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# Your social security rights

*in Croatia*

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

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

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## Chapter I: Introduction, organisation and financing

### Introduction

The Croatian social security system is predominantly based on social insurance, consisting of pension insurance, health insurance, and unemployment insurance.

There is no distinct insurance branch for accidents at work and occupational diseases. In case of employment injuries sickness cash benefit and healthcare are provided from uniform health insurance, and pensions (under more favourable conditions) from uniform pension insurance. There are no separate schemes for farmers or civil servants. Some special categories of persons (e.g., parliamentary deputies, military officers and judicial officials, Croatian defenders from Homeland War, etc.) are covered by the general scheme under more favourable conditions and with higher benefits.

Social insurance is complemented by family benefits and social assistance schemes, which are non-contributory and means-tested.

### Pension Insurance

Pension insurance provides protection in cases of old-age, decease and invalidity. It also includes invalidity (and partially survivors') benefits for accidents at work and occupational diseases.

It is composed of two mandatory pillars:

- the first pillar is based on (inter)generational solidarity. It is a repartition (pay-as-you-go) scheme, with clearly defined benefits;
- the second pillar is a funded scheme, based on individual capitalised savings, and defined contributions.

The third pillar is a voluntary fully-funded scheme.

### Health Insurance

Health insurance covers the risk of temporary incapacity for work due to sickness or maternity as well as the need for healthcare. It also includes short-term benefits for accidents at work and occupational diseases.

The scheme consists of mandatory (basic) health insurance and voluntary health insurance. The latter may be

- supplementary health insurance (*dopunsko zdravstveno osiguranje*) for co-payments or participation by the insured person when receiving healthcare;
- additional health insurance (*dodatno zdravstveno osiguranje*) for additional benefits and higher standard of certain services; or
- private health insurance (*privatno zdravstveno osiguranje*) for persons not covered by mandatory health insurance.

## Unemployment insurance

Unemployment insurance covers the risk of unemployment. It also promotes employment and the rehabilitation process of unemployed persons disabled at work. Moreover, it covers the entitlement to occupational training without employment contract in the private and public sectors, with the aim of increasing the employability and competitiveness of young persons in the labour market.

## Family benefits

The family benefits scheme consists of the children allowance scheme, parental allowances, day-care state subsidies and a tax relief scheme based on the number of children raised by the taxpayer. The children allowance scheme is means-tested.

## Social Assistance

The social assistance system is a universal scheme that covers both financial social assistance and social services. It covers all Croatian citizens and foreigners (also stateless persons) with permanent residence in Croatia who are in need of assistance. Benefits are provided subject to a means test.

## Organisation of social protection

The schemes mentioned above come within the responsibility of ministries and public institutes with their central and regional administrative units.

The Ministry of Labour and Pension System (*Ministarstvo rada i mirovinskoga sustava*) develops legislative proposals and exercises general supervision over the implementation of the mandatory pension and unemployment insurances, while the Ministry of Social Policy and Youth (*Ministarstvo socijalne politike i mladih*) does the same for family benefits, maternity and paternity schemes as well as social assistance. The Ministry of Health (*Ministarstvo zdravlja*) develops legislative proposals and exercises general supervision over the implementation of health insurance.

The Croatian Pension Insurance Institute (*Hrvatski zavod za mirovinsko osiguranje, HZMO*) with its central and regional administrative units, administers the first pillar of pension insurance. Private mandatory pension companies that run the mandatory pension funds administer the second-pillar pension insurance, while the Central Registry of Affiliates (*Središnji registar osiguranika, REGOS*) keeps the record of individual accounts of mandatory pension funds members. The Croatian Financial Services Supervisory Agency (*Hrvatska agencija za nadzor financijskih usluga, HANFA*) is the financial supervisory body of the second and third pillars of pension insurance.

Basic health insurance is administered by the Croatian Health Insurance Fund (*Hrvatski zavod za zdravstveno osiguranje, HZZO*). Supplementary health insurance is mostly administered by the HZZO, but also by some private insurance companies. Additional and other private health insurances are offered by private insurance companies.

The unemployment insurance scheme is administered by the Croatian Employment Service (*Hrvatski zavod za zapošljavanje, HZZ*).

The children allowance scheme is administered by the Croatian Pension Insurance Institute (*HMZO*) while the parental allowances (maternity and paternity benefits) are administered by the Croatian Health Insurance Fund (*HZZO*).

Finally, social services are carried out by public institutions, like regional Social Welfare Centres (*centri socijalne skrbi*) established by the State, homes for children without adequate parental care, homes for physically and mentally impaired persons, homes for children and youth with behavioural disorders and homes for mentally ill adults. Religious communities, non-governmental organisations (NGOs) and administration bodies of local and regional self-government units may also provide certain social services. Social Welfare Centres also decide upon monetary social assistance.

## Financing

The Croatian social security system is financed by social security contributions and taxes.

The pension insurance contribution is paid by insured persons (for employees it is deducted and sent to the collecting agency by the employer). For persons who are mandatorily insured in the first and in the second pension pillar, the contribution is split (15% to first and 5% to second pillar). Next to contributions, the first pillar is financed also by the State budget and the second pillar by rates of returns. The third pillar is financed by premiums of insured persons.

Basic health insurance is financed by the contribution of employers (from payroll) and self-employed persons. There are two additional contributions, i.e. the contribution for accidents at work and occupational diseases, and the contribution for medical treatments during a stay abroad. The later applies only for countries outside of the EU, with which no social security agreement has been signed. Supplementary, additional and other private health insurance is financed by premiums of persons who contract such voluntary insurance.

Unemployment insurance is financed by employers' contributions.

The contribution base in all branches of social insurance is subject to both a floor and a ceiling; in other words, there is a minimum and a maximum contribution base. Contributions are collected by tax authorities in a centralised and integrated (with tax revenues) collection system.

Family benefits are financed by the State budget.

