



European
Commission

Your social security rights

in Romania

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

Romanian social protection is provided by public institutions in close cooperation with private institutions.

The public social protection institutions run diverse schemes at both the central and local levels of administration.

At the central level of administration, the ministries, national agencies, or national houses provide protection for individuals related to sickness/health, maternity, invalidity, old-age, survivor, accidents at work and occupational diseases, family/children, and unemployment.

At the local level of administration, the offices of the mayor and the county general directorates for social assistance and child protection cover individuals' needs according to social solidarity and social inclusion principles.

The most significant private social protection institutions are the pension companies. These are new institutions that became operational quite recently and are responsible for providing of invalidity, old-age and survivor Pensions. The private social services providers on the other hand, largely cover the individual's needs for long-term care.

Organisation of social protection

Central public administration

The Ministry of Labour, Family, Social Protection and Elderly (*Ministerul Muncii, Familiei, Protecției Sociale și Persoanelor Vârștnice*) implements the Government's policies and strategies in the field of labour, family, equal opportunities, and social protection.

The Ministry of Health (*Ministerul Sănătății*) elaborates policies, strategies and action programmes in the public health field according to the Government Programme. It coordinates and controls the implementation of politics, strategies and programmes in the public health field, at the national, regional and local level.

The Ministry of Health is in charge of the reform process in the health field; it organises, coordinates, and guides the activities for assuring the population's health and acts in preventing and combating practices that harm health.

The Ministry of National Defence (*Ministerul Apărării Naționale*), the Ministry of Internal Affairs (*Ministerul Afacerilor Interne*) and the Romanian Intelligence Service (*Serviciul Român de Informații*) administer and operate, through the categorical houses of pensions, the public system of pensions, and, directly, the schemes for accidents at work and occupational diseases, sickness benefits in cash, maternity/paternity benefits and family benefits, as regards the staff in the field of defence, public order and national security.

The National House of Public Pensions (*Casa Națională de Pensii Publice*) is an autonomous public institution. It administers and operates the public system of pensions, as well as the accidents at work and occupational diseases' scheme.

The National Agency for Employment (*Agenția Națională pentru Ocuparea Forței de Muncă*) is an autonomous public institution, which administers and operates the unemployment insurance system.

The National Health Insurance House (*Casa Națională de Asigurări de Sănătate*) is an autonomous public institution, which administers and operates the health insurance system, coordinated by the Ministry of Health.

Local public administration

The offices of the mayor and the county general directorates for social assistance and child protection are responsible for social assistance. The county general directorates for social assistance and child protection are subordinated to the county councils.

Private bodies

The Lawyers' Insurance House (*Casa de Asigurări a Avocaților*) administers and operates the unique, specific and autonomous system of pensions and other social insurance benefits for lawyers.

The Public Notaries' House of Pensions (*Casa de Pensii a Notarilor Publici*) administers and operates the unique, specific and autonomous system of pensions and other social insurance benefits for public notaries.

The pension companies (*societăți de pensii*) manage the pension funds within the system of privately administered pension fund schemes (second pillar) and within the voluntary pension system schemes (third pillar).

The private social services providers are organised into private centres such as day centres, residential centres etc.

Financing

Social protection is financed from social contributions, local budgets, and the State budget.

Family benefits and social assistance are tax-financed. The other branches are primarily financed by contributions, as follows.

Old age, invalidity and survivors

- *Employee:*

First pillar: 10.50% (including the 4% contribution rate to the second pillar). There is a ceiling applied to the calculation basis of five times the projected average gross earnings, per source of earnings.

Second pillar: 4% is subtracted from the contribution rate to the first pillar. The contribution rate to the second pillar is increased by 0.5% annually until it reaches 6%. There is a ceiling applied to the calculation basis of five times the projected average gross earnings, per source of earnings.

- *Employer:*

First pillar: The contribution rate varies with the working conditions: 20.80% for normal working conditions, 25.80% for difficult working conditions, and 30.80% for special working conditions. There is a ceiling applied to the calculation basis of five times the projected average gross earnings multiplied by the average number of employees.

Second pillar: There is no employer contribution requirement.

- *Self-employed:*

First pillar: 31.30% (including the 4% contribution rate to the second pillar). There is a threshold applied to the calculation basis of 35% of the projected average gross earnings, and a ceiling of five times the projected average gross earnings.

Second pillar: 4% is subtracted from the contribution rate to the first pillar. The contribution rate to the second pillar is increased by 0.5% annually until it reaches 6%. There is a threshold applied to the calculation basis of 35% of the projected average gross earnings and a ceiling of five times the projected average gross earnings.

Sickness and maternity

- *Employee:*

The contribution rate for benefits in kind is 5.5%. There is no contribution for cash benefits. No ceiling is applied to the calculation basis.

- *Employer:*

The contribution rate is 5.2% for benefits in kind and 0.85% for cash benefits. Regarding the contribution for cash benefits, the ceiling applied to the calculation basis corresponds to 12 times the minimum gross wage for each employee.

