



European
Commission

Your social security rights

in Cyprus

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 above mentioned 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

All persons gainfully employed in Cyprus either as employees or as self-employed persons are compulsorily covered by the Social Insurance Scheme. Voluntary insurance is available to persons who wish to continue to be insured after a certain prescribed period of compulsory insurance, or to persons who work abroad in the service of Cypriot employers. The Scheme, which is administered by the Social Insurance Services, provides for the following benefits:

- sickness benefit;
- maternity grant;
- maternity allowance;
- benefits for accidents at work and occupational diseases, including temporary incapacity (injury benefit), disablement benefit and death benefit;
- invalidity pension;
- unemployment benefit;
- old-age pension;
- widows' pension;
- orphans' benefit;
- funeral grant.

Employed persons are entitled to all the above benefits. Self-employed persons are not entitled to unemployment benefit or to benefits for accidents at work and occupational diseases. Voluntary contributors working abroad for Cypriot employers are not entitled to benefits for accidents at work and occupational diseases. Other voluntary contributors are not entitled to maternity allowance, sickness benefit, unemployment benefit, invalidity pension as well as benefits for accidents at work and occupational diseases.

All periodical benefits (apart from lump sum benefits) comprise:

- a basic benefit, which includes increases for dependants, and is related to the insurable earnings of the insured person in the basic insurance;
- a supplementary benefit, which is linked to the insurable earnings of a person in the supplementary insurance.

The general principle of non-duplication of rights applies to the Social Insurance Scheme. In other words, if a person is entitled to more than one benefit for the same period, the highest benefit is paid. This rule does not apply when one of the benefits is a widows' pension.

The rates for basic pensions are reviewed at the beginning of each year on the basis of the percentage increase of the basic insurable earnings, while the rates for supplementary pensions are reviewed on the basis of the increase in the cost of living index (comparison of the second semesters of the last two years). The increase in supplementary pensions cannot exceed the increase in basic pensions.

Furthermore, pension rates are increased each year in July on the basis of the increase in the cost of living index (comparison between the first semester of the year with that of the second semester of the previous year), if the increase is at least 1%.

This increase is taken into account when determining the increase in pension rates at the beginning of the year.

Pension indexation is suspended from 1st January 2013 up to 31st December 2016.

Benefit payments are made either by cheque or by bank transfer.

Cheques must be cashed within three months from the date they are issued.

Organisation of social protection

Social Insurance Services is a governmental body under the control and supervision of the Ministry of Labour and Social Insurance which is in charge of the administration of all social risks. It is responsible for:

- implementing government policy in the field of social insurance by means of specific schemes and measures;
- submitting proposals concerning government policy with the aim of constantly improving social security in response to international events and the current socio-economic climate in Cyprus;
- drawing up a list of the socio-economic needs which can be met through social security measures;
- continually studying and assessing the schemes and measures introduced by these Services to meet the objectives set.

The Social Insurance Scheme covers every person gainfully occupied in Cyprus, either as an employed or as a self-employed person, persons called up for military service, and every other person who is considered to be a voluntarily insured person.

For any period of incapacity or unemployment, earnings are credited based on the insurable earnings of the person on which the payment is calculated. Also, insurable earnings are credited for any period between the dates of death/incapacity up to the pensionable age for the purpose of increasing the rate of a widow's and/or an invalidity pension. Furthermore, insurable earnings up to basic insurable earnings are credited for periods of education.

Additionally, credits up to the basic insurable earnings are given to women for periods of child raising, up to 156 weeks, until the child reaches the age of 12. Credits up to the basic insurable earnings are also granted to each parent who claimed unpaid leave for up to 18 weeks to take care of his/her child below the age of 8, provided that the insured parent does not have any paid or credited contributions in those weeks. These credits are taken into account for the purpose of payment of pensions.

Social risks cover sickness, maternity, unemployment, invalidity, old age, death and survivors as well as all risks related to accidents at work and occupational diseases.

Moreover, a social pension is provided to persons residing in Cyprus, when they reach the age of 65, provided that they satisfy prescribed residence conditions, and are not entitled to a pension from any other source the amount of which is higher than the amount of social pension. If the pension or similar payment received is less than the amount of the social pension, then the person may receive the difference between the two amounts.

The protection of social risks is provided with the help of the district offices, which are mainly responsible for the receipt of applications, the collection of contributions and inspections. The Head Office of the Social Insurance Services acts as coordinator of the various district offices; its responsibilities are mainly concentrated on the application of social policy as well as decision making and payments of benefits and pensions.

Social Welfare Services is also a governmental body under the control and supervision of the Ministry of Labour and Social Insurance which provides and promotes social welfare services. Social Welfare Services aim to address social risks and to foster social cohesion within the general framework of the State policies for social and economic development. Services focus on individuals, families, social groups and communities.

The Department for Social Inclusion of Persons with Disabilities has been established since January 2009 by the State Budget Law, with the aim of improving the quality of life of persons with disabilities. The Department is under the control and supervision of the Ministry of Labour and Social Insurance. Its responsibilities concern the formulation, coordination, implementation, monitoring and control of social protection and social inclusion policies for persons with disabilities. To this end, it cooperates with other ministries co-responsible for disability issues, as well as with organisations for persons with disabilities and other social partners.

The Grants and Benefits Service is a governmental body under the control and supervision of the Ministry of Finance. It was reorganised and expanded in 2003, with the aim of bringing together the various related social schemes and implementing the new legislation concerning child benefit and mother's allowance. The Service is also responsible for the application of a new scheme; the 'Scheme for supporting pensioners' households with low income'. This is a cash benefit scheme addressed to pensioners' households whose total annual income is below the poverty threshold. The foremost task of this service is to offer accurate and prompt services to all citizens.

The Ministry of Health is mainly responsible for the organisation of the healthcare system in Cyprus and the provision of state-financed healthcare services. The ultimate objective of the organisation is to promote and protect people's health. The Ministry of Health formulates national health policies, coordinates the activities of both the private and the public sector, regulates healthcare standards, and promotes the enactment of relevant legislation. In April 2001 a new law was enacted for the Introduction of a National Healthcare System (NHS) which will provide healthcare to all citizens and will be financed by contributions from the State, employers, employees, self-employed people and pensioners. This new arrangement has not yet been introduced.