Public institutions and social assistance granted under the Social Welfare Act (*Zakon o socijalnoj skrbi*) are predominantly financed by the State budget and partly from the budgets of regional communities (also the city of Zagreb) and local communities. Social services might be co-financed by the beneficiaries and their family members.

## Chapter II: Healthcare

### When are you entitled to healthcare?

If you are an employed, self-employed or unemployed person, a farmer, a pensioner, a full-time salaried apprentice, a person undergoing occupational rehabilitation, a minor or a student, a disabled war veteran or a disabled person without resources, it is mandatory to be health-insured. If you are not insured under any other heading, but you permanently reside in Croatia, you are insured as well.

Additionally, dependent family members, including spouses or cohabiting partners, children until 18 years of age, or until 26 if they are full-time students or longer if they are disabled, and certain other persons who need to be looked after, like dependent parents, disabled siblings, grandparents and grandchildren, are also entitled to healthcare.

As a rule, no prior insurance period is necessary to be entitled to healthcare. A certain period of prior insurance may be required for some orthopaedic and dental aids. However, this requirement does not apply to minors and disabled persons.

### What is covered?

If you are mandatorily health insured you have access to physicians providing primary and specialist healthcare. You may also be treated in hospitals, if so required by your medical condition. Preventive and curative dental treatment is provided and dental prostheses are partially covered, depending on your age. You have access to pharmaceuticals, whereby those on the basic list and those received in a hospital are fully covered. For pharmaceuticals on the supplementary list, your co-payment (participation) is required. Also orthopaedic and other aids are only partially covered by mandatory health insurance. You also have the right to healthcare abroad at the (limited) expense of the Croatian Health Insurance Fund (*HZZO*).

Mandatory health insurance covers the costs of treatment to varying degrees. The remaining amount has to be paid by you directly or by your voluntary (supplementary) health insurance (if you have contracted one). However, if you are under the age of 18, a regular student, a person suffering from certain listed diseases, a disabled person needing constant assistance or an organ donor, you are exempt from participation. There is also a cap on participation costs per issued health bill.

Healthcare which is not required for medical purposes (for instance, if you have express wishes for certain non-medically indicated procedures, including cosmetic surgery, based or not on religious beliefs), experimental treatment, treatment beyond certain standards, treatment of medical complications due to receiving healthcare outside of mandatory health insurance, are not covered by the mandatory health insurance. Such healthcare has to be entirely paid for by the patients themselves.

### How is healthcare accessed?

You can attend physicians employed by the State owned medical institutions or private physicians and hospitals contracted by the Croatian Health Insurance Fund (*HZZO*).

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You do not have to pay a physician first and be reimbursed later, since payment is regulated in contracts between the *HZZO* and healthcare providers.

You may freely choose your primary health care physician, i.e. general practitioner, paediatrician, gynaecologist and dentist, for at least a year (but earlier changes are also possible). They act as so-called 'gatekeepers' and a specialist can be accessed only on referral by a general practitioner. Once a referral has taken place, specialists, public hospitals and contracted private hospitals may also be freely chosen. But as a rule you are required to go to the nearest contracted specialist, otherwise you will have to cover the transport costs yourself.

You may be entitled to the reimbursement of travel expenses, if for example you have to visit a physician outside your place of residence, you agree to visit a more remote physician in order to reduce waiting time, or you are summoned by the *HZZO* for a medical examination.

## Chapter III: Sickness cash benefits

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

If you are an economically active insured person and you have temporarily lost your working capacity, you may be compensated in a form of sickness cash benefit, provided by mandatory health insurance.

The following may be considered as economically active insured persons: employees (also assimilated civil servants), self-employed persons, full-time farmers, members of managing boards and executive directors of private companies, priests, persons carrying for disabled person from the Homeland War and one of the parents carrying for a disabled child.

Your working capacity may be temporarily lost not only due to your sickness or injury, but also due to medical examination which cannot be performed outside your working hours, medically required isolation, complications during pregnancy, accompanying a sick person for medical treatment, or caring for a sick child or spouse.

In order to be entitled to regular sickness benefit, you need to have completed an insurance period of at least nine months (or at least 12 months in the last two years, if you had interruptions in your career). If you fall short of this minimum insurance period, you may still be entitled, but only to a minimum sickness cash benefit.

### What is covered?

Sickness cash benefit is usually paid by your employer for the first 42 days (or seven days for disabled employees) of absence from work due to sickness. The benefit amount depends upon collective agreements, but cannot be lower than the statutorily defined minimum. Self-employed persons have to cover the loss of income in this initial period of sickness from their own savings or income.

From the 43<sup>rd</sup> day (or eighth day for disabled persons) of absence, the sickness cash benefit is paid by the Croatian Health Insurance Fund (*HZZO*). In certain cases it is paid already from the first day of absence (also to self-employed persons), for instance when you are isolated for medical reasons, accompanying a patient, caring for a sick child or spouse, or you suffer from complications during pregnancy.

Calculation of the sickness cash benefit provided by the *HZZO* is based on the average net wage in the six months preceding the month of sickness. It is paid in full (100% of the calculation base) when sickness is resulting from the Homeland War, for nursing a sick child under three years of age, for donation of tissues and organs, in case of isolation or complications during pregnancy. In all other instances it amounts to 70% of the calculation base. Both minimum and maximum benefits are defined by law.

You may be entitled to a sickness cash benefit until your recovery, but as a rule no longer than an uninterrupted period of 18 months for the same diagnosis. After that period sickness cash benefit is reduced to half of its amount. This reduction does not apply for certain, very serious diseases. When medical treatment is concluded or after 12 months of absence from work, entitlement to invalidity pension has to be considered.

In case of nursing immediate family members, the duration of sickness cash benefit is limited. It is provided for up to 60 working days for nursing a child up to seven years of age, or up to 40 working days for nursing a child above that age (until the age of majority). If so required by the nature of the disease, this period may be prolonged by medical experts of the *HZZO*. Sickness cash benefit is provided for up to 20 days for nursing a spouse (or a child above the age of 18 years) with a serious disease. Such limitation applies for each case of nursing a sick family member.

