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).

The MISSOC-Network, coordinated since 1990 by the European Commission, comprises up to two official representatives of the public administrations of 31 European countries (the 27 EU Member States, Switzerland, Liechtenstein, Norway and Iceland). MISSOC produces regularly updated information and analyses which are mainly used by officials, researchers and people moving within Europe. More information on the MISSOC network is available at: http://ec.europa.eu/social/main.jsp?langId=en&catId=815

This guide does not provide an exhaustive description of the social security arrangements applicable in this country. For more detailed information on social security in this and other European countries, please refer to the MISSOC Comparative Tables, the MISSOC Charts and Descriptions of the Organisation of Social Protection and to the MISSOC Annex on Social Protection for the Self-employed, all available at the abovementioned link.

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Chapter I: Introduction, organisation and financing

Introduction

The social security system in Italy provides benefits to employees and the self-employed in case of illness, maternity and unemployment. It also offers family allowances and provides benefits for the elderly and disabled people. There are important distinctions between insurance-based, category- and income/asset-related benefits. It is possible to receive any one or more type of benefit according to applicant and family circumstances.

Registering for compulsory social and health insurance

If you are a salaried employee or wage earner, your employer will take care of all the formalities. If you are self-employed, you are responsible for registering with the National Social Security Institute (Istituto Nazionale Previdenza Sociale, INPS), whose contact details can be found in Annex I.

Employed persons

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 professional qualification of the individual, 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. Only items formally exempted by the applicable legislation are excluded. 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 National Social Security Institute (INPS). The contributions are paid monthly using a special form (F24) and are declared to the INPS on the electronic monthly statement UNIEMENS.

Self-employed workers

Contributions are calculated on the total earned income declared on the income tax return for the relevant year.

Members of the self-employed worker’s family who provide assistance also have to pay contributions, although these are charged a lower rate if they are under the age of 21. There is also an annual income criterion, with minimum and maximum limits.

For farmers, sharecroppers and smallholders, the contribution is exclusively pro rata the average traditional taxable income (set each year by special ministerial decree), for each of the four income brackets into which farms are divided, depending on their agricultural income. The standard rate is reduced for farms in mountain regions and disadvantaged rural regions. National Health Service (Servizio Sanitario Nazionale) contributions are paid directly to the State Treasury, with the annual income tax return.

Voluntary contributions

Insured persons who interrupt or cease their salaried or independent activity can continue to pay contributions voluntarily in order to preserve or improve their pension and disability insurance rights; these payments are treated as compulsory contributions. To qualify for this right the person must have paid real 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 certain categories of workers (seasonal, part-time, “parasubordinati”), the payment of
contributions for one year in the five years 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 permitted to continue to pay contributions voluntarily as part of the same separate administration during periods when they are not practising the activity in question.

Voluntary contributions to top up the necessary nominal contributions can also be paid by:

- persons who choose to stop working while their child is between the ages of three and eight;
- women who take legal leave to nurse an infant or care for a sick child (between the ages of three and eight).

Authorisation to pay voluntary contributions is valid from the first Saturday following the date of submission of the application, for independent workers, and is permanent. The amount of the contribution is based on average pay in the last year before the authorisation was given; a minimum amount is set, which corresponds to 40 percent of the basic pension in effect on 1 January each year. Payments made for a lower class than the beneficiary belongs to entail a proportional reduction in the number of weeks recognised.

Contributions are paid quarterly by postal cheque, or by direct deposit at authorised banks.

**Redemption of non-insured periods**

In certain conditions, you can pay a special contribution 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 does not have a social security agreement. If you have already paid insurance contributions for a minimum period of five years, you can also redeem non-insured periods when you were not working in order to look after a child or a person with disabilities.

**Nominal contributions**

In certain cases, contributions that you have not actually paid can be credited to your account. Nominal contributions can be used both to top up your years of insurance service for pension entitlement and to increase the amount of the pension. Periods of sickness and/or unemployment benefit cannot be used to complete pension entitlement for retirement pensions based on fewer than forty years of contributions. Nominal contributions may be credited for:

- military service and redeployment;
- political or racial persecution;
- occupational injury or disease;
- unemployment; tuberculosis; pregnancy and childbirth; parental leave;
- natural disasters;
- activity performed by disabled workers; assistance to members of the family who are severely disabled;
- solidarity contracts; voluntary blood donations; special leave for public or union business; socially useful and public service work.

Further information on the current rates of contributions is available from the website of INPS.
Organisation of social protection

The Italian Social Security system (Previdenza Sociale) is managed by the National Social Security Institute (Istituto Nazionale Previdenza Sociale, INPS). It does not administer the national health system, which is under the competence of separate entities.

