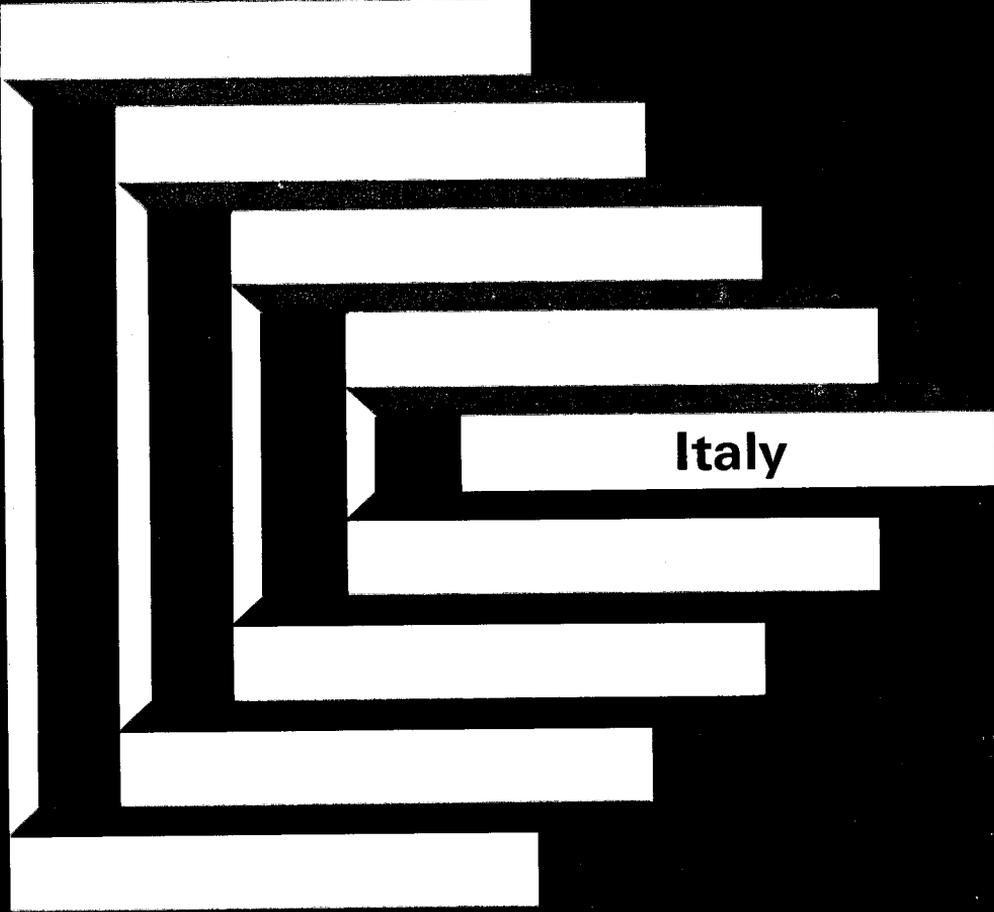


**Social security
for migrant workers**



Italy

CEE: V

Guide No 1

**concerning the rights and obligations
with regard to social security
of employed persons going to work in
ITALY**

In your own interest
READ THIS GUIDE CAREFULLY

1975

**This Guide gives only general guidance.
It must not be treated as a complete and authoritative statement
on the law in any particular case.**

**This publication was prepared by the Administrative Commission of the
European Communities on Social Security for Migrant Workers.
(Secretariat : 200 rue de la Loi, Brussels, 1049 Belgium)**

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Useful addresses (inside back cover)

Introduction

Under the Treaty establishing the European Economic Community workers who are nationals of one of the Member States of the European Communities have the right to pursue an employment in another Member State under the same conditions as nationals of that State. The EEC Treaty also provides for the adoption of measures permitting workers moving from one Member State to another to have taken into account periods of insurance which they have completed under the social security schemes of the various Member States in which they have been employed.

To this end the Council of the European Communities drew up Regulations Nos 1408/71 and 574/52 which came into force on 1 October 1972 for Belgium, Federal Republic of Germany, France, Italy, Luxembourg and the Netherlands, and on 1 April 1973 for Denmark, Ireland and the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).¹

This Guide is designed to inform you about the rights which you and the members of your family may exercise as regards social security and to draw your attention to your duties and the formalities to be completed to qualify for the various social security benefits.

¹ These Regulations replaced Regulations Nos 3 and 4 which had been in force from 1 January 1959 to 30 September 1972.

The Guide comprises two parts:

- Part I, which sums up the main provisions of the Community Regulations;
- Part II, which briefly outlines the social security system of the Member State of the European Communities where you are going to work, as well as the benefits available and the conditions and formalities to be fulfilled to qualify for benefits.

A similar guide exists for each Member State of the European Communities.

- Read this Guide carefully before your departure and make sure to obtain the forms mentioned in Part II

In case of doubt please consult the insurance authorities or institutions of the country you are leaving or your new employer.

The other Guides available deal with the following cases:

- Temporary residence (stay) in a Member State of the European Communities (Guide No 2);
- Workers who are sent by their employers to another Member State for a limited period, international transport workers and other workers regularly employed in more than one Member State, e.g. commercial travellers (Guide No 3);
- Pensioners and pension claimants (Guide No 4);
- Members of a migrant worker's family who have stayed behind in a Member State other than the one in which he is working (Guide No 5).