Financing

The Social Insurance Scheme is financed by contributions paid by employers, insured persons and the State.

Since 1 April 2009, for employed persons, the contribution is 17.9% of their "insurable earnings", which is shared between the employer, the employee and the State in the proportion of 6.8%, 6.8% and 4.3% respectively. "Insurable earnings" are earnings on the basis of which contributions and benefits are calculated and include any remuneration derived from employment, excluding ex-gratia payments and occasional bonuses, but including contributions payable in respect of that person to the Central Holiday Fund. The legislation defines a maximum amount of insurable earnings for

contribution purposes which is revised every year. This ceiling currently stands at € 1,046 per week or € 4,533 per month. No contribution is paid on amounts exceeding the ceiling for “insurable earnings”.

For self-employed persons, the contribution rate is 16.9%, of which 12.6% is paid by the self-employed person and 4.3% by the State. A minimum compulsory insurable income is fixed by regulations for each occupational category of self-employed worker. He/she has an obligation to pay contributions on the basis of this minimum, but has the right to opt for a higher income up to the maximum insurable earnings. If a self-employed person proves that his/her actual income is lower than the minimum insurable income of his/her occupational category, he/she is entitled to pay contributions calculated on the basis of this income.

For voluntary contributors, the contribution is 14.8% of either the amount of the basic insurable earnings or the amount of their earnings in the previous years. From the total percentage of 14.8%, 11% is paid by the voluntary contributor and 3.8% by the State. Voluntary contributors working abroad in the service of Cypriot employers pay contributions of 13.6% on their earnings as defined in the contract of employment up to the maximum insurable earnings. An additional contribution of 4.3% is paid by the State.

Employed persons are required to contribute once they receive remuneration from their employer of at least € 2 per week or not less than € 7 per month. Unpaid apprentices and working prisoners are required to pay contributions, and the above rule is not applicable.

Self-employed persons pay a contribution for each contribution week in which they have worked as self-employed persons.

Any person who works concurrently or successively as an employed person and as a self-employed person in the same contribution week is required to pay contributions for both activities. At the end of each contribution year, any contributions paid by the insured person for self-employment in excess of the insurable earnings ceiling are refunded.

If a person works for more than one employer in the same contribution period (week or month), each employer must pay contributions on the worker’s wages/salary up to the insurable earnings ceiling. At the end of each contribution year, the personal contributions paid by an employee on earnings above the ceiling are reimbursed. Employers' contributions are not reimbursed.

Any person who is entitled to pay contributions on a voluntary basis, and at the same time on a compulsory basis (employed and self-employed persons), has the right to pay contributions voluntarily, if his/her insurable earnings are below the level of earnings on which he/she has opted to pay contributions on a voluntary basis.

Employers pay their contributions (including the employee’s share) monthly in arrears within one month from the end of each contribution month. Self-employed persons pay their contributions quarterly in arrears within one month and ten days from the end of each quarter. Persons wishing to pay monthly may do so.

Voluntary contributors pay their contributions monthly, quarterly or yearly in arrears. If a voluntary contributor does not pay his/her yearly contribution (for example for the year 2012) within the following 12 months (i.e. 2013) he/she loses his/her right to pay voluntary contributions for the year for which contributions are due (i.e. 2012).

In the case of late payment of contributions by an employer or a self-employed person, there is an automatic, fixed, additional charge which is a percentage of the contributions due, and which increases progressively according to the duration of the delay. For the first month of delay, the charge is 3%, increasing by 3% for each month up to a maximum of 27%.

The obligation to pay contributions ceases when the insured person reaches pensionable age (65 years). However, if he/she has reached the required age but does not satisfy the insurance conditions entitling him or her to old-age pension, he/she must continue to contribute until these conditions are satisfied. However, contributions may not be paid after the age of 68.

Assimilations are awarded to insured persons for the following periods:

- any period of full-time study or approved training after the age of 16;
- the period preceding the day on which a person is insured for the first time up to the first day of the preceding contribution year;
- any period of unemployment during which unemployment benefit is paid, as well as any period of unemployment up to a maximum of 26 weeks for which the insured person is not entitled to benefit (employed persons only);
- any period due to sickness, injury, maternity or invalidity for which benefit is payable. For employed persons, a period of incapacity without entitlement to benefits gives right to assimilations for a maximum of 26 weeks. For self-employed persons, this period also entitles them to assimilations if it is preceded by a period during which benefits were payable;
- any period of parental leave.

Periods of child raising of up to 156 weeks are taken into account for the payment of pensions to women entitled to a pension after 31 December 1992 during the first 12 years of each child's life.

In the case of invalidity or death of an insured person aged under 63, the period between the date of invalidity or death and the age of 63 is deemed to be an insurance period. The earnings to be credited for such period are normally based on the average insurable earnings of the person concerned in the supplementary insurance for the last five years preceding the date of death or invalidity. If a person has not completed five years of insurance, the average is calculated on the basis of the actual number of years of insurance.

Assimilations awarded for any period of unemployment, maternity, sickness, injury or invalidity have the value of the earnings on which the benefit payable has been assessed. Other assimilations have the value of basic insurable earnings.

The basic insurable earnings are currently fixed at € 174.38 per week or € 9,068 per year. The basic earnings mark the limit between the two parts of the scheme: the basic insurance and the supplementary insurance.

The total annual insurable earnings of every insured person are divided into two parts: the basic insurance, which includes insurable earnings up to the level of basic earnings, and the supplementary insurance, which includes insurable earnings above the level of basic earnings.

Each year, insurance points are credited to every insured person. One insurance point is the equivalent of the yearly amount of basic earnings. The first insurance point (up

to '1') is assigned to the basic insurance and any insurance point in excess of '1' to the supplementary insurance.

The amount of basic insurable earnings is adjusted annually on the basis of the fluctuation in the general level of insurable earnings based on an ordinance issued by the council of Ministers.

Chapter II: Healthcare

When are you entitled to healthcare?

Healthcare benefits are granted to Cypriot and EU/EEA and Swiss citizens, who are permanent residents in Cyprus. The extent of coverage is directly related to the income of single individuals or families and includes services provided at the governmental medical institutions.

