

Your social security rights in the United Kingdom



Social Europe



European Commission



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).

The MISSOC-Network, coordinated since 1990 by the European Commission, comprises up to two official representatives of the public administrations of 31 European countries (the 27 EU Member States, Switzerland, Liechtenstein, Norway and Iceland). MISSOC produces regularly updated information and analyses which are mainly used by officials, researchers and people moving within Europe. More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide does not provide an exhaustive description of the social security arrangements applicable in this country. For more detailed information on social security in this and other European countries, please refer to the MISSOC Comparative Tables, the MISSOC Charts and Descriptions of the Organisation of Social Protection and to the MISSOC Annex on Social Protection for the Self-employed, all available at the abovementioned link.

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Chapter I: Introduction, organisation and financing

Introduction

The United Kingdom social security schemes include:

- The National Insurance Scheme (NIS), which provides cash benefits for sickness, unemployment, death of a partner, retirement, etc. People earn entitlement to these benefits by paying National Insurance contributions;
- The National Health Service (NHS), which provides medical, dental and optical treatment and which is normally available free of charge only to people who live in Great Britain and Northern Ireland;
- The child benefit and Child Tax Credit schemes, which provide cash benefits for people bringing up children;
- Non-contributory benefits for certain categories of disabled persons or carers;
- Other statutory payments made by employers to employees entitled to maternity, paternity and adoption leave.

You are normally issued automatically with a national insurance number when you reach the age of 16. If you have not received a number when you take up work, you must apply for one.

National insurance contributions

Contributions to the national insurance scheme are divided into five classes:

1. As an employee you will pay primary Class 1 contributions if your earnings are above the primary threshold. Your contributions will be a percentage of your weekly earnings up to the upper earnings limit and will be deducted from your pay. If your earnings are below the primary threshold but above the lower earnings limit, you will have to pay a contribution in order to protect benefit entitlement. Your employer pays secondary Class 1 contributions if your earnings rise above the secondary threshold. Employer's contributions are not deducted from your pay but are the liability of your employer.
2. If you are self-employed and your earnings are above the Small Earnings Exception, you must pay Class 2 contributions. Class 2 contributions are payable at a flat rate. If your taxable profits or gains are above the level of the income tax personal allowance, you will also be liable for Class 4 contributions. Class 4 contributions do not count for benefit purposes.
3. Class 3 contributions are voluntary and only count towards basic retirement pension and bereavement benefits. They can be paid if you are not liable for primary Class 1 contributions, if you have been exempted from paying Class 2 contributions or if your contribution record is not sufficient to qualify for the benefits listed above. Class 3 contributions are payable at a flat rate.
4. Special rules apply to certain people, including mariners and airmen.
5. If you are an employer you may also be liable for Class 1 A contributions on most benefits in kind, for example cars made available for private use and car fuel.

Further information on the current rates of contributions is available from the website of Her Majesty's Revenue and Customs: <http://www.hmrc.gov.uk>

Credits

In some circumstances, contributions may be credited to your national insurance record even if you have not actually paid them. This is the case, for example, for periods when you are unable to work because of sickness or unemployment. Credits can help you



qualify for some benefits. For most benefits, however, you must actually have paid a certain amount of contributions.

Benefits – general

Cash benefits under the national insurance scheme depend on your contribution record. A minimum amount of contributions must have been paid before you are entitled to benefits. By contrast, entitlement to medical treatment, including dental and optical treatment, does not depend upon national insurance contributions. In the case of residence in Great Britain it is provided under the National Health Service and in Northern Ireland under the Health and Personal Social Service.

To qualify for cash benefits for sickness, maternity or unemployment you must satisfy certain contribution conditions. These are listed in chapters II, IV and X. Your contributions in other EU Member States, Iceland, Liechtenstein, Norway or Switzerland may also be taken into account to satisfy these conditions. Entitlement to pensions for old age and the death of a spouse or civil partner depends on your (or your spouse or civil partner's) insurance record in all the Member States in which you have worked. Class 2 contributions (see above) may be used to satisfy the contribution conditions for cash benefits.

It is important to claim benefits in due time as delayed applications may cause the loss of such benefits.

Appeals

When a decision has been made on your claim to cash benefits, you will be informed on the decision and on how to contest it. This will include your right to appeal to an independent tribunal.

Organisation of social protection

The Department of Work and Pensions (DWP) is responsible for delivering most social security benefits. The HM Revenue and Customs is responsible for the collection and recording of contributions and the assessment and payment of tax credits for families with dependent children and working people on low incomes. It also administers Child Benefit and Guardian's Allowance.

