



European
Commission

Your social security rights

in Luxembourg

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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Table of Contents

Chapter I: Introduction, organisation and financing	5
Introduction	5
Organisation of social protection	5
Financing	7
Chapter II: Healthcare	8
When are you entitled to healthcare?	8
What is covered?	8
How is healthcare accessed?	9
Chapter III: Sickness cash benefits.....	10
When are you entitled to sickness cash benefits?.....	10
What is covered?	10
How are sickness cash benefits accessed?.....	10
Chapter IV: Maternity and paternity benefits.....	12
When are you entitled to maternity or paternity benefits?.....	12
What is covered?	12
How are maternity and paternity benefits accessed?	12
Chapter V: Invalidity benefits.....	13
When are you entitled to invalidity benefits?	13
What is covered?	13
How are invalidity benefits accessed?	14
Chapter VI: Old-age pensions and benefits	15
When are you entitled to old-age benefits?	15
What is covered?	15
How are old-age benefits accessed?	15
Chapter VII: Survivors' benefits	16
When are you entitled to survivors' benefits?	16
What is covered?	16
How are survivors' benefits accessed?	16
Chapter VIII: Benefits in respect of accidents at work and occupational diseases.....	17
When are you entitled to benefits in respect of accidents at work and occupational diseases?.....	17
What is covered?	17
How are benefits in respect of accidents at work and occupational diseases accessed?	19
Chapter IX: Family benefits	20
When are you entitled to family benefits?	20
What is covered?	21
How are family benefits accessed?	22
Chapter X: Unemployment.....	23
When are you entitled to unemployment benefits?	23
What is covered?	24
How are unemployment benefits accessed?.....	24
Chapter XI: Minimum resources	26
When are you entitled to benefits regarding minimum resources?.....	26
What is covered?	26
How are minimum resources benefits accessed?	27
Chapter XII: Long-term care.....	28
When are you entitled to long-term care?	28
What is covered?	28
How is long-term care accessed?	29

Annex: Useful addresses and websites30

Chapter I: Introduction, organisation and financing

Introduction

The following benefits are provided by the Luxembourg social security system:

- sickness, maternity and long-term care benefits;
- occupational injuries benefits;
- invalidity benefits;
- old-age and survivors' benefits;
- unemployment benefits;
- early retirement benefits;
- family benefits.

Registration

If you work for an employer, it is his responsibility to complete the formalities necessary for you to join the social security schemes, within eight days after you are employed in Luxembourg. You don't need to take any steps in this matter.

If you are self-employed, you must yourself register within eight days with the Joint Centre of Social Security (*Centre commun de la sécurité sociale*).

Appeals

You may challenge any decision of the competent institution by notifying its governing body within 40 days following notification of the decision. If you then still do not agree with the final decision, you may appeal to the Council of Arbitration of Social Security (*Conseil arbitral de la sécurité sociale*) within 40 days. You may appeal against a decision of the Council of arbitration to the High Council of Social Security (*Conseil supérieur de la sécurité sociale*) within the same period after being notified of the decision of the Council of Arbitration.

In the case of unemployment benefits, however, the appeal must be sent by registered letter, within 40 days of your being notified of the decision, to a special commission set up by the Ministry of Labour and Employment (*Ministère du Travail et de l'Emploi*). Appeals against the decisions of this commission may, subject to the same deadline, be lodged with the Council of Arbitration of Social Security, and further appeals may be filed with the High Council of Social Security (*Conseil supérieur de la sécurité sociale*).

Organisation of social protection

The system of social protection in Luxembourg has been divided into seven different branches. At present there are approximately 10 institutions in the field of social protection; these are public institutions. They are financially autonomous and managed by the social partners. There is equal representation of employers and employees; different groups of self-employed are also represented. The institutions are subject to statutory supervision which is implemented by the General Inspectorate

for Social Security (*Inspection générale de la sécurité sociale*), as well as by a hierarchical control carried out by the minister in charge.

As regards sickness insurance, the National Health Fund (*Caisse nationale de santé*) is competent for all employees of the private sector.

In the public sector, three funds continue to exist:

- the Sickness Fund for Civil Servants and State Employees (*Caisse de maladie des fonctionnaires et employés publics*);
- the Sickness Fund for Civil Servants and Employees of local Authorities (*Caisse de maladie des fonctionnaires et employés communaux*);
- the Mutual Sickness Fund for Railway (CFL) Employees (*Entraide médicale des chemins de fer luxembourgeois*).

The National Health Fund is also in charge of long-term care benefits. The Assessment and Orientation Unit (*Cellule d'évaluation et d'orientation*), a special multidisciplinary agency, assesses the need and decides upon the extent (in terms of duration) of the necessary services for dependent persons.

The Mutual Insurance Fund of Employers (*Mutualité des Employeurs*) offers employers reinsurance to manage the risk in respect of their obligation to continue to pay wages in the event of sickness of their employees.

The single contributory pension system is run by the National Pension Insurance Fund (*Caisse nationale d'assurance pension*). A Compensation Fund (*Fonds de compensation*) administers the financial reserves of the pension insurance.