- Free medical care is granted to single individuals whose annual income does not exceed € 15,377.41, and families whose annual income does not exceed € 30,754.82, increased by € 1,708.60 for each dependent child.
- Medical care at reduced fees is granted to single individuals whose annual income is between € 15,377.42 and € 20,503.22, and families whose annual income is between € 30,754.83 and € 37,589.23, increased by € 1,708.60 for each dependent child.
- Everybody else can make use of the Government medical services against payment of the set fees prescribed from time to time. The costs of expensive inpatient treatment may be reduced taking into account the income level of the patient.
- Healthcare benefits are also granted free of charge to persons suffering from certain chronic diseases, government officials, civil servants, members of families with three or more children, persons receiving public assistance, etc.

Eligibility for healthcare benefits is conditional upon a registration to the National Health System.

What is covered?

Health services provided include:

- out-patient care by general practitioners and specialist care to both out-patients and in-patients;
- the necessary drugs and pharmaceutical material;
- diagnostic and paramedical examinations;
- hospitalisation;
- dental care except for dentures, which are only provided to certain low-income groups.

Limited use of private hospitals is also available under special circumstances and subject to prior authorisation. Patients have free choice of government doctors. They are not obliged to register with one general practitioner. Access to specialist care is dependent upon referral from a practitioner. The patient is referred to the hospital at which the treating doctor is employed.

How is healthcare accessed?

Healthcare treatment can be accessed by visiting any governmental medical institution. People registered to the National Health System may have their fees reduced or eliminated based on the information indicated on their medical card.

In general, patients have to visit a governmental medical practitioner, who will redirect them to a specialist or hospital according to their state of health.

Healthcare treatment can also be accessed by visiting any private doctor or private medical institution practicing in Cyprus but no refund will be granted.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness benefit is paid to employed and self-employed persons aged between 16 and 63 who are incapacitated for work. Persons who do not satisfy the insurance conditions for entitlement to old-age pension at 63 are entitled to a benefit up to the required date, but never after the age of 65.

To satisfy the insurance conditions, a claimant must:

- have been insured for at least 26 weeks and, up to the date of incapacity, have paid basic insurance of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point); and
- have paid and/or assimilated insurance over the relevant contribution year equal to at least 20 times the weekly amount of basic insurable earnings (0.39 insurance point).

To re-qualify for a benefit following exhaustion of entitlement, the insured must have paid contributions on earnings of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point) after the date of exhaustion. In addition, a period of 13 working weeks from the date of exhaustion must have elapsed.

What is covered?

The weekly rate of the basic benefit is equal to 60% of the weekly value of the insurance points at the basic insurance over the relevant contribution year, increased to 80%, 90% and 100% for one, two or three dependants respectively (maximum three dependants). The weekly rate of the supplementary benefit is equal to 50% of the weekly value of the insurance points at the supplementary insurance over the relevant contribution year, which cannot exceed the weekly amount of the basic insurable earnings. The spouse (male or female) is considered to be a dependant if he/she receives any salary or benefit at a rate lower than the increase for a dependant.

The benefit is not paid if the employee concerned receives full wages. If reduced wages are paid, the total of the benefit and the partial wage paid must not exceed the total wage.

The period for which sickness benefit is paid may never exceed 156 days for each period the employment is interrupted. In case the incapacity for work is not permanent, the period is extended up to 312 days, under some special conditions.

How are sickness cash benefits accessed?

Incapacity for work due to illness can be certified by a doctor from the first day of illness. During the period of illness the insured person may be subject to further examination by an approved social security doctor or by a medical board. An application form, together with the relevant certificates, must be submitted within 21 days after the sickness started. There is a waiting period of three days in the case of

employed persons and nine days in the case of self-employed persons. Self-employed persons are treated in the same way as employed persons in the event of an accident or hospitalisation.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Maternity allowance is payable to any employed or self-employed woman for a period of 18 weeks beginning between the ninth and the second week before the expected week of confinement. The benefit is also payable for a period of 16 weeks to adoptive mothers of children aged under 12.

To satisfy the insurance conditions a claimant must:

- have been insured for at least 26 weeks and, up to the date of entitlement to maternity allowance, have paid basic insurance of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point); and
- have paid and/or assimilated insurance over the relevant contribution year equal to at least 20 times the weekly amount of basic insurable earnings (0.39 insurance point).

Additionally, a maternity grant is payable after the birth of each child if the mother, or her spouse, satisfies the insurance conditions.

What is covered?

Maternity allowance is a periodic benefit. It is paid to natural mothers for 18 weeks beginning between the ninth and second week before the expected week of confinement. If the infant is hospitalised in an incubator due to premature birth, the maternity allowance may be extended by six more weeks (maximum period). Adoptive mothers receive the allowance 16 weeks from the week of adoption if a child is less than 12 years old.

The basic weekly rate of maternity allowance is equal to 72% of the weekly value of the insurance points at the basic insurance over the relevant contribution year increased to 80%, 90% and 100% for one, two or three dependants respectively (maximum three dependants). The weekly supplementary benefit is equal to 72% of the weekly value of the insurance points at the supplementary insurance over the relevant contribution year. The allowance is not payable if a woman receives her full wages during the maternity allowance period. If reduced wages are paid, the amount of such wages and the benefits payable may not exceed the full wage.

The maternity grant is a lump-sum payment, the same for all women who are entitled to it, and since 7 July 2013 the amount for each child is equal to 6% of the yearly basic insurance point (€ 9,068 *6% = € 544.08). The insurance conditions taken into consideration are either those of the claimant or her spouse.

How are maternity and paternity benefits accessed?

An application form, together with the relevant certificates, must be submitted within one year from birth to apply for the maternity grant, and within 21 days from the first day of entitlement to maternity allowance.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

The invalidity pension is paid to persons who have been incapacitated for work for at least 156 days and who will probably remain permanently incapacitated. That is, people who are incapable of earning, through an activity which they could in principle exercise under normal circumstances, more than one-third of the amount generally earned by a person in good health in the same profession or category and with the same level of education in the same field or, in the case of persons aged between 60 and 63, more than half of that sum.