Local authorities administer Housing Benefit and Council Tax Benefit. The Department for Business, Innovation and Skills is responsible for developing policy and legislation on parental leave and pay. Employers are responsible for paying Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay and Statutory Adoption Pay.

National Health Service authorities are funded to secure health services for their local population through contracts with NHS Trusts and other service providers and professionals. Social care services are provided or purchased by local authorities within a financial and legislative framework determined by the Health Ministry.

A chart with an overview of the relevant public bodies involved with the provision of statutory social security benefits can be found at the end of this guide.

Individuals may choose to subscribe to private medical insurance, or employers may offer to meet the cost of private treatment.



Financing

The social security system is financed from national insurance contributions paid by employers and employees and general tax revenue. There are important distinctions between insurance based, category and income/asset related benefits.

Your right to social security benefits when moving within Europe

Social security systems in European countries are different, which is why EU provisions have been designed to coordinate them. Common rules ensuring access to social benefits are important to avoid European workers being put at a disadvantage when exercising their right of free movement. These rules are based on four principles.

- When moving within Europe, you are always insured under the legislation of one single member state: generally, if you are active, it will be the country where you work; if you are inactive, the country where you reside.
- The principle of equal treatment ensures that you have the same rights and obligations as nationals of the country where you are insured.
- When necessary, periods of insurance acquired in other EU countries can be taken into account towards the award of a benefit.
- Cash benefits can be "exported" if you live in a country other than the one where you are insured.

You can rely on the EU provisions on social security coordination in the 27 EU Member states, Norway, Iceland, Liechtenstein (EEA) and Switzerland (31 countries altogether).

Some general information on the EU provisions is provided at the end of each chapter. Further information about the coordination of social security rights when moving or travelling in the EU, Iceland, Liechtenstein, Norway or Switzerland can be found at: <http://ec.europa.eu/social-security-coordination>.



Chapter II: Healthcare

When are you entitled to healthcare?

General practitioners (GPs) are self-employed and have contracts to provide services for the National Health Service. GPs have a measure of discretion in accepting applications to join their patient lists. However, they cannot turn down an applicant on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

If you need hospital treatment or to consult a specialist, your NHS doctor will arrange it for you. In an emergency, you may be admitted directly to a hospital.

Being registered with a GP does not necessarily mean that you are entitled to free NHS hospital treatment. If you ordinarily reside in the United Kingdom (ie live there on a lawful and settled basis) then you are entitled to free NHS hospital treatment. Alternatively, if you are exempt from charges under the NHS (Charges to Overseas Visitors) Regulations 1989, as amended (for instance by being lawfully employed by a UK based employer), then you are similarly entitled to free NHS hospital treatment. Your spouse/civil partner and your children under the age of 16 (or under 19 if in full time education) are also entitled to free NHS hospital treatment if they are living with you on a permanent basis or if they qualify in their own right under the above Charging Regulations. There is no necessity to pay national insurance or taxes.

If you are temporarily in the UK but continue to officially reside in a different EEA country or Switzerland then you need to carry a valid European Health Insurance Card (EHIC) from your home country when in the UK in order to access free NHS hospital treatment under EC law. If you do not have this EHIC then you may face charges. The EHIC entitles you, free of charge, to any treatment which is clinically necessary during your stay, in order to prevent you from having to return home before the end of your planned stay. It does not allow you to seek free treatment in the UK – you will need to be formally referred to the UK by your home country with an E112/S2 form in order for planned treatment to be free of charge.

What is covered?

Nearly all doctors, general practitioners, opticians and many dentists take part in the NHS. You may choose at any time a dentist or an optician who takes part in the NHS. As doctors, dentists and opticians taking part in the NHS are free to treat patients privately and to charge them accordingly, you should ensure that the practitioner is willing to treat under the NHS. The costs of private treatment are not refundable by the NHS. They are your own responsibility.

The patient will normally have to pay some charges towards the cost of prescribed medicines, dental services and certain appliances (for example wigs and fabric supports) although certain people do not have to pay some or all of these charges. NHS sight tests and help with the costs of glasses are only available to certain people. Most people have to pay privately for optical services.



How is healthcare accessed?

Names and addresses of NHS general practitioners, dentists and opticians are available on the National Health Service services directory:

<http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx>

Your right to healthcare benefits when moving within Europe

If you are staying or residing in another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you and your family may benefit from the public healthcare services provided there. This does not necessarily mean that treatment will be free of charge; it depends on the national rules.