Part I

The Community Regulations

1. To whom do the Community Regulations apply?

These Regulations apply to you if you are either:

- (a) a worker or pensioner pursuing or having pursued an activity as an employed person and if you have the nationality of a Member State of the European Communities (see section 2 below) or are a stateless person or a refugee resident in a Member State; (Officials of public bodies are considered as employed persons for the branches of social security in respect of which they are insured in a scheme covering employed persons);
- (b) a member of an employed person's or a pensioner's family fulfilling the conditions set out at (a) above;
- (c) a survivor of an employed person or a pensioner pursuing or having pursued an activity as an employed person, regardless of the worker's or pensioner's nationality, provided you are a national of a Member State or a stateless person or a refugee resident in a Member State.

With the exception of certain specific cases, the Community Regulations *do not apply* to self-employed persons or to pensioners who had been self-employed.

This list is not complete. Should you wish to know whether you are covered by the Regulations, please consult the institution with which you are insured (see Part II).

2. To which countries do the Community Regulations apply?

You are covered by the Regulations only if you are resident or staying in a Member State of the European Communities listed below:

Belgium

Denmark

Federal Republic of Germany

France

Ireland

Italy

Luxembourg

the Netherlands

the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).

3. What are the aims of the Community Regulations?

- (a) One of the principal aims is to ensure that, as regards social security you will receive the same treatment as the nationals of any of the countries mentioned at section 2 above when you go there for work.
- (b) Another important aim of the social security Regulations is to ensure that by going to work in another Member State you do not lose the advantages acquired in respect of periods during which you were subject to the social security scheme of another Member State. In order to get certain social security benefits you must, under the legislation of the Member State concerned, have been either insured, employed or resident in that Member State for a specified period known as the 'qualifying period'. The Community Regulations provide that periods completed in the various Member States where you have worked must be taken into account, if necessary, to ensure that you will have completed the qualifying period prescribed by the legislation of the Member States where you are seeking benefits.

For instance, supposing you are claiming a retirement pension and you had been insured in Member State A for five years after which you went to Member State B where, you had a job and paid contributions for the next ten years. The legislation of country A as well as that of country B require that, to qualify for a retirement pension, you must have been insured in the

country for 15 years. In that case your five years of insurance in country A will be counted so as to make you fulfil the conditions laid down by the legislation of country B. Similarly, the ten years of insurance which you completed in country B will be counted so that you can fulfil the condition required by the legislation of country A.

Details on how the retirement pension will be calculated by each of these countries are given in section 4 B below.

The Community Regulations also provide that when you go to work in another Member State periods completed in the Member State where you had worked before may be used to enable you to receive sickness, maternity and unemployment benefits in the other Member State.

- (c) In general you will be insured under the social security legislation of the Member State in which you are employed. There are certain exceptions to this rule: for instance, workers posted abroad, i.e. workers sent by their employer to another Member State for a limited period, international transport workers and other workers regularly employed in more than one country. If you fall into one of these groups please consult Guide No 3.
- (d) An additional aim of the Community Regulations is to guarantee that you and the members of your family are granted the benefits for which you are eligible in whichever Member State you or they may be.

4. To which benefits are you entitled?

The following is a list and short description of the benefits which you can claim.

A. Sickness and maternity benefits (including medical benefits)

- (a) If you reside in a Member State other than the one in which you are insured, you and the members of your family may obtain benefits in kind (medical care, dental treatment, drugs and medicines, hospital treatment, etc.) through the institution of your place of residence as if you were insured with that institution.

Cash benefits to which you or your family may be entitled under the legislation of the Member State where you are insured are as a rule paid directly by the institution with which you are insured.

The members of your family may also obtain benefits if they are living in a Member State other than that in which you reside or are insured.

- (b) Under certain conditions you and the members of your family are entitled to benefits in kind while temporarily residing in (visiting) a Member State other than the one in which you are insured. The benefits in kind that you may claim are those provided for by the legislation of the Member State you are visiting.

You may also be entitled to receive cash benefit during such a stay; this benefit will be at the rate, and for the

period, laid down by the legislation of the Member State where you are insured.

For your information about your rights and the formalities to be completed, please consult your sickness insurance institution.

B. Retirement pensions and survivors' pensions

As explained in section 3 (b) above, if you had been insured in a Member State but if that period of insurance was not long enough to entitle you to a pension under the legislation of that State, account must also be taken of insurance periods completed in other Member States.

To go back to the example quoted at 3 (b), where it was assumed that you were insured in country A for five years and in country B for ten years, while the 'qualifying period' (prescribed minimum insurance period) in both Member States was 15 years. In that case you are entitled to a pension from each of these States which is calculated as follows: country A and country B each calculate the pension to which you would have been entitled had you been insured there during the whole of your insurance history, i.e. for 15 years. Once these amounts have been determined, you will receive a fraction of those amounts in proportion to the periods during which you were actually insured in each of the two countries.

In the above example:

- Country A would pay you a pension amounting to 5/15th of the pension that you would have been entitled to if you had been insured there for 15 years;
- Country B would pay you a pension amounting to

10/15th of the pension that you would have been entitled to if you had been insured there for 15 years.

If, however, in either or both of these countries the qualifying condition is fulfilled without having to take into account insurance periods completed in the other country, each of the countries in which the conditions is thus satisfied will calculate, in accordance with its own legislation, the pension due to you for the insurance periods you have completed in the country concerned. This amount will be paid to you if it is greater than the fraction calculated above.

The sum of the pensions may not be less than any minimum pension fixed by the legislation of the country where you are resident provided that you are entitled to a pension from that country.

