

# Vmware Italy Srl

## EMPLOYEE BENEFIT GUIDE

### Middle Managers

Milan, September 2018



# Guidelines

- The purpose of this document is to provide users with a quick reference booklet.
- This guide is designed to help the employee in case of claims, advising him/her about the procedures, from the very beginning of the process (the first claim submission – Marsh/Cassa Sanint will advise the Insurance Company that the claim has occurred) to the end.
- The information shared in this guide represents just the main points about the coverage and does not cover all eventualities.
- The goal is to share which warranties the Employee is covered for so that he/she can inform Marsh/Cassa Sanint about a possible claim. From that point, a Marsh/Cassa Sanint specialist will manage and process the claim, taking the Employee step by step through all the steps that he/she needs to follow.

# COVERAGES

 Accident Plan

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 Medical Plan

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# Accident Plan

# Accident Plan

## PERSONAL ACCIDENTS PLAN

An Injury is defined as any event due to an accidental, violent and external cause, which provokes objectively verifiable bodily harm, causing death or permanent disability.

The coverage applies to work-related and non work-related accidents, 24/7, worldwide.

For example, the coverage is also valid for accidents caused by:

- sunstroke, sun exposure, chill
- drowning
- asphyxiation by gas leak or fumes
- non professional sports (except air sports and parachuting)
- imprudence, negligence or serious guilt; collapse, incoherence, dizziness
- flying risks, including hijacking

Age limit: 75 years

## INSURED AMOUNTS

Death:

3 times Annual Salary; total maximum coverage of € 1.800.000,00

Permanent Disability:

4 times Annual Salary; total maximum coverage of € 1.800.000,00

The indemnification in case of permanent disability will be determined as a percentage of the sum insured, depending on the assessed medical disability.

## DEDUCTIBLES APPLIED ON PERMANENT DISABILITY

In case of car accident: no indemnification if the disability is less than 3%. If it is more the excess will be paid out. In case of disability higher than 10% no deductible is applied.

# Personal Accident Plan

## MAJOR EXCLUSIONS

- Nuclear risks;
- Willful intent;
- Alcohol and Drugs Abuse
- Professional sport

## HOW TO DETERMINE THE DISABILITY PERCENTAGE

The injured person will be examined by the Insurer's fiduciary doctor who will determine the percentage of permanent disability.

In case of disagreement, it's possible to submit to arbitration. In this case, the medical board will consist of three doctors: one appointed by the injured person, one by the Insurer and one by the two appointed doctors.

The injured person will have to meet the costs of the appointed doctor and 50% of the third doctor's costs.

## OTHER GUARANTEES

Aesthetics surgery: € 2.582,28 if there will be not a reimbursement for permanent disability

War Risk: 14 days

First Aid's medical expenses: € 2.582,28

Funeral Cost: € 2.582,28

## WHAT TO DO IN CASE OF CLAIM

The injured person must send the report of the accident as soon as possible to the following email address:

[sinistri.infortuni@marsh.com](mailto:sinistri.infortuni@marsh.com) – phone number 02 48538986

The form can be downloaded on Cassa Sanint website [www.sanint.it](http://www.sanint.it)

For the prescription terms, please refer to Art. 2952 of the Italian Civil Code.

The Claims Dept. will manage the claim by:

- Keeping the Insured updated ;
- Requesting further information or documents;
- Providing consultancy and suggesting the most appropriate steps to settle the claim.

Please note that in the case of Professional Accident, it is necessary to also notify the HR Department VMware Italia Srl in order to report the accident to INAIL.

# MEDICAL PLAN

# MEDICAL PLAN

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## TYPE OF COVERAGE

It covers medical expenses due to illness or accident.

An **Accident** is considered as any event due to an accidental, violent and external cause that brings objectively verifiable bodily injuries.

An **Illness** is considered as any health state alteration.

## COVERAGE DESCRIPTION

Please see the Summary of the guarantees.

The information provided in this guide represents just the main points of the Insurance Coverage and it is not a binding contract or guarantee of coverage. Please contact Marsh/Cassa Sanint if you have additional questions.

## INSURED PEOPLE

Employees and their family units as stated in the Family Status Certificate (spouse, common law marriage, cohabitants children and also non-cohabitant children if fiscally in charge).

