European Commission

Your social security rights

in Slovakia

Employment, Social Affairs and Inclusion

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.

Table of Contents

Chapter I: Introduction, organisation and financing

Introduction

Types of social security

The social security system in Slovakia comprises health (medical) insurance, social insurance and a pension savings system, plus State social support for families and social assistance.

Health (medical) care (established by the Health Insurance Act) includes all benefits in kind provided under the mandatory social security system (under the mandatory health insurance system in this case) that do not fall within the sphere of private health services, i.e. services for which the patient pays the doctor directly. It is a universal healthcare scheme for all inhabitants (based on residency), funded by compulsory insurance contributions paid by employees, employers, the self-employed and by the State (on behalf of children, pensioners, unemployed, etc.). Co-payment by insured persons is required in some cases. Benefits in kind include cures, medical treatments, medicine, medical instruments, dietary products and hydrotherapy, when these are used for the treatment or prevention of health problems, easing pain, disease prevention, diagnosis and therapy, rehabilitation, etc.

Social insurance covers all employees and self-employed persons, except members of the national police force, the Slovak Information Services, the National Security Office, prison warders and justice workers, fire and mountain rescue services, customs officials and career military personnel.

Policemen, career soldiers and recruits have separate provisions for social protection. Only persons employed in the armed forces or other armed corps of Slovakia can belong to this scheme. One of the fundamental conditions for admission to these bodies is Slovakian nationality. Indeed, the Slovakian military and police forces are barred to persons with dual nationality. This does not of course apply to family members and their survivors' pension rights (widow's/orphan's pension). Their nationality does not affect their rights.

The Slovak social insurance system established by the Social Insurance Act comprises:

- sickness insurance, which acts as insurance against loss or reduction of income for health reasons and provides income in the event of temporary loss of working capacity, pregnancy and childbirth;
- pension insurance, which comprises the following insurances:
    - old-age insurance, which guarantees an income for the elderly and pays pensions to survivors of deceased beneficiaries;
    - invalidity insurance, which pays a pension in the event of reduction or loss of a beneficiary's ability to engage in gainful employment or self-employment because of long-term health problems, and upon his or her death;
- occupational injury insurance, covering damage to health or death following an accident at work, an injury in the performance of one's duties (included hereafter in "accidents at work") or an occupational disease;
- unemployment insurance, providing insurance against loss of income in the case of unemployment and ensuring an income to persons who lose their job;

- a guarantee fund, protecting an employee against the risk of an employer's inability to honour his or her commitments to the employee, and paying arrears of old-age insurance contributions due by the employer to the basic old-age savings plan.

The Slovak Republic's mandatory pension insurance regime is based upon twin foundations:

- a mandatory old-age insurance regime with defined contributions financed by redistribution and managed by the Social Insurance Agency; and
- a mandatory pension savings system with defined contributions financed by capitalisation and managed by private pension management companies. The pension plan is based on savings invested in an individual account intended, together with the old-age insurance provided by the Social Insurance Act, to guarantee an income to the beneficiary in retirement or to his or her descendants in case of death.

State social support for families falls within the scope of the Slovakian Ministry of Labour, Social Affairs and Family and provides, primarily, cash benefits paid to families. Under this scheme, current legislation provides benefits in the form of death grants and family benefits. Benefits are paid to the entitled beneficiaries by the local Labour, Social Affairs and Family Offices, under the supervision of the Central Office of Labour, Social Affairs and Family (*Ústredie práce, sociálnych vecí a rodiny*). The tax instrument for dependent children (tax bonus) is regulated by the Ministry of Finance and granted by the tax office.

The social assistance scheme provides benefits in cash and in kind granted to the entitled beneficiaries through the intermediary of State Labour, Social Affairs and Family Offices (under the Ministry of Labour, Social Affairs and Family and the Ministry of Health) or local authorities/municipalities. This assistance is given to persons with serious financial difficulties and persons suffering from a physical disability. It is administered through government agencies (Labour, Social Affairs and Family Offices - Ministry of Labour, Social Affairs and Family), local authorities/municipalities and certain non-public organisations (third sector).

Insurance membership

Health insurance is mandatory for all persons outside those "covered" by the State.

Sickness and old-age insurance is mandatory for:

- employees performing paid work either in or outside Slovakia for a period of time determined by their employer, unless international treaties prevail over Slovakian law and impose another regime. It is the acquisition or loss of the legal status of employee that determines when the requirement for the employee to be a member begins and ends.
- self-employed persons whose direct and indirect income from a business or other independent gainful occupation, as defined by the income tax legislation, is more than 50% of the average yearly wage for a full-time job. It is the amount of direct and indirect income from involvement in a business or other independent gainful occupation that determines when the requirement that the self-employed person be a member of the health insurance and pension scheme begins and ends. The amount of this income is in general declared on 1 July of the current year for the preceding calendar year.

Other obligatory members of the old-age insurance scheme include:

- individuals residing in Slovakia and caring full time for a child under the age of six residing permanently in Slovakia, who do not otherwise belong to a scheme as employees or self-employed persons, who are not receiving an early old-age or a disability pension, and who have not reached legal retirement age. An appropriate application for membership of the pension plan must be made to the competent organisations;
- individuals residing permanently in Slovakia and caring full time for a child between the ages of six and 18 with serious health problems, also residing permanently in Slovakia, who do not otherwise belong to a scheme as employees or self-employed persons or as under the previous bullet point, who are not receiving an early old-age or a disability pension, and who have not reached legal retirement age. An appropriate application for membership of the pension plan must be made to the competent organisations;
- individuals residing permanently in Slovakia and receiving cash benefits for a maximum of 12 years in accordance with current legislation, who do not otherwise belong to a scheme as employees or self-employed persons or as under the above bullet points, who are not receiving an early old-age or a disability pension and who have not reached legal retirement age. An appropriate application for membership of the pension plan must be made to the competent organisations;
- individuals receiving a disability pension before retirement age or before taking early retirement, and persons receiving an occupational injury pension.

Occupational injury insurance is mandatory for all employers employing even one person, whether on the basis of a contract of employment or any other form of labour agreement.

Unemployment insurance is mandatory for all employees for whom sickness insurance is mandatory. Unemployment insurance does not apply to certain persons defined by law (e.g. public functionaries working in certain publics services, public prosecutors, firemen and emergency services personnel), to individuals deprived of liberty or to old-age pensioners or persons on early retirement or those receiving a disability pension for a degree of incapacity of 70% or more.

Any person 16 years of age or over who is permanently resident in Slovakia or is temporarily staying in Slovakia can voluntarily subscribe to the sickness insurance system, the old-age pension system and the unemployment insurance system. They are covered from the day they file their application until the day they are, or apply to be, removed from the register. Retirement pension insurance (saving – funded pillar) is mandatory for all persons (even those who voluntarily joined the system) whose old-age insurance coverage began after 30 June 2006, who before 1 January 2005 had never subscribed to the Social Insurance Agency insurance retirement scheme (e.g. foreign workers practising a trade or profession in Slovakia), and who are in one of the following categories:

- employees;
- self-employed persons for whom retirement pension insurance is mandatory;
- permanent residents of Slovakia caring full time for a child under six residing permanently in Slovakia;
- permanent residents of Slovakia caring full time for a child over the age of six with serious long-term health problems, also residing permanently in Slovakia;
- permanent residents of Slovakia with mandatory old-age pension insurance as the recipient of a carer's allowance;

- voluntarily insured persons to the old-age insurance scheme.

