



European
Commission

Your social security rights

in Italy

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

The Italian legislation provides for the coverage of the following social security branches: old age, invalidity, survivors', sickness, unemployment, family, maternity and equivalent paternity benefits, as well as for benefits in respect of work injuries and occupational diseases.

All workers performing their gainful activity in the Italian territory are compulsorily covered by social security insurance.

Both private sector employees and self-employed are to be registered with the **General Compulsory Insurance Scheme** on a mandatory basis (so called AGO, standing for "*Assicurazione Generale Obbligatoria*").

Most of the above said benefits managed by the General Compulsory Insurance Scheme are granted to the following categories of workers: private sector employees, self-employed workers - including tradesmen, craftsmen, sharecroppers, farmers and tenants - and "parasubordinate" or informal workers, all registered with **INPS** (National Institute for Social Security). Civil servants, up until recently registered with the former **INPDAP**, as well as show business employees and sportspeople, till recently registered with the former **ENPALS**, are also insured at INPS as from January 2012. Besides this, INPS also manages a number of special provident funds for certain categories of workers, including railway and tramway workers, tax, licensing, telephone and private gas company employees, clergy men and civil aviation flight crews.

Other special pension schemes/funds collect contributions and grant benefits to such categories of workers as: journalists (registered with **INPGI**); professionals, such as lawyers, medical doctors, engineers, architects, ... each registered with [their own special scheme or pension fund](#).

The insurance scheme providing for protection to workers in case of occupational diseases, injuries or death at work, financed by the employers' contributions, is managed by **INAIL** (National Institute for the Insurance against Accidents at Work) and grants either temporary benefits or life-long annuities in the event of permanent disability, or death grants.

The system also provides for means-tested, income support allowances and long term care benefits granted to families and people in need, in respect of old age, low income, physical impairment. These welfare based benefits are financed through general taxation and are either paid by INPS or by the competent Municipalities.

Health care benefits in kind are granted by the National Health Service (*Servizio Sanitario Nazionale*), funded through general taxation and managed at a regional level.

Since the General Compulsory Scheme managed by INPS grants social security coverage to nearly 90% of the total population insured under the Italian social security legislation, here following, particular attention will be devoted to the said scheme's core activities, whereas overall information is also provided as far as the remaining schemes are concerned: for further information, reference can be made to the [relevant institutions' websites](#).

Organisation of social protection

The afore mentioned social security institutions and professionals' pension funds all see to both the collection of contributions and the provisions of benefits. While implementing the social security provisions, they act under the guidance and supervision of the competent ministerial Authorities: the Ministry of Labour and Social Policies (*Ministero del Lavoro e delle Politiche Sociali*), the Ministry of Economy and Finance (*Ministero dell'Economia e Finanza*, and the Ministry of Health (*Ministero della Salute*).

The provision of healthcare and sickness benefits in kind, in particular, falls within the competence of the Ministry of Health (*Ministero della Salute*) which administers the resources, allocating them to the regional and municipal entities that are in charge of granting health services through the local health centres (so called: *Aziende Sanitarie Locali*) making sure that the minimum benefits, that is to say, the essential healthcare standards/levels (so called LEA, standing for "*Livelli Essenziali di Assistenza*") are granted.

Financing

The Italian social security system is financed through social security contributions paid by employers and employees, as well as through general tax revenue.

The National Health Service (*Servizio Sanitario Nazionale*) is financed by all people residing on the Italian territory through general taxation.

Registering for compulsory social security insurance

If you are an employee, your employer will take care of all the formalities. If you are self-employed, you are responsible for registering with the competent Social Security Institution.

Compulsory contributions

Employees' contributions are calculated as a percentage of pay. The schedule of rates is fixed by legislative provision. The rate applicable in each case depends on the sector (industry, commerce, craft industry, credit, insurance, etc.), the worker's professional qualification, the number of employees, the location of the business, etc.

For the purpose of determining the contribution base, "pay" is considered to cover everything the worker receives from his or her employer, in cash or in kind, as a result of their employment relationship, before deductions, with the exception of only those items that are exempted by virtue of the applicable legislation. The unit pay (hourly, daily, monthly, depending on the type of work) cannot be less than the threshold set for the category the worker belongs to. The employer is responsible for paying both his own and the employee's contributions to the competent social security institution. Contributions are generally paid on a monthly basis.

Self-employed workers' contributions are calculated on the total earned income declared on the income tax return for the relevant year. Special provisions apply to certain categories of self-employed workers: self-employed worker's family members actively participating in the gainful activity (paying contributions at a lower rate if they are under the age of 21); farmers, sharecroppers and smallholders (paying contributions as a pro rata of the average taxable income, set each year by law).

Voluntary contributions

Social security contributions can also be paid on a voluntary basis. Those insured persons who interrupt or cease their employment or self-employment can continue paying contributions voluntarily in order to preserve or improve their pension rights; these payments are treated as compulsory contributions. To qualify for this right the person must have paid work contributions for at least five years over his or her working life or three years out of the five preceding his or her application for the voluntary or optional continued insurance. For certain categories of workers (seasonal, part-time, "*parasubordinati*"), the payment of contributions for at least one year in the five preceding the application is required. The necessary contributions can be paid either as an employed or a self-employed person or as a combination of the two. "*Parasubordinati*" may be allowed to continue paying contributions voluntarily into their specific pension fund (so called "*gestione separata*": meaning that it applies qualifying conditions of its own) during periods when they are not performing any gainful activity.

Voluntary contributions to mature the insurance qualifying conditions can also be paid in case of:

- Parental leave (parents who have stopped working to devote to raising their three to eight year-old child);
- Periods of leave for parents needing to nurse a sick infant or child.

The amount of the contributions is based on the previous year's average earnings prior to authorisation; a minimum amount is set, which corresponds to 40% of the basic pension as adjusted by law on 1st January, each year. Payments made for a lower class than the beneficiary belongs to, entail a proportional reduction in the number of weekly contributions that are actually matured.

