



European
Commission

Your social security rights

In Greece

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

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

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Table of Contents

| | |
|--|----|
| Chapter I: Introduction, organisation and financing | 5 |
| Introduction | 5 |
| Organisation of social protection | 6 |
| Financing | 8 |
| Chapter II: Healthcare | 9 |
| When are you entitled to healthcare? | 9 |
| What is covered? | 9 |
| How is healthcare accessed? | 10 |
| Chapter III: Sickness cash benefits | 11 |
| When are you entitled to sickness cash benefits? | 11 |
| What is covered? | 11 |
| How are sickness cash benefits accessed? | 12 |
| Chapter IV: Maternity and paternity benefits | 13 |
| When are you entitled to maternity or paternity benefits? | 13 |
| What is covered? | 13 |
| How are maternity and paternity benefits accessed? | 14 |
| Chapter V: Invalidity benefits | 15 |
| When are you entitled to invalidity benefits? | 15 |
| What is covered? | 16 |
| How are invalidity benefits accessed? | 17 |
| Chapter VI: Old-age pensions and benefits | 18 |
| When are you entitled to old-age benefits? | 18 |
| What is covered? | 19 |
| How are old-age benefits accessed? | 20 |
| Chapter VII: Survivors' benefits | 21 |
| When are you entitled to survivors' benefits? | 21 |
| What is covered? | 22 |
| How are survivors' benefits accessed? | 23 |
| Chapter VIII: Benefits in respect of accidents at work and occupational diseases | 24 |
| When are you entitled to benefits in respect of accidents at work and occupational diseases? | 24 |
| What is covered? | 24 |
| How are benefits in respect of accidents at work and occupational diseases accessed? | 25 |
| Chapter IX: Family benefits | 26 |
| When are you entitled to family benefits? | 26 |
| What is covered? | 26 |
| How are family benefits accessed? | 27 |
| Chapter X: Unemployment | 28 |
| When are you entitled to unemployment benefits? | 28 |
| What is covered? | 28 |
| How are unemployment benefits accessed? | 29 |
| Chapter XI: Minimum resources | 30 |
| When are you entitled to benefits regarding minimum resources? | 30 |
| What is covered? | 30 |
| How are minimum resources benefits accessed? | 30 |
| Chapter XII: Long-term care | 31 |
| When are you entitled to long-term care? | 31 |
| What is covered? | 31 |
| How is long-term care accessed? | 31 |

Annex: Useful addresses and websites33

Chapter I: Introduction, organisation and financing

Introduction

If you work in Greece, you are entitled to the same social security benefits as a Greek (national) worker, and under the same conditions. Members of your family who are living in Greece can also claim benefits under the same conditions as the family members of a Greek worker.

There is no single legislative framework governing all the insurance institutions in Greece, which means that the social security benefits, the conditions for entitlement and the supporting documents required differ from one institution to another. However the Social Insurance Institute – General Employees' Insurance Fund, known as IKA-ETAM is the country's largest employees' social security organisation, which covers most of the population. This guide focuses on the social protection it provides.

IKA-ETAM insures workers in the public and private sector who are employed under a private-law contract, provided that they are not affiliated to another general insurance scheme. IKA-ETAM covers sickness benefits in cash, maternity benefits and pensions. Unemployment and family benefits are administered by the Labour Employment Office (OAED): IKA-ETAM collects the contributions paid for OAED on its behalf.

If your occupation is covered by another insurance institution, you should contact that organisation for information. Contact details of the main insurance and pension institutions are given in the [part with useful addresses and websites](#). Otherwise, your local IKA-ETAM office will be able to tell you which insurance scheme you belong to.

Registering with IKA-ETAM

When you first begin to work in a job that comes under the IKA-ETAM scheme, you have to register with the local IKA-ETAM office in the place where you live (and you must afterwards keep them informed of any change in your personal information). Then you present to your employer a copy of the certificate of registration. With this certificate, your status as an insured person is proved and you are assigned an insurance number.

Your insurance data are noted in the regular analytical declarations (APD) that employers are required to complete and send to IKA-ETAM on specific dates. Your personal social security account reflects your insurance history (days of work and other insurance data), and is kept in electronic form. After the APDs have been processed, the individual social security accounts are updated; the employer receives a new statement every six months, which he or she is required to forward to the worker. Once IKA-ETAM's computer files have been fully updated, the statements will be sent directly to the home address of each insured person.

If you are self-employed, you must self-register with the relevant occupational Association or Chamber (i.e. Athens Bar Association, Technical Chamber etc.), and the Public Revenue Authority (*Δημόσια Οικονομική Υπηρεσία, Δ.Ο.Υ.*) where this is required, and then register with the appropriate social security institution.

Social security contributions

The rules governing the insurance risks and corresponding benefits for persons covered by IKA-ETAM, with different provisions applicable, depend on when you were affiliated with the scheme. The system adopted in 1992 and still in force divides the workforce into two categories: those who were affiliated to a social security scheme before 31 December 1992 and those who registered for social insurance after 1 January 1993. The conditions for insurance coverage and entitlement to benefits are different for these two categories of workers, and the amount of the various benefits also varies. Since 2011, there are harmonised conditions for pension entitlement for all (salaried workers and self-employed persons).

Social security contributions are paid by both the worker and the employer for the risks of old-age, invalidity, death, accidents at work and occupational diseases, sickness, maternity and unemployment. The amount of the employee's contribution is a percentage of gross pay, which is withheld by the employer from the person's pay packet, immediately or at most two months after the corresponding period. The amount of the employer's contribution, which is also a percentage of the employee's gross pay, is paid by the employer and is added to the wage bill. Both contributions are paid to IKA-ETAM by the employer within a prescribed period. Contributions for sickness benefits in kind are paid from all social insurance funds to EOPYY.

Appeals

If you disagree with a decision taken by the IKA-ETAM office where you are registered, you can submit a complaint to its local administrative board (TDE) within 30 days from the date of notification of the decision. For decisions relating to a pension, you have up to three months after notification of the decision. If you are not satisfied with the TDE's decision, you can appeal to the competent administrative court within 60 days from the date of notification of the decision.

Organisation of social protection

The majority of the social security institutions are under the authority and supervision of the Ministry of Labour, Social Security and Welfare. The public authorities intervene against possible fraud in order to preserve the general interest and they see to the correct application of legislation and provisions by the social security organisations (Insurance Funds). All the above-mentioned social security institutions are administered by administrative boards in which the representatives of the insured persons, the pensioners, the employers and the State participate.

The main insurance institution is the Social Insurance Institute (*IKA-ETAM, Ιδρυμα Κοινωνικών Ασφαλίσεων-Ενιαίο Ταμείο Ασφάλισης Μισθωτών*) to which the great majority of salaried workers and other categories of employees are affiliated.