### **How are sickness cash benefits accessed?**

Incapacity for work or need for nursing a family member has to be assessed by your chosen personal primary health care physician. If your medical situation has improved after receiving sickness cash benefit for six months, your physician may require you to work part-time for a certain period, if this would allow you to regain full working capacity sooner.

If you are not satisfied with the decision on regaining full capacity for work, you may ask for an administrative decision from the Croatian Health Insurance Fund (*HZZO*). This decision is issued through speedy proceedings after a personal medical check by the physicians of the *HZZO*, and opens the possibility of an appeal.

*HZZO* also performs supervision over the assessment of temporary incapacity for work. This includes inspection in the personal physician's office and of the insured person within or outside the physician's office, including home visits. Inspection by the *HZZO* may also be demanded by your employer.

Technically, sickness cash benefit of the *HZZO* is also paid by your employer, who is then reimbursed by the *HZZO*. However, if your employer is not able to do so (for instance due to insolvency or bankruptcy proceedings), the *HZZO* may pay sickness cash benefit directly to your account.

## Chapter IV: Maternity and paternity benefits

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

Women before, during and after the birth of a child are entitled to healthcare from mandatory health insurance. No prior insurance period is required.

Rights to parental leave and cash benefits are regulated in a separate maternity and parental benefits scheme.

You may be entitled to maternity and parental leave/benefits if you are an employed person (or an assimilated civil servant), a self-employed person or a farmer. You may also be entitled if you are unemployed, a pensioner, a student or you are mandatorily health insured on some other ground.

Some categories have been granted the same status as the parents of a child, among them adoptive parents, minors' legal guardians and foster parents.

In order to be entitled to maternity or paternity benefit (*naknada plaće*) as an economically active person, you need to have completed an insurance period of at least 12 months (or at least 18 months in last two years, if you had interruptions in your career). If this condition is not fulfilled or you are not an economically active person, you may be entitled to a lower cash benefit (*novčana naknada*) or monetary assistance (*novčana pomoć*).

### What is covered?

Women before, during and after the birth of a child are entitled to healthcare without any co-payments or financial participation. Medical checks at public and contracted healthcare providers are free of charge.

Employed and self-employed pregnant women are entitled to maternity leave (*rodiljni dopust*) 28 days prior to the date of birth. In case of complications resulting from pregnancy this prenatal leave can be taken 45 days before the birth.

After a child is born, mothers are entitled to postnatal leave until the child reaches six months of age. This period is divided into mandatory and additional postnatal leave.

Mandatory leave lasts for 70 days after childbirth and has to be used by the mother. In exceptional circumstances (for instance if the mother dies or there is some other serious reason), the father of a child might be entitled.

Additional postnatal leave commences after mandatory leave and lasts until the child reaches six months of age. Instead of using additional maternity leave, the mother may (fully or partially) resume employment or self-employment, and this leave can be (fully or partially) transferred to the father of a child, if he consents.

Similar rules for postnatal maternity leave (or maternity care period) apply to unemployed persons, who have the right to cease seeking for work for the periods described above, and to persons outside of the labour market (like students).

Maternity leave is also granted in case of adoption. The leave can be divided between both parents.

For employed and self-employed parents, maternity benefit is provided from the mandatory health insurance from the first day of entitlement. It amounts to 100% of the monthly earnings of the insured person.

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

Healthcare is provided in public and contracted private hospitals.

Maternity leave/benefit is provided on the grounds of the attestation relating to the expected date of delivery, issued by the chosen personal gynaecologist. As a rule, cash benefits (including adoption benefits) are claimed from the local unit of the Croatian Health Insurance Fund (*HZZO*). Also your employer has to be duly notified about your leave.

The *HZZO* also administers other maternity cash benefits and monetary assistance.

## Chapter V: Invalidity benefits

### When are you entitled to invalidity benefits?

You may be entitled to invalidity benefits if you are covered by mandatory pension insurance. In the first pillar of pension insurance, employed persons, self-employed persons and farmers are covered for all risks (including invalidity). The mandatory second pillar provides supplementary benefits.

In order to be entitled to an invalidity pension (*invalidska mirovina*) and other invalidity benefits, the invalidity has to be ascertained. It occurs if, due to a permanent modification in the health condition (as a result of injury or disease) which cannot be improved by medical treatment, the capacity for work is reduced or lost. Invalidity is defined in terms of general and occupational incapacity for work.

General incapacity exists when the ability to work is permanently and fully lost. Occupational incapacity exists when the ability to work is permanently reduced by more than one half (51% or more) in comparison with a physically and mentally healthy insured person of the same or similar education and ability.

Invalidity pension may be granted only before you reach the age of 65 and provided the pension qualifying period covers at least one third of your working life. Working life is considered as the number of complete years from the day when you reached the age of 20 (or 23 for persons with post-secondary qualifications and 26 for persons with university qualifications) up to the day when invalidity occurred. It may be shortened for periods of mandatory military service and unemployment.

For younger disabled persons the qualifying conditions are relaxed. If you are below the age of 30, one year of insurance, and if you are between 30 and 35 years of age, two years of insurance (or one year for university graduates) suffice. In both cases invalidity should occur during or within one year after the insurance was terminated.

You may be entitled to occupational rehabilitation (*profesionalna rehabilitacija*) if you are below the age of 50, have remaining work capacity, completed the qualifying period required for an invalidity pension and can be equipped to work full time at another working place.

### What is covered?

Invalidity benefits from the first pillar depend on your previous earnings, the level of invalidity, the period of employment and a quotient determined by the Croatian Pension Insurance Institute (*HZMO*) on the basis of statistical information (reflecting the annual value of the average salary).

