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Commission

Your social security rights

in Estonia

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

Eligibility for social security and social assistance rights in Estonia is primarily based on residence. Nationality is not a criterion, so that the sizeable foreign-born proportion of Estonia's population is also covered.

The Estonian social protection system is structured around three contributory social security schemes: pension insurance, health insurance and unemployment insurance. Pension insurance and health insurance are financed from a social tax, while unemployment insurance is funded by unemployment insurance contributions. The other schemes - family benefits, State unemployment allowances, national pension, death grants and social benefits for the disabled - are non-contributory, being financed from general State revenues.

Organisation of social protection

The Ministry of Social Affairs (*Sotsiaalministeerium*) is responsible for social security and social welfare. Under the Ministry there is a governmental agency - the Social Insurance Board (*Sotsiaalkindlustusamet*) and two public legal bodies - the Health Insurance Fund (*Eesti Haigekassa*) and the Unemployment Insurance Fund (*Eesti Töötukassa*) - which are responsible for the administration of the different branches of social security.

The Social Insurance Board administers the schemes of pension insurance, family benefits, social benefits for disabled persons and funeral grants. It also maintains the register of insured persons and beneficiaries. The Board ensures that pensions and benefits due in line with the national legislation and international agreements are paid on time. Medical examination to assess permanent incapacity for work is executed by a Commission of the Board. The regional bureaus, subordinated to the Social Insurance Board, process applications for the above mentioned benefits and arrange the payment through banks or post offices.

The Unemployment Insurance Fund is in charge of the unemployment insurance scheme, the aim of which is to pay out unemployment insurance benefits (*töötuskindlustushüvitis*), redundancy benefit and benefits following the insolvency of an employer. As of 1 May 2009, it also administers the scheme of unemployment allowances (*töötutoetus*), while the processing of claims and granting and paying of allowances is carried out by the regional employment offices, subordinated to the Fund.

The Health Insurance Fund runs the health insurance scheme, which includes medical services, compensation for pharmaceuticals and cash benefits (sickness, maternity and care). The Fund forms annual contracts with medical services providers, and covers the expenses incurred by them for the medical care of insured persons under these contracts. The Fund also pays sickness, maternity and care benefits directly to insured persons.

Also operating within the area of government of the Ministry of Social Affairs are the Health Board (*Terviseamet*), the State Agency of Medicines (*Ravimiamet*) and the Labour Inspectorate (*Tööinspektsioon*).

Social assistance cash benefits and social services are provided by local municipalities.

Financing

Health insurance and pension insurance are financed by contributions, i.e. by the social tax (33%) which is payable by the employer. Unemployment insurance is financed by a 4.2% contribution paid by employers and employees. Social contributions (social tax and unemployment insurance contributions) are collected by the Tax Board (*Maksuamet*).

The system of benefits in respect of accidents at work and occupational diseases is financed from social tax (contributions by employers, the self-employed and the State), general taxation and employers' civil liability insurance.

The supplementary pension scheme, which is a mandatory funded scheme, is administered by individual pension funds under the supervision of the Ministry of Finance (*Rahandusministeerium*). Subscription to the funded pension is mandatory for persons born in 1983 or later, and voluntary for those born before 1983. The funded pension is based on preliminary financing – a working person pays 2% of his/her gross salary to the fund. The State adds 4% out of the current social tax (33%, see above), and retains 29%.

Making contributions to the supplementary funded pension scheme (3rd pillar) is voluntary for all persons. The contributor is entitled to receive payments after she/he has turned 55, or in the event that she/he has become fully and permanently disabled and unable to work.

Chapter II: Healthcare

When are you entitled to healthcare?

The scheme covers employees; the self-employed; the spouse of self-employed persons entered into the commercial register, who participate in the business activities of the self-employed; and certain categories of persons on whose behalf the State pays social tax. The following categories of persons have the same entitlement to healthcare without having to pay social tax:

- children under the age of 19;
- full-time students under the age of 24;
- recipients of a State pension;
- pregnant women from the moment pregnancy is medically determined;
- dependent spouses of insured persons under five years away from retirement age.

There is generally no qualifying period required, although for employees, the duration of the employment contract must exceed one month. For the self-employed, the qualifying period is fourteen days from the date of registration with the Health Insurance Fund.

What is covered?

