

***FOR THE INSURED INFORMATIVE
on the processing of personal data, according to and for
the purposes of the European Regulation EU 2016/679***

Dear Mr / Mrs,

Following the assistance assignment given to our Association for the fulfilment of the obligations aimed at obtaining reimbursements and indemnities provided for by the policies with which you are insured, the following information is hereby provided.

Introduction - The EU Regulation 2016/679 (Code regarding the protection of personal data) provides for the protection of legal persons and any other body or association and other subjects regarding the processing of personal data. According to this legislation, the processing of personal data referring to a subject, specifically to be defined as "interested", is based on principles of correctness, lawfulness and transparency, as well as the protection of the privacy and rights of the interested party.

This is to inform you, in compliance with the aforementioned decree, that concerning the relationship you have with our structure, we own some data relating to you, which may have also been acquired verbally. According to the Article 13 of EU Regulation 2016/679, our structure, as Data Controller, will process the personal data provided by you in compliance with the law, with the utmost care, implementing effective management procedures and processes to ensure the protection of the processing of your personal data.

1. Processing methods and purposes - The data provided, even particular (sensitive) data, will be processed for the execution and the purposes referred to in the aforementioned assignment, in compliance with the aforementioned legislation and the confidentiality obligations and rights of the 'interested.

The data communicated will be recorded, processed, and stored in our paper and electronic archives, in particular:

- For the inclusion of personal data in the computer databases.
- For the fulfilment, with insurers, brokers and intermediaries, of the formalities aimed at obtaining reimbursements and indemnities for themselves and their families.

2. What are your rights - The privacy legislation (articles 15 -22 of the Regulations) guarantees you the right to access your data at any time, as well as to their correction and / or integration, if inaccurate or incomplete, to their cancellation or limitation of their treatment, if the conditions are met, to the opposition to their treatment for reasons related to your particular situation, to the portability of the data provided by you, when processed in an automated way for the contractual services requested by you , within the limits of the provisions of the Regulation (Article 20).

3. Data Controller and Data Processor - The Data Controller is SISCOS SERVIZI S.A.S (www.siscoservizi.com) with headquarters in Via Fabio Filzi 2 - 20124 Milan (info@siscoservizi.com).

Your right to complain with the Italian Authority, the Privacy Guarantor, remains unaffected if deemed necessary for the protection of your data and your rights on the matter.

SISCOS SERVIZI S.A.S.

APPLICATION FORM TO THE TEMPORARY INSURANCE

IN CASE OF DEATH – Policy GENERALI Italia n° 103566

INSURED:

Surname: Name:

Born on: in: Country

Sex M F Fiscal Code:

Address Town:

Zip Code: Province: Country:

Job title: Beneficiary in case of death: LEGAL HEIR *as defined in the policy terms*

With effect from *h 24 of*: Duration n° quarters (select): 1 2 3 4

Sum insured: € 150.000,00 € 250.000,00

DECLARATION OF THE INSURED

The undersigned insured:

- 1) declares to be aware, also regarding the provisions of art. 1919 of the Italian Civil Code, that this form must be used exclusively for its admission to the collective agreement stipulated by the contractor with Generali Italia S.p.A. ;
- 2) declares that he is NOT the holder of a disability allowance / disability pension and that he does NOT have ongoing practices for the recognition of disability / inability;
- 3) declares that he does not suffer and that he has not suffered from diseases that have manifested themselves or that have required treatment, care and / or controls in the last 5 years (except for flu or cold syndromes, childhood exanthematous diseases, interventions cosmetic surgery, uncomplicated allergic forms, muscle-tension headaches and hospitalizations with complete healing for appendectomy, tonsillectomy, adenoidectomy, herniaectomy, saphenectomy, varices, haemorrhoidectomy, meniscectomy, simple bone fractures, deviation of the nasal septum, childbirth and cholecystectomy not due to neoplasm);
- 4) declares to be able to perform the following "elementary acts of daily life": bathing or showering, dressing and undressing, body hygiene, mobility, continence, drinking and eating.

Place and Date

Signature of the Insured _____

Warnings relating to questionnaires:

- a) untruthful, inaccurate or reticent statements made by the person entitled to provide the information required for the conclusion of the contract may compromise the right to performance;
- b) before signing the questionnaire, the person referred to in letter a) must verify the accuracy of the statements contained in the questionnaire;
- c) even in cases not expressly provided for by Generali Italia, the insured may request to be subjected to a medical examination to certify the actual state of health, at the cost of his or her own.

The insured must in any case sign the consent to the insurance treatment of common and sensitive personal data.