The second pillar of pension insurance is capitalised and primarily directed at funding old-age pensions. If you are entitled to an invalidity pension based on general incapacity, the funds from your second-pillar account will be transferred to the first pillar in order to provide a first-pillar invalidity pension. Only exceptionally, if a separate first-pillar basic invalidity pension and second-pillar pension would be more favourable, both can be provided. If you are entitled to an invalidity pension based on

occupational incapacity, the funds will remain on your second-pillar account until you meet the conditions for an old-age pension or until general incapacity occurs.

First pillar invalidity pension is calculated on the basis of your annual wage in relation to the national annual average wage of all employed persons. The result is a value point for every year of your working history. All value points are added together and divided by the number of working years. The result is the average value point which is then used in the pension calculation formula.

Invalidity pension is calculated by multiplying personal points, the pension factor and the actual value of a pension. Your personal points depend on your average value point and your total qualifying period. The pension factor varies according to the nature of incapacity: for general incapacity it is 1.0, while for occupational incapacity it is set at 0.8 (0.5 if you are at the same time employed or self-employed). The actual value of a pension (amount of one personal point) is determined by the *HZMO* biannually.

A minimum invalidity pension is guaranteed from the first, but not from the second pillar. For the latter there are also no upper limits. Pensions from the first pillar are limited since the average value point may not exceed 3.8 (your average wage from the entire work history may not exceed 3.8 average wages of all employed persons in the same period).

Occupational rehabilitation is organised by the employer in cooperation with the *HZMO*. Income replacement benefit (*naknada plaće*) is paid for the period between invalidity occurrence and commencement of occupational rehabilitation and between its completion and commencement of new work (but no longer than 12 months, if you are registered as unemployed).

## How are invalidity benefits accessed?

Your incapacity for work is assessed every four years by expert physicians of the Croatian Pension Insurance Institute (*HZMO*) until you reach the age of 65. You may continue to receive invalidity pension beyond this age; your invalidity pension will not be converted to an old-age pension.

The procedure for acquiring the right based on invalidity is instituted by an application from the general practitioner of an employed or self-employed person, who submits it to the regional office of the *HZMO*, competent according to the place of (self-) employment. If you would like to acquire the right based on invalidity and you are unemployed, you should fulfil the application form yourself and submit it to the regional office of the *HZMO*, competent according to your place of residence. If your residence is outside Croatia, the application should be filed at the competent regional office in whose area you were last insured (e.g. employed).

If the proposition for assessing invalidity was sent by your chosen personal physician, the *HZMO* by itself (*ex officio*) commences the procedure.

## Chapter VI: Old-age pensions and benefits

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

Entitlement to an old-age pension (*starosna mirovina*) depends on age, gender and the length of qualifying period. It is provided to economically active persons, including employees, civil servants, self-employed persons and farmers, when they stop their professional activities.

You may be entitled to an old-age pension when you completed a minimum period of insurance of at least 15 years and you reach the age of 65 (if you are a man) or 61 years in 2014 (if you are a woman). Retirement age for women is being gradually raised, i.e. by 3 months every year, in order to be equalised with the one for men (i.e. 65 years) in 2030.

When reaching the age of 60 (men) or 56 (in 2014, women) you may be entitled to an early old-age pension (*prijevremena starosna mirovina*), if you completed at least 35 years (men) or 31 years (in 2014, women) of qualifying period. Minimum conditions for women and men will be equalised in 2030, by raising the age and prolonging the qualifying period for women (by three months a year).

The mandatory second-pillar provides capitalised supplementary pensions.

### What is covered?

Old-age and early pensions from the first (public) pillar of pension insurance are calculated on the basis of your annual wage in relation to the national annual average wage of all employed persons. The result is a value point for every year of your working history. All value points are added together and divided by the number of working years. The result is the average value point which is then used in the pension calculation formula.

Old-age and early pensions are calculated by multiplying personal points, the pension factor and the actual value of a pension. Your personal points depend on your average value point and your total qualifying period. The pension factor is set at 1.0 for both old-age and early pensions. The actual value of a pension (i.e. the amount of one personal point) is determined biannually by the Croatian Pension Insurance Institute (*HZMO*).

A minimum old-age pension is guaranteed from the first, but not from the second pillar. For the latter there are also no upper limits. Pensions from the first pillar are limited since the average value point may not exceed 3.8 (your average wage from your entire career may not exceed 3.8 average wages of all employed persons in the same period).

If you claim an old-age pension after reaching 65 years of age, your pension is increased by 0.15% for each month of deferment. Such increase is provided for a maximum of five years and amounts to maximum 9%.

Early pension is calculated as a reduced old-age pension. The reduction ranges from 0.15 to 0.34% per month between 36 and 40 years of qualifying period. It is higher for shorter insurance periods.

The mandatory second-pillar old-age pension is calculated according to the amount of funds accrued on your individual account and the actuarial unisex tables.

### **How are old-age benefits accessed?**

The procedure for acquiring the right to an old-age or early pensions is instituted by filing an application with the regional office of the Croatian Pension Insurance Institute (*HZMO*), competent according to your place of employment. If your residence is outside Croatia, the application should be filed with the competent regional office in whose area you were last insured.

You may file an application two months before fulfilling the retirement conditions at the earliest. Nevertheless, you may notify the *HZMO* six months in advance, so they can verify all the information. You may also ask for a (non-binding) pension estimation in advance.

Old-age or early pension should be claimed within six months after meeting all the conditions. If you miss this deadline, the pension will be paid from the first day of the next month following your application and for no more than the last six months. For instance, if you file a claim 10 months after fulfilling the conditions (including the one that you stop working), your pension will only be paid retroactively for the last six months.

For the mandatory second-pillar supplementary pension, you may select a pension insurance company which will provide the pension. After the prescribed procedure, the Central Registry of Affiliates (*REGOS*) issues an order to transfer funds from your personal account to the account of the selected pension insurance company. From the assets transferred (and after deduction of the prescribed fee), the pension insurance company will pay you a monthly second-pillar pension, in line with the contract you have signed with that company.

