



# Your social security rights

*in Switzerland*

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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

#### Social security

Sickness insurance in Switzerland comprises mandatory insurance for healthcare (payment of the costs of care in the event of illness, maternity and, secondarily, in the event of an accident) and optional insurance for daily allowances.

As far as maternity is concerned the benefits in kind are provided under the Law on Sickness Insurance while the benefits in cash are paid by the income compensation allowance scheme (APG scheme), which provides next to maternity allowances also allowances during the military service, the civilian service or the civil defence service.

Accident and occupational disease insurance covers all kind of injuries and occupational diseases. It is mandatory for employees and optional for self-employed persons. Those who are not insured against injuries under the Law on Accident Insurance are covered under sickness insurance, as far as healthcare is concerned.

Old-age, survivors' and invalidity protection is organised along the lines of a system based on a public pension scheme (basic federal insurance) covering the entire population. It is supplemented by an occupational pension scheme for employees, part of which is mandatory for those in a particular income bracket and optional for the rest, in which case the employer can choose (occupational benefit plans). In addition, there is a voluntary private savings plan benefiting from incentive measures (individual private provident measures). The sum of this is the so-called "three pillar system" in Switzerland.

Family benefits in the agricultural sector are governed at federal level. In other sectors, they are subject to the cantonal legislations and to a federal harmonisation law.

Unemployment insurance is mandatory for employees.

#### Social assistance

The last safety net of social protection, social assistance, is generally provided under the competence of cantons, while its execution is supplied by municipalities. Social assistance is therefore essentially based on 26 cantonal systems, a system which creates important disparities. Recommendations from the Swiss Conference of Social Action Institutions (CSIAS) help to maintain a certain level of harmonisation for these benefits.

## Organisation of social protection

### Social security

Each branch of social security is managed by different entities.

*Sickness insurance* is managed by recognised sickness funds and by private insurance institutions authorised to provide social sickness insurance. All persons subject to mandatory insurance may choose freely between the authorised insurers in their place of residence.

*Accident insurance* is managed by the Swiss National Fund for Accident Insurance (*Caisse Nationale Suisse d'Assurance en cas d'Accidents* - CNA), which insures more than half of all employees through public or private insurance institutions.

The *old-age, survivors' and invalidity insurance* (AHV-AVS/IV-AI, 1st pillar) is managed by cantonal, federal and occupational compensation funds and by a Central Compensation Office. Invalidity insurance is additionally managed by IV-AI cantonal offices.

The *APG scheme (benefits in cash in case of maternity)* is managed by old-age and survivors' insurance bodies (AHV-AVS).

Cantons establish the entities responsible for receiving and examining the demands, and for fixing and paying the *supplementary benefits to the 1st pillar*. These are normally the cantonal compensation funds.

*The occupational benefit plans concerning old-age, survivors and invalidity* (2nd pillar) are managed by the registered pension institutions.

In the federal scheme, *family allowances* are managed by cantonal compensation funds, and in the cantonal schemes, they are managed by funds for family allowances (recognised professional or inter-professional funds and cantonal funds).

*Unemployment insurance* is managed by several bodies, mainly public unemployment funds, private recognised unemployment funds, authorities designated by the cantons, and by certain bodies of the old-age and survivors' insurance (AHV-AVS).

The sickness and accident branches are placed under the *supervision* of the Federal Office of Public Health (OFSP), which is part of the Federal Department (Ministry) of Home Affairs. The old-age, survivors' and invalidity branches, the income compensation allowance scheme (APG scheme), as well as family allowances, are supervised by the Federal Social Insurance Office (OFAS), which is part of the same Department. Unemployment insurance comes under the remit of the State Secretariat for Economic Affairs (seco), which is part of the Federal Department for Economic Affairs.

### Social assistance

See [Introduction](#).

## Financing

The various types of social insurance are generally financed primarily by insured persons' and employers' contributions and secondly by taxation.

### Sickness and maternity benefits in kind

For sickness and maternity benefits in kind, the individual premium is set by the insurer and approved by the supervising authority. Insured persons residing in the same region pay identical premiums if they are with the same insurer. The insurers may vary the amount of premiums, if costs differ from one canton and region to another. A reduced premium is set for children (aged up to and including the age of 18 years) and young adults (aged up to and including 25 years).

The average premium applicable in Switzerland for adults (including coverage for accidents) is CHF 388 (€ 314) a month.

The public authorities grant a reduction in premiums for persons of limited means.

### Sickness and maternity cash benefits

The premium for sickness cash benefit is fixed by the insurer. Premiums are the same if the benefits ensured are the same, but their level may vary depending on the age of entry into the insurance scheme, and the region.

Allowances for loss of income in the event of maternity and military or other service (APG) are financed by insured persons and employers:

- 0.5% of gross salary (in total, employee and employer each providing 0.25%);
- 0.5% of gross earned income for self-employed workers; there is a reduction of the contribution rate on a sliding scale from an income threshold downwards;
- no threshold or ceiling for contributions for the working population;
- Persons not in work pay a contribution of between CHF 23 (€ 19) and CHF 1,150 (€ 932) per year, depending on their social circumstances.

### Occupational accidents and diseases

Premiums for accidents at work and occupational diseases insurance are set as a percentage of insured earnings and are paid by the employer. Enterprises are classified in premium categories and grades depending on their type and characteristics; the classification mainly takes account of the risk of accident and the situation with regard to preventive measures. There is an insured income threshold of CHF 126,000 (€ 102,063) per year.

### Non-occupational accidents

Premiums for non-occupational accidents are set as a percentage of insured income and are paid by the workers. Insured persons are classified in risk categories (according to the enterprises employing them). The insured income threshold is set at CHF 126,000 (€ 102,063) a year.

## Invalidity

Invalidity insurance (1st pillar, basic scheme) is financed by:

- 1.4% of gross salary (in total, employee and employer each provide 0.7%);
- 1.4% of gross earned income for self-employed workers; reduction of the contribution rate on a sliding scale from an income threshold downwards;
- no threshold or ceiling for contributions for the working population.
- Persons not in work pay a contribution of between CHF 65 (€ 53) and CHF 3,250 (€ 2,633) per year, depending on their social circumstances.

In the basic scheme the Confederation covers 37.7% of annual expenditure. Moreover, from 2011 to 2017, a percentage of total revenue of the VAT is allocated to the invalidity insurance. This percentage amounts to 3.98% in 2011 and to 4.99% from 2012 to 2017.

The helplessness allowance and the extraordinary pensions are exclusively financed by the Confederation.

Occupational benefit schemes (2nd pillar, statutory minimum): each pension institution sets the contribution rate which is necessary to cover the risk of invalidity.

## Old age and death

Old-age and survivors' insurance (1st pillar, basic scheme) is financed by:

- 8.4% of gross salary (in total, employee and employer each provide 4.2%);
- 7.8% of gross earned income for self-employed workers; reduction of the contribution rate on a sliding scale from the income threshold downwards;
- no threshold or ceiling for contributions for the working population;
- Persons not in work pay a contribution of between CHF 392 (€ 318) and CHF 19,600 (€ 15,877) per year, depending on their social circumstances.

In the basic scheme the Confederation covers 19.55% of annual expenditure. 13.33% of total revenue of the VAT as well as revenue of the tax on gambling clubs are allocated to old-age and survivor's insurance.