Contributions are paid quarterly.

Paying back periods not covered by insurance

Under certain circumstances, you can pay contributions to "redeem" periods when you were not insured. This applies, for example, to years of university studies and to periods spent working in a country with which Italy has not signed a social security agreement. If you have already accrued at least five years of contributions, you can redeem periods that are not covered by insurance due to child-raising or attendance of disabled family members.

Deemed contributions

Under certain circumstances, periods of contributions can be treated as insurance periods even if they have not actually been paid. Deemed contributions can be taken into consideration both for the purpose of entitlement to a benefit and in view of increasing the amount of the benefit itself. Nevertheless, periods of sickness and/or unemployment in which the person concerned was in receipt of an allowance, cannot always be taken into consideration in view of entitlement to benefits. Deemed contributions may be credited for:

- military service and redeployment;
- political or racial persecution;
- occupational injury or disease;
- unemployment; sickness; tuberculosis; pregnancy and childbirth; parental leave;
- natural disasters;
- integration of contributions for workers with reduced working capacity, assistance to members of the family who are severely disabled;
- solidarity contracts; voluntary blood donations; special leave for public or trade unions' activity; socially relevant and public service work.

Chapter II: Healthcare

When are you entitled to healthcare?

The public health service is based on residence. Healthcare is provided to all those registered with the local health centres (*Azienda sanitaria locale*) and all those who are eligible under the applicable national and Community legislation. Each Italian national resident in Italy and everyone affiliated to the health insurance system of another Member State of the European Union working in Italy and their dependants are covered for medical assistance.

What is covered?

The treatment or medicine may be supplied free of charge by the local health centre or by doctors or pharmacists attached to the health system, or the patient may pay the cost of the benefits received and be reimbursed.

Most medicines are listed in the pharmacists' schedule, which divides them into two categories. Drugs in the first category, which are intended for emergency care and for the treatment of high risk, chronic and disabling diseases, are wholly free of charge. For the second category, you pay part of the cost directly to the pharmacist who fills your prescription. There is a minimum charge for every prescription. If the doctor prescribes a drug that is not on the schedule, you will have to pay the full cost yourself.

There is a user fee for diagnostic and laboratory tests. However, hospital care is free of charge in public hospitals and in private clinics that are attached to the National Health Service (*Servizio Sanitario Nazionale, SSN*). You have to be referred by your GP, except in emergencies. Admission to accredited institutions has to be approved by your local health centre. Hospitalisation is free, but you have to pay for any extras (private room, telephone, television).

Particularly, as far as maternity benefits in kind are concerned, general obstetric care is given directly and free of charge in the local health centre dispensaries, including all pre-conception and pre-natal analysis. It can also be given at home by a midwife attached to the National Health Service (*Servizio Sanitario Nazionale, SSN*). If the family income does not exceed a given amount per year, as fixed by law, medical visits and laboratory analysis for mothers and children up to the age of six are also given free of charge.

Although the guaranteed minimum benefits are the same everywhere in Italy, since the Italian regions have considerable autonomy in this domain there may be slight regional variation in the conditions and methods of payment of medical, pharmaceutical and supplementary benefits.

Available medical assistance includes:

- the services of a general practitioner outside a hospital;
- paediatric, obstetric and gynaecological care;

- the services of a specialist (including dental care) in public and private dispensaries that have contracts with the national health service;
- hospitalisation (including for childbirth) in public hospitals, clinics, etc. and private institutions that have contracted with the national health service;
- medicine and pharmaceutical products, on prescription by general practitioner or specialist who is employed in or accredited by the National Health Service.

Benefits for patients affected by tuberculosis

Persons suffering from tuberculosis are covered by special provisions; they are also insured for sickness and maternity benefits. The special regime includes medical assistance and cash benefits. Workers and family members who suffer from tuberculosis are entitled to certain conditional cash benefits as long as the insured has paid at least one year of contributions over the course of his or her working life.

Other supplementary benefits

The national health system offers special supplementary benefits. Supplementary benefits are for the most part indirect, and only part of their cost is refunded. Paediatric care is free up to the age of twelve. These include thermal cures, special orthopaedic treatments, prostheses and certain key diagnostic benefits. To receive these benefits you must apply to your local health centre with a recommendation from your consulting physician.

How is healthcare accessed?

General medical assistance is provided by local health centres (*Azienda sanitaria locale*). These are part of the National Health Service (*Servizio Sanitario Nazionale*, SSN).

You must visit your local health centre to enrol in the National Health Service and obtain a health insurance card (*Tessera Sanitaria*). Those who are employed or self-employed can enrol as soon as contributions are paid into the Italian National Insurance system. When you are registered, you can freely choose a doctor in your region from the list of those attached to the National Health Service. For general medical assistance, you go directly to the National Health Service doctor in your local health centre or in another service accredited by the National Health Service.

You have to go to the doctor on whose list you are registered, or the locum if s/he is absent. If you are temporarily away from your place of residence or stay, you can in an emergency visit any National Health Service doctor. In these cases you pay the cost of treatment, which will be refunded according to the health service schedule. There is an on-call service for emergency treatment at night and on Sundays and holidays.

Any time you move, you must register with the local health centre in your new place of residence. For seamen and civil aviation flight crews, health care benefits are administered by a special Ministry of Health service (*Ufficio di sanità marittima ed aerea*).

To find a local health centre office, including contact information, visit the Ministry of Health website at: <http://www.salute.gov.it/infoSalute/infoSaluteHome.jsp>

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Cash sickness allowance is a per diem allowance to replace pay lost due to sickness. It is paid starting from the fourth day of illness (the first three days are not covered, except in the case of relapses), and is paid for a maximum of 180 days per calendar year. Different criteria apply in the case of workers on fixed-term contracts.

What is covered?

