



**REIMBURSEMENT FOR A BENEFIT THAT HAS ALREADY BEEN PROVIDED**

**Documentation required**

To speed up the reimbursement process, please send all documents relating to one claim together

**Hospitalisation for major surgery**

copy of complete medical records including any medical prescriptions   
copy of invoices and/or tax receipts

**Pre- and post-hospitalisation benefits**

copy of medical prescriptions   
copy of invoices and/or tax receipts

**Hospitalisation for major surgery: claim for allowance in lieu**

copy of complete medical records

**Highly-specialised services and specialist consultations**

copy of invoices and/or tax receipts   
copy of medical prescriptions including suspected or ascertained condition

**Co-payment for diagnostic investigations and Accident & Emergency treatment**

copy of invoices and/or tax receipts   
copy of medical prescriptions including suspected or ascertained condition (not required for A&E treatment)

**Rehabilitation physiotherapy treatments**

copy of invoices and/or tax receipts   
copy of medical prescriptions specifying the medical condition   
copy of the Accident & Emergency Department certificate (in the case of an accident)

**Co-payment for implantology services**

copy of invoices and/or tax receipts   
copy of x-rays and x-ray reports

**Co-payment for out-patient dental surgery**

copy of invoices and/or tax receipts   
copy of medical documentation

**Co-payment for conservative dental care**

copy of invoices and/or tax receipts

**Orthopaedic prostheses and hearing aids**

copy of medical prescriptions   
copy of invoices and/or tax receipts

**Lenses**

copy of invoices and/or tax receipts   
copy of sight impairment certificate issued by an ophthalmologist

**Severe impairment resulting from permanent disability following occupational accidents or severe medical conditions**

copy of invoices and/or tax receipts   
copy of medical documentation   
copy of INAIL documentation

**Co-payment for specialist consultations and diagnostic investigations for chronic medical conditions (Monitor Salute)**

copy of invoices and/or tax receipts   
copy of the medical documentation as indicated in the Guide

**Co-payment for ante-natal ultrasound scans**

copy of invoices and/or tax receipts

**COVID-19 SECTION**

**Daily hospitalisation allowance in case of COVID-19 infection**  
copy of complete medical record (indicating positivity for COVID-19)

**Post-hospitalisation daily allowance following intensive care for COVID-19**

copy of complete medical record (indicating positivity for COVID-19)

**If these are additional documents referring to an existing claim, please specify the claim number:**

CLAIM No. \_\_\_\_\_

This will allow us to speed up the assessment and reimbursement procedure.

**A copy of the following invoices is attached:**

NUMBER	DATE	AMOUNT

NUMBER	DATE	AMOUNT

and it is hereby acknowledged that, for the purposes of the proper assessment of the claim or the verification of the authenticity of the copies of documentation provided, UniSalute will always be entitled to request the original copies of expense documentation.

**I hereby declare that I have no other healthcare coverage and have not submitted reimbursement requests to other Insurance Companies, Institutions, Funds or Entities; otherwise please indicate the Insurance Company/Institution/Fund/Entity: \_\_\_\_\_ (Mandatory information pursuant to article 1910 of the Italian Civil Code).**

**NEW REQUEST FOR A BENEFIT TO BE PROVIDED AT AN AFFILIATED FACILITY**

**SPECIFY THE BENEFIT REQUESTED, AS INDICATED BY THE DOCTOR ON THE PRESCRIPTION:**

If the appointment has already been made (N.B.: SANEDIL WILL ONLY CONSIDER THE APPOINTMENT TO BE VALID IF IT HAS ALREADY BEEN CONFIRMED BY UNISALUTE):

**NAME AND ADDRESS OF THE FACILITY AFFILIATED WITH UNISALUTE:**

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TIME:** \_\_\_\_\_

**Documentation required for benefits provided by affiliated facilities:** Copy of the prescription issued by the treating physician and any other documentation indicated in the Guide; Copy of the certificate of employment issued by the Member's employer (always required).

The request regards an appointment for the prevention package/dental care and consequently a copy of the treating physician's prescription is not required.