Age limit: **80 years old**

## MAJOR EXCLUSIONS

- War risk;
- Nuclear risks;
- Willful intent;
- Alcohol;
- Drugs
- Mental illness
- Insemination / fertilization treatment

## HOW TO ASK FOR THE MEDICAL EXPENSES REFUND

In the case of an illness and/or accident that results in medical expenses, the insured can ask for a refund, at the end of the event or taking into account the prescription terms (Art. 2952 of the Italian Civil Code), by:

- Entering the website [www.mymarsh.it](http://www.mymarsh.it) The system will lead the Insured step-by-step;
- For any doubts about claims (requesting further information or documents and /or providing consultancy and suggestions about the most appropriate steps to settle the claim) or any trouble with the portal the employee can contact the phone number 02 8538.982
- To activate the network MyRete employees can contact the phone number 02 48538254 and to view the list of facility already in the network they can link to [www.myrete.it](http://www.myrete.it). Using the network deductibles and uncovered percentages will be the same, but employees can benefit of reduced rates: all agreed facilities medical service providers will guarantee discounts in respect of the price list usually applied for treatment.



# MEDICAL PLAN

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## WHAT TO DO IN CASE OF CLAIM

### 1. Benefit rules

The warranties are regulated for limits and deductibles by the Insurance Contract, held by the HR Dept. VMware.

### 2. Refund request / documents

Reimbursement can be requested through MyMarsh WebSite with upload of documentation;

**For the prescription terms, please make refer to Art. 2952 of the Italian Civil Code;** If necessary, explanations or additional documents can be requested.

### 3. Documents requested

Each refund requested must have:

- a) Expense documentation;
- b) Medical certificate which specifies: diagnosis, check-ups, exams, therapies, etc.;

#### **Hospitalization:**

- Documentation of all the expenses incurred during the hospitalization, with or without surgery, and during the 90 days before and 120 days after the hospitalization, as stated by the policy;
- Copy of the case-history.

#### **Medicines:**

- Medical prescription with diagnosis and name of each medicine, tags and fiscal receipt issued by the chemist;

#### **Tickets (National Healthcare System – always 100% reimbursement)**

- Copy of the medical prescription together with:
- Chemist fiscal receipt for medicines;
- Fiscal invoices for exams, visits, etc.

#### **Dental care**

- Documents with a list of the services. In case of orthodontic services, it is necessary to split up the costs.

#### **Glasses or contact lenses**

- Prescription with the indication of the vision variation.

## Medical plan –Complete

The following information merely represents a summary of the insurance cover and does not in any way constitute binding conditions with regard to guarantees, for which only the convention applies

GUARANTEES	INCLUSIONS / EXTENTIONS	LIMITS per YEAR/FAMILY UNIT
<p><b>Hospitalization with/without surgery and cesarean birth - Day Hospital with/without surgery</b></p>	<p><b>During the hospitalization</b>  <i>Fees due to surgeons, assistants, anesthetists, operating room fees, surgery material, prosthetic or therapeutic appliances applied during surgery, confinement fees, nurse assistance, physiotherapy treatments, examinations and medicines, ambulance, train or airplane to the hospital.</i></p> <p><b>Before and after the hospitalization:</b>  <i>In case of hospitalization <u>with</u> surgery, diagnostic examinations done during the <u>90days before</u> the hospitalization. It is included also the medical examinations, medicines nurse assistance, physiotherapy treatment during the <u>90 days after</u> the hospitalization.</i></p> <p>In case of transplant, expenses for medical services <u>180 days before and after</u> the hospitalization, are included.</p> <p><b>Birth</b>  <i>Medical fees, diagnostic examinations, confinement fees, medicines (also for the baby) just during the hospitalization.</i></p>	<p><b>€ 500.000,00</b></p> <p><b>Deductible for hospitalization out of network or lack of Direct Assistance activation</b>            • 15% with min. € 2.000,00= and max € 4.000,00)=</p> <p><b>Transportation</b> via ambulance, train or plane € 2.582,00=</p> <p><b>Helper's food and overnight :</b>            €363,00 per day max € 775,00 per year.</p> <p><b>Sub-limit for caesarian birth:</b>            € 10.000,00 per event  <b>Sub-limit for natural birth:</b>            € 2.582,00 per event</p>
<p><b>Out-patient services</b></p>	<p><i>Medical fees (dental and orthodontic treatments are excluded), diagnostic exams, physiotherapy treatment, physiotherapy appliances hiring, medicines prescribed by the doctor, vaccine and homeopathic medicine included.</i></p>	<p><b>€ 2.600,00</b></p> <p>uncovered 25% with min. €26,00 per claim</p>
<p><b>Extra-hospital expenses</b></p>	<p><i>Amniocentesis, angiography, arteriography, cystography, cobalt therapy, coronary radiography, dialysis, doppler, electrocardiography, electroencephalography, endoscopy, holter, laser therapy, BMD (bone mineral density test), radiotherapy, nuclear magnetic resonance, scintigraphy, CAT, telecardiogram, urography .</i></p>	<p><b>€ 10.000,00</b></p> <p>uncovered 20% with min. €26,00 per claim</p>
<p><b>Dental treatments</b></p>	<p><i>Both dental and orthodontic treatments, purchase and reforming of dental prosthesis.</i></p>	<p><b>€ 1.700,00</b></p> <p>uncovered 30% with min. €250,00 per claim</p>
<p><b>Lenses and glasses</b></p>	<p><i>Lenses, frames and contact lenses (only after a sight variation)</i></p>	<p><b>€ 402,00</b></p>
<p><b>Daily allowance</b></p>	<p><i>In case of admission to hospital, it is in charge of the National Health Service</i></p>	<p><b>€ 130,00</b>            per day max 70 days</p>
<p><b>Preventive medicine</b></p>	<p><i>Men: electrocardiogram at rest and stress, chest x-ray, main blood test.            Women: Mammography, paptest, electrocardiogram at rest and stress, main blood test.</i></p>	<p><b>€ 250</b>            uncovered 25% with min. e 40,00 per claim</p>