If you are planning a temporary stay (holidays, business trip, etc.) in another EU country, Iceland, Liechtenstein, Norway or Switzerland, apply for a European Health Insurance Card (EHIC) before leaving. Further information about the EHIC and how to apply for one is available at: <http://ehic.europa.eu>.

If you are planning to move permanently to another EU country, further information on your rights regarding healthcare is available at <http://ec.europa.eu/social-security-coordination>.



Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Statutory sick pay (SSP)

You may be able to get Statutory Sick Pay (SSP) from your employer if you have done some work under your contract of employment and:

- you're sick for at least four days in a row (including weekends and bank holidays and days that you do not normally work); and
- you have average weekly earnings of at least equal to the lower earning limit (LEL)

Employment and Support Allowance

Employment and Support Allowance (ESA) was introduced in October 2008 when it replaced Incapacity Benefit for all new claimants. You can claim ESA: if you are incapable of work because of illness or disability if the period of your illness is four days or more; and if you are not entitled to payment of SSP from an employer for that period. No benefit is payable for the first three days of incapacity.

The contribution conditions are as follows:

- from November 2010 you must have paid either Class 1 or Class 2 contributions, or a combination of both, equal to at least 26 times the lower earnings limit in any one tax year
- these contributions must have been paid in one of the last two tax years before the benefit claim); and
- you must have paid or been credited with either Class 1 or Class 2 contributions, or a combination of both, equal to at least 50 times the lower earnings limit in each of the two income tax years (6 April to 5 April) which ended before the beginning of the benefit year (first Sunday in January to the Saturday before the first Sunday in January of the following year) in which the claim is made.

What is covered?

Your employer is liable to pay SSP for a maximum of 28 weeks in a period of incapacity for work. If you are still sick when your employer's liability to pay you SSP comes to an end you will be able to claim Employment and Support Allowance from the Department for Work and Pensions.

An increase in short-term incapacity benefit for one adult dependant may be claimed if the applicant has dependent children or if a partner is aged 60 or over. A claim can be made for an increase in short-term incapacity benefit for dependent children after 28 weeks of sickness.

How are sickness cash benefits accessed?

For the first seven days of illness, your employer cannot ask you to provide medical evidence that you are sick. They may ask you to fill in a self-certificate of their own design or an SC2 form obtainable from a GP surgery, or from the HM Revenue and Customs (HMRC) website.

If you are sick for more than seven days, your employer can ask for medical evidence to support payment of SSP. It is up to the employer to decide whether you are incapable of work. A medical certificate from a GP is strong evidence that you are sick and would normally be accepted, unless there is evidence to prove otherwise.



You could also receive evidence from someone who is not a medical practitioner, e.g. a dentist, however it is for the employer to decide whether or not this evidence is acceptable. If the employer has any doubts, they may still ask for a medical certificate from a GP.

Your right to sickness cash benefits when moving within Europe

As a general rule, sickness benefits in cash (i.e. benefits normally intended to replace an income which is suspended due to sickness) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying.*

When moving to another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, whenever certain conditions have to be fulfilled in order to become entitled to sickness benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment that you have completed under the legislation of any of the above-mentioned countries. This thus guarantees that people will not lose their sickness insurance coverage when changing employment and moving to another state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Statutory Maternity Pay (SMP)

Most pregnant working women may be eligible to receive SMP from their employer. It is payable for up to 39 weeks starting, at the earliest, 11 weeks before the expected week of confinement (EWC). You can choose when to stop work but the latest your SMP can start is the day following the birth of your baby.

You may work for up to ten days without losing any SMP. These "Keeping in Touch days" (KIT) allow you to keep in touch with your work place and receive training, for example, before returning. KIT days can only be taken with your consent and that of your employer.

To qualify you must have worked for the same employer continuously for 26 weeks including and ending with the 15th week before the EWC (the qualifying week).

Your average weekly earnings must also be at least equal to the lower earnings limit for National Insurance (NI) purposes.

Maternity allowance (MA)

You can only get MA if you cannot get SMP, have been employed and/or self-employed and earned on average at least equal to the Maternity Allowance Threshold (MAT) in force at the beginning of your test period.

To qualify you must have been employed and/or self-employed for at least 26 weeks in your 66 week test period. The 26 weeks do not have to be consecutive. The test period is the period of 66 weeks up to and including the week before the week your baby is due.