## Chapter VII: Survivors' benefits

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

You may be entitled to a family pension (*obiteljska mirovina*) if the relevant conditions on both sides, i.e. on the side of the deceased beneficiary and the entitled family member, are met. The same conditions apply to first and second pillars family pensions.

#### Conditions regarding the deceased insured person

Surviving family members may be entitled to a family pension, if the deceased:

- completed at least five years of insurance (contribution period), or 10 years of qualifying period, whereby this period includes also non-contributory periods credited or taken into account;
- fulfilled the qualifying period required for an invalidity pension;
- already enjoyed an old-age, early or invalidity pension, or
- was exercising occupational rehabilitation.

#### Conditions for a surviving spouse

If you are a surviving spouse, a cohabiting partner (provided cohabitation lasted for at least three years) or a maintained divorced spouse of the deceased insured person, you may qualify for a family pension.

You may be entitled, if you:

- have reached the age of 50 at the time of decease; however, if you reached the age of 45 you may gain legal expectation and the right to a pension may be recognised when you become 50 years old,
- are recognised as suffering from general incapacity for work, or if you become incapable for work within one year after the decease, irrespective of age,
- are left with a child who is entitled to a family pension and the duty to maintain the child exists, even if the child was born after the decease of the insured person.

#### Conditions for surviving children

Children are entitled to a family pension until the age of 15, or 18 (if registered as unemployed), or until they have completed their full-time education but as a rule not beyond 26 years of age (extension is possible due to illness).

A child who becomes completely incapable of working while still entitled to a family pension, or even after the age limits mentioned above (if the child was maintained by the deceased), remains entitled to this pension as long as the incapacity lasts.

Children born within or outside a marriage as well as adopted children are treated alike. Stepchildren, grandchildren and other children without parents, if maintained by the deceased, are covered as well.

## Conditions for parents and siblings

Parents maintained by the deceased at the time of death may be entitled to a family pension if they have reached the age of 60, or if they are recognised as suffering from general incapacity for work.

Dependent brothers and sisters of the deceased insured person may also be entitled to a family pension, but only if they fulfil the conditions applied for children.

## What is covered?

The calculation of a first-pillar family pension is based upon the general invalidity or old-age pension the deceased was or would have been entitled to at the time of decease. Personal points for family pension are determined on the basis of value points for a qualifying period of at least 21 years.

The number of eligible family members (including the spouse) may influence the way in which the family pension is determined. It is calculated as a percentage of the pension to which the deceased was or would have been entitled, according to the number of eligible survivors (and certain priority rules):

- for one survivor: 70%,
- for two survivors: 80%,
- for three survivors: 90%,
- for four or more survivors: 100%.

If the deceased insured person remarried but continued to maintain the former spouse, then the last spouse and all other ex-spouses are treated as co-beneficiaries.

The maximum for all beneficiaries is set at 100% of the pension to which the deceased was or would have been entitled to (including a bonus for old-age pension deferment). They should not be enriched by the decease.

If a child or children are bereaved of both parents, the family pension is calculated by reference to the (potential) pension of each deceased parent.

The mandatory second-pillar family pension is calculated according to the amount of funds accrued on your individual account and the actuarial unisex tables. However, the second pillar is primarily directed at funding old-age pensions. When you become entitled to a family pension, the funds from the account of the deceased person are transferred to the first pillar in order to provide the first-pillar family pension. However, if sufficient funds are available (in case of a long period of accumulation), the second-pillar pension may be paid together with the first-pillar pension.

## How are survivors' benefits accessed?

The procedure for acquiring the right to a family pension is instituted by filing an application with the regional office of the Croatian Pension Insurance Institute (HZMO), competent according to your place of employment. If your residence is outside Croatia, the application should be filed with the competent regional office in whose area you were last insured.

The right to a family pension may be acquired no earlier than the first day of the month following the month in which the insured person died.

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In case a widow/er would be entitled to more than one pension (i.e. a family pension next to an own old-age or invalidity pension), he or she may choose the most favourable (i.e. the highest) one.

## 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?

There is no specific social insurance scheme for accidents at work and occupational diseases. These risks are covered by mandatory health insurance in case of short-term incapacity for work, and mandatory pension insurance in case of invalidity or physical impairment of the insured person. In case of decease, benefits may be provided from both schemes.

An accident at work (*ozljeda na radu*) is defined as an accident arising out of work and in the course of work, including travel between the places of residence and work. A list of occupational diseases (*profesionalna bolest*) is available, and only diseases included on that list are considered to be occupational diseases.

You are covered, not only if you are an employed or self-employed person or a farmer, but also if you belong to a group of insured persons in certain circumstances. Such groups are, for instance, pupils and students during practical training, study tours and work performed via authorised agents, or members of voluntary fire departments (during fire-fighting activities) etc.

No prior insurance period is required to be eligible for benefits. This holds true for healthcare (e.g. orthopaedic and dental aids), sickness cash benefit, invalidity pension, professional rehabilitation and family pension.

You may be entitled to an allowance for physical impairment (*tjelesno oštećenje*) in case you are physically impaired for at least 30% as a result of an accident at work or an occupational disease.

### What is covered?

In case of an accident at work or occupational disease, all costs of healthcare are covered by the mandatory health insurance. You do not have to make any co-payment. Also the travel costs may be reimbursed. Next to benefits from mandatory health insurance, special preventive measures are provided by occupational physicians (this is the responsibility of your employer).

If short-term incapacity is caused by an accident at work or occupational disease, sickness cash benefit is paid by the Croatian Health Insurance Fund (*HZZO*) as from the first day of absence from work. It amounts to 100% of the calculation base. Moreover, the insured person will continue to receive this benefit even after the employment contract has expired. After an uninterrupted period of 18 months for the same diagnosis, the sickness cash benefit is reduced to half of its amount. However, this reduction does not apply for certain, very serious diseases.

Also benefits from mandatory pension insurance are more favourable if invalidity was caused by an accident at work or an occupational disease. If the actual insurance period is less than 40 years, the invalidity pension is based on a fictitious 40-year

qualifying period. If the actual insurance period exceeds 40 years, this longer period is taken into account.