Except for certain categories of workers, the benefit is paid directly by the employer and deducted from the amounts payable to the National Institute for Social Security (*Istituto Nazionale della Previdenza Sociale, INPS*) as insurance contributions. The allowance is generally equal to 50% of the person's pay for the first twenty days of illness, rising to 66.66% thereafter.

For tuberculosis there is no time limit during treatment, but there is a maximum of two years for post-sanatorium allowance and two years for the treatment allowance (renewable every two years).

How are sickness cash benefits accessed?

The doctor must send the certificate to INPS electronically and give a copy to the worker. The employer can only obtain information about the prognosis of the worker by logging in with an assigned PIN.

If a check is carried out and the worker's absence is found to be unjustified, s/he forfeits the whole of his or her sickness benefit entitlement for a maximum period of ten days, and 50% for the rest of the period if s/he is absent again. No compensation is paid for days lost because of a delay in delivering the doctor's certificate.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Employed and self-employed parents are entitled to compulsory paid **maternity** and **paternity** leaves, and may also take optional paid **parental** leave.

What is covered?

Maternity leave, as a rule, covers the paid leave pregnant female employees are entitled to. They are, in fact, obliged to stop working for two months before the estimated date of childbirth and three months after the effective date of childbirth. Alternatively, they can choose to stop working one month before delivery and four months afterwards, conditional upon their doctor's consent. During this leave, maternity benefits are paid.

Under certain circumstances, benefits are also paid to fathers who are taking care of the child instead of the mother (e.g. death or serious illness of the mother, abandonment etc.). Female self-employed and professionals as well as atypical, fixed-term contract workers registered with the INPS separate pension scheme are not obliged to stop working.

Benefits are also paid to workers who adopt children or who act as foster parents to children under the age of 6 (or 18 in the case of cross-border adoption or foster care before adoption) for a maximum of three months.

During the mandatory period of maternity leave, the compensation paid is 80% of pay. These benefits are paid directly by the employer and deducted from the sums due to the National Institute for Social Security (*Istituto Nazionale della Previdenza Sociale, INPS*) for contributions.

The INPS also pays self-employed women (farmers, sharecroppers, tradespersons and shopkeepers) a direct per diem maternity benefit for two months before the estimated date of childbirth and three months following the actual date of birth.

Fathers are entitled to a one-day compulsory **paternity leave** (to be claimed within five months after the child's birth) which is granted at the same time as the maternity paid leave. Two more days of paid leave can, moreover, be claimed by the father in replacement of the maternity paid leave.

During this paternity leave, benefits are paid in the same amount and according to the same modalities as for maternity benefits.

As far as (optional) **parental leave** is concerned, both parents (who are in paid employment) are entitled to a total period of up to eleven months paid leave until a child is 8 years old, at the same time if they wish. This is also available to parents of adopted and foster children. Fathers can take leave even while the mother is on mandatory maternity leave or nursing leave.

Mothers who are self-employed are also entitled to parental leave, but only for three months during the child's first year. If they take this leave, they must stop working during that time.

The parental leave is covered with a compensation amounting to 30% of pay or of "standard pay" and is payable for an overall maximum, for both parents, of six months in the child's first three years (for adopted and foster children, the first three years that the child is with the family). Once the six months have elapsed (and until the child's 8th birthday), a parent can be entitled to compensation if his or her individual income is no more than two and half times the amount of the minimum retirement pension paid at the time.

How are maternity and paternity benefits accessed?

Applications for maternity, paternity and parental leaves are to be addressed to both the employer and to the INPS.

If the application for benefit is in respect of nursing leave, it has to be only addressed to the employer and accompanied by a relevant certificate issued by the child's GP as well as by a declaration under own responsibility that the child's other parent is not benefiting from the same kind of leave at the same time.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

All employed persons and certain categories of self-employed workers (farmers, sharecroppers and smallholders, tradesmen and merchants) are covered for disability insurance. Professionals (doctors, etc.) are also entitled to an incapacity pension, but the rules governing this sector vary considerably, depending on the insurance category.

Invalidity allowance

All insured workers, whose working capacity is permanently reduced by more than two thirds, and who have accrued five years of contributions, three of which matured in the five years prior to lodging the benefit claim may qualify for an invalidity allowance. The said benefit is paid for up to 3 years but it may be extended for further subsequent 3-year periods. Once entitlement has been reassessed by means of three medical assessments, upon the beneficiary's request, and the allowance has, therefore, been extended twice consecutively, the benefit can be confirmed indefinitely.

The invalidity allowance, therefore, is characterised by a long observation period of the invalid worker to check the possibility for recovery. Besides this, it cannot be passed down to any survivors.

Incapacity pension

The insured disabled worker who has been assessed with a total and permanent incapacity to perform any of the activities he had an aptitude for, due to infirmity or physical or mental impairment, is entitled to an incapacity pension. Entitlement is conditional upon a minimum of 5 years of contributions, 3 of which accrued in the last 5 years prior to lodging the relevant claim as well as on the absence of all other forms of income, including earnings from self-employment and unemployment benefits.

The incapacity pension can be passed down to the deceased pensioner's survivors and is replaced by the old-age pension at retirement age.

What is covered?

Invalidity and disability are the two contingencies covered based on the qualifying conditions explained above.