With the exception of healthcare, the Italian system of social protection is not organised according to one universal criterion. For each branch there is one special administration which is responsible for the collection of contributions and the provision of benefits. The implementation and supervision of the legislation fall within the competence of the Ministry of Labour and Social Policies (Ministero del Lavoro e delle Politiche Sociali).

Healthcare and sickness benefits in kind

The Ministry of Health (Ministero della Salute) is the competent institution for this field. It administers the resources, allocating them to the regions and municipal authorities that are in charge of benefit provision through the local health centres (Azienda sanitaria locale).

Sickness and maternity - benefits in cash

The Ministry of Labour and Social Policies is competent for sickness cash benefits for employees of the private sector. The administration of contributions and benefits has been assigned to the National Institute for Social Security (Istituto nazionale della previdenza sociale, INPS) by means of an ad hoc administration. Civil servants do not receive cash benefits for sickness and maternity; however, the State does continue to pay their salaries.

Invalidity benefits, old-age and survivors’ pensions

Almost all employees in the private sector and certain categories in the public sector have compulsory insurance coverage through INAIL against old age, invalidity, death, unemployment, tuberculosis and sickness. Domestic workers enjoy the same protection as employees (except for cash sickness benefits), as do those working at home, save for unemployment benefit (Trattamento di integrazione salariale). INAIL also covers the following categories of independent workers, but only for old age, invalidity and death: farmers, sharecroppers and smallholders, tradespersons and shopkeepers, registered midwives practising independently, and farm owners for whom farming is their principal activity. The INPS 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, and ministers of religion.

- Private sector employee pensions

The competent institution is the Ministry of Labour and Social Policies. Implementation is carried out by the National Institute for Social Security (Istituto nazionale della previdenza sociale, INPS) for general employment, as well as two special schemes for which an ad hoc administration is provided:

1. the National Institute for Social Security of the Italian Journalists (Istituto nazionale di previdenza dei giornalisti italiani, INPGI) for journalists. The system has been private since 1 January 1995;
2. the National Institute for Social Security of Show Business Workers (Ente nazionale previdenza ed assistenza lavoratori spettacolo, ENPALS) for artists and soccer players.

- Public sector employees

The administration of the pensions for civil servants and the benefits for employees of the local authorities falls within the responsibility of the National Institute for Social Security of
Employees of Public Authorities (Istituto nazionale di previdenza per i dipendenti dell’amministrazione pubblica, INPDAP).

- **Self-employed persons**
  For farmers, craftsmen and persons engaged in business or trade, there are special schemes within the National Institute for Social Security (Istituto nazionale della previdenza sociale, INPS). Private ad hoc schemes exist for the liberal professions.

**Employment injuries and occupational diseases**
The competent institution is the Ministry of Labour and Social Policies. The collection of contributions and provision of benefits are carried out by the National Institute for Insurance against Employment Injuries (Istituto nazionale contro gli infortuni sul lavoro, INAIL).

**Family benefits**
The competent institution is the Ministry of Labour and Social Policies. The collection of contributions and provision of benefits falls to an ad hoc administration within the National Institute for Social Security (Istituto nazionale della previdenza sociale, INPS). Part of the financing of benefits is made directly at the State’s expense.

**Unemployment**
The competent institution is the Ministry of Labour and Social Policies. The collection of contributions and provision of benefits has been entrusted to an ad hoc administration within the National Institute for Social Security (Istituto nazionale della previdenza sociale, INPS). This also includes all non-contributory benefits granted by the INPS: early retirement pensions, social pensions, minimum pensions.

**Guaranteeing sufficient resources**
The competent institution is the Ministry of the Interior (Ministero dell’Interno). Benefits are granted at local level and administered by the regional and/or the local authorities and the National Institute for Social Security (Istituto nazionale della previdenza sociale, INPS).

**Financing**
The Italian social security system is financed from national insurance contributions paid by employers and employees, as well as from general tax revenue.

**Your right to social security benefits when moving within Europe**
Social security systems in European countries are different, which is why EU provisions have been designed to coordinate them. Common rules ensuring access to social benefits are important to avoid European workers being put at a disadvantage when exercising their right of free movement. These rules are based on four principles.

- When moving within Europe, you are always insured under the legislation of one single member state: generally, if you are active, it will be the country where you work; if you are inactive, the country where you reside.
- The principle of equal treatment ensures that you have the same rights and obligations as nationals of the country where you are insured.
- When necessary, periods of insurance acquired in other EU countries can be taken into account towards the award of a benefit.
- Cash benefits can be “exported” if you live in a country other than the one where you are insured.
You can rely on the EU provisions on social security coordination in the 27 EU Member states, Norway, Iceland, Liechtenstein (EEA) and Switzerland (31 countries altogether).

