

Annex A

To the Director of SISSA

Subject: Application for social welfare benefits 2025

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 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.

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 refund or subsidy has been received from the National Health Service or from insurance companies for voluntary or compulsory assistance.

(date) _____

_____ (signature)

The undersigned authorizes the processing of all personal data solely for the purpose of allocating the requested allowances, pursuant to Legislative Decree no. 196/2003 and subsequent amendments and additions, and to Regulation (EU) 2016/679 ("General Data Protection Regulation").

(date) _____

_____ (signature)

Attachments:

- ☐ Valid ISEE Certification ("ORDINARIO" / "MINORENNI")
- ☐ Valid ISEE Certification "DOTTORATO"
- ☐ a copy of a valid identity document of the declarant (*only for no employee/student/research fellow*)
- ☐ Invoices / Receipts concerning the expenses for which the contribution is requested: (*list*)

Expense	Type of document	Date	Amount
<i>eg. Health expenses</i>	<i>Receipt</i>	<i>20/05/2024</i>	<i>100</i>

- ☐ any other relevant document:

(specify) _____