Accidents at work and occupational diseases are managed by one institution, the Accident Insurance Association (*Association d'assurance accident*).

For family benefits there is also only one institution responsible - the National Family Benefits Fund (*Caisse nationale des prestations familiales*).

Unemployment benefits and employment policy is managed by the Employment Development Agency (*Agence pour le développement de l'emploi*).

The Joint Centre for Social Security (*Centre commun de la sécurité sociale*) manages the membership and the receipt of contributions for all branches of social security.

The Medical Control Service (*Contrôle médical de la sécurité sociale*) is responsible for making decisions and producing assessments for other institutions solely in the medical field.

The National Solidarity Fund (*Fonds national de solidarité*) and the social offices (offices sociaux) at local level are responsible for social assistance benefits.

Finally, attention should be drawn to the fact that special courts exist which are competent to settle disputes in the field of social security: the Council of Arbitration of Social Security (*Conseil arbitral de la sécurité sociale*) and the High Council of Social Security (*Conseil supérieur de la sécurité sociale*).

Financing

You have to pay contributions for sickness and maternity insurance, long-term care insurance and pension insurance (old-age, invalidity and survivors' insurance). The amount of the contributions is calculated as a certain percentage of your earnings. You must pay half the contribution while your employer pays the other half. In determining your contribution for long-term care insurance, your income from property will also be taken into account. You must pay the entire contribution yourself.

You do not have to pay contributions for occupational injuries insurance (except if you are a self-employed person), family benefits or unemployment benefits.

Chapter II: Healthcare

When are you entitled to healthcare?

You are entitled to healthcare if you are in paid employment or are self-employed or are (this list is not exhaustive):

- an apprentice;
- receiving cash benefits under a sickness, maternity or accident insurance scheme;
- unemployed and receiving unemployment benefit;
- receiving an old-age, invalidity or survivor's pension;
- receiving an employment injury annuity;
- a young person doing voluntary work;
- a disabled employee working in a sheltered workshop or receiving an income for the severely disabled;
- an au pair living as part of a host family in Luxembourg;
- a family member of an insured person residing in Luxembourg (spouse, registered partner, minor child or child who is not a minor but is under the age of thirty and whose income is below a certain limit).

Minor children who are not insured as members of the family are also covered.

Requirements

There is no qualifying period for health care.

What is covered?

You may claim the following health care benefits:

- medical and dental treatment;
- paramedical treatment (nursing, physiotherapy, etc.);
- laboratory analyses and investigations;
- dental, orthopaedic and other prostheses;
- medicines;
- visual aids (spectacles, contact lenses etc.);
- medical devices and various appliances;
- hospital care;
- therapeutic and convalescent cures;
- general and occupational rehabilitation;
- palliative care;
- transport expenses incurred in connection with health care.

These benefits and services are provided for an unlimited period from the onset of illness, for as long as you are insured. When your insurance ends, you are still entitled to benefits during the current month and the following three months, provided you were insured for an uninterrupted period of six months immediately preceding the disaffiliation. The right to care is maintained for six months for illnesses which were already being treated.

How is healthcare accessed?

When seeking medical treatment, you are free to choose any healthcare provider (doctor, hospital, physiotherapist etc.).

You should show your [insurance identity card](#) at all medical consultations and visits. This card is issued to you when you register for insurance.

For some services you must obtain prior authorisation from your sickness fund; this is often granted on the basis of a favorable opinion by the Medical Control Service (*Contrôle médical de la sécurité sociale*).

Payment of benefits

As a general rule, you should pay all bills for treatment received and then apply to your sickness fund for a refund, from which the amount you have to pay yourself will be deducted.

However, the costs of hospitalisation, surgery, medicines and laboratory analyses and tests are settled directly between the sickness funds and the practitioners or establishments which provided the relevant services. In these cases, you need to pay only the amount which is not met by the sickness fund.

As a rule, the benefits are reimbursed in full on the basis of a tariff agreed between the National Health Fund and the providers of care (doctors, nurses, hospitals, etc.). In some cases, however, the insured person has to contribute to the cost of treatment. Thus, you have to pay 20% of the fee for doctors' visits to your home and 12% for consultations.

You will be reimbursed to the amount of 80% of the cost of medicines, except for medicines used in the case of protracted illness and those provided as part of treatment in hospital, which will be reimbursed in full. Certain non-essential pharmaceutical products (known as *médicaments de confort*) are reimbursed at a rate of 40%. When in hospital you have to pay a contribution of € 20.42 per day for a maximum of 30 days except for children under the age of 18.

It should be noted that costs relating to care which is not regarded as necessary are not refunded. For example, fees for only two consultations or home visits per seven-day period can be refunded by the sickness funds, unless more are authorised by the fund. For first-class treatment in hospital and for consultations by appointment, you will have to pay the extra costs yourself.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

If you work as an employed or self-employed person, you are entitled to cash benefits in case of incapacity for work due to (non-occupational) sickness or accident. See the part on [healthcare](#) for your right to funeral grant.

