ColivingLiguria

*Supplementary Contractual Documentation*

# Attachment H

## Health, Coverage, Emergencies and Accessibility

*Attachment modifiable pursuant to Att. R*

**Unpopulated specimen**
Complete document for reviewing structure and default values; it is not intended for execution.

### The Company

**ColivingLiguria S.r.l.**
(Represented by Simone Testino)

**Tax & Registration Data:**
P.IVA: 01939660096
REA: SV - 248967

**Official Contacts:**
Email: colivingliguria@gmail.com
PEC: colivingliguria@pec.it
Tel: +39 339 637 9372

### The Signatory

This document is not an independent agreement, but a technical/regulatory Attachment subordinate to the Main Contract:

**Main Contract (Ref.):**

_____

*The complete biographical data, contact details, and signatures of the Signatory are fully reported in the Main Contract identified above, to which this Attachment makes indissoluble reference.*

*Privacy Notice (GDPR):*
*Any personal data contained in this Attachment and in its related Principal Document are processed pursuant to EU Regulation 2016/679 (GDPR), according to the applicable privacy attachment and the rules referenced in the Principal Document. The applicable disclosure classification is stated in the cover notice.*

***Courtesy Notice:***
*AI-generated translation for informational purposes only. The Italian version is the sole legally binding document.*

_____

**Place:** Cairo Montenotte · **Date:** July 29, 2026

## Index of Att. H

# Binding Vocabulary of the Attachment

The contractual terms below apply solely to delimit this Attachment. Terms already defined by law or by the Principal Document retain the meaning arising from the applicable source and are not redefined.

| Term | Applicable definition |
|---|---|
| **Accepted Health Coverage** | The instrument or combination of instruments actually effective in Italy, identified in the Configuration of this attachment, through the SSN, EHIC, S1 form, bilateral agreement, private policy, or another verified instrument, which satisfies both the applicable public regime and the Contractual Health Standard. |
| **Public-Law Requirement** | The coverage, registration, or evidence required by law, the consular authority, the Police Immigration Office, the local health authority, or another competent body according to citizenship, duration and purpose of presence, visa, permit, or applicable specific agreement. |
| **Contractual Health Standard** | The independent safety condition that this attachment may make mandatory for a specified contract type in order to keep the related physical permissions active; it does not state Italian law, is not insurance offered by the Company, and is not an instrument of entry, residence, or real-estate enjoyment. |
| **Visible or Reasonably Suspected Emergency** | A situation based on concrete evidence reasonably suggesting a current danger to life or physical integrity; it is not mere curiosity, an occasional failure to answer, or a routine check. |
| **Functional Plan** | The protected organizational record describing daily autonomy, contacts, instructions, external support, and safety measures without recording unnecessary diagnoses or clinical documents. |
| **Accepted Support** | Only the logistical measure expressly described and accepted in writing by the Company; it excludes care, personal assistance, continuous supervision, administration of medicines, or further implied services. |
| **Objective Functional Incompatibility** | The concrete, documented, and individually assessed situation in which continuation requires healthcare or care services not offered, or creates a current risk that cannot be managed through reasonable organizational measures or actually available external support. |
| **Protected Channel** | The system governed by Att. D for transmitting and retaining health data or insurance evidence with minimization, restricted access, traceability, and appropriate safeguards. |

## Att. H Configuration

**Protected perimeter:** this configuration records only necessary administrative and functional elements. Insurance evidence and health data are transmitted exclusively through the Protected Channel under Att. D and this attachment; visible fields do not authorize upload of excessive clinical documentation.

### Contract-Imposed Perimeter

- ☐ The Contractual Health Standard is an admission and continuity condition for the selected contract type.
- ☐ The package includes an internship, with separate verification of personal healthcare, INAIL, and third-party civil-liability coverage.

### Administrative Classification

**Citizenship relevant to the route:**

- ☐ Italy.
- ☐ European Union, EEA, or Switzerland.
- ☐ Non-EU country.

