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 d	ied on
RE	QUESTS
the allocation of the following allowances, as descri	bed in the Regulation of SISSA:
□ Health and medical expenses (art. 6)	
o incurred for myself	
o incurred for a family member: (name and	surname)
□ Health and medical expenses incurred for himsel	f (for PhD students only - art. 6 bis)
□ Textbook expenses (art. 7)	
School / University:	
Degree of higher education/University cours	e:
School / Academic year:	_
□ Funeral expenses (art. 8):	
(Name and Surname of the deceased, and	degree of kinship)
· · ·	alian Presidential Decree no. 445/2000 and subsequent as foreseen in case of false declarations, I declare under
- that I was born in prov.	on and I am (), street / square

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

	suant to Legislative De	ecree no. 196/2003 and	or the purpose of allocating subsequent amendments allation").
equested allowances, purs dditions, and to Regulation	suant to Legislative De	ecree no. 196/2003 and	subsequent amendments
date)			
			(signature
uttachments:			
Valid ISEE Certification ("C	ORDINARIO" / "MINOR	ENNI")	
Valid ISEE Certification "D	OTTORATO"		
a copy of a valid identity do	ocument of the declara	nt (only for no employee/	/student/reaserch fellow)
Invoices / Receipts concer			•
	pe of document	Date	Amount
eg. Health expenses Re	eceipt	20/05/2024	100

I hereby declare that for the same event no other allowance or subsidy application has already been submitted to another company or Organization by myself or another family member. I also declare that no