The range of services available under the scheme depends on the constraints of the health insurance budget. Services include:

- consultations (including home visits) with general practitioners and specialists;
- laboratory tests;
- preventive check-ups;
- outpatient and inpatient tests and procedures;
- hospital care (including nursing care and medication)
- pre-natal care, confinement and postnatal care.

The health insurance system also covers the medication prescribed, which is made available at reduced prices. The Fund then reimburses pharmacies for the price difference.

How is healthcare accessed?

Medical care in Estonia is provided under a national health system where people are free to choose their general practitioner.

Patients bear part of the cost by paying a fee for outpatient consultations and a daily charge for inpatient services. Providers of medical services are allowed to charge fees for home visits and outpatient specialist consultations up to a ceiling of € 5. Hospitals may levy a daily charge for inpatient services, up to a ceiling of € 2.50, for up to ten days.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

In the event of temporary incapacity to work, insured persons receive a cash benefit (not subject to any qualifying period) if at the point when they become sick they have no earnings on which social tax is payable.

What is covered?

Sickness benefits are paid at the rate of 70% of earnings in the case of inpatient treatment, outpatient treatment or quarantine, and 100% in the case of an [injury sustained at work or an occupational disease](#). The reference figure upon which the rate of benefit is based is the insured person's average daily earnings (subject to social tax) For self-employed persons, the reference earnings are those upon which social tax has been paid in previous calendar years. No ceiling applies, either to the amount of sickness benefit or to earnings taken into account for its calculation. Sickness benefit is paid as from the calendar day following the day on which an initial certificate for sick leave is issued, i.e. there is a waiting period of 3 days. Sickness benefit shall be paid to the insured person starting from the 4th day after they have been relieved of the performance of employment duties. From the 4th to 8th day of the insured person's illness, the sickness benefit shall be paid by the employer to the amount of 70% of the employee's average wages. From then on, the sickness benefit shall be paid by the Health Insurance Fund.

Generally speaking, the cash benefit is paid until the end of the sick leave as indicated on the certificate, but for not more than 182 consecutive calendar days per illness. In the case of tuberculosis, the benefit may be paid for up to 240 consecutive calendar days. In the case of a temporary transfer to another job for health reasons, sickness benefit amounts to the difference between the previous wage and the new wage and may be paid for up to 60 days. An insured person has the right to receive care benefit on the basis of a certificate for care leave for up to 14 calendar days in the event of nursing a child under 12 years of age or for up to seven calendar days in the event of nursing another family member at home. Sickness and carer's benefits are subject to income tax.

Work incapacity is assessed by a medical panel and expressed in increments of 10% (i.e. 10, 20, 30% and so on, up to 100%). The procedure is the same for assessing both disability and inability to work. Nevertheless, different criteria are applied for determining the degree of disability and that of work incapacity.

Special supplements are available to meet the cost of nursing sick children (See [MISSOC Tables](#) for details).

There is no death grant.

How are sickness cash benefits accessed?

Applications should be made to the Health Insurance Fund. This should be accompanied by a medical certificate issued by the doctor providing treatment. Payment will be made in the event of illness, injury, quarantine or temporary transfer to another job for health reasons. Benefits are paid into the recipient's bank account.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Cash benefits are available to women who are temporarily unable to work as a result of pregnancy or childbirth. Benefit is paid from the calendar day on which the certificate for pregnancy leave was issued, i.e. there is no waiting period.

Working fathers have a right to paternity leave for 10 working days which are to be taken within the period of two months before the estimated date of confinement or two months after the birth of a child.

What is covered?

The childbirth benefit rate is 100% of reference earnings. It is paid during the period before and after confinement for a maximum of 140 days. Any pregnant woman who has to temporarily change her job because of her condition is paid the difference between the new wage and the previous one until maternity leave begins. Childbirth cash benefits are subject to income tax.

There is free maternity and healthcare cover.

The paternity benefit rate is 100% of the average wage during paternity leave, but not more than three times the average gross monthly salary in Estonia on the basis of data published by Statistics Estonia (*Statistikaamet*) concerning the next to last quarter before the quarter in which the holiday is used.

How are maternity and paternity benefits accessed?

Applications for maternity benefit should be made to the Health Insurance Fund.

