



INSURANCE COVERAGE FOR NON-EUROPEAN UNION FOREIGN CITIZENS STAYING IN ITALY EXCLUSIVELY FOR STUDY PURPOSES

Purposes Stay

X Study

Contracting Party Information

Welcome Association Italy Offices:

Via dei Marsi, 31 - 00185 Rome

Tax Code: 15536801002

Insured Party Information

Name ALULA TEAME

Surname TEKAE

Date and Place of Birth 26/01/2002 - Addis Ababa, Ethiopia

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Insurance Policy Information

Insurance Policy Number 400625996 - 400626001

Date of effect 12:00 a.m. of 13/09/2024 Expiry date 12:00 a.m. of 13/09/2025



WELCOME ASSOCIATION ITALY Stamp and Signature







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Guarantees

Reimbursement of Medical Expenses

Urgent hospital service (NHS) due to sudden illness or accident:

- in Italy, including the Vatican City and the Republic of San Marino, without spending limit, without deductible or overdraft.
- In the countries participating in the Schengen agreement with a € 30.000 spending limit per insurance period.

Assistance

Healthcare return without spending limit.

Repatriation of the body with the expenditure limit of € 5.000 during insurance period.

Duration

A duration of 6 months to 1 year.

Insurance Effective From

The insurance is effective from midnight of the day of payment of the insurance premium and membership fee, provided that the foreign citizen has obtained the residence permit release. The coverage will cease on the expiry date of the residence permit, and in any case at the end of the six/twelve-month continuous period from the effective date of the policy without obligation of cancellation.

What to do in case of an accident

Reimbursement of medical Expenses

For claim notification contact the Società Generali Italia S.p.A. General Agency of Rome Parioli Liegi, Viale Liegi 41 – 00198 Roma

Tel. 0693570400 - Fax 0687805453 - Email info@insuranceitaly.it.

Assistance

To benefit from Assistance service, contact the Organization Structure, which operates 24 hours a day, at the following numbers:

from Italy at the toll-free number 800 450 130 from abroad at the number 02 582 867 88

When requesting the service, the caller must communicate:

- a) Type of assistance or service needed and name of doctor;
- b) First name and surname;
- c) Insurance policy number;
- d) Card Category GICB;
- e) Current Address;
- f) Telephone number where the caller can be found during assistance.