It is worth mentioning that:

- when you reach retirement pension age, the invalidity allowance is converted into an old-age pension if: a) you meet the insurance period and contributions criteria and b) you have stopped working (if you were in paid employment). The periods

while you were receiving the benefit and were not engaged in any gainful employment are taken into account for pension entitlement;

- the invalidity allowance granted in case of an accident at work or an occupational disease cannot be paid at the same time as the life annuity in respect of the same accident, up to the amount of the annuity itself. The more favourable provisions effective prior to the pension reform law of September 1995 remain in force and will be gradually phased out as future adjustments to the cost of living are enacted by law. In addition to this, as of the date of enforcement of the said reform law, when an invalidity allowance is paid to a beneficiary receiving income above a certain ceiling and derived from paid work, self-employment or from an enterprise, the amount of the allowance is reduced by 25-50%. Here too, the more favourable provisions effective prior to 1 September 1995 remain in force and will be phased out gradually as future amendments to the cost of living are enacted by law;
- the incapacity pension is calculated based on the amount of the invalidity allowance plus an increase proportional to the number of years of contributions you would have completed had you continued to work until retirement age. This pension is incompatible with income from salaried or self-employed work, with unemployment benefit and with other allowances replacing or supplementing earned income.
- incapacity pension beneficiaries who become unable to perform the most basic daily life activities as a result of accident at work can also be entitled to a monthly personal assistance allowance (*assegno di assistenza personale e continuativa*), the amount of which is fixed under the [compulsory accident-at-work and occupational disease insurance scheme](#) managed by the National Institute for the Insurance against Accident at Work (INAIL). Applications must be accompanied by documentary evidence of the person's state of health. This is a contributory benefit and cannot overlap with the [welfare-based allowance](#) paid by INPS.

How are invalidity benefits accessed?

Your claim for the invalidity and incapacity benefits is to be addressed to the competent Institution. Forms are available on the relevant institution website and claims are to be electronically transmitted. *Patronati* officers provide you with assistance free of charge. Invalidity allowances and incapacity pensions are paid from the first day of the month following the one in which your claim was lodged or during which the contingency occurred.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The pension reform Law No. 214 of 22 December 2011 has reduced the ways of access to retirement to two channels: the **old-age** pension and the **early pension**.

Changes introduced by the new law provisions are: increase in the retirement age for the old-age pension subject to further increases according to changes in the rate of life expectancy; flexibility in the access to retirement for the early pension.

Effective as of 1 January 2012, the minimum retirement age for men (private sector employees, civil servants and self-employed workers) and for female civil servants is 66 years and 3 months. As regards women employed in the private sector, it has been fixed at 62 years and 3 months (63 years and 9 months for female self-employed workers), but it will be gradually increased until reaching 66 in 2018.

The former *pre-retirement* and *seniority* pensions – the latter granted according to the “quota” system (contributions + age) and deferred in payment according to set deferral schemes (the so called “windows”) - have been suppressed and replaced by the early pension also providing for a flexibility bracket limiting access to early paths to retirement (an age bracket ranging from a minimum of 66 - 62 for women - and a maximum of 70, during which the worker may choose whether to quit his/her working activity or not). In order to encourage active ageing, transformation coefficients to be applied in the benefit calculation have been remodelled according to age (the higher the age the higher the pension amount).

Access to retirement regardless of age will still apply through the **early pension** provided that a minimum insurance history of 42 years and 5 months for men and 41 years and 5 months for women has been matured. These qualifying conditions shall be subject to further increases according to changes in the rate of life expectancy. Besides this, a reduction in the pension amount shall be applied serving as a penalty clause should the early pension be claimed at an earlier age than 62.

The said adjustment to life expectancy – applied to both contributory and age qualifying conditions – shall be revised every three years until 2018, every two years from 2019 onwards.

Workers insured entirely under the contribution-related pension scheme (namely, those who had not matured any contribution prior to 31 December 1995) can qualify for an early pension at the age of 63, provided that they have accrued at least 20 years of valid contributions and that the benefit they would be entitled to amounts to at least 1.5 times the social allowance for the current year. A minimum qualifying period of 5 years of paid contributions applies to insured persons retiring at the age of 70 (deemed contributions cannot be taken into account in this circumstance).

The contribution-related calculation system

As of 1 January 2012, the contribution-related calculation system applies, for all insured workers, to all the insurance periods matured from January 2012 onwards. This system provides for the accrued contributions to be converted into pensions by applying the transformation coefficients determined according to both the retired person’s age and his/her life expectancy, more precisely, the new transformation

coefficients can vary from a minimum of 6.38% to a maximum of 8.41% (the older the claimant, the higher the pension he/she will be granted).

First introduced by Law no. 335/1995, this calculation method (so called *Sistema Contributivo* calculating the old-age pension in respect of contributions) already applied to those workers whose insurance history had first started on or after 1 January 1996.

Under this type of calculation system contributions are paid into each worker's insurance account, levied on the basis of a defined rate depending on the worker's category. The revenues thus levied through work contributions are adjusted annually according to the average five-year variation in GDP, as calculated by ISTAT (the Italian Institute of Statistics) with reference to the five years prior to the year the relevant adjustment refers to. The amount thus obtained (paid-in capital plus revaluation: so called *montante contributivo*) is multiplied by the transformation coefficient linked to the age of the worker at the very time the pension is claimed. Pensions paid under this system cannot be topped up by the minimum pension supplement (see below).

What is covered?

All employed persons, self-employed (farmers, sharecroppers and smallholders, tradesmen and merchants) and professionals are covered against the contingency of lack of working capacity due to old age and can be granted entitlement to either the early pension or to the old-age pension conditionally upon certain qualifying requirements which will be gradually harmonised in order to phase out both gender and working sector differences (e.g.: 66 years of age by 2018 for all insured workers to qualify for the old age pension).

Since the application of the contribution-related calculation system will result in lower pension amounts which will not be topped up until reaching the minimum pension, the old-age pension shall be granted upon condition that a threshold amount of at least 1.5 times the amount of the current social allowance can be granted; the early pension, on the other hand, shall only be granted upon condition that a minimum qualifying condition of twenty years of contributions has been matured alongside with a threshold pension amount of at least 2.8 times the amount of the social allowance.

Minimum pension

No statutory minimum pension is provided for in the case of workers first insured starting from 1 January 1996; therefore, only pensions paid under the earnings-related scheme can be topped up till the minimum pension amount is reached. It is a means-tested benefit, therefore, in order to be entitled to it, your personal income or your household's one, (that is your personal income summed to your spouse's one) must not exceed certain limits, which are set annually (the income ceilings for 2013 are as follows: from € 6,441 up to € 12,882 and from € 19,322 up to € 25,673 respectively).