Some general information on the EU provisions is provided at the end of each chapter. Further information about the coordination of social security rights when moving or travelling in the EU, Iceland, Liechtenstein, Norway or Switzerland can be found at: http://ec.europa.eu/social-security-coordination.
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).

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 tuberculosis patients

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 locality. 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

Your right to healthcare benefits when moving within Europe
If you are staying or residing in another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you and your family may benefit from the public healthcare services provided there. This does not necessarily mean that treatment will be free of charge; it depends on the national rules.

If you are planning a temporary stay (holidays, business trip, etc.) in another EU country, Iceland, Liechtenstein, Norway or Switzerland, apply for a European Health Insurance Card (EHIC) before leaving. Further information about the EHIC and how to apply for one is available at: http://ehic.europa.eu.

If you are planning to move permanently to another EU country, further information on your rights regarding healthcare is available at http://ec.europa.eu/social-security-coordination.
Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?
Cash sickness allowance is not really a cash benefit, but a statutory continuation of salary for employees in the form of a per diem allowance to replace pay lost through sickness. It begins on 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. There are additional criteria for 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 INPS as insurance contributions. The allowance is generally equal to 50 percent of the person’s pay for the first twenty days of illness, rising to 66.66 percent 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 with a 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 percent 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.

Your right to sickness cash benefits when moving within Europe
As a general rule, sickness benefits in cash (i.e. benefits normally intended to replace an income which is suspended due to sickness) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying.*

When moving to another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, whenever certain conditions have to be fulfilled in order to become entitled to sickness benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment that you have completed under the legislation of any of the above-mentioned countries. This thus guarantees that people will not lose their sickness insurance coverage when changing employment and moving to another state.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.
Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Entitlement is based upon residence in Italy and registration with the health centre in the place of residence.

What is covered?

Maternity benefits comprise benefits in kind, such as medical assistance and maternity leave, as well as cash benefits. 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. If the family income does not exceed €36,152 per year, medical visits and laboratory analysis for mothers and children up to the age of six are also given free of charge.

Female employees eligible for maternity benefits are required to stop working for two months before the estimated date of childbirth and three months after the effective date of childbirth. Under certain circumstances, benefits are also paid to fathers who are working instead of the mother (e.g. death or serious illness of the mother, abandonment etc.), and to workers, independent workers, self-employed professionals and workers registered with the separate administration (women in these last categories are not obliged to stop work).

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. These benefits are generally paid directly by the employer and deducted from the sums due to the INPS for contributions.

During the mandatory period of maternity leave, the compensation paid is 80 percent of pay. 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. Their compensation, in the amount of 30 percent of pay or of “standard pay”, 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 are up (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. 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.

How are maternity and paternity benefits accessed?

Compensation is paid by the employer, on behalf of the INPS.
Your right to maternity and paternity benefits when moving within Europe

The coordination provisions cover maternity and equivalent paternity benefits. Whenever certain conditions have to be fulfilled in order to become entitled to benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment completed under the legislation of another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland.

As a general rule, benefits in cash (i.e. benefits intended to replace suspended income) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying*. Benefits in kind (i.e. medical care, medicines and hospitalisation) are provided according to the legislation of your country of residence as if you were insured there.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

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Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

All employed persons and certain categories of independent workers (farmers, sharecroppers and smallholders, tradesmen and merchants) are covered for disability insurance. Self-employed professionals (doctors, etc.) are also entitled to a disability pension, but the rules governing this sector vary considerably, depending on the insurance category. There are no supplements for dependants.

To be entitled to invalidity allowance, your degree of disability must exceed 66%. For entitlement to incapacity pension, the disability must be total (100%).

Furthermore, to be entitled to an invalidity allowance, persons must have been insured for at least five years and have paid five years of contributions, of which at least three in the five calendar years preceding the date of application.

What is covered?

Ordinary invalidity allowance
The ordinary invalidity allowance is paid to any insured person whose capacity to work, without the assistance of an attendant, at tasks suitable for his or her abilities is reduced permanently due to a disability or a mental or physical infirmity or incapacity. The allowance is initially granted for a period of three years and can be confirmed after reassessment by the Institute — at the beneficiary’s request — for further periods of the same length. After two successive renewals, the allowance is confirmed for life. This allowance does not revert to any survivors.