The MAT is GBP 30 a week so you must earn on average at least GBP 30 a week. Your average weekly earnings are worked out using earnings from any 13 weeks in the test period (the test period earnings). If you satisfy the employment rule and the earnings rule, you will be entitled to MA for a maximum of 39 weeks.

You will be able to work for up to ten days during your Maternity Allowance Pay period without losing any of your Maternity Allowance. These days will be called "Keeping in Touch days" (KIT). These KIT days will allow you to keep in touch with your work place and receive training, for example, before you return to work. KIT days can only be taken with your consent and that of your employer. This measure is also available for the self-employed.

Ordinary Statutory Paternity pay (OSPP)

An employee whose partner is expecting a baby may be able to receive Ordinary Statutory Paternity Pay (OSPP) after the baby is born. To qualify you must have worked for the same employer for 26 weeks including and ending with the 15th week before the week the baby is expected to be born and remain with the employer until the baby is born. You must also have earned on average in the last eight weeks of that period at least the lower earnings limit for the payment of national insurance contributions.

Additional Statutory Paternity Pay (ASPP)

An employee whose partner is entitled to statutory maternity pay, Maternity Allowance or Statutory Adoption Pay may be able to receive Additional Statutory Paternity Pay (ASPP) if the mother or adopter has returned to work before the end of their maternity or adoption



pay period. To qualify you must have worked for the same employer for 26 weeks including and ending with the 15th week before the week the baby is expected to be born and remain with the employer until the week before payment begins. You must also have earned on average in the last eight weeks of that period at least the lower earnings limit for the payment of national insurance contributions.

What is covered?

The amount of Statutory Maternity Pay you get depends on your earnings. SMP is paid for a maximum of 39 weeks (this is stated earlier in the section, but may be worth reiterating here) For the first six weeks you get 90 per cent of your average gross weekly earnings with no upper limit. The remaining 33 weeks are paid at the standard rate (GBP 124.88 per week) SMP or the earnings-related rate if this is less than standard rate SMP.

The amount of Maternity Allowance you get depends on your average weekly earnings. You will get either standard rate MA, which is GBP 124.88 a week or 90 % of your average weekly earnings, if this calculation results in a figure which is less than GBP 124.88 The employer will usually pay in the same way and at the same time as for normal wages. It can be paid for up to 39 weeks.

Ordinary Statutory Paternity Pay is paid at a standard rate, which is GBP 124.88 a week or 90% of your average weekly earnings if this calculation is less than 124.88. You can choose whether to receive OSPP for one week or for two consecutive weeks and when to start receiving it, from the time the baby is born up to eight weeks after the birth.

Additional Statutory Paternity Pay is paid at a standard rate, which is GBP 124.88 a week or 90% of your average weekly earnings if this calculation is less than 124.88. You can start receiving ASPP from 20 weeks after the child is born providing that the child's mother has returned to work. Payment ends when you return to work or at the end of the mother's maternity pay period, whichever is earliest.

How are maternity and paternity benefits accessed?

To get SMP, you must tell your employer that you intend to stop work because of your pregnancy. You should give your employer at least 28 days' notice of the date you intend to stop work to have your baby. Your employer may need your notice in writing. You must also give your employer your maternity certificate, which the doctor or midwife will give you around the 21st week of your pregnancy.

You can claim MA when you reach the 14th week before the week in which your baby is due (the 27th week of pregnancy).

To get SPP, you will need to give your employer a self-certificate confirming that you:

- have or expect to have responsibility for the child's upbringing;
- are the biological father of the child or the mother's husband, civil partner or partner;
- are taking time off work to care for the child and/or support the mother.

Your right to maternity and paternity benefits when moving within Europe

The coordination provisions cover maternity and equivalent paternity benefits. Whenever certain conditions have to be fulfilled in order to become entitled to benefits, the competent institution (i.e. institution in the country in which you are insured) must take



account of periods of insurance, residence or employment completed under the legislation of another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland.

As a general rule, benefits in cash (i.e. benefits intended to replace suspended income) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying*. Benefits in kind (i.e. medical care, medicines and hospitalisation) are provided according to the legislation of your country of residence as if you were insured there.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Employment and Support Allowance replaced the Incapacity Benefit and Income Support that is paid because of an illness or disability for new claimants from 27 October 2008.

Employment and Support Allowance consists of two phases:

- the assessment phase rate is paid for the first 13 weeks of a claim while a decision is made on capability for work through the Work Capability Assessment
- the main phase starts from week 14 of the claim, if the Work Capability Assessment shows that the illness or disability does limit ability to work.