The helplessness allowance is exclusively financed by the Confederation.

Occupational benefit schemes (2nd pillar, statutory minimum): The contributions vary between 7 and 18% of insured salary depending on the age of the insured person (old-age credits). The insured salary ("coordinated salary") is the part of the annual salary between CHF 24,570 (€ 19,902) and CHF 84,240 (€ 68,237). The sum of the employer's contributions must be at least equal to the contributions of his employees.

## Unemployment

Unemployment insurance is financed by:

- 2.2% of gross salary (of which 1.1% comes from each the employer and the employee); ceiling: CHF 10,500 (€ 8,505) a month.



- A solidarity contribution of 1% (of which 0.5% comes from each the employer and the employee) of the salary between CHF 10,500 (€ 8,505) and CHF 26,250 (€ 21,263) a month.
- Self-employed workers and people not in work are not insured.

The Confederation contributes to the costs of the employment service and of the active labour market programmes at the rate of 0.159% of the total amount of salaries subject to contributions. If necessary, the Confederation grants short-term loans according to the market conditions.

### Family benefits

Family benefits of the federal scheme for agriculture: family benefits for self-employed farmers are publicly funded (Confederation [2/3] and cantons [1/3]), and family benefits for agricultural workers are financed by the employers' contribution (2% of gross salary), with the deficit being covered by the Confederation (2/3) and the cantons (1/3).

Cantonal schemes – workers not involved in agriculture: employees pay no contributions (except in the canton of Valais, where they pay 0.3% of contribution), employers and the self-employed pay from 0.1 to 4% depending on the canton and the fund. For the self-employed, there is a contribution ceiling (ceiling: annual income of CHF 126,000 (€ 102,063)). The cantons finance the family allowances for persons not engaged in paid employment.

## Chapter II: Healthcare

### When are you entitled to healthcare?

Insurance for healthcare is mandatory for all persons residing in Switzerland.

Insurance is individual. All persons taking up residence in Switzerland are required to arrange insurance within three months. Employers are not responsible for arranging healthcare insurance. The government may extend the obligation to take out insurance to persons with no residence in Switzerland and equally may exclude certain categories of persons from the mandatory insurance.

If persons have taken out insurance within the appropriate time, cover is available from the date of announcement of residence. If they take out insurance later, cover is available from the date of affiliation. Mandatory sickness insurance cover is granted without any reservations and notwithstanding existing diseases.

A supplementary private-law insurance policy may be taken out for benefits not covered by compulsory healthcare insurance. Insurers are free to decide whether to provide applicants with supplementary insurance cover and may apply age limits and reserve the right not to insure people who have health problems.

### What is covered?

Healthcare insurance grants benefits in kind in the event of sickness, maternity or accident (secondarily, if a person is not covered by an accident insurance).

Mandatory healthcare insurance covers the costs of diagnosing or treating diseases and their sequelae. These benefits must be effective, appropriate and economic. All healthcare insurers must provide for the same benefits as laid down by the law:

- examinations and treatment of outpatients, of inpatients or in a medico-social establishment as well as care in hospital by doctors, chiropractors, or persons providing services on prescription or on medical instructions;
- contribution to out-patient care provided on the basis of a medical prescription and of an established need for care;
- acute and transition care which is necessary after a hospital stay, prescribed by a doctor in hospital (for two weeks at most);
- analyses, medicines, diagnostic or therapeutic tools or equipment prescribed by a doctor or, within the limits laid down by the Federal Council, by a chiropractor;
- contribution to the costs of spa treatment prescribed by a doctor;
- rehabilitation measures carried out or prescribed by a doctor;
- stay in an open hospital ward;
- stay in a birth centre in the case of delivery;
- contribution to the costs of medically necessary transport and rescue costs;
- services of pharmacists (advice) in providing duly prescribed medicines;
- certain screening tests and certain preventive measures carried out or prescribed by a doctor;

- dental care occasioned by a serious and unavoidable disease of the mastication (chewing) system or due to any other serious disease or its after-effects (e.g. leukaemia, AIDS), or if it is necessary for the treatment of a serious disease or its after-effects, or where injuries of the mastication system are caused by an accident not covered by the accident insurance.

Mandatory accident insurance for workers covers non-occupational accidents provided that the worker is in gainful employment at least eight hours a week for the same employer.

Self-employed workers and persons not in work are not obliged to take out accident insurance, which means that in their case healthcare insurance covers the costs of treating non-occupational and occupational accidents.

## How is healthcare accessed?

You can freely choose your *physician*. The insurer pays the costs up to the tariff applicable in the place of residence or work of the insured person or in the surrounding area (except in emergencies or for medical reasons). The insurer may offer the insured person a form of insurance involving limited choice (primary care physician, *HMO*) in return for a reduction in the premium.

Unless otherwise agreed, payment has to be made by the insured person, who is then reimbursed by the insurer ("third party guarantee" system).

Insured persons have to contribute to the costs of the benefits they receive. This compulsory contribution for adults (i.e. from 18 years onwards) comprises a fixed sum per year (*franchise*, CHF 300 (€ 243) for an adult) and a proportional contribution to the costs in excess of the *franchise* (*share of costs* of 10% of the costs in excess of the franchise). For children, only the share of costs is due. There is a maximum for the share of costs (CHF 700 (€ 567) for adults and CHF 350 (€ 284) for a child or CHF 1,000 (€ 810) for several children from the same family per year). Adult insured persons may opt for a higher *franchise*, which gives them the right to a reduced premium, or for a *franchise* for their children.

The share of costs amounts to 20% for drugs whose price exceeds by more than 20% the average price of the cheapest third of the drugs with the same active substance. On the other hand, no franchise is necessary for certain prevention measures carried out under national or cantonal programmes (these are especially: cantonal programmes of breast cancer screening by mammography and cantonal human papillomavirus vaccination programmes).

Healthcare is also provided in public and private *hospitals* on the cantonal list of approved hospitals. Payment is made directly by the insurer ("third party payment" system).

Same participation as for out-patient care is stipulated for hospital treatment. In addition, insured persons over 25 pay a daily contribution to the accommodation costs (CHF 15 (€ 12) per day).

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Insurers adopt decisions on the benefits. The insured person may appeal against these decisions within 30 days. The decision on appeal may be referred to the competent cantonal court, whose decision may in turn be referred to the Federal Court.

## Chapter III: Sickness cash benefits

### When are you entitled to sickness cash benefits?

There is no mandatory insurance against temporary incapacity for work due to sickness. Optional insurance is available for persons residing or being gainfully employed in Switzerland, aged between 15 and 65 years.

Insurers are obliged to provide optional daily allowance insurance (under social insurance law) even if the applicant is sick. However, sickness existing at the time of admission may be excluded from insurance coverage with a reservation by the insurer (for a maximum duration of five years).

Under the provisions of labour law (Code of Obligations), employers are bound to continue to pay workers who are temporarily unable to work due to illness and pregnancy. The duration is three weeks during the first year of service. Any subsequent longer period is fixed on an "equitable" basis. Collective labour agreements often contain more favourable conditions.

If the daily allowances replace the obligation to pay workers under labour law in the event of illness or pregnancy, the employer is obliged to pay at least half of the premiums due.

