

REQUEST FOR VOLUNTARY REGISTRATION TO THE REGIONAL HEALTH SERVICE

Substitute declaration of the act of notoriety (Articles 46 and 47 of Presidential Decree No. 445/2000), updated on 05/01/2024 in accordance with the provisions of the 2024 Budget Law (Law No. 213 of 30/12/2023).

The undersigned _____
 born on _____ at _____
 citizen of _____ Coming from the country _____
 address _____

☐ resident or ☐ domiciled (Requirement applicable only to non-EU citizens and to EU citizens acting as students, au pairs, and lay volunteers, if not in possession of residency)

in via/piazza _____ n° _____
 city _____ prov. _____
☐ status _____
☐ Student enrolled to the course _____
 fiscal code _____ phone _____
 email _____
☐ Permesso di Soggiorno (PDS) n° _____ Issued on _____ Date of expiry _____
 purpose of the PDS _____
☐ waiting for PDS/renewal of PDS – requested on _____ Appointment date _____
☐ ID or passport n° _____ issued by _____
 issued on _____ date of expiry _____

REQUESTS

Voluntary registration with the SSR (Regional Health System) to the year _____

☐ First Registration ☐ Renewal

Aware that voluntary registration is formalized with the payment of the annual fee and is valid until December 31st of the current year, it cannot be split, and does not have retroactive effect. Registration entitles to healthcare assistance within the national territory and not to healthcare assistance abroad (no TEAM - European Health Insurance Card).

With the choice of Dr. _____ as the general practitioner, and therefore, aware that anyone who issues or makes use of false or mendacious statements is punishable under the penal code and special laws, as provided for in Article 76 of Presidential Decree No. 445/2000.

DECLARES

☐ not to be insured for sickness and maternity risks by another EU institution;

To have the following dependents under my responsibility:

Surname and Name	Date of Birth	Type of relationship	Eventual Income

- . To have obtained in the previous year an overall income of € _____ of which earned in Italy € _____ ,
earned abroad _____ equivalent to € _____ ;
- . To have paid the annual due contribution € _____ on ____/____/____ in accordance with what is established
by the Budget Law 2024 (Law 30/12/2023 no. 213) as indicated in the table below and I also declare to attach a
receipt of payment;
- . To undertake to promptly report any changes regarding the declared data;
- . To be aware of the criminal penalties, in case of false statements and falsification of documents, referred to in
article 76 of Legislative Decree no. 445 of 2000;

The ASL Roma 2, as data controller, will process your personal data, including for the purpose of this request, in
compliance with the current legislation on the protection of personal data (EU Regulation no. 679/2016 and
Legislative Decree 196/2003, as amended by Legislative Decree 101/2018).

ATTACHES

- ☐ Receipt of payment of the due contribution
- ☐ Valid ID/Passport
- ☐ Declaration of actual residence/hospitality (Self declaration)
- ☐ Copy of the PDS or declaration of presence submitted to the Questura for stays of less than three months, or
receipt of the initial request or renewal of the PDS
- ☐ Any income documents and certifications issued by the competent authority (specify), or other certifications
(specify)

Furthermore, you declare, pursuant to Article 13 of Legislative Decree 196/03, that the personal data collected will
be processed, including by electronic means, exclusively within the scope of the procedure for which this declaration
is made

Place and Date

THE APPLICANT

RESERVED TO THE OFFICE

(Officer Signature)

The signature must be made in the presence of the responsible employee; if the form signed by the interested party
is presented by another delegated person or sent by mail or certified email, it must be accompanied by a photocopy
of their valid identity document (Article 38 of Presidential Decree 445/2000)

- 1 Please refer to 'Information and calculation of the annual contribution'.
- 2 For the conversion of incomes generated in foreign currency into Euros, the exchange rate in effect on the date of
signing the self-certification shall apply

INFORMATION AND CALCULATION OF ANNUAL CONTRIBUTION

Voluntary registration with the SSR (Regional Health System) for eligible individuals is formalized by:

- **Compilation of the module:** Request For Voluntary Registration To The Regional Health Service
- **Payment of the contribution:**

The annual contribution for voluntary registration is based on the updates introduced by the Budget Law 2024 (Law No. 213 of December 30, 2023) as a percentage of the previous year's income. The contribution cannot be divided, does not have retroactive effect, and is valid for the calendar year in which it is paid: therefore, registration expires on December 31st of each year, regardless of the payment date.

For **residents with a Residence Permit for study purposes, the contribution is €700** (only if the student has no income other than scholarships or economic benefits provided by Italian public entities). If they have dependent relatives, the contribution amount must be calculated according to the general procedures.

Foreign citizens entering Italy for tourism, business, or medical treatment purposes cannot enrol voluntarily in the National Health Service (SSN/SSR), but they can access the services and benefits provided by paying the full applicable fees.

The payment of the contribution must be made using the form F24, filled with the following info as represented in the Annex:

- Fee code 8846 "CONTRIBUTION FOR NATIONAL HEALTH SERVICE BENEFITS BALANCE"
- Region code 08 (LAZIO)
- Reference year: xxxx (year of enrolment in the National Health Service)