



European
Commission

Your social security rights

in Slovenia

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

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

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Chapter I: Introduction, organisation and financing

Introduction

The Slovenian social security system encompasses social insurance, family benefits and the social assistance scheme. Social insurance schemes consist of mandatory pension and invalidity insurance, mandatory health insurance, unemployment insurance and parental protection insurance. These are compulsory for all employed persons and for the self-employed persons. The system is financed from social security contributions paid by employees and employers.

Mandatory pension and disability insurance

Mandatory pension and invalidity insurance covers the risks of old age, invalidity, assistance and attendance allowance, physical impairment and death. It is mandatory for employed persons, self-employed persons, farmers and certain other categories of persons engaged in specific activities. It is administered by a single agency, the Pension and Invalidity Insurance Institute of Slovenia (*Zavod za pokojninsko in invalidsko zavarovanje Slovenije*), which operates through a central office in Ljubljana, regional units and local branch offices. Its board of directors includes representatives of the government, trade unions, employers' associations and pensioners, a representative of those disabled in industrial accidents, and employees of the Institute itself.

Mandatory health insurance

Persons insured under the mandatory health insurance scheme are entitled to medical benefits in kind (healthcare) and cash benefits, including sickness cash benefit, lump-sum death grant, (partial) reimbursement of funeral expenses, and reimbursement of costs for medical treatment outside Slovenia. The system covers employed persons, self-employed persons, farmers, social security benefits recipients (including pensioners) and other persons residing in the Republic of Slovenia, as well as their family members. The Health Insurance Institute of Slovenia (*Zavod za zdravstveno zavarovanje Slovenije*) is the only provider of mandatory health insurance. It operates through regional units and local branch offices. Its board of directors is made up of employers' and insured persons' representatives.

There is a possibility for voluntary supplementary health insurance (insurance for co-payments) for medical benefits not fully covered by the mandatory insurance.

Unemployment insurance

The unemployment insurance scheme guarantees the payment of unemployment benefits. The Employment Service of Slovenia (*Zavod Republike Slovenije za zaposlovanje*) operates a network of regional units and employment offices. Its board of directors comprises representatives of employers' organisations and trade unions, of the service's own employees and of the government.

Unemployment insurance also covers the reimbursement of transportation and relocation costs, and guarantees entitlement to healthcare and coverage by the

pension and invalidity insurance. The application of these two entitlements is governed by specific provisions.

Parental protection insurance

The parental protection insurance covers parental leave (maternity, childcare, paternity and adoption leave) and parental benefits (maternity, childcare, paternity and adoption benefits) for employed persons, self-employed persons, farmers and certain other categories of persons in the Republic of Slovenia. The system operates through 62 regional Centres for Social Work (*centri za socialno delo*).

Family benefits

Family benefits are cash benefits, i.e. Parental Allowance, Childbirth Grant, Child Benefit, Large Family Allowance, Special Childcare Allowance and Partial Payment for Loss of Income.

Social Assistance

In the Slovenian social security system, along with general social assistance, there are several categorical social assistance benefits.

Organisation of social protection

The Ministry of Labour, Family, Social Affairs and Equal Opportunities supervises the activities of the Pension and Invalidity Insurance Institute of Slovenia, the Employment Service of Slovenia and the Centres for Social Work.

Family benefits, social assistance and social services are granted by regional Centres for Social Work. The Ministry of Labour, Family, Social Affairs and Equal Opportunities is responsible for the supervision.

Medical benefits for insured persons are set out by the Ministry of Health in cooperation with the Health Insurance Institute of Slovenia.

Financing

Slovenian social insurance schemes are financed by social security contributions from insured persons and employers. The State is under the constitutional obligation to cover any possible losses of social insurance schemes. Unemployment insurance and parental protection insurance are predominately financed from the State budget. Family benefits and social assistance are financed entirely from the State budget.

Chapter II: Healthcare

When are you entitled to healthcare?

If you are an employee, a self-employed person, a farmer, a recipient of a social security benefit (old-age, invalidity or survivor's pension, unemployment benefit, permanent social assistance), or a permanent resident who is not insured under any other heading, it is mandatory to be health-insured.

Additionally, dependent family members, including spouses or cohabitating partners, children and step-children, and certain other persons who need to be looked after, are also entitled to healthcare.

As a rule, no prior insurance period is required to be entitled to healthcare. Some exceptions might concern orthopaedic equipment, spectacles, hearing aids, prosthetics and other medical aids.

What is covered?

Under this insurance, you have access to physicians or primary medical centres contracted by the Health Insurance Institute of Slovenia. If they do not have supplementary insurance for co-payments, persons under the mandatory insurance scheme have to share the costs of healthcare, ranging from 10 to 90%. For some medical benefits there are no co-payments. For instance, there are no user charges for preventive healthcare; treatment and rehabilitation of children (including pharmaceuticals from the positive and intermediate lists); students; consulting services for family planning, contraception, pregnancy and childbirth; for some serious diseases; urgent healthcare; and some other benefits.