**Intended healthcare/administrative duration:**

- ☐ Presence not exceeding ninety days.
- ☐ Presence exceeding ninety days.

**Entry or residence regime:**

- ☐ No visa required for the declared route.
- ☐ Uniform short-stay visa subject, where applicable, to Art. 15 of the Visa Code.
- ☐ National visa, or application for or possession of a residence permit.
- ☐ Documented exemption from the uniform-visa insurance requirement.

**Official exemption reference:**

_____

**Official source checked for the requirement:**

_____

**Effective Coverage Instruments**

- ☐ Active registration with the Italian National Health Service.
- ☐ Valid EHIC or provisional replacement certificate.
- ☐ Verified S1 form or equivalent instrument.
- ☐ Applicable bilateral or multilateral agreement.
- ☐ Primary or supplementary private health policy.
- ☐ Another verified suitable instrument.

**Instrument, institution, and protected reference:**

_____

_____ — _____

_____

**Description of the other verified instrument:**

_____

**Effective period and verification:**

Start date: _____
Expiry date: _____
Verification date: _____

**Contractual Health Standard confirmations:**

- ☐ Continuous coverage throughout activation of physical permissions.
- ☐ Urgent care, necessary medical transport, and emergency hospitalization effectively covered.

**Primary or Supplementary Private Policy**

Insurer: _____
Policy reference: _____
24/7 assistance: _____
Coverage limit: _____
Deductible/co-insurance: _____
Expiry: _____

☐ Medical repatriation covered where required by the route.

**Emergency Contact and Instructions**

Name and relationship: _____ —
_____
Phone and languages: _____ —
_____

**Strictly Necessary Voluntary Information:**

_____

**Relevant allergies or intolerances:**

_____

**Minimum responder instructions:**

_____

**Autonomy, Accessibility, and Support**

Ordinary organisational autonomy is the default setting of this Attachment and requires no selection. This setting is not a diagnosis and does not exclude disability, illness, or reasonable adjustments; only particular needs or support requiring a specific assessment are selected below.

☐ Compatible external support plan arranged and verified.

☐ Accessibility needs to be assessed and documented.

☐ Voluntary health information necessary for safety or emergencies.

☐ Concrete inability to shop independently.

☐ Grocery logistical support expressly accepted by the Company.

**Protected external-plan reference:**

_____

**Need and requested organizational measure:**

_____

**Grocery Logistical Support**

Scope: _____
Frequency: _____
Duration: _____
Costs: _____
Methods: _____

**Minor's Functional Plan**

- ☐ Daily autonomy compatible with the proposed arrangement.
- ☐ Contacts, coverage, instructions, and emergency plan complete and operational.

**Protected-plan reference:**

_____

**Representative's organizational declaration:**

_____

**Selected Special Regimes**

For organisational purposes only, the default condition is "non-smoker". The following box is selected only where the Signatory states that they are a smoker; it grants no permission to smoke and the rules in Att. C remain fully applicable.

- ☐ Verified INAIL coverage for the applicable relationship and Individual Training Plan.
- ☐ Non-INAIL accident coverage accepted in writing by the competent party under the applicable framework.
- ☐ Verified third-party civil-liability coverage for the applicable relationship and Individual Training Plan.
- ☐ Occupational-health measures based on law, the occupational physician, or a risk assessment.
- ☐ Smoker; no implied authorization to smoke.

**Traineeship Insurance Verification**

The references below distinguish evidence received from the verification outcome. A private, foreign, travel, or family policy is not treated as replacing INAIL or the liability cover required for the traineeship without written confirmation from the promoting entity or other competent party and without a match between person, activities, territory, and period.

