

## Bank coordinates and data valid in 2020

needed to pay via wire-transfer/home-banking  
the annual fee (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)  
for voluntary enrollment in the Italian national health care system

### examples of base-fares:

- 149.77 euros (students' fare)
- 387.34 euros (researchers' base-fare, or "student with dependent family members" fare)
- 237.57 euros (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 .....**

*Enrollment in the "SSN" for the year (year) for (Surname, Name)*