Social security identification number (National identifier)

It is obligatory for the social insurance identification number of the person concerned to be entered on any document, application or declaration submitted to the Social Insurance Agency by any natural or legal person. Unless otherwise indicated, this social insurance identification number is the same as his or her birth number. Use of this identification number is intended to speed up administrative processes and reduce the risk of error.

Organisation of social protection

The system of social protection in the Slovak Republic is divided into four branches: the two main branches are healthcare and social security insurance; the others are State social support for families and social assistance.

Social insurance

Social insurance cash benefits are administered by the Social Insurance Agency, which is a public service. The legislation governing the whole social security system falls within the scope of the Slovakian Ministry of Labour, Social Affairs and Family *(Ministerstvo práce, sociálnych vecí a rodiny)*. The Ministry does not, however, intervene directly in the activities of the Social Insurance Agency, which remains responsible for the said social benefits. As the umbrella agency responsible for social insurance, the Social Insurance Agency acts as the liaison between the different institutions concerned and the entitled beneficiaries, and with institutions in the EU/EEA countries and Switzerland. The Social Insurance Agency has regional branch offices.

Healthcare

Benefits in kind are provided under the competence of the Ministry of Health *(Ministerstvo zdravotníctva)*. The compulsory health insurance system covers treatment in healthcare institutions and certain medicines. It is provided by three health insurance agencies, the largest proportion of citizens being insured by the General Health Insurance Agency *(Všeobecná zdravotná poisťovňa)*. The actual provision of healthcare is entrusted to community health centres, hospitals, policlinics, sanatoria and spas. The social system uses health facilities that are both State and privately owned.

The State social support for families

Cash benefits are provided under the competence of the Ministry of Labour, Social Affairs and Family. These benefits are paid through the Office of Labour, Social Affairs and Family *(Úrad práce, sociálnych vecí a rodiny)*. The tax bonus is provided under the competence of the Ministry of Finance *(Ministerstvo financií)* and administered through tax offices and enterprises.

Social assistance

Cash benefits and benefits in kind are provided under the competence of the Ministry of Labour, Social Affairs and Family, the Ministry of Health and the self-governing municipalities. They are paid to disabled persons with reduced capacity for work, to disabled persons dependent on the assistance of another person and those in material need. Social assistance is organised through the regional governments, regional Labour, Social Affairs and Family Offices, municipal offices and non-governmental organisations.

Financing

Cash benefits are financed by contributions and provided under the competence of the Ministry of Labour, Social Affairs and Family (*Ministerstvo práce, sociálnych vecí a rodiny*) mainly through the Social Insurance Agency (*Sociálna poisťovňa*).

Employees' contributions for health insurance, sickness insurance, old-age insurance and unemployment insurance are deducted from their salary and paid by their employer on their behalf.

Health insurance is payable by:
- employees;
- employers;
- the self-employed;
- the State (on behalf of children, pensioners, unemployed etc.).

Sickness insurance, old-age insurance and disability insurance contributions are payable by:
- employees;
- employers;
- the self-employed for whom affiliation is mandatory;
- voluntarily insured persons (only social insurance).

The State covers the old-age and disability insurance contributions of persons in the categories described in the first three bullet points in the "Other obligatory members of the old-age insurance scheme" under Insurance Membership.

The Social Insurance Agency covers the old-age insurance contributions of persons receiving an occupational injury pension until these persons reach retirement age or take early retirement.

Contributors to the old-age insurance scheme who are receiving an old-age pension or early old-age pension, and those with a degree of incapacity of 70% or more and who are receiving a disability pension, do not have to pay disability insurance contributions or unemployment insurance contributions. Similarly, employers are not required to pay disability or unemployment insurance contributions for employees affiliated to the old-age insurance scheme who are receiving an old-age pension or early old-age pension or who have a degree of incapacity of 70% or more, and are receiving a disability pension.

Occupational injury insurance contributions are paid by the employer.

Unemployment insurance contributions are payable by:

- employees;
- employers;
- voluntarily insured persons who are unemployed.

Contributions to the solidarity reserve fund are paid by:

- employers;
- self-employed persons for whom retirement pension insurance is mandatory;
- voluntarily insured persons in the old-age insurance scheme;
- the State, from tax revenues

Pension savings system contributions are payable by:

- employers, for their employees;
- self-employed persons for whom retirement pension insurance is mandatory;
- voluntarily insured persons to the pension plan.

The State covers the pension savings system contributions of persons for whom it pays old-age insurance contributions. The Social Insurance Agency covers the pension savings system contributions of persons to whom it pays a disability or occupational injury insurance pension, if these persons were already affiliated to the pension savings system before becoming entitled to the invalidity pension.

Chapter II: Healthcare

When are you entitled to healthcare?

Everyone domiciled in Slovakia is entitled to healthcare. Health benefits are provided by medical services providers attached to the health insurance funds.

What is covered?

Only services provided in health service facilities or by health service doctors are covered by the public health insurance system.

Medical benefits are delivered on a limited cost-sharing basis. The user fees charged to the patient are:

- € 1.99 for emergency services;
- € 0.17 for each prescription;
- € 0.07 per km for transportation in an ambulance.

There are no co-payments for transport of disabled patients, for patients in dialysis programmes, in oncology or in cardio-surgery care. Pharmaceuticals, medical instruments and dietary products are reimbursed in whole or in part (depending on each individual case) by the public health insurance system.

As regards dental care, there is free choice among contractual dentists. Dental services are reimbursed according to prices agreed between health insurance agencies and providers. Dental examination is not paid for by the patient. However, the use of materials above the prescribed standard is paid for entirely by the patient.

How is healthcare accessed?

You may consult any doctor who is a member of the health insurance system. Your first visit constitutes a tacit agreement to continue on his or her list for at least six months. Patients visit specialists directly or on the basis of a referral from their doctor (but the referral is not required in well defined cases, such as psychiatric care, care in a dispensary, etc.), and have free choice of hospital.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Employees are entitled to cash sickness benefit when:

- they qualify for sickness benefit while belonging to the health insurance regime or afterwards during the period of treatment or maintenance of their entitlement;
- they are not working due to loss of working capacity, caring for a family member as defined by the current legislation, having the full-time care of a child under ten, are on maternity leave or caring for a foster child.

Self-employed persons who are obligatory members of the sickness insurance regime and voluntary subscribers are entitled to cash sickness benefit if:

- they qualify for sickness benefit while belonging to the health insurance regime or afterwards during the period of treatment or maintenance of their entitlement;
- on the last day of the calendar month in which the entitling condition arose, their sickness insurance benefits are up-to-date for the whole period between the beginning of their membership (mandatory or voluntary) and the last day of the calendar month preceding the appearance of the entitling condition.