Paternity benefit is paid by the employer. The employer has the right to submit an application to the Social Insurance Board for compensation of paternity benefit.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

There are two kinds of invalidity pension: the work-incapacity pension and the national pension based on incapacity to work. A work-incapacity pension is payable to residents of Estonia aged from 16 years to retirement age who have a degree of permanent work incapacity of at least 40%. To be eligible, persons aged between 25 and 26 must have accrued at least one year of pensionable employment by the date on which the pension is granted. The period of pensionable employment required for eligibility increases by one year for every three years of age, until it reaches 14 years at the age of 60.

Persons who have a degree of permanent work-incapacity of at least 40% and who have not accrued the number of years of pensionable employment required for a work-incapacity pension are entitled to a national pension on the basis of incapacity to work, provided they have been resident in Estonia for at least one year prior to claiming the pension and are not in receipt of a pension from any other State.

Total incapacity to work (100%) is defined as the inability to earn any income to support oneself as a result of a serious functional impairment caused by illness or injury. Partial (10-90%) incapacity to work is defined as a situation where a person is able to work for a living but, on account of a serious functional impairment caused by an injury or an illness, is unable to perform work corresponding to his or her abilities over a weekly number of working hours equivalent to the usual national working week (i.e. 40 hours).

What is covered?

A work incapacity pension is calculated on the basis of the higher of the following two amounts:

- the amount of an old-age pension calculated on the basis of the individual's actually accrued pensionable employment and pension insurance coefficients (i.e. the amount of a standard old-age pension);
- the amount of an old-age pension of a person who has accrued 30 years of pensionable employment.

The amount of the work-incapacity pension reflects the percentage loss of work capacity on which the calculation is based, but cannot be less than the national pension rate (*rahvapensioni määr*). The value of the national pension rate is set at € 140.81 per month. The national pension paid on the basis of incapacity to work represents the percentage of the national pension rate corresponding to the loss of capacity to work. A work-incapacity pension and a national pension on the basis of incapacity to work are granted for the duration of such incapacity.

A person may be assessed as being incapable of work for periods of 6 months, 1 year, 2 years, 3 years, 5 years or up to retirement age but no longer than 5 years. On reaching retirement age, persons on a work-incapacity pension are transferred to the

old-age pension scheme. When recipients of a national pension based on work incapacity reach retirement age, they go on to a national pension based on old age.

How are invalidity benefits accessed?

Applications should be made to regional bureaus of the Social Insurance Board.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The old-age pension scheme is based on three pillars:

- the State pension insurance scheme (first pillar);
- the compulsory funded pension scheme (second pillar, introduced in July 2002);
- voluntary private pensions (third pillar).

First pillar

The State pension insurance scheme comprises two tiers: a retirement pension based on duration of employment and a flat-rate national pension.

People who have accrued at least 15 years of pensionable employment in Estonia are entitled to a retirement pension. Retirement age is 63 years for men and 62 years for women. By 2016 the retirement ages for both sexes will be aligned at 63 by gradually raising that for women.

The flat-rate national pension is payable to any resident who has reached the age of 63 and has resided in Estonia for at least 5 years prior to claiming the pension but has not accrued 15 years of pensionable employment in Estonia. The claimant must have resided at least 5 years immediately before pension claim in Estonia.

Only the first pillar pensions are discussed below.

Second pillar

Contributions to the second-pillar pension scheme are compulsory for persons born after 1983. For all other employees, participation is optional.

Third pillar

Participation in the voluntary supplementary pension schemes under the third pillar can take two forms: pension insurance policies offered by licensed private-sector life insurance companies or units of pension funds managed by private fund managers.

What is covered?

The retirement pension consists of three cumulative elements:

- a flat-rate basic amount, representing the solidarity element in the system (currently at € 126.8183);
- a length-of-employment component applying to periods of work up to 31 December 1998;
- a pension-insurance component applying to periods of work after 1 January 1999.

Basically, in the pension formula, pension rights acquired before 1 January 1999 are taken into account on the basis of time periods, while from 1 January 1999 onwards all new pensions rights are acquired only on the basis of social tax payments.

People without a sufficient accrual period but who have reached 63 years of age having resided in Estonia for at least five years before submitting their claim are entitled to a national pension paid at the national pension rate of € 140.81 in 2013.

Current pensions and the three values determining their amount are subject to annual indexation based on increases in the consumer price index and social tax revenues (20% : 80% respectively).

Under Estonian tax law, the portion of a monthly pension above € 192 is taxed. The tax assessment makes no allowance for back payments and is based on the actual amount paid in any given month. In 2013 the tax threshold for everyone's earnings is € 144.