How are old-age benefits accessed?

Applications for retirement benefits must be addressed directly to the competent social security Institution. Forms are available on the relevant institution [website](#) and claims are to be electronically transmitted. You can ask *Patronati* officers to assist you free of charge.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

The survivor pension is paid to certain members of the deceased's family: a survivors' pension (*pensione di reversibilità*) is granted if the deceased pensioner was receiving either a direct pension or an indirect pension (*pensione indiretta*): the latter is granted if at the time of his or her death the deceased worker was not yet receiving a direct pension but was fully entitled, with regard to insurance and contributions requirements, to receive an ordinary invalidity allowance or incapacity pension, or to receive the old-age pension.

The family members who are entitled to the pension are: the spouse and any children who, at the time of death, are minors, students or disabled; parents who, at the time of death, are 65 years of age or older, have no pension and are dependent on the deceased, if there is neither spouse nor children, or if they do exist, they are not eligible; unmarried brothers and sisters who, at the time of death of their predecessor are disabled, without direct or indirect pension, and dependent on the deceased, if there is no spouse, children or parents, or they do exist but are not eligible.

What is covered?

The contingency covered is the retired or insured person's death. The rate of the direct survivors' pension is 60% for the surviving spouse, 20% for each child. Any eligible parents, brothers and sisters receive 15% each.

The sum of all fractional survivor pensions cannot exceed 100% of the direct pension. For pensions payable after 1 September 1995, the percentage for a single surviving child rises from 60 to 70%, and to 80% for two children. Since 1 September 1995, the amount of the survivor pension can be reduced by 25, 40 or 50% when the beneficiary's income is above a certain level. From this same date, survivors' pensions paid by the compulsory general insurance following an accident at work or occupational disease cannot be drawn at the same time as a life annuity for the same event, up to the amount of the annuity (paid by INAIL). The more favourable provisions in effect prior to 1 September 1995 remain in force and will be gradually phased out as future adjustments are enacted.

The pension is paid following application from the first day of the month following that of the death of the retired or insured person.

How are survivors' benefits accessed?

Application for survivors' pension must be addressed directly to the competent social security Institution. Forms are available on the relevant institution [website](#) and claims are to be electronically transmitted. You can ask *Patronati* officers to assist you free of charge.

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

All employed and self-employed insured workers engaged in certain types of occupation or business that according to Italian law can give rise to occupational injury or disease are insured against these risks.

Specific legislation has extended this insurance protection to other categories of workers (such as managers, professional athletes, atypical workers, so-called "*parasubordinati*"), as well as to those engaged solely in domestic work ("housewives' insurance").

The term "occupational disease" refers to both the contingencies that are listed as such and to any other ailment that the worker can prove to be causally related to his or her occupation.

What is covered?

An insured worker suffering from an accident at work or from an occupational disease, is entitled to **medical assistance**, **cash benefits** and **supplementary benefits** as granted by INAIL (National Institute for Insurance against Accidents at Work).

Besides the medical assistance, as presented in the part on [healthcare](#), the following healthcare benefits fall exclusively under the competence of INAIL:

- prostheses and medical appliances;
- spa and thermal cures (hydrotherapy and mud baths) and treatments in health resorts;
- medical checks and forensic doctors' certifications;
- out-patient "first aid" care managed jointly with the Regions.

Cash benefits include:

- daily compensation for total temporary incapacity;
- permanent incapacity annuity;
- compensation for permanent physical and/or mental impairment, so called "biological damage";
- direct annuity supplement, granted all through the rehabilitation period;
- transitional compensation for silicosis and asbestosis;
- survivors' annuity;
- death grant;
- monthly personal assistance allowance (*assegno di assistenza personale e continuativa*);
- special survivors' monthly allowance, granted to survivors of the beneficiary of the permanent incapacity annuity (even if the beneficiary's death was not work-related).

The most relevant cash benefits are discussed in more detail below.

The welfare-based **supplementary benefits** include:

- an unemployability compensation, granted to disabled workers who cannot be reinstated in any employment sector due to severe physical impairment;
- an end-of-year bonus, which is a supplement granted to disabled whose work incapacity has been assessed from 80 to 100%.

Daily compensation for total temporary incapacity

This benefit is paid as of the fourth day following the date the accident occurred or the onset of the illness till healing. The compensation is equal to 60% of daily earnings based on the 15 days prior to the onset of work incapacity till the 90th day of leave; as from the 91st day, it is equal to 75% of daily earnings.

Permanent incapacity annuity

The compensation is paid in the form of a capital settlement if the damage suffered is assessed at between 6 and 15%, in the form of a life annuity if the damage suffered is at least 16%.

When the impairment to the person's health is equal to or greater than 16%, it is considered to also have an effect on his or her earning capacity, and so, in such cases, compensation is granted to cover the consequences brought about by income reduction as well as by worsened "quality of life". The amount of the annuity paid is calculated on the basis of the pay the person was receiving the year before the date the accident occurred or the onset of the illness and it also depends on the degree of disability.

Permanent incapacity annuities are adjusted annually as of 1 July by Ministerial Decree based on consumer price index. The degree of disability can be re-assessed, ex officio or upon the worker's request, at any time during the first two years and at least annually afterwards. The application for review must be accompanied by a doctor's certificate. The amount of the annuity is increased by one twentieth for each dependent child.

Monthly personal assistance allowance

When a totally and permanently disabled person needs a carer's constant attendance to perform even the most basic daily life activities, a monthly allowance (*assegno di assistenza personale e continuativa*, equal to € 526.26 for the year 2013) is paid for this purpose if this assistance is not directly supplied by the INAIL, by the hospital where the person is staying or by any other entity. This allowance is paid as a supplement to the incapacity pension.