Requirements

There is no qualifying period for sickness cash benefits.

What is covered?

In case of incapacity for work, your employer will continue to pay your salary until the end of the month in which falls the 77th day after ceasing work (on average 13 weeks). Afterwards, the National Health Fund (*Caisse nationale de santé*) will pay you a sickness cash benefit (*indemnité pécuniaire de maladie*) equal to your wage for up to 52 weeks, in a reference period of 104 weeks. However, you must submit a medical report from the doctor treating you at the latest by the tenth week in which you are unfit to work; the benefit will continue to be paid subject to the favourable opinion of the Medical Control Service (*Contrôle médical de la sécurité sociale*). Possibly you could benefit from the vocational rehabilitation measures described below.

Funeral grant

When an insured person or a member of their family dies, the competent sickness insurance institution pays to the person paying the funeral expenses a lump-sum funeral grant upon submission of invoices and the deceased person's death certificate. The grant is reduced by half in the event of the death of child aged less than six years, and by four fifths in the case of a stillborn child.

How are sickness cash benefits accessed?

Payment of benefits

After the period of continuation of salary, the benefits will be provided directly and monthly by the National Health Fund (*Caisse nationale de santé*).

If you are self-employed you will only receive sickness cash benefit from the first day of the month following that in which falls the 77th day of incapacity for work. If, however, you are voluntarily insured with the Mutual Insurance Fund of Employers (*Mutualité des employeurs*), you will receive compensation from this fund as of the first day of work incapacity.

Formalities

If you are incapable of working for only one or two days, no medical certificate is required provided that your employer is informed that you are unfit for work on the day itself.

There is a specific form to declare your incapacity for work. This form contains three sections. At the latest on the third working day of your incapacity for work, you should send the first section to your sickness fund. The second section is intended for your employer. If you submit the certificate late, you are awarded sickness benefit only from the day on which incapacity was notified.

You are required to undergo the medical checks to which you will be invited by the medical control doctor. If you do not present yourself for these examinations, payment of benefit will be stopped.

If you have a sick child under the age of fifteen you are entitled to two days' leave for family reasons per child and per year.

You can also ask for a compassionate leave of five days if a member of your family or your registered partner is terminally ill.

You must notify your employer of your absence on the day itself and submit a medical certificate attesting to your child's illness or to the necessity of your continued attendance to the dying person.

During these leaves you are entitled to the same benefit as if you were unfit for work yourself.

Vocational rehabilitation measures

If you are unfit for work for an extended period you will be required to undergo a medical examination by the Medical Control Service (*Contrôle médical de la sécurité sociale*), which will decide whether your sick leave should be extended or whether you must return to work.

If you are recognised as disabled you will be granted an **invalidity pension**, otherwise your file is sent to the medical officer who will decide whether you are unfit only for the job you had most recently. If that is the case, the occupational rehabilitation procedure will begin, either within the company to find you another post in which you can use your remaining skills, or outside on the labour market by registering you as a job-seeker claiming unemployment benefit. In either case you are entitled to a compensation allowance, subject to a ceiling, up to the difference between your previous remuneration and your new remuneration.

If at the end of the period in which unemployment benefit is paid you have still not been redeployed, you will receive a tide-over allowance, equal to the invalidity pension, with the obligation to remain available for employment.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

If you work as an employed or self-employed person, you are entitled to maternity benefits.

Requirements

To qualify for maternity cash benefits, you should have been a member of the insurance scheme for at least six months during the year before the maternity or adoption leave.

What is covered?

The costs for care in connection with childbirth, assistance by the doctor and midwife, the stay in hospital and with medicines are assumed according to the rules applicable in case of sickness. Costs associated with dietary products for infants are covered by a lump sum.

A cash maternity allowance is awarded to employed and self-employed women for 16 weeks, from eight weeks before to eight weeks after confinement, provided they were obligatorily insured for at least six months during the 12 months preceding the start of the maternity leave. The allowance is also paid where a woman who is pregnant or has given birth has been released from work because the post she occupies poses a risk to her health. The amount of the allowance corresponds to the earnings she would have received if she had been able to continue working.

Cash benefits are also payable for the adoption of a child and are paid to the mother or father who has been granted adoption leave.

How are maternity and paternity benefits accessed?

In order to obtain the [cash maternity allowance](#) during the eight weeks before confinement, you should submit to the Health Fund a medical certificate stating the expected date of confinement.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

You will have invalidity insurance cover if you are in paid employment or are self-employed and are: (this list is not exhaustive)

- an apprentice;
- receiving cash benefits under a sickness, maternity, or occupational accident or disease insurance scheme;
- receiving unemployment benefit;
- a young person doing voluntary work;
- taking parental leave;
- a disabled employee working in a sheltered workshop.

Requirements

In order to qualify for an invalidity pension, you must:

- have completed 12 months of insurance over a three-year period before the onset of invalidity;
- be recognised as being disabled, which means that you must be incapable of working in the occupation you last pursued or another occupation commensurate with your physical capacity or skills;
- have given up any professional activities other than of an insignificant nature.