- *Self-employed:*

The contribution rate is 5.5% for benefits in kind and 0.85% for cash benefits.

Regarding the contribution for benefits in kind, the threshold applied to the calculation basis is the minimum gross wage.

Regarding the contribution for cash benefits, the ceiling applied to the calculation basis corresponds to 12 times the minimum gross wage.

- *Pensioners:*

The contribution rate for benefits in kind is 5.5%. There is no contribution for cash benefits. The contribution for benefits in kind may not reduce the pension to below RON 740 (€ 166).

Unemployment

- *Employee:*

The contribution rate is 0.5%. There is a ceiling applied to the calculation basis of five times the projected average gross earnings per source of earnings.

- *Employer:*

The contribution rate is 0.5%. No ceiling is applied to the calculation basis.

- *Self-employed:*

Voluntary insurance. The contribution rate is 1%. There is a threshold applied to the calculation basis which corresponds to the minimum gross wage and a ceiling of five times the projected average gross earnings.

Accidents at work and occupational diseases

- *Employee:*

There is no employee contribution requirement.

- *Employer:*

The contribution rate ranges between 0.15% and 0.85% according to risk classes. No ceiling is applied to the calculation basis.

- *Self-employed:*

Voluntary insurance. The contribution rate is 1%.

There is a threshold applied to the calculation basis of 35% of the projected average gross earnings and a ceiling of five times the projected average gross earnings.

Chapter II: Healthcare

When are you entitled to healthcare?

All persons legally residing in Romania are covered by the national health insurance fund, including foreign nationals permanently residing in the country.

In order to receive healthcare, the insured person and his/her dependants must have paid at least 6 months of contributions during the 12 previous calendar months. In case of an emergency surgery, tuberculosis, AIDS, or other contagious diseases, no qualifying conditions apply.

Healthcare is also provided to university students, persons engaged in military service and prisoners.

Voluntary coverage is available for temporary residents and for diplomatic staff accredited in Romania.

What is covered?

A package of basic medical services is covered by the health insurance, which is updated periodically by the Ministry of Health (see http://www.ms.ro/documente/401_1079_Nota%20pachet%202.07..doc for the list of such services). The package of basic medical services is provided free of charge, but the patient has to pay for medicines (outpatient care), and for dental and ophthalmological services. A list of medicines is provided at a discount price for certain categories of persons (mainly pensioners).

Please note that the relevant legislation is currently being revised and updated.

How is healthcare accessed?

Medical services are provided directly by local health insurance funds and include general and specialist health care, outpatient care, hospitalisation, medicines, appliances, rehabilitation, preventive medical assistance, maternity care, transportation and other medical services.

The insured person must choose a family doctor/general practitioner for medical services of a general nature. This first step is mandatory in order to be enrolled into the health insurance system.

The choice is made by each insured person individually on various personal criteria (nearby home or work, less patients, high level of professionalism, good communication and understanding, etc.). The specialists can be accessed directly only for urgent matters at the local dispensaries. For all other emergency cases a referral is made by the family doctors.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness benefits in cash are provided to employed persons residing in Romania (employed persons with individual labour contracts; civil servants; judges; diplomatic and consular staff; certain officials within the executive, legislative, and judicial authorities; craft cooperative members; persons receiving unemployment benefits; self-employed persons).

Cash sickness benefits for temporary incapacity to work

These benefits are paid to replace an income which is suspended due to sickness. To be eligible, the insured person must have at least 6 months of contributions in the 12 previous calendar months before the incapacity began.

No qualifying conditions apply for emergency surgery and in cases of tuberculosis, AIDS, or other contagious diseases. Coverage is credited for certain periods, including periods during which social insurance benefits are received and for periods of university study, military service, or imprisonment.

Illness prevention and rehabilitation for work benefit

This benefit is paid to persons undergoing temporary rehabilitation through placement in an alternative job.

Child care allowance

The insured person has the right to interrupt his/her activity and receive sickness indemnities in the event that his/her child (up to 7 years of age, increased to 18 years of age if the child in question is disabled) is struck by illness.

Medical benefits

This benefit is paid to persons who have paid at least 1 month of contributions in the last 12 months. No qualifying conditions apply for certain categories of residents, for emergency surgery, and in cases of tuberculosis, AIDS, or other contagious diseases.

The current mechanism for granting sickness benefits is under revision by the Ministry of Labour, Family and Social Protection. Stricter conditions will be adopted with respect to the entitlement to temporary benefits or retirement.

What is covered?

Cash sickness benefits for a temporary incapacity to work

Cash sickness benefits for a temporary incapacity to work represent 75% of the insured person's average monthly earnings* (100% for emergency surgery, tuberculosis, AIDS, and other contagious diseases).

The insured person is entitled to sickness indemnity for the whole duration of his/her inability to work for a maximum of 183 days a year for each illness and may be extended in some cases. In case of tuberculosis and other specific diseases, the indemnity is paid for one year with the possibility to extend the duration by 6 additional months.