Cash sickness insurance benefits are comprised of:

- sickness benefit (*Nemocenské*);
- income replacement (*Náhrada príjmu*);
- benefit for the care of a sick relative (*Ošetrovné*);
- equalisation benefit during pregnancy and maternity (*Vyrovnávacia dávka*);
- maternity benefit (*Materské*).

Sickness benefit

An employee is entitled to a sickness benefit when temporarily unable to work or placed in quarantine following an illness or accident (both cases are treated as temporary incapacity). This entitlement:

- begins on the eleventh day of temporary incapacity;
- ends on the day after the temporary incapacity ceases, or the day the beneficiary is granted a normal or early old-age or disability pension (for disability assessed at 70% or more). In no case, however, can this benefit be paid for more than 52 weeks from the onset of the temporary incapacity.

Self-employed persons mandatorily affiliated to the health insurance scheme and voluntary contributors are also entitled to sickness benefit if they are assessed as temporarily unable to work and have at least 270 days of insurance in the two years before the onset of the incapacity. For these persons (self-employed mandatorily affiliated and voluntarily insured persons) entitlement to sickness benefit:

- starts on the first day of temporary incapacity;
- ends on the day after the temporary incapacity ceases, or the day the beneficiary is granted a normal or early old-age or disability pension (for disability assessed at 70% or more). In no case, however, can this benefit be paid for more than 52 weeks from the onset of the temporary incapacity.

Income replacement

These payments ("income replacement") are financed by the employer during the first 10 calendar days of the employee's illness. All employees are entitled to an income support allowance if they are temporarily unable to work or are quarantined due to illness or accident and they meet any other statutory conditions that may be imposed.

Benefit for the care of a sick relative

To qualify for a benefit for the care of a sick relative, the insured person (employee, self-employed person or voluntarily insured person) must meet one of the following conditions:

- be caring for a spouse, child, direct ascendant or spouse's direct ascendant, whose state of health makes constant attendance necessary. This situation must be attested by a doctor's certificate; or
- be caring for a child under ten in one of the following cases:
    - the child is quarantined;
    - the child's school, preschool or day-care centre has been closed or put under quarantine by the competent authorities;
    - the person who normally looks after the child has fallen ill, has been placed in quarantine or has been admitted to a maternity clinic and thus cannot look after him.

What is covered?

Sickness benefit

Employees receive a sickness benefit equal to 55% of their basic daily pay for seven days a week. Self-employed individuals who are mandatory members, together with voluntarily insured persons, receive a sickness benefit for seven days a week. The amount of this benefit is:

- 25% of their daily assessment basis (with a monthly ceiling corresponding to 1.5-times of the national average wage) for the first three days (only self-employed);
- 55% of their daily assessment basis (with a monthly ceiling corresponding to 1.5-times of the national average wage) thereafter (both employees and self-employed).

Sickness benefit cannot be drawn concurrently with maternity benefit. The maximum duration of benefit is 52 weeks.

Income replacement

The amount of income replacement (only for employees) is calculated on the basis of a reference period and daily assessment basis, which are defined in the same way as for sickness benefit. The income replacement is:

- 25% of the daily assessment basis (with a monthly ceiling corresponding to 1.5-times of the national average wage) for the first three days of temporary incapacity;
- 55% of the daily assessment basis (with a monthly ceiling corresponding to 1.5-times of the national average wage) thereafter.

A higher income replacement can be paid when required by a collective agreement concluded in accordance with current legislation, but cannot exceed 80% of the daily assessment basis.

Benefit for the care of a sick relative

Benefit for the care of a sick relative is paid for each calendar day from the first day of the need to care for a recognised family member or for a child under ten. The benefit is 55% of the daily assessment basis (with a monthly ceiling corresponding to 1.5-times of the national average wage). Benefit for the care of a sick relative is paid from the first day of the need to provide care and stops when the need is over; it cannot, however, be paid for more than ten days. The Social Insurance Act provides that the benefit for the care of a sick relative is paid only once, and to a single beneficiary, for each instance of care given to a family member or a child under ten.

An insured person cannot receive benefit for the care of a sick relative concurrently with:

- income replacement;
- the sickness benefit;
- maternity benefit.

How are sickness cash benefits accessed?

Incapacity for work must be certified by the family doctor from the first day of illness and can be reviewed every four weeks. The interim payment is made through the Social Insurance Agency. The employer must pay the income replacement at the same times and intervals as routine payment of wages and salaries, fees, bonuses and any other form of remuneration, and in any case no later than the last day of the calendar month following that for which the allowance is paid. Disputes between an employee and employer over income replacement will be heard before a competent court.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Maternity benefit

All insured women who are pregnant or caring for a newborn child, as well as other insured persons who are awarded custody of a child (e.g. a child's father), are entitled to maternity benefit if they have fulfilled the waiting period of 270 days of sickness insurance in the last two years before the birth or arrival of the child and if they are employees, self-employed persons or voluntarily insured persons. Entitlement exists during sickness insurance coverage or during the protective period after termination of sickness insurance (which is 7 days in principle, or eight months during pregnancy).

Equalisation benefit during pregnancy and maternity

Under the Social Insurance Act, equalisation benefit is paid only to women who are employees. Women who are self-employed or voluntary contributors cannot claim equalisation benefit since redeployment to another job is meaningless outside the context of corporate labour law.

A female employee can claim the equalisation benefit when, during pregnancy or the first nine months after childbirth, she is redeployed to a job in the same company because:

- she is exempted from her usual job by current legislation or regulations;
- her usual job is medically certified as potentially hazardous to her health or the health of her child; and
- her income in the new job is less than in her former position.

What is covered?

Maternity benefit

Beneficiaries are entitled to maternity benefit from the beginning of the sixth week or the beginning of the eighth week preceding the expected date of childbirth stated by the doctor, or from the date of delivery if this was earlier. The entitlement begins on the date of the child's birth. The entitlement in principle extends for a total period of 34 weeks.

A single mother who is entitled to maternity benefit for 37 weeks from the beginning of the entitlement. A mother who gives birth to two or more children, is entitled to maternity benefit for 43 weeks from the beginning of the entitlement.

Maternity leave cannot be less than 14 weeks and must include the first six weeks after childbirth. These two conditions must be met simultaneously.

An insured person who is awarded custody of a child is entitled to maternity benefit for a period of 28 weeks (or 31 weeks, or 37 weeks) after the commencement of entitlement, but no longer than until the child reaches eight months of age.

This benefit is paid for seven days a week and is generally 65% of the daily assessment basis (with a monthly ceiling corresponding to 1.5-times of the national average wage).

The daily assessment basis is calculated as a quotient of the total sum of assessment bases (incomes) for sickness insurance contributions during the reference period and the number of days of the reference period.

The reference period is the same for all three categories of insured persons and generally corresponds to the calendar year preceding the one in which the child was born or arrived in the family.