There are opportunities to take a pension before the formal retirement age (or, conversely, to defer the pension) – subject to an actuarial adjustment.

How are old-age benefits accessed?

Applications should be made to regional bureaus of the Social Insurance Board.

Benefits are paid into the recipients' bank account.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

As in the case of old-age and invalidity pensions, there are two kinds of survivors' pensions: survivors' pensions and national pensions on the basis of survivorship. Survivors' pensions are payable to dependent members of the deceased's family, provided the deceased had accrued a sufficient number of years of pensionable employment to qualify for a work-incapacity or old-age pension. If a deceased breadwinner did not satisfy that condition, survivors are entitled to a national pension on the basis of survivorship, provided the deceased had been resident in Estonia for at least one year.

Survivors' pensions and national pensions are not paid to people who are in gainful employment, except in the case of children under 18 and full-time students under 24 years of age.

What is covered?

The deceased's spouse, children (and in certain circumstances, other relatives such as siblings or parents) are entitled, subject to contribution records.

The method of calculating survivors' pensions is similar to that for a work-incapacity pension. The calculation is based on the higher of the following two amounts:

- the amount of an old-age pension calculated on the basis of the individual's actually accrued pensionable employment and pension insurance coefficients (i.e. the amount of a standard old-age pension);
- the amount of an old-age pension of a person who has accrued 30 years of pensionable employment.

The actual survivors' pension amounts to:

- 100% of the theoretical pension where there are three or more dependants;
- 80% of the theoretical pension where there are two dependants;
- 50% of the theoretical pension where there is one dependant.

The national pension on the basis of survivorship is calculated using the same percentages, but applying them to the national pension rate.

Death grant

The purpose of the funeral benefit is to help the organiser of a funeral cover the expenses. The funeral benefit is only granted to a local municipality which organised the funeral of a deceased person who was unidentified or who had no relatives. The amount of benefit is established by the *Riigikogu* separately for each financial year. In 2013 the rate of the funeral benefit is € 191.74.

How are survivors' benefits accessed?

Applications should be made to regional bureaus of the Social Insurance Board.

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?

Estonia does not operate a separate social-protection scheme covering accidents at work and occupational diseases.

The health insurance scheme covers the costs of [associated healthcare](#) and provides [sickness benefits in cash](#). The health insurance scheme provides short-term benefits, while long-term ones come under [pension insurance](#).

The risks covered are: industrial accidents and occupational diseases. A list of occupational diseases is set out in the relevant regulation of the Minister of Social Affairs.

What is covered?

The benefit rate in the case of an accident at work or occupational disease is 100% of reference earnings. It is thus higher than in other cases (80% depending on type of treatment).

However, the Health Insurance Fund is entitled to claim the difference from the liable employer. Apart from this, the same rules apply as for other sickness benefits in cash.

In the event of permanent work incapacity as a result of a workplace accident or occupational disease, a work incapacity pension is granted and paid under the State pension insurance scheme. The only difference compared with the general rules for work incapacity pensions is that the qualifying period is not applicable.

In the event of death, the employer is obliged to meet the cost of the funeral. The employer may also be responsible for meeting the costs of additional services including pharmaceuticals, aids and related travel expenses.

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

An application should be made to the employer in the first instance.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefits

All residents of Estonia are entitled to family benefits. Specific conditions, including those relating to age, apply for specific benefits (see below "What is covered").

In addition to universal child benefits, lower-income families with children have the right to receive needs-based family benefit. See part on [Minimum resources](#).

Parental benefits

Parental benefit is paid to the resident parent or guardian who is on parental leave.

A child care allowance is paid every month to parents caring for children of pre-school age. It is not earnings-related, and is granted to:

- people on parental leave until the child reaches three years of age;
- parents raising children aged between three and eight, where there is also a child under three years of age in the family;
- parents raising three or more children aged under eight years.

Child care allowance is not paid while maternity allowance or parental benefit is being paid in respect of the child concerned.

The allowance for families with seven or more children is paid monthly to a parent, guardian or carer who is raising at least seven children qualifying for child allowance.

Disabled children qualify for a monthly allowance.

What is covered?

Child benefits

The child benefits scheme covers the following types of benefits:

- child allowance;
- single parent allowance;
- conscript's and alternative civilian servant's child allowance;
- foster care allowance;
- childbirth allowance;
- adoption allowance;
- start in independent life allowance;
- allowance for a parent raising 7 or more children;

Child allowance

Child allowance is a monthly benefit. It is not subject to means testing. It is calculated on the basis of the child allowance rate (€ 9.59) and is financed from the State budget.