If the beneficiary does not recover after the period for which he/she is entitled to benefits, the physician may propose a temporary or permanent retirement.

In some cases, a reduced working time may be proposed by the doctor; the beneficiary is thus entitled to a corresponding indemnity. When rehabilitation is necessary, the insured can also benefit from spa treatment.

Illness prevention and rehabilitation for work benefit

The benefit comprises temporary rehabilitation through placement in an alternative job and a cash benefit to replace part of the earnings lost as a result of a reduction in working hours. The value of each benefit may not exceed 25% of the insured person's average monthly earnings in the last 6 months before the work incapacity began. Benefits are paid for a maximum of 90 days per year. A benefit equal to 75% of the insured's average monthly earnings in the last 6 months before the incapacity began is awarded to persons in quarantine.

Child care allowance

The allowance is equal to 85% of the insured's average monthly earnings in the 6 months before the claim. The benefit is paid for a maximum of 45 days per calendar year (may be extended subject to conditions) for a child younger than 7 years of age; 18 years of age if he/she is disabled.

How are sickness cash benefits accessed?

The employee must inform and provide evidence to his/her employer within 5 working days after the work incapacity began.

The employer cannot decide whether an employee is able or not to work, but in fishy cases the employer may ask for a medical expertise to confirm the incapacity. The local branches of the National Health Insurance House (NHIH) may also initiate the

* Average monthly earnings equal the average earnings in the last 6 months before the incapacity began. The maximum monthly earnings for benefit calculation are equal to 12 times the national gross minimum monthly wage.

control of the truthfulness of the insured person's work incapacity, even if he/she is in the possession of a medical certificate attesting the disease.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

In Romania, the Government allocates maternity indemnity, granted to the mother.

This indemnity is granted to Romanian citizens residing in the country and to foreigners who lost their citizenship and reside legally in Romania. In both cases, the parent must live with the child for whom the indemnity is requested.

Maternity indemnity

To be entitled to maternity benefits, the insured person must have at least 1 month of contributions in the last 12 months.

A maternity risk benefit is paid to a pregnant worker or to an employed mother to protect her health or her child's health.

What is covered?

Maternity indemnity

The maternity indemnity is paid for a period of 120 calendar days to the insured mother (63 days before birth, respectively 63 days after giving birth to the child). Since January 2009, the mother receives for the whole period 85% of her average monthly wage of the previous 6 working months, but not less than RON 600 (€ 135) and not more than RON 4,000 (€ 899) each month. The maximum monthly earnings for benefit calculation purposes are equal to 12 times the National Gross Minimum monthly wage. The indemnity is granted even in the event that the child is born dead. The indemnity is paid from the social insurance budget.

Maternity risk benefit

75% of the insured's average monthly earnings is paid for up to 120 days.

How are maternity and paternity benefits accessed?

The maternity indemnity is paid on regular basis, directly by the employer.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Invalidity pensions (first pillar)

A person who is/was insured in the public system of pensions (first pillar) is entitled to an invalidity pension (*pensie de invaliditate*) in the event that he/she loses at least half of his/her working capacity as a result of an injury or disease (including accidents at work and occupational diseases).

There are currently three categories of invalidity: category I corresponds to an incapacity for any work requiring constant attendance, category II refers to an incapacity for any work, but not requiring constant attendance, and category III implies the loss of at least half of the working capacity, the invalid person still being able to perform a professional activity.

Invalidity pension is granted irrespective of the contribution period achieved.

There is no condition stating that the person concerned must be insured at the date that the invalidity occurs, provided that some contribution period was achieved until the date of issuing the medical decision on the working capacity.

Non-contributory periods, like periods of temporary working incapacity indemnity, periods of full-time university courses attendance under graduation condition etc. are taken into consideration when calculating the contribution period.

Invalidity pensions (second pillar)

The participant in the system of privately administered pension fund schemes (second pillar) is entitled to a lump sum if he/she has the right to a category I or II invalidity pension from the first pillar, and the invalidity is irreversible.

These norms are provisional. A law regarding the organisation and functioning of the payment system of private pensions is pending.

What is covered?

Invalidity pensions (first pillar)

The invalidity pension in the first pillar is calculated and paid on a monthly basis through a point system.

The pension is determined by the length of the contribution period, the level of earnings, and the invalidity category (all being variables, characteristic to each person), as well as the pension point value (this is a constant for all pensioners).

The monthly score is equal to the person's monthly gross earnings divided by the average gross earnings.

The annual score is equal to the sum of the monthly scores during one year divided by twelve. The person is credited with annual scores for non-contributory periods.

He/she is also credited with annual scores for a potential contribution period corresponding to the invalidity category. The potential contribution period represents the difference between the full contribution period and the contribution period achieved until the date of granting the category I or II invalidity pension. It may not exceed the contribution period potentially achievable by the person from the date of granting the category I or II invalidity pension until the standard retirement age.

The annual average score is equal to the sum of the annual scores divided by the full contribution period.