Healthcare which is not required for medical purposes, such as cosmetic surgery and pharmaceuticals not found on the positive or intermediate lists, and alternative healthcare like homeopathy, are not covered by the mandatory health insurance. They have to be paid for by the patients themselves.

You may be entitled to the reimbursement of travel expenses, if for example you have to visit a physician outside your place of residence or you are sent/summoned there by the responsible physician. If the journey lasts for more than 12 hours, limited accommodation expenses may also be reimbursed.

How is healthcare accessed?

You may freely choose your personal physician, i.e. general practitioner, gynaecologist, paediatrician and dentist. They act as so called 'gatekeepers', and a specialist can be accessed only on referral by a general practitioner. Once a referral has taken place, medical treatment, specialists, public and contracted private hospitals may also be freely chosen.

Names and addresses of the public and private contracted physicians who deliver healthcare are available on the Health Insurance Institute of Slovenia directory:
[Izvajalci zdravstvenih storitev.](#)

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness cash benefit is paid from mandatory health insurance to compensate for temporary loss of working capacity of economically active insured persons. Hence, it is paid to employees, self-employed persons, owners of private businesses, top athletes and chess players, and farmers.

What is covered?

Sickness cash benefit is usually paid by the employer for the first 30 days of absence. There is no requirement of prior insurance and the amount of benefit depends on the cause of absence.

From the 31st day of absence, the sickness cash benefit is paid by the Health Insurance Institute of Slovenia. In certain cases it is paid already from the first day of absence. This is the case for instance when tissue, organ or blood are donated or when incapacity to work is due to caring for an immediate family member; isolation or attendance/assistance ordered by the physician; and occupational disease or accident at work.

Sickness cash benefit is usually paid for up to one year. Longer entitlements are exceptionally allowed, if medical treatment could not be completed within that time. It might also be paid for up to 30 days after termination of an employment contract.

Duration is limited in case of nursing an immediate family member, for instance a child or a spouse. It is limited to seven working days and 15 working days for children under seven years of age or disabled children. Certain extensions are possible, for instance in the most severe cases up until the child reaches 18 years of age.

Sickness cash benefit is calculated on the basis of average monthly salary, or the average contribution assessment basis (for instance for self-employed persons), in the calendar year preceding the year of absence.

The amount of sickness cash benefit varies between 70% and 100% of the calculation basis. For instance, it amounts to 70% for non-work related injury for the first 90 days, 80% for non-work related disease, and 100% in case of occupational disease or accident at work, donation of tissue or organ, blood donation, or isolation ordered by a doctor.

How are sickness cash benefits accessed?

Sickness cash benefit is paid for the first 30 days on the grounds of an assessment of work incapacity or need for nursing a family member made by the chosen personal physician. After that, or in other cases when sickness cash benefit is paid from the mandatory health insurance from the first day of absence, the decision from a

designated physician is required. Appeal to the Health Commission of the Health Insurance Institute of Slovenia is possible in this case.

Technically, sickness cash benefit is also paid by the employer from the 31st day of absence onwards. The employer is reimbursed by the Health Insurance Institute of Slovenia when he or she sends in the valid and fully detailed certificate relating to the loss of working capacity and the financial statement.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Women are entitled to healthcare before, during and after the birth, on account of mandatory health insurance. Rights to parental leave and cash benefits stem from the parental protection insurance.

In order to be entitled to maternity or paternity benefit, you have to be insured prior to the commencement of leave or at least 12 months in the preceding three years. The Maternity Leave/Benefit can usually be claimed by the mother of a child. Only exceptionally, it could be claimed by the child's father or another insured person caring for the child or an adoptive parent, if the mother died, left the child or is unable to live and work independently. As a rule, fathers and adoptive parents have the right to special benefits.

If insurance conditions are not met, you may be entitled to Parental Allowance from the family benefit scheme.

What is covered?

The benefits of parental protection insurance are parental leave (maternity, paternity, adoption and childcare leave), parental benefits (Maternity, Paternity, Adoption and Childcare Benefit) and the right to work part-time due to parenthood.

Maternity leave

Maternity leave lasts for 105 calendar days, starting 28 days before the expected confinement date and 77 after this date. It is mandatory after the confinement and unused leave before the confinement cannot be transferred to the period when the child is born.

Paternity leave

Fathers are entitled to 90 days of paternity leave, of which 15 days have to be used during the first 6 months of the child's life. The remaining 75 days (only contributions paid) should be used before the child reaches the age of 3 years.

Childcare leave

After the exhaustion of the maternity leave, either of the parents may claim the childcare leave. It lasts for 260 calendar days and might in certain cases be extended. For instance, it can be prolonged for an additional 90 days in case of multiple births (for each additional child), or if the infant needs special care. It might also be prolonged if parents already have two or more children under the age of eight years, or in case of a premature birth.

Adoption leave

Adoption leave is granted to either or both adoptive parents so that they and the child can have uninterrupted time together following the adoption. Adoption leave is 150 days for children aged between one and four years, and 120 days for children between four and ten years of age. When the adoption leave is taken by both adoptive parents together the total duration is limited to 150 or 120 days respectively.