A child allowance is paid for every child, from birth up to the age of 16. Any child in compulsory education or at upper secondary school or vocational school, or engaged in full-time studies - or for medical reasons in another form of study – qualifies for child allowance up to the age of 19. After the 19th birthday, the allowance is paid until the end of the academic year.

Conscript's and alternative civilian servant's child allowance

Conscript's and alternative civilian servant's child allowance is payable for each child of a conscripted person for the duration of military or alternative civilian service. It is paid at five times the child allowance rate per child.

Foster care allowance

The monthly foster care allowance is six times the child allowance rate. It is paid for children up to 16 years of age or 19 years of age in the case of full-time students.

Single parent's allowance

Children whose birth certificates do not state the father's name qualify for a single parent's child allowance which is paid monthly at twice the child allowance rate.

Childbirth and adoption allowance

A childbirth allowance of € 320 is paid for every live birth. A one-off adoption grant of € 320 is granted for every child adopted. In case of triplets or more, the childbirth allowance equals € 1,000 for each child born.

Start in independent life allowance

Anyone without parental care who has been raised in a social welfare institution or educated in a special-needs school is entitled to an "independent start" allowance if he or she begins to live independently in a new residence. This allowance amounts to 40 times the child allowance rate.

Parental benefits

Parental benefit

Parental benefit guarantees an income corresponding to the rate of benefit for persons without income (100% of the reference wage). It is paid from the day after maternity allowance ends and for up to 435 days after maternity allowance was granted.

Child care allowance

The amount of the child care allowance depends on the age and the number of children in the family. For each child under the age of 3, the allowance is € 38.35. A supplementary child care allowance of € 6.40 per month is available to parents raising children up to one year of age.

If, in addition to one or more children under the age of 3, a family also has children aged between 3 and 8 (or finishing the first year at school), € 19.18 is paid for each child in that age bracket.

The child care allowance is paid on top of the ordinary allowance regardless of whether a parent is working or not.

Allowance for families raising seven or more children

This allowance is designed to compensate for the loss of income suffered by a parent who cannot possibly take a full-time job. This ensures that the parent concerned is covered by health and pension insurance and will receive a higher old-age pension. In 2012 this allowance amounted to 2.2 times the child care allowance rate, i.e. € 168.74.

Disabled child allowance

For children with a moderate disability, it is paid at 270% of the social benefit rate, while for children who are severely or profoundly disabled, 315% of that rate is paid. The social benefit rate, currently € 25.57, is set by Parliament when it votes on the State Budget.

How are family benefits accessed?

Application should be made to the Social Insurance Board. The application for family benefits may also be submitted electronically through the [citizens' portal](#).

Chapter X: Unemployment

When are you entitled to unemployment benefits?

There are two levels of social protection if someone becomes unemployed:

- unemployment insurance benefits, which are earnings-related and financed by contributions to a compulsory insurance scheme;
- flat-rate State unemployment allowances financed from the general State budget.

Only people who are registered as unemployed qualify for unemployment benefits.

Unemployment insurance scheme

The unemployment insurance scheme covers all employees. The scheme does not cover the self-employed, members of management boards and controlling bodies of legal persons, and some categories of civil servants of constitutional institutions. To qualify for unemployment benefits, applicants must have paid unemployment insurance contributions for at least 12 of the previous 36 months.

Moreover, to receive the Unemployment Insurance Benefit (*töötuskindlustushüvitis*), a claimant must be:

- involuntarily unemployed;
- not actively working;
- be fit for work and otherwise not prevented from taking suitable work;
- be available for full time work;
- be aged between 16 and pensionable age, except persons on pre-retirement pension;
- be registered as unemployed at the labour market board;
- be actively seeking employment.

State unemployment allowance

State unemployment allowance is subject to means testing, and only unemployed people with an income below the amount of the allowance are eligible. To receive Unemployment Allowance (*töötutoetus*) the claimant may be either voluntarily or involuntarily unemployed but must fulfil the conditions listed above. Furthermore, he should be an Estonian resident and comply with the conditions and activities agreed in an individual job searching plan.

What is covered?

Unemployment insurance scheme

Unemployment benefit amounts to 50% of previous earnings (up to a maximum of three times national average earnings) during the first 100 days of unemployment, and 40% of reference earnings thereafter.