Equalisation benefit during pregnancy and maternity

Equalisation benefit during pregnancy and maternity is paid for each calendar month, including those in which the redeployment begins, and ends when this takes place during the course of a month. Equalisation benefit paid during pregnancy is suspended on the day the maternity leave period begins and resumes when it ends. Equalisation benefit can in no case be paid once nine months have elapsed after childbirth. Equalisation benefit is 55% of the difference between the monthly assessment base (30.4167 times the daily assessment base) and the assessment base for sickness insurance contributions in each calendar month after redeployment.

Birth grant

The Slovak social security system provides for a birth grant *(Príspevok pri narodení dieťaťa)*, which is a flat-rate, lump-sum grant for the purchase of necessities for a newborn child. Application for this allowance must be made within six months of the child's birth.

Since 2007, the State has introduced a supplement to the birth grant to help cover the increased cost of basic necessities for a first, second, and third child, payable once the child has reached the age of 28 days.

A special annual allowance may be paid to parents of triplets or more children, or who have two sets of twins within a two-year period (or to persons standing *in loco parentis* to these children), to help cover the high costs associated with multiple births.

The family benefits system also provides for the payment of a regular allowance for children in foster care, so that their needs may be met.

How are maternity and paternity benefits accessed?

Benefits in kind, e.g. medical or dental care, are provided by the healthcare system to all residents.

When the legal conditions are met, the above-mentioned cash benefits (e.g. maternity benefit and equalisation benefit) are paid by the Social Insurance Agency through the social insurance scheme for employees, the self-employed and voluntarily insured persons.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

The law considers as disabled any person whose health is chronically impaired, resulting in a permanent loss of working capacity of at least 41%. Full invalidity is defined as the loss of capacity for work of more than 70% compared to a healthy person.

When an insured person suffers several ailments, each of which causes some loss of working capacity, the different rates are not added together – only the complaint that directly causes the long-term disability is taken into account when calculating the degree of disability. The other ailments causing a loss of working capacity can justify an increase in the assessed rate of disability of up to ten%.

The insured person must be assessed as disabled, have been insured for a minimum period, be under retirement age, and not be receiving an early old-age pension at the date of the onset of the disability.

The minimum insurance period depends on age and varies from less than one year (for those aged up to 20) to 15 years for those aged 45 or more. In the case of accidents at work or occupational diseases and for persons disabled since childhood, no minimum period of affiliation is required.

There is no entitlement if the invalidity is a consequence of the insured person's voluntary malefaction. Only 50% of the benefit is payable if the invalidity was caused by alcohol or drug abuse.

What is covered?

The amount of the invalidity pension is in principle the same as that of the old-age pension. However, the amount of the invalidity pension is proportional to the degree of disability if this is between 41 and 70%.

The State also offers medical rehabilitation and retraining including:

- special spa cures, out-of-spa cures, special licensed cures and compulsory rehabilitation according to the doctor's recommendation;
- State subsidy for employers: to create, renovate or technically evaluate movable property of sheltered workshops; to keep disabled employees at work; to pay for operational and transportation costs; to pay costs of job training and job preparation for disabled employees;
- State subsidies for disabled self-employed people: start-up allowances; subsidies for operation, renovation or technical evaluation of the material property of sheltered workshops; subsidies for operational and transportation costs; and subsidies for job assistance;
- State subsidy for disabled jobseekers: benefit offered to cover the costs of food; accommodation and transportation during job training and job preparation;
- career counselling and placement services.

How are invalidity benefits accessed?

Applications for an invalidity pension are made to the local office of the Social Insurance Agency.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Social insurance pension

An insured person is entitled to an old-age pension under the mandatory social insurance system if s/he has at least 15 years of insurance and reached retirement age. Since 1 January 2004, the statutory retirement age is 62 for both men and women. This universal retirement age did not come into effect immediately with the enactment of the Social Insurance Act, but is being phased in gradually over a period of ten years (from 2004 to 2014). From 2017 onwards the legal retirement age will gradually increase depending on the growth of life expectancy.

Funded pension plan system

Any person insured under the funded pension plan system is entitled to an old-age pension consisting of a lump-sum payment plus an annuity, or an annuity only if they have reached at least legal retirement age and have paid into the pension plan for at least 10 years.

Insurance period

Mandatory and voluntary periods of affiliation count equally as insurance periods.

Periods of exemption from payment of pension insurance contributions for one of the reasons accepted by the social legislation (e.g. temporary incapacity, maternity leave, the first ten days of caring for a family member, etc.) are also taken into account.

For voluntary contributors and for the self-employed who are mandatorily registered with the old-age insurance plan, only those periods for which contributions have actually been paid are considered in calculating benefit entitlements.

Under the funded pension plan system, the insurance period used to calculate entitlement to benefits operates from the day of registration. Afterwards, it is the same as that used by the insurance regime.

A posteriori purchase of insurance periods

Under the Social Insurance Act it is possible to purchase insurance periods retroactively for periods when the insured person, after the age of 16, was a student in secondary or post-secondary education or a registered job seeker, as long as these periods occurred after 31 December 2003. There is no time restriction for such purchases. When purchasing an insurance period, the insured person is free to choose the income base upon which the amount of the contributions will be calculated, within the limits of the reference incomes in force at the time of the purchase.

The Social Insurance Act also provides for the purchase of insurance periods for periods when affiliation was not mandatory. On the same principle, insured persons are entitled to purchase pension plan contribution periods as in the case of pension insurance, see above.

Pre-retirement benefits

Under the social insurance scheme, pre-retirement benefits are available in the form of an early old-age pension (*Predčasný starobný dôchodok*) if:

- the applicant has belonged to the pension insurance fund for at least 15 years;
- the amount of the early old-age pension to which the beneficiary is entitled on the date of the application is more than 1.2 times the adult subsistence income level;
- the applicant is at least two years before pensionable age;
- the applicant is not working (i.e. is without contributory earnings);
- the applicant who participates in the funded pension plan system, has at least 5 years of savings.

The right to an early old-age pension takes effect on the date of the application. An insured person can apply for early old-age pension at most twice in any calendar year. People receiving an early old-age pension are not entitled to an old-age pension. When they reach retirement age, their early old-age pension is reclassified as an old-age pension.

The funded old-age pension plan allows the beneficiary to receive either a lump sum plus an annuity or an annuity only when:

- the social insurance system provides for early old-age pension;
- the current value of the beneficiary's personal account at the date of application is such that the amount of the annuity would be least 0.6 times the adult subsistence income level;
- the applicant is at least two years before retirement age; and
- the applicant is not working (i.e. is without contributory earnings).

Failure to meet this criterion (0.6 times the adult subsistence income level) disqualifies the beneficiary from an early old-age pension under both the funded pension plan and the social insurance system. An insured person who meets the conditions will receive both an early old-age pension paid by the social insurance system and an anticipated annuity under the old-age pension plan.

What is covered?

Social insurance pension

The retirement pension is calculated according to a formula laid down by the Social Insurance Act.

In the defined contribution scheme, the financing system is based on the number of years of contribution, and the amount of the pension paid depends on the income used to calculate the contributions paid.