Parental benefit (maternity, paternity, childcare and adoption benefit)

Parental benefit is paid during the parental leave. Insurance on the day before taking the parental leave is enough to be entitled to parental benefits. If there is no entitlement to parental leave, parental benefit might still be claimed if the person has been insured for at least 12 months in the previous three years.

Maternity Benefit amounts to 100% of the average salary (or other calculation basis) for the 12 months preceding the first application for parental leave. Childcare benefit, Paternity Benefit and Adoption Benefit amount to 90% of the salary or other individual basis for the last 12 months (100% when the basis does not exceed € 763.06). In case of missing months, 55% of the minimum wage is taken into account. The amount of parental benefit is limited, with the exception of maternity leave.

Parental benefit is normally paid during the parental leave. The only exception is the Paternity Benefit. It is paid only for the first 15 days. For the remaining 75 days only social security contributions based on the minimum wage are paid for the father of the child.

One of the parents is entitled to work part-time (not less than half of the full working time) until the child reaches the age of three years. This period is prolonged until the youngest child is six in case of two or three children in the family. If there are four or more children, one of the parents is allowed to leave the labour market entirely. In case of a disabled child the right to work part-time can be prolonged until the child reaches 18 years of age.

In all these cases, the employer guarantees the pay for work actually performed, and for the remaining part full working time social security contributions are paid from the parental protection insurance.

How are maternity and paternity benefits accessed?

Parental leave and benefits are claimed at the regional Centre for Social Work, usually in the mother's permanent place of residence.

Beneficiaries are obliged to notify their employer, normally 30 days prior to the planned parental leave. If this could not be done, the employer has to be notified within 3 days after the child birth.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

You may be entitled to Invalidity Pension and benefits of invalidity insurance if invalidity is ascertained. Invalidity occurs if, due to a change in health condition (as a result of injury or disease) which cannot be improved by medical treatment or rehabilitation, the capacity for work is reduced or lost.

The Invalidity Commission of the Pension and Invalidity Insurance Institute of Slovenia establishes one of the three categories of invalidity, depending on the remaining work capacity:

- Category I: the insured is no longer able to perform organised productive work;
- Category II: the insured has lost 50% or more of his or her capacity to perform his or her normal work;
- Category III: the insured is no longer able to work full-time but can perform certain work part-time, or he or she has lost less than 50% of working capacity for his or her normal occupation, or can work full-time in his or her normal occupation but is no longer fit for the particular work to which he or she was assigned.

Mandatory medical checks are foreseen every five years for persons who have acquired a right to benefit on the ground of invalidity before the age of 45 years. Medical checks can also be requested after that age or prior to expiration of the five-year period, based on the circumstances of each individual case. It might also be the case that medical checks are not required, even for a person who is younger than 45 years.

What is covered?

Invalidity Pension

You may be entitled to an Invalidity Pension, if invalidity is established as:

- Category I;
- Category II, and you are unfit for any other suitable full-time work without occupational rehabilitation, which is not offered solely on account of being over 55 years of age, or for part-time work for at least 4 hours daily without an occupational rehabilitation, which is not offered solely on account of being over 50 years of age;
- Category II or III, but you cannot find suitable work or be redeployed because you reached the age of 65 years.

If the invalidity was caused by an occupational injury or an occupational disease, the insured person is entitled to an Invalidity Pension without prior insurance requirement. Otherwise, he or she is entitled to an Invalidity Pension only, if a certain 'density of insurance' exists, explained as follows.

For instance, insurance should cover at least one third of the period between attaining 20 years of age (or 23 or 26 after higher or university education) and the occurrence

of invalidity. If the invalidity of Category I occurred when a disabled person is over 21 years but not yet 30 years of age, only one quarter of the period between reaching 21 years of age and the occurrence of the invalidity is required. More lenient conditions are stipulated if the invalidity of Category I occurred before reaching 21 years of age. In this case insurance at the time of invalidity or at least three months of insurance are required.

The amount of Invalidity Pension is determined on the same basis used for calculating Old-age Pensions (in 2013: average wage in the 19 best consecutive years of the insurance period after 1970).

The percentage of assessment is fixed taking into account the actual pension qualifying period and the added (fictitious) qualifying period for an insured person who did not reach the full pensionable age of 65.

Benefits of invalidity insurance

Invalidity Benefit

Invalidity Benefit (*nadomestilo za invalidnost*) can be paid to an insured person who was recognised the right for a reassignment after having completed occupational rehabilitation and who is either: afflicted with an invalidity of Category II and beyond age 55; or afflicted with an invalidity of Category III if his/her capacity for work in his/her own occupation has been reduced by less than 50% or in particular cases if s/he can continue to work in his/her own occupation on a full-time basis but s/he is not capable of working at the position of employment s/he has been assigned to.

Partial Benefit

An insured person afflicted with invalidity of Category III who was recognised the right to work on a part-time basis for no less than four hours daily or twenty hours weekly may be entitled to a Partial Benefit (*delno nadomestilo*). The Partial Benefit is adjusted to the remaining hours of work the insured person continues to perform. The adjustment is applied to the invalidity pension the recipient would be entitled to on the day when the invalidity occurred. That is, if the person works 4 hours per day, s/he is entitled to 50% of the invalidity pension, if s/he works 5 hours per day s/he is entitled to 37.5%, if s/he works 6 hours per day s/he is entitled to 25% and if s/he works 7 hours a day s/he is entitled to 12.5%.