A claimant must satisfy the following insurance conditions:

1. have been insured for at least 156 weeks up to the date of invalidity;
2. have paid basic insurance up to the date of invalidity of not less than 156 times the weekly amount of basic insurable earnings (three insurance points at the basic insurance);
3. the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week in which he/she becomes incapable, is equal to at least 25% of the years included in that period;
4. have paid and/or assimilated insurance in the year preceding the year in which he/she becomes incapable or the average of such earnings in the preceding two years are at least 20 times the weekly amount of the basic insurable earnings (0.39 insurance point).

In the case of invalidity caused by an accident, the insured person is entitled to an invalidity pension if he/she satisfies the insurance conditions for sickness benefit.

Although only the contributions of employees and self-employed workers are taken into consideration for entitlements, voluntary contributions are also considered when assessing the pension rate. Invalidity benefit may be claimed until the age of 63 for both total or partial invalidity (no minimum age stated).

What is covered?

The invalidity pension is made up of the basic pension and the supplementary pension. If there is a total loss of earning capacity, a full invalidity pension is granted, assessed as follows:

- the basic weekly pension is 60% of the weekly value of the annual average of the insurance points of the paid and assimilated basic insurance, increased to 80%, 90% and 100% for one, two or three dependants respectively. In case of a married male beneficiary the spouse is a dependant if she lives with or has been maintained by him and receives no pension from the Social Insurance Fund nor is gainfully occupied. In the case of a married female beneficiary, there is no entitlement to an increase for her husband unless he is incapable of supporting himself. In the case where the claimant is not entitled to any increase for a spouse

the increase for dependent children or other dependants is equal to 10% of the basic pension for each of them (maximum two dependants);

- the supplementary weekly pension is 1/52 of 1.5% of the total value of the insurance points of the supplementary insurance over the claimant's whole career plus the assimilated insurable earnings in the supplementary insurance between the date of invalidity and the age of 63.

When the loss of earnings is partial, the invalidity pension is reduced as a percentage of full pension, by an amount that is assessed against the loss of earning capacity as follows:

- 50% – 66.66% is entitled to 60% of full pension;
- 66.67% – 75% is entitled to 75%;
- 76% – 99% is entitled to 85%.

The basic part of the pension is increased to reflect the number of dependants. The Scheme provides for a minimum pension, which is:

- for a single person: € 88.22 per week (85% x 60% x € 172.98);
- for a person with one dependant: € 117.63 per week (85% x 80% x € 172.98);
- for a person with two dependants: € 132.33 per week (85% x 90% x € 172.98);
and
- for a person with three dependants: € 147.03 per week (85% x 100% x € 172.98).

In cases of partial invalidity the respective amounts are also multiplied by the degree of invalidity. There is no statutory maximum pension. Beneficiaries also receive free medical treatment provided by Government hospitals and institutions.

How are invalidity benefits accessed?

Invalidity benefit must be applied for within three months of the occurrence.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Old-age pension

The pensionable age is set at 65. Under some special conditions a person would be entitled at the age of 63. For miners the pensionable age is 63. Miners who have at least three years employment are entitled to an old-age pension one month earlier than the normal pensionable age for each five months of work in a mine, provided they have retired from mining work, but they may not draw their pension before the age of 58. Otherwise, the Law does not provide for early retirement.

The currently applicable insurance conditions are as follows:

- the insured person must have been insured for at least 572 weeks up to the pensionable age (*this number is gradually increased every calendar year to reach 780 weeks as of the first Monday of 2017*),
- s/he must have paid basic insurance up to the pensionable age equal to at least 572 times the weekly amount of basic insurable earnings, i.e. at least eleven insurance points at the basic insurance (*this number is gradually increased every calendar year to reach 15 insurance points as of the first Monday of 2017*),
- the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if s/he reached the age of 16 after 5 October 1964, the first day of the year in which s/he reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week which includes the day of entitlement, is equal to at least 30% of the years included in that period.

For entitlement to arise at the age of 63, the claimant must either:

- have reached the age of 63, satisfy the relevant insurance conditions with the exception that the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week which includes the day of entitlement, is equal to at least 70% of the years included in that period, or
- be entitled to an invalidity pension immediately before reaching the age of 63, or
- be between the ages of 63 and 65 and with an entitlement to an invalidity pension if he/she had not reached the age of 63.

Old-age lump sum

A person whose average paid and assimilated insurable earnings, as described above, is not at least equal to 25/30%, is entitled to a lump-sum payment at the age of 68 equal to 15% of the total amount of his/her insurable earnings (paid and assimilated). The lump sum is not payable if the person concerned is entitled to a social pension.

To satisfy the insurance conditions a claimant must:

- have been insured for at least 312 weeks,
- have paid basic insurance up to the age of 68 equal to at least 312 times the weekly amount of the basic insurable earnings (6 insurance points).

Other benefits

Since 1 December 2009, the 'Scheme for supporting pensioners' households with low income' by the Grants and Benefits Service, is fully implemented. It is addressed to pensioners' households whose total annual income is below the poverty threshold.

Moreover, a social pension is provided to persons residing in Cyprus, when they reach the age of 65, provided that they satisfy prescribed residence conditions, and are not entitled to a pension from any other source if the amount is higher than the amount of social pension. If the pension or similar payment received is less than the amount of the social pension, then the person may receive the difference between the two amounts.

What is covered?

As in the case of the invalidity pension, the old-age pension is made up of the basic pension and the supplementary pension. The basic weekly rate is 60% of the weekly value of the annual average of the insurance points in the paid and assimilated basic insurance, increased by 80%, 90% and 100% for one, two or three dependants respectively. In case of a married male beneficiary the spouse is a dependant if she lives with or has been maintained by him and receives no pension from the Social Insurance Fund nor is gainfully occupied. In the case of a married female beneficiary, there is no entitlement to an increase for her husband unless he is incapable of supporting himself. In the case where a claimant is not entitled to any increase for a spouse, the increase for dependent children or other dependants is equal to 10% of the basic pension for each of them (maximum two dependants).

The supplementary weekly pension is 1/52 of 1.5% of the total value of the insurance points of the paid and assimilated supplementary insurance over the claimant's whole career.