Farmers are members of the insurance scheme for agricultural employees (*OGA, Agricultural Insurance Organisation, Οργανισμός Γεωργικών Ασφαλίσεων*). The fund for the self-employed is the Social Security Organisation for the Self-Employed (*OAEΕ, Οργανισμός Ασφάλισης Ελευθέρων Επαγγελματιών*) for craftsmen, businessmen, hotel owners, drivers and travel agents. The Insurance Fund for Independent Professionals (*ΕΤΑΑ, Ενιαίο Ταμείο Ανεξάρτητα Απασχολουμένων*) covers medical professionals, lawyers and engineers.

People employed in the mass media (i.e. people dealing with the circulation of the Press, photo-reporters, editors, journalists and other persons employed in the mass media) are insured with the Insurance Fund for the Mass Media (*ETAP-MME, Ενιαίο Ταμείο Ασφάλισης Προσωπικού Μέσων Μαζικής Ενημέρωσης*).

Mariners are insured with the Mariners' Insurance Fund (*NAT, Ναυτικό Απομαχικό Ταμείο*).

Civil servants are insured in the General Accounting Office (*GLK, Γενικό Λογιστήριο του Κράτους*), which operates under the Ministry of Finance. Since January 2011 persons who enter the public sector are insured with IKA-ETAM.

There are also sectors and branches for Supplementary Insurance (supplementary pension and lump-sum allowance), which operate either within the insurance funds which provide main insurance or as independent funds. They are gradually incorporated in the United Supplementary Insurance Fund (*ETEA, Ενιαίο Ταμείο Επικουρικής Ασφάλισης*), which operates since 1 July 2012.

Moreover, there is a 2nd pillar supplementary pension system, on a voluntary basis, which includes nine occupational insurance funds and four occupational funds on a mandatory basis.

Each insurance institution is subject to a different legislation. In some cases the benefits, the conditions for granting these benefits and the corresponding formalities differ from one institution to another. Such differences have been significantly reduced after the reform Laws 2084/1992, 3655/2008, 3863/2010, 4093/2012 and 3918/2011, which have introduced provisions harmonising conditions for all. These laws can be seen as the result of a lengthy social dialogue between government officials, the political world and social partners, regarding the country's social protection system. The overall objective of the above laws is to introduce a reform that, focusing on preserving the public, universal, compulsory and redistributive nature of social security and protection, will ensure the system's social fairness and its long-term sustainability.

In order to ensure the future (from 2019 onwards) financing of the pension branches of the social security bodies and in the context of inter-generational solidarity, the Generational Solidarity Insurance Fund (*Ασφαλιστικό Κεφάλαιο Αλληλεγγύης Γενεών - AKAGE*) is established, with resources paid into it from 1 January 2009.

OAED (Labour Employment Office) is a special institution in charge of the risk of unemployment; it is also responsible for family benefits. However, it is IKA-ETAM, OAEE and ETAP-MME which collect the contributions for OAED against the risk of unemployment of their insured persons.

Finally, EOPYY (National Organisation for Health Services Provision) is the organisation which provides sickness benefits in kind and operates since 1 January 2012 under the Ministry of Health. For sickness benefits in cash the insured persons are covered by their funds for main insurance.

Financing

The social security system is based on the principle of three-party financing (employee, employer and the State), with annual State subsidies to social insurance institutions. The Greek Constitution of 1975, revised in 2001, established the principle of the "Social State" by means of provisions guaranteeing a large degree of social protection. In particular, Article 22 § 5 concerning social security lays down the obligation of the State to provide social security for all workers (employed and self-employed). The social security system operates through self-governed social security organisations and covers the working population throughout the country. It is divided into three pillars:

- a system of mandatory main and supplementary / auxiliary insurance:
 - provided through insurance funds;
 - typically based on current income financing (pay-as-you-go system);
- optional occupational-supplementary systems:
 - a funded scheme provided through insurance funds;
- optional private insurance policies:
 - a funded scheme provided through numerous private insurance companies.

Chapter II: Healthcare

When are you entitled to healthcare?

EOPYY grants benefits in kind to the following categories of people:

- workers affiliated to IKA-ETAM, civil and municipal servants, farmers, self-employed, mariners and employees in companies of Public Utilities;
- pensioners of above categories, i.e. everyone who is receiving an invalidity, old-age or survivor's pension;
- special fund pensioners who paid health insurance contributions to IKA-ETAM during their working lives;
- dependants of insured persons and pensioners who are not themselves directly entitled to social security benefits;
- unemployed persons receiving unemployment benefits, as well as special categories of unemployed persons to whom special regulations apply.

Dependants include:

- the insured person's spouse, if economically inactive;
- descendants, regardless of their legal relationship:
 - until the age of 18; or
 - if they are unemployed, until the age of 24; or
 - if they are students, for 2 years after completion of their studies or the age of 26, whichever comes first;
- parents (under certain conditions);
- orphans who have lost both parents, grandchildren, brothers and sisters;
- a divorced spouse (under certain conditions).

In addition, there are certain conditions which must be met to be entitled to benefits in kind. You must have worked for at least 50 days in the calendar year before the onset of the sickness or in the 15 months preceding it, in which case the days worked in the last three months of that period are not taken into account. One day of work corresponds to one insurance day, and annual paid vacation counts as days of work. Periods of cash sickness or unemployment benefit are taken into account for determining entitlement to sickness benefits in kind. Periods of insurance completed in another EU Member State can be counted as periods of insurance in Greece even if there is no legislative provision for this; contact your local IKA-ETAM office for information about the formalities required.

What is covered?

The health insurance system provides the following benefits in kind:

- medical care;
- laboratory/clinical tests;
- dental care;
- pharmaceutical products;
- hospital care;

- supplementary care (therapeutic aids, orthopaedic appliances, spectacles, hearing aids, prostheses, etc.);
- spa treatments and cures;
- aerotherapy allowance.

As long as you meet the qualifying conditions, benefits in kind are granted for the entire duration of your entitlement to those benefits. The duration of your entitlement is entered in your health booklet. If a particular illness lasts longer than the period noted, you will continue to receive the benefits until your convalescence (continuation of treatment). The insured person has the right to hospitalisation in a public hospital of the National Health System (ESY) (*ΕΘΝΙΚΟ ΣΥΣΤΗΜΑ ΥΓΕΙΑΣ- ΕΣΥ*), or in a contracted private clinic. For further information about the various benefits in kind and the user's share of the cost, contact your [EOPYY](#) office.

How is healthcare accessed?

Health care can be obtained through public hospitals and contracted private clinics. The insured persons choose the family doctor according to a list provided by EOPYY; family doctor visits are free of charge. Insured persons may visit the specialists in EOPYY Health Units by appointment, according to a waiting list, free of charge. They may also have access to a private specialist contracted by EOPYY. In this case the expenses are covered by the insured person. Generally, the insured person contributes 25% for medicines prescribed by the doctor, 15% for paraclinical examinations and € 5 if the examinations are made in a public hospital. Hospitalisation in a public hospital is free of charge. In case of emergency, the transport to a public hospital is free of charge.