Survivors' annuity

The survivors of a worker who dies as the result of an accident at work or an occupational disease are paid a monthly annuity calculated as a percentage of his or her most recent annual pay. These percentages are:

- 50% granted to the surviving spouse;
- 20% granted to each child under the age of 18. They are entitled to this annuity until the age of 21 if they are in secondary education and 26 if they are at university;
- 40% granted to each child if both parents are deceased.

If the deceased left no surviving spouse or children:

- 20% is granted to each parent if they were dependent on the deceased at the time of his or her death;
- 20% is granted to each brother or sister if they were dependent on the deceased at the time of his or her death.

Death grants

INAIL pays a one-off death grant to survivors who can prove that they had to bear additional expenses on account of the death of the insured person following an accident at work or an occupational disease (equal to € 2,108.62 for the year 2013).

How are benefits in respect of accidents at work and occupational diseases accessed?

In case of an **accident at work**, the worker must notify the employer immediately. If the accident causes injuries which will take more than three days to heal, the employer must report it to INAIL within two days of becoming aware of the event.

As of 1 January 2010, the relevant application can only be electronically transmitted to the INAIL via an on-line procedure, either directly by the claimant or a member of family or through the intermediary of "*Patronati*" (authorised centres providing for legal and practical advice/help to fill in the benefit claims) providing assistance free of charge.

Accident reports can be sent on-line to INAIL from the website at <http://www.inail.it>.

Fatal accidents must be reported within 24 hours.

Occupational diseases are to be notified to the employer within 15 days of the onset of the illness. The employer, in turn, has to report it to the INAIL within 5 days of receipt of the relevant medical certification. Failing the notification according to the above said terms, the insured worker will still have three years' time to claim for the benefits s/he is entitled to before they become invalidated by prescription.

Chapter IX: Family benefits

When are you entitled to family benefits?

Employed persons, pensioners and those receiving social security benefits deriving from paid employment, are entitled to receive family allowances.

What is covered?

The amount of these allowances depends on the size of the family and the income of the household. At least 70% of this income must be derived from paid employment as far as employees are concerned, whereas, as to atypical, fixed-term contract workers registered with the INPS separate pension scheme, 70%, at least, of this income must be derived from their gainful activity.

A "household" is considered to include the applicant and his or her spouse, who must not be either legally or effectively separated, and the children or equivalent, under the age of 18 or without age limit if they are disabled, and nieces and nephews under the age of 18 if they are dependent on a direct ascendant (grandfather or grandmother), are in need and are maintained by a grandparent.

Family income is calculated taking into account all types of income received by the various members of the household, including deductible expenses and tax deductions - those taxed separately and those that are tax-exempt, if over approximately € 1,000. Certain types of income are however exempt.

Income ceilings are adjusted annually on 1 July according to the difference in the consumer price index, as calculated by ISTAT (the Italian Institute of Statistics).

Different provisions, as formerly applied to family allowances, still remain applicable to farmers, sharecroppers and smallholders and to certain categories of self-employed persons, and the rules for pension increases and supplements still apply to those receiving pensions under the special schemes for self-employed workers.

How are family benefits accessed?

To obtain these benefits, you must apply to the INPS office of your place of residence. More information is available at the INPS website: <http://www.inps.it>.

As of 1 January 2010, the relevant application can only be electronically transmitted to the INPS via an on-line procedure, either directly by the claimant or a member of family or through the intermediary of "*Patronati*" (authorised centres providing for legal and practical advice/help to fill in the benefit claims) providing assistance free of charge.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Since 2013, unemployment benefit in Italy is known as **ASpl** (*Assegno Sociale per l'Impiego*, i.e. Employment Social Allowance). It is a form of compensation paid to workers who have been dismissed.

ASpl is not paid in case of voluntary resignation, unless for what is assessed as being a good reason. It can be claimed by all employees, apprentices, members of cooperatives and show-business employees.

The former special unemployment allowances for laid-off construction workers and the special rules applying to farm workers no longer exist.

In order to be eligible for the ASpl, a worker must have been insured with the National Institute for Social Security (*Istituto Nazionale della Previdenza Sociale, INPS*) for at least two years and have accumulated at least 52 weeks of contributions in the two years prior to dismissal.

Unemployed workers who do not qualify for the ASpl can be eligible for the so-called **mini ASpl** if they have completed at least thirteen weeks of contributions during the twelve months prior to dismissal.

What is covered?

ASpl and mini-ASpl

The amount of the benefit is calculated as a percentage of the gross income earned by the worker in the last two years prior to dismissal. It is equal to 75% of the monthly reference earnings up to a monthly earnings ceiling of € 1,180.00 for the year 2013, and to 75% of € 1,180.00 plus 25% of the difference between the worker's monthly pay and the said ceiling, if the monthly pay is higher than the said amount.

The maximum payable amount is equal to € 1,119.32 per month.

The amount of the benefit is reduced to 60% of the monthly reference earnings after six months and to 45% after twelve months.

In the transitional period 2013-2015, the duration of payment of the ASpl will vary depending on the calendar year in which the worker becomes unemployed as well as on age:

- workers aged under 50, if laid off in the years 2013 and 2014, will be granted the ASpl for a period of 8 months; if they are dismissed in the year 2015, they will be granted the ASpl for 10 months;
- workers between the ages of 50 and 54, laid off in the years 2013 to 2015, will be granted the ASpl for a period of 12 months;
- workers aged 55 and over, laid off in the years 2013, 2014 or 2015, will be granted the ASpl for a period of 12, 14 and 16 months respectively.

As of January 2016, the ASpl shall be granted:

- to workers aged under 55, for a maximum period of 12 months;
- to workers aged 55 and over, for a maximum period of 18 months.

The amount of the mini-ASpl is the same as that of the ASpl but it is granted for a shorter period of time.

The weeks during which the unemployed person was in receipt of the ASpl or mini ASpl count as periods of deemed contributions and are taken into consideration in view of both pension entitlement and calculation. This does not apply, however, in case the old-age pension is claimed at the age of 70 using the minimum qualifying period of 5 years.

