

Social security coverage statement

Regarding the application of INPS – GESTIONE SEPARATA (“separate management” social security contribution) pursuant to law 335/95 art. 2, paragraph 26 and law 449/97, article 59, paragraph 16

the undersigned (name and surname) _____
born in _____ on _____
research grant holder from _____,

DECLARES THAT, PURSUANT TO D.P.R. 445 OF 28 DECEMBER 2000 AND SUBSEQUENT AMENDMENTS AND INTEGRATION (*)

- they do not to have any other social security coverage (**)
- they have other mandatory social security coverage (***)
_____ (please name institution)
- they are entitled to indirect pension (survivor pension)
- they are retired (retirement pension, old age pension, disability pension)

Name of issuing institution _____

The undersigned also declares they are aware they have to apply for mandatory “separate management” social security coverage with INPS, extended to disability carriers, older citizens and survivors, and they undertake to produce a new declaration should their social security circumstances have changed in the meantime.

Date _____

Signature (in full and legible) _____

(*)Please cross the relevant box () Subscription to Separate management social security coverage IS NOT “other mandatory social security coverage” (***) Having other social security coverage entails the payment of social security contributions to institutions such as *Inps gestione lavoratori dipendenti* (for employees), social security schemes for self-employed workers, retailers, Indpdap (for civil servants), pension schemes for professionals.**

All personal data will be digitally processed by the University of Genoa’s Department of Personnel Salaries and Emoluments - Personnel Salaries and Emoluments Service and handled according to the provisions set out by law number: 675 of 31/12/96 and subsequent amendments and integration.