The amount of the invalidity pension is calculated as the annual average score multiplied by the pension point value.

As of 1 January 2013, the pension point value is adjusted annually by 100% of the inflation rate plus 50% of the real growth in the average gross earnings of the previous year. On 1 July 2013 the pension point value is RON 762.10 (€ 171).

The person who is assessed with category I invalidity is also entitled to an attendant indemnity. The attendant indemnity is equal to 80% of the pension point value.

Category III invalidity pensioners and blind invalidity pensioners are allowed to accumulate earnings from work. However, the employment of a category III invalidity pensioner may not exceed half of the full working time for a particular job.

A pensioner with any invalidity category may accumulate earnings from work as a local or county counsellor.

At standard retirement age the invalidity pension is changed automatically into an old-age pension and the invalidity pensioner is awarded the most advantageous amount. The attendant indemnity will continue to be paid.

In case of acquiring a new contribution period, the invalidity pensioner may claim the pension recalculation after becoming the recipient of the old-age pension.

In the event that an invalidity pensioner meets the eligibility criteria for the survivor pension, he/she has the right to choose the most advantageous pension.

The invalidity pension less the legal deductions is subject to income tax.

Invalidity pensions (second pillar)

The lump sum calculated and paid from the second pillar is equal to the net personal asset accumulated in the individual account opened in the pension fund by the participant.

The participant is guaranteed the amount of the paid contributions reduced with the transfer penalties and legal fees.

How are invalidity benefits accessed?

Invalidity pensions (first pillar)

A claimant must apply for the invalidity pension from the relevant county house of pensions. The county houses of pensions are subordinated to the National House of Public Pensions. Staff in the field of defence, public order and national security claims the invalidity pension from the relevant categorical pension house.

The invalidity category is then assessed and certified by the social insurance expert doctor from the same county house of pensions or by the medico-military expert commissions serving military hospitals. Periodical review takes place in order to assess the health evolution of the pensioner and whether the invalidity category needs to be changed. Depending on the type of affection, the checking takes place at intervals of one to three years, until the pensioner reaches the standard retirement age. The irreversible invalidity pensioner, as well as the invalidity pensioner up to five years younger than the standard retirement age and who achieves the full contribution period, are exempted from passing the periodical checking. Please note that a review is also possible on request, if the health condition improves or weakens.

The attendant indemnity is accessed in the same way as the invalidity pension.

The invalidity pension is paid by post-office or banks.

Invalidity pensions (second pillar)

An applicant must claim the lump sum from the pension company that is administering the pension fund where you opened your individual account.

The lump sum is paid by post-office or banks.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Old-age pensions (first pillar)

A person who is/was insured in the public system of pensions (first pillar) is entitled to an old-age pension (*pensie pentru limită de vârstă*) in the case that he/she meets both the standard retirement age and the minimum contribution period conditions.

The difference between the standard retirement ages for men and women is maintained: men – 64 years and 7 months on 1 July 2013, increasing to 65 years on 1 January 2015 and women – 59 years and 7 months on 1 July 2013, increasing to 63 years on 1 January 2030.

However, men and women do have an identical minimum contribution period of 14 years and 2 months on 1 July 2013, increasing to 15 years on 1 January 2015.

Non-contributory periods, like periods of receiving invalidity pension or temporary working incapacity indemnity, periods of full-time university courses attendance under graduation condition etc. are taken into consideration when calculating the contribution period.

The person is entitled to a full old-age pension (*pensie pentru limită de vârstă cu stagiul complet de cotizare*) in the case that he/she meets both the conditions of standard retirement age and full contribution period.

The difference between the full contribution periods for men and women is also upheld: men – 34 years and 2 months on 1 July 2013, increasing to 35 years on 1 January 2015 and women – 29 years and 2 months on 1 July 2013, increasing to 35 years on 1 January 2030.

Special conditions apply to special categories of people such as:

- people who contributed under special or difficult working conditions;
- people who had a handicap prior to obtaining the insured person status;
- people persecuted for political reasons by the regime in power after 6 March 1945, deported abroad or taken prisoners of war.

In case of meeting these special conditions, the person is entitled to an old-age pension with reduced standard retirement age (*pensie pentru limită de vârstă cu reducerea vârstelor standard de pensionare*).

A person who exceeds the full contribution period by a minimum of 8 years is entitled to an early retirement pension (*pensie anticipată*) up to 5 years before reaching the standard retirement age.

The person who exceeds the full contribution period by a maximum of 8 years is entitled to a partial early retirement pension (*pensie anticipată parțială*) also up to 5 years before reaching the standard retirement age.

Old-age pensions (second pillar)

The participant in the system of privately administered pension funds' schemes (second pillar) is entitled to a lump sum if he/she is entitled to an old-age pension under the first pillar.

These norms are provisional. A law regarding the organisation and functioning of the payment system of private pensions is pending.

What is covered?

Old-age pensions (first pillar)

The old-age pension in the first pillar is calculated and paid on a monthly basis using a point system.

