

CAS.SA.COLF

The Cas.sa Colf is designed to provide benefits and services to employees and employers, including health and insurance care, as part of/or in addition to publicly provided services.

Members

All employees and employers operating in the area of domestic and home care and work who are up to date with their contractual assistance contributions, to which the National Collective Bargaining Agreement applies, will become members of the CAS.SA COLF fund.

An employee becomes a member of the CAS.SA. COLF from the first day of the quarter in which the payment of contractual assistance contributions in his/her name commences.

Likewise the employer becomes a member of the CAS.SA COLF from the first day of the quarter in which he/she/it begins to make regular payments of assistance contributions.

In order for employees and employers to continue to receive the corresponding benefits, the contractual assistance contributions must be paid regularly and continuously.

Compulsoriness of the contribution

The application of the National Collective Bargaining Agreement calls for employees and employers to be members of the CAS.SA.COLF.

Payment of contributions

Payment of the contractual contributions takes place at the same time as the quarterly payment of National Insurance contributions.

The National Social Security Institute (INPS) envisages 4 payments, each of which will include the details for the payment of the amount. The code F2 will have to be entered into the box labelled " c.org" and alongside it the total that results from multiplying €0.03 by the number of paid hours for the quarter.

The hourly National Insurance contribution DOES NOT INCLUDE the CAS.SA COLF cod.F2(€0.03 per hour) contribution; for this reason the deposit slip (MAV) is modified and incorporated it into the CAS.SA COLF cod.F2 contribution, via the National Social Security Institute (INPS) website. The **code and amount** are entered manually into the appropriate boxes already on the screen in which the deposit slip (MAV) is modified.

Benefits

If contractual contributions have been paid for 4 consecutive quarters and the minimum amount of the sums paid reaches €25.00, an employee will be entitled to the following benefits:

1. Daily allowance in case of hospitalisation or convalescence

The CAS.SA.COLF will arrange for employees to receive the following:

- A daily allowance in the case of hospitalisation
- A daily allowance in the case of convalescence.

All as explained here below:

a) In the case of hospitalisation, with overnight stay, the member employee is entitled to an allowance of €20.00 for each day he or she is hospitalised and for a period not exceeding 20 days per person and per calendar year.

This allowance is also payable in cases of day-hospital type hospitalisation.

b) In the case of hospitalisation, with overnight stay, as well as that of a day-hospital, the employee is entitled to an allowance €20.00 per day for each day of hospitalisation certified by the doctor and for a maximum of 20 days per person and per calendar year.

In cases associated with:

forms of malignant cancers,

they daily allowance of €20.00 for hospitalisation is extended to cover a period of 30 days of overnight hospitalisation and the daily allowance of €20.00 for a period of convalescence is extended to cover 20 days.

2. Reimbursing the costs of prescription charges

The CAS.SA.COLF will reimburse the costs of medical prescription charges directly and in their entirety to member employees; this excludes prescription charges relating to blood tests, general and non-specific medical examinations and medication up to a limit of €150.00 per person and per calendar year, at National Health Service establishments or those accredited by the service.

This limit rises to €300.00 per person and per calendar year, for prescription charges for treatments carried out in National Health Service establishments or those accredited by it, in relation to the following:

forms of malignant cancers.

3. Reimbursement of costs during pregnancy

The CAS.SA.COLF will reimburse the cost of medical expenses incurred by member employees who are pregnant for the entire period, an amount that is set at an annual maximum of €400.00.

4. New born babies of member employees

The CAS.SA COLF will arrange to pay the costs for any surgery carried out during the first year of the newborn baby's life to correct any congenital malformations, including any preoperative and postoperative medical examinations and clinical tests, as well as the cost of board and overnight stay for the carer within the medical facility or a hotel, up to a maximum of €100.00 per day, inclusive of board and lodging per person for the period of hospitalisation. The annual availability of this undertaking is €5,000.00 per newborn baby.

