**).

3.2 **“Denti Treviso” Option**

The **“Denti Treviso”** plan has been continued for the 2022-2023 period, with an increase to the annual fee. 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 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 News section (cf. paragraph 11 “Available documentation”).

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 01/01/2022)

5.1 Employees and those of equivalent status

Pursuant to the provisions of Art. 4, paragraph 2 of the Articles of Association of Uni.C.A., the programme is aimed at persons employed by the Group on 01 January 2022 or recruited after this date on a permanent basis (including apprenticeships) or recruited under 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).

In addition, the programme is aimed at **former employees who are eligible for the Solidarity Fund allowance as at 01/01/2022, 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.**

Spouses (or common-law partners, indicated on the Family Status Certificate) **who are also employees or excluded retirees** who do not wish to subscribe individually have the option to subscribe to a plan as a single household ; 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-dependent spouse/common-law partner), thus waiving the 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.**

5.2 Retirees and those of equivalent status

Pursuant to the provisions of Article 4, paragraph 3 of the Articles of Association of Uni.C.A., the programme is aimed at **retirees who took statutory retirement** who had already subscribed to the Uni.C.A. Health Plans 2020-2021, new retirees who retired in 2021 or after 01/01/2022 and persons who left work in 2021 whose pensions are pending.

Retirees subscribed to Uni.C.A. on 31/12/2021 who are over the age of 85 on said date may subscribe to the “**Over 85**” plan (cf. paragraph 5.4).

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 (except 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-graduate 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.

5.3 Eligible Family Members

The following persons are eligible for non-dental cover:

- **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 charge to the Policyholder on top of their standard subscription fee;
- **non-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 01/01/2022)**; 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-dependent spouses or common-law partners** (the latter, provided s/he is indicated on the family status certificate);
2. **Non-dependent children** indicated on the family status certificate, the status of which also extends to non-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**, who are under the age of 35 years, unmarried and not in a common-law marriage (with a total maximum gross income of € 26,000 per year);
5. **parents over sixty years of age not living at the same address** (with a maximum individual gross income of € 26,000 per year).

In cases 1), 2) and 3), the extension must apply to all members indicated on the Family Status Certificate as at 1 January 2022, which may be requested as proof (except in 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-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 are reserved for Policyholders and eligible family members who are under the age of 85 as at 31/12/2021 (born after 01/01/1937).

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 (31/12/2023).

Policyholders who have turned 85 before 31/12/2021 (born before 31/12/1936) 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 2023.

5.5 Subscription contributions and payments

For **subscription contributions and information regarding eligible parties**, see the “Subscription Premiums” prospectus (cf. paragraph 11 of “Available documentation”).

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 (also following the acceptance of a pension investment offer) 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/retiree is deducted from the payslip in three instalments, usually in 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 2022-2023

6.1 Employees and those of equivalent status

For current employees the subscription period for the 2022-2023 period will be accessible online at My UniCredit (*My Workspace*> *People Focus*> *Other documents*> *Supplementary health insurance*> *Insurance year 2022*), **from 08/11/2021 and will end at 5 pm on 03/12/2021. This period is not subject to extension.**

For employees on long-term leave of absence, excluded retirees and employees of companies not belonging to the UniCredit Group, the online portal may be accessed via the secure area of the Uni.C.A. website: <https://unica.unicredit.it/it.html>. Those who are not yet registered for access to the secure area may request an activation code by writing to the email address Hxunicoddattivazio-italia@unicredit.eu attaching a copy of a valid form of ID (front/back).

Employees or those of equivalent status may choose a health plan aimed at employee categories above their own (upgrade from Nuova Plus to Extra), for an additional fee borne at their own expense (cf. paragraph 11 of “Available documentation”).

Downgrading, or subscribing to health plans aimed at employee categories below their own, is not permitted.

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 01/01/2022 to 31/12/2023 and may not be altered**, except in the cases and with the commencement dates expressly provided in the relevant section (cf. paragraph 9, “Additions / Cancellations / Changes”).

In the event of failure to select a Plan via the online process, the basic health plan (excluding all options or optional cover subject to additional fees borne by the Policyholder(s)), corresponding to the relative employment category will automatically be applied. In this case, only legally dependent family members (spouse and/or children) insured in 2021 will be covered. The aforementioned terms also apply to retirees.