There are two groups within the main phase:

Work Related Activity Group

If you are placed in the Work Related Activity Group, you will be expected to take part in work focused interviews with your personal adviser. You will get support to help prepare for suitable work. In return, you will receive a work related activity component in addition to the basic rate.

Support Group

If you are placed in the Support Group because illness or disability has a severe effect on your ability to work, you will not be expected to take part in any work. You can do so on a voluntary basis.

Helping you into work

If you are in the Work Related Activity Group, you will regularly see a personal adviser to discuss work prospects. They will give help and advice with:

- job goals
- skills, strengths and abilities
- steps to be taken to help find suitable work

If you refuse to go to the work focused interviews, or to take part fully in the work focused interviews, your entitlement to Employment and Support Allowance may be affected.

What is covered?

Weekly rate during the main phase

The main phase starts from week 14 of the claim, if the Work Capability Assessment shows that the illness or disability does limit an ability to work.

Type of group	Weekly amount
A single person in the Work Related Activity Group	up to £91.40
A single person in the Support Group	up to £96.85

In most cases benefits are paid for the first three days of the claim.



Income Tax

Income Tax will not be taken from income-related Employment Support Allowance.

How are invalidity benefits accessed?

There is a 13-week assessment phase during which time a Work Capability Assessment must be carried out before opening an entitlement to the main phase of Employment and Support Allowance benefits.

This procedure may include a medical assessment if more information is needed about your illness or disability before a decision can be made on your capability for work.

Your right to invalidity benefits when moving within Europe

The competent institution of the country where you claim an invalidity pension will take account of periods of insurance or residence completed under the legislation of any other EU country, Iceland, Liechtenstein, Norway or Switzerland, if this is necessary for the calculation of invalidity benefits.

Invalidity benefits will be paid regardless of where you reside or stay in the European Union, Iceland, Liechtenstein, Norway or Switzerland.* Necessary administrative checks and medical examinations will normally be carried out by the competent institution in the country where you reside. Under some circumstances, you may be required to return to the country which is paying your pension for such examinations, if your state of health allows you to do so.

Each country applies its national criteria when determining degree of invalidity. Therefore, it may be the case that certain countries will consider a person to have a degree of invalidity of 70 percent, while others will not consider the same person to be invalid at all under their legislation. This is a result of the fact that the national social security systems are not harmonised, but only coordinated by the EU provisions.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The basic State Pension is a government-administered pension. It is based on the number of qualifying years gained through National Insurance contributions (NICs) paid or credited throughout the applicant's working life.

State retirement pension can be claimed once you reach State pensionable age. This is 65 for men born on or before 5 April 1959 and 60 for women born on or before 5 April 1950.

The State Pension age for women born on or after 6 April 1950 but before 6 April 1955 is rising from 60 to 65 between 2010 and 2020. The State Pension age for women born on or after 6 April 1955 but before 6 April 1959 is 65. State Pension age will increase for both men and women from age 65 to 68 between 2024 and 2046.

What are qualifying years?

A qualifying year is a tax year where a worker has sufficient income to pay National Insurance Contributions (NICs), or is treated as having paid or being credited with NICs. In 2010-2011, as an employee this amounts to £5044.

How many qualifying years are required?

Men and Women reaching State Pension age on or after 6 April 2010, need 30 qualifying years for a full basic State Pension.

If you choose to put off claiming State Pension for at least 12 consecutive months you can get a one-off lump sum payment. This will be in addition to the normal State Pension. The 12 consecutive months must all have fallen after 5 April 2005.

Company pension schemes vary from company to company. The scheme is likely to be one of two general types – a 'salary related' or 'money purchase' scheme. In a salary related scheme the amount obtained is based on salary and the number of years in the scheme. With a money purchase scheme the amount obtained is based on how much has been paid into the scheme and how well the money has been invested. On retirement, the fund is used to provide a pension, usually by buying an annuity (a regular income for life). The employer is required to offer an opportunity to join a pension scheme.

What is covered?

In 2009-2010-2011, the full basic State Pension is £97.65 a week for a single person and £156.15 a week for a couple, individual circumstances may affect the amount received.

How are old-age benefits accessed?

The Pension Service should automatically send you a claim form four months before you reach State Pension age.

