

REGULATION APPLICATION FOR SUPPLEMENTARY SICKNESS AND ACCIDENT SUBSIDY

According to its statutes, FIMI's purpose is to supplement, to the extent provided for by law, the economic sickness and/or accident allowances paid by INPS (or advanced by d.d.I.) and INAIL respectively to agricultural workers working in the province of Rome. (see Article 62 of the C.C.N.L. for Agricultural Workers)

BENEFICIARIES:

- All permanent agricultural workers (OTI) employed by farms in Rome and its Province;
- All temporary agricultural workers (OTD) employed by farms in Rome and its Province;

In order for the application to be accepted, the farms must be up to date with the payment of the F.I.M.I.- E.B.A.R. contributions, which, following a special agreement between INPS and the F.I.M.I.- E.B.A.R., are collected by INPS together with the ORDINARY contributions every quarter **by using F24 form**. - This contribution can be identified in lines 13 and 14 of the unified payment schedule (analytical of the F24 form) -.

SUPPLEMENTARY SICKNESS AND/OR ACCIDENT BENEFITS

- ❖ **OTI** benefits are paid according to the qualification that the company has reported on the DMAGR UNICO form as follows:
 - for a maximum of **220 days** per calendar year.
- ❖ **OTD** benefits are paid on the basis of the days reported by the company to INPS from two years before the illness or accident, according to the schedule below:

| DENOUNCED DAYS | | INTEGRABLE DAYS |
|----------------|-----|-----------------|
| FROM | TO | NUMBER OF DAYS |
| 51 | 70 | 20 |
| 71 | 100 | 60 |
| 101 | 150 | 90 |
| 151 | 180 | 140 |

Important Note:

Benefits will only be paid if the company has paid its contributions for the **last five years**, except in the case of newly established or justified companies.

APPLICATION FOR SUPPLEMENTARY SICKNESS AND ACCIDENTS

The worker (OTI or OTD) interested in obtaining the supplementary sickness and/or accident allowance must submit the application to FIMI **within 90 days of** receiving the payment

- of OTI disease by the EMPLOYER
- of OTD illness by the INPS
- of the OTI and OTD accident by INAIL

This application must be made exclusively on the **appropriate form** that can be downloaded from the website, which must be filled in completely and signed on both sides.

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OTIs must attach to the application:

in case of DISEASE:

- 1) photocopy of the **pay slip** showing the amount paid
- 2) photocopy of the **liquidation prospectus** issued by the EMPLOYER containing: surname, first name, start and end date of illness, number of days settled and their breakdown

in case of ACCIDENT:

- 1) the **liquidation prospectus** sent by INAIL, containing:
 - surname, first name, start and end date of the accident, number of liquidated days and their partition
 - the employer's **declaration** stating the qualification the employee had two years before the accident or pay slip

OTDs must attach to the application:

in case of DISEASE:

- 1) the **liquidation prospectus** (compensation summary) issued by the EMPLOYER containing: surname, first name, start and end date of illness, number of days settled and their partition;
- 2) the **INPS statement** (quarterly list display) showing the days paid from two years before the illness and the relevant employers with whom he worked, or the pay slip for the period of illness with the worker's declaration, issued pursuant to Article 46 of Presidential Decree 445/2000, certifying the days worked with the company in the year of the event, or the company's declaration issued pursuant to Article 46 of Presidential Decree 445/2000 certifying the days worked.

in case of ACCIDENT:

- 1) the **liquidation prospectus** (compensation summary) issued by the INAIL containing: surname, first name, start and end date of accident, number of days settled and their partition;
- 2) the **INPS statement** (quarterly list display) showing the days paid from two years before the accident and the relevant employers with whom he worked, or the pay slip for the period of accident with the worker's declaration, issued pursuant to Article 46 of Presidential Decree 445/2000, certifying the days worked with the company in the year of the event, or the company's declaration issued pursuant to Article 46 of Presidential Decree 445/2000 certifying the days worked.