Occupational rehabilitation

Occupational rehabilitation is organised by the employer in cooperation with the Pension and Invalidity Insurance Institute of Slovenia, which also pays the costs. Occupational rehabilitation benefit (*nadomestilo za čas poklicne rehabilitacije*) is paid for the period between the acquisition of the right to occupational rehabilitation and its completion.

Temporary benefit

An insured person who, after the completion of the occupational rehabilitation, is entitled to a reassignment or to work on a part-time basis for no less than four hours daily or twenty hours weekly, shall be entitled to a temporary benefit (*začasno nadomestilo*) until they start working at another position on a full-time basis or a part-time basis for no less than four hours daily or twenty hours weekly.

Assistance and Attendance Allowance

Assistance and Attendance Allowance (*dodatek za pomoč in postrežbo*) is available to lawfully permanent resident recipients of old-age, early retirement, invalidity, widow/widower's and survivor's pension who need permanent help to satisfy their vital

necessities. It amounts to at least 76% of the minimum pension for a full pension qualifying period or half of the amount for persons who need assistance in performing a majority of vital necessities.

How are invalidity benefits accessed?

Loss or the degree of remaining work capacity, physical impairment and the need for other invalidity benefits is assessed by the expert physicians or Invalidity Commissions in the first and second instance. Individual experts and Invalidity Commissions are expert bodies of the Pension and Invalidity Insurance Institute of Slovenia.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Old-age Pension

Entitlement to an Old-age Pension depends on retirement age and the length of qualifying and insurance period. The qualifying conditions for entitlement to an Old-age Pension are:

- 65 years for both men and women after an insurance period of 15 years (i.e. only periods for which contributions are paid),
- 60 years for both men and women after a qualifying period without a purchased period of 40 years (this includes periods taken into account regardless of the payment of contributions, but not purchased periods).

However, during a transitional period, the following conditions apply:

- 63 years and 6 months in 2013 (64 years in 2014; 64 years and 6 months in 2015) for women after an insurance period of 15 years,
- 63 years and 6 months in 2013 (64 years in 2014; 64 years and 6 months in 2015) for men and 61 years and 6 months in 2013 (62 years in 2014; 62 years and 6 months in 2015, 63 years in 2016, 63 years and 6 months in 2017, 64 years in 2018 and 64 years and 6 months in 2019) for women after a pension qualifying period of 20 years (i.e. only periods for which contributions are paid).

The minimum retirement age can be lowered in certain cases. For instance, it can be lowered for a certain child-raising period, or for women and men employed before the age of 18.

What is covered?

Old-age Pension

The amount of an Old-age Pension is calculated as a percentage of the pension calculation basis. The latter takes into account the 19 highest paid consecutive years of the insurance period after 1970. During a transitional period which runs until 2018, one year is added at the beginning of each new calendar year until a period of 24 consecutive years is reached. Both minimum and maximum pension calculation bases are set.

The percentage depends on gender, being slightly higher for women than for men, and on the length of the qualifying and insurance pension period. For instance, for those with a qualifying period of 40 years, the Old-age Pension amounts to 72.5% of the pension calculation basis.

There is no upper percentage. In fact, insured persons are encouraged to work longer and defer the retirement. If an insured person works longer than the full working period (40 years) or retires after reaching the full age (65 for men and women), a calculation bonus (a certain additional percentage) is awarded. Reduction (malus) is also possible, if the person retires before reaching full retirement age.

Partial Pension

If you have already qualified for an Old-age Pension or Early Pension, you have the right to a Partial Pension. You must not be employed (or be performing self-employed activities) for more than half of the full working time. Regardless of the reduction, a Partial Pension always equals half of the Old-age Pension to which you would have been entitled had you retired completely.

Yearly Bonus

Pensioners are entitled to a lump-sum Yearly Bonus (*letni dodatek*) which is granted in two different amounts depending on the amount of the pension. It is slightly higher for persons with somewhat lower pensions.

How are old-age benefits accessed?

Claims must be made at the branch office of the Pension and Invalidation Insurance Institute of Slovenia in the place where you were last insured.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

There are general and specific conditions governing the payment of survivors' pensions. General conditions apply to the deceased insured person and specific ones to the widow/er or other family members.

General conditions regarding the deceased

Surviving family members may be entitled to a survivor's pension if the deceased:

- fulfilled the eligibility conditions for a partial, old-age or invalidity pension, or
- already enjoyed a partial, old-age or invalidity pension or other benefits on the grounds of invalidity.

Special conditions for Widow's or Widower's pension

The following family members may be entitled to a Widow's or Widower's Pension (*vdovska pokojnina*): the surviving spouse, the cohabitating partner (if cohabitation lasted for at least three years, or at least one year if there is a common child) and the maintained divorced spouse.