Your personal health booklet identifies you as the person directly insured for sickness benefits in cash and in kind. A family health booklet is issued for the members of the insured person's family. To receive a personal health booklet you must have accumulated at least 50 insurance days in the previous calendar year or over the last 15 months; in the latter case the last three months of the period are not taken into account. A personal health booklet is issued to those who are directly insured, i.e. workers and old-age and invalidity pensioners, and persons registered with other insurance institutions covered by EOPYY for sickness benefits in kind (e.g. pensioners of OAEΕ).

A family health booklet is issued to the insured person for the members of his or her family, provided that they are not working (and therefore have no direct entitlement). A family health booklet is also issued to the widow and children of a deceased insured person, and to pensioners of other funds who are covered by EOPYY for health insurance. Each September, IKA-ETAM issues stickers for everyone who is eligible for continued insurance; these stickers are sent out in October and must be affixed to the health booklet. The same process is repeated in December for those who have become eligible between the months of September and December. In order to validate your personal health booklet you should go to your social security organisation (IKA-ETAM) which operates under EOPYY.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness cash benefit is paid only to insured employees who, because of physical or mental illness, are unable to work and are absent from the workplace for more than three days. The eligible period of benefit increases with contribution history, but one must have been insured for at least:

- 120 days during the previous calendar year (100 for those employed in construction) or the 12 first months of the 15 preceding the illness (duration of benefit: 182 days for one or more illnesses within one year);
- 300 days subject to contributions during the two years, or 27 months of the 30, preceding the illness (duration of benefit: 360 days for the same illness, within one year);
- 1,500 days of insurance, 600 of which during the last five years preceding the incapacity for work due to the same illness (duration of benefit: 720 days);
- 4,500 days of insurance before the notification of the illness.

Depending on the patient's age and insurance record, a 720 days' benefit can be paid in case the requirement of the 1,500 or the 4,500 days is not fulfilled.

Every day you work is an insurance day, as are your annual paid vacation days. Unemployment benefit days do not count towards entitlement to cash sickness benefit; up to 25 days of sickness benefit can, however, be taken into account. Periods of insurance completed in another EU Member State can be counted as periods of insurance in Greece even if there is no legislative provision for this; contact your local IKA-ETAM office for information about the relevant formalities.

What is covered?

Amount of benefits

Cash sickness benefits are calculated on the basis of your insurance category, which depends on your average pay for the last 30 days worked in the preceding calendar year.

The base rate is 50% of the reference pay for your category. This is increased by 10% for each dependant in your family, but the total amount cannot exceed 70% of the reference rate, or the reference rate for insured persons in Category 8. For those who are in receipt of hospital care, the benefit is reduced by two-thirds if they have no dependants. For the first 15 days the total ceiling for sickness benefit plus supplement for dependants (maximum four) is € 15.99 per day. After 15 days the total ceiling for benefits plus supplements for dependants (maximum four) is € 29.39 per day.

Duration of benefit

Sickness benefit is paid from the fourth day after the onset of the illness or after the illness was certified by the competent IKA-ETAM body. If in the same calendar year the insured person is again found to be unable to work due to the same or another illness, the benefit is paid from the first day. If the insured person is paying voluntary

contributions or is self-employed (i.e. construction workers), the benefit is paid from the eleventh day following the onset of the illness. Sickness benefit is paid for seven days a week, up to:

- 182 days in the same calendar year for the same or another illness;
- 360 days for the same illness, provided that you have at least 300 insurance days in the previous two years or the last 30 months, with the last three months not taken into account in the latter case;
- 720 days, provided that you have at least 1,500 insurance days, 600 of them in the last five years, or 4,500 days before the onset of the illness, or between 300 and 4,200 days depending on your age.

How are sickness cash benefits accessed?

To claim sickness benefit, you have to submit the following documents:

- your personal social security account statement;
- your health booklet (personal and family);
- a statement from your employer specifying the time you have been off work;
- a certificate from your IKA-ETAM doctor that you are unable to work.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

To be entitled to the maternity benefit, it is necessary to have accumulated at least 200 insurance days in the two years preceding the birth of the child, and have effectively stopped working.

Every day you work is an insurance day, as are annual paid vacation days. Periods during which you have claimed unemployment benefit do not count towards entitlement to cash sickness benefit, although up to 25 days of sickness benefit can be taken into account. Periods of insurance completed in another EU Member State can be counted as insurance periods in Greece even if there is no legislative provision for this. Contact your local IKA-ETAM office for information about the formalities required in this situation.

What is covered?

The maternity benefits granted for the birth of a child are:

- childbirth benefit for obstetrics costs by EOPYY when childbirth does not take place in hospital facilities;
- maternity benefit (during pregnancy and after childbirth) (benefit in cash) by IKA-ETAM;
- special maternity protection allowance by OAED;
- maternity leave and special maternity leave;
- child care leave.

Childbirth benefit for obstetrics costs

A lump sum of € 900 for one child, € 1,200 for twins and € 1,600 for triplets is granted if childbirth does not take place in hospital facilities.

Maternity leave and maternity benefit

This allowance is paid when you have been off work for 56 days before the expected date of childbirth and for 63 days following the birth of the child (i.e. the 119 days of maternity leave). The amount of your maternity benefit is 50% of the estimated day-wage of the insurance class you belong to, based on the average wage of the last 30 days of the previous year, plus a child benefit of 10% of the above amount, for each child with a maximum of 40%. The minimum amount you obtain is 2/3 of your wage.

Special maternity leave and special maternity protection allowance

The special maternity leave follows the normal maternity leave (119 days, of which 56 prenatal and 63 postnatal) or the period during which the employee works at a reduced schedule and can be up to 6 months. During this leave, OAED provides the employee with a monthly amount (i.e. the special maternity protection allowance) equal to the minimum wage, as well as a proportion of holiday allowances.

Childcare leave

One of the parents is entitled to reduced working hours for 1 hour per day for 30 months after birth or adoption, or for 2 hours for the first 12 months and 1 hour for the remaining 6 months. If the reduced working hours are taken as a whole (approximately 5 months' leave), it precedes the special maternity leave. If the parent decides to take the reduced working hours over a period of 18 or 30 months as indicated above, it follows the special maternity leave.

How are maternity and paternity benefits accessed?

Forms are available from your local IKA-ETAM office. To claim the childbirth benefit, you must present your health booklet or family health booklet with the child's birth certificate.

The documents required for payment of maternity benefit are:

- your personal social security account statement;
- your personal health booklet;
- the family health booklet (for calculating the increase for family dependants);
- certificate from an IKA-ETAM obstetrician/gynaecologist stating the expected date of childbirth;
- employer's declaration certifying that you have stopped work;
- the child's birth certificate (for payment of the postpartum allowance).

