



OPERATING INSTRUCTIONS

FOR EMPLOYEES OF ORGANISATIONS, EMPLOYER
ASSOCIATIONS, TRADE UNION
AND FAMILY ORGANISATIONS



1.



HOW TO BOOK A COVERED TREATMENT OR REQUEST A REIMBURSEMENT

Employees of organisations, employer associations, trade union and family organisations

To request a medical service under the direct agreement or the **reimbursement** of medical expenses, the member must always send the **Fondo Sanedil** the appropriate form, which must be completed and signed.

Tax-dependent family members

To request a medical benefit or reimbursement of healthcare expenses attributable to the insurable member's family unit (spouse with tax liability and family status and children with tax liability), it is necessary to **send the Fondo Sanedil** one of the following forms.

- In the case of a member's spouse/children who are of age, the **family member's benefit/reimbursement application form*** must be filled out and signed by the family member interested in the benefit, who may choose, indicating the details, to receive reimbursement of the expenses incurred, even on his/her own bank/post account, different from that of the registered member. The form also includes a section in which the family member may delegate the member to provide and receive information on claims and guarantees, as well as to receive and deliver/send the relevant health documentation to the **Fondo Sanedil**.

*Form available at the following page: www.fondosanedil.it/en/istruzioni-operative-dipendenti-enti/

1.



- In the case of the member's minor children, the **application form for the benefit/reimbursement of minor children** must be completed and signed by the insured worker who is the policyholder, who must also provide the bank details for crediting the relevant reimbursement of expenses incurred.

The applicant must attach to these forms the medical and administrative documentation required under point 2 below.

Please note: For the Fund to correctly process a benefit request concerning a dependent family member for tax purposes, the **certification of the insurable family unit***, duly completed and signed by the employee, must first be submitted/sent.

Please note that this certificate must only be resubmitted if there has been a change in the originally declared insurable household.

Failure to sign the forms, including the **"Privacy Policy"** section, will result in the request not being processed.

*Form available at the following page: www.fondosaneditil.it/en/istruzioni-operative-dipendenti-enti/

2.



DOCUMENTS REQUIRED FOR THE PROPER PROCESSING OF HEALTH CARE CLAIMS AND REIMBURSEMENT OF EXPENSES

The following must be attached to the application forms referred to in point 1:

A. When applying for benefits under direct agreement:

- **COPY OF THE MEDICAL PRESCRIPTION/REFERRAL** with an indication of the pathology reported (certain or suspected) and of any diagnostic tests required.

B. When claiming reimbursement of health care costs incurred (including those from the SSN):

- **COPY OF THE MEDICAL PRESCRIPTION/REFERRAL** with an indication of the pathology reported (certain or suspected) and of any diagnostic tests required
- **COPIES OF INVOICES/RECEIPTS OF EXPENDITURE**
- **COPY OF AN IDENTITY DOCUMENT***

We recommend that you always keep a copy of the documentation sent to the Cassa Edile/EdilCassa and the originals of the invoices/receipts for expenses.

Please note that failure to comply with any one of the above indications will not allow the health service to be activated or the expenses incurred to be reimbursed.

*This is only required in cases where the request is submitted by email.

3.



HOW TO SUBMIT CLAIMS FOR MEDICAL BENEFITS AND REIMBURSEMENT

A. E-mail/recommendation

Persons interested in requesting a medical service or reimbursement of an expense incurred must forward the documentation referred to in points 1 and 2 to the Sanedil Fund at the e-mail address [**prestazioni@fondosanedil.it**](mailto:prestazioni@fondosanedil.it) or by registered mail with return receipt to be delivered to Casella Postale 7249 c/o Ufficio Postale Roma Nomentano, 00162, Rome.

B. Web Portal

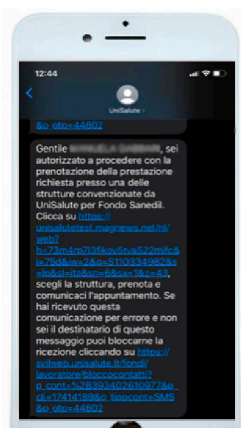
After registering in the Private Area of Fondo Sanedil's web portal, members or their families can request a service from a network of approved partners or the reimbursement of a medical expense that will be taken over by a Fondo Sanedil operator. For further details, visit www.fondosanedil.it.

4.



REQUESTING A SERVICE IN AUTHORISATION MODE

Upon submitting the request for a service and once the Fund operator has completed entering the relevant data, the applicant, if in good standing with the insurance cover, will receive a text message and/or an email confirming authorisation, with instructions on how to make the booking of the affiliated healthcare facility **independently**.