For current employees only, failure to select a plan will also result in the assignment of the obligatory Collective dental care plan.

Employees on long-term leave of absence and Excluded Retirees who have not subscribed online will nonetheless receive, in February 2022, the subscription documentation by certified mail for any changes to the automatically assigned cover; in this case, the “transition period” (the period during which only hospitalisation and oncological treatment is accessible directly) will automatically apply for family members not included in the automatically assigned cover, until the notification of subscription is received by the service providers of Uni.C.A..

Therefore, all Policyholders are invited to access the online portal in order to confirm their previous selections or modify their selection based on current personal requirements or changes to the legal names or situations of family members), and to view the insurance premiums calculated and displayed in the “Contribution calculation” section.

After having confirmed the selections using the online portal (by clicking the “Confirm” button), the Policyholder will receive an email including a summary of their chosen cover and the annual fee.

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 2021).

However, as the policies become effective on 01/01/2022, if - based on the wage calculation in January 2022 - a different employment category (or Global Band Title for Senior Management) compared to that assigned in November 2021 applies that results in the allocation of a different policy, the Policyholder shall have the right (a) to amend their selections based on the new policy assigned (insured household, dental care, etc.) until the end of February 2022, with the consequent adjustment of the contributions due (borne by the employer and the employee).

In this case, 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 01/01/2022 differ, for the claim in question, to those of the originally assigned policy.

Therefore:

- 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 insurer or the Policyholder, by 30 June 2022.

Any changes to employment category/Global Band Title (including those coming into effect from 01/01/2022) that take place after January 2022 shall become effective in 2023.

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).

As the new plans become effective from 01/01/2022, in the case of dismissal, voluntary redundancy or death before said date, the subscription is no longer valid.

The aforementioned terms also apply to retirees.

6.2 Retirees/Survivors with access to the secure area of the Uni.C.A. website (online subscription)

Retirees/Survivors may choose their membership option via the secure area of the Uni.C.A. website (<https://unica.unicredit.it> during the subscription period (08/11/2021 to 5pm on 03/12/2021). This period is not subject to extension.

Those who are not yet registered for access to the members' area may request an activation code by writing to the email address Hxunicoddattivazio-italia@unicredit.eu attaching a copy of a valid form of ID (front/back).

The **chosen option** (e.g. for cover of a family member subject to an additional fee) **will be valid for the entire two-year period from 01/01/2022 to 31/12/2023 and may not be altered**, except in the cases and with the commencement dates expressly provided in the relevant section (cf. paragraph 9, "Additions / Cancellations / Changes").

After having confirmed the selections using the online portal (by clicking the "Confirm" button), the Policyholder will receive an email including a summary of their chosen cover and the annual fee.

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, **in February 2022**.

The use of the online portal is strongly encouraged, representing the most efficient method of subscription and **enabling the removal of the so-called "transition period"**, or the period during which only hospitalisation and oncological treatment is accessible directly, which may continue until the receipt of the subscription notification by the service providers of Uni.C.A.

NOTE for Retirees/Survivors

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 2022-2023 Health Plans, for the following members only**:

- **retirees/survivors as at 01/01/2022 or a previous date who do not receive a supplementary pension from the Company pension fund via UniCredit or who have subscribed to the pension investment offer relative to their supplementary pension.** For these members, failure to submit the duly completed and signed SEPA form will result in failure to subscribe to the Health Plans 2022-2023, 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 hxunisepa-italia@unicredit.eu or fax to: +39 02/97688702.

In the event of a change in the debit account specified in the SEPA form issued upon accession, an updated SEPA form indicating the new debit account shall be promptly sent in the manner indicated above.

6.3 Retirees/Survivors WITHOUT access to the secure area of the Uni.C.A. website (subscription by post)

Retirees/Survivors and Excluded Retirees who have not subscribed online on the Uni.C.A. website will receive the subscription offer and the relative documentation by recorded mail in February 2022.

In this case, the information provided in the **"NOTE for Retirees/Survivors"** shall also apply.

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.

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 cover applies for the entire two-year validity period of the Health Plans and must be completed before the deadline.

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

9.2 Cancellation

Cancellation before the end of the two-year period of validity applies 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 Articles of Association and Implementing Regulations of Uni.C.A.;
- H. the assignment of the employee to a different office located outside Italy.

