

# ***Consolidated Document***

## ***Subscription Regulations for the 2018-2019 Health Plans***

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## 1. FOREWORD

The supplementary health care programme offered by Uni.C.A. for the 2018-2019 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”) and retirees (whose status is shared by pension recipients or those awaiting access to the Social Employment Fund).

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 2018-2019, refer to the notifications issued by the Chairperson, Vice-chairperson and CEO of Uni.C.A. published on 20.12.2017 on the Association's website: <https://unica.unicredit.it> in the “Information” section, which form an integral part of this document.**

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## 2. MAIN INSURANCE POLICIES (NON-DENTAL)

### 2.1. Current employees and those of equivalent status

For current employees and those of equivalent status, the most significant development for the 2018-2019 period is the introduction of a consolidated policy offered to all employees in the categories of Professional and Senior Management up to level IV.

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 with Global Band Titles up to 5 (SVP)**, detailed information regarding specialised cover is available on the Group intranet: >HR Gate Italia> Welfare & Benefit> Benefit per il personale con band title FVP o superiore e per gli altri Dirigenti>Copertura Sanitaria.

Moreover, employees (not including former workers who took early retirement but are not yet eligible for pension benefits - hereinafter “Esodati” or “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:

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- 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).
- Medication
- 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:

- employees whose contracts terminated in 2017 and previous years with access to the Solidarity Fund allowance as at 01.01.2018;
- employees who left the company before 01.01.2018 under the so-called “Women's Option”, for the four years following the contract termination date.

### **2.2. Retirees and those of equivalent status**

Retired employees and those of equivalent status (survivors and former employees whose access to the Social Fund for Employment allowance is active or pending as at 01.01.2018) may opt in to the following policies at their own expense:

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

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- Extra p

Furthermore, from 01.01.2018 Policyholders over the age of eighty-five can take out the new **“Over85” policy**; for more information see 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 01.01.2018 to 31.12.2019**. The cost of this cover is established by employment category.

During the subscription period, dental care cover may be **extended to close family members** insured for non-dental cover, for an additional cost of € 500,00 per year.

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. This plan covers the Policyholder and his/her legal dependants (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 2018-2019 period under the same terms as in previous years. This supplementary fee-based dental care programme is

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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 a detailed breakdown of the cover offered, refer to the policy extracts.

The aforementioned documents are available for consultation at the Uni.C.A. website: <https://unica.unicredit.it>, in the Information section (cf. paragraph 10: Supporting documentation).

**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 main new features of the new Health Plans, in addition to the newly introduced policies described in paragraph 2.1 above.**

**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 01.01.2018)

### 5.1. Employees and those of equivalent status

The programme is aimed at persons employed by the Group on 01 January 2018 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 Group Companies** 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:

- 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 employees whose contracts terminated in 2017 and previous years who are eligible for the Solidarity Fund allowance as at 01.01.2018, or employees who left employment via the so-called “**Women's Option**”, **for the four years following the contract termination date; in 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 2016-2017, retirees who retired in 2017 or after 01.01.2018 and persons who left work in 2017 whose pensions are pending, pursuant to the provisions of Article 4, paragraph 3 of the Articles of Association.

The programme is also aimed at **former employees whose access to the Social Employment Fund is active or pending as at 01.01.2018**; as regards the health insurance, such persons have equivalent status to retired employees.

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

- retirees already subscribed to Uni.C.A. until 31.12.2015 who were eighty-five years old on 01.01.2016 and thus excluded from cover after this date;
- retirees already subscribed to Uni.C.A. until 31.12.2017 who turned 85 during the course of the 2016-2017 two-year period.

In both such cases, cover may be extended to include the spouse/common-law partner of the former employee (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 (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.

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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 01.01.2018**); 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;
- 3) **other family members** indicated on the family status certificate;
- 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 2018, 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 31.12.2017 (born after 01.01.1933).

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 (31.12.2019).

Policyholders who have turned 85 before 31.12.2017 (born before 31.12.1932) are eligible for the new “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 2019.

#### **5.5. Contributions and payments**

For **subscription contributions** and information regarding eligible parties, see the “Subscription Premiums” prospectus (cf. paragraph 10 of the Supporting 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, 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 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 current employees, the **subscription period for 2018-2019** will be open from **22 January 2018 to 09 February 2018 at 17:00**. Subscriptions must be made on the Group Intranet (*HR Gate Italia* > *Employee Self Service* > *Altri documenti* > *Assistenza sanitaria integrativa* > *Anno assicurativo 2018*). **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 01.01.2018 to 31.12.2019 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 2017.**

**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**

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**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. according to the wage calculation in January 2018. Any changes to employment category/Global Band Title (including those coming into effect from 01.01.2018) will become effective in 2019.

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).

### **6.2. Retirees/those of equivalent status and Excluded Retirees with access to the secure area of the Uni.C.A. website**

**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 above-mentioned period of 22 January - 9 February 2018 (until 17:00, with no 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 01.01.2018 to 31.12.2019 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 that by post **and reduces the so-called “transition period”** during which, according to contractual conditions, access to benefits only applies to hospital admissions and, from 2018, cancer treatments, according to the relevant published procedure.