An insurance obligation may result from the employment contract or a collective labour agreement. In this case the daily allowance insurance (*Taggeldversicherung/assurance d'indemnités journalières*) may be taken out as a collective insurance contract. When the employment contract is terminated, it is possible to take out individual daily allowance insurance without the insurer being able to make new reservations for existing sickness. This does not apply to daily allowance insurance outside social insurance law concluded under private insurance law.

### What is covered?

The insurer agrees with the insured person on the amount of daily allowances (*Taggeld/indemnités journalières*). Unless otherwise agreed, the right to daily allowance is provided from the third day following the beginning of sickness. The allowance should be provided for at least 720 days out of a period of 900.

Special rules apply to unemployed persons. Those with work incapacity above 50% receive full daily allowances, and those with work incapacity between 25 and 50% receive half of the daily allowances.

### How are sickness cash benefits accessed?

Incapacity to work has to be certified by a physician. The incapacity should be at least 50%. The daily sickness allowance should be claimed from the employer or the insurer, depending on who is obliged to provide it.

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Insurers adopt decisions on the benefits. The insured person may appeal against these decisions within 30 days. The decision on appeal may be referred to the competent cantonal court, whose decision may in turn be referred to the Federal Court.

## Chapter IV: Maternity and paternity benefits

### When are you entitled to maternity or paternity benefits?

#### Benefits in kind

Insurance for healthcare is mandatory for all persons residing in Switzerland (more in the part on [healthcare](#)). Healthcare insurance also grants benefits in kind in the event of maternity. Insurance coverage is granted without any reservations and notwithstanding existing pregnancies.

#### Maternity leave/benefits

Any woman who has been in gainful employment and is affiliated with the compulsory Swiss old-age and survivors' insurance scheme (AHV-AVS) during the nine months immediately preceding the delivery and who, during this period, was in gainful employment for at least five months and at the time of the birth was an employed worker or a self-employed worker, may claim maternity benefits in cash (maternity allowances). In addition, she has to effectively cease working during the maternity leave.

### What is covered?

#### Benefits in kind

Mandatory healthcare insurance covers the general benefits in case of sickness (more in the part on [healthcare](#)) and benefits specific to maternity:

- checks carried out by a doctor or a midwife or prescribed by a doctor during and after pregnancy;
- contribution to childbirth preparation courses;
- birth at home, in a hospital or in a birth centre and the assistance of a doctor or a midwife;
- advice required for nursing mothers;
- care of healthy newborn babies while in hospital with their mothers.

#### Maternity/paternity leave and benefit

Under the provisions of labour law (Code of Obligations), employers are required to continue to pay the salary for a limited period in the event of pregnancy preventing work. The duration is 3 weeks during the first year of service. Thereafter a longer period is fixed on an "equitable" basis. Collective labour agreements often contain more favourable conditions.

Entitlement to maternity allowance takes effect the day of the birth and extends to the 98th day (i.e. 14 weeks) at the latest. It ceases before this time, if the mother returns to either full or part-time gainful employment or dies.

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The maternity allowance equals 80% of the average income earned before the entitlement to the allowance, up to a maximum of CHF 196 (€ 159) per day.

### **How are maternity and paternity benefits accessed?**

Healthcare can be accessed at your physician or in the public and private *hospitals* on the cantonal list of approved hospitals. No contribution to the costs of treatment is required for maternity benefits.

The *APG scheme (benefits in cash in case of maternity)* is managed by the bodies of the old-age and survivors' insurance (AHV-AVS), where claims for maternity allowance should be made.

Insurers adopt decisions on the benefits. The insured person may appeal against these decisions within 30 days. The decision on appeal may be referred to the competent cantonal court. The decision of the latter may be referred to the Federal Court.



## Chapter V: Invalidity benefits

### When are you entitled to invalidity benefits?

#### Invalidity

Invalidity is defined as total or partial earnings incapacity which is presumed to be permanent or of long duration. Any reduction, be it total or partial, in an insured person's earnings capacity in a balanced labour market is regarded as incapacity if it results from physical, mental or psychological impairment and persists after treatment and rehabilitation. Invalidity may result from congenital disease, illness or an accident.

Provision for invalidity, old age and survivors is based on three pillars.

#### First pillar

The first pillar constitutes State provision and comprises old-age and survivors' insurance (*AHV-AVS*) and invalidity insurance (*IV-AI*). The benefits under these two forms of insurance are intended to cover basic needs. In certain cases non-contributory supplementary benefits (*PC*) may be granted for basic subsistence. The first pillar is compulsory for all persons residing and/or gainfully employed in Switzerland. This means that self-employed workers and persons not in work, as well as employees, are obliged to take out insurance. Exempted are persons fulfilling the conditions of the mandatory insurance only for a relatively short period of time.

Persons in gainful employment must pay contributions from the first of January following their 17<sup>th</sup> birthday. Persons not in work are also subject to the obligation to pay contributions from the first of January following their 20<sup>th</sup> birthday. In order to be entitled to invalidity benefits, at least three years of contributions are required. Benefits can be claimed from the age of 18 years or above (until the retirement age).

Swiss citizens and nationals of Member States of the European Economic Area living in a third State may become a member of the optional insurance scheme if they were affiliated with the compulsory *AHV-AVS/IV-AI* insurance scheme immediately prior to this for at least five consecutive years.

#### Second pillar

The second pillar, occupational benefit plans concerning old-age, survivors' and invalidity (*PP*), supplements the first pillar and together they are intended to enable the previous standard of living to be maintained in an appropriate way.

Persons insured under mandatory occupational benefit schemes are compulsory insured persons of the *AHV-AVS* and are obliged to make contributions on earned income between the lower and upper limits for annual earnings. Pension institutions may make provision for benefits higher than the compulsory minimum. They may insure an income lower than the threshold or higher than the ceiling (up to a maximum amount).

As from the first of January following their 17th birthday, workers are mandatorily insured for the risks of invalidity and death as long as they receive an annual income from *a single* employer. After the age of 24, they are mandatorily insured for old age as well as invalidity and death. Unemployed persons are also insured for invalidity and death under restrictive conditions.

Any employer whose workers are subject to compulsory insurance must be affiliated with an institution registered with the official register of pension institutions.

Exempted are, for instance, employees of an employer who is not required to pay contributions for the 1st pillar, employees hired for a limited duration not exceeding 3 months, persons with at least 70% of invalidity, and certain members of the family of a farmer who work for his company.

Optional insurance is open to workers and self-employed persons who are not subject to mandatory insurance.

### Third pillar

The third pillar comprises individual optional arrangements intended to cover other individual needs. Insurance or savings contracts may be signed with insurance companies, banking institutions or life insurance companies to provide for invalidity, old-age and death benefits.

## What is covered?

### First pillar

The benefits provided for by the invalidity insurance (IV-AI, first pillar) are intended to prevent, reduce or eliminate invalidity by suitable, simple and adequate rehabilitation measures, to compensate for the permanent economic impact of invalidity, cover basic needs in an appropriate way and help the insured persons concerned to lead an independent and responsible life.

### Rehabilitation measures

Insured persons who are invalids or are threatened by imminent invalidity are entitled to rehabilitation measures where these are necessary and suitable to re-establish, maintain or increase the capacity for gainful employment or the capacity to perform habitual tasks (such as household chores). Rehabilitation measures comprise medical measures for insured persons under the age of 20, reintegration measures preparing for occupational rehabilitation, occupational measures, the provision of auxiliary equipment and measures of new rehabilitation for pension beneficiaries. A daily allowance may be granted during the rehabilitation period under certain conditions. The principle of rehabilitation taking precedence over a pension applies.