During the first year of work, the employer continues to pay the woman's wage for 15 days during her maternity leave, provided the woman has completed at least ten days of work. If the woman has completed the first year of work, the employer may continue to pay her wage for one month, during her maternity leave. The employer can deduct any amounts that the woman receives from her insurance fund for the same period.

Beneficiaries of the special maternity protection allowance are paid by the Labour Employment Office (OAED). During this period, contributions for old-age pensions, sickness and auxiliary insurance are credited by OAED.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Allowances

The Ministry of Health has established 10 financial aid programs covering the following invalidity categories:

- Blindness;
- Deafness;
- Severe mental deficiency;
- Thalassemia;
- Haemophilia – AIDS;
- Severe disability;
- Cerebral palsy;
- Paraplegia – Quadriplegia – Amputation;
- Persons suffering from Hansen’s Disease;
- Transport Allowance.

These allowances are granted through social assistance mechanisms and are intended to provide for persons with invalidities. They constitute non-contributory allowances, financed through municipal resources and are granted regardless of any income criteria. The requirements for the beneficiaries vary according to each program and include mainly social security status criteria and granting of any other invalidity benefits.

Invalidity Pension

Invalidity pension for non-occupational illness

To be entitled to an invalidity pension, the person must:

- have an invalidity assessed at 50% or more by the Centres for Certifying Incapacity (KEPA);
- have the required length of insurance coverage.

Periods of insurance completed in another EU Member State count as periods completed in Greece and must be reported in any pension claim.

Persons are entitled to an invalidity pension when they meet the above general conditions and have accumulated, within the IKA-ETAM scheme, at least:

- 4,500 insurance days; or
- 1,500 insurance days, including at least 600 in the five years preceding the onset of the invalidity; or
- 300 insurance days if the person is under the age of 21 (this number rises progressively to 4,200 by increments of 120 days a year after the twenty-first year – these 300 days must have been earned in the five years preceding the year the invalidity occurred).

Invalidity pension due to an accident at work

To be entitled to an invalidity pension, regardless of when you registered for social security, you have to have a permanent invalidity assessed at at least 50% and have completed at least one day of work after registering with IKA-ETAM.

Invalidity pension not due to an accident at work

To be entitled to an invalidity pension, you have to meet the general conditions described above and have earned, while registered with IKA-ETAM, at least half the number of insurance days required for an invalidity pension for an ordinary sickness (depending on the year you registered).

Invalidity pension due to an occupational disease

To be entitled to an invalidity pension, regardless of when you registered for social security, you have to meet the general conditions described above and have already completed the minimum insurance period required by the IKA-ETAM sickness insurance regulations covering your occupational disease.

What is covered?

Allowances

The Ministry of Health pays the following allowances for invalidity, granted every two months:

- Blindness: € 362 or € 697 (varying according to subcategory)
- Deafness: € 362
- Severe mental deficiency: € 527
- Thalassemia: € 362
- Haemophilia – AIDS: € 697
- Severe disability: € 313
- Cerebral palsy: € 697
- Paraplegia – Quadriplegia – Amputation (Insured and non – insured persons): € 771
- Persons suffering from Hansen’s Disease: € 362 or € 697 (varying according to subcategory)
- Transport Allowance: € 165

Invalidity pension

Totally blind persons and insured persons suffering from certain diseases, having accomplished 4,050 days of contribution, receive a pension corresponding to 10,500 working days regardless of their age.

The amount of the invalidity pension depends on the degree of invalidity, the cause of the invalidity and the rate of pay for the five years before submission of the pension claim. The insured person is entitled to:

- a full pension, if his or her degree of invalidity is over 80%;
- to 75% of the full pension, if his or her degree of invalidity is between 67 and 79.9%, unless he or she has 6,000 insurance days or if the invalidity is due to a mental illness, in which case he or she is entitled to a full pension;

- to 50% of the full pension if his or her degree of invalidity is between 50 and 66.9%, unless he or she has 6,000 insurance days or if the invalidity is due to a mental illness, in which case he or she is entitled to 75% of the full pension.

In certain conditions, invalidity pensions become permanent, which means that the person no longer needs to be re-examined by the Centres for Certifying Incapacity (KEPA); for more information, contact your local IKA-ETAM office.

Accumulation of this benefit with other pensions or declared income is possible up to a total sum for all pensions of € 3,680 per month.

In the case of total invalidity, a pension supplement is paid for care provided by a third party. The supplement cannot exceed € 660.80 per month.

How are invalidity benefits accessed?

Allowances

For more information concerning each program as well as the documents required, you may contact your respective Municipality social service, which is responsible for the implementation of the above financial aid programs.

Invalidity pension

The documents that must be submitted when claiming an invalidity pension are:

- a claim form, which is available from IKA-ETAM;
- the insured person's full insurance file (personal social security account statement, insurance card and contributor's card, insurance booklets, etc.);
- a declaration from your employer showing your employment history (how long you were employed and when you stopped or continued work);
- photocopy of the identity card;
- photocopy of the tax authority certificate of income;
- supporting documents attesting your family situation (marriage certificate, children's birth certificates);
- supporting documents for children who are students or who are unable to work;
- all the medical data supporting the claim for an invalidity pension.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

To be entitled to an old-age pension, you have to have reached a certain age and accumulated a certain number of insurance days. The main conditions for entitlement to an old-age pension are:

- Full pension: at least 4,500 insurance days at the age of 65 for men (the age limit of 60 for women, valid until 31 December 2010, increases by one year every year until the age of 65 in 2015).
- Reduced pension: at least 4,500 insurance days at the age of 60 for men when the person has earned 100 insurance days a year in the five years preceding the pension claim (the age limit of 55 for women, valid until 31 December 2010, increases by one year every year until the age of 60 in 2015).
- Pension because of heavy and unhealthy occupation: at the age 60 for men, at least 4,500 insurance days, including 3,600 in a heavy and unhealthy occupation and 1,000 in the 13 years preceding retirement or claim for payment of a pension (the age limit of 55 for women, valid until 31 December 2010, increases by one year every year until the age of 60 in 2015).
- Full pension with full insurance record: 10,500 insurance days at the age of 58 for men and women until 31 December 2010. The above age limit increases to 59 years in 2012 and from 2013 onwards to 60. The 10,500 insurance days increase by 300 insurance days every year until 12,000 in 2015.
- Pension with 10,500 insurance days of which 7,500 in heavy and unhealthy occupation: at the age of 55 for men and women for full pension and age of 53 for reduced pension. Above age limits increase to 60 and 58 respectively until 2017, increasing 9 months every year from 2011 onwards.
- Pension with 10,000 insurance days:
 - men: full pension at the age of 62 or reduced pension at the age of 60 (the person should have 100 insurance days a year in each of the five years preceding the pension claim). Above limit of 62 increases to 63 in 2011 and from 2012 onwards increases 6 months every year until it reaches the age of 65.
 - women: full pension at the age of 57 or reduced pension at the age of 55 (the person should have 100 insurance days a year in each of the five years preceding the pension claim). Increase of age and qualifying period: From 1 January 2011 the 10,000 insurance days increase to 12,000 by 400 days every year. The age of 57 increases to 58 in 2011 and from 2012 onwards by 6 months every year until it reaches 60. The age of 55 increases to 56 in 2011 and from 2012 onwards by 6 months every year until it reaches 58.
- Pension of mothers or fathers with minor children: for men and women 5,500 insurance days and age of 55 for full pension or age of 50 for reduced pension. Above age limits increase to 57 and 52 respectively from 1 January 2011, to 60 and 55 in 2012 and to 65 and 60 from 2013.