UniSalute
SPECIALISTI NELL'ASSICURAZIONE SALUTE

Gentile **XXXXXXXXXXXX**,

sei autorizzato a procedere con la prenotazione della prestazione richiesta presso una delle strutture sanitarie convenzionate da UniSalute per Fondo Sanedil.

Segui questi semplici passi:

1. **Clicca qui** e consulta l'elenco di strutture sanitarie disponibili
2. scegli la struttura che preferisci
3. prenota la prestazione contattando direttamente la struttura scelta
4. comunicaci data e ora dell'appuntamento utilizzando il link del punto 1.

Se hai ricevuto questa comunicazione per errore e non sei il destinatario di questa email, puoi bloccarne la ricezione in ogni momento **cliccando qui**.

Cordiali Saluti,

UniSalute

By clicking on the **link in the email and/or text message**, the applicant **accesses the page for choosing the affiliated healthcare facility**. The page offers a list of facilities to choose from.

Upon clicking on the chosen facility, the applicant displays the facility's contact details to make the appointment. The applicant must also indicate the doctor with whom the service will be provided. **When contacting the health facility, the applicant must remember** to inform them that they are **insured with Fondo Sanedil - UniSalute**.

4.



Should the applicant wish to choose a facility other than the three automatically proposed by the system, he/she can **independently consult the list of affiliated facilities on the Fondo Sanedil website** and then click on the appropriate link at the bottom of the page (see example below).

CENTRO SAN PETRONIO
Via Speranza 52, 40133 Bologna BO
[Clicca qui per comunicare appuntamento prenotato](#)

CENTRO DI TERAPIA IONFORETICA S.R.L.
Via Leronini 47/C, 40133 Bologna BO
[Clicca qui per comunicare appuntamento prenotato](#)

POLIAMBULATORIO DAGNINI SRL
Via Dagnini 44, 40137 Bologna BO
[Clicca qui per comunicare appuntamento prenotato](#)

COMUNICA DATA E ORA

Desideri prenotare in una struttura sanitaria diversa da quelle proposte? Consulta l'elenco delle strutture convenzionate sul sito del Fondo Sanedil [Clicca qui](#)

The applicant must **indicate the date and time of the appointment** already agreed with the chosen health facility.

The applicant, having taken note of the summary of the appointment with the date and time entered, will now see all the **information relating to the booking, including any fee to be paid by the applicant**. By clicking on “**Confirm**” he/she proceeds to send the information to **UniSalute**.

Upon **completion of the booking procedure**, the applicant **receives a text message and/or email confirming** the booking.

Please note that after receiving the booking authorisation text message, the applicant has 15 days to make the booking at the affiliated facility, after which it will be necessary to submit a new authorisation request to the Cas-sa Edile/Edilcassa.

4.



FULL BOOKING

The process differs depending on whether or not the applicant has already made the appointment with the affiliated healthcare facility. It is understood that the healthcare facility **must always be contacted personally by the applicant** to establish the terms of the appointment.

WITH AN APPOINTMENT ALREADY FIXED WITH THE HEALTH FACILITY

The applicant submits the benefit claim to the **Fondo Sanedil (point 3)**.

Having already made a booking with a facility that has an agreement with the hospital, the applicant must indicate on the request form the chosen health facility, the date and time of the appointment. For specialist examinations, the applicant must also indicate the name of the doctor who will perform the examination.

Upon **completion** of the booking procedure by the Fondo Sanedil operator, the applicant receives a **text message and/or email confirming the booking**.

WITHOUT AN APPOINTMENT

The applicant submits the request to the **Fondo Sanedil (point 3)**.

As the applicant has not yet booked the facility/medical agreement, **he/she forwards the requested documentation to the Fondo Sanedil operator (points 1 and 2A)** without evidence of the appointment time.

4.



Applicants will then contact the affiliated healthcare facility, **make an appointment** and **promptly** notify the Fondo Sanedil operator of the terms of the appointment (healthcare facility, date and time of the appointment, as well as the name of the doctor who will provide the service in the case of specialist examinations).

Upon **completion of the booking procedure** by the Cassa staff, the applicant will **receive a text message and/or email confirming** the booking.

5.



POINTS OF ATTENTION IN THE HEALTH SERVICE/REIMBURSEMENT REQUEST PROCESS

1

Claims for medical benefits or reimbursements may only be made for claims incurred **from the effective date of the relevant medical plan**, provided that the contributions are paid in full.

