



Health Plans 2024 – 2025



Subscription regulations

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1. Foreword

The health plan programme offered by Uni.C.A. for the 2024-2025 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, by taking out group insurance policies with **Generali** (which will use its service provider **Welion**);
- for self-insured dental cover, by the service provider **Aon Pronto Care** (Aon Italia Group).

For details of the main features of the new health plans for 2024-2025, 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, pre-retirees, retirees, survivors, family members), concerns all insurance cover.

2. Basic insurance policies (non-dental)

2.1 CURRENT EMPLOYEES AND THOSE OF EQUIVALENT STATUS

There are two main 'basic' policies:

- “**Plus**”, aimed at all Professional and Management Employees up to Level IV;
- “**Extra**”, aimed at **Managers**.

The policies cover the employee and their tax-dependent family (spouse and/or children), without any charge to themselves (the insurance cost is borne by the Company).

For non-tax dependent family members, please refer to section 4.3.

The status of existing employees also extends to:

- former employees who are no longer employed with access to the Solidarity Fund allowance as at 1/1/2024;
- employees who left the company before 01/01/2024 under the so-called “Women’s Option” a maximum period of four years after the contract termination date.

Moreover, employees (**excluded pre-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 covers.

- 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.

Subscription to additional covers is provided only during the membership campaign.

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**
- **Basic +**
- **Standard**

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

Dental care, which is self-insured by Uni.C.A., is for **exclusively to in-service personnel and those of equivalent status**.

As with non-dental cover, there are two levels of cover:

- **"Collective dental"**, aimed at all Professional and Management Employees up to level IV;
- **'Complete'**, aimed at Managers (excluding Top Managers).

For both covers, there is a compulsory contribution to be paid by the employee based on the classification held on 1 January of each of the two years. In addition, there is the option of requesting the extension of cover also to the household, provided that it is already insured for basic cover, with an own contribution in addition to the compulsory contribution. In particular, the following dental plans can be adhered to:

- **"Extended Collective"**, for all Professional and Management Employees up to level IV;
- **"Complete Extended"**, for Managers.

Pre-retirees may **opt in** to the dental plan and extend the policy to family members, with contributions to be paid by themselves.

For dental cover, the annual contribution borne by the employee or pre-retirees with access to the Solidarity Fund is deducted from the payslip in three instalments: usually in April, June and December.

Further details on dental care and related costs are available on the Uni.C.A. website <https://unica.unicredit.it>, Benefits section.

3.2. "DENTI TREVISO" POLICY

"Denti Treviso" a paid dental care policy, has been continued for the two-year period 2024-2025.

As a result of prior trade union agreements, 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 policy in the future**.

4. Subscription terms and conditions

4.1 EMPLOYEES AND THOSE OF EQUIVALENT STATUS

Pursuant to the provisions of Article 4, point 2) of the Uni.C.A. Statutes, the new Uni.C.A. Health Plans are aimed at:

- persons employed by the Group on 1 January 2024;
- current staff hired subsequently under an open-ended contract (including apprenticeships), or with a contract on a fixed-term basis (with a contract lasting at least 6 continuous months in the calendar year, or in combination with 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 01/01/2024, or employees who left employment via the so-called “Women's Option”, for the four years following the contract termination date;
- employees of companies which are no longer part of the Unicredit Group who remain eligible through specific trade union agreements.

Spouses (or common-law partners, indicated on the Family Status Certificate) **who are also employees or pre-retirees** who do not wish to subscribe individually have the option to subscribe to one policy as a single household: in this case, one of the two employees (chosen by the same) will be covered under the other's policy as a family member (as a non-tax-dependent spouse/cohabiting spouse), subject to surrender of his or her own policy entitlement.

Therefore:

- if the contribution for the family member is higher than the company contribution applicable to the Employee, only the difference shall be payable;
- otherwise, i.e. 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.**

Optional paid-up policies can **only** be taken out during the subscription period.

4.2 RETIREES AND THOSE OF EQUIVALENT STATUS

Pursuant to the provisions of Article 4, point 3) of the Uni.C.A. Statutes, the following are entitled to join the new health plans:

- retirees (**mandatory retirement retirees and not only supplementary company retirees**) who have already subscribed to the policies valid for the two-year period 2022-2023;
- new retirees who retired in 2023 or after 1/1/2024;
- persons who left work in 2023 whose pensions are pending.