C. Invalidity pensions and invalidity allowances

What was said at B. above applies generally to invalidity pensions. However, if you have been insured only in countries whose legislation provides that the amount of invalidity pension is not linked to the length of insurance—Belgium, France (except for the invalidity scheme for miners), Ireland, the Netherlands and the United Kingdom—you will receive one pension only; as a rule, that will be the pension of the Member State where you were last insured.

D. Accidents at work and occupational diseases

As with sickness benefit, you may receive benefit for accidents at work in cash and kind whilst staying or residing in a Member State other than the one where the institution responsible for paying benefit for that accident is situated.

Special rules exist for the granting of pensions payable for cases where an occupational disease has been contracted as a result of employment in several Member States.

Special rules also exist for cases where there has been an aggravation of an occupational disease.

E. Unemployment benefit

By taking into account periods during which you have been insured or employed in another Member State, the Community Regulations may enable you to receive unemployment benefit in a Member State where you have only worked very briefly.

You may also continue to receive unemployment benefit on certain conditions when you are leaving the Member State where you became unemployed to look for work in another Member State (see Part II).

Special rules exist for the case where during your last employment you were resident in a Member State other than that in which you were insured.

F. Family allowances

In general family allowances will be payable in respect of your children even if they are being brought up in a Member State other than the one where you are working.

Part II

Social security in Italy

1. General Introduction

1. Organization

If you are working in Italy you are, in the same way as every Italian worker, entitled to the benefits provided by the Italian social security institutions.

Members of your family who are also living in Italy are entitled to the same benefits as members of an Italian worker's family.

Italian social security comprises the following branches:

- (a) sickness and maternity insurance;
- (b) insurance against tuberculosis;
- (c) the general compulsory invalidity, old-age and survivor's insurance scheme;
- (d) insurance against accidents at work and occupational diseases;
- (e) unemployment insurance;
- (f) family benefits.

Benefits under (a) above are provided by the national sickness insurance institution (*Istituto nazionale per l'assicurazione contro le malattie — INAM*); those under (b), (c), (e) and (f) are provided by the national social welfare institution (*Istituto nazionale della previdenza sociale — INPS*), while benefits under (d) are provided by the national institution for insurance against accidents at work (*Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro — INAIL*).

INAM, INPS and INAIL have their central offices in Rome and local offices in the chief town of each province.

2. *What to do to join the social security scheme*

Your employer should complete all the formalities required.

3. *Contributions*

As a rule, your employer pays two-thirds of the pension insurance contribution and you pay the remaining third.

For all other types of insurance your employer pays practically the whole contribution.

The employer fulfils all the formalities required and pays the contributions.

A receipt for contributions paid to the INPS during each quarter and a certified statement showing contributions paid on your behalf during the preceding year is issued to you before 31 March of each year.

4. *What to do if you do not agree with a decision taken by an institution*

You may within a specified time appeal

(a) For matters covered by INAM

- to the provincial medical board (*collegio medico provinciale*) against INAM decisions on medical matters;
- to the executive board (*comitato esecutivo*) of INAM through INAM's provincial offices against decisions of the provincial medical board.

You may, in any case, also take action through the ordinary courts.

(b) For matters covered by INPS

- to the provincial committee (*comitato provinciale*) of the INPS against decisions by INPS offices involving benefits for tuberculosis, unemployment benefits or pensions;
- to the special committee (*comitato speciale*) of the INPS, in Rome, against decisions of the provincial committee involving benefits for tuberculosis and unemployment benefits;
- to the regional committee (*comitato regionale*) if pensions are concerned;
- to the *comitato speciale* of the INPS against decisions of INPS offices on family benefits;
- to the Ministry of Labour and Social Security against decisions of the *comitato speciale*.

You may take action through the ordinary courts against decisions of the various special committees, the regional committees and the Ministry of Labour and Social Security.

(c) For matters covered by INAIL

You can appeal to INAIL against the decisions of that body. Your appeal should be submitted by registered letter and should be accompanied by an acknowledgement of receipt of the decision.

You may take action through the ordinary courts against decisions taken on your appeal.

For further details, apply to the offices of the institutions concerned

2. Sickness and maternity insurance

This scheme comprises:

- benefits in kind (health benefits) in the case of sickness and maternity;
- cash benefits in the case of incapacity for work owing to illness and of absence from work because of maternity;
- death grants;
- supplementary benefits.

1. Who are insured?

All persons employed in the private sector, unemployed persons and pensioners, and dependent members of their families.

The term 'dependent members of the family' is generally understood to mean persons for whom the head of the household receives family allowances.

2. Benefits you are entitled to

You are entitled to health benefits, cash benefits and supplementary benefits.

(a) the health benefits include:

- treatment by a general practitioner at home or in his surgery;
- treatment (including dental treatment) by a specialist in his surgery;

- hospitalization (including confinement);
- medicine and drugs;
- paediatric treatment;
- maternity treatment (out-patient treatment by specialists, obstetric treatment at home and provision of the layette).

Health benefits are provided for a maximum of 180 days a year, but this period may be extended in the case of serious illness; hospital treatment, on the other hand, is provided for an unlimited period.

(b) For cash benefits, see points 6 to 8 below.

(c) For maternity benefits, see point 9 below.

3. Conditions for acquiring the right to benefits

There is no minimum insurance period for workers, who are entitled to benefits as soon as they start work.

Unemployed persons are entitled to benefit for illnesses contracted within six months of becoming unemployed.