The Social Insurance Act authorises, or rather does not prohibit, old-age pensioners from engaging in gainful employment. When an insured person becomes entitled to receive an old-age pension but defers his or her retirement in order to continue working and thus continues to pay insurance contributions, the duration and amount of these supplementary contributions are factored into the calculation of the future pension. When an insured person becomes entitled to receive an old-age pension and, while receiving this pension, engages in some gainful employment, as an employee or otherwise, perhaps paying voluntary pension contributions, the amount of the pension paid is adjusted to take account of the duration and amount of the supplementary contributions paid, but only to half their value.

There is no statutory minimum or maximum for the state pension.

Funded pension plan system

Retirement benefits can be paid either as a lump sum plus an annuity or as an annuity only.

Within the first scheme, the insured person receives part of his or her accrued pension plan capital in monthly payments over a specified period, while the rest is converted into an annuity paid through an insurance company.

The annuity is paid in the same way as in the other scheme (simple annuity). This formula can be adopted only if the assets transferred by the pension plan management company are sufficient to allow payment of an annuity worth more than 60% of the adult subsistence income level.

The pension plan management company pays the beneficiary a fixed number of monthly payments corresponding to the capital remaining after transfer of the funds required for the purchase of the annuity. The beneficiary chooses the period for the payment of this capital, which cannot be less than one month, when s/he applies for his pension. The monthly capital sum paid is calculated as the surplus available on the day of the application for settlement, divided by the number of instalments set.

Under the annuity only scheme, the beneficiary's entire individual pension plan account is converted into an annuity paid through his chosen insurance company. The pension plan management company transfers the funds (in cash or in any other type of asset) necessary to purchase an annuity to the chosen insurance company, which then draws up an annuity policy for the beneficiary.

The annuities paid under the pension plan scheme are paid by the insurance company chosen by the beneficiary; the amount is calculated according to statutory formulas, but must be at least equal to the minimum pension calculated for declared incomes in accordance with Annex 1 to Law No 43/2004 on the old-age pension plan and amending and supplementing other legislation, as amended. The amount of monthly payments paid by the pension plan management company in the case of optional combined formulae depends on the capital balance after the funds required to purchase the annuity have been transferred to the insurance company.

There is no statutory minimum or maximum for the state pension.

Pre-retirement benefits

For an early old-age pension under the **social insurance scheme**, the amount of the monthly payment is calculated in the same way as for the old-age pension, with a reduction of 0.5% for each missing month or part of a month before the beneficiary would reach full retirement age.

Under the funded pension plan, the monthly amount of an early old-age pension is calculated according to a statutory formula, but must be at least equal to the minimum pension calculated for declared incomes in accordance with Annex 1 to Law No 43/2004 on the old-age pension plan and amending and supplementing other legislation, as amended. The amount of monthly payments paid by the pension plan management company in the case of optional combined formulas depends on the capital balance after the funds required to purchase the annuity have been transferred to the insurance company.

How are old-age benefits accessed?

Applying for a pension

The beneficiary must submit a written application, with all the supporting documents required, to the local Social Insurance Agency office. If the beneficiary is also applying for a funded pension plan pension, s/he must file the corresponding documents with the pension plan management company to which s/he is affiliated.

Applying for an early old-age pension

To apply for early old-age pension the beneficiary must submit a written application, with all the supporting documents required, to the local Social Insurance Agency office. If the beneficiary is also applying for an early old-age pension from the funded old-age pension plan, s/he must file the corresponding documents with the pension plan management company with which s/he is registered.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Widow's/widower's benefit

Eligibility criteria for a widow's/widower's benefit under the social insurance system are that:

- on the day of his/her death the deceased spouse was receiving:
    - an old-age pension;
    - an early pension; or
    - an invalidity pension; or
- on the day of his/her death the deceased spouse has fulfilled the conditions to receive an invalidity or old-age pension; or
- the spouse's death was due to an accident at work or an occupational disease.

There is no time limitation to entitlement to a widow's/widower's benefit. This means that as soon as the surviving spouse meets one of the conditions specified by law, however long after the death, his/her right to the pension becomes operative.

The widow's/widower's pension ceases on remarriage or if a court finds the surviving spouse guilty of the wilful murder of the deceased.

A surviving spouse is entitled to a widow's/widower's pension under the funded pension plan system if at the date of the death the beneficiary was a pensioner or on early retirement under the same scheme.

Orphan's pension

A dependent child (aged up to 26) is entitled to an orphan's pension if, at the time of death, the deceased parent was receiving either an old-age pension; an early pension; an invalidity pension; or if, at the date of death, the deceased parent has fulfilled conditions to receive an invalidity or old-age pension, or if he died as a result of an accident at work or an occupational disease. The entitlement to orphan's pension ceases if a child has finished his/her basic, upper or university education, or is adopted into another family. If the adoption fails, this entitlement is renewed. The entitlement to an orphan's pension ceases if a court finds the child guilty of the wilful murder of the deceased. The law makes no distinction between the loss of one or of both parents. However, the present legislation provides that children receive an orphan's pension equal to 40% of the pension of each deceased parent.

Under the funded pension plan system, a surviving dependent child (aged up to 26) is entitled to an orphan's pension if, at the date of death, the beneficiary was a pensioner or on early retirement under the same scheme. This entitlement ceases, and cannot be revived, if the child is adopted by a third person.

What is covered?

In principle, the total amount of survivor pensions (widow's/widower's pension, orphan's pension) paid cannot exceed the amount to which the deceased person was entitled. In practice, this means that when the sum of all the survivor pensions calculated according to the official rates (60% for the surviving spouse, 40% for each dependent child) is over this amount, the amounts paid are reduced proportionally.

Widow's/widower's benefit

The widow's/widower's pension is 60% of the beneficiary's pension. It is paid for one year from the date of death. To be entitled to an extension of this period, the surviving spouse must meet one of the following conditions:

- be caring for a dependent child receiving an orphan's pension for the same death or raised in the deceased's household (natural or adopted child of the surviving spouse, or child entrusted to the guardianship of one of the spouses during the period of their marriage);
- be disabled, with at least a 70% loss of working capacity;
- have reached legal retirement age;
- have raised three or more children;
- have raised two children and reached the age of 52.

Under the funded pension plan system, the reversionary pension paid to a surviving spouse is paid in the same way as the original pension. If the beneficiary had opted for a simple annuity, the insurance company that was paying the pension or early pension converts it to a widow's/widower's pension worth 60% of the amount of the deceased's pension at the time of death.

If the beneficiary had opted for a combined capital payment plus annuity formula, the pension plan management company will continue to pay the agreed monthly instalments to the surviving spouse, in the same amount and over the same period as before, while the insurance company will convert the deceased's annuity into a widow's/widower's pension worth 60% of the amount of the annuity at the time of the beneficiary's death.

In this case too, the total amount paid out in survivor pensions (widow's/widower's pension, orphan's pension) cannot exceed the amount paid to the deceased. Similarly, the monthly capital instalments paid out by the pension plan management company are divided equally between the surviving spouse and the dependent children severally, so that the total paid out does not exceed 100% of the amount paid to the deceased.

Orphan's pension

The orphan's pension amounts to 40% per child of the old-age or invalidity pension to which each deceased parent was or would be entitled at the time of his or her death.

