

## **PRACTICAL GUIDELINES FOR THE ENROLMENT TO SERVIZIO SANITARIO NAZIONALE (SSN), THE ITALIAN PUBLIC HEALTH SYSTEM**

In this session you will find all the instructions needed to complete successfully the enrolment to SSN.

If you pass over the fields with your mouse you can find the translation of the fields names in English.

### **STEP 1: FILLING THE FORM 1 = SCHEDA STATISTICA DI CUI ALL'ART. 10 D.M. 8.10.86**

Mark **PRIMA ISCRIZIONE**, if it is the first time you join to SSN

Mark **CONFERMA ISCRIZIONE**, if you are going to renew your health card

- COGNOME = SURNAME(S)
- NOME = GIVEN NAME(S)
- LUOGO DI NASCITA = BIRTH PLACE **[FORMAT: CITY (COUNTRY)]**
- DATA DI NASCITA = BIRTH DATE **[FORMAT: DD/MM/YYYY]**
- NAZIONALITÀ = CITIZENSHIP **[FORMAT: YOUR COUNTRY NAME IN ITALIAN]**
- PROFESSIONE = JOB **[ALREADY FILLED IN]**
- DOMICILIO ALL'ESTERO = YOUR ADDRESS ABROAD **[NOT MANDATORY]**
- CODICE FISCALE ITALIANO = ITALIAN FISCAL CODE
- RESIDENTE IN ITALIA NEL COMUNE DI = THE ITALIAN CITY WHERE YOU LIVE **[USUALLY TRIESTE]**
- VIA = YOUR ADDRESS IN TRIESTE **[STREET NAME]**
- N. = NUMBER

### **FAMILIARI A CARICO**

You are supposed to complete this section, if you have some relatives who live with you in Italy.

You have to write out your relatives' surname, and name [NOME E COGNOME]; birth day [DATA DI NASCITA]; relationship with you [RAPPORTO DI PARENTELA] (child = figlio; wife = moglie; husband = marito); incomes they received in the previous year (if any) [EVENTUALI REDDITI]

**REDDITO COMPLESSIVO CONSEGUITO NEL** = usually write out the past year

**IN ITALIA** = incomes you collected in Italy (**usually do not change "borsa di studio di dottorato esente IRPEF"**; please contact [phd@sissa.it](mailto:phd@sissa.it) if you have an "assegno di ricerca")

**ALL'ESTERO** = incomes you collected abroad (usually leave it blank)

**CORRISPONDENTE IN EURO** = if the incomes abroad are not in €, they ask for the conversion

**CONTRIBUTO VERSATO IN EURO** = Contribution for SSN (if you do not live with any relative is 149,77€; if you pay for you and your family, it is 387,34€)

<p>CONTI CORRENTI POSTALI - Ricevuta di Versamento <b>BancoPosta</b></p> <p>€ sul C/C n. 1 8 1 3 4 7 di Euro 1 4 9 , 7 7</p> <p>IMPORTO IN LETTERE centoquarantanove,77</p> <p>INTESTATO A AMMINISTRAZIONE PT-CSSN REGIONE FVG</p> <p>CAUSALE ISCRIZIONE SSN 2020 PER (YOUR NAME(S) SURNAME(S))</p> <p>ESEGUITO DA YOUR NAME(S) SURNAME(S)</p> <p>VIA - PIAZZA YOUR ADDRESS</p> <p>CAP 34100</p> <p>LOCALITÀ TRIESTE</p> <p>BOLO DELL'UFFICIO POSTALE</p>	<p>CONTI CORRENTI POSTALI - Ricevuta di Accredito <b>BancoPosta</b></p> <p>€ sul C/C n. 1 8 1 3 4 7 di Euro 1 4 9 , 7 7</p> <p>TD 123 IMPORTO IN LETTERE centoquarantanove,77</p> <p>INTESTATO A AMMINISTRAZIONE PT-CSSN REGIONE FVG</p> <p>CAUSALE ISCRIZIONE SSN 2020 PER (YOUR NAME(S) SURNAME(S))</p> <p>ESEGUITO DA YOUR NAME(S) SURNAME(S)</p> <p>VIA - PIAZZA YOUR ADDRESS</p> <p>CAP 34100 LOCALITÀ TRIESTE</p> <p>BOLO DELL'UFFICIO POSTALE colloca bene il foglio</p> <p>IMPORTANTE: NON SCRIVERE NELLA ZONA SOTTOSTANTE! importo in euro numero conto</p> <p>tipo documento</p> <p>123&gt;</p>
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### **BANK COORDINATES AND DATA VALID IN 2020**

