

Trieste, _____

To the "Ufficio Emolumenti" SISSA
protocollo@sisa.it

SUBJECT: Ph.D. students – Request for the reimbursement of Health Insurance expenses

I, the undersigned _____ born on _____ in _____, citizenship _____, enrolled in the _____ year of the Ph.D course in _____, for the present academic year _____

REQUEST

the reimbursement of the Health Insurance expenses for the amount of
€ _____

find attached copy of the relevant documentation;

DECLARE

in accordance with and for the effects of art. 23 of DPR 600/1973 and subsequent modification for Taxation Allowances (art. 13, DPR 917/1986) and in accordance with arts. 46 and 47 of DPR 445/2000

on my own responsibility that as from the academic year _____ I am eligible for:

☐ allowances for employee status or equivalent (art. 13 of DPR 917/1986).

I also declare to undertake to communicate any changes in my situation immediately. I am aware that the School has the right to verify all declarations on a random basis and I am aware of the legal responsibilities and the penalties, set forth by articles 75 - 76 of D.P.R. 445/2000, in case of false or misleading information (in particular forfeit of any benefits and sanctions according to the current legislation). In accordance with Italian Law 196/03 and the General Data Protection Regulation (EU) 2016/679, I hereby give permission to use my personal data for all matters connected to the procedure and for statistical purposes (see <https://www.sissa.it/privacy>).

Yours sincerely,