Persons receiving unemployment benefit (ASpl and mini-ASpl) are paid family allowances under the same conditions as those in work.

Redeployment allowance

The redeployment or mobility allowance paid to workers made redundant because of downsizing or closure of the undertaking employing them, will be phased out and replaced by the ASpl by 2017.

This form of “long mobility” is currently extended to workers in certain production sectors where companies are included in a redundancy pay program due to the fact that they are undergoing a crisis. The amount of this benefit is equal to the redundancy allowance in the first year and to 80% of this allowance after that; it can be prepaid in a single lump sum to workers who want to start an independent business alone or in partnership.

Periods of redeployment compensation are taken into account for pension entitlement and the amount of the pension. A person receiving this allowance can work part-time or for short periods without losing his or her right to this compensation, which is suspended for the days when s/he is actually working.

Ordinary redundancy pay

The ordinary compensation paid by the income supplement fund (*Cassa Integrazione Guadagni*) and authorised by the local provincial committees is intended for labourers, employees and managers of industrial enterprises in general and of industrial and craft enterprises in the construction and stone-quarrying sector, when they are affected by a reduction or stoppage of activity for temporary difficulties for which neither the management nor the workers are responsible or that are a result of temporary market conditions.

Extraordinary redundancy pay

This allowance – authorised by decree of the Ministry of Labour and Social Policies – is intended to preserve the income of labourers and employees of industrial enterprises (including those in the construction and stone-quarrying sector and contractors for catering and cleaning services) which have ceased operations for restructuring, re-organisation or conversion, or owing to a business crisis, bankruptcy, preventive composition or compulsory liquidation.

This also applies to commercial enterprises, shipping and transport companies, and travel and tourism agencies with more than fifty employees – excluding apprentices and persons hired on training contracts – and security firms.

The condition for eligibility is that these businesses have had an average of 15 employees over the six months preceding the application for benefit.

This allowance cannot be paid for more than 18 months for bankruptcy proceedings, 12 months for business crises and 24 months for restructuring, unless extended as provided by law.

The amount of the ordinary and extraordinary redundancy pay is 80% of the total pay the worker would have been entitled to for the hours of work not worked. The ordinary and extraordinary allowances are capped at a monthly maximum which is revised annually.

How are unemployment benefits accessed?

All unemployment benefits are claimed at and paid directly by monthly cheque by the INPS. At the same time, the claimant also has to submit the relevant declaration of availability to be recruited either for a new job or for retraining (so called DID: "*Dichiarazione d'Immediata Disponibilità al reimpiego*").

- The ordinary unemployment benefit (ASpl) claim has to be addressed to the competent INPS office within 68 days of being made redundant;
- The claim for the mobility allowance also has to be addressed to the competent INPS office and the relevant application form has to be lodged at the local employment office (*centro per l'impiego*) within 68 days of being made redundant;
- The claim for the ordinary redundancy pay has to be lodged by the employer to the competent INPS office within 25 days of cessation of the salaried work and the benefit falls due as of the week the work suspension or reduction started;
- The claim for the extraordinary redundancy pay has to be lodged by the employer to the Ministry of Labour and Social Policies within 25 days of cessation of the salaried work and the benefit falls due as of the week the work suspension or reduction started.

As of 1 January 2010, the relevant application can only be electronically transmitted to the INPS via an on-line procedure, either directly by the claimant or a member of family or through the intermediary of "*Patronati*" (authorised centres providing for legal and practical advice/help to fill in the benefit claims) providing assistance free of charge.

Any worker who, without notifying the competent INPS office, engages in gainful employment while receiving an unemployment benefit, forfeits his or her right to benefits. The employer who hires a worker on unemployment benefit is also responsible for notifying it to the competent INPS office.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

Municipal support is available to individuals and/or families who are deemed to be in need of socio-economic support. However, as the granting of these benefits falls under the competence of the local authorities, the law does not provide for general entitlement conditions or requirements. The support may be provided either in cash or in kind (such as interventions by social workers). There are no nationality conditions enforced at a national level; in general, residence in the region or municipality which is granting the benefit is required.

As a rule, subsidies are granted upon submission of the household ISEE (which is an indicator providing information on the household's economic situation).

What is covered?

Regulations vary according to the regions and the municipalities. Every region and municipality, acting in accordance with regional legislation and depending on the available budgetary resources, implements its own policies of social intervention on its territory.

How are minimum resources benefits accessed?

Information and application procedures must be accessed at municipal level.

Chapter XII: Long-term care

When are you entitled to long-term care?

Benefits covering the risk of long-term care are provided under both the social security and the social welfare system. The former are contribution-based and have been dealt with in the part on [invalidity benefits](#). The latter are welfare-based and provided, in the form of both benefits in kind and cash benefits (constant attendance monthly allowance), to disabled citizens who are not self sufficient regardless of the fact that they have already been granted an invalidity allowance or an incapacity pension. Beneficiaries have to meet the following qualifying conditions:

- to be incapable of walking without the constant assistance of an attendant or carer;
- to be in need of constant attendance in order to perform daily life activities/functions.

Entitlement is subject to the assessment of the level of dependency carried out by a forensic medical “mixed” board (made up of forensic doctors from both the local health centre and the INPS) that can also require follow-up checks and it is not subject to means-testing.

What is covered?

The constant attendance allowance for persons with disabilities is € 499.27 (€ 481.57 for recipients of the incapacity pension; € 846.16 for totally blind people). For persons with disabilities, deaf-dumb and totally blind persons in hospitals, and partially blind persons, the cash benefit is € 275.87 (€ 298.33 for non-hospitalised totally blind persons). The special allowance for partially blind persons is € 196.78, whereas the communication allowance for deaf-mutes is € 249.04.