It is determined by the length of contribution period and the level of earnings (all being variables, characteristic to each person), as well as the pension point value (which is a constant for all pensioners).

The monthly score is equal to the person's monthly gross earnings divided by the average gross earnings.

The annual score is equal to the sum of the monthly scores obtained during one year divided by twelve. The person is credited with annual scores for non-contributory periods.

The annual average score is equal to the sum of the annual scores divided by the full contribution period.

The amount of the old-age pension is calculated as the annual average score multiplied by the pension point value.

The old-age pension with reduced standard retirement age, the early retirement pension, and the partial early retirement pension are calculated in the same way as the old-age pension. Nevertheless, the non contributory periods are not taken into account for early retirement pension and partial early retirement pension calculation purposes. In case of partial early retirement pensions the amount is reduced in relation to the number of months of anticipation.

The old-age pensioner and the old-age pensioner with reduced standard retirement age are allowed to accumulate earnings from work.

The early retirement pensioner and partial early retirement pensioner may not accumulate earnings from work, except for those earned as a local or county counsellor.

The pensioner may claim a pension recalculation any time he/she acquires a new contribution period.

As of 1 January 2013, the pension point value is adjusted annually by 100% of the inflation rate plus 50% of the real growth in the average gross earnings of the previous year. On 1 July 2013 the pension point value is RON 762.10 (€ 171).

The old-age pension, the old-age pension with reduced standard retirement age, the early retirement pension, and the partial early retirement pension less the legal deductions are subject to income tax.

Old-age pensions (second pillar)

The lump sum calculated and paid from the second pillar is equal to the net personal asset accumulated in the individual account opened in the pension fund by the participant.

The participant is guaranteed the amount of the paid contributions reduced with the transfer penalties and legal fees.

How are old-age benefits accessed?

Old-age pensions (first pillar)

You have to claim the old-age pension from the relevant county house of pensions. The county houses of pensions are subordinated to the National House of Public Pensions. Staff in the field of defence, public order and national security claims the old-age pension from the relevant categorical pension house.

The old-age pension with reduced standard retirement age, the early retirement pension, and the partial early retirement pension are accessed in the same way as the old-age pension.

The old-age pension is paid by post-office or banks.

Old-age pensions (second pillar)

You have to claim the lump sum from the pension company that is administering the pension fund where you opened your individual account.

The lump sum is paid by post-office or banks.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Survivor pensions (first pillar)

A person is entitled to a survivor pension (*pensie de urmaş*) if he/she is the surviving spouse or the child of the deceased, and the deceased was, at the time of death, a pensioner or eligible for a pension in the public system of pensions (first pillar).

In order to qualify for survivor pension, the surviving spouse must have reached retirement age, and he/she must have been married to the deceased for at least ten years.

Regardless of his/her age, the surviving spouse is entitled to survivor pension if he/she is affected by category I or II invalidity, provided the marriage lasted for at least one year.

The surviving spouse, irrespective of his/her age, is also entitled to survivor pension if he/she has a level of income lower than 35% of the projected average gross earnings and is raising a child who is up to 7 years of age. If the death resulted from an accident at work or an occupational disease, the surviving spouse is entitled to a survivor pension if his/her earnings are lower than 35% of the projected average gross earnings.

The child of the deceased is granted a survivor pension if he/she is at most 16 years of age (or maximum graduation age but no later than 26 years of age) or if he/she is affected by invalidity of any category and the invalidity occurs until the aforementioned age limits.

The duration of the survivor pension is different, either permanent or temporary, depending on the conditions met.

Survivor pensions (second pillar)

A beneficiary that is the survivor of a participant in the system of privately administered pension fund schemes (second pillar) is entitled to a lump sum if he/she is not on his/her own, a participant in the second pillar.

The beneficiary is entitled to cumulate personal assets in a single individual account if he/she is in addition a participant in the second pillar.

A beneficiary may not be awarded a pension (old-age or invalidity) before the participant's death.

These norms are provisional. A law regarding the organisation and functioning of the payment system of private pensions is pending.

Funeral grants (first pillar)

In the event of the death of an insured person or pensioner, any person who pays the funeral expenses for the deceased is entitled to a funeral grant (*ajutor de deces*).

On the other hand, an insured person or pensioner is entitled to a funeral grant in the event of the death of a dependent family member who is not insured.

What is covered?

Survivor pensions (first pillar)

The survivor pension amount is calculated and paid monthly as a percentage of the old-age pension or old-age pension with reduced standard retirement age paid or payable to the deceased person.

However, if the deceased was a recipient of an invalidity pension, an early retirement pension, or a partial early retirement pension or eligible for any of them, the survivor pension amount is calculated as a percentage of the category I invalidity pension.

The percentage varies with the number of eligible survivors: 50% for one survivor, 75% for two survivors, and 100% for three or more survivors.

For the orphan child having lost both parents, the survivor pension is calculated for each parent and then summed up.

When meeting the eligibility criteria for another type of pension, the surviving spouse pensioner may choose the most advantageous pension.