A maximum of 200 days of sickness benefit and 200 days of unemployment benefit can count towards old-age pension entitlement, provided that these benefits were paid in the ten years preceding the claim for pension settlement. There are other assimilated periods which, under specific conditions, can be taken into account for old-age pension entitlement, such as years of studies, gaps between insurances, military service, periods of strike, periods of apprenticeship, children, periods while you

received sickness benefit, periods during pregnancy and after birth, educational leave without receiving salary, periods of imprisonment, or the period from receiving your diploma until you obtain the licence for practicing your profession. For these you should contact your IKA-ETAM local office. Periods of insurance completed in another EU Member State count as periods completed in Greece. They must be reported in your pension claim, and you should submit all the supporting documents in your possession.

There are other possible pension scenarios apart from those described above. For more information, visit the IKA-ETAM website or contact your local IKA-ETAM office, or if you are self-employed, visit OAEE or ETAA website.

What is covered?

The amount of the old-age or invalidity pension you will receive from IKA-ETAM, provided that you meet the above conditions and were registered before 31 December 1992, depends on the total length of your insurance coverage, the pay level entitling you to the pension and your pay for the five best out of the ten years preceding the year you apply for your pension, to determine your insurance class. The pension calculation basis is adjusted to reflect pension increases already granted. The current minimum amount of the pension is € 486.84 per month, with a maximum of € 2,373.57 per month, excluding family benefits.

If your affiliation began after 1 January 1993, the amount of old-age or invalidity pension you will receive from IKA-ETAM, provided you meet the above conditions, corresponds, per year of insurance, to two% of your pay for the five years preceding the year of claim. These sums are adjusted to reflect pension increases already granted, up to a maximum of 70%. The current minimum amount of the pension is € 495.74 per month, with a maximum of € 2,773.40 per month, excluding family benefits.

For persons insured before 31 December 1992, the amount of pension is augmented:

- for a spouse who does not work and is not receiving a pension;
- for (up to three) children, provided that they:
 - are not married, not working, not receiving a pension and are under the age of 18 (or 24 if they are students in post-secondary education in Greece or abroad); or
 - are incapable of earning their own living, on account of an invalidity that appeared before the age of 18 and for whom the other spouse is not receiving a pension supplement.

For persons insured after 1 January 1993, the pension is increased only for unmarried minor (up to three) children who are not working or who are incapable of earning their own living and who are not entitled to a pension. This increase is extended to age 24 if the children are in a recognised course of post-secondary or higher studies in Greece or abroad. If the spouse is also receiving a pension, the supplement is paid to one of the two parents, at their choice.

How are old-age benefits accessed?

To receive an old-age pension you need to submit the following documents to IKA-ETAM:

- a pension claim form, available from IKA-ETAM;
- your full insurance file (personal social security account statement, insurance card and contributor's card, insurance booklets, etc.);
- a declaration from your employer showing your employment history (how long you were employed and when you stopped or continued work);
- a photocopy of your identity card;
- a photocopy of the tax authority certificate of income;
- supporting documents demonstrating your family situation (marriage certificate, children's birth certificates);
- supporting documents for children who are students or who are unable to work.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

In the event of the death of an insured person or a pensioner, the members of his family are entitled to a survivor's pension, provided that the deceased:

- was entitled to receive an old-age pension; or
- was entitled to receive an invalidity pension; or
- had accumulated 1,500 insurance days, including at least 300 in the five years before the year of his death.

If the insured died as the result of an accident at work, the members of his family are entitled to a pension regardless of the insurance period; if he died as the result of an accident not related to his work, he must have accumulated half the number of insurance days cited above.

When a person receiving an old-age or invalidity pension dies, the pension is transferred to surviving family members with no re-examination of the required insurance period. The reversionary beneficiaries are:

- the surviving spouse;
- the descendants, whatever their legal relationship, if they are unmarried; are not receiving a pension; are under age 18 or until the age of 24, if they are in a course of vocational, post-secondary or higher studies recognised by the State in Greece or abroad; are neither working nor receiving a pension from a primary social security or public sector institution as a result of their own professional activity; have lost both parents or were dependent on the deceased parent who had been abandoned by the other parent. Children who are incapable of earning their own living and whose invalidity appeared before the age of 18 are entitled to a survivor's pension regardless of their age, for as long as their invalidity subsists;
- grandchildren and ascendants, who were orphans at the time of the insured's death and were dependent on the deceased (only for persons insured before 1 January 1993);
- the parents (natural or adoptive), who were essentially dependent on the deceased (only for persons insured before 1 January 1993).

The surviving spouse of an insured person whose death occurs within the first six months of their marriage is not entitled to any pension, unless the death was due to an accident, or the couple has a child that was born or legitimated after the marriage, or the spouse is pregnant. The surviving spouse of a pensioner whose death occurred within the first 24 months of their marriage is not entitled to any pension.

Survivors' pensions for those insured after 1 January 1993

In the event of the death of an insured person, the members of his family are entitled to a survivor's pension under the same conditions as those required for an invalidity pension.

What is covered?

Amount of the survivor's pension

For those insured before 31 December 1992, the pension to which the surviving spouse is entitled is 70% of the old-age pension which the deceased was receiving or to which he would have been entitled. The minimum benefit is € 438.16 per month and the maximum amount is € 1,661.50 per month, excluding family benefits. This rate is granted in toto for a period of three years. At the end of this time, the amount paid to a surviving spouse who is working or is retired is reduced by 50% and continues at this rate until the beneficiary reaches the age of 65, when it rises to 70% of the survivor's pension. If the surviving spouse was disabled, with a degree of invalidity of at least 67% at the date of death, the pension is paid in its entirety, without restriction, for as long as the invalidity persists. The pension ceases if the surviving spouse remarries.

