SISSA
Scuola
Internazionale
Superiore di
Studi Avanzati

PHD STUDENTS - REQUEST FOR THE HEALTH INSURANCE CONTRIBUTION FOR THE YEAR ....

To the "Ufficio Emolumenti" SISSA

protocollo@sissa.it

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 year _____ I am eligible for:

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

In order to receive the contribution, I attach to my request the payment receipt of my health insurance for the relevant year.

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).

Date, _____

Signature _____