If your invalidity is due to an accident (whether or not it was sustained at work) or to an occupational disease which you contracted while insured, you are entitled to an invalidity pension even if you did not complete the 12-month insurance period normally required.

What is covered?

The invalidity pension consists of:

- a flat-rate amount resulting from the multiplication of the statutory reference amount by a [percentage rate valid for the year in which pension entitlement begins](#); 1/40th of this amount is acquired for each insurance year up to a maximum of 40 years;
- a proportional supplement resulting from the multiplication of the sum of earned income subject to pension contribution deduction in Luxembourg, by the [percentage rate valid for the year in which pension entitlement begins](#). In addition, a special flat-rate payment is awarded at the rate of 1/40th for each year left between the beginning of entitlement to pension and the age of 65, while a special *pro rata* supplement is paid for the years between the beginning of entitlement to pension and the age of 55.

If your pension is less than the minimum rate laid down by law, you will be paid a supplement of 1/40th of this minimum pension for each year completed, provided that you have completed at least 20 years of insurance.

Invalidity pensions are indexed to reflect cost-of-living changes and adjusted to wage developments.

How are invalidity benefits accessed?

Formalities

To obtain a pension you should submit a [claim](#) to the competent institution using the special claim form of that institution. The supporting documents to be enclosed are listed on the claim form.

If you reside in another Member State of the European Union, you should submit your claim to the pension insurance institution of that country.

Pensions are paid monthly and in advance.

Vocational rehabilitation measures

See part on sickness cash benefits.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

See part on invalidity benefits.

Requirements

In order to qualify for an old-age pension, you must both have been insured for at least 120 months, and have reached the age of 65. In certain circumstances connected with the length of the period of insurance, the old-age pension may be awarded early, from the age of 57 or 60.

Periods of insurance completed in other Member States of the European Union are taken into account. If you do not qualify for a pension at the age of 65, the contributions you have paid will be returned to you.

What is covered?

The old-age pension consists of:

- a flat-rate amount resulting from the multiplication of the statutory reference amount by a [percentage rate valid for the year in which pension entitlement begins](#); 1/40th of this amount is acquired for each insurance year up to a maximum of 40 years;
- a proportional supplement resulting from the multiplication of the sum of earned income subject to pension contribution deduction in Luxembourg, by the [percentage rate valid for the year in which pension entitlement begins](#). If the insured person continues to work beyond the date on which entitlement to a pension begins, this proportional supplement is increased per additional year of age and working life, by means of a [rate varying according to the year of pension entitlement commencement](#).

If your old-age pension is less than the minimum rate laid down by law, you will be paid a supplement of 1/40th of this minimum pension for each year completed, provided that you have completed at least 20 years of insurance.

An end-of-year allowance is granted to everyone in receipt of a pension on 1 December of the current year.

Pensions are indexed to reflect cost-of-living changes and adjusted to wage developments.

How are old-age benefits accessed?

The same [formalities](#) apply as for [invalidity](#).

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

You are covered if you are a survivor (widow, widower, registered partner, orphan, divorced spouse, formerly registered partner) of a person covered by an old-age pension scheme. Benefits will be paid to you in the form of a survivor's pension.

Requirements

For a survivor's pension to be awarded, the deceased person must have been insured for at least 12 months over a three-year period before their death. This qualifying period is not required if death occurred as a result of any kind of accident, or a recognised occupational disease. Periods of insurance completed in other Member States are taken into account.

No survivor's pension is due for a surviving spouse or partner who married an insured person less than one year before their retirement or death, or who entered into a marriage or partnership with a person who was already in receipt of an old-age or invalidity pension. The pension is nevertheless due in these cases under special circumstances (e.g. when the death was due to an accident or where the marriage or partnership produced a child).

What is covered?

The pension for the surviving spouse or partner consists of the full amount of the flat-rate pension amount and special flat-rate payment to which the insured person was or could have been entitled, plus three quarters of the proportional pension supplements and special proportional supplements to which the insured person was or could have been entitled. If the surviving spouse or partner remarries or enters into a new partnership, the pension is terminated by a final lump-sum settlement (*rachat*).

An orphan's pension consists of one third of the flat-rate pension amount and special flat-rate payment to which the insured person was or could have been entitled, as well as one quarter of the proportional pension supplements and special proportional supplements to which the insured person was or could have been entitled. If both parents have died, the orphan's pension rate is doubled.

The orphan's pension is awarded up to the age of 18. It continues to be paid up to the age of 27 if the child concerned is still studying.

Survivor's pensions are indexed to reflect cost-of-living changes and adjusted to wage developments.

How are survivors' benefits accessed?

The same formalities apply as for [invalidity](#).

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?

You are covered against the risk of accidents at work and occupational diseases if you work as an employed or a self-employed person or if you are, among others, an apprentice, a young volunteer, an au pair living as part of a host family in Luxembourg or a disabled worker employed in a sheltered workshop.

Other groups are also covered, such as schoolchildren and students, those participating in registered classes and examinations, lecturers, union and employer representatives, persons participating in rescue operations or voluntary work, officers etc.