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*My*Marsh

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**MyMARSH  
PORTAL USER  
GUIDE**

[www.mymarsh.it](http://www.mymarsh.it)

Welcome to myMarsh, the portal dedicated to managing your wellbeing

Log In

[Forgot username or password](#)

[Sign-up](#)

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## First access:

- **Go to [www.mymarsh.it](http://www.mymarsh.it)**
- **Press "Sign-up"**
- **Insert your personal data, your email and the company identification code (provided by your HR office)**
- **Take note of the assigned Username, while the Password will be sent to you by email**
- **Insert Username and Password and press "Log In"**

Paolo LASAGNA  
Azienda DEMO S.p.A.  
Coverage: 333M58702292

[Select an agreement](#)[Request a reimbursement](#)

## Requests sent

[Filter](#)

- ⊕ LASAGNA Paolo - 13/06/2017  
Draft
- ⊕ MYX2639937F MyRete - LASAGNA Paolo - 12/06/2017  
Unauthorized
- ⊕ ZZX2636682E LASAGNA LUCIANO - 08/06/2017  
Documentation uploaded
- ⊕ MYX2636681I MyRete - LASAGNA Paolo - 08/06/2017  
Closed without payment
- ⊕ MYX2636426Z MyRete - LASAGNA Paolo - 08/06/2017  
Closed without payment



### Guide

Download PDF containing instructions on how to claim reimbursement.



### How to set up a direct agreement with a facility

Download PDF with instructions and contacts on how to do so.



### Coverage caps

Check the limits for every coverage type.



### Customer Care

From Monday to Thursday  
09.15 - 12.00  
13.30 - 16.30

+39 02 48538982

## Private Area

Within the Private Area, you will be able to:

- View and/or edit your personal and family data, if included
- Change your Username and/or Password and your contact information: email and/or mobile number
- Insert a request for reimbursement, a doctor appointment requesting the activation of the MyRete arrangement, or review the transaction history
- Check the remaining insurance limits
- Access all agreements

Paolo LASAGNA  
Azienda DEMO S.p.A.  
Coverage: 333M58702292

## Log-in details

Username lasagna

Password \*\*\*\*\*

[Change Username](#)

[Change password](#)

## Contacts

The email address provided will be used in case you forget your log-in details

Email mj\*\*\*\*\*eo@marsh.com

Mobile number \*\*\*\*\*6323

Please send me my password via SMS instead of email (recommended)

[Edit](#)

## Notifications

I would like to receive the following:

Progress updates on medical expenses reimbursement procedures

e-Mail  SMS

[Edit](#)



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## Profile

To access this section, press "Profile" - located in the top menu.

Press "Change" under the section "Log-in details" to update your Username and/or Password.

Press "Edit" under "Contacts" to update your preferred email address and/or mobile number to be used for notifications about claim reimbursements and for Password recovery.

Paolo LASAGNA  
Azienda DEMO S.p.A.  
Coverage: 333M58702292

### Personal Data

Name Paolo  
Surname LASAGNA  
Born on 7/18/1974  
Gender M  
Tax Code LSGPLA\*\*\*\*\*U  
Inclusion 1/1/2005  
Exclusion

Address Via Marconi, 129  
20143 MILANO (MI)

Edit

IBAN IT11A\*\*\*\*\*11111

Edit



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### Family Members

- ⊕ LUCA PUCSI
- ⊕ CARLO LASAGNA
- ⊕ LUCIANO LASAGNA

## Personal Data

To access this section, press "Personal Data" - located in the top menu.