Your right to old-age benefits when moving within Europe

The EU provisions for old-age pensions exclusively concern state pension schemes and not company, occupational or private ones. They guarantee that:



- In each EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured, your insurance record is preserved until you reach the pensionable age in that country.
- Every EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured will have to pay an old-age pension when you reach the pensionable age. The amount you will receive from each of the member states will depend on the length of your insurance coverage in each state.
- Your pension will be paid wherever you reside in the EU (plus Iceland, Liechtenstein, Norway and Switzerland).*

You should submit your claim to the pension insurance institution of the EU country (or Iceland, Liechtenstein, Norway or Switzerland) in which you live, unless you have never worked there. If this is the case, you should apply to the country where you last worked.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter VII: Survivors benefits

When are you entitled to survivors' benefits?

Death benefits are available to men and women whose spouse died after 9th April 2001 or whose same-sex registered civil partner died on or after 5th December 2005. There are three different death benefits.

Bereavement Payment

The Bereavement Payment is a single lump-sum paid to widows, widowers and surviving civil partners under State Pension age, or over State Pension age if the late spouse or civil partner was not entitled to a State Pension based on his or her own contribution record.

Widowed Parent's Allowance (WPA)

The Widowed Parent's Allowance is a regular payment for men and women who have a qualifying child, generally a child for whom there is Child Benefit entitlement.

Women who are pregnant by their late husband can also qualify, including those who fall pregnant by certain fertility treatments – including the donation of eggs, sperm or embryos.

This rule also applies to a woman whose late partner was a registered civil partner. WPA cannot be paid beyond state pension age.

Bereavement Allowance

The Bereavement Allowance is paid to men and women who are aged at least 45 but under State Pension age when they are widowed.

The contribution conditions for these benefits must be fully satisfied on the basis of the contributions of the late spouse or civil partner. For Bereavement Payment, the late spouse or civil partner must either have actually paid 25 contributions of any class at any time before 6 April 1975, or have actually paid Class 1, 2 or 3 contributions in any one tax year since 6 April 1975 which give an earnings factor not less than 25 times the weekly lower earnings limit for that year.

For Widowed Parent's Allowance and Bereavement Allowance there are two contribution conditions similar to those for old-age pensions outlined in chapter VI, except that the conditions must be satisfied on the basis of the contributions of the late spouse or civil partner.

Additional pension

The Additional pension is an earnings-related benefit based on the earnings-related contributions of the late spouse or civil partner and can be paid only with Widowed Parent's Allowance. It is calculated in the same way as the additional pension payable with an old-age pension.

What is covered?

The Bereavement Payment is a single tax-free lump-sum payment of GBP 2000.

The Widowed Parent's Allowance (WPA) is a regular payment. A Child Dependency Increase paid for each child in addition to Child Benefit was from 6 April 2003 replaced by Child Tax Credits. Existing recipients at that date continue to be transitionally protected, provided their entitlement continues. Widowed Parent's Allowance and Widow's Pension are both paid in the same way as state pensions.



The Bereavement Allowance is granted at the full rate to widowed people aged 55 or over. Between the ages of 45 and 54 a percentage of the full rate is paid. This percentage is fixed and will not increase with a birthday.

How are survivors benefits accessed?

The bereaved spouse or civil partner may apply for death benefits by completing the back of the death certificate issued by the Registrar of Births, Marriages and Deaths and sending it to the local Jobcentre Plus or Pensions Office. This office will then provide a claim form, which should be completed and returned urgently. This claim can also be used for pensions that may be due under the schemes of other Member States. If the bereaved spouse does not live in the United Kingdom, they should submit their claim to the pension insurance institution of the Member State in which he or she lives.

Your right to survivors benefits when moving within Europe

In general, the rules which apply to pensions for surviving spouses or orphans and death grants are the same as the ones applying to invalidity and old-age pensions (see chapters V and VI). Namely, survivors' pensions and death grants have to be paid without any reduction, modification or suspension regardless of where the surviving spouse resides in the European Union, Iceland, Liechtenstein, Norway or Switzerland*.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



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

When are you entitled to benefits?

Disablement benefit

Industrial injury benefits are payable if you become disabled as a result of an accident at work or if you contract a prescribed industrial disease. Entitlement to benefits does not depend on the amount of national insurance contributions paid. These benefits are not payable to self-employed persons.

Industrial Injuries Disablement Benefit can be claimed if a worker was employed in a job that caused the disease. The scheme covers more than 70 diseases, including:

- a disease caused by working with asbestos
- asthma
- chronic bronchitis or emphysema
- deafness
- pneumoconiosis (including silicosis and asbestosis)
- tenosynovitis
- prescribed disease A11 (previously known as vibration white finger)

What is covered?