### Invalidity pension

Any insured person with a work incapacity of at least 40% over the course of a year may claim an invalidity pension (Invalidenrente/rente d'invalidité) as long as he/she can demonstrate at least three years of contributions to the AHV-AVS/IV-AI.

A degree of invalidity of

- 70% confers entitlement to the full pension,
- 60% to three quarters of the pension,
- 50% to half of the pension and
- 40% to a quarter of the pension.

The IV-AI pension is calculated on the basis of the same principles as the AHV-AVS pension (more in the part on [old-age pensions and benefits](#)). The amount of the pension depends on the number of contribution years (which determines the pension scale) and the average annual income (which determines the amount of the pension within the applicable pension scale).

Spouses who are not in gainful employment are considered to have paid their contributions as long as their actively employed spouse has paid at least double the minimum contribution to the AHV-AVS/IV-AI. This also applies in the case of a registered partnership.

In the case of persons not in work, their contributions are converted and counted as income from paid employment, for the calculation of their pension.

The amounts for the full pension are the same as for the AHV-AVS. If the degree of invalidity changes appreciably, the pension is adjusted accordingly.

Entitlement to an invalidity pension ceases if the insured person is no longer an invalid, can claim an old-age pension or dies.

In order to assess the degree of invalidity, the income which insured persons could have earned if they were not invalids is compared with that which they could earn in an occupation they could reasonably be expected to exercise after treatment and rehabilitation in a balanced labour market.

The invalidity of insured persons who are not, and cannot reasonably be expected to be, in gainful employment is assessed according to their capacity to perform certain habitual tasks (such as household chores).

The beneficiary of an invalidity pension is also entitled to a pension for each child who, at the time of the death, would be entitled to an orphan's pension (to the amount of 40% of the full invalidity pension).

### **Helplessness allowance**

Any insured person who, as a result of impaired health, is in need of permanent assistance from others or personal supervision to perform the essential activities of daily life may claim the helplessness allowance. Helplessness may be serious, moderate or slight (more in the part on [long-term care](#)).

### **Personal assistance allowance**

The purpose of the personal assistance allowance is to allow the insured person to live independently. The person who receives a helplessness allowance and who lives or wants to live at his/her own place is entitled to a personal assistance allowance, which will enable him/her to engage a natural person (assistance provider) who provides the assistance needed.

## Second pillar

Persons who are incapacitated to at least 40% for the purposes of invalidity insurance (first pillar) and who, when they became unfit to work, were insured under an occupational scheme (second pillar) may claim an invalidity pension under that scheme. The degree of invalidity affects the amount of the pension (the same as in first pillar).

The pension is calculated as a percentage of the retirement assets (composed of contributions and interest), taking into account the projected assets (until retirement) and the pension's conversion rate (6.85% for men and 6.8% for women).

The invalidity pension is replaced by a lump-sum capital payment when the pension is lower than 10% of the minimum AHV-AVS old-age pension or when provided for under the pension institution's rules.

Beneficiaries of an invalidity pension may claim a supplementary pension for each child who would be entitled to an orphan's pension if they died. The amount is 20% of the full invalidity pension.

No rehabilitation measures are provided under the second pillar.

## Third pillar

Conditions for gaining the benefits under optional arrangements in the event of invalidity depend on the provisions in the individual insurance contract and the product concerned. Tax relief is available for employees and self-employed workers on a given amount of individual provision.

In principle individual pension benefits are paid only when the risk occurs.

In addition to the benefits provided for by the three pillars, invalidity benefits may also be due under accident insurance.

## How are invalidity benefits accessed?

Invalidity benefits of the first pillar should be claimed at the competent cantonal IV-AI Office. The competent cantonal IV-AI Office communicates to the insured person the decision on the benefits that is going to be adopted. The insured person is entitled to a hearing (*Vorbescheid/préavis*). The final decision is then formally adopted and may be referred to the competent cantonal court, whose decision may in turn be referred to the Federal Court.

*The occupational benefit plans concerning old-age, survivors and invalidity (2nd pillar) are managed by registered pension institutions, where claims for benefits should be made. Disputes between pension institutions and insured persons can be referred to the competent cantonal court. The decision of the latter may then be referred to the Federal Court.*

Review of invalidity is possible at any time until the retirement age.

## Chapter VI: Old-age pensions and benefits

### When are you entitled to old-age benefits?

Old-age benefits are granted under the State old-age (and survivors') basic insurance scheme (AHV-AVS, first pillar), occupational benefit schemes (second pillar), and if applicable, individual arrangements (third pillar).

All persons domiciled in Switzerland or gainfully employed there are covered by the first pillar insurance.

Men and women who have reached the age of 65 and 64 respectively may claim an AHV-AVS pension as long as they have a contribution record with the AHV-AVS/IV-AI of at least one full year.

Mandatory coverage under the second pillar (occupational insurance) applies for employees who are over the age of 24, affiliated to the first pillar and receiving from the same employer an annual salary exceeding CHF 21,060 (€ 17,059). Optional insurance is available for employees not covered by mandatory insurance and for self-employed persons.

Persons insured with an occupational pension scheme may claim an old-age pension at the same age at which they can claim an AHV-AVS pension (i.e. 65 for men and 64 for women). No minimum period of insurance is stipulated.

The conditions for accrual of old-age benefits from the third pillar depend on the provisions in the individual insurance contract and on the product concerned.

### What is covered?

#### AHV-AVS, First pillar

The pension is calculated on the basis of the annual average income (which determines the amount of the pension in the applicable pension scale) and the years of contributions (which determine the pension scale). It is made up of the income from gainful employment and any bonuses for child-raising and for care-taking.

Parents may claim bonuses for child-raising (*Erziehungsgutschriften/bonification pour tâches éducatives*) during the years in which they had parental authority over one or more children aged less than 16 years.

Persons who take care of relatives in the ascending or descending line, and brothers and sisters receiving an AHV-AVS or IV-AI allowance for at least moderate helplessness, may claim bonuses for care-taking (*Betreuungsgutschriften/bonification pour tâches d'assistance*), if they can easily reach their relative in need of care.

The income earned by spouses during their marriage is divided up and attributed evenly to each spouse. Registered partnerships are treated in the same way as marriage.

A full pension is received if the contribution record is complete, i.e. if the insured person has the same number of years of contributions as his/her age class. The insured person is only entitled to a partial pension if his or her contribution record is incomplete.

The monthly pension consists of a fraction of the minimum old-age pension (fixed amount) and a fraction of the determining average annual income (variable amount). The minimum pension is CHF 1,170 (€ 948) per month and maximum is CHF 2,340 (€ 1,895) (or CHF 3,510 (€ 2,843) for a couple) per month.

Payment of the pension may be advanced by one or two years (early pension) with a rate of reduction being applied for each year of early payment (i.e. 6.8% per year). It is also possible to defer by one to five years the start of the payment of a pension, which will then be increased by a given percentage (between 5.2 and 31.5%, depending on the number of months of deferment).