The orphan's pension is 20% of the old-age pension to which the deceased would have been entitled. Orphans who have lost both parents receive 60% of this old-age pension. The total amount of survivor's pensions paid to the beneficiaries cannot exceed the amount that the deceased would have received. For orphans who have lost both parents, the amount cannot exceed 60% of the pension in question. If the total exceeds this limit, each pension is reduced proportionally.

For those insured after 1 January 1993, the pension payable to a surviving spouse is 50% of the basic old-age pension or the invalidity pension that the insured person was receiving, or would have received with a degree of invalidity of 80% at the date of his or her death. The minimum benefit is € 396.58 per month and the maximum amount is € 1,386.70 per month, excluding family benefits. At the end of a period of three years after the date of death, the amount of pension paid to a surviving spouse who is working or is retired is reduced by 50%, and continues at this rate until the beneficiary reaches the age of 65, when it rises to 70% of the survivor's pension. If the surviving spouse was disabled, with a degree of invalidity of at least 67% at the date of death, the pension is paid in its entirety, without restriction, for as long as this invalidity persists.

Orphaned children are entitled to 25% of the old-age pension that the deceased was receiving or would have received. This amount rises to 50% if both parents are deceased, unless the child is entitled to a pension from each parent. The total amount of survivor's pensions paid to the beneficiaries cannot be less than 80% of the minimum old-age pension or more than 100% of the deceased's pension. Finally, the divorced spouse of a pensioner is also recognised as entitled to a survivor's pension. For more information, visit the IKA-ETAM website or contact your local IKA-ETAM office.

Funeral grant

A lump-sum grant equal to eight times the reference pay of the highest insurance category is paid for the death of an insured person with 100 insurance days in the year before the year of death, or in his or her last 15 months (not counting the final three months), or for the death of an old-age pensioner or a person receiving an invalidity pension or a death benefit. This compensation is not paid for the death of a dependant. The compensation is paid in principle to the widow/widower or the person who paid for the funeral. The supporting documents required for payment of this grant are:

- the deceased's health booklet;
- the death certificate;
- the insurance booklet (if he or she was still working) or certificate of cessation of the pension (for a pensioner);
- the original funeral bills.

How are survivors' benefits accessed?

The documents IKA-ETAM requires in support of a claim for a survivor's pension are the same as those required for the [old-age pension](#), plus the death certificate and an attestation of marital status (issued by the municipality, the commune or the court of first instance) proving the existence of a state of marriage up to the date of death.

If you are resident in another EU Member State, you can file your claim with the social security institution in the place where you live. Finally, periods of insurance completed in another EU Member State count as periods of insurance completed in Greece. You should include them in your claim and attach all the relevant supporting documents from your insurance file.

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?

If you are an employee, you come under the IKA-ETAM scheme when you are the victim of:

- an accident that took place during the course of your work or in relation to it (accident at work);
- an accident that occurred while you were travelling to or from your workplace;
- an accident unrelated to your work; or
- an illness related to the hazards of your job, provided that it is officially listed as an occupational disease (as provided by the IKA-ETAM sickness regulations).

Accidents and occupational diseases are not covered by a separate branch of insurance. Sickness and temporary loss of working capacity come under the health insurance scheme, while invalidity and death are provided for under the relevant pension insurance rules.

What is covered?

Accidents at work

You are entitled to cash benefits and benefits in kind regardless of the length of insurance coverage: in other words, there is no minimum insurance period required. You do, however, have to be insured.

For an accident at work, compensation is paid from the first day that the accident is reported; the amount is calculated in the same way as for ordinary sickness benefit. There is no three-day waiting period as there is for illness, but the loss of working capacity must persist for more than three days.

If the accident occurred on your first day of work, the amount of compensation is based on the reference rate for your insurance category on the day of the accident. For permanent invalidity or death resulting from an accident at work, you will be paid an invalidity pension or your dependants will receive a survivor's pension.

Other accidents

You are entitled to sickness benefits in kind and in cash, provided that you have accumulated at least half the number of insurance days required in general for these benefits (i.e. 25 or 50 days).

Occupational diseases

Pensioners and insured persons who are still working are entitled to compensation for occupational disease when, in the context of the occupations listed in the IKA-ETAM

sickness regulations, they contract a chronic disease that appears after the lapse of a certain period of time. The occupational disease must be certified by the medical services of the local IKA-ETAM office.

Death Grants

A lump-sum grant equal to eight times the reference pay of the highest insurance category is paid in the event of the death of an insured person who has accumulated 100 insurance days in the year before the year of death or over the last 15 months (with the final three months not taken into account), or in the event of death of an old-age pensioner or a person receiving an invalidity pension or a death benefit. This compensation is not paid for the death of a dependant. The compensation is paid in principle to the widow or the person who paid for the funeral.

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

Either you or someone acting on your behalf must report the accident immediately to your employer and to the local IKA-ETAM office, and in any case within five working days. No extension can be granted except in specific cases. When the accident results in total invalidity, the reporting deadline is one year, and two years in case of death.

The supporting documents required for payment of the death grant are:

- the deceased's health booklet;
- the death certificate;
- the deceased's insurance booklet (if he or she was still working) or certificate of cessation of the pension (for a pensioner);
- the original funeral bills.

Chapter IX: Family benefits

When are you entitled to family benefits?

Family benefits paid by OAED

If you have a private-law contract of employment, are insured with IKA-ETAM and pay contributions to DLOEM, you are entitled, in certain conditions, to family benefits paid by the Labour Employment Office (OAED).

To receive these benefits, you must have worked at least 50 days in the previous calendar year, have received unemployment benefit regularly for a period of two months or have been assessed as unable to work, again for two months.

The children for whom family allowances are paid must:

- be under the age of 18, or 22 if they are in full-time education, or be unable to work (in which case the benefit is paid for as long as the incapacity subsists);
- be unmarried;
- be resident in Greece or in another EU Member State.

Employees whose employer, on the basis of a collective work agreement, a law, a company bye-law or other provision, pays higher family benefits than those accorded by DLOEM are not entitled to benefits from that body.

Family allowances can be paid to parents or to:

- grandchildren, brothers and sisters, nieces and nephews, provided that they are dependent on the beneficiary and either have lost both parents or have lost one parent and the other is not working;
- the grandfather or grandmother or uncle or aunt, if they have dependent orphaned children in their care;
- ascendants or third persons, if they have been granted legal custody.

Family allowances under the social welfare state

Also, under the social welfare state, family allowances, granted by OGA, can be paid under certain conditions, to:

- a mother who has a third child (paid as a monthly benefit or as a lump sum);
- a family with at least four children;
- a family with at least three children;
- a family with unprotected children.

What is covered?

Family benefits paid by OAED

The amount paid to beneficiaries is proportional to the number of children and is determined monthly. Current levels of benefit are:

- 1 child: € 8.22;
- 2 children: € 24.65;
- 3 children: € 55.47;
- 4 children: € 67.38.