Unemployment benefit is paid for between 6 months and one year, depending on the claimant's contribution record.

Benefits are paid as from the 8th day following the application, i.e. there is a waiting period of 7 days. The unemployment insurance scheme also covers amounts (outstanding salaries, holiday pay and severance payments) due to employees in cases of mass redundancies or employer insolvency. Such benefits are funded exclusively by employers' contributions and are taxable.

State unemployment allowance

The State unemployment allowance is calculated on the basis of a daily rate of € 3.28. There is a waiting period of 7 days, i.e. the allowance is paid from the 8th day of application for unemployment allowance. For unemployed people who studied immediately before registering as unemployed, the waiting period is 60 days. The unemployment allowance is granted for a maximum period of 270 days. This period may be extended where the person concerned is under 180 days away from retirement.

The retraining allowance is granted if the recipient goes on a retraining course. This allowance is calculated on the basis of a daily rate of € 3.84 and is paid for each training day. Also transport and accommodation benefits are paid for each training day. The State unemployment allowance and the supplementary retraining allowance are not taxed.

How are unemployment benefits accessed?

An application should be made to the Unemployment Insurance Fund. Both the State unemployment allowance and unemployment benefit are paid into the recipient's bank account.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

Subsistence benefit

All residents with income and assets below a certain level are eligible. There are no nationality or age requirements.

The fundamental aim of the scheme is to guarantee that after paying for housing expenses (within established limits), families or single persons still have means equivalent to the amount of the subsistence level. Parliament establishes this minimum subsistence level yearly.

Needs-based family benefit

If at least one member of a family is a child receiving child allowance and the average monthly income of the family is below a certain income threshold, the family has the right to receive a needs-based family benefit.

Disabled persons' allowances

Social benefits for people with disabilities partly compensate for the additional expenses incurred as a result of a disability. They thus facilitate independent living and promote equal opportunities and social integration.

These allowances are generally paid to people who have moderate, severe or profound disabilities that give rise to additional expenses.

Unemployment allowance

See part on unemployment.

What is covered?

Subsistence benefit

The level of subsistence benefit is set on the basis of minimum expenses associated with the consumption of food, clothing, footwear and other goods and services which satisfy the basic needs. The monthly amount of subsistence benefit is as follows:

- Single person or first person in the household: € 76.70
- Each additional household member (including the child(ren)): € 61.36.

The recipient of subsistence benefit whose family members are all minors (under 18 years of age) has the right to receive a supplementary social benefit (*Täiendav sotsiaaltoetus*) of € 15 in addition to the subsistence benefit.

There is no maximum duration for receiving benefits. Benefits are renewed on a monthly basis.

Needs-based family benefit

The average monthly income of a family is calculated on the basis of the net income of the three months preceding the application for a needs-based family benefit, of which paid support is deducted.

The income threshold of needs-based family benefit for the first member of a family is based on the relative poverty threshold as last published by Statistics Estonia (*Statistikaamet*). Each following family member is assessed at 50% (if 14 years or older) or 30% (if under 14 years) of the income threshold for the first member of the family.

The monthly amount of needs-based family benefit for families with one child receiving child allowance corresponds to the child allowance rate (€°9.59). Families with at least two children receiving child allowance obtain twice the child allowance rate (€°19.18).

Disabled persons' allowances

Seven different benefits are available ([disabled child allowance](#), disabled adult allowance, carer's allowance, disabled parent's allowance, education allowance, rehabilitation allowance, in-service training allowance). They help meet the costs associated with rehabilitation, special education or care, vocational training and working, personal assistance or special technical aids, and use of transport or other public services.

Disabled adult allowances are paid monthly to partly compensate for the additional costs associated with disability and with activities prescribed in the individual's rehabilitation plan (except for any activities financed from other public resources). While claimants are therefore expected to spend the allowances on rehabilitation services and other activities aimed at improving their capabilities, there are no sanctions for not doing so. When a new rehabilitation plan is drawn up and the degree of disability re-evaluated (every six months, every year or every three years), an assessment is made of the extent to which the objectives set out in the previous rehabilitation plan have been met.

How are minimum resources benefits accessed?