Press "Edit« to update your personal data and/o bank details.

Press "Add Family Member" to add family members to your coverage (please note that this section might not be active for your insurance plan).

**SUBMISSION OF A  
REIMBURSEMENT  
REQUEST**



## New request for reimbursement

Remember that every request should consist of a reimbursement claim from a **single person for a single event**.

If you are planning on requesting a reimbursement on behalf of someone else, or for a single person but for multiple events, you will need to fill in a separate claim for each.

### Period

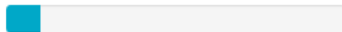
Select the period in which the invoices were issued in relation to the event

### Claimant

Who incurred the expenses for which you are requesting reimbursement?

### File description

Useful in order to track the progress of the file



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## Submission of a reimbursement request – Step 1

To access this section, press "New request for reimbursement" - located in your Private Area.

Please select the period when the invoice was issued, and the name of the Claimant to whom the medical expense is related.

The field "File description" can be used freely to describe the claim to help you trace it in the transaction history.

## New request for reimbursement

LASAGNA Paolo - 06/13/2017

## Service

## Type

EXTRAOSPEDALIERE

## Description

RMN

## Diagnosis

Enter the diagnosis stated on the medical prescription.

## Invoice or expense document

Is it a SSN ticket?

 Yes  No

## Document date

Enter document number

Enter the amount of your document

€

Amount reimb. by another institution

€

D

## Doctor/Medical Center

Doctor (Name of person who issued the Invoice)

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next &gt;



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## Submission of a reimbursement request – Step 2

From the drop down list, please select the type of benefit to which the expense relates and for which you intend to request reimbursement. An automated procedure will guide you with specific questions.

The field «Amount reimbursed by another institution" should be filled in where part of the expense has already been reimbursed by another entity: for example an industry fund (FASI, QUAS, EST, FASDAC...) or another health insurance.

In that case, you will need to provide in addition to the invoice also proof and detail of such reimbursement.

## New request for reimbursement

### Summary

Claimant Paolo LASAGNA  
File description LASAGNA Paolo - 08/13/2017  
Expenditure €100.00

### Details

RMN  
Date 6/8/2017  
Invoice N. 123  
Expenditure €100.00  
Reimb. Other Institution €0.00  
Doctor/Medical Center Aaa

Edit Delete

Add a new invoice for the event

next >



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## Submission of a reimbursement request – Step 3

Once you have finished submitting a request, you will see a summary of what you entered and you will be able to:

- **Edit or Cancel it**
- **Add a new invoice/expense document related to the same event**
- **Continue**

## New request for reimbursement

### IBAN Confirmation

IBAN IT11A\*\*\*\*\*11111

**Warning!**

Before submitting the claim, please double check your bank account details.

[Edit data](#)

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#### Customer Care

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## Submission of a reimbursement request – Step 4

**It is important to always keep your bank details updated. That is why you will be asked to confirm the details before finalizing each reimbursement request.**

## New request for reimbursement

Please upload the files on the portal

We suggest checking the completeness of the loaded documentation referring to the "Guide" document of assistance to the reimbursement.

### Warning!

- Make sure you upload all the documents necessary to evaluate the claim (e.g. prescription with diagnosis, etc).
- The original documents detailing the amount spent should be preserved in case of checks.
- The maximum size for each file is 10 MB for images and 4 MB for PDFs.

+ Add a file

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next >



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## Submission of a reimbursement request – Step 5

In this section you will be asked to attach all the expense documents related to the reimbursement you intend to claim, for example:

- **Medical prescription with diagnosis**
- **Invoice**
- **Health ticket (of the NHS)**
- **Medical records**
- **Detail of reimbursement by another entity (ex. FASI, QUAS, EST, FASDAC...)**
- ...

## New request for reimbursement

You can now submit your claim to the handlers. You will not be able to make any changes.  
To proceed click "end".

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end >



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### Coverage caps

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## Submission of a reimbursement request – Step 6

The reimbursement request is now complete!

We remind you that our customer care is at your disposal should you have questions about your reimbursement requests.



### CUSTOMER CARE

Dal lunedì al giovedì  
09.15 - 12.00  
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**ACTIVATION  
OF A DIRECT PAYMENT  
AGREEMENT**

Paolo LASAGNA  
Azienda DEMO S.p.A.  
Coverage: 333M58702292

Select an agreement

Request a reimbursement

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## Activation of a direct payment agreement – Step 1

In order to activate a direct payment agreement, press "Select an agreement" on the homepage of your Private Area





Following the procedure you will require the activation of direct assistance, that is MyRete will be paid directly to the Institute of Care and the doctors recognized as due to them. Any deductibles of your policy will remain charged to the insured.