For each following child an additional € 11.30 is added. There is an additional monthly benefit of € 2.93 for the third living child born after 1 January 1982. The benefit is increased by € 3.67 per month for each child in the following cases:

- orphans who have lost both parents
- disabled children
- children born out of wedlock and who have not been recognised
- if the beneficiary's spouse is serving in the armed forces
- if the beneficiary is a widow or widower or
- the beneficiary has a disabled spouse.

The right to family benefit is exercised in the calendar year when it was acquired plus one additional month. Payment of this benefit ends after a supplementary period of three months following the period fixed for filing claims.

Family allowances under the social welfare state

The following family allowances under the social welfare state are provided:

- a monthly benefit of € 44.02 granted to mothers for the support of children who do not have a father,
- a maternity benefit of € 440.20 paid to all working mothers who are not eligible to such a benefit from their insurance fund or who are uninsured,
- a single allowance child support of € 44.00 per month, which is granted by OGA and means tested,
- a special benefit for families with at least three children of € 500.00 per year, which is means tested.

How are family benefits accessed?

To receive family benefits, you have to apply, either in person or through an intermediary or by post, to the competent local OAED service where you live or to a citizen's advice bureau (*Κέντρα Εξυπηρέτησης Πολιτών - ΚΕΡ*), supplying all the necessary supporting documents.

For more information about family benefits, [visit the website](#) or [contact your local OAED bureau](#).

For more information about family benefits under the social welfare state, visit <http://www.yyka.gov.gr>

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Any employee who is affiliated to the health insurance scheme of any social security institution is automatically covered by unemployment insurance. However, you are only entitled to unemployment benefit as long as:

- you have not been dismissed for professional misconduct;
- you are able and willing to work;
- you are at least 16 years of age;
- you registered with the employment service in person;
- you are free to take a job;
- you are able to prove unemployment insurance for a minimum period of 125 days in the 14 months preceding your unemployment.

The first time you apply for unemployment benefit you need, in addition, 80 insurance days during one year in the two years preceding your unemployment. If necessary, periods of insurance completed in another EU Member State can also be taken into account.

What is covered?

Amount of the benefit

Unemployment benefit comprises a base amount plus supplements for each dependant in your family. The basic allowance amounts to € 360. It is increased by 10% for each dependent family member.

Duration of the benefit

How long you can receive unemployment benefit depends on the number of insurance days you have completed in the last 14 months. The minimum period is 125 days, which entitles you to five months of benefits; 150 days corresponds to six months, 180 days to eight, 220 days to ten and 250 days to 12.

Unemployment benefit is paid for 25 days a month. Once your period of entitlement has expired, you must start again to earn the requisite number of insurance days. Unemployment benefit stops if you take up a new job or if you are assessed as temporarily unable to work. Entitlement to unemployment benefit ends when the unemployed person dies, is granted a pension (under certain conditions), becomes permanently unable to work or does not remain available for work.

If you fall ill while receiving unemployment benefit

For the purpose of sickness benefit, the days for which you receive unemployment benefit will be taken into account as insurance days by your sickness insurance institution. If, while you are receiving unemployment benefit, you become unable to work because of illness, you will continue to receive your unemployment benefit for another five days, but will not be entitled to cash sickness benefit. If you are still sick

after that time, payment of unemployment benefit will be suspended and, if you are entitled to cash sickness benefit, you will start receiving that instead.

How are unemployment benefits accessed?

Unemployment insurance is administered by the Labour Employment Office (OAED), which pays unemployment benefit and sickness benefit to persons who are unemployed.

To receive unemployment benefit, you have to register with your local OAED office in person and file a claim for benefits within 60 days of becoming unemployed. Unemployment benefit is only paid if the OAED office that screens your claim cannot find you a suitable job. With your claim you must include:

- a statement from your personal social security account;
- a notice of termination of your contract of employment;
- a declaration stating that you have no other work and that you promise to declare any new activity to the OAED;
- the health record booklet for any dependent family members.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Other than a specific housing allowance (*Στεγαστική Συνδρομή*), Greece does not offer any general or specific scheme for guaranteed minimum resources.

What is covered?

The Housing Allowance is a non-contributory benefit in the form of a rental fee, paid to uninsured and financially weak elderly people over 65 years who live alone or in a couple and do not own a house. The Housing Allowance amounts to € 362. The programme is implemented by the Regions.

Also, there is a pilot programme of minimum guaranteed income that will be implemented in Greece, initially in two regions of the country with different socio-economic characteristics. The programme will begin in January 2014 and will complement the existing policies for combating poverty and social exclusion.

The exact form of the programme and other details are yet to be determined by a Joint Ministerial Decision signed by the Ministries of Finance and of Labour, Social Security and Welfare.

How are minimum resources benefits accessed?

The programme is implemented by the Regions.

Chapter XII: Long-term care

When are you entitled to long-term care?

Greece does not operate a separate long-term care scheme.

There are various programmes for the care of the elderly. The Programme "Aid at Domicile" (*Βοήθεια Στο Σπιτι*) is part of the primary social care services, providing nursing care, social care services and domestic assistance to elderly people who live alone continuously or at certain times of the day and cannot sufficiently take care of themselves, and also to disabled people who face situations of isolation, exclusion or family crisis. The Programme "Aid at Domicile of Pensioners" is a new programme, established in 2012, in order to ensure the necessary conditions for independent living of elderly and disabled pensioners in their homes and natural and social environment.

What is covered?

The Programme "Aid at Domicile" is meant to support and care for the elderly in their home and to enhance the quality of their life. The Programme "Aid at Domicile of Pensioners" covers old-age, invalidity and survivors' pensioners, who need help at home, psychosocial support, nursing care, physiotherapy, occupational therapy and domestic help, as well as facilitating their participation in cultural, recreational, social and religious activities.

During the day, in urban and suburban areas, the Day Care Centres for the Elderly (*Κεντρα Ημερησιας Φροντιδας Ηλικιωμενων - Κ.Η.Φ.Η.*) accommodate elderly people who cannot care for themselves (due to physical difficulties, dementia, etc.), and whose family members are not able to take care of them due to their work, or serious social or economic problems, or health problems.

The Open Protection Centres for the Elderly (*Κεντρα Ανοικτης Προστασιας Ηλικιωμενων - Κ.Α.Π.Η.*) are open programmes involving the elderly over 60 years without socio-economic criteria, in order to integrate and socialise all members of the community. They provide all forms of organised recreation, medical care, physiotherapy treatment, occupational therapy, social work, hospital care and all kinds of material and psychological support services to the elderly.

There are also Elderly Care Units (*Μοναδες Φροντιδας Ηλικιωμενων*), which offer residential care for the elderly.

How is long-term care accessed?