NGO/ASSOCIATION	<input type="text"/>
TEL.	<input type="text"/>

ATTACHMENT IV Contract n. 103566

HEALTH QUESTIONNAIRE

Personal Data	
Surname and Name: <input type="text"/>	Date of birth: <input type="text"/>
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Fiscal Code: <input type="text"/>

Sum insured: €150.000,00 € 250.000,00

It is the interest of the Insured not to silence any information regarding his/her health condition: concealing of information (diseases, surgical interventions, exams outcomes, invalidity, etc.) expose the beneficiaries of the policy to the risk of a dispute about the payment of the sum insured (artt. 1892 and 1893 of Italian Civil Code).

<i>(INDICATE YES OR NO)</i>	
1. Indicate current weight and height: Weight in kg <input type="text"/>	Height cm <input type="text"/>
2. Do you smoke or have ever smoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, indicate the daily number and period <input type="text"/>	
3. Are you unable to perform the following "elementary acts of daily life" bathing or showering, dressing and undressing, body hygiene, mobility, continence, drinking and eating?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, indicate which ones: <input type="text"/>	
Causes and possible pathology: <input type="text"/>	
Limitations to daily life (eg: shopping, driving a car, preparing food, cleaning, handle money, practice his hobbies, play sports, follow medical therapy correctly, call, etc ...):	
<input type="text"/>	
Do you suffer or have ever suffered from:	
4. Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, precise, diabetes type 1 o diabetes type 2: <input type="text"/>	
Date of diagnosis: <input type="text"/>	
Recent blood glucose : <input type="text"/> glyated hemoglobin : <input type="text"/>	
Possible complication/hospitalization: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES indicate which: <input type="text"/>	
Therapy performed and/or currently in progress (indicate if insulin-dependent): <input type="text"/>	
5. Coronary Artery diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, indicate the date of diagnosis : <input type="text"/>	
An acute event that lead to diagnosis (heart attack, angina etc.): <input type="text"/>	
The number of vessels involved (single-vessel, two-vessel or triple-vessel): <input type="text"/>	

Possible complications (arrhythmias, cardiomyopathies, valvular diseases, a pace maker/defibrillator etc.)

Yes No

If YES, Precise which ones :

Surgical intervention/hospitalizations? Yes No

If YES, indicate when and the reason:

Therapy done and/or currently progress:

6. Hypertension? Yes No

If YES, indicate the date of diagnosis:

Therapy done and/or currently underway :

It is in a medical compensation? Yes No

Current pressure value: Max. Min.

7. Neoplasm? Yes No

If YES, precise if malignant or benign :

Date of diagnosis: date of possible removal:

Localization:

TNM/staging degree :

Possible recurrences: Yes No

If YES, Precise which ones:

Type of treatment:

8. Hepatitis B and C? Yes No

If YES, for Hepatitis b indicate recent values of HBsAg HBV DNA: HbeAg:

If YES, for Hepatitis c indicate recent values of HCV: HCV RNA:

In both cases, fill in the fields below:

Date of diagnosis

Possible complications (fibrosis, cirrhosis, neoplasm ...): Yes No

If Yes, indicate which ones:

Current Stage/Recovery:

Therapy done and/or currently in progress:

9. Do you suffer or have suffered from diseases or physical disablement not included in the categories listed above?

Yes No

(DO NOT INDICATE flu or cold syndromes, childhood exanthematous diseases, cosmetic surgery, uncomplicated allergic forms, muscle-tension headaches and hospitalizations occurred with complete recovery for appendectomy, tonsillectomy, adenoidectomy, herniaectomy, saphenectomy, varices, haemorrhoidectomy, meniscectomy, simple bone fractures, nasal septal deviation, childbirth and cholecystectomy not due to neoplasia).

If YES, precise which ones :

grade/type /stadium:

time and duration:

What therapy is following or has followed :

The outcome of the last examination carried out with the illness:

10. Have you ever had clinical / instrumental tests (lab tests, specialist consultation, other) that have revealed abnormal situations in the past 5 years? Yes No

If YES, indicate which ones

When:

Outcome:

11. Have you ever been hospitalized or do you plan to be admitted to a hospital or similar facility for surgery, invasive procedures, simple tests or biopsy examinations? **Yes** **No**
Or have you ever undergone blood transfusions or blood product therapy? **Yes** **No**

(DO NOT INDICATE hospitalizations over a month, with complete healing, for appendectomy, tonsillectomy, adenoidectomy, herniaectomy, saphenectomy, varicose veins, haemorrhoidectomy, meniscectomy, simple bone fractures, deviation of the nasal septum, childbirth and cholis-mastectomy)

If **YES**, indicate:

when:
reason:
duration:
outcome:

12. Declares that he is NOT the holder of a disability allowance / disability pension and that he does NOT have ongoing practices for the recognition of disability / inability: **Yes** **No**