The pension amount undergoes an actuarial reduction of 0.5% for every month included in the period between the date the person chooses to claim the pension (beyond the age of 63) and:

- the age of 63.5 as of 1/1/2013 (max 3% actuarial reduction)
- the age of 64 as of 1/1/2014 (max 6% actuarial reduction)
- the age of 64.5 as of 1/1/2015 (max 9% actuarial reduction)
- the age of 65 as of 1/1/2016 and onwards (max 12% actuarial reduction).

This actuarial reduction is permanent and applies also to any widow's pension or orphan's benefit derived from that.

Any pensioner who has paid contributions on insurable earnings between the date of entitlement to a pension and the age of 65, is entitled to a weekly increase of his/her pension equal to 1/52 of 1.5% of these insurable earnings.

Any person entitled to the old-age pension may request postponement of the start of payment of the pension until the age of 68. In this case, the amount of the old-age pension is increased by 0.5% for each month worked between the month of postponement and the month of the beginning of the pension. (A corresponding increase will be granted in the case of a widows' pension.) For persons eligible at the age of 63, no deferment is possible from the age of 63 up to:

- the age of 63.5 as of 1/1/2013;
- the age of 64 as of 1/1/2014;
- the age of 64.5 as of 1/1/2015;

- the age of 65 as of 1/1/2016 and onwards.

The minimum old-age pension is 85% of the full basic pension. It stands at:

- for a single person: € 88.22 per week (85% x 60% x € 172.98);
- for a person with one dependant: € 117.63 per week (85% x 80% x € 172.98);
- for a person with two dependants: € 132.33 per week (85% x 90% x € 172.98);
and
- for a person with three dependants: € 147.03 per week (85% x 100% x € 172.98).

How are old-age benefits accessed?

An application form, together with the relevant original certificates, must be submitted within three months from the date of entitlement.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Widows' pension

A widows' pension is payable to the widow, and under certain conditions the widower, of a person who on his/her death satisfied the relevant insurance conditions.

The insurance conditions for widows' pension are the following:

- for claimants whose spouse has died at or after the pensionable age the conditions are the same as for old-age pension;
- for claimants whose spouse has died before the pensionable age the conditions are the same as the conditions one (1), two (2) and three (3) for invalidity pension;
- for claimants whose spouse died due to an accident, the widow is entitled to a pension if the insurance conditions for the funeral grant are satisfied.

Orphans' benefit

The orphans' benefit is payable to a minor:

1. whose parents have both died and one of the parents was insured or whose parents were separated and the insured parent who took care of him/her has died.
2. whose one parent has died and the surviving parent is not entitled to a widowers'/widows' pension;
3. whose parent who was a widow/widower and was receiving a widows'/widowers' pension has remarried.

In the last two cases, the deceased parent must satisfy the insurance conditions for the widows'/widowers' pension.

Funeral grant

The funeral grant is payable for the death of:

- any person receiving old-age, invalidity, widows'/widowers' pension, death benefit or a missing person's allowance;
- any orphan receiving orphans' benefit;
- any person whose death is caused by an accident at work or occupational disease;
- any person who satisfies the specified contribution conditions at the time of death. The contribution conditions are the same as for the marriage grant.
- any person who is a dependant of an insured person who satisfies the contribution conditions or of a pensioner.

What is covered?

Widows' pension

As in the case of the old-age pension, the widows' pension comprises the basic pension and the supplementary pension.

The basic weekly pension is 60% of the weekly value of the annual average of the insurance points in the paid and assimilated basic insurance, increased by 80%, 90% and 100% for one, two or three dependants respectively. The supplementary pension in the case of a widow whose husband was not in receipt of an old-age pension is 60% of the supplementary invalidity pension to which the deceased would have been entitled on his death if he was considered as an invalid (at a degree of 100%) on that date, or in the case of a widow whose husband was receiving an old-age pension, 60% of the supplementary old-age pension paid to the deceased.

A lump sum is payable to a widow if the insurance conditions are not met. In case the deceased did not reach the pensionable age, the lump-sum is payable if the deceased had paid basic insurance equal to at least 156 times the weekly basic insurable earnings (at least three insurance points) and 156 weeks have passed from the day he/she was first insured. In case the deceased was receiving an old-age pension or would have received one if had applied for such pension, the insurance condition is the same as for the old-age lump-sum. This payment is 15% of the total value of insurance points of the paid and assimilated basic insurance and 9% of the value of insurance points at the supplementary insurance of the deceased. If she remarries, the widow is entitled to a lump-sum payment equal to one year's pension with no increase for dependants.

The maximum benefits rates for a widows' basic pension is 100% of the basic insurance in the case of a claim with three dependants. There is no statutory maximum pension for the supplementary pension.

Orphans' benefit

In case (1) above, the orphans' benefit is composed of the basic benefit and the supplementary benefit:

- the weekly basic orphans' benefit is 40% of the weekly amount of basic insurable earnings for each orphan;
- the weekly supplementary benefit is 50% of the supplementary widows' pension which was paid or would have been paid in the case of one orphan and 100% in the case of two or more orphans.

In cases (2) and (3) above, the weekly orphans' benefit is 20% of the weekly amount of basic insurable earnings for each orphan and it is payable up to three orphans.

The orphans' benefit is paid up to the age of 15 or up to 23 in the case of a female in full-time education and up to 25 years in the case of a male in full-time education or in military service. There is no age limit for orphans permanently incapable of supporting themselves. A lump sum up to one year's benefit is paid to an orphan on termination of his/her entitlement other than by death before the age of 17.

For orphans having lost one parent, the basic pension is € 34.60 per week for each child up to three. For orphans having lost both parents, the basic pension of 40% of basic insurable earnings amounts to € 69.19 per week for each orphan. The supplementary pension for more than two orphans cannot exceed the amount of the supplementary widow's pension.

Funeral grant

The funeral grant is a lump-sum payment which is equal to 5.6% of the yearly basic insurance point (€ 9,068 *5.6% = € 507.81). In case of death of a dependant of a pensioner, the lump-sum equals half of that amount (€ 253.91).

How are survivors' benefits accessed?