**Workplace Accident Cover**

Insurer or institution: _____
Evidence reference: _____
Insured person: _____
Territory and period: _____
Covered activities and travel: _____
Limits and exclusions: _____
Claims notification and handling: _____
Competent-party confirmation: _____

**Third-Party Civil Liability**

Insurer: _____
Evidence reference: _____
Insured person or entity: _____
Territory and period: _____
Covered activities and travel: _____
Limits, deductible, and co-insurance: _____
Competent-party confirmation: _____
Claims notification and handling: _____

Legal and insurance framework: _____
Selected host: _____
Reviewer and capacity: _____
Verification date: _____
Party bearing the cost: _____
Deadline for final evidence: _____

**Additional Notes:** _____

# Art. H1 - Scope, Nature and Protected Data

## H1.1 Purpose and Absence of Healthcare Services

Att. H governs personal health coverage, emergencies, functional autonomy, accessibility, and only Accepted Support while permissions under the Reference Agreement are exercised. It creates no care, custody, fostering, or assistance relationship; it grants no room, period of stay, or other right of enjoyment and does not replace any separate real-estate instrument. Selection of a healthcare route does not by itself certify lawful entry or residence, which remains subject to the competent authorities and, where activated, Att. E.

ColivingLiguria is not a healthcare, social-healthcare, care, long-term-care, or protected-residence facility. The Company does not provide diagnosis, treatment, rehabilitation, personal assistance, continuous supervision, clinical management, or administration of medicines and does not guarantee healthcare personnel availability. Awareness of a need is not implied acceptance of the corresponding service. Mandatory emergency duties and liability for activities actually undertaken remain unaffected.

## H1.2 Minimization, Legal Basis, and Protected Channel

Processing of data relating to health, disability, accessibility, autonomy, coverage, and emergency contacts remains fully subject to Att. D and Arts. 5, 6, 9, 13–14, and 32 GDPR. Only data specifically necessary for coverage, safety, emergency response, accessibility, or Accepted Support is collected. Complete medical records, full diagnoses, full health-card copies, or medical reports are not requested where the purpose can be met through a less intrusive attestation, expiry date, verification outcome, or pseudonymized reference.

Insurance evidence may be uploaded only through the Protected Channel. Medical reports or other additional health data may be uploaded only where a defined purpose, legal basis, and relevant Art. 9 GDPR condition are documented in advance, disclosure is necessary and proportionate, and no less intrusive alternative exists; consent, where relied upon, must be explicit, freely given, specific, informed, and withdrawable. The portal must keep generic clinical-document uploads disabled by default. Intentional upload to Git repositories, public folders, social media, or unmanaged chats triggers immediate removal and incident handling under Atts. D and G; where intentional or objectively serious, the conduct may constitute an Event of Grave Breach under Att. T, subject to proportionality and mandatory law.

Any Emergency Contact is informed under Art. 14 GDPR where applicable; designation authorizes only notice and minimum relevant disclosure and grants no healthcare representation or decision-making power not arising by law. Data is updated or erased when its purpose ends, subject to legal duties and legal defence.

# Art. H2 - Public Regimes and the Contractual Health Standard

## H2.1 Route Classification and Official Verification

The Public-Law Requirement depends jointly on citizenship, competent State, duration and purpose of presence, any activity performed, SSN registration, visa or permit, international agreements, and instructions of the competent authority. The Configuration records these elements separately from the effective coverage instrument: nationality alone does not determine the route, and a private policy does not automatically replace mandatory SSN registration. Dates stated serve healthcare and administrative purposes only and neither guarantee nor document a period of accommodation.

Before activation and upon each renewal, the Signatory checks the official sources of the Ministry of Health, the official "Visa for Italy" portal, the competent consular office, the Police Immigration Office, and the applicable local health authority. The Company may check formal completeness, apparent consistency, temporal validity, and the reference of the evidence received, but does not issue visas, permits, healthcare registrations, or professional opinions, does not guarantee authority acceptance, and does not assume the insurer's solvency or claim-settlement risk.