Definition of 'accidents at work and occupational diseases'

The insurance covers [accidents sustained while at work](#), [accidents sustained while travelling](#), and [occupational diseases](#).

An accident at work is an accident which arises out of or in the course of work. An accident while travelling is an accident which occurs on the usual way taken to or from the workplace. A person insured under Luxembourg legislation who is injured in an accident outside the country while travelling to or from work is treated as if the accident had occurred in Luxembourg.

There is an official [list of occupational diseases](#), which can be consulted in the Social Security Code (*Code de la sécurité sociale*) or on the [social security](#) website. Compensation may also be paid for illnesses not on the list, however, if it can be proved that they were caused by your work.

What is covered?

Benefits in kind

You are entitled to free-of-charge healthcare under sickness insurance and free-of-charge benefits in kind under long-term care insurance as a result of an accident at work or an occupational disease. These benefits are advanced by the National Health Fund (*Caisse nationale de santé*) on behalf of the Accident Insurance Association (*Association d'assurance accident*).

You are as a rule entitled to compensation for material damage and for damage caused to prostheses, as well as to compensation, within certain limits, for damage to your motor vehicle.

Cash benefits

For as long as you are incapable of working as a result of an occupational accident or disease, you are entitled to continued payment of your salary and to the cash allowance under the same conditions as if you were [unable to work through illness](#).

After the period of entitlement to cash benefits has expired you will receive, until the consolidation of the injuries, a full accident benefit (*rente complète*), which amounts to your earnings subject to social security contributions over the 12 calendar months prior to the accident.

If it is the case that you are capable of resuming work after the accident at work has occurred, you may receive a partial accident benefit (*rente partielle*) if your professional income has decreased by at least 10%, your incapacity rate is at the 10% minimum at the time of consolidation and the Medical Control Service has stated that you are incapable of pursuing your last working activity or of maintaining the former working routine.

If vocational rehabilitation measures apply, you may receive a tide-over benefit (*rente d'attente*) amounting to 85% of the full accident benefit.

Benefits for non financial prejudice

If after consolidation you remain fully or partially incapable of working, you may receive an allowance for physiological prejudice according to a fixed scale and an allowance for psychological or aesthetical damage.

Survivors' benefits

These benefits consist of:

- an accident benefit for the surviving spouse or partner (*rente de survie*);
- an orphan benefit (*rente d'orphelin*) for the children of the deceased;
- an allowance for psychological prejudice.

The surviving spouse or partner receives a benefit equal to three quarters of 1.85% of the annual professional income that the deceased would have earned in the remainder of his professional life up to the age of 65, taking into account if the death occurred after or before they were 55.

The orphans' benefit equals one quarter of this amount.

Pensions are paid monthly, in advance. They are automatically adjusted to changes in the cost of living and are periodically adjusted in line with the level of earnings.

Final lump-sum settlement

If the surviving spouse or partner remarries or enters a new partnership, there will be an automatic final lump-sum settlement (on the *rachat* principle) instead of a monthly payment.

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

Formalities

If you have an accident at work, you should inform your employer without delay. You should also [notify](#) the Accident Insurance Association of your incapacity for work, within the same period of time as in the case of [incapacity for work owing to illness](#).

Benefits in kind

These benefits are provided in accordance with the same rules as those applying to [sickness benefits in kind](#), but without you having to advance the costs. They are paid directly to care providers by the Accident Insurance Association (*Association d'assurance accident*).

Cash benefits

These benefits are paid in the same way as for sickness insurance.

Chapter IX: Family benefits

When are you entitled to family benefits?

General child benefit

All children who are brought up in Luxembourg and have their legal domicile there qualify for family allowances. If you are gainfully employed in Luxembourg, you are also entitled to family allowances for your children if they are being brought up in another EU Member State.

As a rule, family allowances are paid for children up to the age of 18. However they are paid up to the age of 27 for children who are still pursuing secondary studies, and for disabled children. While pursuing higher studies, students receive a special grant instead of family allowances.

Birth grant

On the birth of a child, a birth grant (*allocation de naissance*) becomes payable. It is paid partly as a prenatal allowance, partly as a childbirth grant and partly as a postnatal allowance.

To qualify for the prenatal allowance, the expectant mother must have undergone the medical examinations required by law during pregnancy.

For the childbirth grant to be payable, the child must be born in Luxembourg and the mother must undergo a postnatal examination within eight weeks of delivery.

The postnatal allowance is payable only if the child has undergone six medical examinations before the age of two, as prescribed by law.

Child-raising allowance

A child-raising allowance is granted to persons who:

- are domiciled in Luxembourg and are actually residing there, or are nationals of a Member State of the European Union working in Luxembourg or are family members of such persons;
- are bringing up in their household one or more children for whom family allowance is paid;
- are principally occupied in bringing up their children in the household and are neither gainfully employed nor self-employed, or who work but whose income, when combined with the spouse's income, does not exceed a fixed limit (three times the minimum wage if they are bringing up one child, four times the minimum wage if they are bringing up two, five times if they are bringing up three);
- reduce their working hours by at least a half in order to bring up one or more children; in this case they receive half the allowance.