An application form, together with the relevant certificates, must be submitted within three months for a widows' pension and an orphans' benefit, and within one year for a funeral grant.

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?

The benefits for accidents at work and occupational diseases are as follows:

Temporary incapacity (injury benefit)

The benefit for temporary incapacity is paid to any employed person who is incapable of working as a result of an accident at work or occupational disease for a maximum of 12 months from the date of the accident or contraction of the disease.

Disablement benefit

The disablement benefit is payable to any employed person who, as a result of an accident at work, suffers a loss of physical or mental faculties to a degree of not less than 10%, except in the case of pneumoconiosis, which is compensated from a degree of 1%.

Disablement benefit takes the form of a lump sum (disablement grant) or a pension, depending on the degree of disability. The former is paid for disability between 10% and 19%, and the latter for disability of 20% and above (no benefit is payable for disability below 10%).

Death benefit

Death benefit is paid to the survivors of an employed person who died as a result of an accident at work. The benefit includes the [widows'/widowers' pension](#), the [orphans' benefit](#) and the parental allowance.

Funeral grant

See the part on [survivors' benefits](#).

What is covered?

The rate of benefit for temporary incapacity (injury benefit) is the same as for sickness benefit, except that the minimum benefit paid for persons whose earnings are below basic insurable earnings is that corresponding to the basic insurable earnings.

The disablement pension consists of the basic pension and the supplementary pension and is paid at the rate of:

- the weekly basic disablement pension for 100% disability is 60% of the weekly amount of basic insurable earnings, increased by 80%, 90% and 100% for one, two or three dependants respectively. In case of a married male beneficiary the spouse is a dependant if she lives with or has been maintained by him and receives no pension from the Social Insurance Fund nor is gainfully occupied. In

case of a married female beneficiary, there is no entitlement to an increase for her husband unless he is incapable of supporting himself. In the case where a claimant is not entitled to any increase for the spouse, the increase for dependent children or other dependants is equal to 10% of the basic pension for each of them (maximum two dependants);

- the weekly supplementary pension is 60% of the weekly value of the yearly average insurance points of the paid and assimilated supplementary insurance in the period beginning on the first day of the second year before the year in which the accident occurred and ending on the day of the accident. The disablement pension for less than 100% disability is proportional to the percentage. However, if the disability renders the person concerned permanently incapable of work, the degree of the disablement pension is accordingly increased to 75%, 85% and 100% as in the case of invalidity pension.

An allowance for constant care is payable for beneficiaries of a disability pension requiring constant care. It is equal to 55% of the basic disablement pension for 100% disability. The monthly allowance is € 228.33.

The disablement grant is an amount equal to 7 times the yearly amount of disablement pension for 100% disability (without any increase for dependants), multiplied by the percentage of the degree of disability. An example of a disablement grant with a 10% degree of disability is: € 415.15*13 (yearly amount)*7*10% = € 3,777.87.

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

An application form for injury benefit, together with the relevant certificates, must be submitted within 21 days from the date of injury. In the case of disablement benefit the application must be submitted within three months, whereas for a funeral grant the relevant application must be submitted within 1 year.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefit consists of basic and supplementary benefit.

Basic benefit

Families, whose habitual place of residence is in Cyprus for the last three consecutive years with at least one resident child, are entitled to a basic benefit.

Families with unmarried children living at home are entitled to benefit in the following cases:

- up to the age of 18;
- up to the age of 19, if attending secondary education;
- up to the age of 21 (males) if serving in the army (National Guard);
- irrespective of their age, if they are incapable of supporting themselves due to physical or mental disability.

A family is entitled to basic benefit if its total gross family income does not exceed € 49,000 (for families with one dependent child) or € 99,000 (for families with two to four dependent children) per year. Beyond four dependent children, the maximum income limit is increased by € 10,000 per additional child.

In addition to the income ceiling, the entitlement to a child benefit does not exist if the total value of property assets of the family, including real estate, shares, bonds and securities, exceeds € 1,200,000.

Supplementary benefit

A supplementary benefit is also granted to families on the basis of their gross income (see below "What is covered").

What is covered?

For families with one child the basic benefit is € 380 per year. A supplementary benefit of € 95 per year is payable to families with an annual income of up to € 19,500; and of € 45 per year for families with an annual income between € 19,501 and € 39,000.

Families with two children receive a basic benefit of € 760 per year. A supplementary benefit of € 380 per year is available for families with an annual income up to € 19,500. Families with annual income between € 19,501 and € 39,000 can receive an extra € 280 per year.

Families with three children receive a basic benefit of € 760 per child and per year. Moreover, they receive a supplementary benefit of € 285 per child and per year if their annual income is less than € 19,500, and of € 235 per child and per year if their annual income is between € 19,501 and € 39,000.

Families with four and more children receive a basic benefit of € 1,260 per child and per year. The supplementary benefit in this case amounts to € 415 per child and per

year for families with an annual income up to € 19,500, and € 265 per child and per year for families with an annual income between € 19,501 and € 39,000.

How are family benefits accessed?

To receive child benefit for a given year, the family must submit an initial application form no later than 31 December of that year.

The child benefit is paid monthly to families with three or more children and annually at the end of the year to families with one or two children.

A new single parent benefit is introduced as of 1 July 2012 and the eligibility criteria are the same as for child benefit. To receive the single parent benefit for a given year, the family must submit an application form no later than 31 December of that year.

A family is entitled to the following amount of single parent benefit if its total gross family income does not exceed:

- € 39,000: € 180 per child monthly,
- € 39,000.01 - € 49,000: € 160 per child monthly,
- € 49,000.01 - € 59,000: € 140 per child monthly,
- € 59,000.01 - € 69,000: € 120 per child monthly,
- € 69,000.01 - € 79,000: € 100 per child monthly,
- € 79,000.01 - € 89,000: € 90 per child monthly.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment benefit is payable to employed persons between the ages of 16 and 63 for any period of unemployment. Persons who do not satisfy the insurance conditions for the old-age pension at the age of 63 are entitled to draw benefit up to the required date, but in no case after the age of 65. Self-employed persons are not entitled to unemployment benefit.