Home care services and day care centre stays are provided for offering home help, meal delivery, medical treatment and nursing care. Residential care is provided for in the most serious cases. The length of stay varies according to the seriousness of the situation of dependency. Technical aids are provided in the most serious cases of disability. There is also provision for benefits (also in the form of VAT tax reduction when purchasing the needed tools) contributing to:

- the purchase of prostheses or other necessary medical equipment;
- the purchase or adaptation of private means of transport;
- the purchase of tools which make it possible to carry out a self-employed activity.

How is long-term care accessed?

Claims for long-term care **cash** benefits are to be submitted by either the disabled person him/herself or by a relative. They are granted in the form of attendance allowances.

As of 1 January 2010, the relevant application can only be electronically transmitted to the INPS via an on-line procedure, either directly by the claimant or a member of family or through the intermediary of "*Patronati*" (authorised centres providing for legal and practical advice/help to fill in the benefit claims) providing assistance free of charge. The application is then transmitted to the local health centre (USL) which sees to fixing the date the medical assessment will take place.

Claims for long-term care benefits **in kind** have to be submitted to the local health centre through the intermediary of the disabled person's GP. Benefits in kind can be in the form of: home assistance; family carer attendance; hospital or elderly-home stay.

Annex: Useful addresses and websites

For social security issues concerning more than one EU country, you may search for a contact institution in Europe on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>

Ministero del Lavoro e delle Politiche Sociali

Via Veneto, 56
00187 Roma
Toll free number: + 800 196 196
Email: centrocontatto@lavoro.gov.it
Website: <http://www.lavoro.gov.it>

Ministero della Salute

Via Giorgio Ribotta, 5
00144 Roma
Toll free number: +39-06.5994.1
Website: <http://www.salute.gov.it>

Istituto Nazionale della Previdenza Sociale (INPS)

Via Ciro il Grande, n. 21
00144 Roma
Toll free number: +803.164
Website: <http://www.inps.it>

Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro (INAIL)

Piazzale G. Pastore, 6
00144 Roma
Toll free number: +803.164
Website: <http://www.inail.it>

Istituto Nazionale di Previdenza dei Giornalisti Italiani (INPGI)

Via Nizza, 35
00198 Roma
Toll free number: +39 06-85781
Website: <http://www.inpgi.it>

INPS gestione (ex-ENPALS)

Viale Regina Margherita, 206
00198 Roma
Toll free number: +800.462.693
Website: <http://www.inps.it>

INPS gestione (ex-INPDAP)

Via Ballarin, 42
00142 Roma
Toll free number: +800.105.000
Website: <http://www.inps.it>

Ente Nazionale Previdenza ed Assistenza Medici (ENPAM)

Via Torino, 38

00184 Roma
Website: <http://www.enpam.it>

Ente Nazionale Previdenza ed Assistenza Framacisti (ENPAF)

Viale Pasteur, 49
00144 Roma
Website: <http://www.enpaf.it>

Ente Nazionale Previdenza ed Assistenza Veterinari (ENPAV)

Via Castelfidardo, 41
00185 Roma
Website: <http://www.enpav.it>

Ente Nazionale Previdenza ed Assistenza per i consulenti del lavoro (ENPACL)

Viale del Caravaggio, 78
00147 Roma
Website: <http://www.enpacl.it>

Ente Nazionale Previdenza ed Assistenza per gli infermieri (ENPAPI)

Via Alessandro Farnese, 3
00192 Roma
Website: <http://www.enpapi.it>

Cassa Nazionale Previdenza ed Assistenza Infermieri professionali, Assistenti Sanitari, Vigilatrici d'infanzia (IPASVI)

Lungo Tevere Dei Mellini, 27
00193 Roma
Website: <http://www.ipasvi.it>

Cassa Nazionale Previdenza ed Assistenza ingegneri e architetti (INARCASSA)

Via Salaria, 229
00199 Roma
Website: <http://www.inarcassa.it>

Cassa Italiana di Previdenza dei geometri liberi professionisti

Lungotevere Arnaldo da Brescia, 4
00196 Roma
Website: <http://www.cassageometri.it>

Cassa Nazionale Previdenza ed Assistenza Forense

Via Ennio Quirino Visconti, 8
00193 Roma
Website: <http://www.cassaforense.it>

Cassa Nazionale Previdenza ed Assistenza dottori commercialisti

Via della Purificazione, 31
00187 Roma
Website: <http://www.cnpadc.it>

Cassa Nazionale Previdenza ed Assistenza ragionieri e periti commerciali

Via Pinciana, 35
00198 Roma
Website: <http://www.cassaragionieri.it>

Cassa Nazionale Notariato

Via Flaminia, 160
00196 Roma
Website: <http://www.cassanotariato.it>

Ente Nazionale Previdenza ed Assistenza a favore dei biologi (ENPAB)

Via di Porta Lavernale, 12
00153 Roma
Website: <http://www.enpab.it>

Ente Nazionale Previdenza ed Assistenza per gli psicologi (ENPAP)

Via Andrea Cesalpino, 1
00161 Roma
Website: <http://www.enpap.it>

Ente Nazionale Previdenza ed Assistenza dei periti industriali (EPPI)

Piazza della Croce Rossa, 3
00161 Roma
Website: <http://www.eppi.it>

**Ente Nazionale Previdenza ed Assistenza degli agronomi e forestali, degli
attuari, dei chimici e dei geologi (EPAP)**

Via Vicenza, 7
00185 Roma
Website: <http://www.epap.it>

**Ente Nazionale di Assistenza per gli agenti e rappresentanti di commercio
(ENASARCO)**

Via Antoniotto Usodimare, 53
00154 Roma
Website: <http://www.enasarco.it>

Fondo Nazionale Previdenza per gli agenti doganali (FASC)

Via T. Gulli, 39
20147 Milano
Website: <http://www.fasc.it>

**Ente Nazionale Previdenza per gli addetti e gli impiegati in agricoltura
(ENPAIA)**

Viale Beethoven, 48
00144 Roma
Website: <http://www.enpaia.it>