## H2.2 Italian, EU, EEA, and Swiss Citizens

For the Italian route, citizenship does not replace verification of actual healthcare status. Primary entitlement may arise from active SSN registration or another applicable regime, including special cases for residents abroad. Only status, competent body, verification date, and relevant expiry are recorded, without retaining the complete card number unless strictly necessary. For temporary presence by an EU, EEA, or Swiss citizen, a valid EHIC or provisional replacement certificate gives access to medically necessary care under European coordination rules and applicable agreements through public or accredited providers. It does not normally cover private or planned treatment, repatriation, or every charge or co-payment; those gaps must be addressed where they affect the applicable Contractual Health Standard. For presence exceeding three months, the regime varies according to the person's actual status as worker, family member, student, or economically inactive person. In the study or sufficient-resources cases under Art. 7 of Legislative Decree 30/2007, health insurance or another suitable instrument covering all risks in Italy is required; for work or family routes, any mandatory SSN registration is verified. The EHIC is not treated as universal proof sufficient for long-term residence.

## H2.3 Non-EU Citizens, Visas, and Permits

Where a uniform short-stay visa is required, Art. 15 of Regulation (EC) No 810/2009 requires travel medical insurance valid throughout the Member States and for the entire intended stay, covering medical repatriation or death, urgent medical attention, and emergency hospital treatment, with minimum coverage of EUR 30,000, subject to statutory exceptions. These conditions form part of the Public-Law Requirement and must appear in the evidence supplied. An exemption is not presumed: it must be specifically documented through an official reference and does not remove any applicable Contractual Health Standard. For a national visa or an application for or possession of a residence permit, requirements are not automatically inferred from Art. 15 of the Visa Code. The specific category, checklist of the competent mission, and Arts. 34–35 of Legislative Decree 286/1998 apply: certain permits entail mandatory SSN registration; others require a policy valid in Italy or allow voluntary registration. Requirements, initial policy period, and renewals must be verified for the specific procedure. Non-EU presence of up to ninety days does not automatically result in SSN registration. Unless another agreement applies, services may be subject to regional tariffs; urgent and essential care guaranteed by law and applicable bilateral or multilateral agreements remain unaffected. This attachment never authorizes delaying urgent care because of cost concerns.

### H2.4 Independent Contractual Requirement and Continuity

Regardless of the minimum imposed by the Public-Law Requirement, activation and maintenance of physical permissions under the Reference Agreement are conditional on continuous Accepted Health Coverage. It must be actually usable in Italy throughout the period in which those permissions remain active and allow, under the applicable instrument, access without unreasonable delay for illness and accident, urgent care, necessary medical transport, and emergency hospitalization. Third-party liability insurance, INAIL coverage, or property insurance does not satisfy this personal requirement.

Where primary coverage leaves material gaps in the Contractual Health Standard, the Signatory arranges supplementary coverage. A private policy used as primary or supplementary coverage must have consistent territorial and temporal validity, a limit of not less than EUR 30,000 as the contractual minimum, subject to any higher public-law minimum, and no exclusions that substantially empty urgent-care or emergency-hospital coverage. Deductibles, co-insurance, and advances remain payable by the responsible person and must be affordable without forgoing care; repatriation and continuous assistance are required where prescribed by the public regime or necessary to complete the selected route. This threshold is a contractual safety choice and is not presented as a universal legal duty.

Coverage, renewals, and expiry dates must be documented before activation and without interruption. The Company records the outcome and protected reference of the check, not necessarily the full document. Any change making coverage absent, expired, suspended, territorially ineffective, or materially insufficient must be notified without delay through the Protected Channel.

## Art. H3 - Emergencies, Costs, and Operational Continuity

### H3.1 Emergency Activation and Proportionate Access

Where a Visible or Reasonably Suspected Emergency exists, the Company or authorized personnel call 112, 118 where operational, or the competent service, disclose only available and necessary information, follow responder instructions, and notify the Emergency Contact where appropriate. The call and initial safety measures may not be conditional on proof of coverage, advance payment, or certainty as to who will bear the costs. The Signatory undertakes not to forgo or unreasonably delay urgent care because of cost concerns and to use the assistance channels of their coverage as soon as possible.