Pensioners are entitled to benefits from the time they are awarded the pension.

4. How health benefits are provided

Benefits are provided either directly or indirectly.

(a) Direct provision of benefits

Health benefits are provided free of charge by specialized INAM departments and by doctors and dispensing chemists who have concluded a contract with INAM.

Hospital treatment, on the other hand, is provided by the Regions.

On presentation of your prescription and your INAM registration card, medicines are available from any dispensing chemist in the province where you are residing.

In the case of certain patent medicines you have to pay a part of the cost to the dispensing chemist.

(b) Indirect provision of benefits

INAM refunds the costs you incur when obtaining health treatment.

The refund is equal to the share INAM would have borne if the health treatment had been provided directly.

5. How to obtain health benefits

(a) Direct provision of benefits

To obtain health benefits, you should register with the competent local office (*sezione territoriale*) of INAM. Your application should be accompanied by a declaration from your employer listing, among other things, the persons in respect of whom you are receiving family allowances. If your employer does not have that form, you can apply for one at the INAM office.

If you are a pensioner, you should present your pension book.

When you are registering, you can choose a doctor to treat you and the dependent members of your family from among a list of doctors which the INAM office will show you. INAM will issue you with a registration booklet which you have to present to your doctor every time you require treatment.

If you are not receiving family allowances for persons you are supporting, you should present a statement certifying

that they are dependent on you. Ask your local INAM office for details.

If you are confined to bed by illness, you can ask your doctor to treat you at home; if you are not confined to bed you have to go to his surgery.

If you require hospital treatment, your doctor will take the necessary steps. These formalities are not required in an emergency.

(b) Indirect provision of benefits

To obtain benefits, you should also go to your local INAM office, where the registration booklet will be issued to you on presentation of the documents listed in section (a).

When doing so, you should point out that you wish to obtain benefits 'on refund' (*a rimborso*). In this scheme, you do not have to go to a doctor on the INAM list.

To obtain medical treatment you may also go to a private doctor; you should ask him for certificates at the beginning, during and at the end of your illness. These certificates should be presented or sent to your local INAM office within three days.

In order to obtain a refund, under the conditions laid down, of costs incurred in treatment by a G.P., treatment by a specialist, medicaments and supplementary benefits, you should, after your recovery, present or send proof of your expenses to your local INAM office.

To obtain refunds of the cost of hospital treatment, you should send such proof directly to the administration of the Region concerned (*Regione*).

6. Formalities required to obtain cash benefits

(a) In the case of sickness

Regardless of whether you have opted for the scheme for the direct or for the indirect provision of benefits you should, if you are incapable of work, present or send a medical certificate at the beginning of your illness to your local INAM office within three days from your doctor issuing it.

If you do not do so within this time limit, the cash benefit (sickness allowance) will be provided only from the date the certificate was submitted or sent.

At the end of the period of incapacity for work as indicated on the medical certificate, you should forward the renewal certificate to your local INAM office. On your recovery, the appropriate certificate should also be forwarded.

Do not forget to send a copy of the certificate at the beginning of illness and a final certificate on your recovery to your employer.

In order to speed up the payment of sickness allowance you should ask your employer to send, as soon as possible, a statement to your local INAM office of your earnings during the period before you fell ill. During your illness INAM may decide that you should undergo medical and other checks.

(b) In the case of maternity

To obtain cash benefits for maternity, you should forward your application, accompanied by a medical certificate confirming pregnancy and a statement from your employer certifying that you have stopped work because of pregnancy, to your local INAM office.

As soon as the confinement has taken place, the birth certificate of the child and a certificate on the composition of the family (*stato di famiglia*) should be forwarded to your INAM office.

7. Amount of cash benefits and period during which they are provided

(a) Sickness

The sickness allowance is awarded, from the fourth day of sickness onwards, for a maximum of 180 days a year. It amounts to half your overall daily earnings during the last month or last four weeks before you fell ill.

After the 21st day of illness, the amount of the daily allowance is increased to two-thirds of your overall daily earnings.

If you are hospitalized and you do not have any dependants, the amount of the allowance is reduced to two-fifths of the normal amount during the time you spend in hospital.

If you are unemployed, and you fall ill within 60 days of becoming unemployed, then the allowance you receive is two-thirds of the standard amount.

(b) Maternity

INAM provides you with a daily allowance during statutory maternity leave (two months before the expected date of confinement and three months after confinement). It amounts to 80% of your average overall daily earnings during the four weeks or month immediately before you take maternity leave.

You may also cease working for an additional period of not more than six months during the year after the child is born. During this period you are entitled to a daily allowance amounting to 30% of your earnings.

8. *Death grants (assegno di funerario)*

If an insured person dies his spouse or, if he has no spouse, his relatives who are totally dependent on him are granted an allowance of Lit. 20 000 as a contribution to the cost of the funeral.

If a member of the family dies, the allowance is paid only to insured persons who are employed by credit institutions, insurance companies and certain tax departments. The allowance is Lit. 15 000 on the death of a spouse, Lit. 10 000 on the death of another member of the family, and Lit. 5 000 for a stillborn child.

To receive the death grant, your application to INAM should be accompanied by the death certificate and by the insured person's INAM registration booklet.

9. *Supplementary benefits*

These benefits are of two kinds: standard benefits and exceptional benefits.

(a) Standard supplementary benefits

- spa treatment;
- prostheses, orthopaedic and therapeutic appliances (artificial limbs, orthopaedic shoes, elastic stockings, etc.);
- glasses;

- orthodontic treatment and dentures;
- hearing aids.