A claimant must satisfy the following insurance conditions:

- have been insured for at least 26 weeks up to the date of unemployment;
- have paid basic insurance up to the date of unemployment of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point); and
- have paid and/or assimilated insurance over the relevant contribution year equal to at least 20 times the weekly amount of basic insurable earnings (0.39 insurance point).

In order to re-qualify for a benefit (after exhaustion of the right), the person concerned must have paid contributions on earnings of at least 26 times the weekly amount of basic insurable earnings (0,50 insurance point) after the date of exhaustion. A period of 26 working weeks must also have elapsed from the date of exhaustion.

Persons over the age of 60, who do not receive any pension under an occupational scheme or a lump-sum benefit from a Provident Fund, re-qualify for unemployment benefit after exhaustion of their rights under the same conditions as for requalification for sickness benefit (13 working weeks instead of 26 after exhaustion date).

What is covered?

The period during which unemployment benefit is payable shall not exceed 156 days for each period of unemployment.

The weekly rate of unemployment benefit is the same as that of sickness benefit and is calculated in the same way. It consists of a basic and a supplementary benefit. The basic benefit is equal to 60% of the weekly value of the insurance point at the basic insurance over the relevant contribution year increased to 80%, 90% and 100% for one, two or three dependants respectively (maximum three dependants). The supplementary benefit is equal to 50% of the weekly value of the insurance point at the supplementary insurance over the relevant contribution year which cannot exceed the weekly amount of basic insurable earnings. The spouse (male or female) is considered to be a dependant if he/she receives any salary or benefit at a rate lower than the increase for a dependant. Where the two spouses are entitled to a benefit for the same period, the increase for dependants is only paid to the spouse who is entitled to an increase of benefit at a higher rate.

How are unemployment benefits accessed?

It is mandatory to be registered as jobseeker at a local government employment office and subsequently also at the local Social Insurance Services office in order to apply for the benefit. There is a waiting period of three days, except in the case of persons working abroad in the service of a Cypriot employer, where the waiting period is 30 days.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

Public Assistance and Services Law

This Law aims to ensure a socially acceptable minimum standard of living for persons (and families) legally residing in the Republic of Cyprus, subject to eligibility criteria. In particular, any person whose income and other economic resources are insufficient to meet his/her basic and special needs, as defined in the legislation, may apply for public assistance, which may be provided in the form of monetary support and/or services.

Entitlement to benefits is granted on the basis of a subjective right; the claimant is guaranteed entitlement to the benefit if he/she satisfies all the conditions laid down by law.

The scheme is non-contributory as it is not calculated based on the contributions paid by employers, employees or insured persons.

Social Pension Law

The aim of this Law is to provide a minimum income for persons residing in Cyprus who have reached the age of 65 and who are not entitled to a pension or other similar income from any source, and who satisfy the residence conditions as provided for by the law. These conditions are:

- to have resided legally in Cyprus for at least 20 years from the date on which the applicant reached the age of 40; or
- to have resided legally in Cyprus for at least 35 years from the date on which the applicant reached the age of 18.

Under the principle of aggregation, the competent institution must take account of periods of residence completed under the legislation of other Member States of the European Union. The social pension is not exported.

Scheme for supporting pensioners' households with low income

This is a cash benefit scheme addressed to pensioners' households whose total annual income is below the poverty threshold.

Severe motor disability allowance

Beneficiaries are persons with severe motor disability, who cannot walk and permanently use a wheelchair.

Care allowance scheme for quadriplegic persons

Beneficiaries are persons whose limbs do not or almost not move.

Care allowance scheme for paraplegic persons

Beneficiaries are persons whose two lower limbs do not or almost not move.

Special allowance for blind persons

Beneficiaries are:

- persons whose visual acuity is equal or less than 6/60 in both eyes;
- persons who attended the School of Blinds until 1990.

Mobility allowance

Beneficiaries are:

- persons whose visual acuity is equal or less than 6/36 in both eyes;
- persons with severe mobility problems to the lower limbs.

What is covered?

Public Assistance and Services Law

The nature of the benefit of public assistance is differential in that it varies according to the applicant's income. As the applicant's income increases, the amount of benefit decreases so as to ensure that the recipient conforms to the minimum standards set. The total amount received by the claimant varies according to the number of dependent persons, special needs (i.e. care, rent and special needs) and the applicant's income.

Social Pension Law

The Social Pension Law aims at providing a pension to persons aged 65 or more who are not entitled to a pension or other similar payment from any other source. If an applicant is entitled to a pension from another source which is lower than the social pension, he/she is entitled to payment of the difference between the two pensions. The amount of the social pension is the same for all persons receiving it, and currently stands at € 336.28 per month, payable for 13 months.

Scheme for supporting pensioners' households with low income

The scheme tops up pensioners' household income to the poverty threshold. The sum of the grant given under the scheme and the total household income should not exceed this threshold. Income earned by all household members is taken into account. Household members include spouses, children and any other person living under the same roof.

Severe motor disability allowance

An allowance of € 337.66 per month is paid.

Care allowance scheme for quadriplegic persons

An allowance of € 854.30 per month is paid.

Care allowance scheme for paraplegic persons

An allowance of € 350 per month is paid (the amount varies according to the indexing adjustment every six months).

Special allowance for blind persons

An allowance of € 316.37 per month is paid (the amount varies according to the indexing adjustment every year).

Mobility allowance

An allowance of:

- € 51 per month is paid to persons with severe mobility problems to the lower limbs, who work or study;
- € 102 per month is paid to blind persons, who work or study;
- € 102 per month is paid to persons with quadriplegia (regardless if they work or study).

How are minimum resources benefits accessed?

Public Assistance and Services Law

The Public Assistance and Services Law is managed by the Social Welfare Services. The person concerned may apply to the Local Welfare Offices for public assistance. The application will be processed by a Social Service Officer, who will first check the correct completion of the application and whether the applicant submitted all the necessary documentation. The applicant will be notified if the application is not complete. If the application is correct, the Officer will visit the applicant at his/her house and perform a socio-economic analysis of the situation of the applicant and his/her family, describing the needs etc. In parallel the Officer will investigate his/her financial situation (through credit institutions, national property agencies etc.) to verify the validity of his/her economic situation. If the person finds him- or herself in this situation because of unemployment and no other circumstances exist (such as health problems) then the applicant must provide justification that he/she is searching for work and that he/she is registered with the Department of Labour. Before the final granting of public assistance the officer will also check whether he/she receives any social insurance benefits which are to be deducted from the public assistance.