Entry into a non-open space is permitted only where reasonably necessary and proportionate to avoid or verify a current danger, in compliance with law and any separate instrument. It is not a general inspection right. Where possible, access is performed by two people and recorded with time, grounds, persons present, information disclosed, and actions taken. The Company does not provide healthcare consent in place of the person concerned and does not make clinical decisions reserved to professionals.

### H3.2 Costs, Claim Settlement, and Evidence

Costs of treatment, ambulance, medicines, transport, assistance, or repatriation are governed by law, the SSN or another competent body, policy terms, and the obligations of the person concerned. Amounts validly due and not covered remain payable by the Signatory or legally responsible person, without the Company assuming a payment guarantee. Any practical intervention by the Company is not a general assumption of debt; exceptional advances must be documented and, where lawfully recoverable, are recorded in the Register of Pendencies under Att. F without duplication.

The Signatory keeps the card or certificate, assistance number, and instructions needed to activate coverage. In an event, they cooperate, within the limits of their condition, with insurer communications and supply of strictly necessary documents. The Company may provide facts it holds but does not certify diagnoses, negotiate coverage, guarantee reimbursement, or answer for insurer refusal, subject to its own mandatory liability.

### H3.3 Expiry, Suspension, and Cure

Before activation, missing, inconsistent, expired, or unverifiable evidence prevents activation of the affected physical permissions. If the defect emerges later, the Company assesses the concrete risk, requests written cure within a proportionate period, and may temporarily suspend only permissions creating exposure. The deadline may be immediate where coverage is legally indispensable or risk is current; where safety permits, it must allow reasonable documentary correction.

Good-faith loss of coverage carries no penalty merely because of the healthcare fact. Unjustified refusal to cure, use of forged evidence, or knowing continuation after suspension may constitute an Event of Grave Breach under Att. T. Urgent termination is formalized through Term2 only where just cause, impossibility, or unmanageable risk exists; any direct, documented, and causally attributable costs follow Att. F.

## Art. H4 - Autonomy, Accessibility, and Safe Termination

### H4.1 Functional Confirmation and No Presumptions

This Attachment adopts autonomy in the daily activities essential to the proposed arrangement as its ordinary configuration, subject to expressly stated adjustments, particular needs, and Accepted Support. This is a default organisational rule, not a medical diagnosis or certification: it does not exclude disability, illness, or temporary needs for help, require disclosure of diagnoses, or transfer non-waivable liability. Where a particular need is declared, the Company performs the individual assessment described below without turning health information into an automatic ground for exclusion.

Diagnosis, disability, pregnancy, treatment, chronic illness, use of aids, or temporary need for help does not by itself constitute exclusion, breach, or grounds for termination. Failure to disclose a diagnosis and a good-faith deterioration in health are not intentional concealment. Only an intentionally false statement or forged document concerning coverage or an essential functional fact specifically requested lawfully, necessarily, and proportionately may be relevant.

### H4.2 Individual Assessment and Reasonable Measures

Where accessibility needs are declared, the Company specifically assesses reasonable organizational measures, area compatibility, and Accepted Support without requiring excessive clinical data. The outcome identifies the measure, responsible person, duration, costs, limits, and review. No selection automatically guarantees structural suitability or works; refusal must be based on impossibility, disproportionate burden, documented risk, or lack of legal authority and not on stereotypes.

The assessment considers practicable measures and actually available external professional or family support arranged by the Signatory, representative, or responsible person. Acceptance of logistical support does not authorize activities or tools prohibited under Att. M and does not turn the Company into a healthcare provider. Where risk exists, only the permission that cannot be safely exercised is suspended first; the entire relationship is affected only where permissions are inseparable or continuation is objectively impossible.