INAM refunds up to 50% of the costs you incur for such appliances.

(b) Exceptional supplementary benefits

- Provision of health benefits beyond the maximum laid down;
- convalescent treatment;
- stay at special centres in the mountains or at the seaside for children of employed persons;
- exceptional allowances.

These benefits are optional.

To obtain supplementary benefits, your application to INAM should be accompanied by a covering letter from your doctor.

10. Provision of benefits in another Member State

- (a) For members of your family who are residing in a Member State other than Italy

Members of your family who are residing in another Member State and who are dependent on you are entitled to receive health benefits provided by the sickness fund of the place where they are residing as if you were registered there.

You should apply to INAM for form E 109 (in duplicate) and send it to the members of your family; they should present it to the institution mentioned on page 3 of the form.

Do not forget to inform INAM of any changes in the composition of your family.

(b) If you go to stay in your country of origin or in another Member State

Benefits in kind

If you go to stay in your country of origin (e.g. on holiday or to visit your family) or in another Member State, you should apply to INAM for form E 111 before you set out. That form is not required if you are going to the United Kingdom.

That form entitles you and the members of your family accompanying you to benefits in kind in the country where you or they are staying.

If you fall ill, the form should immediately be presented to the sickness insurance institution of the place where you are staying; you will find the necessary information on the back of the form.

Cash benefits

If you fall ill in your country of origin or in the country where you are staying, you should,

- immediately inform your employer in Italy in writing;
- declare the illness, which has resulted in incapacity for work, to the sickness insurance institution of the place where you are staying.

■ For further details on your rights when staying abroad see Guide No 2.

(c) If you fall ill in Italy and you wish to return to your country of origin or to go to another Member State

You continue to be entitled to sickness allowances and to benefits in kind only if your local INAM office allows you to leave Italy after considering the report of its own examining doctor.

Before you leave Italy, you should therefore apply to INAM for form E 112, which contains the required authorization. On arrival you should present the form to the sickness fund named on the back of the form.

(d) If you leave Italy to go to another Member State for good

You are still entitled to cash benefits in the other country if you fall ill within two months of the end of your employment and to benefits in kind if you fall ill within six months.

(e) If you are unemployed and you go to look for work in another Member State

In order to retain the right to benefits in kind for yourself and members of your family in the country in which you are looking for work, you should apply to INAM for form E 119 before your departure.

If you (or a member of your family) require benefits in kind, you should present forms E 119 and E 303 to the sickness fund of the country where you are looking for work.

For the institution to which you should go, see page 3 of form E 119.

If you are incapable of working because of your illness, you should inform the sickness fund that you are entitled

to sickness allowances, and you should give the name and address of your local INAM fund to the sickness institution.

As long as you are incapable of working, you should undergo the medical examinations laid down by the sickness fund of the place where you are staying.

If you are entitled to sickness allowances, they will be paid to you by INAM in the Member State in which you are looking for work.

3. Insurance against tuberculosis

1. Who are insured?

All employed persons, share-croppers and small-holders, primary teachers and school inspectors, apprentices, persons employed in the public health services, members of religious orders if they receive a wage or salary for their activities, inshore fishermen and freshwater fishermen are insured.

Even though they are not regarded as insured persons, pensioners and members of their families may also receive benefits under this scheme.

2. Conditions entitling you to benefits against tuberculosis

You should have paid contributions for at least a year.

Where necessary, insurance completed in another Member State may be taken into account.

In such cases you should, when applying for benefits, indicate the country or countries in which you have worked. Your application should, if possible, be accompanied by form E 104. If you do not have the form, INPS will apply for it.

3. Benefits to which you may be entitled

You may be entitled to benefits in cash and kind.

Benefits in kind

These include out-patient treatment and hospitalization.

Cash benefits

These include:

- a daily allowance awarded for 180 days to insured persons and members of their families who are hospitalized;
- a daily allowance for insured persons who are receiving out-patient treatment for at least 60 days if they are not pursuing a professional or trade activity during that period;
- a 'post-sanatorium allowance' granted to insured persons and members of their families for a period of 24 months following the end of their stay in a sanatorium, provided that they spent at least two months there;
- a subsistence and treatment allowance (*assegno di sostenamente e cura*) (Lit. 480 000 per year) for insured persons and members of their families whose earning capacity has been reduced by more than half because of or in connection with tuberculosis, and who have already received the post-sanatorium allowance. This allowance is also payable to persons who were awarded the daily allowance while they were receiving out-patient treatment. This allowance is awarded for two years and is renewable.

Family allowances for dependants are paid, in addition to these benefits.

Children of insured persons may also be admitted to special centres in the mountains or by the seaside.

4. Formalities

You should apply to the INPS office in the treatment centre for out-patient treatment and cash benefits.

This application should be accompanied by

- a medical certificate;
- a statement showing the composition of the family, if you have dependants;
- any insurance documents in your possession.

If, on the other hand, you require hospital treatment you should apply to the Regional authorities.

4. Pension insurance (invalidity, old-age, survivor's)

1. Who are insured?

All persons who are pursuing a professional or trade activity as employed persons, as well as certain categories of self-employed persons (small-holders, and share croppers, craftsmen and traders).

2. Benefits provided

- invalidity pension;
- old-age pension;
- 'seniority' pension;
- survivor's pension.