Retirees subscribed to Uni.C.A. on 31/12/2023 who are over the age of 85 on said date may subscribe to the “**Over 85**” plan (see 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 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 offered by Uni.C.A., 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.

The surviving family member who intends to continue receiving assistance acquires the status of Policyholder from the year following the year of the former Policyholder's death, with the option of enrolling family members (e.g. spouse or children) in the cover.

4.3. FAMILY MEMBERS

The following may be included in the policy **at no charge to the policyholder** (employee, retiree or equivalent):

- spouse and children who are tax dependent.

With reference to the tax burden, it is specified that for each year of the two-year period of validity of the health plans, 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.

The following may, however, be included for a fee:

- family members who are not tax dependants and dependants other than spouses and children, provided that the extension applies to all members living in the same household as shown in the family register on 1/1/2024. 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.

Family members who can be included for a fee are:

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 2024, 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.

4.4 AGE-DEPENDENT ELIGIBILITY CONDITIONS

All policies are reserved for Policyholders and eligible family members **who are under the age of 85 as at 31/12/2023** (born after 01/01/1939).

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 (31/12/2025).

Policyholders who have turned 85 before 31/12/2023 (born before 31/12/1938) 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 2025.

4.5. CONTRIBUTIONS AND PAYMENT METHODS

For **subscription contributions and information regarding eligible parties**, please see the subscription contribution schedules published on the Uni.C.A. website <https://unica.unicredit.it>, Benefits section.

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

- for current employees and pre-retirees, applicable contributions shall be deducted from the payslip in 12 monthly instalments;
- to be paid by retirees/survivors, by debiting their current account in a single instalment, subject to the issue of a SEPA debit authorisation (see sections 6.2 and 6.3 for the compulsory sending of the SEPA form)¹

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.

NOTES

¹ As a result of the provisions in Article 1(1)(a) of Legislative Decree No. 147 of 13.12.2018, which amended Article 1 of Legislative Decree No. 252 of 5.12.2005 applicable to Supplementary Pension Funds, as of 1/1/2024, it will no longer be possible for Supplementary Pension Fund retirees to be charged the contribution in 2 instalments by the reference Pension Fund;

5. The 2024-2025 subscription period

5.1 EMPLOYEES AND THOSE OF EQUIVALENT STATUS

For current employees the **subscription period for the 2024-2025 period will be accessible** online at My UniCredit (*My Workspace* > *People Focus* > *Other documents* > *Supplementary health insurance* > *Insurance year 2024*), **from 30/11/2023 and will end at 5pm on 11/12/2023. This period is not subject to extension.**

For employees on long-term leave of absence, pre-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> <https://unica.unicredit.it/it.html>. 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) and their tax code in the subject line of the email.

The **chosen option** (for cover of a family member subject to an additional fee; extension of dental cover to the household) will **be valid for the entire two-year period 1/1/2024-31/12/2025 and cannot be changed**, except in the cases and for the periods expressly provided for (see the following section "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 2023 will be covered.

The aforementioned provision is also to be understood as referring to pre-retirees, with the exception of dental coverage with optional subscription.

Employees on long-term leave of absence and pre-retirees who have not subscribed through the online platform will nonetheless receive, in February 2024, the subscription documentation by certified mail for any changes to the automatically assigned cover; **In this case, the application of the so-called "transitional period" (i.e. the period during which only hospitalisation and cancer treatment will be accessible in direct form) will be unavoidable, which will last until the insurance company has been notified of the choice of subscription.**

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.

The cover will be allocated on the basis of the classification known to Uni.C.A. at the beginning of the month of accession (November 2023).

However, as the policies become effective on 1/1/2024, if - based on the wage calculation in January 2024 - a different employment category compared to that assigned in November 2023 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 (e.g. insured household) until the end of February 2024, with the consequent adjustment of the contributions due (borne by the employer and the employee). The methods for making the new choices will be communicated in a timely manner.

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 1/1/2024 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 2024.

Any changes in classification after January 2024, even if made with effect from 1/1/2024, will take effect from the year 2025.

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 1/1/2024, in the case of dismissal, voluntary redundancy or death before said date, the subscription is no longer valid.