Following the reform of the statutory pension provisions, since 1 September 1995 the ordinary disability allowance for an accident at work or an occupational disease cannot be drawn at the same time as the life annuity for the same incident, up to the amount of the annuity itself. The more favourable provisions in effect prior to that date remain in force and will be retired gradually as future improvements are enacted. In addition, since 1 September 1995, when an invalidity allowance is paid to a beneficiary receiving income from paid work, independent work or from an enterprise that is above a certain ceiling, the amount of the allowance is reduced by 25-50 percent. Here too, the more favourable provisions in effect prior to 1 September 1995 remain in force and will be withdrawn gradually as future improvements are enacted.

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 stop 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 but not for the value of the allowance.

Ordinary disability pension
If an illness or a physical or mental deficiency makes it totally and permanently impossible for a person to engage in any gainful employment whatsoever, s/he will be entitled to an ordinary disability pension. To be entitled to this pension, the person must have been insured for at least five years and have paid five years of contributions, of which at least three in the five calendar years preceding the date of application. This is a reversionary pension, which can be “inherited” by the survivors of the deceased pensioner. The disability pension is incompatible with income from salaried or independent work, with
unemployment benefit and with other allowances replacing or supplementing earned income.

The pension is made up of the amount of the disability benefit plus an increment proportional to the number of years of contributions you would have completed had you continued to work until retirement age. Following the reform of the statutory pension provisions, since 1 September 1995 the disability pension for an accident at work or an occupational disease cannot be drawn at the same time as the life annuity for the same incident, up to the amount of the annuity itself. The more favourable provisions in effect prior to that date remain in force and will be withdrawn gradually as future improvements are enacted.

**Constant attendance supplement**

Pensioners who are unable to move around or perform the most basic activities of daily life without constant assistance can apply for a non-reversionary monthly allowance, the amount of which is fixed by the compulsory accident-at-work and occupational diseases insurance. Applications must be accompanied by documentary evidence of the person’s state of health. This supplement cannot be drawn at the same time as the corresponding allowance paid by INAIL.

**How are invalidity benefits accessed?**

Invalidity benefits are paid by the INPS. Invalidity benefits and disability pensions are paid from the first day of the month following that in which you applied or during which the disability or incapacity appeared.

**Your right to invalidity benefits when moving within Europe**

The competent institution of the country where you claim an invalidity pension will take account of periods of insurance or residence completed under the legislation of any other EU country, Iceland, Liechtenstein, Norway or Switzerland, if this is necessary for the calculation of invalidity benefits.

Invalidity benefits will be paid regardless of where you reside or stay in the European Union, Iceland, Liechtenstein, Norway or Switzerland.* Necessary administrative checks and medical examinations will normally be carried out by the competent institution in the country where you reside. Under some circumstances, you may be required to return to the country which is paying your pension for such examinations, if your state of health allows you to do so.

Each country applies its national criteria when determining degree of invalidity. Therefore, it may be the case that certain countries will consider a person to have a degree of invalidity of 70 percent, while others will not consider the same person to be invalid at all under their legislation. This is a result of the fact that the national social security systems are not harmonised, but only coordinated by the EU provisions.

Further information about the coordination of social security rights when moving or travelling can be found at [http://ec.europa.eu/social-security-coordination](http://ec.europa.eu/social-security-coordination).

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* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The 1995 pension reform introduced a new system for calculating the old-age pension in respect of contributions. This Defined Contribution System (Sistema Contributivo) applies to all workers insured for the first time after 1 January 1996. Under this system:

- contributions are paid into each worker’s account, calculated on the basis of a defined rate; this is 33 percent of the assessable base for employed persons, 20 percent for independent workers and 26.72 percent for “parasubordinati”;

- the provisional contributions are adjusted annually by a factor equal to the average five-year variation in GDP, specially calculated by ISTAT (the Italian Statistics Institute) in reference to the five years preceding the adjustment year;

- the amount thus obtained (paid-in capital plus revaluation) is multiplied by a conversion coefficient linked to the age of the worker when the pension is drawn. The conversion coefficient for the years between the ages of 57 and 65 is linked to the waiting period for entitlement to the pension and varies from 4.419 to 5.620 percent.

For those whose pension is based exclusively on the defined contribution system, the contribution and pension base is limited to € 92,147 a year. Pensions paid under this system cannot be topped up by the minimum pension supplement.

The Defined Benefits System (Sistema Retributivo) is for persons who had accumulated at least 18 years of insurance contributions on 31 December 1995. The pension will continue to be calculated on the basis of the Defined Benefits System, partially modified by Law 335 of 8 August 1995 on reform of the compulsory and supplementary pension system in respect of the reference period for earnings. The maximum pension is based on forty years of contributions, and for each year of payment there is an increment of 2 percent of the average pay that is taken into account for the pension. Regressive rates are applied to pay above a certain ceiling.

