**LETTER DI ADHESION TO CASSA DI ASSISTENZA PREVIASS II TO REPRODUCE IN ORIGINAL ON COMPANY LETTERHEAD**

Messrs
**PREVIASS II**
Via Alfieri 11
10121 TORINO

f.y. Spett.le
**WILLIS ITALIA S.p.A.**
Insert the address of Willis office

(date)……., ……

Subject: **Request of association to Cassa di Assistenza – PREVIASS II**

The Company ask to become member of Cassa di Assistenza - PREVIASS II in order to offer to its personnel with qualification of

- Executives, n. employees to insure:…..
- Middle Manager, n. employees to insure:…..
- White collars, n. employees to insure:…..
- Blue collars, n. employees to insure:…..:…..,
- other (please specify): n. employees to insure:…..

welfare benefits, based upon:

( ) National Collective Agreement (indicate the details)

and/or

( ) Company agreement

and/or

( ) Company regulations

With the present we declare to:
- Enforce the following National Collective Agreement;
- Know and accept the Statute and the Regulations of PREVIASS II;
- Pay the contributions for the required services;
- Communicate every occurred changes in the details contained in this letter and attached.

Company :
Name……
Legal form…….. Head office……
City …… Province …….. Postal Code ……
Legal Representative Mr. ……
In his capacity as ……

The asked coverages are:
- Occupational or not occupational accidents
- Death and Total Permanent disability from any cause
- Permanent Disability from Illness
- Medical expenses

Then we will send the details about the asked coverages and the insured categories.

On the basis of the acknowledged rights to the interested parties by decree with the force of a law 196/2003, we consent to the treatment of the provided details in this letter, for the aims and with the indicated limits, as provided with the attached Regulations of PREVIASS II

Company stamp and signature
(Legal Representative)

……