Under the funded pension plan system, the reversionary pension paid to an orphaned child is paid in the same way as the original early or old-age pension. If the beneficiary had opted for a simple annuity, the insurance company that paid out the pension or early pension converts it to an orphan's pension worth 40% of the amount of the deceased's pension at the time of death.

If the beneficiary had opted for a combined capital payment plus annuity formula, the pension plan management company will continue to pay out the agreed monthly instalments to the child, in the same amount and over the same period as before, while the insurance company will convert the deceased's annuity into an orphan's pension worth 40% of the amount of the annuity at the time of the beneficiary's death. This amount may be modified if necessary to keep the total of all survivor pensions below the level of 100% of the original pension (see under widow's/widower's pension).

Funeral Grant

The social legislation of Slovakia also provides for payment of a funeral grant (*Príspevok na pohreb*), to ease the burden of funeral costs on the deceased person's survivors. A lump sum of € 79.67 is payable to the person organising the burial.

How are survivors' benefits accessed?

Applications for a survivor's pension must be submitted in writing, with all the supporting documents required, to the local office of the Social Insurance Agency. If the deceased also had a funded pension, the survivors must also apply to the insurance company paying that pension and, if appropriate, to the pension plan management company as well. These applications must contain all the information necessary to establish the entitlement of the applicant and all the necessary supporting documents.

Funeral Grant

The applicant must apply to the Labour, Social Affairs and Family Office in the deceased person's last place of residence (permanent or temporary). The application must be attested by the undertaker and the Labour, Social Affairs and Family Office from the place of death. Application forms are available at this Office.

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?

Occupational injury insurance is mandatory for any employer employing even one worker and must cover all his employees.

The occupational injury insurance system protects persons performing professional duties for an employer not only in the framework of a contract of employment but also in the framework of an agreement for performance of work, a work placement agreement or traineeship agreement.

The occupational injury insurance system provides for several specific categories of persons for whom occupational injury benefits are paid by the State:

- students in secondary and post-secondary education;
- volunteer firemen, mine rescue workers, Red Cross workers and mountain rescue workers;
- volunteer rescue workers responding to a serious event or natural disaster or helping to repair the consequences of such events or catastrophes.

Since the occupational injury insurance system is based on the presumption of the employer's liability towards his or her employees in the event of an accident at work or occupational disease, the beneficiary cannot claim compensation under this scheme if it is shown that the employer is in no way responsible for the occurrence.

What is covered?

Occupational injury insurance is intended to maintain the net pay received by victims before their accident or illness; therefore contributions due and benefits paid are calculated on the basis of the beneficiary's gross pay. Unlike sickness, old-age and unemployment insurance and the guarantee fund, no income ceiling is applied.

The occupational injury insurance system provides:

- injury surcharge benefit (*Úrazový príplatok*);
- injury annuity benefit (*Úrazová renta*);
- one-off redemption benefit (*Jednorazové vyrovnanie*);
- surviving annuity (*Pozostalostná úrazová renta*) and one-off compensation benefit (*Jednorazové odškodnenie*);
- rehabilitation benefit (*Rehabilitačné*) and retraining benefit (*Rekvalifikačné*).

Injury surcharge benefit

Injury surcharge benefit: this is a cash benefit paid to persons unable to work as the result of an accident at work or occupational disease. The amount of this benefit is the difference between the sickness benefit and any income replacement paid to the victim, and, his/her net pay before the accident or illness.

Injury annuity benefit

Injury annuity benefit: this benefit is paid for a loss of 40% or more of working capacity as a result of a work injury or occupational disease. The rate of incapacity is assessed in relation to the victim's activity just before his or her accident or illness. The amount of the benefit is based on 80% of the assessment basis (or approximately the person's net pay) and the percentage loss of working capacity. If the victim is also receiving an invalidity pension, the amount of the annuity is reduced by the corresponding amount.

If there is a change in the person's state of health that affects his/her degree of disability (as long as the loss of working capacity remains above the threshold level of 40%), the annuity is adjusted accordingly. Entitlement to the injury annuity benefit ends when the beneficiary reaches retirement age or is granted an early pension.

One-off redemption benefit

A one-off redemption benefit is paid for a loss of at least ten% but not more than 40% of working capacity as a result of a work injury or occupational disease. The amount is calculated on the basis of the beneficiary's gross annual pay before his accident or illness and the percentage loss of working capacity.

Surviving annuity and one-off compensation benefit

If an insured person dies as the result of an accident at work or occupational disease, his survivors are entitled to certain benefits. These may take the form of a surviving annuity or a one-off compensation benefit. The annuity is paid when there is a court order for maintenance; otherwise a one-off compensation benefit is paid to the surviving spouse and dependent children. Entitlement to this annuity ends on the day when the victim would have reached retirement age.

Rehabilitation and retraining benefit

A rehabilitation benefit may be paid to a person undergoing rehabilitation. Similarly, a retraining benefit may be paid to a person undergoing retraining. These benefits are allocated by decision of the Social Insurance Agency and last for a maximum period of six months. Neither can be paid concurrently with an old-age pension. When an application for rehabilitation or retraining is approved, entitlement to the corresponding allowance is automatic. The amount of the allowance corresponds to 80% of the daily assessment base (average daily earnings in the calendar year before the injury occurred).

Other benefits

The other benefits paid under the occupational injury insurance system are:

- compensation for pain (*Náhrada za bolesť*) and compensation for reduced social opportunities (*Náhrada za sťaženie spoločenského uplatnenia*);
- reimbursement of medical costs in excess of what is covered by the health insurance system;
- reimbursement of the cost of a funeral, paid in one instalment to entitled beneficiaries as a flat-rate benefit (see part on survivors).

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

Applications for benefits in respect of accidents at work and occupational diseases must be submitted in writing, with all the supporting documents required, to the local office of the Social Insurance Agency.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefit and parental allowance are paid to parents with dependent children, adoptive parents and guardians of dependent children in loco parentis whether they are employed, self-employed or unemployed. Child benefit and parental allowance are non-contributory benefits financed from general taxation, and their amount does not depend on the income of the beneficiary or the age of the dependent children. Nationals of any EU/EEA country or Switzerland and, in certain cases, some other countries, have the same rights and obligations with regard to family benefits as nationals of Slovakia.

Child benefit

Child benefit (*Prídavok na dieťa*) is paid by the State to anyone providing for the education and maintenance of a dependent child, provided that:

- the child is a dependant of the beneficiary;
- the beneficiary is permanently or temporarily resident in Slovakia (this condition does not apply to migrant workers from the EU, the EEA or Switzerland);
- the dependent child is permanently or temporarily resident in Slovakia (this condition does not apply to the families of migrant workers from the EU, the EEA or Switzerland).

Parental allowance

Parental allowance (*Rodičovský príspevok*) is a social benefit paid to parents or adoptive parents as the State's support to the education and maintenance of children under the age of three in general, and up to the age of six for children with long-term health problems. Parental allowance is paid when:

- the parent taking ordinary care of a child;
- the child is a dependant of the beneficiary;
- the parent is permanently or temporarily resident in Slovakia (this condition does not apply to migrant workers from the EU, the EEA or Switzerland);
- the dependent child is permanently or temporarily resident in Slovakia (this condition does not apply to the families of migrant workers from the EU, the EEA or Switzerland).