**For Specialist consultations, specify the physician's name, if known:** \_\_\_\_\_

**For Female prevention package / Breast / Gynaecology consultations. indicate the date of the last period:**

## Information for Customers regarding use of data and rights

Dear Customer,

Pursuant to Regulation (EU) no. 679/2016 – General Data Protection Regulation (hereinafter also “the Regulation”) and articles 15 and 16 of IVASS Reg. no. 34/2010 (articles 183 and 191 of Legislative Decree 209/2005 – Private Insurance Code), we wish to inform you that, in order to provide you with the insurance products and/or services you are entitled to, UniSalute S.p.A., in its capacity and Data Controller, needs to use certain data regarding you.

### WHAT DATA DO WE ACQUIRE AND HOW DO WE PROCESS THEM?

These are personal data (such as, for example, first and last name, residence, date and place of birth, occupation, land-line and mobile telephone numbers and e-mail address) that you, a person appointed by you (known as a “Facilitator”) or other subjects<sup>(1)</sup> have provided to us; including special categories of personal data (health-related data), which are essential in order for us to be able to provide the aforementioned insurance services and/or products.

Providing these data is usually necessary for the conclusion of the insurance contract and for its management and performance<sup>(2)</sup>; in some cases, it is mandatory pursuant to law, regulations, Community legislation or in accordance with the instructions imposed by public institutions such as the Judicial Authority or the Supervisory Authorities<sup>(3)</sup>. In the absence of such data, we would not be able to provide you with the required service properly; the optional release of some additional data (your contact details) may also be useful in facilitating the sending of notices and communications.

### WHY ARE WE ASKING FOR YOUR DATA?

Your data will be used by our Company for purposes closely connected with insurance activities such as, for example, (i) to provide the contractual services and insurance benefits you have requested and to fulfil the relative regulatory, administrative and accounting obligations, (ii) to mitigate and prevent fraud, (iii) to exercise and protect rights in legal proceedings, and (iv) to analyse data (excluding those pertaining to special categories), according to product parameters, policy characteristics and information regarding claims, related to statistical and pricing assessments; where necessary, for said purposes and for the relative administrative and accounting activities, your data may also be acquired and used by other companies in our Group<sup>(4)</sup>. Processing for the purposes indicated in points (ii), (iii) and (iv) is necessary in order to pursue the legitimate interests of our Company and of the other Companies in our Group in their performance of the activities indicated above.

Your data may only be disclosed to private or public third-party entities involved in the provision of the insurance services requested that concern you<sup>(5)</sup> or in operations necessary for the fulfilment of obligations related to the insurance activity<sup>(3)</sup>.

We may only process your personal data pertaining to special categories of data (health-related data) once we have acquired your explicit consent to do so<sup>(6)</sup>.

### HOW DO WE PROCESS YOUR DATA?

Your data will not be disseminated; they will be processed using suitable means and procedures, including computerised and electronic means and procedures, and shall only be made privy to the staff appointed by our Company's facilities designated to provide the insurance products and services regarding you and by external entities we trust and to whom we designate certain technical or organisational tasks, who work as data processors on our behalf<sup>(7)</sup>. Your personal data shall be kept in full observance of the security measures specified by personal data protection regulations and shall be stored for the duration of the insurance contract and, at its expiry, for as long as required in compliance with regulations on the storage of documentation for administrative, accounting, fiscal, contractual and insurance purposes (usually 10 years).

### WHAT ARE YOUR RIGHTS?

Data protection regulations (articles 15-22 of the Regulation) guarantee you the right, at any time, to access the data regarding you, and to obtain their correction and/or supplementation, if inaccurate or incomplete, their erasure, if processed unlawfully, or the portability of the data you provide, where processed in an automated manner for the contractual services you request, within the limits contemplated by the Regulation (article 20). Data privacy regulations also give you the right to restrict the processing of the data, where the necessary conditions exist, and to object to their processing for reasons associated with your particular situation.