3. What are the conditions for acquiring a pension?

(a) Invalidity pension (pensione di invalidità)

Medical conditions: Permanent reduction of earning capacity by at least two-thirds due to physical or mental disability.

Qualifying conditions: You should provide evidence of having paid contributions for at least five years, of which at least one year's contributions should have been paid less than five years before you apply for the pension.

If invalidity is due to your work and if you have paid contributions for at least a year, you are entitled to a special

invalidity pension (*pensione di invalidità privilegiata*), provided that you are not entitled to a pension for an accident at work or an occupational disease for the same condition.

(b) Old-age pension (*pensione di vecchiaia*)

Age conditions: You should have reached the age of 55 (if you are a woman) or 60 (if you are a man).

Qualifying conditions: You should have paid contributions for at least 15 years.

(c) 'Seniority' pension (*pensione di anzianità*)

You are awarded this pension regardless of your age if you have paid contributions for at least 35 years and if you have ceased working.

(d) Survivor's pension (*pensione di superstiti*)

Survivors of a pensioner and survivors of an insured person who on the day he dies satisfy the qualifying conditions laid down for invalidity or old-age pension are entitled to a survivor's pension; there are no conditions on capacity for work or age.

The following survivors are entitled to the pension:

- the spouse; a widower is, however, entitled to the pension only if he is incapable of working at the time his wife dies. Unless otherwise provided, the surviving spouse is not entitled to the survivor's pension if a separation order had been issued under which the spouse was declared the guilty party, or if the pensioner was aged over 72 when he married and the marriage lasted less than two years.

- Children aged under 18; under 21, if they are attending secondary school or receiving vocational training; under 26, if they are at university. No age limit if they are dependent because they are suffering from confirmed incapacity for work.

If there are no beneficiaries in these categories, or if they are not entitled to the pension, it is payable to

- surviving parents, if they are aged over 65 and are not entitled to pension, or, if they have died,
- to permanently disabled unmarried brothers or sisters, provided that they are not receiving a pension and that they were supported by the worker or pensioner at the time of his death.

4. Formalities

You should apply to the INPS office of the province where you are residing.

If you have also worked in other Member States, it should be mentioned in your application.

5. Amount of the pension

Invalidity pension, old-age pension, 'seniority' pension

The amount of the pension depends on the insurance years completed and on your average annual earnings during the last few years before you apply for the pension.

Depending on the number of years you have been insured, your pension amounts to a specified percentage of your earnings.

The maximum pension paid to a worker whose insurance history goes back 40 years would be equal to 80% of his highest average earnings during the ten years before the pension is awarded.

If you are married and have dependent children, you are entitled to family allowances under the same conditions as persons who are still working (see Section 8, page 53).

Survivor's pension

The survivor's pension is equal to a percentage of the pension the deceased insured person received or would have received.

The spouse receives 60% of the pension; each child receives 40% if only the children are entitled to the pension, but if the spouse is also entitled to the pension each child receives 20%; parents, brothers or sisters of the deceased each receive 15%.

If a survivor's pension is payable to the spouse and the children it may not be less than 60% or more than 100% of the pension the pensioner received or the insured person would have received. This applies even if several children are entitled to benefit.

Orphans who are receiving a survivor's pension are also entitled to receive family allowances.

It should be noted that the amount of these various types of pensions may in no circumstances be less than the statutory minimum.

The amount of the pension is adjusted to increases in the cost of living and increases in the minimum wage of persons working in industry.

6. How your pension is determined if you have also worked in Member States other than Italy

If you have worked in Italy and in other Member States, your pension will be determined in accordance with the rules laid down in Section 4, B and C, of Part I of this Guide.

7. Contributions taken into account for calculating for pension

Contributions, credited contributions and voluntary contributions are all taken into account to fulfil the conditions.

Contributions are those paid while you were pursuing your professional or trade activity.

As regards *credited contributions*, it should be noted that periods of unemployment during which you received allowances and periods during which you received benefits for tuberculosis are automatically taken into account. You should, however, apply to INPS to have the following periods taken into account:

- periods of military service and periods treated as such;
- periods of illness which lasted more than a week but which did not exceed a total of twelve months during your entire insurance record. For this purpose you should submit to INPS, at any time, an application accompanied by a certificate from the institution with which you were insured against illness, or from the hospital where you were treated. If, however, you were not entitled to sickness benefits or if you had received private treatment you should submit to INPS, within 60 days of the beginning of the illness, a certificate from your doctor; the end of the illness should be notified within 15 days;

— periods of statutory maternity leave during pregnancy and confinement.

All of these periods are taken into account if you have paid at least one contribution to the INPS compulsory insurance scheme.

Contributions for periods of military service may have been paid at the end of that service.

For *voluntary contributions*, see Section 5, overleaf.

5. Voluntary contributions

If you are no longer working as an employed person, you can apply to the INPS of the province in which you are residing for permission to continue paying voluntary invalidity, old-age and survivor's insurance contributions.

To obtain permission to pay voluntary contributions, you must have paid at least 52 weekly or twelve monthly contributions during the last five years, or provide evidence that you have paid pension insurance contributions for a total of at least five years.

Where necessary, insurance periods completed in other Member States are taken into account to fulfil these conditions.

Contributions are paid by way of post office account payment orders which the provincial office of the INPS will send to you; these are paid quarterly.

6. Insurance against accidents at work and occupational diseases

1. Who are insured?

All employed persons who are pursuing professional or trade activities laid down by law which may involve accidents at work or occupational diseases.