Social Pension Law

The Social Pension Law is managed by the Social Insurance Services of the Ministry of Labour and Social Insurance. It is necessary to fill in an application form accompanied by the necessary certificates. If the application is accepted, an annual certificate is sent to the beneficiary by means of which he/she must inform the Services of any relevant change in circumstances. The application is processed by the local and district Social Insurance Services offices.

Scheme for supporting pensioners' households with low income

For entitlement to the scheme for supporting pensioners' households with low income, the person has to fill in an application accompanied by the necessary certificates. For

households composed of persons below the age of 70, the application must be submitted each year.

Other benefits

The other benefits (Severe mother disability allowance, Care allowance scheme for quadriplegic/paraplegic persons, Special allowance for blind persons and Mobility allowance) are managed by the Department for Social Inclusion of Persons with Disabilities, which is under the Ministry of Labour and Social Insurance.

Chapter XII: Long-term care

When are you entitled to long-term care?

All persons legally residing in Cyprus are entitled to long-term care if their resources are not sufficient to meet their special needs for care. The system of long-term care is based upon need and it is not compulsory. Only persons entitled to public assistance may be entitled to free-of-charge long-term care (i.e. older persons, persons with disabilities, dysfunctional families). No qualifying period is required. The evaluation of care dependency is based on the individual needs of a claimant in cooperation with a welfare officer who assesses and develops a personal care plan (e.g. type of care, frequency) according to the relevant legislation.

When evaluating the care dependency of a claimant the following elements are taken into consideration:

- the degree of disability and functionality, i.e. the ability of the claimant to cover his/her personal needs (personal hygiene, house cleaning, cooking, visits to doctors, etc);
- the existence or not of a family network;
- the choice of the claimant for the type of care needed.

The frequency of re-assessment depends on the particular needs of the beneficiaries. The welfare officer responsible for re-assessment takes into account the particular situation of each beneficiary, medical reports and the frequency of required services.

Public assistance is not granted in the following cases:

- having assets or savings amounting to more than € 3,417 for one individual and € 1,709 for every dependant. The whole family should not have assets or savings amounting to more than € 8,543 in total. The claimant's own house, where he/she lives, is exempted;
- in case the applicant has transferred assets beyond the amount of € 17,086 to his/her children, or assets of any amount to any other individual(s);
- in case the applicant owns property other than the house he/she is living in;
- in case the applicant's house can be used in a way that could increase his income.

Some categories of income and assets are excluded.

What is covered?

Both in-kind and cash benefits are provided for long-term care. The claimant can choose the type of care (in cash and/or in kind) he/she needs. The frequency of home care or day care or the need for residential care is based upon individual needs. Care services include home care, day care and residential care, and may be provided by the government, by non-governmental organisations and by the private sector (private for-profit enterprises).

Informal care is mainly provided by spouses/partners, other members of the household and relatives and neighbours. Private home carers (including family members) can be compensated (in part or in full) by the State. In the case of informal

caregivers, a contract is signed between the Social Welfare Services, the person in need and the caregiver.

Another category are the 'home helpers' who can be any person legally residing in Cyprus. The majority of such helpers are third-country nationals. Home helpers are employed under the terms of a contract with the person in need of home care. The Social Welfare Services pay the salary and the social insurance contributions, but the contract remains between the home helper and the individual.

How is long-term care accessed?

Cyprus does not operate a separate long-term care scheme; long-term care is organised centrally by the Social Welfare Services. Services are delivered through six District Welfare Offices throughout Cyprus. It is provided through the Public Assistance and Services legislation and is based on a philosophy of social assistance (need-based entitlement). Long-term care is financed by the State budget. In addition, long-term care programmes are also implemented at local level by non-governmental organisations.

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>

Social Insurance Services
(Υπηρεσίες Κοινωνικών Ασφαλίσεων)
Head Office
Lord Byron Avenue 7
1465 Nicosia
<http://www.mlsi.gov.cy/sid>
E-mail: apsara@sid.mlsi.gov.cy
mchrysostomou@sid.mlsi.gov.cy

Social Insurance Services
European Union and International Relations Section
7 Lord Byron Avenue
1465 Nicosia
Cyprus
Tel. +357 22401809
Fax +357 22401664
E-mail: interrel@sid.mlsi.gov.cy
<http://www.mlsi.gov.cy/sid>

Social Welfare Services
(Υπηρεσίες Κοινωνικής Ευημερίας)
63 Prodromou
1468 Nicosia
<http://www.mlsi.gov.cy/sws>
E-mail: gantoniou@sws.mlsi.gov.cy

Department for Social Inclusion of Persons with Disabilities
(Τμήμα Κοινωνικής Ενσωμάτωσης Ατόμων με Αναπηρίες)
1430 Nicosia
<http://www.mlsi.gov.cy/dsid>
E-mail: mfiti@dsid.mlsi.gov.cy

Grants and Benefits Service
(Υπηρεσία Χορηγιών και Επιδομάτων)
1489 Nicosia
<http://www.mof.gov.cy>
E-mail: grants@mof.gov.cy

Ministry of Health
10 Markou Drakou
1040 Nicosia
<http://www.moh.gov.cy>
E-mail: emakrigiorgi@moh.gov.cy

Ministry of Health
Patient Mobility Section
10 Markou Drakou Street,
1448 Nicosia
Cyprus
Tel. +357 2240 020-7, +357 2230 535-4, +357 2240 019-6
Fax +357 2230 534-6
E-mail: tpieri@moh.gov.cy
<http://www.moh.gov.cy>

Ministry of Finance
Grants and Benefits Service
1489 Nicosia
Cyprus
Tel. +357 2280 400-0, +357 2280 405-0, +357 2280 405-4, +357 2280 402-0
Fax +357 2266 805-6
E-mail: grants@mof.gov.cy
<http://www.mof.gov.cy>