### H4.3 Change, Emergency, and Protected Transition

Each relevant functional change is assessed without automatic consequences, distinguishing a temporary episode, a foreseeable need, and an emergency. Emergency services are activated first; hospitalization, discharge, medical transfer, and level of care are determined by competent professionals. The Company may coordinate minimum information and contacts but does not decide clinical placement and may not be named as a discharge facility where continuing care or assistance it does not provide is required.

Where, despite reasonable organizational measures and actually available external support, continuation requires continuous healthcare or personal assistance not offered or presents a concrete unmanageable risk, there may be Objective Functional Incompatibility. The Company records the facts,

considers observations from the person concerned or representative where time permits, arranges a reasonably safe transition with family, professionals, or competent authorities, and may suspend affected permissions or activate urgent withdrawal for just cause or impossibility through Term2 under Att. T.

Termination grants no coercive powers, does not authorize abandonment, interruption of emergency response, or unlawful physical removal, and does not affect any separate real-estate instrument. Health, disability, or need for support alone does not result in Blacklist registration, a penalty, or classification as breach; Blacklist and sanctions may concern only independent, documented, and proportionately relevant conduct under Atts. R and T.

# Art. H5 - Plans, Support, and Special Regimes

## H5.1 Minor Plan and Representative Responsibility

The Minor's Legal Representative completes the Functional Plan and confirms, without unnecessary diagnoses, management of required daily activities, Emergency Contacts, Accepted Health Coverage, instructions, and the reachable adult. Until daily autonomy and plan completeness are both confirmed in the Configuration, every physical permission of the minor remains suspended. The protected reference must be uniquely linked to the representative/minor package governed by Att. B.

The Company may decline to activate or may suspend access where the plan is absent, inconsistent, expired, or requires services not accepted. Completion does not transfer custody, fostering, care, or accommodation to the Company and does not reduce the precedence of Att. B. Emergencies and changes are handled under this attachment, notifying the representative without delaying emergency response.

## H5.2 Defined and Approved Logistical Support

A concrete inability to shop independently is declared. Information is limited to functional ability and does not require a diagnosis. No service is inferred merely from awareness of the limitation.

When the option described in the following provision is active, the following applies.

The Company assumes exclusively the Accepted Support identified in the Configuration, within the stated scope, frequency, duration, costs, and methods. Changes require written acceptance and may not be inferred from occasional conduct.

When that option is not active, the following applies instead.

The Company has not accepted support; the Signatory or responsible person arranges an external solution before the affected permission is activated. Failure to do so keeps that permission suspended and, where it creates unmanageable risk, is assessed under the article on autonomy and safe termination.

## H5.3 Occupational Risk, Smoking, and Responder Information

For a traineeship, occupational-accident and occupational-disease cover and third-party civil-liability cover must be effective before commencement and cover every activity in the Individual Training Plan, including any off-site activity, under the applicable national and regional rules. Where the Liguria extracurricular-traineeship framework applies, the promoting entity must guarantee INAIL and third-party liability cover, while the convention identifies who bears the cost. The fact that Erasmus+ allows existing insurance to be used where it actually covers all required risks does not, by itself, disapply Italian or regional obligations.

Those coverages remain separate from Accepted Health Coverage for ordinary illness, events outside the project, and other personal healthcare. The Configuration of this attachment separately records the legal and insurance framework, selected host, evidence received, insured person, territory, period, activities, travel, limits, exclusions, deductibles, claims procedure, party bearing the cost, reviewer,

and the outcome of confirmation by the promoting entity or other competent party. A marketing description, payment slip, healthcare card, chat statement, or generic private policy alone does not permit selection of the verified-coverage flags.

INAIL cover for the relationship and activities described in the Configuration of this attachment is recorded as verified. The selection does not create employment, a traineeship, or volunteering and does not replace required notices, insurance, convention, Individual Training Plan, or risk assessments. INAIL cover does not satisfy the Contractual Health Standard for personal health outside its own scope.