2

Eligible for the PLUS Health Plan:

- **members with blue-collar status (including their family members with tax liability)** who have been paid the APE benefit by the end of September of the year in which each insurance year begins (1 October - 30 September);
- **members with a clerical qualification (including their tax-dependent family members)** when 24 months of contributions to the Fondo Sanedil can be verified.

3

Eligible for the Basic health plan:

- **blue-collar and white-collar workers (including their families with tax liability)** who have not met the requirements for the Plus Plan.

5.



- 4** For **dental services** that are covered only by the **dental treatment** envisaged in the medical plans, **the applicant should NOT attach any medical documentation**, as the dentist will send the medical history form provided by the insurance company. In any case, the **applicant** must **expressly** indicate this type of request in the space reserved on the form mentioned in point 1.

N.B. Only fillings, root canal treatments, and devitalisations are included in “conservative dental care” under the health plan.

- 5** With reference **exclusively to the DENTAL PREVENTION COVER**, the claimant must indicate **“tartar removal”** in the space reserved for the **description of the service requested** in point 1. **ONLY in this case will the claimant not have to wait for the dental practitioner to send the medical history form to the Insurance Company, and will be able to receive the service on receipt of the text message and/or email confirming the appointment.**

- 6** **Dental services are only provided on a refundable basis** if the claimant makes **use of the National Health Service**
The purchase of lenses, orthopaedic and hearing aids, and expenses incurred in the National Health Service, if provided for in the Health

Plans, are covered on a **reimbursement basis only**.

For all other guarantees, the reimbursement modality is foreseen only if the applicant is domiciled/resident **in a province with no affiliated healthcare facilities**.

7 **The claimant must declare** on the claim form or accident report form whether other policies cover the same insured risk. In this case, **the same risks covered by two or more insurances**, even if they can be traced back to the Fondo Sanedil (UniSalute and UnipolSai), will be managed by both companies following the reimbursement limits set out in the contract.

Applicants who have already been reimbursed by another insurance company for the same insured risk **will be paid only the amount they have to pay**, subject to the deductibles and maximums and net of the amount already reimbursed, which must be documented and certified.

8 **The insurance** cover also applies for **60 days** in the case of **the Basic plan** or **90 days** in the case of the **Plus** plan following the member's state of unemployment. These periods are counted from the termination of employment monthly and not for individual days.



1.



HOW TO REPORT A CLAIM AND REQUEST REIMBURSEMENT FOR TREATMENT OR COMPENSATION FOLLOWING AN ACCIDENT

The member must send the accident report form to the e-mail address **prestazioni@fondosanedil.it** or by registered mail to be delivered to Casella Postale 7249 c/o Ufficio Postale Roma Nomentano, 00162, Rome.

2.



POINTS TO NOTE IN THE REPORTING PROCESS

1

Claims can only be made for claims occurring after **1 October 2020**.

2

It is important that the form is completed correctly and signed by the applicant.

This form **must be accompanied** by the following:

- **MEDICAL DOCUMENTATION** already available, as identified in the Accident Insurance Guide.

3

Claims must be **reported within 24 months** of their occurrence.

4

Members are required to send any additional documentation on claims that have already been opened to the **Fondo Sanedil**.

2.



5

For **neuromotor rehabilitation** services to be provided in **Scientific Hospitals and Hospitals of national importance and high specialisation for neuromotor rehabilitation** according to Law no. 833/78 art. 42 and subsequent amendments and integrations, the member shall refer exclusively to the **facilities***.

6

Members must declare on the form whether they have other policies covering the same insured risk. In this case, the same risks covered by two or more insurance policies, even if they are related to the Fondo Sanedil (UniSalute and UnipolSai), will be managed, per the contractual reimbursement limits, **by both companies.**

An applicant who has already been reimbursed by another company for the same insured risk shall be paid only the amount remaining for which he/she is responsible, in accordance with the deductibles and maximums and net of the amount already reimbursed, which must be documented and certified.

*Facilities structures indicated at the following page: www.fondosanedil.it/en/istruzioni-operative-dipendenti-enti/

2.



7

The member is entitled to an **additional period of insurance** cover following **loss of employment**, for **60 days** in the case of the **Basic health plan** or **90 days** in the case of the **Plus health plan**. These periods are counted from the termination of employment on a monthly basis and not for individual days.

INFORMATIONS AND CONTACTS

Members may obtain information on the status of the reported claim by writing to the email address [**prestazioni@fondosanedil.it**](mailto:prestazioni@fondosanedil.it) and indicating the reference claim number in the subject line of the email. Upon completion of the investigation, the Company shall pay the amount due directly into the applicant's bank account by bank transfer.



Follow us on Facebook

@FondoSanedil