2. Risks insured against

- (a) accidents involving injury in the course of employment;
- (b) occupational diseases laid down by law.

3. What you should do in the case of an accident at work

If the accident involves injuries which take more than three days to heal, your employer should declare the accident to INAIL within two days of being notified of it.

If, on the other hand, the accident is fatal or likely to be fatal the employer should inform INAIL by telegram within 24 hours.

4. Benefits you are entitled to

You are entitled to benefits in cash and kind.

The following *cash benefits* are provided:

- (a) *a daily allowance* for temporary total incapacity. It amounts to 60% of your daily earnings, and is provi-

ded from the fourth day after the accident or the outbreak of the illness up to the end of your incapacity for work. From the 91st day the allowance is increased to 75% of your earnings;

- (b) *a person for permanent total or partial incapacity* if as a result of the accident or the illness you are, for the rest of your life, totally or partially (to a degree which may not be below a certain percentage) unable to pursue a professional or trade activity.

The level of the pension depends on the degree of incapacity and is calculated on the basis of your earnings during the year before the accident or before you contracted the illness.

The degree of incapacity may be adjusted automatically or at your request at any time during the first two years and at intervals of at least a year after that. A request for revision should be accompanied by a medical certificate.

The level of the pension is increased by 1/20th for the spouse and for each dependent child;

- (c) *monthly constant attendance allowance*: If a worker suffering from permanent total incapacity needs constant attendance and if such attendance is not directly provided by INAIL in the establishment where he is hospitalized, or by any other institutions, he is granted a monthly allowance in addition to his pension;
- (d) *survivor's pension*: should a worker die as a result of an accident at work or an occupational disease, his

survivors are granted a pension calculated as a percentage of his last annual earnings:

- 50% to his widow; if the husband is the surviving spouse, the pension is due only if his earning capacity is permanently reduced by at least one-third;
- 20% to each of his children up to the age of 18 (up to age 21 if they are attending secondary school or 26 for those at university);
- 40% to full orphans;
- 20% to each parent who was supported by the insured person until he died, provided that he has not left a spouse or any children;
- 20% to each of the brothers and sisters who were supported by the insured person until he died, provided that he has not left a spouse or any children;

(e) a *death grant*, awarded as a lump sum, if the persons concerned show proof that they defrayed particular expenses connected with the insured person's death.

The *benefits in kind* include health benefits and surgical treatment required during the whole period of temporary incapacity and even after clinical recovery, if their purpose is to restore capacity for work.

You should remember that you may not, without good reason, refuse to undergo treatment which INAIL considers necessary, even if you have already been awarded a pension.

To reduce the degree of incapacity, INAIL provides appliances free of charge, either automatically or on application.

5. Workers authorized to receive benefits in another Member State

In order to receive INAIL benefits in kind in another Member State, you should obtain form E 123 from INAIL before you leave Italy.

You are entitled to all the health benefits provided under the legislation of the Member State to which you are going.

Form E 123 should be presented to the institution of the Member State to which you are going; that institution will take the steps required for a medical examination to determine the state of your injuries and to estimate how long you are likely to be totally incapable of working.

If you have not got form E 123, the institution of the Member State you have gone to will apply to INAIL for it.

7. Unemployment insurance

1. Who are insured?

All employed persons are insured. There is no compulsory insurance for:

- persons employed in the public and private sectors who are guaranteed security of tenure;
- persons who occasionally work at home;
- performing artists in the cinema and the theatre;
- workers whose only remuneration consists of a share of the profits or of the products of the undertaking, and seasonal workers in occupations providing work for less than six months per year.

2. Unemployment benefits

- (a) The ordinary allowance (*indennità ordinaria*), which is paid for 180 days;
- (b) the extraordinary allowance (*sussidio straordinario*), which is paid for 90 days;
- (c) the special allowance (*trattamento speciale*), which is paid for 180 days;
- (d) the supplementary allowance (*indennità integrativa*), which is paid for 60 days.

If you have dependants, you are entitled to family allowances in addition to these benefits.

3. Conditions for acquiring the right to unemployment benefits

- (a) You are entitled to the ordinary allowance if you have been registered for at least two years with an unemployment insurance scheme and if you have paid contributions for at least one year during the two years before you become unemployed.
- (b) You can obtain the extraordinary allowance if you are not entitled to the ordinary allowance. It is awarded only to persons working in certain areas and to persons whose professional or trade activities are in certain categories laid down by Ministerial decree.

You should also have paid at least five weekly contributions to the unemployment insurance scheme during the two years before the ministerial decree entered into force.

- (c) You may be entitled to the special allowance if you were dismissed by an industrial undertaking but not in the building trade or if the undertaking or one of its departments is closing down or if it is reducing its staff.
- (d) You are entitled to the supplementary allowance if you have been dismissed by an undertaking in the building trade or by a similar undertaking.

To fulfil the insurance conditions laid down by Italian legislation for the award of unemployment benefits, periods during which you worked or paid contributions in other Community countries are also taken into account.

Such periods can be taken into account only if you became unemployed after you had started work in Italy.

When applying for benefits, you should indicate in which Member States you had worked previously; Form E 301 should, where possible, be submitted. If you do not have the form, INPS will apply for it.

4. What you should do to obtain benefits

(a) To obtain the ordinary allowance, you should:

- register with the employment office of the district in which you are residing;
- apply, within 67 days of becoming unemployed, to the INPS office or to your local employment office. Your application should be accompanied by the notice of dismissal served on you by your employer and by a certificate of the composition of the family, if you have dependants.

