

## INSURANCE COVERAGE FOR FOREIGN STUDENTS (NON - E.U.)

### Contractor Details

Welcome Association Italy - W.A.I.

Registered Office: Viale dell'Università, 25 - 00185 Rome

C.F. 97877350583

### Insured Details

Name Le Thuc Anh

Surname Huynh

Document (type) Passaporto

Document Number B5403611

### Policies Details

Policie number 361255354 / 361255357

Inception 24:00 04/06/2019 Expiry 24:00 04/06/2020



Welcome Association Italiy  
Viale dell'Università, 25  
00185 Roma (Rm) Italia  
C.F. 97877350583  
Email: [info@waitaly.net](mailto:info@waitaly.net)

## INSURANCE COVERAGE FOR FOREIGN STUDENTS ( NON - E.U.)

### Guarantees

#### Reimbursement of medical expenses

Urgent care services (Local Health Service) due to unexpected illness or injuries:

- In Italy, Vatican City and Republic of San Marino, without any limit;
- Member States that apply the regulation of Shengen Agreement: up to a maximum limit of € 30,000.00

### Assistance

Healthcare return without any limit.

### Duration

The duration can be **6 months or 1 year**.

### Effective date of the Insurance

The coverage starts from midnight the day after the payment of the membership fee only if the foreign student has obtained the residency permit.

The Insurance policy will expire together with the residency permit and, in any case, after six months or one year from the Insurance policy starting date without right of withdrawal.

### What to do in case of an accident

#### Reimbursement of medical expenses

To report the accident contact the Company Generali Italia S.p.A. – General Office of Roma Parioli Liegi, at the help desk in Via Cesare Fracassini 13 a/b – 00196 Rome Tel. 06.3611676 – Fax 06.3613626 – Email [info@insuranceitaly.it](mailto:info@insuranceitaly.it).

#### Assistance

The Insured will have to phone the Organizational Structure, working 24h, through the following telephone numbers:

**Toll-free number 800 450 130 (in Italy)**

**Telephone line 02 582 867 88 (abroad)**

At the moment of the request, the Insured must communicate:

- a) Kind of assistance or service needed and the name of any possible family doctor;
- b) Name and surname;
- c) Insurance policy n. YYYYYYYYYYYYYY
- d) Category GICB
- e) Address of the place where he is
- f) Telephone number to communicate during the assistance.

More details available in the informative folder on [www.waitaly.net](http://www.waitaly.net).

For further information: tel. 06.4468001 – 06.3611676 E-mail [info@waitaly.net](mailto:info@waitaly.net).