As of 1 January 2013, the pension point value is adjusted annually by 100% of the inflation rate plus 50% of the real growth in the average gross earnings of the previous year. On 1 July 2013 the pension point value is RON 762.10 (€ 171).

The survivor pension less the legal deductions is subject to income tax.

Survivor pensions (second pillar)

The lump sum calculated and paid from the second pillar is equal to the inheritance share of the net personal asset accumulated in the individual account opened in the pension fund by the deceased participant.

The same inheritance share is transferred from the individual account of the deceased participant to the individual account of the beneficiary when he/she cumulates personal assets.

The beneficiary is guaranteed the inheritance share of the total amount of paid contributions reduced with the transfer penalties and legal fees.

Funeral grants (first pillar)

The Parliament sets the funeral grant amounts annually.

The amount granted in the event of the death of an insured person or pensioner may not be lower than the projected average gross earnings and the amount granted in the case of the death of a dependent family member who is not insured may not be lower than half of the aforementioned amount.

How are survivors' benefits accessed?

Survivor pensions (first pillar)

You have to claim the survivor pension from the relevant county house of pensions. The county houses of pensions are subordinated to the National House of Public Pensions. Staff in the field of defence, public order and national security claims the survivor pension from the relevant categorical pension house.

The survivor pension is paid by post-offices or banks.

Survivor pensions (second pillar)

In order to access the lump sum or to cumulate personal assets, you have to claim your rights from the pension company that is administering the pension fund where you opened your individual account.

The lump sum is paid by post-office or banks.

Funeral grants (first pillar)

You have to claim the funeral grant from the relevant county house of pensions, categorical pension house, county agency for employment, or employer according to the deceased's status. The county houses of pensions are subordinated to the National House of Public Pensions. The county agencies for employment are subordinated to the National Agency for Employment.

Funeral grants are paid directly to the entitled person by one of the institutions mentioned above.

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?

A person who is insured in the accidents at work and occupational diseases scheme is entitled to short-term benefits when an accident at work or occupational disease occurs.

It is notable that long-term benefits such as [invalidity pension](#) – if invalidity is the result of an accident at work or occupational disease – or [survivor pension](#) – if the deceased's cause of death resides in the same contingency – are provided by the public system of pensions.

Temporary Working Incapacity Indemnities

A person who is insured in the accidents at work and occupational diseases scheme is entitled to a temporary working incapacity indemnity (*indemnizație pentru incapacitate temporară de muncă*) if the temporary working incapacity is the result of an accident at work or occupational disease. There is no contribution period condition.

The duration of the indemnity is 180 days in a one-year period and may be extended up to 270 days.

Temporary change of workplace and reduced working time indemnities

The person who is insured in the accidents at work and occupational diseases scheme is entitled to a temporary change of workplace indemnity (*indemnizație pentru trecerea temporară în alt loc de muncă*) if, as a result of some accident at work or occupational disease, he/she is not able to work at his/her workplace any longer and changes it temporarily.

There is a condition imposed on the insured person's monthly gross income at the new workplace to be lower than the average monthly gross income earned by him/her during the last six months preceding the contingency.

The person who is insured in the accidents at work and occupational diseases scheme is entitled to an indemnity for a reduced working time by one fourth (*indemnizație pentru reducerea timpului de lucru cu o pătrime din durata normală*) if, as a result of an accident at work or occupational disease, he/she is not able to work full time.

The duration of any indemnity is 90 days in one-year period.

Workers' medical benefits

See part on [healthcare](#).

Permanent disability benefits

See part on invalidity benefits.

Survivor's benefits and funeral grants

See part on survivors' benefits.

What is covered?

Temporary Working Incapacity Indemnities

The temporary working incapacity indemnity is calculated and paid monthly as 80% (100% in case of medical/surgical emergencies) of the average monthly gross income earned by him/her during the last six months preceding the contingency (or during the period that is shorter than six months).

The temporary working incapacity indemnity less the legal deductions is subject to income tax.

Temporary change of workplace and reduced working time indemnities

The temporary change of workplace indemnity is calculated and paid monthly as the difference between the average monthly gross income earned by him/her during the last six months preceding the contingency (or during the period that is shorter than six months) from the previous workplace and the monthly gross income earned from the new workplace.

The indemnity for a reduced working time by one fourth is calculated and paid monthly as the difference between the average monthly gross income earned by him/her during the last six months preceding the contingency (or during the period that is shorter than six months) while working full time and the monthly gross income earned while working part time.

In both cases, the difference representing the indemnity may not exceed 25% of the average monthly gross income mentioned above.

Workers' medical benefits

See part on healthcare.

Permanent disability benefits

See part on invalidity benefits.

Survivor's benefits and funeral grants

See part on survivors' benefits.

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

Temporary Working Incapacity Indemnities

An applicant may claim the temporary working incapacity indemnity from his/her employer if they are under mandatory coverage (for example employee) or from the relevant county house of pensions if they are under voluntary coverage (for example self-employed).