A Hybrid system (Sistema Misto) runs in parallel. For persons who had not accumulated 18 years of insurance contributions on 31 December 1995, the pension is calculated according to the Defined Benefits System for the portion corresponding to this period and according to the Defined Contributions System for the portion corresponding to the old-age pension contributions accumulated since 1 January 1996.

Early retirement

Insured persons who have reached “coefficient 95” (sum of their age plus their contributions) for 2010 or “coefficient 96” for 2011 are entitled to claim early retirement at the age of 59 in 2010 and 60 in 2011. Early retirement is also available to employees in enterprises experiencing economic difficulties and mothers at home. Any missing contribution years up to the normal retirement age are calculated as if they were covered by contributions.

What is covered?

All employed persons and certain categories of independent workers (farmers, sharecroppers and smallholders, tradesmen and merchants) are conditionally entitled to an old-age pension. Self-employed professionals (doctors, etc.), are also entitled to a
pension, but the rules governing this sector vary considerably, depending on the insurance category. If you are an employee, you must stop working in order to receive the pension.

Since 1 January 2000, the old-age pension is paid when you reach statutory retirement age, i.e. 65 for men and 60 for women, if you are employed or self-employed and have been insured and have paid contributions for at least twenty years. The conditions for drawing a full pension are 40 years of insurance and contributions.

Minimum pension
To be entitled to the minimum pension, your income and that of your spouse must not exceed certain limits, which are set annually. The personal income limit for 2010 is € 5,992.61. If your income is between € 5,460.25 and € 11,985.22, you are entitled to a reduced supplement. If your income is over € 11,985.22, you are not entitled to any supplement. The combined income limit for a couple, again for 2010, is € 17,977.83. If your income is between € 17,977.83 and € 23,970.44, you are entitled to a reduced supplement. If your combined income is more than € 23,970.44, you are not entitled to any supplement.

For pensions that were claimed before 1994, only the retired person’s income is taken into account with regard to the supplement; for pensions due in 1994, the combined income of the two spouses are taken into account as well as the income of the retired person; this combined income must be less than five times the annual amount of the minimum pension. For married persons, the minimum pension supplement can in no case be paid if the personal income is over the prescribed limit, even if the combined income is less. Similarly, the supplement cannot be paid if the retired person’s personal income is below the limit but the combined income is above it.

How are old-age benefits accessed?
Application for retirement benefits must be made directly to the competent Cassa or to the INPS. Many forms can be obtained from the INPS website.

Your right to old-age benefits when moving within Europe
The EU provisions for old-age pensions exclusively concern state pension schemes and not company, occupational or private ones. They guarantee that:

- In each EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured, your insurance record is preserved until you reach the pensionable age in that country.
- Every EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured will have to pay an old-age pension when you reach the pensionable age. The amount you will receive from each of the member states will depend on the length of your insurance coverage in each state.
- Your pension will be paid wherever you reside in the EU (plus Iceland, Liechtenstein, Norway and Switzerland).*

You should submit your claim to the pension insurance institution of the EU country (or Iceland, Liechtenstein, Norway or Switzerland) in which you live, unless you have never worked there. If this is the case, you should apply to the country where you last worked.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.
Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.
Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

The survivor pension is paid to certain members of the deceased's family; it is a *pensione di reversibilità* (survivors' pension) if the deceased worker was receiving a direct pension and a *pensione indiretta* (indirect pension) if at the time of his or her death the deceased worker was not receiving a direct pension but was fully entitled, with regard to insurance and contributions requirements, to receive an ordinary invalidity allowance or disability pension, or to receive the old-age pension before 1 January 1993.

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 if they do exist they are not eligible.

What is covered?

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

The rate of the direct survivors' pension is 60 percent for the surviving spouse, 20 percent for each child. Any eligible parents, brothers and sisters receive 15 percent each.

The sum of all fractional survivor pensions cannot exceed 100 percent of the direct pension. For pensions payable after 1 September 1995, the percentage for a single surviving child rises from 60 to 70 percent, and to 80 percent for two children. Since 1 September 1995, the amount of the survivor pension can be reduced by 25, 40 or 50 percent 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. The more favourable provisions in effect prior to 1 September 1995 remain in force and will be retired gradually as future improvements are enacted.

How are survivors' benefits accessed?

Application for survivors’ pension must be made directly to the competent Cassa or to the INPS. Many forms can be obtained from the INPS website.

Your right to survivors' benefits when moving within Europe

In general, the rules which apply to pensions for surviving spouses or orphans and death grants are the same as the ones applying to invalidity and old-age pensions (see chapters V and VI). Namely, survivors’ pensions and death grants have to be paid without any
reduction, modification or suspension regardless of where the surviving spouse resides in the European Union, Iceland, Liechtenstein, Norway or Switzerland*.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.
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 persons 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.