If **NO**, indicate, the Institution:

Date of recognition of request :

Reason:

Percentage of invalidity:

The undersigned Insured:

- declares, for all consequent effects, that the answers and information in order and every single question of the questionnaires are complete, truthful and exact and that he has not silenced, omitted or altered any circumstances regarding the questionnaires based on which the coverage and to assume the authorship and responsibility of the responses on their own, even if, according to the indications of the undersigned, others have taken care of the compilation material. The undersigned is aware and acknowledges that all the answers and information provided with the above questionnaire are essential for stipulating the contract, since based on these the Company determines the conditions for ensuring the risk;
- confirms therefore that the same information and answers are true and exact and that he has not silenced, omitted or altered any circumstance concerning the request, assuming all responsibility for the answers, even if written by others;
- exonerates from secrecy all doctors whose services have been or should have recourse both before and after the signing of this form, as well as hospitals, clinics, nursing homes, organizations or institutes in general, public or private, which own health news concerning him, to which, even after the occurrence of the event, Generali Italia believed to contact, expressly authorizing them and inviting them to release any relevant information, certification or documentation;
- acknowledges that, in the presence of conditions of non-insurability / exclusions, the Contractor / employer will be informed about the outcome of the risk assessment.

(Place and date)

(Name and surname readable)

(Signature)



Information on the processing of personal data pursuant to articles 13 and 14 of EU Regulation no. 679/2016 of 27 April 2016

Use of data for contractual purposes

We inform you that your personal data, provided by you, including in the case of videoconference/audioconference recording for distance selling purposes, or acquired from third parties⁽¹⁾ are processed by Generali Italia S.p.A. (hereinafter also the Company) as part of the Customer Profile, consultancy and insurance offer, including insurance quotes that we will prepare for you or third parties designated by you, (i) for the proposal and conclusion of insurance contracts and related or ancillary services and/or products, and to comply with related regulatory requirements (such as those relating to anti-money laundering); (ii) for the performance of contracts entered into by you, (iii) to, where appropriate, prevent, detect and/or prosecute any insurance fraud; (iv) to communicate your personal data to companies that perform outsourced services on behalf of the Company or for the execution of existing contracts; (v) for the exercise and defence of rights; (vi) for the fulfilment of specific legal or contractual obligations; (vii) for internal management and control; (viii) for statistical activities ⁽²⁾. We also inform you that the processing of your personal data for the purposes referred to in points (i), (ii), (iii), (v), (vi) and (vii) is necessary and functional to the provision of services by the Company and/or the execution of existing contracts and requires your explicit consent, if not already expressed, only for the processing of special categories of personal data referred to in Article 9, paragraph 1 of the Regulation (including, in particular, data relating to health) as well as complying with a regulatory obligation in relation to the data acquired during the video/audio conference; while for the purposes referred to in letters (iv), (v) and (viii) the processing of your data is based on the legitimate interest of the Company to prevent and detect any insurance fraud, to exercise and defend its rights and to put in place a correct management. We therefore inform you that for the purposes of the processing as illustrated above from (i) to (viii) the provision of data is mandatory and their failure, partial or incorrect provision may result, in the impossibility of carrying out the requested activities and precludes the Company from fulfilling the contractual obligations as provided for by the contracts in place.

Rights of the data subject

You will be able to know what your data are processed by the Company and, if the conditions are met, exercise the various rights relating to their use (right of access, rectification, updating, integration, cancellation, limitation of processing, portability, revocation of consent to processing and to obtain a copy of your data where these are stored in countries outside the European Union, as well as to obtain an indication of the place to which such data are stored or transferred) as well as to oppose for legitimate reasons to their particular processing and in any case to their use for commercial purposes, in whole or in part also with regard to the use of automated methods by contacting:

- Generali Italia S.p.A., Via Marocchesa 14, 31021 Mogliano Veneto TV, or the Data Protection Officer (DPO), who can be contacted by e-mail at "RPD.it@generalitalia.com" and/or by ordinary mail to the address "RPD Generali Italia - Mogliano Veneto, Via Marocchesa 14 31021.

We also inform you that, if you notice that the processing of your data is not consistent with the consents you have expressed, you can lodge a complaint with the Guarantor for the protection of personal data, in the manner indicated on the website of the Guarantor itself.

Data retention times

Your personal data may be stored for different periods of time depending on the purpose for which they are processed, in accordance with the privacy legislation applicable from time to time, in particular for contractual purposes, for the entire duration of the existing relationships and, in accordance with current legislation, for a period of 10 years from the time of termination of the effectiveness of the contract or, in the event of disputes, for the limitation period provided for by the legislation for the protection of related rights, without prejudice in any case to longer retention periods provided for by specific sector regulations



Communication of Data

Your data will not be disseminated and will be processed using suitable methods and procedures, including computerized ones, by employees and collaborators of the Company and by other subjects, including external ones, designated as Data Processors or, in any case, operating as Data Controllers, who are involved in the management of existing relations with you or who carry out tasks of a technical nature on behalf of the Company, operational also inside and outside the EU(3).