In case of physical impairment, regardless of whether it causes invalidity or not, you may be entitled to a special allowance. The rate depends on the level of physical damage, and varies from 12 to 40% of the relevant calculation base.

In case of death of an insured person due to accident at work or occupational disease, funeral expenses (which are otherwise not reimbursed) may be refunded by mandatory health insurance, whilst family pension may be provided by mandatory pension insurance (calculated as for 40 years of pension period).

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

In case of an accident at work, or if there is a suspicion of occupational disease, proceedings must be instituted at the competent local office of the Croatian Health Insurance Fund (*HZZO*). The process starts with the filing of an accident at work or occupational disease report, completed by the employer and your chosen personal physician.

Healthcare is provided by the chosen personal physician and other contracted physicians and health institutes. Your chosen personal physician will also determine the incapacity for work, which may entitle you to sickness cash benefit. Travel costs and reimbursement of funeral expenses are provided by the *HZZO*.

Benefits from pension insurance may be claimed from the regional unit of the Croatian Pension Insurance Institute (*HZMO*) in the place of your (last) employment. The level of invalidity or impairment is determined by the *HZMO*, on the basis of an expert opinion.

## Chapter IX: Family benefits

### When are you entitled to family benefits?

#### Child benefit

If you are permanently residing with a child in Croatia for at least three years and your family income is below certain threshold, you may be entitled to a child benefit (*doplatak za djecu*). Parents who are absent from Croatia for more than three months are not eligible.

Next to parents, also adoptive, step- or foster parents or grandparents may be entitled to means-tested child benefit, if they actually support the child and live with him/her in the same household. The child him-/herself may be entitled, if he/she reached maturity, was bereaved of both parents and is in regular education.

In exceptional cases (such as severe health problems of the child), child benefit is provided regardless of the household income.

Child benefit is paid for children below the age of 15, or 19 years if in secondary education. It may be prolonged until the child reaches the age of 21 in case of serious illness, or 27 for a disabled child.

#### Parental benefit

If you are an employed or self-employed person, you may be entitled to parental leave/benefit, the right to work part-time, prolonged parental leave or part-time work in case of a severely disabled child, and to use unpaid leave (with limited social security coverage).

In order to be entitled to parental benefit (*naknada plaće*), you have to be insured for at least 12 months (or at least 18 months in last two years, if you had interruptions in your career). If this condition is not fulfilled, you may be entitled to a lower cash benefit.

#### Birth grant

If you permanently reside in Croatia for at least 12 months and you are covered by mandatory health insurance, you may be entitled to birth grant. The condition of permanent residence is prolonged to five years, if you are not economically active (for instance a student).

In both cases, the child has to be included in the register of new-borns, a member of the same household and covered by mandatory health insurance.

### What is covered?

#### Child benefit

The amount of child benefit depends on the monthly net income per family member, the health condition of the child, the number of children and the status of the parents.

Child benefit is paid in three levels depending on the household income. The lower the income, the higher the child benefit will be (and *vice versa*). Child benefit is paid per child. Supplements are provided to lone parents (15% increase) and for orphans and disabled children (25% increase).

If a certain income level is exceeded, there is no entitlement to child benefit. However, this does not apply to child benefit for children with a severe health impairment, which is provided irrespective of family income.

### **Parental benefit**

For the first and second child you may be entitled to six months (or eight months if used by both parents) parental leave/benefit after the mandatory maternity leave. Its duration is prolonged to 30 months for the third and fourth child, and for twins. In both cases it has to be exercised until the child reached the age of eight years. As a rule, it should be used equally by the mother and the father of a child (four or 15 months, respectively).

Partial parental leave/benefit may be complemented with half-time work. In this case the duration is doubled (to 12 or 16 months, respectively). If the child requires special care, the leave/benefit may be prolonged until the disabled child reaches three years of age.

If your child is severely disabled, you may be entitled to parental leave/benefit until s/he reaches eight years of age, or you may work half-time even beyond this age (as long as disability persists).

After exhausting the right to parental benefit or the right to work half-time, you may be entitled to suspend your employment contract until the child reaches the age of three years. You may remain covered by mandatory health and pension insurance.

### **Birth grant**

Birth grant is provided as a flat-rate lump-sum amount.

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

### **Child benefit**

The proceedings are instituted by filing an application with the regional office of the Croatian Pension Insurance Institute (*HZMO*) in your place of residence. Although administered by the *HZMO*, child benefit is paid from the State budget.

### **Parental benefit**

The right to parental benefits may be exercised by applying to the local office of the Croatian Health Insurance Fund (*HZZO*) in your place of residence. Although administered by the *HZZO*, parental benefits are paid from the State budget.

Disability of the child is assessed by your personal physician and expert physicians of the *HZZO*.

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## **Birth grant**

You have to apply for birth grant within six months from the birth of the child (60 days from adoption) at the local office of the Croatian Health Insurance Fund (*HZZO*).

## Chapter X: Unemployment

### When are you entitled to unemployment benefits?

If you were an employee (or a civil servant) and you have lost your job, you may be entitled to unemployment benefit.

Eligibility conditions (and those for maintaining the benefit) are the following:

- at least 9 months of employment/insurance in the past 24 months,
- termination of employment through no fault of your own (except when you are allowed to terminate it due to breaches of law by your employer) or involuntarily (unless your spouse moved or you had to move due to medical reasons to another locality),
- capacity to work,
- active job-seeking,
- availability for employment,
- acceptance of suitable employment (according to the employment plan),
- age between 15 and 65 years, and
- registration at the Croatian Employment Service (*HZZ*).

### What is covered?

Unemployment Benefit is calculated on the basis of the average monthly earnings received during the last three months before the termination of the employment contract.

It is paid from the first day of unemployment. For the first 90 days unemployment, the benefit amounts to 70% and for the remaining period it is lowered to 35% of the calculation base. Both minimum and maximum amounts are prescribed.