Occupational disease insurance is provided by a “hybrid” system, in the sense that the term “occupational disease” is held to include both the complaints that are listed as such and any other ailment that the worker can show is causally related to his or her occupation. Recent legislation has extended this insurance protection to other categories of workers (managers, professional athletes, “parasubordinati”), and to those engaged solely in domestic work (“housewives’ insurance”).

What is covered?

A worker who suffers an accident at work is entitled to medical assistance and cash benefits. With regard to medical assistance, the system explained in Chapter II is applicable in its entirety. Note that in order to receive or continue receiving cash benefits you cannot refuse a treatment that is judged necessary, even if you are already receiving a pension. INAIL supplies, free of charge, prostheses to reduce the degree of disability, either ex officio or upon application.

There are different types of cash benefits paid by INAIL that you – or your survivors, in case of death – may be entitled to. They include:

- compensation for total temporary incapacity;
- direct pension for permanent incapacity;
- transitional pension for silicosis and asbestosis;
- survivors’ pension and death grant;
- direct pension supplement;
- constant attendance supplement;
- special monthly allowance;
- end-of-year bonus;
- prostheses and appliances;
- thermal cures (hydrotherapy and mud baths) and health resorts;
- citations and decorations;
- outpatient care.

The principal benefits are:

Permanent loss of working capacity
INAIL pays a monthly allowance in compensation for permanent disability resulting from an accident at work or an occupational disease when it is assessed as exceeding a certain degree.

In this regard we note an important recent change in the Italian system: whereas up until recently, only the revenue consequences of the injury were compensated, since the year 2000 compensation is paid for any permanent damage to the victim’s physical and mental integrity. INAIL now pays - in the form of a capital settlement if the damage done is assessed at between 6 and 15 percent and in the form of a life pension if the damage is at
least 16 percent - compensation for the “biological damage” suffered. This is intended to compensate the worker for the diminution in his or her ability to perform the activities through which a person can express or her personality (affective, social, political, cultural, religious, etc.).

When the damage to the person’s health is at least 16 percent, it is considered to also have an effect on his or her earning capacity, and so, in such cases, compensation is paid to cover the income consequences as well as the “quality of life” consequences. The amount of the pension paid is calculated on the basis of the pay the person was receiving in the year before the date of the accident or the onset of the illness and the degree of disability.

Permanent incapacity pensions are re-assessed annually. The degree of disability can be re-assessed, ex officio or at 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 pension is augmented by one twentieth for each dependent child.

**Constant attendance supplement**
When total permanent disability makes constant attendance necessary, a monthly allowance is paid for this purpose if this assistance is not directly supplied by the INAIL where the person was hospitalised or by any other organisation. This allowance is paid as a supplement to the disability pension.

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

- 50 percent for the surviving spouse;
- 20 percent for each child under the age of 18. They are entitled to this pension until the age of 21 if they are in secondary education and 26 if they are at university;
- 40 percent for each child if both parents are deceased;
- 20 percent for each parent if they were dependent on the deceased at the time of his or her death, but only if the deceased left no surviving spouse or children;
- 20 percent for each brother or sister who was dependent on the deceased at the time of his or her death, but only if the deceased left no surviving spouse or children.

**Death grants**
INAIL pays a single death grant to survivors who can show 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 (€ 1,893.04 for 2010).

**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 that will take more than three days to heal, the employer must report it to INAIL within two days of becoming aware of the event.

Accident reports can be sent to INAIL in two different ways from the website at: [http://www.inail.it](http://www.inail.it):

- On-line accident reports
Your rights to benefits in respect of accidents at work and occupational diseases when moving within Europe

The EU provisions on benefits in respect of accidents at work or occupational diseases are very similar to the provisions on sickness benefits (see sections II and III). Within the European Union, Iceland, Liechtenstein, Norway or Switzerland, if you reside or stay in a country other than in the one in which you are insured against accidents at work, you are normally entitled to receive healthcare there in respect of an accident at work or an occupational disease; benefits in cash will normally be paid by the institution by which you are insured, even if you reside or stay in another country.

Whenever certain conditions have to be fulfilled in order to become entitled to benefits in respect of accidents at work or occupational diseases, the institution where you are insured must take account of periods of insurance, residence or employment that you have completed under the legislation of other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland. This guarantees that people will not lose their insurance coverage when changing employment and moving to another country.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
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 percent of this income must come from paid employment.