The aforementioned terms also apply to pre-retirees.

5.2 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 from 30/11/2023 to 5pm on 11/12/2023. 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) and their tax code in the subject line of the email.

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 1/1/2024 to 31/12/2025 and may not be altered**, except in the cases and with the commencement dates expressly provided in the relevant section (see 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 2024.

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 insurance company.

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 2024-2025 Health Plans**, with the consequent application of the effects provided for by the statutory provisions in force in the event of non-compliance with the obligation to pay the contribution due.

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: 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. If no new communication is received the insurance position will be blocked.

5.3 RETIREES/SURVIVORS WITHOUT ACCESS TO THE SECURE AREA OF THE UNI.C.A. WEBSITE (SUBSCRIPTION BY POST)

Retirees/Survivors and Pre-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 2024.

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

6. Verification of tax situation and names of insured family members

Uni.C.A. reserves the right to carry out checks during each of the two years of the health plan:

- 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 1 January of the insurance year under verification.

7. 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.

7.1 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 pre-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.

7.2 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 note²);
- 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.

For cases B, C, D and E, appropriate supporting documentation will be requested.

The cover shall remain valid until 31 December of the insurance year in which the aforementioned event occurs, except as provided below with reference to Article 3 of the Regulations for the Implementation of the Statute of Uni.C.A.

In the case of the employee's assignment to a foreign place of employment, coverage will no longer be operative from the date of such assignment; if the employee moves to the foreign location without the entire insured household, coverage will still remain operative until the expiration of the two-year period for only those family members included in the Health Plan who have not moved abroad.

On the other hand, revocation of assistance is immediate (see Article 3 of the Regulations for the Implementation of the Statute of Uni.C.A.) for the Holder and family members included in the Health Plan in cases of:

- dismissal of the Holder for just cause or justified subjective reason;
- establishment of employment relationship with Company outside the UniCredit Group;
- exclusion of the Holder from the Association resolved by the Board of Directors in accordance with the Bylaws (art. 5) and Regulations (art. 2 bis).

NOTES

² 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.

In the event of the Holder's death, any family members included in the policy will remain in coverage until December 31 of the benefit year in which the event occurred. From the year following the Holder's death, surviving family members (see Section 4.2) will have the option of joining a Health Plan reserved for retired personnel as surviving Holders.

The death of the Holder does not affect the obligation to pay the total contribution due relating to the year in which death occurred; therefore, if the contribution has not already been paid in full by the Holder prior to death, the unpaid portion remains the responsibility of the heirs. In the event of the death of a family member included in the Health Plan, any contribution provided for that family member remains due from the Holder for the year in which death occurred.

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

7.3 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 retired³):
- 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 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 to Management, or vice versa): the cover 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. 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 insurance cover 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.

- 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.

NOTES

³ To determine whether a family member is considered legally dependent, refer to the paragraph 7. Legally-dependent family members

7.4. 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 P&C BP.

All communications regarding changes to household status made by the employee 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 employee 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 employee and the Group Company employer:

- new employment;
- termination of employment;
- change in category.

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 P&C BP who will submit an HR Ticket > Changes to Personal Information
- for Employees of companies not belonging to the UniCredit Group:

by email, via the relative P&C BP.

- for Pre-retirees and Retirees:

contact Uni.C.A. People Services by email to ucipolsan@unicredit.eu for pre-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 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.

8. Assistance

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. Health plan);
- Employees without access to My UniCredit: submitting an HR Ticket via the relative P&C BP (sec. Health plan);
- Employees of companies not belonging to the UniCredit Group: via the relative P&C BP who will address Uni.C.A. People Services structure;
- Pre-retirees, Retirees: by email to:
 - ucipolsan@unicredit.eu for Pre-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:

Active numbers from January 2024

- **GENERALI FOR NON-DENTAL COVERAGE** ("basic" health plan and optional cover)
 - 800.590.590 Freephone
 - 02.82951111 for international calls; calls will be charged
- **PRONTO-CARE FOR DENTAL CARE**
 - **800 662 475** Freephone, lines open Monday to Friday from 9am to 6pm
 - **Email:** infoperunica@pronto-care.com
 - **Contacts:** <https://www.pronto-careperunica.com/?q=node/12>