Temporary change of workplace and reduced working time indemnities

Both the temporary change of workplace indemnity and the indemnity for a reduced working time by one fourth must be claimed from the employer.

Workers' medical benefits

See part on healthcare.

Permanent disability benefits

See part on invalidity benefits.

Survivor's benefits and funeral grants

See part on survivors' benefits.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefits

A child who is up to 18 years of age (or secondary or post-secondary graduation age), lives together with his/her parents and who has his/her domicile or residence in Romania is entitled to a state allowance for children (*alocație de stat pentru copii*).

A two-parent or single-parent family with children up to 18 years of age (or secondary or post-secondary graduation age), is entitled to a family support allowance (*alocație pentru susținerea familiei*) if:

- the family lives together with the child who is in its maintenance,
- earns a net income per family member below a certain threshold,
- the child attends a form of education without interruption and without receiving a grade lower than eight for misconduct due to unexcused absences from school in case he/she is of school age,
- the fiscal obligations owed to the local budgets are fulfilled (requirement not applicable to single-parent families).

Child-raising benefits

Any parent having his/her domicile or residence in Romania is entitled to a child-raising indemnity (*indemnizație pentru creșterea copilului*), if he/she lives together with the child who is in his/her maintenance, takes a leave to raise the child, achieves a twelve month period of taxable income before confinement and the fiscal obligations owed to the local budgets are fulfilled (the last requirement is not applicable to single-parent families).

The beneficiary is entitled to opt between:

- child-raising leave and indemnity for the child aged up to one year;
- child-raising leave and indemnity for the child aged up to two years.

What is covered?

Child benefits

The state allowance for children varies according to the reference social indicator (RSI) and the child's age: there is one amount for children up to two years of age (or three years of age in case of children with a handicap), and another amount for children of two years of age and over. However, in case of children with a handicap of three years of age and over, the amount is increased by 100%.

The amounts are paid monthly.

The family support allowance varies according to the reference social indicator, the number of children within the family and the income thresholds per family member. The amounts are paid monthly.

The amounts of the state allowance for children and of the family support allowance (including the income thresholds), are adjusted by the Government.

The allowances are not subject to income tax.

Child-raising benefits

The child-raising indemnity is calculated and paid monthly as 85% of the average net income earned by the parent during the last 12 months preceding the contingency, with a threshold and a ceiling related to the reference social indicator.

In case of a multiple pregnancy, the child-raising indemnity is increased with $1.2 \times \text{RSI}$ for each child, starting from the second born.

The amount of the reference social indicator is adjusted by Government Decision.

The child-raising indemnity is not subject to income tax.

How are family benefits accessed?

Child benefits

As a parent acting on behalf of your child, you have to claim the state allowance for children from the relevant town hall.

As a parent acting on behalf of your family or as a single parent, you have to address the same institution for the family support allowance.

The allowances are paid monthly by post-offices or banks.

Child-raising benefits

You have to claim the child-raising indemnity from the relevant town hall.

The child-raising indemnity is paid by post-offices or banks.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment indemnities

The registered unemployed is the person who meets the following conditions:

- domicile or residence in Romania,
- lack of job and lack of self-employment income (or self-employment income lower than a reference social indicator),
- age between 16 and the qualifying age for old-age pension,
- working capacity,
- recruitment availability,
- actively seeking employment, and
- registration with the county agency for employment.

The registered unemployed who involuntarily became unemployed is required to apply for benefit within 12 months and to have completed a contribution period of 12 months during the 24 months preceding the application date in order to be entitled to an unemployment indemnity (*indemnizație de șomaj*) from the unemployment insurance system's scheme.

However, there is no contribution period requirement for graduates who, during 60 days after graduation, do not find employment.

The duration of the unemployment indemnity varies with the length of contribution period: 6 months for a contribution period between one and five years, 9 months between five and ten years, and 12 months for ten years and over. For graduates this period is 6 months.

What is covered?

The unemployment indemnity is determined by the reference social indicator, the level of earnings, and the length of contribution period.

The unemployment indemnity is calculated and paid monthly as a percentage of the reference social indicator:

- 75% for a contribution period of one year and over;
- 50% for graduates.

For a contribution period of three years and over, another percentage of the average gross income earned during the last 12 months contribution period is added to the base amount:

- 3% for a contribution period between three and five years;
- 5% between five and ten years;
- 7% between ten and twenty years;
- 10% for twenty years and over.

The unemployment indemnity is not subject to income tax.

How are unemployment benefits accessed?

You have to claim the unemployment indemnity from the relevant county agency for employment. The county agencies for employment are subordinated to the National Agency for Employment.

The unemployment indemnity is paid by post-offices or banks.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

An individual or family having their domicile or residence in Romania is entitled to a social aid (*ajutor social*):

- if their monthly net income is lower than the guaranteed minimum income (*venit minim garantat*) and
- their real property and moveable assets are not included in the list of goods leading to exclusion from granting the social aid.