The beneficiary of an old-age pension (*Altersrente/rente de vieillesse*) is entitled to a pension for each child that, at the time of the beneficiary's death, would be entitled to an orphan's pension (*Waisenrente/rente d'orphelin*). The amount is 40% of the old-age pension.

The *AHV-AVS* grants helplessness allowances to persons who are in need of permanent assistance from others or personal supervision for essential activities of daily life (more in the part on [long-term care](#)).

## PP, second pillar

Occupational old-age pensions are calculated as a percentage of the old-age pension capital accumulated by the insured person (retirement assets, *Altersguthaben/avoir de vieillesse*). This includes contributions and interest.

The annual pension is equal to 6.85% for men and 6.8% for women of the retirement assets acquired by the insured person upon reaching retirement age.

In principle a person becomes eligible for a pension when the insured risk materialises. However, in specific cases when, for example, the insured person establishes him or herself as a self-employed worker or purchases his/her own dwelling, (partial) advance payment is possible.

Early retirement is possible if the pension institution's rules provide for it. The insured person may request that a quarter of the accumulated pension capital, on the basis of which the pension is calculated, be paid out in the form of a lump sum. At the insured person's request, a lump-sum settlement may replace pension payments, if the pension institution's rules allow it.

Pensioners may also be paid pensions for children (20% of old-age pension) under the same conditions as in the first pillar.

## Individual arrangements, third pillar

The conditions for accrual of old-age and death benefits depend on the provisions in the individual insurance contract and on the product concerned. Advance payment is possible under certain conditions.

## How are old-age benefits accessed?

Old-age benefits of the first pillar should be applied for at the competent compensation fund. Against a decision of the latter, an appeal and judicial review are possible.

*The occupational benefit plans concerning old-age, survivors and invalidity (2nd pillar) are managed by registered pension institutions, where claims to benefits should be made. Disputes between pension institutions and insured persons can be referred to the competent cantonal court. The decision of the latter may then be referred to the Federal Court.*

## Chapter VII: Survivors' benefits

### When are you entitled to survivors' benefits?

In addition to the benefits provided for in the State old-age and survivors' insurance scheme (AHV-AVS, first pillar), occupational schemes (PP, second pillar), and, if applicable, individual arrangements (third pillar) also grant survivors' benefits. Survivors' benefits are also granted under [accident insurance](#).

#### AHV-AVS, First pillar

- It is mandatory for all persons domiciled in Switzerland or gainfully employed there to be insured under the old-age and survivors' insurance (AHV-AVS, first pillar). Widows and widowers who, when their spouse dies, have one or more children, may claim a widow's or widower's pension. The deceased insured person had to have collected at least one year of contributions.
- A widower or a person in a registered partnership is entitled to a widower's pension only as long as he has children under the age of 18. On the other hand a widow may be entitled if she has children, but also if she is at least 45 years old and has been married for at least five years. Divorcees and persons whose registered partnerships have been annulled are entitled to a pension, if they fulfil certain conditions (e.g. have a child, or divorced after the age of 45, in both cases providing marriage lasted for at least 10 years). The entitlement to a widow's or widower's pension lapses in the event of remarriage or death.
- Children are entitled to an orphan's pension under the AHV-AVS if their father or mother dies. This entitlement ceases when they reach the age of 18, or 25 if they are in an apprenticeship or studying, or at the orphan's death.

#### PP, second pillar

- Survivors' benefits are also granted under occupational schemes when an insured worker or beneficiary of an old-age or invalidity pension under the scheme dies. It is possible to claim a widow's or widower's pension if the surviving spouse or legal partner has one or more dependent children or is 45 and has been married or in a partnership for at least five years. The dependent divorced spouse might also be entitled, if the marriage lasted for at least 10 years. The entitlement to a widow's or widower's pension lapses in the event of remarriage or death.
- Orphans' pensions are allocated up to the age of 18, or 25 if the orphan is studying, in an apprenticeship or incapacitated to at least 70% and incapable of gainful activity. The orphan's pension also lapses in the event of the orphan's death.

#### Individual arrangements, third pillar

The conditions for accrual of benefits under optional schemes (third pillar) in the event of death depend on the provisions in the individual insurance contract and on the product concerned. If the insured person dies, the beneficiaries are the direct heirs or persons designated by the deceased.



## What is covered?

### AHV-AVS, First pillar

- A widow's or widower's pension amounts to 80% and an orphan's pension to 40% of the old-age pension due to the deceased. Orphans bereaved of both parents are entitled to two orphan's pensions (*Waisenrenten/rentes d'orphelin*). These are reduced when they exceed 60% of the maximum old-age pension.
- The calculation is based on the same principles as the [AHV-AVS old-age pension](#). There are minimum pensions (CHF 936 (€ 758) per month for a surviving spouse or partner, and CHF 468 (€ 379) per month for orphans) and maximum pension (CHF 1,872 (€ 1,516) per month for a surviving spouse or partner, and CHF 936 (€ 758) per month for orphans).

### PP, second pillar

- The widow's or widower's pension amounts to 60% and the orphan's pension (for each child) to 20% of the full invalidity pension which was due to the deceased insured person. Orphans bereaved of both parents are entitled to two orphan's pensions.
- If the pensions are very low, a lump sum payment may be granted. This is also possible in other cases depending on the rules of the pension institution.

## How are survivors' benefits accessed?

Survivors' benefits of the first pillar should be applied for at the competent compensation fund. Against a decision of the latter, an appeal and judicial review are possible.

*The occupational benefit plans concerning old-age, survivors and invalidity (2nd pillar) are managed by registered pension institutions, where claims to benefits should be made. Disputes between pension institutions and insured persons can be referred to the competent cantonal court. The decision of the latter may then be referred to the Federal Court.*

## 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?

Accident insurance covers accidents at work, occupational diseases and, provided that the employee works at least eight hours a week for the same employer, non-occupational accidents. Accidents occurring during the travel between home and work are also covered. Beneficiaries of unemployment insurance daily allowances are also covered for non-occupational accidents.

Employees (including home workers, apprentices, trainees, voluntary workers, and persons working in training schools or sheltered workshops) are obliged to take out insurance, whereas accident insurance is optional for self-employed persons and their assisting family members.

An accident is any unexpected and involuntary injury to the human body caused by an extraordinary external factor compromising physical, mental or psychological health or leading to death.

An occupational disease is any illness exclusively or predominantly due to harmful substances or certain tasks (which are listed) at work, and other illnesses which prove to have been caused exclusively or very predominantly by the exercise of an occupation (general clause).

### What is covered?

#### Healthcare

The following healthcare benefits are provided by the accident insurance:

- appropriate medical treatment:
  - outpatient treatment given by a doctor or a dentist,
  - medicines and analyses prescribed by a doctor or a dentist,
  - treatment, inpatient catering and accommodation in a public ward of a hospital with which an agreement on tariffs has been concluded,
  - additional treatment or spa treatment prescribed by a doctor,
  - materials and equipment for treatment;
- simple and useful auxiliary equipment lent or purchased;
- material damage: the insured person has the right to receive compensation for damage caused by an accident for objects replacing a body part or body function (the costs of replacing spectacles, hearing aids and dental prostheses are covered only if the physical injury requires treatment);
- costs of rescue and travelling and transport where medically required;
- costs of transporting a corpse and funeral costs.

Rehabilitation measures are provided under the [invalidity insurance](#).