They might be entitled, if

- they have reached at least 58 years of age at the time of death of the spouse (if they have reached the age of 53, payment is postponed until age 58) or,
- they are completely incapable of work or become incapable within one year after the death, irrespective of age, or
- they are left with a child who is entitled to a Family Pension (*družinska pokojnina*) and the duty to maintain the child exists, or such child is born within 300 days after the death.

Special condition for the Family Pension

Those who may be entitled to a Family Pension (*družinska pokojnina*) due to the death of an insured person are his or her:

- children (born within or out of marriage, or adopted);
- step-children, grandchildren or other orphaned children, maintained by the deceased;
- parents and adoptive parents, if they were maintained by the deceased at the time of death.

Children are entitled to the survivor's pension until the age of 15, or 18 (if registered as unemployed), or until they have completed their full-time education (attendance must be proved) but not beyond 26 years of age. A child who becomes completely incapable of working while still entitled to a survivor's pension remains entitled to this pension as long as the incapacity lasts.

Parents maintained by the deceased at the time of death are entitled to the family pension if they have reached the age of 60 years, or if they are disabled and cannot work.

Death Grant and Reimbursement of Funeral Expenses

Both are rights from the mandatory health insurance, and conditional upon a certain prior insurance period. They have to be claimed within 6 months of the death of the insured.

Death Grant (*posmrtnina*) is a lump-sum one time benefit to the family members of the deceased, who were maintained by the deceased insured person. It is assumed that they were dependent on the deceased, if they had mandatory health insurance as his or her family members. Funeral expenses (*pogrebna*) are (partially) reimbursed to the person who paid for the funeral of the deceased insured person.

What is covered?

Widow's or Widower's Pension

Widow's or Widower's Pension amounts to 70% of the deceased's pension (old-age or invalidity) or the pension to which the deceased would have been entitled at time of death.

A widow or widower who has the right to his or her own pension is entitled, in addition, to 15% of the Widow's or Widower's Pension, up to a certain limit. The amount of both pensions may not exceed that of an old-age pension calculated for a man from the highest calculation basis for a 40-year qualifying period.

If a widow/er would be entitled to one from a selection of pensions, he or she may choose the most favourable (i.e. the highest) pension.

The same rules apply to a divorced spouse who was entitled to maintenance from the deceased until his or her death. If the deceased remarried but continued to maintain the former spouse, then the last spouse and all other ex-spouses are treated as co-beneficiaries.

Family Pension

The percentage of the Family Pension depends on the number of entitled persons.

In case of orphans having lost one parent:

- for a single member it amounts to 70% of the deceased person's pension,
- for two members it amounts to 80%,
- for three members to 90%, and
- for four or more members the Family Pension amounts to 100% of the deceased person's pension at the time of death.

In case of orphans having lost both parents:

- for a single member it equals 100% of the prescribed basis of the higher of the deceased parents' pensions at the time of death,
- for two or more members it will be based on 100% of both deceased parents' pensions. These pensions are divided in equal parts corresponding to the number of

children. If division into equal parts is not possible, the remainder goes to the oldest child.

How are survivors' benefits accessed?

Claims must be made at the branch office of the Pension and Invalidation Insurance Institute of Slovenia where the deceased was last insured.

Death Grant and Reimbursement of Funeral Expenses have to be claimed at the local branch office of the Health Insurance Institute of Slovenia. Funeral expenses can also be claimed by the public institute managing the funeral, if an agreement with the Health Insurance Institute of Slovenia has been concluded.

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

There is no specific social insurance scheme that covers accidents at work and occupational diseases. These risks are covered by the mandatory health insurance in case of short-term incapacity for work, and the mandatory pension and invalidity insurance in case of invalidity or death of the insured person.

Accidents at work are defined as accidents arising out of work and in the course of work, including travel between the places of residence and work if the transport is organised by the employer, or on a business trip.

A list of occupational diseases is available, and if the disease is not on the list, it is not considered to be an occupational disease.

What is covered?

In case of an accident at work or occupational disease, all costs of acute medical treatment and medical rehabilitation are covered by the mandatory health insurance. No co-payment from the insured person is required.

If short-term incapacity is caused by an accident at work or occupational disease, sickness cash benefit paid first by the employer and subsequently by the Health Insurance Institute of Slovenia will amount to 100% of the calculation basis. Additionally, the insured person will continue to receive the benefit even after the contract of employment has expired, until the ability to work is regained.

In case of invalidity caused by an accident at work or occupational disease, no prior insurance is required in order to have access to an Invalidity Pension or Disability Allowance. Additionally, a lower percentage (30%) of physical impairment is accepted to enable entitlement to a Disability Allowance.

It is not just the access which is more favourable, but also the scope of benefits. For instance, the Invalidity Pension is calculated as for the full working period (40 years for men and women) and the Disability Allowance is higher.

In the case of death due to accident at work or occupational disease, entitlement to survivors' pension is not subject to a qualifying period, which otherwise would have to be completed by the deceased insured person.