#### Which performance do you want to make?

Type

VISITE E CURE AMBULATORIALI E DOMICILIARI

Description

Visita specialistica

#### Where you want to perform it

Search the nearest center  Specifies the name of the center

Region

Lombardia

Province

Milano

Address

Via Marconi, 129 MILANO

Search



How to set up a direct agreement with a facility

Download PDF with instructions and contacts on how to do so.



Customer Care

From Monday to Thursday

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## Activation of a direct payment agreement – Step 2

From the drop down list, please select the type of medical treatment for which you are requesting the direct payment.

If you already know the name of the medical provider, select "Specifies the name of the center"

In case you do not know yet where to get the treatment, select "Search the nearest center": the geolocation system will allow you to consult the list of the nearest medical providers.



## Complete your request

1. If you have not made an appointment, contact the selected facility and book the service to be performed **by specifying that you want to use the MyRete agreement service and making sure that the chosen doctor has acceded to the convention.** Remember that the elapsed time between the request for activation of the direct concessions and the date of the performance must be **at least of three working days.**
2. Fill out the following fields, reporting the booking details.

Facility selected

**MARTESANA DENTIST SRL**  
VIA S. M. VIDEMARI 24, 20063 CERNUSCO SUL NAVIGLIO



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Download PDF with instructions and contacts on how to do so.



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## Activation of a direct payment agreement – Step 3 (1/2)

To proceed with the procedure, you must have already made an appointment with the chosen provider.

### Claimant

### File description

It will be useful to identify the file and view the progress.

### Diagnosis

Enter the diagnosis stated on the medical prescription.

### Performance Details

Enter the performance details to which you have to submit.

### Date of service

Enter the booking date agreed with the healthcare facility.

### Service time

Enter the booking time agreed with the healthcare facility.

---

## Activation of a direct payment agreement – Step 3 (2/2)

### Enter the appointment information into the system

#### Please remember that:

- You will always have to submit a medical prescription that reports a diagnosis
- MyRete needs at least three working days to coordinate with the medical center and elaborate your request: the system will allow you to select a day from the fourth day after the date you enter the application for direct payment.



## Attach files

In order to complete the online request, please attach the following documentation:

- Full diagnostic medical prescription (and in case of surgery, indication of the operation to be carried out)
- Quote released from the hospital; only in case of hospitalization and if the coverage is supplementary to a fund category (Fasi, Fasdac, etc).
- [Detailed care plan drawn up by the dentist \(only in case of dental benefits\)](#)

### Warning!

- Make sure you upload all the documents needed to assess the request (eg. prescription with diagnosis).
- The original expenditure document must be kept and exhibited in case of control.
- The maximum size for each file is 10 MB for images and 4 MB for PDFs.

+ Add a file



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## Activation of a direct payment agreement – Step 4

Attach the documentation required by the system and proceed



## Summary

You're almost done. Check your entries and click "end" to proceed.

### Facility selected

**MARTESANA DENTIST SRL**  
VIA S. M. VIDEMARI 24, 20063 CERNUSCO SUL NAVIGLIO

### Service selected

Type	CURE DENTARIE
Description	Prestazioni Odontoiatriche



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## Activation of a direct payment agreement – Step 5

Check the correctness of the summary provided, and if ok press “End”.

Your request is now complete and you can monitor the status directly from the site.

Marsh S.p.A. - Sede Legale: Viale Bodio, 33 - 20158 Milano - Tel. 02 48538.1-  
[www.marsh.it](http://www.marsh.it)  
Cap. Soc. Euro 520.000,00 i.v. - Reg. Imp. MI - N. Iscriz. e  
C.F.: 01699520159 - Partita IVA: 01699520159 -  
R.E.A. MI - N. 793418 - Iscritta al R.U.I. -  
Sez. B / Broker - N. Iscriz. B000055861

Società soggetta al potere di direzione e coordinamento  
di Marsh International Holdings Inc.,  
ai sensi art. 2497 c.c.

Marsh S.p.A. - Sede Legale: Viale Bodio, 33 - 20158 Milano - Tel. 02 48538.1-  
[www.marsh.it](http://www.marsh.it)  
Cap. Soc. Euro 520.000,00 i.v. - Reg. Imp. MI - N. Iscriz. e  
C.F.: 01699520159 - Partita IVA: 01699520159 -  
R.E.A. MI - N. 793418 - Iscritta al R.U.I. -  
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ai sensi art. 2497 c.c.