



SUPPLEMENTARY HEALTH CARE FUND
 for managers at companies producing goods and services
 00185 ROMA -Via VICENZA, 23 - INTERNET: www.fasi.it
 Tel. 06518911 Contact Centre
 Automated Telephone Services (24 hours)

Space reserved for Fasi
No. Acq.
N. Pos.
Decorr.

THE UNDERSIGNED _____

BORN IN _____ ON _____

LIVING IN (STREET/ROAD) _____

POST CODE _____ LOC. _____ Prov. _____

Tel. _____ Please also write your e-mail address in capital letters: e-mail: _____
 _____@_____ Tax Code _____

Having read the Fund's Statute and Regulations, approved by collective agreement of 7 December 2005, as well as the provisions of the current collective agreement establishing the amount of premiums due to Fasi, Statute, Regulations and agreement, which he/she declares expressly and unconditionally to accept also in all their subsequent variations, requests enrolment in the Fund pursuant to Article 2, letter ticked, of the Statute itself. Enrolment shall only be regarded as completed in relation to the letter for which the relevant box has been ticked, and shall only be effective if the conditions are met. Without this the application lapses, unless notice is given by registered letter of the intention to confirm the enrolment while specifying the new title.

<p>1) Currently employed manager, letter: a) <input type="checkbox"/> ; b-bis <input type="checkbox"/> ; c) <input type="checkbox"/> ; e) <input type="checkbox"/></p> <p>Date of 1st appointment (industry manager) _____ Date of current appointment or recruitment _____</p>	<p>3) Continuing voluntarily, letter: d0) <input type="checkbox"/> ; d1) <input type="checkbox"/> ; d2) <input type="checkbox"/> ; i) <input type="checkbox"/></p> <p>Date of termination of last employment _____ Date of authorisation for voluntary continuation of INPS _____</p>
<p>2) Retired manager, letter: b) <input type="checkbox"/> ; b-bis <input type="checkbox"/> ; c) <input type="checkbox"/></p> <p>Date of termination of last employment as industrial manager _____ Date of retirement _____</p>	<p>4) Former manager working abroad (f):</p> <p>- With entitlement to services _____ - Without entitlement to services _____ Date of termination of employment or of leave of absence _____</p>

Any previous Fasi membership number _____

bank IBAN number for any refunds _____

Also requests COVER for the following family	DATE OF BIRTH	Sex *	PAR *	Reserved for Fasi
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Sex = Write M for male, F for female; PAR. (degree of kinship) = Write C for Spouse, F for child, A for parent, CONV for cohabiting partner
Attach legible photocopy of tax code or health card of family members listed.

He/she also declares

- (if currently employed manager) that he/she is currently employed by the company indicated below
- (for the other cases shown above) that he/she was last employed as an industrial manager at the following company

COMPANY NAME _____

ADDRESS _____

LOCATION _____ POSTCODE _____ PROVINCE _____

COMPANY CODE (if known) _____ Telephone e: _____

DATE SIGNATURE

COMPLETE AND ALSO SIGN REVERSE SIDE

DOCUMENTATION to be ATTACHED

All forms cited here, *marked in underlined italics*, can also be obtained in the "forms" section at www.fasi.it

For all types of enrolment

- **(1) Consent to the processing of special personal data** for the member and any family members for whom cover is requested, *according to the form provided by the Fund*;
- **(2) Attach a legible photocopy of the Tax Code or Health Insurance Card of the member and of any family members for whom cover is requested;**
- **If you also require cover for your family members:**
 - For spouses and children up to age 18:
 - **(3)** Family status certificate specifying the degree of kinship (family status for family allowance purposes) or alternatively, **(4)** family status certificate accompanied by a *declaration by the membership holder* certifying the degree of kinship.
 - For a cohabiting partner (limited to the manager's period of membership in active employment):
 - **(5)** Family status certificate accompanied by a declaration of common law cohabitation, the text of which can be downloaded from the Fasi website.
 - For children over age 18 (in addition to the previous document):
 - **(6)** Certificate of study for children who are students, or certificate of disability (over 66%) for disabled children,
 - **(7)** *Declaration of responsibility* signed by the child concerned.
 - For parents:
 - **(8)** Declaration in lieu of an affidavit, pursuant to Articles 2 and 4 of Law No. 15 of 4.1.1968, certifying the degree of kinship or, alternatively, declaration by the membership holder certifying the degree of kinship.
 - **(9)** Declaration of responsibility of the parent concerned.

For enrolment as a currently employed manager

- **(10) Declaration**, signed by the Legal Representative of the company worked for, showing - on the company letterhead - the text of the *COMPANY DECLARATION* if the company worked for is a company paying the contractually agreed premiums;
- **(11) Declaration**, signed by the Legal Representative of the company worked for - and on the company letterhead - proving managerial status if the company is NOT a company paying the contractually agreed premiums;

For enrolment as a retired manager

- **(12) copy of certification** proving retirement;
- **(13) copy of pension application or other document** or company declaration from which it is possible to ascertain:
 - The accrued years of premium payments or other entitlement to retirement (declaration of acknowledged disability, old age);
 - The date of commencement and termination of last employment as a manager before retirement, and the company to which this employment referred;
 - The period of any membership in alternative forms of health care other than Fasi, if membership in Fasi as a currently employed manager was for a period (possibly not consecutive) of less than 10 years.

For enrolment as a former manager voluntarily continuing membership of Fasi

- **(14) copy of authorisation** issued by the national social security system for a similar voluntary continuation;
- **(15) declaration from the last company** worked for proving managerial status.

For enrolment as a former manager who is going to be working abroad

- **(16) declaration of former company worked for** that is a member of Fasi, signed by its legal representative, certifying that the manager has been transferred to employment by a foreign company controlled by or affiliated with the premium-paying company or belonging, as a subsidiary or affiliate, to the same group.

DECLARATION

I **declare** that I have attached the necessary documents as indicated above, specifically those numbered:

Date: _____

Signature: _____