## Cash benefits

### Daily allowances

In the event of total incapacity for work, the insured person receives compensation for loss of income corresponding to 80% of his/her insured income from the third day following the accident (for the first three days the employer must pay 80% of the salary). If incapacity is only partial, the amount is reduced accordingly. The right to compensation for loss of income ceases as soon as the insured person recovers full capacity for work, a pension is paid or the insured person dies. Insured income corresponds to the last pay received by the insured person before the accident up to a maximum fixed daily income (CHF 346 (€ 280)).

Deductions in the form of a contribution to maintenance costs may be made in the event of hospitalisation, except for persons responsible for minors who are studying or are in an apprenticeship.

Supplementary private-law insurance may be taken out for loss of income not covered by accident insurance.

### Invalidity benefit

Entitlement to invalidity benefit becomes due when there is no reason to expect an appreciable improvement in the insured person's state of health from the continuation of medical treatment, and after completion of any necessary rehabilitation measure of the invalidity insurance. Entitlement ceases when the pension is replaced in its entirety by a lump-sum benefit, when it is repurchased, or when the insured person dies.

Insured persons incapacitated for at least 10% are entitled to invalidity benefit. To assess the degree of invalidity, the income which insured persons could have earned if they were not invalids is compared with what they could earn in an occupation they could reasonably be expected to exercise after treatment and rehabilitation measures, in a balanced labour market.

In the event of permanent incapacity for work, the insured person is entitled to a pension. In the case of total invalidity, the invalidity pension is 80% of the insured income. If invalidity is only partial, the amount is reduced accordingly. The insured income amounts to the last pay received by the insured person before the accident, up to a fixed maximum annual income (CHF 126,000 (€ 102,063)).

If the nature of the accident and the insured persons' behaviour suggest that they will recover their capacity for work if they receive a one-off indemnification, benefits are no longer granted and the insured persons receive a lump-sum benefit of up to a maximum of three times the annual insured income.

### Integrity allowance

Integrity allowance (*Integritätsentschädigung/indemnité pour atteinte à l'intégrité*) is a lump-sum benefit to compensate for immaterial damages in the event of serious permanent physical, mental or psychological integrity. This is graded according to the degree of the damage to integrity and is calculated as a percentage of the maximum annual insured income at the time of the accident and may not exceed this amount.

### Helplessness allowance

Helplessness allowance (*Hilflosenentschädigung/allocation pour impotent*) is provided to a person who, as a result of impaired health, is permanently dependent on the assistance of others or personal supervision to perform the essential activities of daily

life. The helplessness allowance is determined in accordance with the degree of helplessness (more in the part on [long-term care](#)).

### **Survivors' pensions**

When an insured person dies, his/her survivors are, in principle, entitled to a survivor's pension.

Eligible spouses are:

- widows or widowers who, when their spouse dies, have one or more children who are entitled to a pension or are at least 2/3 invalids;
- widows who have one or more children who are not entitled to a pension or are 45 years old;
- widows are entitled to capital indemnification if they do not meet the requirements for a pension;
- a divorced spouse is treated the same as a widow or widower if an insured person who has suffered an accident was obliged to pay him or her alimony.

Survivor's pension amounts to 40% of the insured income for widows and widowers and 20% of the insured income for a divorced spouse up to the maximum of the maintenance which is due. An orphan's pension is 15% of insured income if one parent dies and 25% if both parents are deceased.

If there are several survivors, the survivors' pensions may amount to a maximum of 70% of insured income overall (90% if there is also a pension for a divorced spouse).

The entitlement to a survivor's pension ceases in the event of death of the person entitled or on repurchase of the pension. Moreover, entitlement to a surviving spouse's pension ends on remarriage and entitlement to an orphan's pension ceases when the child reaches the age of 18, or 25 if the child is studying or in an apprenticeship.

For its whole duration, a registered partnership is equivalent to marriage. The surviving registered partner is equivalent to a widower. Legal annulment of a registered partnership is equivalent to a divorce.

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

Accident at work or occupational disease should immediately be declared to the insurer or the employer.

Healthcare is provided by the freely chosen physician, dentist, chiropractor, pharmacy or hospital institution. No contribution to costs of healthcare is required from the insured person.

Accident insurance is managed by the Swiss National Fund for Accident Insurance (CNA) or any other approved insurer, depending on the category of workers, where cash benefits should be claimed. Against a decision of the insurer, an appeal and judicial review are possible. An appeal and judicial review are possible against a decision of these insurers.

## Chapter IX: Family benefits

### When are you entitled to family benefits?

#### When are you entitled to family benefits?

Family allowances in agriculture are regulated at Federal level. For other sectors, family allowances are governed by 26 cantonal laws and by a federal harmonisation law. Other benefits for families may be claimed e. g. on the basis of the individual employment contract or under collective labour agreements.

Children who enable entitlement to family allowances are children of married or unmarried parents, adopted children, children of the spouse/registered partner, foster children, as well as brothers and sisters and grandchildren, if the entitled person predominantly supports them.

A child allowance is granted until the child reaches 16 years of age (20 years if the child is unable to engage in paid employment). A vocational training allowance is paid until the child reaches 25 years of age.

#### Family benefits in agriculture

Agricultural workers and self-employed farmers may claim family allowances. Agricultural workers are also entitled to a household allowance when they live together with their spouse or their children.

#### Family benefits in other sectors

Employees and the self-employed may claim family benefits, as well as persons not engaged in paid employment whose income does not exceed a certain amount (CHF 42,120 (€ 34,118) per year).

### What is covered?

#### Family benefits in agriculture

The child allowance amounts, per month and per child, to CHF 200 (€ 162) in lowland regions and to CHF 220 (€ 178) in mountain regions. The vocational training allowance amounts, per month and per child, to CHF 250 (€ 203) in lowland regions and to CHF 270 (€ 219) in mountain regions.

In addition, household allowance (*Haushaltungszulage/allocation de ménage*) of CHF 100 (€ 81) per month can be paid to agricultural workers.

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## **Family benefits in other sectors**

The child allowance must amount to at least CHF 200 (€ 162), per month and per child. The vocational training allowance must amount to at least CHF 250 (€ 203), per month and per child. Cantons may provide higher allowances.

In addition to family allowances it is possible to claim other benefits such as birth or adoption allowances in some cantons.

## **How are family benefits accessed?**

Family benefits should be applied for at the competent cantonal compensation fund in the agriculture scheme and at the competent fund for family allowances in the other sectors.

## Chapter X: Unemployment

### When are you entitled to unemployment benefits?

Unemployment insurance is intended to guarantee that insured persons are suitably compensated for loss of earnings resulting from (total or partial) unemployment, reduced working hours, bad weather and insolvency of the employer. Labour market measures for the benefit of insured persons are intended to protect them against the risks of unemployment, to combat existing unemployment and to promote permanent and rapid integration in the labour market.

Persons affiliated with the compulsory AHV-AVS scheme and obliged to pay contributions on their earned income who have not yet reached retirement age are insured against unemployment. There is no possibility of voluntary insurance.