Transfer of data abroad

Your data may also be communicated, where necessary, to private or public entities connected to the specific insurance relationship or to the insurance and reinsurance sector operating in countries located in the European Union or outside it (4) some of which may not provide adequate data protection safeguards (a full list of countries that provide adequate data protection safeguards is available on the website of the Data Protection Authority). In such cases, the transfer of your data will be carried out in compliance with the international rules and agreements in force, as well as in the face of the adoption of appropriate measures (e.g. standard contractual clauses).

Changes and Updates to the Policy

Also in consideration of future changes that may affect the applicable privacy legislation, the Company may supplement and/or update, in whole or in part, this Policy. It is understood that any modification, integration or update will be communicated to you in accordance with current legislation, including by publication on the Company's website www.generali.it.

NOTES:

1. The Company processes the following categories of data: personal and identification data, contact details, policy data, tax data and bank account details, other personal data provided by the data subject, special categories of personal data referred to in Article 9, paragraph 1, of the Regulation, data collected from public sources (lists, registers, public documents that can be known by anyone), data acquired from other third parties (Generali Group companies, policyholders, members of social security or welfare or health funds, commercial information and financial risk companies, external companies for market research purposes). In addition, also at the request of the Judicial Authority, the Company may process data relating to criminal convictions and offences.
2. By way of example, formulation of personalized recommendations and/or insurance proposals consistent with your insurance needs, preparation of estimates and subsequent renewals, stipulation of life, non-life or supplementary pension insurance contracts, collection of premiums, additional payments, switches and other activities provided for by the contract, settlement of claims or other benefits, reinsurance, coinsurance.
3. These are subjects that are part of the "insurance chain" (e.g. sub-agents, agency employees, manufacturers, insurance brokers, banks, credit institutions, debt collection companies, securities brokerage companies, insurers, co-insurers and reinsurers, pension funds, actuaries, lawyers and fiduciaries, technical consultants, experts, garages, roadside assistance companies, motor vehicle dismantling centers, health facilities, settlement companies companies of the Generali Group, and other companies that carry out, such as outsourcers, IT, telematics, financial, administrative, archiving, correspondence management, auditing and financial statement certification services, as well as companies specialising in market research and surveys on the quality of services.
4. Policyholders, insured persons, members of social security or health funds, garnishes, bondholders; insurers, co-insurers, reinsurers and associations/consortiums (ANIA, Mefop, Assoprevidenza) to whom the communication of data is functional to provide the services indicated above and to protect the rights of the insurance industry, institutional bodies and public bodies to which the data must be communicated by regulatory obligation.

My Privacy Consents

Having read the privacy policy on the processing of personal data, with reference to the processing of personal data for contractual purposes, I acknowledge that for the purposes of the processing as illustrated in the privacy policy from (i) to (viii) the provision of data is mandatory and that the same will be processed as indicated in the information to fulfill the contractual obligations as provided for by the contracts in place.



By signing, I also authorize the processing of special categories of my personal data, including those relating to health, for the purposes of the processing illustrated in the privacy policy from (i) to (viii), as necessary for the provision of the services requested or in my favor.

Place and date _____

Signature _____

Attachment for the Client

Information on the right to be forgotten in oncology

Dear Customer,

for the purpose of correctly filling out the health status questionnaire, we inform you that Law No. 193 of 7 December 2023 "Provisions for the prevention of discrimination and the protection of the rights of people who have been affected by oncological diseases" introduced the "right to oncological oblivion".

This Law establishes that when stipulating or renewing insurance contracts, it **is not allowed to ask for information** on the previous state of health of the Insured/Insured who **in the past has been affected by oncological pathologies and is currently considered cured**.

According to the Law, a person is considered to have recovered from an oncological pathology who, on the date of the request for information on his or her state of health, has completed active treatment for more than 10 years, without episodes of recurrence.

This period is reduced by half (5 years) if the disease arose before the age of twenty-one.

Therefore, those who have been suffering from an oncological pathology and have completed active treatment for more than 10 years (or 5 years if the disease arose before the age of twenty-one), without episodes of recurrence, according to the Law **are considered cured and therefore are NOT required to provide any information relating to the previous oncological pathology**. This means that he/she will be able to answer "NO" to the questions contained in the questionnaires or in the assumption forms concerning the oncological diseases from which he/she has suffered and which are currently considered cured, without prejudice to the obligation to declare any other relevant pathologies.