Non-INAIL accident cover is recorded only because the promoting entity or other competent party has confirmed its suitability in writing under the specifically applicable legal framework. The confirmation must refer by name to the person, the selected host, activities and travel, territory, and entire period; limits, exclusions, and the claims procedure are identified in the Configuration of this attachment. This selection does not establish a general rule of equivalence and may not be reused for another traineeship, host, or period without renewed verification.

Third-party liability cover referring to the trainee, selected host, and activities identified in the Configuration of this attachment is recorded as verified. Family or private insurance is relevant only where the insured person and the traineeship activity are included and limits, exclusions, deductibles, claims handling, and acceptance by the competent party have been verified in writing.

Vaccination, prophylaxis, or health surveillance may be required only by law, the occupational physician, or the risk assessment of a separate activity actually activated. Only fitness opinions or strictly necessary attestations are processed; diagnoses and certificates remain within the channels under Legislative Decree 81/2008.

Smoking status is not published and does not authorize smoking; prohibitions, areas, and consequences are governed by Att. C. Allergies, intolerances, and responder instructions are collected only where concretely useful and at the minimum necessary level. They do not automatically activate catering, care, or supervision and may be disclosed only to emergency responders or authorized persons implementing an Accepted Support.

# Art. H6 - Liability, Breaches, and Remedies

## H6.1 Independent Liability and Third-Party Damage

Accepted Health Coverage protects the Signatory's health and does not transfer liability. The Signatory is liable under law for damage to persons, animals, or property causally resulting from intentional or negligent acts or omissions, misuse of assets, or breach of validly communicated safety instructions. Internally, only direct, documented, reasonable, and causally attributable amounts may be recovered, without duplication and subject to Art. 1227 of the Italian Civil Code. Any civil-liability insurance is independent and does not replace personal health coverage.

The existence or absence of a policy does not restrict third-party rights and does not exempt the Company from its own liability. Recourse, recovery, and indemnity operate only where allowed by law. No clause prospectively limits liability for wilful misconduct, gross negligence, or other mandatory cases under Art. 1229 of the Italian Civil Code; good faith and fair dealing under Arts. 1175 and 1375 remain applicable.

## H6.2 Relevant Conduct and Proportionate Consequences

Illness, disability, loss of autonomy, hospitalization, use of aids, or a coverage lapse promptly reported and cured in good faith is not a breach. Contractual breaches, according to seriousness, include unjustified refusal to provide only necessary evidence; knowing failure to report expiry; intentional use or alteration of false evidence; breach of a safety suspension; intentional disclosure of another person's health data through prohibited channels; and obstruction of emergency response. Each consequence re-

quires verification of facts, attribution, causation, a right to challenge, and compliance with mandatory law.

Where compatible with safety, the Company first applies a request for clarification, cure, or suspension of only the affected permission. Intentional conduct, conduct repeated after warning, or objectively serious conduct may be classified as an Event of Grave Breach and handled through Term2 under Att. T; any Blacklist entry concerns only the independent conduct and not the health fact. Penalties or reimbursements apply only where provided by an applicable clause and are recorded and challengeable under Att. F, Arts. 1382 and 1384 of the Italian Civil Code, and any applicable consumer rules.

### H6.3 Mandatory Law and Review

This attachment is interpreted consistently with applicable healthcare, immigration, anti-discrimination, and data-protection law, including Law 67/2006 and the UN Convention on the Rights of Persons with Disabilities implemented by Law 18/2009. Any configuration or instruction causing discrimination, excessive collection, waiver of urgent care, unauthorized healthcare treatment, or exemption from mandatory liability is ineffective to the extent required by law and must be corrected before finalization.

The Company's review is administrative and safety-related, not medical or professional legal advice. The Signatory remains responsible for obtaining confirmation of their regime from the competent authority; the Company updates templates when official sources, procedures, or services actually offered change, using the mechanisms under Att. R without affecting mandatory rights or completed facts.

*End of Attachment*