An insured person is entitled to unemployment benefit if he/she:

- is unemployed or partially unemployed;
- has suffered a loss of work (including loss of salary) for at least two consecutive days;
- resides in Switzerland (special rules may apply to residents of the EU and EEA Member States);
- has completed compulsory education and has not yet reached the age for entitlement to an AHV-AVS old-age pension and is not a recipient of such a pension;
- has been in gainful employment for at least 12 months over the two years immediately preceding unemployment and registered with the employment office (persons who could not have been working because they were in training, ill, suffered an accident, or were in prison are exempt from the conditions relating to the contribution period). This period of two years is generally extended by two years for insured persons who were self-employed without receiving aid from unemployment insurance, were bringing up a child or became unemployed over the course of the four years preceding the age conferring entitlement to an AHV-AVS old-age pension and who are very difficult to place);
- is willing and able to accept work;
- is at the employment service's disposal for placement and satisfies the supervisory requirements, and is himself/herself seeking work.

### What is covered?

As a rule, unemployment benefit amounts to 70% of the average pay subject to contributions over the last six months up to a fixed ceiling (CHF 10,500 (€ 8,505) per month). Insured persons with maintenance obligations towards children under 25 years of age, or whose unemployment benefit is less than a given minimum amount (CHF 140 (€ 113)), or who are disabled, are entitled to 80% of their last pay subject to contributions. Insured persons who have children are also entitled to family benefits.

Unemployment benefit is paid in the form of daily allowances five times a week. As a rule, the right to benefit starts after a waiting period of five days of supervised

unemployment. Under special circumstances this can be shortened or extended. The general waiting period does not apply to insured persons whose insured salary is below certain thresholds.

A special waiting period of 120 days (in addition to the standard five days) is applicable to persons exempt from the conditions relating to the contribution period because of training, illness, accident, maternity or detention. The general waiting period is extended for five days for other persons exempted from the contribution period conditions, and for one day for seasonal workers, employees in professions where changing an employer happens frequently and persons with fixed term employment contracts.

Unemployment benefit may be claimed for a certain period of time within two years, i.e.

- 200 daily allowances for persons under 25 with no maintenance obligations towards children;
- 260 daily allowances for a contribution period of 12 months in total;
- 400 daily allowances for a contribution period of 18 months in total;
- 520 daily allowances from the age of 55 if the insured person has a minimum contribution record of 22 months;
- 520 daily allowances if the insured person receives an invalidity pension corresponding to an invalidity degree of at least 40% and has a minimum contribution record of 22 months;
- 90 daily allowances for persons exempt from the conditions relating to the contribution period.

Elderly unemployed persons who became unemployed over the four years preceding the age conferring entitlement to an AHV-AVS old-age pension, and who are very difficult to place, are entitled to 120 additional daily allowances.

If the insured person belongs to the category of the unemployed who are difficult to place for labour market-related reasons, they may, with the agreement of the employment office, take part in continuing or reintegration training courses whilst continuing to receive the daily allowances.

Entitlement to unemployment benefit may be suspended for a certain period of time, for instance if an insured person resigns without a valid reason, does not make sufficient effort to seek work, refuses a job assigned by the employment office or provides false or incomplete information. Suspension may last from one to 60 days, according to the seriousness of the infringement.

Unemployment insurance also grants benefits in the event of partial unemployment. It is granted to those persons seeking only part-time work or who have a part-time job and seek to replace it with a full-time job or supplement it with another part-time job. Employees whose normal working hours are reduced, or whose activity is suspended, are entitled to the reduced working hours allowance (*Kurzarbeitsentschädigung/indemnité en cas de réduction de l'horaire de travail*). Employees in branches where work interruptions are frequent due to meteorological conditions are entitled to bad weather allowance (*Schlechtwetterentschädigung/indemnité en cas d'intempéries*).

Benefits in case of employer's insolvency may also be allocated under unemployment insurance, as may financial benefits for labour market measures.



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## **How are unemployment benefits accessed?**

Insured persons must register personally and in good time or at the latest on the first day on which they intend to claim unemployment benefit at – depending on the canton – the municipality of their place of residence or the competent regional placement office. The unemployed person must comply with the requirements for supervision and attend the interviews at the competent regional placement offices (ORP). Unemployment benefit is paid by an office chosen freely when registering at the employment office. Unemployed persons are obliged to accept all suitable work proposed to them.

## Chapter XI : Minimum resources

### When are you entitled to benefits regarding minimum resources?

The Federal Constitution (Article 12) enshrines the right to obtain assistance in situations of distress: “Anyone in a situation of distress who is not able to subsist on his or her own has the right to be aided and assisted by receiving the essential resources to lead a dignified human existence”.

In Switzerland, social assistance comes under the responsibility of the cantons with a few exceptions, with implementation generally being delegated to the municipalities. Social assistance is therefore based on 26 different cantonal systems. However, the *Conférence suisse des institutions d'action sociale* (CSIAS — Swiss conference for social action institutions), a body made up of specialists and representatives of the cantons' and municipalities' social services, lays down the guidelines for social assistance for the social authorities of the cantons and municipalities and private social institutions. The majority of the cantons apply these standards.

As a result, there is no general non-contributory scheme at the federal level. However, social benefits might be provided to specific categories of persons as supplementary benefits to the first pillar (*Ergänzungsleistungen, EL/Prestations complémentaires, PC*). First pillar benefits, together with supplementary benefits, must cover the basic needs of the elderly, the disabled and survivors in an appropriate way.

Means-tested supplementary benefits may be granted to the beneficiaries of an old-age or survivors' pension from the old-age and survivors' insurance (AHV-AVS), or invalidity pension or a helplessness allowance of the invalidity insurance (IV-AI). Swiss nationality is not a requirement but permanent residence in Switzerland is. In addition, foreign nationals must have resided without interruption in Switzerland for the 10 years (refugees and stateless persons for five years) immediately preceding the date on which they apply for supplementary benefits.

### What is covered?

The annual amount of the supplementary benefits corresponds to the excess of recognised expenses over the determining income. Recognised expenses include the amount covering the basic needs, rent and associated costs (up to a maximum amount), professional expenses, property maintenance costs and interest on mortgage, social insurance contributions (for mandatory health insurance: a lump-sum corresponding to the average cantonal premium), and maintenance payments under family law.

The recognised expenses for the calculation of the supplementary benefits include an amount covering the basic needs, which varies according to the family composition, i.e.:

- CHF 19,210 (€ 15,561) per year, for a single person;
- CHF 28,815 (€ 23,341) per year, for couples and registered partners;
- CHF 10,035 (€ 8,129) per year, for each of the first two children;
- CHF 6,690 (€ 5,419) per year, for each of the third and fourth child;
- CHF 3,345 (€ 2,710) per year, for each child from the fifth onwards.

The annual amount of the supplementary benefits is calculated as a differential benefit (i.e. expenses minus income). They are paid as long as the eligibility conditions are met.

According to CSIAS standards for the cantonal social assistance, the basic needs comprise a lump sum for subsistence, accommodation and basic medical expenses.

### **How are minimum resources benefits accessed?**

The cantonal compensation funds determine entitlement to supplementary benefits and periodically reassess the claimant's financial situation (i.e. determining income and recognised expenses), at least every four years.

Supplementary benefits claimed without being entitled to do so (fraud, violation of obligation to inform) must be reimbursed by the beneficiary, his/her legal representative or his/her heirs. Reimbursement is waived if the person is shown to have acted in good faith and if doing so would leave the person in a difficult situation.