**PLEASE NOTE - Retirees/those of equivalent status**

Please note that the **SEPA debit authorisation form** for the contribution to be borne by the Member, 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 2018-2019**.

Failure to submit the duly completed and signed SEPA form will result in failure to subscribe to the Health Plans 2018-2019, 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](mailto:polsanpen@unicredit.eu) or fax to +39 (0)2 97688702

**6.3. Retirees/those of equivalent status and Excluded Retirees WITHOUT access to the secure area of the Uni.C.A. website**

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, indicatively not before March 2018.

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**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 2017.**

**PLEASE NOTE - Retirees/those of equivalent status**

Please note that the **SEPA debit authorisation form** for the contribution to be borne by the Member, 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 2018-2019**.

Failure to submit the duly completed and signed SEPA form will result in failure to subscribe to the Health Plans 2018-2019, 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. CHANGES TO LEGAL DEPENDENCY/NON-DEPENDENCY OF FAMILY MEMBERS (2017 income)**

**All members are required to pay the utmost attention to the legal dependency/non-dependency status of family members to be added to the cover.** The criteria for legal dependency/non-dependency status of family members has been renewed for the new two-year insurance period: **to this effect, the income of the family member shall be considered, in reference to the Member's right to allowances for dependent family members (in cases where the income of the family member does not exceed the threshold established by the pro tempore tax legislation), for the year preceding the relevant subscription year** (therefore, for 2018 the situation relative to 2017 will be taken into consideration, and so on).

Please note that documentation proving the family or tax situation of the insured family members may be uploaded to the insurance subscription portal. This portal also enables the upload of the family status certificate as at 01.01.2018, as well as the household tax situation (e.g. CU, 730), when available.

During the year, the Association will carry out comprehensive controls on legal dependency/non-dependency status, checking first and foremost the status of members for whom the family status certificate and supporting tax documentation have not been submitted.

Similar controls shall be carried out in 2019; proof of the 2018 income situation and the family status certificate as at 01.01.2019 shall be requested in order to verify the legal dependency/non-dependency status of family members.

## **8. 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.

### **8.1. 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;

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- 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.

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) and e), the date of the event must be shown on the registration 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.

### **8.2. 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;

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- d) conclusion of cohabitation with the Policyholder of a common-law partner and/or of a non-dependent family member (for children, see note <sup>1</sup>).
- 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):

- 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.

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<sup>1</sup> 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.

### 8.3. 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 member<sup>2</sup>):
  - 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, where applicable, 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;
- 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;

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<sup>2</sup> To determine whether or not a family member is considered legally dependent, the situation based on the right to allowances for dependent family members for the previous year shall be taken into account.

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- 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;
- Policyholders who become eligible for (or are pending receipt of) Solidarity Employment Fund allowances 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.

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.

### **8.4. Warning**

The facts specified in the above paragraphs (Additions / Cancellations / Changes) must be **notified in writing** by the Member to the ES Shared Service Center 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 ES Shared Service Center for Uni.C.A. via the relative HRBP.

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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, email address) must be promptly notified to the ES Shared Service Center for Uni.C.A. according to the following methods:

- for Employees of the UniCredit Group, via the Group Intranet:
  - > *Group Intranet UniCredit > HR Gate Italy > Employee Self Service > Dati personali > Indirizzi / Numeri di telefono privati*
- for Excluded Retirees, Retirees and those of equivalent status:
  - > by email to the ES Shared Service Center at [ucipolsan@unicredit.eu](mailto:ucipolsan@unicredit.eu) (for Excluded Retirees) or [polsanpen@unicredit.eu](mailto:polsanpen@unicredit.eu) (for retirees).
- for Employees of companies not belonging to the UniCredit Group:

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

> by email via the relative HRBP.

**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.**

## **9. HELP**

For all information regarding the **subscription process** (eligible family members, plan premiums, etc.), Policyholders must contact **the ES Shared Service Center for Uni.C.A.:**

- for UniCredit Group employees: by forwarding an HR Web Ticket (Benefits section) or telephoning 800 089711;
- for Employees of companies not belonging to the UniCredit Group: via the relative HRBP;
- for Excluded Retirees, Retirees and those of equivalent status: by email to:
  - [ucipolsan@unicredit.eu](mailto:ucipolsan@unicredit.eu) for Excluded Retirees;
  - [polsanpen@unicredit.eu](mailto:polsanpen@unicredit.eu) for retirees

or by calling 02 99953726, open Monday to Friday from 09:00 to 13:00.

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)

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

[assistenza.unica@previmedical.it](mailto: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

[infooperunica@pronto-care.com](mailto:infooperunica@pronto-care.com)

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

## **10. SUPPORTING DOCUMENTATION**

The following documentation is available on the Uni.C.A. website: (<https://unica.unicredit.it/it/informativa.html>)

- Letter from the CEO of Uni.C.A.
- Summary of personal health care plans for 2018-2019
- Summary of Optional Supplementary Policies for 2018-2019
- Summary of personal health care plans for retirees for 2018-2019
- 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 2018-2019
- RBM Policy extract
- Dental care plan 2018-2019
- SEPA form (for Retirees/those of equivalent status only)