

Annex A

To the Director of SISSA

**Subject: Application for social welfare benefits 2024**

The undersigned \_\_\_\_\_ Italian Tax Code \_\_\_\_\_,  
 in service as \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_  
 or  
 relative (relationship: \_\_\_\_\_) of \_\_\_\_\_,  
 employee/student/research fellow at SISSA, who died on \_\_\_\_\_

## REQUESTS

the allocation of the following allowances, as described in the Regulation of SISSA:

- Health and medical expenses (art. 6)
- incurred for myself
  - incurred for a family member: (*name and surname*) \_\_\_\_\_
- Health and medical expenses incurred for himself (for PhD students only - art. 6 bis)
- Textbook expenses (art. 7)
- School / University: \_\_\_\_\_
- Degree of higher education/University course: \_\_\_\_\_
- School / Academic year: \_\_\_\_\_
- Funeral expenses (art. 8):
- (Name and Surname of the deceased, and degree of kinship) \_\_\_\_\_

To this end, pursuant to and for the purposes of Italian Presidential Decree no. 445/2000 and subsequent amendments and additions, mindful of the sanctions foreseen in case of false declarations, I declare under my own responsibility:

- that I was born in \_\_\_\_\_ on \_\_\_\_\_ and I am  
 resident in \_\_\_\_\_ prov. (\_\_\_\_), street / square \_\_\_\_\_

- that my family unit consists of the family members who are included in the attached ISEE certification.