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

Healthcare is provided by the chosen personal physician or any other physician if urgent medical treatment is required. Sickness cash benefit is paid by the employer (and for any necessary duration beyond 30 days it is reimbursed by the Health Insurance Institute of Slovenia).

Benefits in case of invalidity and death of the insured person have to be claimed at the branch office of the Pension and Invalidity Insurance Institute of Slovenia where the person is insured or the deceased was last insured. The degree of invalidity or impairment is assessed by the competent Invalidity Commission.

Chapter IX: Family benefits

When are you entitled to family benefits?

Family benefits are cash benefits provided at childbirth, for further child raising and special benefits for disabled children.

Parental Allowance

Parental Allowance (*starševski dodatek*) is financial assistance to parents who are not entitled to parental benefits from the parental protection insurance scheme.

The duration of the entitlement to Parental Allowance is one year from the birth of the child. As a rule, for the first 77 days after the birth the mother is entitled to the allowance. In exceptional cases, the father or another person can exercise the entitlement to parental allowance during the first 77 days after the birth of the child.

After 77 days, it can be exercised by either of the parents, mother or father, according to their written agreement. The eligibility condition is that both individuals - i.e. the chosen parent (or other person who is supporting the child) and the child itself - are EU citizens and permanently reside in Slovenia. Additionally, no overlap with other benefits is allowed.

Childbirth Grant

The Childbirth Grant (*pomoč ob rojstvu otroka*) is a one-time benefit for the purchase of clothing and other necessities for a newborn whose father or mother is permanently residing in Slovenia and the monthly average income (per person) does not exceed 64% of the net average wage.

Child Benefit

Child Benefit (*otroški dodatek*) is paid to help parents provide for the maintenance and education/training of a child. The condition is that income per family member is below 64% of the average national wage in Slovenia. Additionally, registered residence of the child in Slovenia is required.

Child Benefit is paid to either of the parents for children under the age of 18.

Large Family Allowance

Large Family Allowance (*dodatek za veliko družino*) is an annual benefit paid to families with three or more children under the age of 18 (or 26 if they are in full-time education or training) and with a monthly average income per person not exceeding 64% of the net average wage. Large Family Allowance can be paid to either of the parents, as long as he or she resides permanently with the children.

Special Childcare Allowance

Special Childcare Allowance (*dodatek za nego otroka, ki potrebuje posebno nego in varstvo*) is a cash benefit intended to cover part of the increased cost of a family with a child who requires special care.

This allowance is paid to one of the parents, if the child has permanent residence in Slovenia. It is granted on the basis of an opinion of a special medical board and paid until the child reaches the age of 18 or is in full-time education or training. Exceptionally, the allowance is paid for children who are taken care of by others, e.g. when they are in schooling or living in a foster family.

Partial Payment for Loss of Income

Partial Payment for Loss of Income (*delno plačilo za izgubljeni dohodek*) is paid to a parent who has ceased or reduced work in order to care for a child with a severe physical or mental disability. The conditions are permanent residence in Slovenia and EU citizenship of the child and the parent.

What is covered?

Parental Allowance is a monthly flat-rate financial assistance, amounting to 55% of the minimum wage (i.e. € 251).

The Childbirth Grant amounts to 64% of the minimum wage (i.e. € 280.75). Instead of the Childbirth Grant, the parents may opt for a Layette (package of goods for the newborn) of equivalent value.

The amount of Child Benefit depends on the family income (the lower the income the higher the benefit) and the number of children in the family. The amount is increased by an additional 10% for single parent families and 20% for pre-school children not attending kindergarten.

The Large Family Allowance amounts to € 393.46 for a family with three children. It is higher for families with four or more children (€ 479.83).

The Special Childcare Allowance is paid as a monthly allowance of € 101.05. It is doubled (€ 202.17) for children with a severe physical or mental disability.

The monthly Partial Payment for Loss of Income is equal to the national minimum wage (€ 783.66 gross). If the parent starts to work part-time, the benefit is accordingly adjusted and paid as a proportion of the minimum wage.

How are family benefits accessed?

Family benefits are claimed at the regional Centre for Social Work. Applications for the Parental Allowance must be submitted between 30 days before the expected date of childbirth and 30 days after the birth of the child. Childbirth grant must be applied for within 60 days after the birth of the child, or the entitlement is lost.

Child Benefit can be claimed by the child him/herself, if he or she is at least 18 years of age. In this case the amount for the first child is paid, regardless of the actual number of children in the family. The entitlement is granted for one year at a time, and it should be lodged within 90 days following the birth of the child. After that it could only be claimed from the first day of the following month after submitting the application. If the beneficiary wishes to continue receiving the benefit without

interruption, he or she must submit a new application during the final month of each benefit period.

Large Family Allowance has to be applied for no later than 15 July each year. After that date, the entitlement ceases. It might be granted *ex officio* by the Centre for Social Work, if the family is entitled to a Child Benefit.

Special Childcare Allowance must be applied for within 90 days from the date of birth. If this does not happen, the allowance is paid from the first day of the month following the application.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment Benefit (*denarno nadomestilo za primer brezposelnosti*) may be paid to employed and self-employed persons compulsorily insured against the risk of unemployment. Unemployment has to be involuntary; it cannot be wilful or the fault of the insured person.