The cover shall remain valid until 31 December of the insurance year in which the aforementioned event occurs.

In the event of reassignment of an employee to a different office located outside Italy, the cover shall cease to apply on the date of reassignment; if the employee transfers to the new office without the entire household included in the cover, the cover shall remain valid only for family members that remain in Italy.

The cancellation of cover is immediate (cf. Art. 3 of the Implementing Regulations of the Articles of Association of Uni.C.A.) in the event of:

- 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 ²):
 - 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;

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.

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

- loss of legal dependency status mid-year: the insurance contribution is due from 1 January of the year after the loss of legal dependency status; **it is therefore not possible to exclude said insured family member (spouse/child) in the second year of insurance when the legal dependency status occurred in the first year.**

- 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 Policyholder shall have the right to renew payable subscriptions for 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 in receipt of 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 policies provided for retired employees;
- For Policyholders who left work via the so-called “Women’s Option”, from 1 January of the fifth year since the termination of employment it is possible to subscribe to Uni.C.A. by signing up to one of the policies provided for retired employees;

Please note that cancellation of the subscription as a retired Policyholder 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.

- A. **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.
- B. **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 paragraph (Additions / Cancellations / Changes) must be **notified in writing** by the Policyholder to 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 Uni.C.A. People Services structure via the relative HRBP.

All communications regarding changes to household status made by the Policyholder to their employer (e.g. marriage, change in legal dependency status of a family member, birth of a child, etc.) will not be automatically forwarded by the employer to Uni.C.A. and must be expressly notified to the same by (a) the Policyholder 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 Policyholder and the Group Company employer:

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

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

- for employees with access to My UniCredit:
People Focus > Self Service > Personal Information.
If it is not possible to use the self-service function, employees may file an HR Ticket > Changes to Personal Information.
- for employees without access to My UniCredit Group (e.g. long-term absence):
by the relative HRBP who will submit an HR Ticket > Changes to Personal Information.
- for Employees of companies not belonging to the UniCredit Group:
via email, via the relative HRBP.
- for Excluded Retirees and Retirees:
contact Uni.C.A. People Services 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 and including the Tax Code in the email itself, in order to identify the applicant and protect the data of the Policyholder (data protection).

Before the effective date of termination of employment by the Company, Policyholders may correct or amend their address and telephone number by accessing People Focus > Self Service > Personal Information.

Changes to email address may only be made after the effective termination of employment by writing to the above email addresses, attaching a copy of an identity document and including the Tax Code in the email itself.

In all of the above-mentioned cases, any personal data updated following changes made by the Policyholder may be transferred to Service Providers on a monthly basis.

Uni.C.A. is not responsible for the failed receipt of communications by the Policyholder 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 may contact Uni.C.A.:

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

For problems accessing the secure “Login” area of the Uni.C.A. website <https://unica.unicredit.it/it.html>, Policyholders may send a report to the following email addresses:

UniCredit - Italy - Uni.C.A. Activation code (hxunicoddattivazio-italia@unicredit.eu) for the release of the activation code - if not already available - for first-time access;

UniCredit - Italy - Uni.C.A. Login registration (hxunilogadesione-italia@unicredit.eu) for access problems not resolved by consulting the User Manual accessible in the secure “Login” area.

For information concerning **health services** (cover, limits, etc.), **excluding the queries indicated above**, Policyholders 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.
Online Form (online ticket) available in the secure area of the Previmedical website
(see news [16/03/2020 UNI.C.A. \(unicredit.it\)](#))
Contacts: <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
E-mail: infooperunica@pronto-care.com
Contacts: <https://www.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 2022-2023
- Summary of Optional Supplementary Policies for 2022-2023
- Summary of personal health care plans for retirees for 2022-2023
- Summary of the Over 85 Policy for Retirees 2022-2023
- Subscription premiums 2022-2023 - Employees
- Subscription premiums 2022-2023 - Supplementary options (employees only)
- Subscription premiums 2022-2023 - Retirees
- Subscription premiums 2022-2023 - Over 85 Policy for Retirees
- Subscription premiums 2022-2023 “Denti Treviso” policy
- Policy extract / DIP / DIP supplement
- Dental care plan 2022-2023
- Dental care plan regulations 2022-2023
- SEPA Form (only for use in the cases provided for in paragraphs 6.2 and 6.3).