You may exercise the right to unemployment benefit for a period between 90 and 450 calendar days. The actual duration depends on the length of the previously completed employment period (from nine months to over 25 years).

If you have completed at least 32 years of employment and lack no more than five years until meeting the conditions for an old-age pension, you may remain entitled until engagement in new employment or entitlement to a pension.

The duration of the unemployment benefit can be extended if you were registered with the Croatian Employment Service (*HZZ*) continuously for more than 12 months.

The amount of your (extended) unemployment benefit for up to two years may be paid as a lump-sum, if this would assist you in finding new employment or self-employment.

You may be entitled to financial assistance and reimbursement of expenses incurred in the course of education (i.e. training programmes arranged and financed by the *HZZ*) or to one-time financial assistance and reimbursement of travel and relocation expenses (if you find a job outside your place of residence).

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As an unemployed person, you may be entitled to various active employment and social assistance measures.

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

In order to exercise the right to cash benefits you have to register with the regional office of the Croatian Employment Service (*HZZ* of your permanent or ordinary residence) within 30 days of the termination of your employment contract and file an application for unemployment benefit.

If you were on sick leave when your employment contract was terminated, or on maternity, parental, adoptive parent or foster parent leave, then you must register within 30 days after the end of the respective leave.

If you do not agree with the decision of the regional office of the HZZ, an appeal may be lodged. It will be decided by the Ministry of Labour and Pension System.

## Chapter XI: Minimum resources

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

If you reside permanently in Croatia and lack sufficient resources (i.e. your property and income fall below a certain threshold) due to objective reasons, and you are not able to secure sufficient resources by work or by obtaining income from property or other sources, you or your family may be entitled to social assistance (*socijalna pomoć*). The scope of social assistance may be restricted, if you are a foreigner with a temporary residence permit.

Special assistance can be provided to specific groups such as parentless children (and other children in need), pregnant women and parents with a baby (up to one year of age), disabled adults, victims of family violence or human trafficking, persons in need due to disturbed relations in their families (like alcohol or drug addiction) as well as to homeless and other persons in need.

The investigation of your means to determine whether you are eligible for benefits (i.e. the means test) encompasses your income (with certain exceptions), real estate, other property, property rights and other domestic or foreign assets, owned by you, your family or household members. Also housing should not exceed limits prescribed by law in order to be entitled to subsistence allowance.

If you are capable for work, you have to register with the Croatian Employment Service (*HZZ*) and as a rule accept any work offer.

### What is covered?

The relative poverty line is determined by the State (i.e. the official poverty line, published by the Central Bureau of Statistics). The amount of social assistance varies according to the composition of the family and family income. It may be higher for larger families, with no own income.

Subsistence allowance (*pomoć za uzdržavanje*) may be increased for vulnerable groups such as single persons, people with general incapacity for work, pregnant women and children in a single-parent family.

You may also be entitled to housing allowance (*pomoć za podmirenje troškova stanovanja*), one-time assistance (*jednokratna pomoć*), educational assistance (*potpora za obrazovanje*), personal disability allowance (*osobna invalidnina*), assistance and care allowance (*doplatak za pomoć i njegu*), inclusion supplement (*inkluzivni dodatak*) and various social services.

Social assistance can be successively renewed as long as the situation of need persists or may be of unlimited duration.

If not covered in any other capacity, you may also be entitled to health care, if you are a disabled recipient of subsistence allowance, receiving special treatment for drug addicts or deprived of legal capacity.

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## How are minimum resources benefits accessed?

A beneficiary of social assistance can be a single person, a family member or an entire family. The application should be filed at the Social Welfare Centre (*centar za socijalnu skrb*) which is competent according to your place of residence. It will perform a means test and may decide (as of discretionary right) to exempt property of children.

As a rule, the Social Welfare Centre has to verify occasionally or at least once a year, if the conditions for social assistance are still met. It is also a duty of the recipient to report all relevant changes.

Social Welfare Centres are as a rule responsible for paying out the benefits, but some benefits may also be provided by the municipalities (such as the housing allowance).

If the Social Welfare Centre would establish that subsistence allowance is not used according to its purpose, it may provide it as a benefit in kind.

## Chapter XII: Long-term care

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

There is no special long-term care scheme. Nevertheless, if due to old age or disability you have to rely on care provided by another person in order to perform basic activities of daily living, such as organising food, preparation of meals, cleaning of your home, dressing and keeping personal hygiene, you may be entitled to certain long-term care benefits in cash and/or in kind.

If your and your family's income is below certain threshold, you may be entitled to assistance and care allowance (*doplatak za pomoć i njegu*). There are exceptions when means test does not apply, such as serious mental or physical impairment, blindness and/or deafness (if blind/deaf persons had no trained to care for themselves). Also allowance for persons reliant on partial care is not means-tested.

If you have severe disability or other permanent and severe modifications in your health situation, you may be entitled to personal disability allowance (*osobna invalidnina*). Its purpose is to assist you with living needs and include you in the daily living of the community. Special personal disability allowance may be recognised to Croatian War Veterans.

You may also be entitled to inclusion supplement (*inkluzivni dodatak*). It is financial support for persons with disabilities in creating conditions for equal opportunities for their inclusion in everyday life.

If you are taking care of a child with disabilities or a disabled person fully dependent on assistance and care, for the purpose of maintaining his/her life, you may be recognised a status of a parent-caregiver (*roditelj njegovatelj*).

Benefits in kind may include professional assistance at home, semi residential care, weekend or occasional accommodation service (also as adaptation to longer-term accommodation outside the family or for returning to the family) and residential care.

### What is covered?

Assistance and care allowance depends on the degree of need. It amounts to 100% of the calculation base, if assistance and care with all basic activities of daily living is required, and is reduced to 70%, if only partial assistance and care is required.

Personal disability allowance is paid in the amount set by law. If you have certain assets or income, it is calculated as a difference between the set amount and your average income of the last three months.