## Chapter XII: Long-term care

### When are you entitled to long-term care?

There is no special long-term care scheme in Switzerland. Benefits are provided by several branches of social security.

Healthcare is provided in mandatory health insurance, accident insurance and invalidity insurance (medical measures of the IV-AI).

In addition, helplessness allowance can be provided under the basic pension scheme (old-age and survivor's insurance (AHV-AVS), invalidity insurance (IV-AI)) and under the accident insurance. Persons entitled are those in permanent need of assistance of a third party or personal supervision to carry out basic everyday activities (e.g. to stand up, sit down, lie down, eat, dress and undress, get washed, go to the toilet, move around) because of health impairment.

There are three degrees of helplessness:

- severe helplessness: the insured person needs regular and substantial help to carry out all basic everyday activities and requires permanent care or personal supervision.
- moderate helplessness: the insured person needs regular and substantial help to carry out most basic everyday activities; or needs regular and substantial help to carry out at least 2 basic everyday activities and furthermore needs permanent personal supervision.
- slight helplessness: the insured person needs regular and substantial help to carry out at least 2 basic everyday activities; or requires permanent personal supervision; or permanently needs particularly demanding care required by his/her disability; or due to a severe impairment to sensory organs or a severe physical disability, the insured person can only establish social contacts with his or her entourage with considerable and regular services.

A personal assistance allowance may also be provided under the basic pension scheme (AHV-AVS/IV-AI). The purpose of this benefit is to allow the insured person to live independently. The person who receives a helplessness allowance and who lives or wants to live at his/her own place is entitled to a personal assistance allowance, which will enable him/her to engage a natural person (assistance provider) who provides the assistance needed. A person who receives an AI personal assistance allowance until retirement age continues to be entitled to it, up to the amount received until then.

Special costs can be reimbursed by the [supplementary benefits](#) scheme, providing means-tested benefits to the elderly, the disabled, and survivors

### What is covered?

#### Benefits in kind

Treatment at patient's home, out of or in hospital is provided in the [health insurance](#) scheme as well as in [invalidity](#) and [accident insurance](#).

## Cash benefits

Helplessness allowance depends on the degree of helplessness. Under the invalidity insurance scheme its monthly amount is:

- CHF 468 (€ 379) for slight helplessness;
- CHF 1,170 (€ 948) for moderate helplessness;
- CHF 1,872 (€ 1,516) for severe helplessness.

If the insured person is cared for in an institution, the helplessness allowance amounts to a quarter of these amounts.

Minors who need intense care and who are not living in an institution are entitled to a supplement to the helplessness allowance. The amount depends on the intensity of the care needed.

In the old-age and survivors' insurance scheme, monthly helplessness allowance amounts to CHF 234 (€ 190) (for slight helplessness), CHF 585 (€ 474) (for moderate helplessness) or CHF 936 (€ 758) (for severe helplessness).

In accident insurance monthly helplessness allowance amounts to:

- CHF 692 (€ 561) for slight helplessness;
- CHF 1,384 (€ 1,121) for moderate helplessness;
- CHF 2,076 (€ 1,682) for severe helplessness.

The personal assistance allowance amounts in principle to CHF 32.80 (€ 27) per hour. If the assistance provider must have special qualifications because of the disability of the insured person, the amount of the personal assistance allowance equals CHF 49.15 (€ 40) per hour. A special rate applies for benefits provided during the night (max. CHF 87.40 (€ 71) per night).

Reimbursement of special costs for help, care and assistance in the supplementary benefits scheme to the first pillar is possible up to a certain amount. The cantons specify which costs are to be reimbursed.

## How is long-term care accessed?

The need to healthcare is assessed by the competent physician. Helplessness is determined by IV-AI Offices (in old-age and survivor's insurance and in invalidity insurance), and accident insurers (in accident insurance).

Helplessness is regularly reassessed.

## Annex: Useful addresses and websites

More detailed information on qualifying conditions and individual social security benefits in Switzerland can be obtained from the public institutes managing social protection system.

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

Enquiries concerning the effect on benefits of insurance in two or more Member States should be addressed to:

### **Federal Office of Public Health**

*Bundesamt für Gesundheit*  
*Office Fédéral de la Santé Publique*  
3003 Bern  
Tel.: +41 (0)31 322 21 11  
Fax: +41 (0)31 322 95 07  
<http://www.bag.admin.ch>

### **State Secretariat for Economic Affairs**

*Staatssekretariat für Wirtschaft*  
*Secrétariat d'État à l'Économie*  
Effingerstrasse 31  
3003 Bern  
Tel.: +41 (0)31 322 56 56  
Fax +41 (0)31 322 27 49  
<http://www.seco.admin.ch>

### **Federal Social Insurance Office**

*Bundesamt für Sozialversicherungen*  
*Office Fédéral des Assurances Sociales*  
Effingerstrasse 20  
3003 Bern  
Tel.: +41 (0)31 322 90 11  
Fax +41 (0)31 322 78 80  
<http://www.bsv.admin.ch>

### **Liaison Bodies**

#### **1. Sickness and Maternity**

*Joint Institution under federal Health insurance act*  
*Gemeinsame Einrichtung KVG*  
*Institution commune LAMal*  
Gibelinstrasse 25  
4503 Solothurn  
Tel.: +41 (0)32 625 30 30  
Fax: +41 (0)32 625 30 90  
E-Mail: [info@kvg.org](mailto:info@kvg.org)  
<http://www.kvg.org>

## 2. Old-age, survivors and invalidity

### - 1<sup>st</sup> pillar

Swiss Compensation Fund  
Die Schweizerische Ausgleichskasse  
Caisse suisse de compensation  
Avenue Edmond-Vaucher 18  
Case postale 3100  
1211 Genève 2  
Tel.: +41 (0)22 795 91 11  
Fax: +41 (0)22 795 97 05  
<http://www.zas.admin.ch>

### - 2<sup>nd</sup> pillar

LOB Guarantee Fund  
Sicherheitsfonds BVG  
Fonds de garantie LPP  
Eigerplatz 2  
Case postale 1023  
3000 Berne 14  
Tel: +41 (0)31 380 79 71  
Fax: +41 (0)31 380 79 76  
E-Mail: [info@sfbvg.ch](mailto:info@sfbvg.ch)  
<http://www.sfbvg.ch>

## 3. Accidents and occupational diseases

Swiss National Fund for Accident Insurance  
Schweizerische Unfallversicherungsanstalt  
Caisse nationale suisse d'assurance en cas d'accidents  
Fluhmattstrasse 1  
6002 Lucerne  
Tel. : +41 (0)41 419 51 11  
Fax : +41 (0)41 419 58 28  
<http://www.suva.ch>

## 4. Family allowances

Federal Social Insurance Office  
Bundesamt für Sozialversicherungen  
Office Fédéral des Assurances Sociales  
Effingerstrasse 20  
3003 Bern  
Tel.: +41 (0)31 322 90 11  
Fax +41 (0)31 322 78 80  
<http://www.bsv.admin.ch>

## 5. Unemployment insurance

State Secretariat for Economic Affairs  
Staatssekretariat für Wirtschaft  
Secrétariat d'État à l'Économie  
Effingerstrasse 31  
3003 Bern  
Tel.: +41 (0)31 322 56 56  
Fax +41 (0)31 322 27 49  
<http://www.seco.admin.ch>