Child care allowances

A tax bonus (*Daňový bonus*) is paid to parents who are permanent or temporary residents, and to persons providing substitute family care or adoptive parents, whose earnings exceed six-times the monthly national minimum wage, and who are maintaining a child up to 25 years old.

Child care allowance (*Príspevok na starostlivosť o dieťa*) is paid to persons working or studying who are taking care of a child. It is paid if both the child and the entitled persons are permanently or temporarily resident in Slovakia.

Birth grant

See part on maternity/paternity.

Substitute care support benefits

Persons caring for foster children or for children placed by judicial decision in care or social guardianship are entitled to a substitute care support benefits.

What is covered?

Child benefit

Child benefit is a flat-rate allowance, unrelated to the family income or the age or number of the children. It is paid monthly for each dependent child, without restriction or limit. It is paid in full for the calendar month even if the necessary conditions are met for only part of that month. The amount of the benefit is adjusted on 1 January each year. Currently it amounts to € 23.10 per child.

Child benefit is paid until the completion of compulsory education, currently 16 years of age. This can be extended to age 25 if a child is in full-time education or vocational training and has no income of his/her own. When a child has a long-term health problem that makes him/her unable to engage in full-time study or training, the benefit is paid until age 18.

Any change in the situation of the entitled beneficiary that may affect entitlement to or the amount or duration of this benefit must be reported to the local Labour, Social Affairs and Family Office within eight days.

Child benefit is paid to just one person in respect of any single child, even if more than one person is theoretically entitled to the benefit. Child benefit can be paid to:

- one of the parents (or adoptive parents) of a dependent child;
- a person who is caring for a child in loco parentis;
- a child who reached the age of majority, has no child of their own, has no source of income, and whose parents have had their maintenance obligation adjusted, or who is married or divorced.

Parental allowance

Parental allowance is a monthly flat-rate benefit, paid regardless of family income. When in the same period one parent is entitled to a maternity benefit of an amount that is less than the flat-rate parental allowance, the amount of the parental allowance will be adjusted to cover the difference between the two. The parental allowance cannot be paid when a maternity benefit is granted which is higher than the flat-rate parental allowance. The amount of this benefit is adjusted on 1 January each year.

Parental allowance is currently € 199.60. In case of multiple birth (twins, triplets etc.), this basic amount is increased by 25% per additional child. It is reduced by 50% if the parents do not ensure that their child is attending compulsory education.

Any change in the situation of the entitled beneficiary that may affect entitlement to or the amount or duration of this benefit, must be reported to the local Labour, Social Affairs and Family Office within eight days.

Parental allowance can be paid to either of the child's parents or any person standing in loco parentis to the child.

Child care allowances

Tax bonus

The tax bonus (tax instrument) is a universal system financed by the State budget, providing a reduction of income tax of € 21.41 monthly per child.

Child care allowance

Child care allowance is a State support to employed, self-employed or studying parents or substitute parents (not in receipt of parental allowance) in meeting child care expenses. The amount corresponds to the documented expenses within the limit of € 230 per month per child in the case of child care carried out by an official provider, or to € 41.10 per month per child in case of child care provided by a person who is not self-employed (e.g. a grandparent) or is not an official care provider.

Birth grant

See part on maternity/paternity.

Substitute care support benefits

One-off benefits

These are paid at the beginning and the end of a foster care placement. Regular benefits are paid to the entitled beneficiaries (except in the case of young children entrusted to persons other than their parents and children placed in care by a court order as an interim protective measure) during the period of foster care, provided that these beneficiaries are not receiving any other form of social assistance from the State, in which case these regular benefits represent a supplement.

The one-off benefit paid to children placed in care or foster care is intended to prepare the children concerned with certain basic personal necessities. It is systematically paid for young children who are placed in foster care from a children's home. It can also be paid for children who were not in a home before being placed in a foster home but who have no belongings of their own – this is left to the discretion of the labour, social affairs and family office, which is responsible for paying the benefit.

One-off benefit paid to children coming out of foster care is intended to help children leaving foster care become independent. It is paid to the child when he comes of age.

Regular benefit paid to substitute parents

This benefit is intended to help foster parents caring for one or more children placed in their custody. This care must be given on a personal basis, outside any custodial structure, and can also concern children temporarily in their care who are awaiting placement. Members of the child's family in the direct line (grandparents, great-grandparents) cannot claim this benefit. In order to promote respect for family ties, the benefit is increased for the foster care of three or more siblings.

This benefit cannot be paid when the foster parent or his spouse is simultaneously receiving maternity benefit (according to the Social Insurance Act) or a per diem sickness benefit or a similar benefit paid by a foreign country.

Special regular benefit paid to substitute parents
This benefit is intended to help foster parents caring for a seriously disabled child, when neither the foster parents nor the child is entitled to any other financial assistance in this connection, and when the foster care is provided personally, outside any formal specialised structure (as stated in the Law on social assistance).

How are family benefits accessed?

Applications for child benefit and parental allowance must be made in writing and submitted to the local Labour, Social Affairs and Family Office in the applicant's place of (permanent or temporary) residence. Pre-printed application forms and lists of required supporting documents are available from these offices. When the dependent child is living in another EU Member State, the provisions of the EU social security coordination legislation must be taken into account.

Application for substitute care benefits should be made to the Labour, Social Affairs and Family Office in the place where they have their permanent residence. These offices also administer the benefit. Entitlement to these benefits is related to the child's material circumstances, which the bureau assesses independently. A decision should be made within a period of 30 days.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployed persons (insured as employees or voluntary affiliates) can receive unemployment benefit *(Dávka v nezamestnanosti)* if they have paid unemployment insurance contributions for at least two of the three years preceding their registration as jobseekers.

Insurance periods can be counted only once: that is, insurance periods that have already been used to establish entitlement to unemployment benefit cannot be counted again.

A pensioner on early or old-age pension or a person receiving an invalidity pension and whose degree of incapacity is 70% or more cannot simultaneously claim unemployment benefit. Unemployment benefit is not paid for days for which the person received sickness benefit, benefit for the care of a sick relative, maternity benefit or parental allowance.

What is covered?

Unemployment benefit is paid for a maximum of six months.

Persons who had been employed on a fixed-term contract which has run out can receive unemployment benefit if in the four years before registering as jobseekers they:

- had paid unemployment insurance contributions in the context of their fixed-term contract (or had contributed voluntarily to the unemployment insurances scheme) for at least two years;
- have not been required to subscribe to unemployment insurance for any other reason.

In this case, the benefit can be paid for up to four months.

Provided that all the eligibility criteria are met, the beneficiary will receive an allowance equal to 50% of the daily assessment basis.

How are unemployment benefits accessed?