Disablement benefit is payable if you are still disabled 15 weeks after the date of the accident at work or 15 weeks after the onset of the disease. The amount of benefit depends on the extent of the disablement, assessed as a percentage. The benefit is payable in addition to any sickness or invalidity benefit.

Individual circumstances, including age and the severity of disability, will affect the level of benefit received. This will be assessed by a doctor on a scale of one to 100 per cent. For certain lung diseases, payment is made at the 100 per cent rate from the start of the claim.

All amounts are a guide only:

Assessed level of disablement	Aged over 18 (weekly amount)	Aged under 18 with no dependants (weekly amount)
100%	£145.80	£89.35
90%	£131.22	£80.42
80%	£116.64	£71.48
70%	£102.06	£62.55
60%	£87.48	£53.61
50%	£72.90	£44.68
40%	£58.32	£35.74
30%	£43.74	£26.81



20%	£29.16	£17.87
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How are benefits accessed?

Disablement benefit is normally payable if disablement is assessed at 14% or more for all accidents and most prescribed diseases. For the respiratory diseases pneumoconiosis and byssinosis, benefits may be paid in respect of disablement of at least 1%. For sufferers of diffuse mesothelioma, asbestosis and lung cancer due to specific exposure to asbestos in the workplace, benefits are paid at the 100 % rate. Benefits are either paid directly into a bank account every four weeks in arrears or weekly in advance.

In Great Britain, you should claim the benefit via your regional Disablement Benefit Centre as soon as possible after the first signs of disablement appear. Your local Jobcentre Plus office will give you details of this. In Northern Ireland claims should be made to the Industrial Injuries Branch of the Social Security Agency, Castle Court, Royal Avenue, Belfast BT1 1SD.

Your right to benefits in respect of accidents at work and occupational diseases when moving within Europe

The EU provisions on benefits in respect of accidents at work or occupational diseases are very similar to the provisions on sickness benefits (see sections II and III). Within the European Union, Iceland, Liechtenstein, Norway or Switzerland, if you reside or stay in a country other than in the one in which you are insured against accidents at work, you are normally entitled to receive healthcare there in respect of an accident at work or an occupational disease; benefits in cash will normally be paid by the institution by which you are insured, even if you reside or stay in another country.*

Whenever certain conditions have to be fulfilled in order to become entitled to benefits in respect of accidents at work or occupational diseases, the institution where you are insured must take account of periods of insurance, residence or employment that you have completed under the legislation of other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland. This guarantees that people will not lose their insurance coverage when changing employment and moving to another country.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefit

Child Benefit is a cash benefit payable if you are responsible for one or more children under age 16, or up to age 20 if the child is in full-time education (but not if on a degree or other advanced course) or approved unwaged training. There are no contribution conditions, but you (or your partner) and the child should be present in the UK. You (or your partner) must also have a right to reside in the United Kingdom and actually reside there.

Child Tax Credit

This is an income-related payment to support families with children. You can claim it if you, or your partner, are responsible for one or more children under age 16, or if the child is in full-time education (but not if on a degree or other advanced course) or approved unwaged training, who usually lives with you. There are no contribution conditions, but you and your partner, if you have one, must normally be present, ordinarily resident and have a right to reside in the UK.

What is covered?

There are two different amounts of child benefits, with a higher amount for your eldest (or only) child.

- £20.30 a week for the eldest child and;
- £13.40 a week for each other child.

How are family benefits accessed?

Claims for child benefits should be made to Her Majesty's Revenue and Customs Child Benefit Office, enclosing the children's birth certificates if possible. Claim forms can be obtained from Her Majesty's Revenue and Customs Child Benefit Office or from one of their local enquiry centres or from a local social security office.

Claims for child tax credit should be made to Her Majesty's Revenue and Customs, Tax Credits Office. Claim forms can be obtained from Her Majesty's Revenue and Customs Tax Credit Office and from any of their local enquiry centres or from a local social security office.

Your right to family benefits when moving within Europe

Characteristics and amounts of family benefits vary considerably from one state to another.* It is therefore important for you to know which state is responsible for providing you with these benefits and what the conditions to entitlement are. You can find the general principles for determining the competent legislation at <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



The country which is responsible for paying family benefits must take into account periods of insurance completed under the legislation of any other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland, if this is necessary to satisfy the conditions governing entitlement to the benefit.