Entitlement to benefits

a) an employee is entitled to benefits if contractual assistance contributions have been regularly and uninterruptedly paid, even by different employers, in relation to the previous four quarterly periods or including the quarter during which an event occurred, as long as the overall amount of the contributions are not less than €25.00 (twenty-five/00).

b) both the employees and the employers are not entitled to their respective benefits in relation to any events which occurred during the first quarter of becoming members of the CAS.SA.COLF;

c) where the event to which the benefit refers occurs during the second quarter, or even during the third quarter or fourth quarter since the start of the membership period, the benefit will be provided only after contractual assistance contributions have been regularly and uninterruptedly paid for four quarters.

d) the requirement for continuity does not cease if the failure to pay contributions is due to an employee's illness, injury or pregnancy, just as long as proof of these is supplied to CAS.SA in the form of a certificate. The requirement for continuity is also extended to cover the period of unemployment during the entire quarter duly documented.

e) the members' period of entitlement to the benefits of the CAS.SA.COLF is determined as being 18 months; the period of entitlement to national health benefits is prescribed by law.

Payment of the benefit

The allowance will only be paid by means of a banker's credit (bank transfer) into beneficiary's current bank or post office account or a cash withdrawal at a bank that has an agreement with Cassacolf or by any other means that will facilitate with the receiving of financial payments.

SIMPLIFYING THE SUBMISSION OF A REQUEST FOR MEMBER EMPLOYEES:

1. Daily allowance request form submitted by the employee (**MRP/D**);
2. Data request form (**MRD/D**);
3. Statement of consent, pursuant to the laws on privacy and related information note (**MIC/D**);
4. Copy of a document of identification;
5. Copy of the discharge certificate containing both the date of hospitalisation and the diagnosis;
6. copy of the prescription for any convalescence;
7. copy any prescription charge payments;
8. copy of the payment of any healthcare costs incurred during pregnancy;
9. copy of the receipts for any expenses incurred for surgical procedures on a newborn baby during his/her first year of life;
10. copy of the statements for the four previous quarters or including the quarter in which the event with **code F2** occurred (proof of payment) in order to establish the regular payment of contributions in line with the regulations.

IMPORTANT

- Photocopies of documents must be clearly legible
- All forms must be completed in capital letters
- Any misunderstanding resulting from illegible handwriting may result in significant delays in processing the paperwork

DOCUMENTS MAY BE SENT BY:

- ordinary mail, to the following address:

CAS.SA.COLF
Via Tagliamento, 29
00198 – Rome

- or by e-mail to:

info@cassacolf.it

Exclusions:

The daily allowance will not be paid in cases of hospitalisation for:

- treatments and/or procedures for removing or correcting physical deformities or malformations that existed prior to the drawing up of the agreement. In cases of procedures for correcting refractive errors in the eyesight, the undertaking will only be valid if the differential between the eyes is greater than 4 dioptries, or where there is a defect in the eyesight of one eye that is equal to or greater than 9 dioptries.
- the treatment of mental illnesses;
- dentures, treatment of periodontal pathologies, dental treatments and dental checks;
- medical procedures for aesthetic purposes (other than reconstructive plastic surgery required as a result of an accident or radical surgery which occurred during the validity of the contract);
- infertility checks and medical procedures for the purposes of artificial insemination;
- periods of hospitalisation resulting from the Insured's need for help from third parties to carry out basic, every day activities, as well as for long-term stays. Long-term stays are understood to mean those determined by the Insured's physical condition that prevents them from recovering through conventional medical treatment and that results in their having to stay in a nursing home, where they will receive the required health care or physiotherapy support;
- the treatment of illnesses resulting from alcohol and drug abuse, as well as the non-therapeutic use of narcotics and hallucinogens;
- injuries resulting from having taken part in extreme and dangerous sporting activities such as airborne sports, motorcycling, driving, free-climbing, rafting, extreme mountaineering, as well as taking part in competitions and training trials, be they official or otherwise;
- injuries caused by malicious actions carried out by the Insured;
- the direct or indirect consequences of the transmutation of the nucleus of the radiation atom caused by the artificial acceleration of atomic particles and the exposure to ionising radiation;
- the consequences of war, insurrections, telluric movements and volcanic eruptions;
- the treatments not acknowledged by mainstream medicine.