Provided that all the above conditions are met, entitlement to unemployment benefit operates from the day the beneficiary registers as a jobseeker at a regional Labour, Social Affairs and Family Office, and ceases at the end of the prescribed period or when the beneficiary is taken off the jobseekers' list. The benefit is disbursed by the Social Insurance Agency.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Special non-contributory cash benefits

See below: "What is covered".

Assistance in material need (*Pomoc v hmotnej núdzi*)

Assistance in material need is a universal, non-contributory scheme financed by taxation, whose aim is to ensure a minimum income for those unable to maintain their basic living conditions. The amount of benefits provided under this scheme varies according to the number of household members. Assistance in material need is granted on the basis of a subjective right (non-discretionary).

Benefit in material need (*Dávka v hmotnej núdzi*)

The benefit in material need is a means-tested benefit provided to persons residing or staying in the Slovak Republic who are in a situation of material need, i.e. when their income is lower than the subsistence minimum *(Životné minimum)* and they cannot secure an income themselves. Subsistence minimum is the minimum level of a person's income, below which s/he is recognised to be in a situation of material need. It seeks to ensure basic living conditions which are classified as one warm meal per day, necessary clothing and housing.

What is covered?

Special non-contributory cash benefit

Pension adjustments made before 1 January 2004 to a sole source of income:
If an old-age pension, pro rata pension, disability pension, widow's/widower's pension or orphan's pension paid for the loss of both parents was adjusted on 31 December 2003 because it constituted the beneficiary's sole source of income, it is paid, after 31 December 2003, according to the conditions laid down by the provisions in effect up to 31 December 2003; the amount of these pensions is that which was applicable on 31 December 2003. These pensions are subsequently revised according to the provisions in force since 1 January 2004.

The amount of the adjustment made to an old-age pension, pro rata pension or disability pension that constitutes the beneficiary's sole source of income is not taken into account in calculating the amount of the widow's/widower's pension or orphan's pension.

Social pension allocated before 1 January 2004
A social pension paid on 31 December 2003 continues to be paid after this date, under the conditions laid down by the legislative provisions in force on 31 December 2003, and the amount of the pension is that which was applicable on that date. After 31

December 2003, the body responsible for the allocation and payment of the pensions is the organisational division of the Social Insurance Agency, which, as its executive agency, was responsible for these matters until 31 December 2003. The social pension is subsequently revised according to the legislative provisions in force since 1 January 2004.

Benefit in material need

The amount of benefit in material need varies according to the family composition. It is calculated as the difference between the income of an individual or a household and the theoretical amount of benefit in material need. The latter corresponds to:

- € 60.50 for singles;
- € 115.10 for single parents with one to four children;
- € 105.20 for couples without children;
- € 157.60 for couples with one to four children;
- € 168.20 for single parents with five or more children;
- € 212.30 for couples with five or more children.

The benefit in material need is paid for as long as the situation of material need lasts.

Other benefits as components of benefit in material need:

- benefit for pregnant women from the fourth month of pregnancy;
- benefit for persons in material need with a child up to one year;
- healthcare allowance (*Príspevok na zdravotnú starostlivosť*);
- protecting allowance (*Ochranný príspevok*) for those having reached pensionable age, or disabled (having lost more than 70% of ability to work), or caring for a severely disabled person, or who are ill for a period of more than 30 days, or for single parents caring for child up to the age of 31 weeks;
- housing benefit (*Príspevok na bývanie*) for those paying the cost of lodging properly (except pensioners and clients in material need living in social service facilities);
- activation allowance (*Aktivačný príspevok*) for those following a back-to-work programme (training or performance of minor community work for at least ten hours a week);
- benefit for a child during the period of compulsory education (ages 6–16 years) (*Dávka pre dieťa*).

How are minimum resources benefits accessed?

Benefit in material need

Application for these benefits should be made to the Labour, Social Affairs and Family Office in the place where they have their permanent residence. These offices also administer the benefit. Entitlement to these benefits is related to a child's material circumstances, which the bureau assesses independently. A decision should be made within a period of 30 days (60 if it concerns a very complex case).

Chapter XII: Long-term care

When are you entitled to long-term care?

Long-term care benefits are offered to disabled persons, to persons with a negative state of health and to persons dependent on the help of a third person. The law defines the required duration of functional disease (12 months) as well as the minimum degree of dependency for some benefits.

What is covered?

Benefits are dependent on the maximum income level (of earnings, property and other benefits) of an applicant´s entire household. An income threshold is applied, which varies according to several factors (e.g. whether or not the dependent person is a child). In addition to benefits in kind (which includes residential and day care), cash benefits are available in the form of personal assistance benefit and attendance service benefit for informal carers (relatives) within home care. There is free choice between cash and benefit in kind.

The recipient has to pay the costs of service provision in residential facilities but must retain a subsistence minimum at least 20% of his/her monthly income. The cash benefit recipient pays a part of the costs for utility equipment.

How is long-term care accessed?

Benefits are organised at both regional and local level. Long-term care is covered partly by specific legislation (in the case of disabled persons) and partly by legislation on a number of other risks (invalidity, old-age, healthcare). It is based on a philosophy of social assistance (entitlement based upon need) and financed through municipalities, regional self-governments and the State.

The benefits are provided as a combination of benefits in kind and cash benefits; however, for selected benefits, the combination is not possible (e.g. attendance service benefit *(Príspevok za opatrovanie)* and personal assistance benefit *(Príspevok na osobnú asistenciu)*). Benefits are granted if conditions are fulfilled, which include a means test. A medical examiner evaluates the dependency level of a person. S/he cooperates with specialised doctors and with a social worker.

Annex: Useful addresses and websites

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.

Ministry of Labour, Social Affairs and Family of the Slovak Republic
Ministerstvo práce, sociálnych vecí a rodiny Slovenskej republiky
Špitálska 4,6,8
816 43 Bratislava
http://www.employment.gov.sk

Ministry of Health of the Slovak Republic
Ministerstvo zdravotníctva Slovenskej republiky
Limbová 2
P.O. Box 52
837 52 Bratislava 37
http://www.health.gov.sk

Ministry of the Interior of the Slovak Republic
Ministerstvo vnútra Slovenskej republiky
Department of Personnel and Social Activities, Health and Social Insurance Service
Pribinova 2
812 72 Bratislava
http://www.minv.sk

Health Care Surveillance Authority
Úrad pre dohľad nad zdravotnou starostlivosťou
Żellova 2
829 24 Bratislava 25
http://www.udzs-sk.sk

Social Insurance Agency – Central Office
Sociálna poisťovňa - ústredie
Ulica 29. augusta 8 -10
813 63 Bratislava 1
http://www.socpoist.sk

Central Office of Labour, Social Affairs and Family
Ústredie práce, sociálnych vecí a rodiny
Špitálska 8
812 67 Bratislava
http://www.upsvar.sk

General Health Insurance Agency
Všeobecná zdravotná poisťovňa – generálne riaditeľstvo
Mamateyova 17
850 05 Bratislava
http://www.vszp.sk

Ministry of Finance of the Slovak Republic
Ministerstvo financií Slovenskej republiky
Štefanovičova 5
817 82 Bratislava
http://www.finance.gov.sk