Bank coordinates and data valid in 2020

needed to pay via wire-transfer/home-banking
the annual fee (Jan 1st – Dec 31st)
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)