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 the 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 criteria are adjusted annually on 1 July according to the difference in the consumer price index, as calculated by ISTAT (the Italian Statistics Institute), between the reference year for the payment of the allowance and the previous year.

Earlier family allowance rules remain applicable to farmers, sharecroppers and smallholders and 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 independent workers.

How are family benefits accessed?
To obtain these benefits, you must apply to the INPS office of your region. More information is available at the INPS website: www.inps.it

Your right to family benefits when moving within Europe
Characteristics and amounts of family benefits vary considerably from one state to another. It is therefore important for you to know which state is responsible for providing you with these benefits and what the conditions to entitlement are. You can find the general principles for determining the competent legislation at http://ec.europa.eu/social/main.jsp?catId=849&langId=en.

The country which is responsible for paying family benefits must take into account periods of insurance completed under the legislation of any other countries of the European

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.
Union, plus Iceland, Liechtenstein, Norway or Switzerland, if this is necessary to satisfy the conditions governing entitlement to the benefit.

If a family is entitled to benefits under the legislation of more than one country, they will, in principle, receive the highest amount of benefits provided for under the legislation of one of these countries. In other words, the family is treated as if all persons concerned resided and were insured in the state with the most favourable legislation.

Family benefits may not be paid twice over the same period and for the same family member. There are priority rules which provide for the suspension of benefits from one country up to the amount of those paid by the country which is primarily competent for payment.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.
Chapter X: Unemployment

When are you entitled to unemployment benefits?

Ordinary unemployment benefit is a form of compensation paid to workers who have been dismissed.

Other unemployment benefits include allowances paid to Italian workers who return to Italy and the special unemployment allowances for laid-off construction workers and for Italian cross-border commuters working in Switzerland. Special rules apply to farm workers.

To be eligible for this benefit, you must have been insured with the INPS for at least two years and have accumulated at least 52 weeks of contributions in the two years preceding the cessation of your employment.

Workers with less than 52 weeks of contributions in the two preceding years but who have worked for at least 78 days in the previous year or who have been insured for at least two years and had accumulated at least one week of contributions before the two years preceding their application, are generally entitled to unemployment benefit for a number of days equal to the number of days actually worked in the preceding year and for a maximum of 156 days.

This benefit is also paid to workers who have been suspended by companies affected by temporary events for which neither the employees nor the employer are responsible. It is not paid to workers who resign voluntarily, unless for what is assessed as being a good reason.

Any worker who, without notifying the competent INPS office, engages in gainful employment while receiving an unemployment allowance forfeits his or her right to benefits. An employer who hires a worker on unemployment benefit is also subject to a penalty. Periods of suspension for which unemployment compensation is authorised are taken into account for pension entitlement.

What is covered?

Unemployment benefit

Unemployment benefit is paid for a period of 240 days. This can be extended to a maximum of 360 days for persons over the age of 50. Workers who have been suspended can receive unemployment benefit for a maximum of 65 days. Workers who have been suspended receive 50 percent of pay. The amount of the benefit is equal to 40 percent of the person’s pay in the three months preceding the cessation of employment, within the limits of a maximum gross monthly amount fixed by law. For 2010, this amount is €892.96, rising to €1,073.25 for workers whose gross monthly pay is over €1,931.86. Persons receiving unemployment benefit are paid family allowances under the same conditions as those in work.

Redeployment allowance

In certain conditions a redeployment, or “mobility”, allowance may be paid to workers who have been laid off (Cassa integrazione guadagni straordinaria) and cannot be placed and for those made redundant because of downsizing or closure. The minimum duration of this allowance is 12 months, rising to 24 months for workers over the age of 40 and 36 months for those over 50. In the Mezzogiorno, these periods are extended for a
further 12 months and, in certain cases, until the person is entitled to the old-age and retirement pension.

This form of “long mobility” has been extended to workers in certain production sectors that are in crisis. The amount of this benefit is equal to the redundancy allowance in the first year and to 80 percent 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.

Lay-offs (Integrazione guadagni)
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 allowance (Trattamento straordinario)
This allowance – authorised by decree of the Labour Minister – 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 cease 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 intervention.

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 in various acts. The amount of the ordinary and extraordinary allowance is 80 percent 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.

Your right to unemployment benefits when moving within Europe
Normally, the member state in which you are employed is the one responsible for granting unemployment benefits. Special provisions apply to frontier workers and other cross-border
workers who have maintained their residence in a member state other than the one in which they work.

Periods of insurance or employment completed in other countries of the European Union, Iceland, Liechtenstein, Norway or Switzerland, may be used to fulfil the contribution conditions.

If you want to look for a job in a different country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you may under certain conditions export these benefits for a limited period of time.*

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
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, 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.