Subsistence benefit

An application should be submitted no later than the 20th day of the month to the local government in whose administrative jurisdiction the person is permanently living. The applicant shall specify the names and personal identification codes or dates of birth of the persons to be considered for the grant of a subsistence benefit. The application shall include documents proving:

- the right to use of the dwelling;
- income received during the preceding month, net of income tax (including the amount of paid support of a person living alone or of the members of a family);
- fixed expenses connected with the dwelling payable during the given month.

Where there is any doubt concerning the accuracy of documents proving income and information concerning residence, the documents and information shall be submitted

for inspection to the regional structural unit of the Tax and Customs Board (*Maksu – ja Tolliamet*) or the authorised processor of the population register. To enforce the right to decline the application for subsistence benefit on the basis of property evaluation, local government officials have the right to ask the person concerned or other parties for supplementary information (e.g. if they have reason to believe that the applicant has submitted false data).

Needs-based family benefit

A person who is paid child allowance for a child or children who are members of the family has the right to apply for a needs-based family benefit. An application should be submitted by the last working day of the month to the local government in whose administrative jurisdiction the person is permanently living. The applicant shall indicate in the application the names, personal identification codes or dates of birth of the family members. Documents which prove the net income of family members and the amount of support paid during the three months preceding the submission of the application shall be appended to the application.

Needs-based family benefit is granted by the local government for the three months following the month of submission of an application.

Disabled persons' allowances

The degree of disability and the associated level of extra expense are assessed by a panel of medical experts. The criteria and procedure differ substantially, however, from those applied to determine inability to work. The medical experts also take into consideration the extent to which an individual's capabilities may be improved by rehabilitation.

Chapter XII: Long-term care

When are you entitled to long-term care?

Long-term care is provided as an in-kind social service and it is organised regionally.

All residents over 18 years of age who are assessed as dependent on care are eligible. There is no qualifying period, although there is a means test and an assessment of functional capacity conducted by doctors, nurses or social workers.

Caregiver's benefit

A caregiver's benefit is available to those who support persons with an assessed degree of disability in everyday activities (paying bills, organising transportation to a doctor or to a bank when needed) and also provide care service at home (personal assistance in eating, clothing, washing; home assistance in cleaning, cooking, buying products).

What is covered?

Responsibility for provision of long-term care has been divided among the healthcare and welfare systems. The healthcare system provides nursing care, geriatric assessment service and home nursing care services. The welfare system provides long-term care in welfare institutions, day centre services (day care), home care and housing services, and other social services.

For persons with the minimum degree of dependency, there are home care or day care services provided. Family members are obliged to also finance the long-term care services, but if their means are insufficient the local government takes on this responsibility.

Caregiver's benefit

In some local government areas this benefit is paid to the disabled person. The conditions are regulated by the local governments and may therefore differ. The main condition is that the caregiver or the family member who takes care must have been appointed by the local government. The amount varies according to the local governments.

How is long-term care accessed?

An application for support should be submitted to the relevant local authority.

Care dependency is evaluated by a social worker, while need for the nursing is evaluated by a doctor. The State has developed an instrument for the local governments' social workers to assess the need for care.

Annex: Useful addresses and websites

More detailed information on qualifying conditions and individual social security benefits in Estonia can be obtained from the public institutes managing social protection system.

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>.

Enquiries concerning the effect on benefits of insurance in two or more Member States should be addressed to:

Ministry of Social Affairs:

Sotsiaalministeerium
Gonsiori 29
15027 Tallinn
Tel: +372 626 9301
Fax: +372 699 2209
E-mail: info@sm.ee
<http://www.sm.ee>

Social Insurance Board:

Sotsiaalkindlustusamet
Lembitu 12
15092 Tallinn
Information line: 16106
Calling from abroad: +372 612 1360
Fax: +372 640 8155
E-mail: ska@ensib.ee
<http://www.ensib.ee>

Estonian Health Insurance Fund:

Eesti Haigekassa
Lembitu 10
10114 Tallinn
Information line: 16363
Calling from abroad: +372 669 6630
Fax: +372 603 3631
E-mail: info@haigekassa.ee
<http://www.haigekassa.ee>

Estonian Unemployment Insurance Fund:

Eesti Tootukassa
Lasnamäe 2
11412 Tallinn
Information line: 15501
Calling from abroad: +372 667 9700
Skype: tootukassa
<http://www.tootukassa.ee>

Ministry of Finance:
Rahandusministeerium
Suur-Ameerika 1
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Estonia Phone: +372 611 3558
Fax: +372 611 3664
E-mail: info@fin.ee
<http://www.fin.ee>