The Programme "Aid at Domicile" is co-financed by the National Strategic Reference Framework and it is implemented by local authorities, legal entities of public law, physical persons or legal entities of public or private law acting in the field of social care. The Programme "Aid at Domicile of Pensioners" is in the competence of the Ministry of Labour, Social Security and Welfare. Access to the programme is subject to certain eligibility criteria and the programme is not open to pensioners who live in

closed units of any legal form or in nursing units of the National Health System (ESY) (ΕΘΝΙΚΟ ΣΥΣΤΗΜΑ ΥΓΕΙΑΣ-ΕΣΥ).

The Day Care Centres for the Elderly are established and operated by municipal enterprises, joint municipal enterprises, municipal business associations of local authorities and, also, by private non-profitable entities. They cooperate with local organisations providing social services such as health units and the Welfare Directorates of the Prefectures of the country providing social services.

Residential elderly care institutions can either be not-for-profit or for-profit. In the former case, they are operated by charitable associations, the Orthodox Church or the local authorities. In the latter, they are established by individuals. The Ministry of Health, in the frame of its social policy, has contracted with private Elderly Care Units for the provision of some beds, in order to care for indigent elderly people who cannot be served by State institutions due to lack or insufficiency of beds. The cost of these beds is covered by the national budget.

Annex: Useful addresses and websites

The primary insurance institution in Greece is IKA-ETAM. It is responsible for all areas of social security except unemployment insurance and family benefits, which are administered by OAED. If you live in Greece and are not certain of your rights and obligations with regard to social security, contact your local IKA-ETAM office.

Certain categories of persons are not covered by IKA-ETAM. Most of these persons are covered by OAEE (the self-employed, specifically merchants, shopkeepers, tradesmen, drivers, hotel owners, and travel agents), ETAA (engineers, doctors, lawyers) or OGA (farmers); there are also a small number of occupation-specific schemes. If you are covered by one of these schemes, contact IKA-ETAM for more information.

Υπουργείο Εργασίας Κοινωνικής Ασφάλισης και Πρόνοιας
Γενική Γραμματεία Κοινωνικών Ασφαλίσεων
Διεύθυνση Διακρατικής Κοινωνικής Ασφάλισης
Σταδίου 29
10110 Αθήνα

Ministry of Labour, Social Security and Welfare
General Secretariat for Social Security
Directorate for International Relations
Stadiou Street 29
10110 Athens
Tel.: +30 210 336 8000
<http://www.ggka.gr>

Ίδρυμα Κοινωνικών Ασφαλίσεων
Ενιαίο Ταμείο Ασφάλισης Μισθωτών
Διεύθυνση Διεθνών Σχέσεων
Χαλκοκονδύλη 17
10241 Αθήνα

Social Insurance Institute (IKA-ETAM)
Directorate for International Relations
Chalkokondili 17
10241 Athens
Tel.: +30 520 055 5184
<http://www.ika.gr>

Υπουργείο Εργασίας Κοινωνικής Ασφάλισης και Πρόνοιας
Διεύθυνση Διεθνών Σχέσεων
Τμήμα ΕΕ
Πειραιώς 40
10182 Αθήνα

Ministry of Labour, Social Security and Welfare
Directorate for International Relations
Section E.U.
Pireos Street 40
10182 Athens C.P.
Tel.: +30 210 529 5101

<http://www.ypakp.gr>

Οργανισμός Γεωργικών Ασφαλίσεων
Υπηρεσία Δημοσίων Και Διεθνών Σχέσεων
Τμήμα ΕΕ
Πατησίων 30
10170 Αθήνα

Agricultural Insurance Organisation (OGA)
Service for Public and International Relations
Section E.U.
Patision Street 30
10170 Athens C.P.
Tel.: +30 210 332 2100
<http://www.oga.gr>

Οργανισμός Ασφάλισης Ελεύθερων Επαγγελματιών (ΟΑΕΕ)
Διεύθυνση Παροχών Συντάξεων
Τμήμα Διεθνών Σχέσεων
Αγίου Κωνσταντίου 5
104 31 Αθήνα

Social Security Organisation for the Self-Employed (ΟΑΕΕ)
Directorate for Pensions
International Relations Section
Αγίου Κωνσταντίνου street 5
104 31 Athens
Tel: +30 210 5274372-74
<http://www.oaee.gr>

Ενιαίο Ταμείο Ανεξάρτητα Απασχολούμενων (ΕΤΑΑ)
<http://www.etaa.gr>
Τομέας ΤΣΜΕΔΕ – Μηχανικών
Κολοκοτρώνη 4 10561 Αθήνα
Τομέας ΤΣΑΥ-Υγειονομικών
Αχαρνών 27, 10439 Αθήνα
Τομέας ΤΑΝ – Νομικών
Σωκράτους 53, 10431 Αθήνα

Insurance Fund for Independent Professionals (ΕΤΑΑ)
<http://www.etaa.gr>
Section for Engineers – ΤΣΜΕΔΕ
Κολοκοτρωνι street 4 10561 Athens, tel: +30 210 3740000, <http://www.tsmede.gr>
Section for Medicals – ΤΣΑΥ
Αχαρνων street 27, 10439 Athens, tel: +30 210 8816911-17, <http://www.tsay.gr>
Section for Lawyers – ΤΑΝ
Σωκράτους street 53, 10431 Athens, tel: + 30 210 5296165-171,
<http://www.tnomik.gr>

Οργανισμός Απασχολήσεως Εργατικού Δυναμικού
Διεύθυνση Ασφάλισης
Τμήμα Διμερών Συμβάσεων Και Εφαρμογής Κοινοτικών Κανονισμών
Εθνικής Αντίστασης 8
17342 Άνω Καλαμάκι

Labour Employment Office (OAED)
Directorate Insurance
Section Bilateral Relations And Implementation Of EU Directives
Ethnikis Antistassis Street 8
17342 Ano Kalamaki C.P.
Tel.: +30 210 998 9000
<http://www.oaed.gr>

Ναυτικό Απομαχικό Ταμείο (NAT)
Εθνικής Αντιστάσεως 1
185 31 Πειραιάς

Mariners' Insurance Fund (NAT)
Ethnikis Antistaseos street 1
185 31 Piraeus
<http://www.nat.gr>

Ενιαίος Οργανισμός Παροχών Υπηρεσιών Υγείας (Εοπυ)
Διευθυνση Διεθνών Ασφαλιστικών Σχέσεων
Λεωφορος Κηφισίας 39
15123 Μαρούσι, Αθηνά

National Organisation for Healthcare Services Provision
Directorate of International Insurance Relations (ΕΟΠΥΥ)
Kifissias Avenue 39
151 23 Maroussi Athens
<http://www.eopyy.gov.gr>

Ενιαίο Ταμείο Επικουρικής Ασφαλίσης (Ετεα)
Λεωφορος Πειραιωσ
Αθηνων 9-11, Αθηνά

United Supplementary Insurance Fund (ΕΤΕΑ)
Peiraios-Athinon Avenue, 9-11
Athens