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.

Your right to minimum resources benefits when moving within Europe
Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.

EU coordination rules apply only to social security, not to social assistance benefits.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.
Chapter XII: Long-term care

When are you entitled to long-term care?

Italy has no single, separate long-term care scheme. Benefits covering the risk of long-term care are provided under both the social security and the social welfare system. These benefits are contribution-based and are administered at national level. Civilian invalidity benefits, administered at regional level, are non-contributory benefits aimed at guaranteeing sufficient resources. Benefits may be granted, without free choice, as both benefits in kind and cash benefits.

There are two allowances granted to persons with disabilities and to persons who need the help of a third person to move around, or who require permanent assistance in order to carry out basic daily activities. This is subject to a determination of the level of dependency.

Invalidity and incapacity insurance is targeted at persons suffering from congenital or acquired disability who have made five years of insurance contributions. There is no qualifying period for civilian invalidity. Both benefits are subject to means-testing. All personal income is taken into account. Moreover, for workers, the income of the spouse is taken into account.

What is covered?

The attendance allowance for persons with disabilities is € 480.47 (€ 472.45 for recipients of the incapacity pension; € 783.60 for totally blind people). For persons with disabilities, deaf-mutes and totally blind persons in hospitals, and partially blind persons, the cash benefit is € 256.67.

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 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?

The government doctor determines the degree of dependency and carries out follow-up checks, taking into account the individual’s ability to take care of themselves, on the Katz scale.

The minimum level of dependency for entitlement to benefits is as follows:

- for invalidity allowance: more than 66 percent;
- for incapacity pension: 100 percent;
- for civilian invalidity: 45 percent for cash benefits and 74 percent for benefits in kind.
Your right to long-term care when moving within Europe

Long-term care benefits also fall under EU social security coordination rules, in the same way as sickness benefits. Long-term care benefits in cash are paid according to the legislation of the state where you are insured, regardless of which state you are residing or staying in.*

Long-term care benefits in kind (which include healthcare, medical treatment, medicines and hospitalisation) are provided according to the legislation of the state in which you reside or stay as if you were insured in that state.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
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 Flavia, n. 6
00187 Roma
Tel: Numero gratuito + 800 196 196
Email: centrodicontatto@lavoro.gov.it
Web: www.lavoro.gov.it

Ministero della Salute
Via Giorgio Ribotta, 5
00144 Roma
Tel: +39-06.5994.1
Web: www.ministerosalute.it

Istituto Nazionale della Previdenza Sociale (INPS)
Via Ciro il Grande, n. 21
00144 Roma
Tel: +803.164
Web: www.inps.it

Istituto Nazionale per l’Assicurazione contro gli Infortuni sul Lavoro (INAIL)
Piazzale G. Pastore, 6
00144 Roma
Tel: +803.164
Web: www.inail.it

Istituto Nazionale di Previdenza dei Giornalisti Italiani (INPGI)
Via Nizza, 35
00198 ROMA
Tel: +39 06-85781
Web: www.inpgi.it

Ente Nazionale Previdenza ed Assistenza Lavoratori Spettacolo (ENPALS)
Viale Regina Margherita, 206
00198 ROMA
Tel: +800.462.693
Web: www.enpals.it

Istituto Nazionale di Previdenza per i Dipendenti dell’Amministrazione Pubblica (INPDAP)
Via S. Croce in Gerusalemme, 55
00100 ROMA
Tel: +800.105.000
Web: www.inpdap.it
Annex II: Special non-contributory cash benefits

Some social security benefits, referred to as special non-contributory cash benefits\(^1\), are provided exclusively in the country where the person concerned resides. It is therefore not possible to "export" these cash benefits when moving to another country in Europe, even if you are still insured in Italy.

The special non-contributory benefits listed for Italy are:

- Social pensions for persons without means (Law No 153 of 30 April 1969);
- Pensions and allowances for the civilian disabled or invalids (Laws No 118 of 30 March 1971, No 18 of 11 February 1980 and No 508 of 23 November 1988);
- Pensions and allowances for the deaf and dumb (Laws No 381 of 26 May 1970 and No 508 of 23 November 1988);
- Pensions and allowances for the civilian blind (Laws No 382 of 27 May 1970 and No 508 of 23 November 1988);
- Benefits supplementing the minimum pensions (Laws No 218 of 4 April 1952, No 638 of 11 November 1983 and No 407 of 29 December 1990);
- Benefits supplementing disability allowances (Law No 222 of 12 June 1984);
- Social allowance (Law No 335 of 8 August 1995);
- Social increase (Article 1(1) and (12) of Law No 544 of 29 December 1988 and successive amendments).