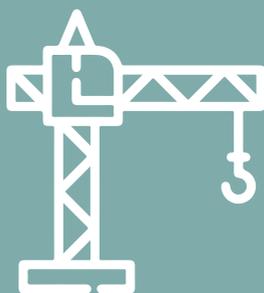




**SELF-MANAGED SERVICES**



**FOR EMPLOYEES OF CONSTRUCTION  
COMPANIES AND FAMILY MEMBERS**

# 1.



## HOW TO APPLY FOR REIMBURSEMENT FOR EMPLOYEES OF CONSTRUCTION COMPANIES AND FAMILY MEMBERS FOR SELF-DIRECTED SERVICES

To request the reimbursement of a benefit recognized directly by Health, the member (worker or employee), also in the interest of the fiscally dependent spouse and resulting from the family status/fiscally dependent children, must submit to his own Cassa Edile/EdilCassa of reference the appropriate **form\***, which must be completed and signed.

\*Form available at the following page: [www.fondosaneditil.it/en/istruzioni-operative-in-autogestione/](http://www.fondosaneditil.it/en/istruzioni-operative-in-autogestione/)

# 2.



## DOCUMENTATION REQUIRED FOR PROPER PROCESSING OF EXPENSE CLAIMS

The following must be attached to the request form referred to in point 1:

### A. For corrective lenses frames:

- **COPY OF VISUS VARIATION CERTIFICATE\*** issued by ophthalmologist/optometrist.
- **COPY OF EXPENDITURE DOCUMENT:** invoice, sales receipt.
- **COPY OF AN IDENTITY DOCUMENT**

### B. For Health Aids/Prescription:

- **MEDICAL PRESCRIPTION COPY** of the specialist of the branch, with a diagnostic question or presumed or ascertained pathology
- **INVOICE/RECEIPT OF EXPENSE ISSUED BY THE SUPPLIER**
- **COPY OF AN IDENTITY DOCUMENT**

**In both cases, for a benefit request involving a fiscally dependent family member, the enrollee must also send a copy of the certification of insurable household.**

**This certificate will have to be presented again only and exclusively in the case in which there is a modification of the originally declared nucleus.**

**Please note:** it is recommended to always keep a copy of the documentation submitted to the Cassa Edile/EdilCassa and the original invoices/receipts.

\*Document used to request reimbursement for lenses from UniSalute.

# 3.



## WHERE TO SUBMIT YOUR CLAIM

The request for reimbursement must be presented to the Cassa Edile/EdilCassa in which the worker is registered/declared or, if not registered/declared, to the Cassa of the territory in which the company where the worker is employed is located, by delivering/sending the form, which must be filled in and signed, in the following manner:

### **A. Cassa Edile/EdilCassa counter:**

The documentation (form + attachments) can be submitted, even by a delegated person (facilitator), directly to the office of the Cassa Edile/EdilCassa. It is recommended, before going to the office, to fill in the **form** and to arrive with all the documents to be attached.

### **B. Email or Registered mail:**

The documentation (form + attachments) can be submitted to the Cassa Edile/EdilCassa by e-mail or registered mail with a return receipt.





## EMPLOYEES OF INSTITUTIONS AND FAMILY MEMBERS

# 1.



## HOW TO APPLY FOR A REFUND FOR EMPLOYEES OF INSTITUTIONS AND FAMILY MEMBERS

The member, also in the interest of the tax dependent spouse, resulting from the family status and of the tax dependent children, to request the reimbursement of a benefit recognized directly by Sanedil, must present to the Fund the appropriate **form\***, which must be filled in and signed.

\*Form available at the following page: [www.fondosanedil.it/en/istruzioni-operative-in-autogestione/](http://www.fondosanedil.it/en/istruzioni-operative-in-autogestione/)

# 2.



## DOCUMENTATION REQUIRED FOR PROPER PROCESSING OF EXPENSE CLAIMS

The following must be attached to the request form referred to in point 1:

### A. For corrective lenses frames:

- **COPY OF VISUS VARIATION CERTIFICATE\*** issued by ophthalmologist/optometrist
- **COPY OF EXPENDITURE DOCUMENT:** invoice, sales receipt
- **COPY OF AN IDENTITY DOCUMENT**

### B. For Health Aids/Prescription:

- **MEDICAL PRESCRIPTION COPY** of the specialist of the branch, with a diagnostic question or presumed or ascertained pathology
- **INVOICE/RECEIPT OF EXPENSE ISSUED BY THE SUPPLIER**
- **COPY OF AN IDENTITY DOCUMENT**

**In both cases, for a claim involving a family member who is fiscally dependent, the member must also send a copy of the certification of the insurable family unit.**

**This certificate will have to be resubmitted only and exclusively in the case in which there is a modification of the originally declared nucleus.**

**Please note:** it is recommended to always keep a copy of the documentation submitted to the Cassa Edile/EdilCassa and the original invoices/receipts.

\*Document used to request reimbursement for lenses from UniSalute.

# 3.



## WHERE TO SUBMIT YOUR CLAIM

The claim for refund must be submitted to the Sanedil Fund in the following manner:

### **Email:**

The claim for refund must be submitted to the Sanedil Fund by sending all the necessary documentation (form + attachments) to the e-mail address **prestazioni@fondosanedil.it**.

### **Registered mail r.r.:**

The claim form must be sent by registered mail with proof of posting to be delivered to Casella Postale 7249 c/o Ufficio Postale Roma Nomentano, 00162, Rome.





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