- Needed to pay via wire-transfer/home-banking
- The annual fee (Jan 1st – Dec 31st)
- For voluntary enrolment in the Italian national health care system

### **Examples of base-fares:**

- 149.77€ (students' fare)
- 387.34€ (researchers' base-fare, or "student with dependent family members" fare)
- 237.57€ (integrative base-fare for ex-students, now researchers)

**BANK NAME:** POSTE ITALIANE

**IBAN:** IT42J0760102200000000181347

**(Only if required by the bank system, i.e. orders of payment from non-italian banks):**

**ABI:** 07601

**CAB:** 02200

**SWIFT/BIC:** BPPIITRRXXX

**INTESTAZIONE (beneficiary):** AMMINISTRAZIONE P.T. - C.S.S.N. REGIONE FRIULI-VENEZIA GIULIA

**CAUSALE (reason of payment):** Iscrizione al SSN anno ... per ... (e.g. Enrolment in the "SSN" for the year **2020** for *your name and surname*)

**IN DATA** = date when you paid for it. You can find it on the giroslip or in your bank account, if you paid via bank transfer

DO NOT FILL IN the rest of the form. Just write out the date (**LUOGO E DATA**) and sign the form (**FIRMA DELL'ASSISTITO**).

**STEP 2: FILLING THE FORM 2 = Mod. Scelta del medico di base (anche per i minori) / DICHIARAZIONE SOSTITUTIVA DI ATTO DI NOTORIETA' (Art. 47 del D.P.R. 28 dicembre 2000 n. 445)**

**IO SOTTOSCRITTO/A** = Your SURNAME(S) Name(s)

**CODICE FISCALE** = Italian Fiscal Code

**DI ESSERE NATO/A A** = Birth place [format: **City (Country)**]

**PROV.** = EE is for not Italian Birth place

**il** = Birth date [format: **dd/mm/yyyy**]

**RESIDENTE A** = city where you live in Italy (usually Trieste)

**VIA** = your address: street name and number

**CAP** = Zip code

**n. tel.** = Italian Phone number [**not mandatory**]

**cell.** = Italian Mobile number [**not mandatory**]

**di REVOCARE il Medico di Famiglia (o pediatra in caso di minore) = leave it blank.**

Fill in ONLY if you want to CHANGE your current doctor. Enter here your current doctor's name.

**contestualmente di SCEGLIERE il Medico di Famiglia Dott. = leave it blank.** Fill in ONLY if you want to CHANGE your current doctor. Enter here your new doctor's name.

**1. DOTT ect.** = PLEASE FILL THE FIELDS WITH AT LEAST 3 DOCTORS' NAMES. If the first does not have free spots, you will be assigned to the 2<sup>nd</sup>, and so on.

**PER IL SOTTOSCRITTO** = MARK THE BOX IF THE REQUEST IS FOR YOU

**Fill in the following section if you have children**

**PER il/i seguente/i familiare/i minore/i ... = MARK the box IF you are choosing the doctor for your children**

**IN ACCORDO con l'altro genitore** = put the name of the other parent here

**1. Nome e cognome etc.** = enter the names & surnames of your children

**Nato/a il** = their birth dates.

**Residente/i a** = your children address: CITY

**Via** = your children address: STREET NAME AND NUMBER

**Cap** = your children address: ZIP CODE

**TRIESTE,** = enter the date of today

**FIRMA** = Sign the form

### **STEP 3: COLLECT ALL THE DOCUMENTS REQUESTED BY DISTRETTOS**

1. PASSPORT
2. PERMIT OF STAY CARD (if any and also if expired) or RECEIPT OF ASSICURATA (if you do not have a valid permit of stay card)
3. OLD HEALTH CARD (if any)
4. RECEIPT OF THE PAYMENT OF THE SSN FOR THE PROPER YEAR (this or next year)

**STEP 4: HAND IN ALL THE DOCUMENTS (listed in STEP 3) AND THE ENROLMENT FORM TO “DISTRETTOS”**

In Trieste there are 4 “DISTRETTOS”, your “DISTRETTO” of belonging will depend on your address. In the following map you can find the area of the 4 “DISTRETTOS”.



According to your “DISTRETTO” of belonging, you will deliver the **DOCUMENTS** (listed in STEP 3) and the **ENROLMENT FORM** at first hand or by email.

<b>DISTRETTO 1</b>	<b>Make an appointment, go to distretto’s headquarter, and hand in your documents</b>
<b>DISTRETTO 2</b>	<b>Send your documents by email</b>
<b>DISTRETTO 4</b>	<b>Make an appointment, go to distretto’s headquarter, and hand in your documents</b> <b>OR</b> <b>Send your documents by email</b>