Parental leave benefit

Any person bringing up in their household one or more children aged under five for whom family allowance is paid may claim parental leave benefit.

A parent applying for this benefit must give up work completely or reduce their normal monthly working hours by at least half (part-time parental leave).

An applicant who is not in paid employment must be pursuing a self-employed activity in Luxembourg when the child is born or adopted. Applicants who are in paid employment must have been employed with the same firm based in Luxembourg for at least a year prior to the commencement of parental leave (to be evidenced by an employment contract providing for monthly working hours at least equal to half the normal working hours in the firm concerned).

Every working parent has a personal entitlement to parental leave, but one of the parents must take this leave following on immediately from the mother's maternity leave. Part-time parental leave may, however, be divided up between both parents in order to ensure that the child is being continuously cared for.

What is covered?

General child benefit

There are three types of family benefits: a standard family allowance, a supplementary allowance and an allowance paid at the beginning of the school year.

The [rate of standard family allowance](#) varies according to the number of children in the household. Age supplements are granted for children at the ages of six and 12. A supplementary allowance is paid for disabled children.

The allowance payable at the beginning of the school year (*allocation de rentrée scolaire*) rate varies according to the child's age and the number of children in the household.

Birth grant

Each instalment of the [birth grant](#) is paid separately and upon condition that all the necessary medical examinations have been carried out and are documented in the maternity booklet.

Child-raising allowance

Half the [allowance](#) is available in the case of part-time employment.

Parental leave benefit

Parental leave is six months for each child. In the case of part-time parental leave this may be extended up to a period of 12 months.

Parental leave gives entitlement to a **lump-sum benefit** paid in monthly installments for the entire duration of the leave. This payment is not subject to tax or any social security contributions other than for healthcare and nursing care insurance. Pension insurance contributions are paid by the State.

How are family benefits accessed?

You should submit a **claim** to the National Family Benefits Fund (*Caisse nationale des prestations familiales*). Claim forms are available from the fund or from the communal administration. Supporting documents to be enclosed are listed on the claim form.

Family allowances (except for the new school year allowance) are paid monthly to the parents if the child is being brought up by both parents living under the same roof. If the parents are separated, the allowances are paid to whichever parent has actual custody of the child. The allowance payable at the beginning of the school year (*allocation de rentrée scolaire*) is paid each year in August for children from the age of six.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment benefits

If you work in Luxembourg you are covered against the risk of unemployment.

In order to qualify for unemployment benefit, you must:

- have lost your job through no fault of your own;
- be fit for work and prepared to accept any employment commensurate with your abilities;
- be aged between 16 and 64;
- not be in receipt of an old-age or invalidity pension, or an employment injury annuity (*rente d'accident*) at the full rate;
- be registered as a person looking for work;
- have worked in Luxembourg for at least 26 weeks in the 12 months before becoming unemployed. If this 12 month period includes periods of incapacity for work, it is extended accordingly. The same applies if it includes periods of military service or periods during which you received unemployment benefit.

Early retirement benefits

The Luxemburg social security system also contains four types of early retirement benefits: early retirement under the solidarity scheme, gradual early retirement, 'adjustment' early retirement and early retirement for shift workers and night workers.

If you are employed by a company that has agreed to early retirement measures as part of a collective agreement or a special agreement reached with the Ministry of Labour and Employment, you may be able to retire three years at the most before the month in which you will fulfil the conditions entitling you to either an old-age pension or an early retirement pension at the age of 60. However, you must be aged at least 57 and have concluded a special agreement with your employer laying down by mutual agreement the date of termination of service and containing a firm commitment on the part of your employer to provide you with early retirement benefit.

The gradual early retirement benefit is granted on the same conditions if you agree to have your full-time post converted into a part-time post.

The conditions of entitlement in case of 'adjustment' early retirement are similar to those for early retirement under the solidarity scheme. The scheme is intended for people aged 57 working for companies which are closing down or being restructured, are bankrupt or in administration, or under receivership.

If you are an employed worker aged 57 and you can show that you have worked for at least 20 years either on shifts or in a permanent night job, you may be entitled to take early retirement.

What is covered?

Unemployment benefits

The rate of unemployment benefit is equal to 80% of your previous earnings. It is increased to 85% if you have one or more dependent child(ren). However, unemployment benefit cannot exceed an amount equal to two and a half times the statutory minimum wage. If unemployment lasts for more than six months in any 12 month period, benefit cannot exceed an amount equal to twice the statutory minimum wage.

If you carry out occasional work while unemployed, the resulting income is deducted from your unemployment benefit.

You may receive unemployment benefit for the same length of time as your employment lasted during the 12 month period preceding unemployment registration, but only for a maximum of 12 months over any 24 month period. Benefit may be extended for unemployed persons who have reached the age of 50.

Early retirement benefits

If you take early retirement you will receive early-retirement benefit calculated on the basis of your average gross remuneration in the three months immediately preceding the period in which benefit is paid, or on the basis of a reference period of twelve months for the variable part of your remuneration if that calculation is more favourable.