The individual must be at least 18 years of age.

The social aid is continued until the recipient ceases to meet the eligibility criteria or the obligations thereafter.

What is covered?

The social aid is calculated and paid monthly as a difference between the guaranteed minimum income and the monthly net income.

The amount of the guaranteed minimum income differs according to the number of family members and the reference social indicator.

In order to be taken into account for the purposes of the calculation of the guaranteed minimum income, the individual or the family member needs to meet the following conditions: age between 16 years and the standard retirement age, not attending a full time form of education, not working, but capable of working, registration with the county agency for employment and not declining either to attend a vocational training program or a job offer.

The amount of the reference social indicator is adjusted by Government Decision.

The social aid is not subject to income tax.

How are minimum resources benefits accessed?

An individual– acting on his/her own or on the behalf of his/her family – must claim the social aid from the relevant town hall.

The social aid is paid in cash, at a post-office, or bank.

Chapter XII: Long-term care

When are you entitled to long-term care?

Long-term care is not covered by a specific scheme but by different schemes covering invalidity, old age and employment injuries. Therefore, the main beneficiaries are persons with a handicap and senior persons, while the services provided are adapted to the individual needs of the person.

Long-term care benefits for disabled

Persons with a handicap, i.e. persons for whom the social environment, misfit to their physical, sensorial, psychological or mental impairments, obstructs or limits their access to society based on equal opportunities, are entitled to long-term care benefits according to the handicap degree and type.

Thus, a person with a handicap, according to the handicap degree and type, may be entitled to home care, semi-residential care, residential care, and cash social benefits.

The duration of long-term care benefits for disabled corresponds to the period of the handicap.

Long-term care benefits for seniors

A senior person at standard retirement age is entitled to long-term care benefits according to the dependency degree.

Thus, according to the dependency degree, the senior person in question may be entitled to home care, semi-residential care, and residential care but not to cash social benefits.

The duration of long-term care benefits for seniors corresponds to the period of the dependency.

What is covered?

Long-term care benefits for disabled

Home care is rendered by personal assistants who ensure care and protection for a period longer than 24 hours.

Semi-residential care is provided by day centres that ensure social services integrated with medical, educational, housing, employment and other similar services up to 24 hours, or by qualified personal assistants who ensure care and protection for a period longer than 24 hours (for the latter, on the person with a handicap are imposed, apart from the handicap degree condition, two other conditions – no lodging and an income below the average net wage).

The residential care is provided by residential centres (i.e. care and assistance centres, recovery and rehabilitation centres, integration centres providing vocational therapy, centres of training for an independent life, crisis centres, centres for community and training services, sheltered housing, etc.) that ensure social services integrated with the medical, educational, housing, employment and other similar services for a period longer than 24 hours. A user charge must be paid.

An array of cash social benefits is also available for the person with the handicap, according to the invalidity degree and type. Some cash social benefits are specific for children and others for adults. The cash social benefits are not subject to income tax.

Long-term care benefits for seniors

Home care is provided by caregivers who ensure social and socio-medical services for a period longer than 24 hours. A user charge has to be paid if the senior person earns an income over a certain threshold.

The semi-residential care is provided by day centres, night centres, and other specialised centres for senior persons that ensure socio-medical services up to 24 hours.

The residential care is provided by homes for senior persons that ensure social, socio-medical and medical services for a period longer than 24 hours. A user charge has to be paid if the senior person earns some income and has legal supporters.

How is long-term care accessed?

Long-term care benefits for disabled

An application must be submitted to the relevant office of the mayor or county general directorate for long-term care benefits.

The handicap degree and type is assessed and certified by the county commission for the evaluation of the adult persons with a handicap or the county commission for child protection.

The county general directorate for social assistance and child protection, the county commission for the evaluation of the adult persons with a handicap, and the county commission for child protection are subordinated to the county councils.

Long-term care benefits for seniors

You have to claim the long-term care from the relevant town hall.

Annex: Useful addresses and websites

Detailed tables on social security arrangements in Romania and in other Member States can be found on the MISSOC website:

<http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

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

More detailed information about social security in Romania can be found at the following addresses:

Ministry of Labour, Family, Social Protection and Elderly

Str. Dem. I. Dobrescu 2-4
Sector 1 Bucureşti
Tel. + 40 21 313 6267
<http://www.mmuncii.ro/ro/>

Ministry of Health

Intr. Cristian Popişteanu 1-3
Sector 1 Bucureşti
Tel. + 40 21 307 2500
<http://www.ms.ro/>

National House of Public Pensions

Str. Latină 8
Sector 2 Bucureşti
Tel. + 40 21 316 9111
<http://www.cnpas.org/>

National Agency for Employment

Str. Avalanşei 20-22
Sector 4 Bucureşti
Tel. + 40 21 303 9839
<http://www.anofm.ro/>

National Health Insurance House

Calea Călăraşilor 248, Bl. S19
Sector 3 Bucureşti
Tel. + 40 800 800 950
<http://www.cnas.ro/>