Additional conditions are that the insured person must:

- have been employed for at least 9 of the preceding 24 months;
- accept suitable employment (if there is suitable employment, no unemployment benefit is paid); after a certain time, employment at one level of education lower must also be accepted, in addition to suitable work;
- register with the Employment Service of Slovenia within 30 days after the termination of employment;
- be able to work;
- actively seek employment;
- be between 15 years and 65 years of age.

What is covered?

Unemployment Benefit is calculated on the basis of average monthly earnings (without a ceiling and including income replacement benefits) received during the last 12 months before the termination of an employment contract.

For the first three months, unemployment benefit amounts to 80% of the calculation basis. Between the fourth and the twelfth month (i.e. for the next nine months), it is 60% of the calculation basis, and 50% thereafter. The benefit paid cannot be less than € 350 and not more than € 892.50.

The duration of Unemployment Benefit is affected by the length of prior insurance. It is paid for:

- 3 months for an insurance period of 9 months to 5 years;
- 6 months for an insurance period of 5 to 15 years;
- 9 months for an insurance period of 15 to 25 years;
- 12 months for an insurance period of more than 25 years;
- 19 months for insured persons over 50 years of age and with an insurance period of more than 25 years;
- 25 months for insured persons over 55 years of age and with an insurance period of more than 25 years.

An insurance period of at least 6 months in the last 24 months entitles unemployed persons younger than 30 years to a two-month Unemployment Benefit.

Additionally, the Employment Service of Slovenia pays pension and invalidity insurance contributions for a maximum of one year until the fulfilment of conditions for retirement.

Persons receiving unemployment benefit are covered by the social insurance schemes, i.e. mandatory pension and invalidity insurance, mandatory health insurance, parental protection insurance and unemployment insurance.

How are unemployment benefits accessed?

Unemployment Benefit is claimed at the employment office of the Employment Service of Slovenia. It is paid from the first day after the termination of employment.

If the person does not register within the prescribed 30 days, the period of entitlement is reduced by the corresponding number of days.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

All permanent residents who lack sufficient resources (whose property and income fall below a certain threshold) due to objective reasons may be entitled to the Financial Social Assistance (*denarna socialna pomoč*).

Supplementary Allowance

Supplementary Allowance (*varstveni dodatek*) is a monthly means-tested cash supplement under the social assistance scheme. It is provided to permanently unemployable persons (*trajno nezaposljive osebe*), persons permanently incapable of work (*osebe, trajno nezmožne za delo*) or persons older than 63 for women and 65 for men.

What is covered?

Financial Social Assistance is determined according to the subsistence level, and is linked with the minimum income (*minimalni dohodek*) (the currently set basic minimum income is € 261.56). Minimum family income is determined according to the family structure.

The amount of the Financial Social Assistance is calculated as the difference between the minimum income (of the individual or the family) and actual income (of the individual or the family). The duration of assistance may not exceed three months when granted for the first time, but afterwards can be prolonged for six months, as long as the circumstances have not changed. In special cases (persons above 63 years for women and 65 for men or other relevant circumstances) assistance may be granted for a maximum of 12 months. Permanent Financial Social Assistance is granted to persons who fulfil the conditions for Supplementary Allowance.

Supplementary Allowance is determined on a basis of the difference between the Financial Social Assistance (or the actual income) and the threshold. The threshold is calculated by adding a certain percentage (73% for the first adult and 36% for the second) to the percentage of Financial Social Assistance.

How are minimum resources benefits accessed?

Financial Social Assistance and Supplementary Allowance can be claimed at the Centre for Social Work. Applications may be lodged by using a special form. The Centres collect the information, even the information considered confidential, directly from the person and ex officio from databases maintained by the authorised bodies and organisations.

Chapter XII: Long-term care

When are you entitled to long-term care?

There is no special long-term care insurance or assistance scheme in Slovenia. However, a person dependent on the care of another person who is in need of permanent attendance and assistance with activities of daily living might be entitled to certain benefits from several social security schemes. For instance, there are special rights in the mandatory pension and invalidity insurance, mandatory health insurance, parental protection insurance and social assistance schemes.

Assistance and Attendance Allowance

Assistance and Attendance Allowance (*dodatek za pomoč in postrežbo*) may be claimed by pensioners (recipients of old-age, invalidity, widow's or widower's and family pension) and other insured persons in specific cases, if they permanently reside in Slovenia and require permanent assistance to satisfy their basic needs. It may also be paid to the recipients of Financial Social Assistance.

Invalidity Benefit

Invalidity Benefit (*nadomestilo za invalidnost*) is a social protection of persons with disabilities such as moderate, severe or serious mental development disorders and physically impaired persons who are incapable of independent living and work.

Supplement for Care and Assistance

Disabled persons who receive disability allowance and are not entitled to a pension from the mandatory pension and invalidity insurance may claim the Supplement for Care and Assistance (*dodatek za tujo nego in pomoč*). In order to be entitled to this cash benefit, the need for assistance from another person for all (or the majority of) daily needs must be demonstrated.