For the first year, the benefit is fixed at 85% of that remuneration; for the second year it is 80% and for the third, 75%. In the case of gradual early retirement, the amount is adapted in proportion to the reduction in working time.

How are unemployment benefits accessed?

Formalities

Where possible, you must [register](#) as a person looking for work on the day on which you become unemployed, either with the Employment Development Agency (*Agence pour le développement de l'emploi*) or one of its local offices. You must submit a claim for unemployment benefit with the same institution within two weeks of becoming unemployed.

Once these formalities have been completed, unemployment benefit will be paid to you from your first day of unemployment.

If you do not register on the first day of unemployment, your entitlement to benefit will start only on the day you register. If you do not submit your claim within two weeks, benefit will be backdated by not more than 14 calendar days from the date of claim.

Payment of unemployment benefit

Unemployment benefit will be paid to you by postal order at the end of each week of unemployment.

Payment of early retirement benefits

In theory the benefit is paid in advance by the employer, but if the employer is unable to do so because it is closing down or is in serious financial difficulty the benefit is paid by the Employment Fund (*Fonds pour l'emploi*).

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

Guaranteed minimum income

Guaranteed minimum income is intended to ensure sufficient means for a decent standard of living and measures of professional and social integration.

You are entitled to guaranteed minimum income if you are at least 25 years old, you reside legally in Luxembourg and, except if you are a national of an EU/EEA Member State or Switzerland or if you are a refugee or stateless person, have resided in Luxembourg for at least five years out of the last 20. Moreover, you must satisfy certain means-related conditions.

Guaranteed minimum income for the seriously disabled

You can claim guaranteed minimum income for the seriously disabled (*revenu pour personnes gravement handicapées*) if:

- you are at least 18 years of age and
- your fitness for work is reduced by at least 30% as the result of a physical, mental, sensory or psychological disability and/or psychosocial problems which aggravate the disability; the disability must have been acquired before the age of 65, and
- your state of health is such that any effort of work would be inadvisable, or your ability to work is so reduced that it is impossible to adapt a job to meet your requirements in either an ordinary working environment or a sheltered environment, and
- you have permission to reside on Luxembourg territory, you are domiciled there and you actually reside there.

By way of derogation from the first three bullet points, you may also claim an income for the seriously disabled if you are recognised as a disabled worker and, for reasons beyond your control, you do not have access to paid employment and your level of income is less than the income for the seriously disabled.

What is covered?

The guaranteed minimum income consists of either an integration allowance (*indemnité d'insertion*) in combination with professional integration measures, or a supplementary allowance (*allocation complémentaire*) aimed at compensating the difference between the highest amounts of the guaranteed minimum income and the sum of the household resources.

The amount of the guaranteed minimum income (*revenu minimum garanti*) varies according to the makeup of the domestic community.

Child benefit is paid in addition to the guaranteed minimum income.

How are minimum resources benefits accessed?

Guaranteed minimum income

For the differential benefits, an administrative file is opened. For the integration measures, an integration contract (*contrat d'insertion*) is made with the National Social Service (*Service national d'action sociale*). Claims can be submitted to the social assistance office of the municipality where the claimant lives or directly to the National Solidarity Fund (*Fonds national de solidarité*) which examines the applications and grants the supplementary allowance. The integration allowance is granted by the National Social Service.

Guaranteed minimum income for the seriously disabled

Applications for the guaranteed minimum income for the seriously disabled should be submitted to a medical commission set up by the Employment Development Agency (*Agence pour le développement de l'emploi*). This benefit is granted by the National Solidarity Fund.

Chapter XII: Long-term care

When are you entitled to long-term care?

If you are a member of a Luxembourg sickness insurance fund, you automatically have nursing care insurance cover.

You are considered to be in need of nursing care if you regularly require assistance from another person in order to carry out basic day-to-day tasks owing to illness or a physical, psychological or mental disability.

Basic day-to-day tasks are:

- personal hygiene: washing, brushing your teeth, skin care, visits to the toilet;
- nutrition: preparing meals with a diet to suit your needs, eating, drinking;
- mobility: getting up, going to bed, changing position, getting dressed and undressed, moving around, going up and down stairs, going out and coming home.

You must, in theory, require assistance with basic day-to-day tasks for at least three and a half hours a week, and the need for nursing care must be likely to last at least six months or be irreversible.

What is covered?

Benefits in kind

A professional from a care and assistance network comes to you at home to help you with basic day-to-day tasks and housework, and to provide support and advice.

You are also entitled to benefits in kind if you live in an establishment providing care and assistance (nursing home etc.).

Cash benefits

If you still live at home and are cared for by a friend or relative, the benefits in kind (organised care) may be replaced up to a point by cash benefits. You must then give the money you receive to the person who is taking care of you. If this person is aged under 65, they may be eligible for pension insurance cover, for which the contribution is paid by the nursing care insurance institution. You should therefore notify the Joint Centre of Social Security (*Centre commun de la sécurité sociale*) that this person is caring for you.