The Data Controller of your personal data is UniSalute S.p.A. ([www.unisalute.it](http://www.unisalute.it)) with offices in Via Larga 8 – 40138 Bologna. The “Data Protection Officer” is at your disposal for any doubts or clarification and can be contacted at UniSalute S.p.A. headquarters using the email address [privacy@unisalute.it](mailto:privacy@unisalute.it) if you wish to exercise your rights or to receive an up-to-date list of the categories of recipients your data may be transferred to as indicated in note<sup>(5)</sup>.

You are in any case entitled to file a complaint with the Italian Privacy Authority if you believe it necessary in order to protect your personal data and corresponding rights.

#### Notes

- 1) For example, the contracting parties of insurance policies in which you are the insured person or the beneficiary, any jointly liable parties; persons designated by you; other insurance operators (such as insurance brokers, insurance companies, etc.); entities that, in order to satisfy your requests (e.g., issue or renewal of coverage, settlement of claims, etc.) require business information; associations (e.g., care associations for your occupational sector) and other public entities.
- 2) For example, to prepare or take out insurance policies, for the collection of premiums, settlement of claims or payment or performance of other services; for reinsurance and co-insurance; for fulfilment of other specific contractual obligations for the prevention and identification, in cooperation with other Group Companies, of insurance fraud and corresponding legal proceedings; for the establishment, exercise and defence of the insurer's rights; for the analysis of new insurance markets; for management and internal control; for statistical and pricing activities.
- 3) For the fulfilment of specific legal obligations, for example, as a result of (i) the orders of IVASS, CONSOB, COVIP, Bank of Italy, AGCM, Privacy Authority, (ii) compliance with tax assessments, (iii) fulfilment of identification, registration and customer due diligence obligations and for reporting suspicious transactions under anti-money laundering and terrorist financing legislation (Legislative Decree no. 231/07), (iv) providing data to the Centralised Information Archive, managed by Consap on behalf of the Ministry of Economics and Finance (as the Data Controller) for the purpose of preventing fraud caused by identity theft, (v) providing data to other databases to which data must be sent mandatorily. The full list is available at our head office or from the Data Protection Officer.
- 4) Unipol Group, whose parent company is Unipol Gruppo S.p.A. A full list of Group companies is available from the Unipol Gruppo S.p.A. website [www.unipol.it](http://www.unipol.it)
- 5) In particular, your data may be disclosed and processed in Italy and, where applicable, if necessary for the provision of the requested services (e.g. within the context of the care benefit), in countries of the European Union or outside the EU, by entities belonging to the so-called “Insurance chain”, such as: other insurers; co-insurers and reinsurers; insurance and reinsurance brokers and other channels of acquisition of insurance contracts; banks; experts, legal counsels; service companies, including companies that provide claims management and settlement services (such as Helplines), acknowledgment services; doctors, healthcare facilities or affiliated clinics (the full list is available from our headquarter or the Data Protection Officer). Any personal data transfer outside the European Union will be performed in compliance with the limits and provisions set forth in Regulation (EU) no. 679/2016 and the provisions issued by the Italian Privacy Authority.
- 6) We wish to remind you that, where the processing of your data is based on your consent, this consent can be withdrawn without affecting the lawfulness of the processing based on consent granted prior to withdrawal. We also wish to inform you that your personal data, not including special categories of personal data, may be lawfully processed by UniSalute, without your consent, to provide the contractual services you request or for which you are eligible, to fulfil its legal obligations, to perform the administrative and accounting activities associated with the management of the insurance relationship and to pursue other legitimate interests of UniSalute and other Unipol Group Companies (e.g. the prevention and mitigation of fraud, protection of rights in legal proceedings).
- 7) These include, for example, IT, telematics or storage service providers; service providers designated to perform claim management, settlement and payment activities; companies supporting management activities including postal service companies; auditing and consultancy firms; companies providing business information for financial risk; fraud control service providers; debt collection companies.

UniSalute S.p.A.

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Società soggetta all'attività di direzione e coordinamento di Unipol Gruppo S.p.A., iscritta all'Albo Imprese di Assicurazione e riassicurazione Sez. I al n. 1.00084 e facente parte del Gruppo Assicurativo Unipol iscritto all'Albo delle società capogruppo al n. 046  
[www.unisalute.it](http://www.unisalute.it)