The amount of inclusion supplement varies according to seven levels, depending on the degree of reliance on care.

If you are a parent-caregiver, you are entitled to a cash benefit (defined by law) and covered by mandatory health, pension and unemployment insurance. Social security contributions are paid by the State budget from the minimum contribution base.

Home care may include delivery of meals (ready meals or groceries, also cooking, washing dishes), household tasks (like cleaning, laundry and ironing, fetching fuel or pharmaceuticals), assistance with personal hygiene (getting dressed, or taking a bath and other hygiene needs), and meeting other daily needs.

Semi-residential care may include full-day care (more than 8 hours a day including food, personal hygiene, health, education, care, work activities, psychosocial support and rehabilitation, leisure, organised transport and other services), half-day care (4 to 8 hours a day) or occasional care (up to 12 hours a week).

Residential (institutional) care is provided in State or county (decentralised) homes for the elderly and infirm persons, and homes of other providers. Homes for elderly and psychiatric care homes have units for full-time nursing care. Residential care in a non-institutional setting may be provided through foster families and family homes.

Under specific conditions, you may be entitled to several benefits at the same time, like assistance and care allowance and home care. Some benefits are mutually exclusive. For instance, you cannot be entitled to assistance and care allowance and personal disability allowance at the same time.

### **How is long-term care accessed?**

Reliance on long-term care is certified by expert bodies established through special regulations. Degree of physical and mental impairment, duration of reliance on care, degree of (full or partial) incapacity for independent living, urgency and scope of assistance and care are among the indicators being assessed.

You are free to choose the most appropriate benefits in cash and in kind. The decision on granting assistance and care allowance, personal invalidity, inclusion supplement and status of a parent-caregiver is taken by the Social Welfare Centre (*centar za socijalnu skrb*) which is competent according to your place of residence. Parents-caregivers are instructed by a physician on how to provide the necessary medical-technical assistance.

Benefits in kind are provided by Social Welfare Centres, homes for physically and mentally impaired persons, centres for assistance and care and family homes. Social welfare activities are also carried out by religious communities, non-governmental organisations and local and regional self-government units.

Long-term care is organised at the State and regional levels. It is financed predominantly by the State and local governments' budgets and participation of beneficiaries (and persons who have the duty to maintain them). The level of participation is determined by the Social Welfare Centres. The State may fully or partially pay the price of services, if the beneficiary (with his/her family) does not have sufficient means to participate in the service costs.

## Annex: Useful addresses and websites

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

### Ministry of Labour and Pension System

*(Ministarstvo rada i mirovinskoga sustava)*

Ulica grada Vukovara 78

10000 Zagreb

Tel: + 385 1 6106 310

Fax: + 385 1 6109 300

E-mail: [info@mrms.hr](mailto:info@mrms.hr)

<http://www.mrms.hr/>

### Ministry of Health

*(Ministarstvo zdravlja)*

Ksaver 200 A

10 000 Zagreb

Tel: +385-1-4607 555, 0800-7999

Fax: +385-1-4677 076

E-mail: [pitajtenas@miz.hr](mailto:pitajtenas@miz.hr)

<http://www.zdravlje.hr/>

### Ministry of Social Policy and Youth

*(Ministarstvo socijalne politike i mladih)*

Savska cesta 66

10 000 Zagreb

Tel: +385 1 555 7111

Fax: +385 1 555 7222

E-mail: [ministarstvo@mspm.hr](mailto:ministarstvo@mspm.hr)

<http://www.mspm.hr/>

### Ministry of Finance

*(Ministarstvo financija)*

Katančičeva 5

10000 Zagreb

Tel: +385 1 4591 333

Fax: +385 1 4922 583

E-mail: [informiranje@mfin.hr](mailto:informiranje@mfin.hr)

<http://www.mfin.hr/>

### Croatian Health Insurance Fund

*(Hrvatski zavod za zdravstveno osiguranje)*

Margaretska 3

10 000 Zagreb

Tel: + 385 1 480 63 33

0800-7979 (mandatory insurance), 0800-7989 (supplementary insurance)

Fax: + 385 1 4812 606

E-mail: [obvezno-osiguranje@hzzo.hr](mailto:obvezno-osiguranje@hzzo.hr) (mandatory insurance),

[dopunsko-osiguranje@hzzo.hr](mailto:dopunsko-osiguranje@hzzo.hr) (supplementary insurance)

<http://www.hzzo.hr>

**Croatian Pension Insurance Institute**

*(Hrvatski zavod za mirovinsko osiguranje)*

A. Mihanovića 3

10000 Zagreb

Tel: + 385 1 4595 500, 0800-63-63-63

Fax: + 385 1 4595 063

E-mail: [hzmo-eu@mirovinsko.hr](mailto:hzmo-eu@mirovinsko.hr) or  
[press@mirovinsko.hr](mailto:press@mirovinsko.hr)

<http://www.mirovinsko.hr/>

**Croatian Employment Service**

*(Hrvatski zavod za zapošljavanje)*

Radnička cesta 1

10000 Zagreb

Tel: +385 1 612 60 00, +385 1 6444 000 (info phone)

Fax: +385 1 612 60 38

E-mail: [hzz@hzz.hr](mailto:hzz@hzz.hr)

<http://www.hzz.hr/>

**Croatian Financial Services Supervisory Agency**

*(Hrvatska agencija za nadzor financijskih usluga)*

Bogovićeva 1a

10000 Zagreb

Tel: + 385 1 6173 200

Fax: +385 1 4811 406

E-mail: [info@hanfa.hr](mailto:info@hanfa.hr)

<http://www.hanfa.hr/>

**Central Registry of Affiliates**

*(Središnji registar osiguranika)*

Gajeva ulica 5

10000 Zagreb

Tel: +385 1 489 89 00

Fax: +385 1 489 89 03

E-mail: [regos@regos.hr](mailto:regos@regos.hr)

<http://www.regos.hr/>