(b) To obtain the extraordinary allowance, you should register with your local employment office and apply, within the time-limit laid down by the Ministerial decree, on the appropriate form to the provincial office for labour and full employment (*Ufficio provinciale del lavoro e della massima occupazione*).

The application should be accompanied by the same documents as for the ordinary allowance.

(c) To obtain the special allowance, you should complete the same formalities as for the ordinary allowance (see

subsection (a) above), specifying in your application that you are entitled to the special allowance.

- (d) To obtain the supplementary allowance you should complete the same formalities as for the ordinary allowance (see subsection (a) above), but the application should be accompanied by a statement from your employer on the appropriate INPS form which gives further details as to whether you are entitled to the supplementary allowance.

5. Amount of the benefit

The amount varies. For further details, apply to INPS or to your local employment office.

6. From what time are the benefits paid?

(a) Ordinary allowance

- If you apply for benefits within 7 days of becoming unemployed, the allowance is paid from the eighth day onwards;
- if you apply later than 7 days after becoming unemployed, benefit is paid from the fifth day after you applied.

It is therefore in your own interest to apply as soon as possible in order not to lose benefits for several days.

(b) Extraordinary allowance

The extraordinary allowance is paid from the date laid down by Ministerial decree.

(c) Special and supplementary allowances

These allowances are paid under the same rules as for the ordinary allowances.

7. If you wish to go to another Member State to look for work

If you have acquired the right to Italian unemployment benefits you can continue to receive them even if you go to another Member State to look for work.

Before you leave Italy, you should register with the employment office for at least four weeks.

You should also register as soon as possible with the employment office of the country you have gone to, because if you register within seven days of leaving Italy, you continue to receive unemployment benefits without a break from the first day you are in the territory of that country. If, however, you do not register until after seven days, you receive benefits only from the date you registered.

To retain the right to benefit, you should submit Form E 303, which you should obtain from INPS before you leave Italy, to the unemployment insurance institution of the country in which you are seeking work.

The benefits are paid to you in the country in which you are seeking work for a period of up to three months; in no case may the period during which they are provided exceed the period laid down by Italian legislation. Periods during which you received benefits in Italy are taken into account.

It is thus possible that a worker who has already received unemployment benefits in Italy loses the right to continued payment before the three months in the other Member State are up.

8. Family benefits

If you are pursuing a professional or trade activity and the dependent members of your family are residing in Italy or in another Member State, you are entitled to family allowances for those persons.

1. Members of the family in respect of whom you are entitled to such allowances

- Your wife if her monthly income does not exceed a certain limit;
- Your disabled husband if his monthly income does not exceed a certain limit;
- Your children (and persons treated as such) aged under 18 and who are dependent on you;
- Your grandparents and parents (and persons treated as such) aged over 60 (men) or 55 (women) if their monthly income does not exceed a certain limit.

2. Age limits for the award of family allowances

- (a) If your children are attending secondary school, you are entitled to family allowances until they reach the age of 21;
- (b) if your children are attending university, you are entitled to family allowances until they reach the age of 26;

- (c) if your children are, because of total disability, unable to pursue a professional or trade activity, there is no age limit on the award of family allowances;
- (d) if your grandparents or parents are, because of permanent incapacity, unable to pursue a professional or trade activity, there is no age limit on the award of allowances.

3. Formalities

To obtain family allowances for your wife and for children aged under 18 who are living in your household, all you need to do is forward to your employer a certificate on the composition of your family, which you can obtain from your home district or the district in which you are residing; that certificate should give the name and date of birth of each member of the family dependent on you; however,

- to obtain allowances for a disabled husband or for persons treated as your children (on condition that they are dependent on you, are living in your household and are aged under 18) you should present, in addition to the certificate on the composition of the family, any other documents you may be asked for;
- to obtain allowances for all the other members of the family, you should present not only the certificate on the composition of the family; you should also apply to the INPS office of the province where you are resident for the appropriate authorization which will be issued to you on presentation of the documents requested.

4. How and when the allowances are paid

Family allowances are paid to you by your employer at the same time as your wage or salary.

You are entitled to family allowances for all periods during which you are working and during which you are entitled to your wage or salary, including probationary periods, leave, marriage leave, public holidays (not including Sundays), periods of notice and, under certain conditions, even for interruptions of work due to illness, maternity leave, accidents at work, occupational diseases or disciplinary reasons if you are still entitled to your wage or salary.

Useful addresses

General practitioner

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Dentist

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Chemist

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Sickness fund

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Other addresses

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Social Security guides for nationals of the Member States of the European Communities moving from one Member State to another

● **Guide No 1 — General guide**

This guide sets out the rights and obligations with regard to social security of employed persons going to work in a Member State of the European Communities.

There are nine separate booklets, each containing information concerning one Member State.

● **Guide No 2 — Temporary stay**

This guide gives information for persons going to a Member State of the European Communities to stay there for a short period (holidays, family visits, business trips).

● **Guide No 3 — Workers posted abroad or employed in more than one Member State**

This guide is intended for posted workers, international transport workers and other workers regularly employed in more than one Member State (e.g. commercial travellers).

● **Guide No 4 — Pensioners**

This guide is designed for pensioners who were formerly employed persons and for pension claimants, who reside or stay temporarily in a Member State of the European Communities.

● **Guide No 5 — Members of the family**

This guide is intended for members of a worker's family who reside in another Member State of the European Communities than the worker.