Special Childcare Allowance

Special Childcare Allowance (*dodatek za nego otroka, ki potrebuje posebno nego in varstvo*) is one of the family benefits. It is intended to compensate for extra costs which a family with a child with special needs faces.

Partial Payment for Loss of Income

Partial Payment for Loss of Income (*delno plačilo za izgubljeni dohodek*) is also among the family benefits. It is paid to one of the parents who has left his/her job in order to care for a child with special needs.

Benefits in kind

Prolonged hospital treatment is one of the long-term benefits in kind provided under the mandatory health insurance. Medical aids (orthopaedic, hearing and other aids intended for home care such as special beds, sanitary medical equipment, etc.) are also available. Costs of healthcare are covered in full (with no co-payments from the

insured person) in cases such as disabled children, certain disabled adults, and elderly persons over 75 years of age.

Residential Care is a social service provided for example for elderly persons. A person who is entitled to the residential care alternatively has the possibility to choose the right to a Family Assistant (*družinski pomočnik*). The Family Assistant is awarded by the locally competent Centre for Social Work to a disabled person who requires assistance with performing all the activities of daily living, and receives Partial Payment for Loss of Income. Services to enable care at the beneficiary's home (home care) are also available.

What is covered?

Assistance and Attendance Allowance is granted to blind or visually impaired persons; persons with at least 70% reduced mobility; and persons who require constant supervision, if due to permanent changes in their state of health, they cannot satisfy all or the majority of their basic needs, being unable to move, feed without assistance, dress and undress or take care of their personal hygiene, and perform other basic tasks indispensable for living.

A Supplement for Care and Assistance is granted to disabled persons who are incapable of performing all or the majority of their basic life functions, requiring the constant assistance of another person.

Special Childcare Allowance is a cash benefit for child that needs special care and protection and is intended to cover the higher living costs that a family incurs because of care and protection of such a child. The right is exercised on the basis of the opinion of a medical commission. This allowance is not applicable in cases where the child is in an institution where it receives all-day care free of charge.

A monthly Partial Payment for Loss of Income compensates for loss of income of one of the parents due to increased engagement in care and protection of a child with a serious mental or physical disability. This is the case both, when the parent terminates his/her job or if s/he continues work only part-time. The level of this payment is equal to the minimum wage. If one of the parents works part-time, s/he is entitled to a proportion of the benefit.

Entitled persons are treated according to their individual needs when granting benefits in kind. The type of institutional care (care I, II, IIIA, IIIB and IV) depends on the individual assessment. For instance, care I implies that the person needs assistance in a very limited extent (mostly very basic assistance and social care), whereas care IV is required by persons with serious and long-lasting mental problems, such as dementia, who need more or less constant and special care.

How is long-term care accessed?

Benefits are granted as soon as the need for care is established. Evaluations are made by experts (invalidity commissions, medical doctors and other experts). The invalidity commission is composed of medical doctors, and experts competent in evaluating dependency, especially in the field of care and other relevant social security experts.

Benefits are provided as long as the dependency persists and all other conditions (e.g. the age of a child) are fulfilled.

The Assistance and Attendance Allowance is claimed at the local office of the Pension and Invalidation Insurance Institute, or at the Centre for Social Work if it is claimed as a supplement to the Financial Social Assistance.

The majority of other benefits should be claimed at the local Centre for Social Work, e.g. Special Childcare Allowance, Partial Payment for Loss of Income, and Family Assistant.

Entitlement to prolonged hospital care has to be established by the hospital physician and entitlement to institutional care by the provider of such care (or in certain cases the Centre for Social Work).

Annex: Useful addresses and websites

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

More detailed information on qualifying conditions and individual social security benefits in Slovenia can be obtained from the public institutes managing social insurances and regional centres for social work.

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

Health Insurance Institute of Slovenia

(Zavod za zdravstveno zavarovanje Slovenije)

Miklošičeva 24

1000 Ljubljana

Tel: +386 1 30 77 200

Fax: +386 1 43 13 245

E-mail: DI@zzzs.si

<http://www.zzzs.si/>

Pension and Invalidity Insurance Institute of Slovenia

(Zavod za pokojninsko in invalidsko zavarovanje Slovenije)

Kolodvorska 15

1518 Ljubljana

Tel.: +386 1 47 45 100

Fax: +386 1 43 21 046

E-mail: informacije@zpiz.si

<http://www.zpiz.si/>

Employment Service of Slovenia

(Zavod Republike Slovenije za zaposlovanje)

Rožna dolina, Cesta IX/6

1000 Ljubljana

Tel: + 386 479-09-00

Fax: + 386 479-02-62

E-mail: info@ess.gov.si

<http://www.ess.gov.si/>

Centre for Social Work Ljubljana Bežigrad

(Center za socialno delo Ljubljana Bežigrad)

Central unit for parental protection and family benefits

Einspielerjeva ul. 6

1000 Ljubljana

Tel.: +386 1 3001 800

Fax: +386 1 3001 830

E-mail: gpcsd.ljbez@gov.si

<http://www.csd-lj-bezigrad.si/>