You are not entitled to cash benefits if you live in an establishment providing care and assistance.

Other benefits

You can also obtain a lump sum for care products, and equipment or alterations in the home may be covered by long-term care insurance.

How is long-term care accessed?

Formalities

In order to receive nursing care insurance, you must complete an application form to which a blank medical report is attached which must be filled in by the doctor who is treating you. This form and the medical report should be sent to the Assessment and Orientation Unit (*Cellule d'évaluation et d'orientation*).

If your dossier is complete, you will be informed of the date as of which your need for nursing care will be evaluated. This assessment covers:

- a medical assessment by the doctor within the unit, and
- an evaluation, by another member of the unit, of the degree of dependency.

On the basis of this evaluation, the unit will set out your care needs on a standard form which is the basis for the nursing care provision plan for the use of professionals in a network chosen by you or the establishment providing care and assistance in which you live.

This plan and the standard form are sent in the form of an opinion to the National Health Fund (*Caisse nationale de santé*), which will notify you of the decision taken.

Payment of benefits

The costs of benefits in kind are assumed directly by the nursing care insurance institution. If you live in an establishment providing care and assistance, you only have to pay the accommodation costs.

Cash benefits and the lump sum for care products will be transferred to your account.

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>

Ministère de la sécurité sociale

L-2936 Luxembourg
26, rue Sainte Zithe
L-2763 Luxembourg
+ 352 2478 2478
+ 352 247 86328

Inspection générale de la sécurité sociale

boîte postale 1308
L-1013 Luxembourg
26, rue Sainte Zithe
L-2763 Luxembourg
+ 352 2478 2478
+ 352 247 86225

Cellule d'évaluation et d'orientation

L-2974 Luxembourg
125, route d'Esch
L-1471 Luxembourg
+ 352 2478 6060
+ 352 2478 6061

Ministère de la famille et de l'intégration

L-2919 Luxembourg
12-14, avenue Emile Reuter
L-2420 Luxembourg
+ 352 247 86500
+ 352 247 86570

Ministère du travail et de l'emploi

L-2939 Luxembourg
26, rue Sainte Zithe
L-2763 Luxembourg
+ 352 247 86100
+ 352 247 86108

Centre commun de la sécurité sociale

L-2975 Luxembourg
125, route d'Esch
L-1471 Luxembourg
+ 352 401 41 1
+ 352 40 44 81

Caisse nationale de santé

Department of cash benefits:

L-2979 Luxembourg

Department of benefits in kind (reimbursement):

L-2980 Luxembourg

Office:

125, route d'Esch

L-1471 Luxembourg

+ 352 2757-1

+ 352 2757-2758

[CNS - local agencies](#)

Contrôle médical de la sécurité sociale

boîte postale 1342

L-1013 Luxembourg

125, route d'Esch

L-1471 Luxembourg

+ 352 26 1913 1

+ 352 40 78 62

Conseil arbitral de la sécurité sociale

16, boulevard de la Foire

L-1528 Luxembourg

+ 352 45 32 86

+ 352 44 32 66

Conseil supérieur de la sécurité sociale

14, avenue de la Gare

L-1610 Luxembourg

+ 352 26 26 05 1

+ 352 26 26 05 38

Caisse de maladie des fonctionnaires et employés publics

L-2091 Luxembourg

32, avenue Marie-Thérèse

L-2132 Luxembourg

+ 352 45 16 81

+ 352 45 67 50

Caisse de maladie des fonctionnaires et employés communaux

boîte postale 328

L-2013 Luxembourg

20, avenue Emile Reuter

L-2420 Luxembourg

+ 352 45 05 15

+ 352 45 02 01 222

Entraide médicale des chemins de fer luxembourgeois

boîte postale 1803

L-1018 Luxembourg

15, place de la Gare

L-1616 Luxembourg

+ 352 49 90 3416

+ 352 49 90 4501

Caisse nationale d'assurance pension

L-2096 Luxembourg
1a, boulevard Prince Henri
L-1724 Luxembourg
+ 352 22 41 41 1
+ 352 22 41 41-64 43

Association d'assurance accident

L-2976 Luxembourg
125, route d'Esch
L-1471 Luxembourg
+ 352 26 19 15 1
+ 352 49 53 35

Caisse nationale des prestations familiales

boîte postale 394
L-2013 Luxembourg
6, Boulevard Royal
L - 2449 Luxembourg
+ 352 47 71 53 1
+ 352 47 71 53-328/348 (parental leave)

Agence pour le développement de l'emploi

boîte postale 2208
L-1022 Luxembourg
10, rue Bender
L-1229 Luxembourg
+ 352 478 5300
+ 352 40 61 40

Fonds national de solidarité

boîte postale 2411
L-1024 Luxembourg
8-10, rue de la Fonderie
L-1531 Luxembourg
+ 352 49 10 81 1
+ 352 26 12 34 64

For information on Luxembourg legislation, application forms or any other information, you can visit the Luxembourg social security website: <http://www.secu.lu/>