If a family is entitled to benefits under the legislation of more than one country, they will, in principle, receive the highest amount of benefits provided for under the legislation of one of these countries. In other words, the family is treated as if all persons concerned resided and were insured in the state with the most favourable legislation.

Family benefits may not be paid twice over the same period and for the same family member. There are priority rules which provide for the suspension of benefits from one country up to the amount of those paid by the country which is primarily competent for payment.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter X: Unemployment

When are you entitled to unemployment benefits?

Jobseeker's Allowance

To get contribution-based Jobseeker's Allowance, you will need to meet two conditions:

- First, to have paid Class 1 contributions on earnings of at least 25 times the lower earnings limit in one of the two relevant tax years. Credits do not count for this condition.
- Second, to have paid or been credited with Class 1 contributions on earnings of at least 50 times the lower earnings limit in both of the two relevant tax years. Credits do count for this condition.

Only National Insurance Contributions paid by employees can qualify for these benefits. Contributions paid by self-employed people do not count.

You will also be required to complete a Jobseeker's Agreement, setting out the steps to be taken to seek work. To keep receiving the benefits, you will have to attend regular job search reviews, usually every fortnight. There's a longer review after 13 weeks.

Contribution-based Jobseeker's Allowance is a personal benefit – no additional amounts are paid for a dependant partner or child. It is paid regardless of capital and most income, although it may be reduced by part-time earnings. Payment may also be affected if you receive an occupational or personal pension.

What is covered?

Contribution-based Jobseeker's Allowance is paid for up to 182 days, if you are unemployed, capable of and available for work, and are actively seeking work. Jobseeker's Allowance is usually paid fortnightly, directly into your bank, building society or post office account.

Contribution-based Jobseeker's Allowance

The maximum weekly rates are:

Age	Amount
Aged 16 - 24	£51.85
Aged 25 or over	£65.45

How are unemployment benefits accessed?

If you become unemployed, you should immediately claim Jobseeker's Allowance at your local Employment Service Jobcentre in Great Britain, or in Northern Ireland at the local Jobs and Benefits Office / social security office. The addresses of all these offices are available at the local post office.



Your right to unemployment benefits when moving within Europe

Normally, the member state in which you are employed is the one responsible for granting unemployment benefits. Special provisions apply to frontier workers and other cross-border workers who have maintained their residence in a member state other than the one in which they work.

Periods of insurance or employment completed in other countries of the European Union, Iceland, Liechtenstein, Norway or Switzerland, may be used to fulfil the contribution conditions.

If you want to look for a job in a different country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you may under certain conditions export these benefits for a limited period of time.*

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

State Pension Credit

Prior to April 2010, State Pension Credit guaranteed a minimum income to people aged 60 or over. The qualifying age is gradually increasing from 60 to 65 between April 2010 and 2020. The amount received depends on personal circumstances, the money already coming into the household and the amount of savings and investments held.

Income Support

Income support provides a minimum level of assistance those unable to work full-time - whose income including social security benefits and capital fall below a level specified by legislation.

Income-based Job Seeker's Allowance

Income-based Job Seeker's Allowance provides a minimum level of assistance to unemployed people whose income and capital fall below a level specified by legislation. The benefit is available to those who have exhausted the UK contributory benefit for unemployment and also to those who are not entitled to that benefit.

Council Tax Benefit

Council Tax Benefit may be claimed if the applicant pays Council Tax and his/her income and capital (savings and investments) are below a certain level.

Housing Benefit

Housing Benefit may be received if the applicant pays rent and his/her income and capital (savings and investments) are below a certain level. Local Housing Allowance - rent help LHA is a new way of calculating Housing Benefit (HB) which is based on the area the applicant lives in, number of occupiers in the property and household size. LHA is a much fairer way of calculating HB, as it ensures that tenants in similar circumstances in the same area receive the same amount of financial support for their housing costs.

What is covered?

See section above

How are minimum resources benefits accessed?

Contact a Jobcentre Plus local office to initiate a claim or to seek further advice.

A confidential helpline provides help and advice on government-enforced employment rights. It provides information on National Minimum Wage rights, Agricultural Minimum Wage rights, and the right not to have to work more than 48 hours a week.

Contact details:

Phone number 0800 917 2368

Text phone 0800 121 4042

Website: <http://payandworkrightscampaign.direct.gov.uk>

To claim tax credits you have to fill in a claim form. You can order a tax credits claim pack from the Tax Credit Helpline on 0845 300 3900 or text phone 0845 300 3909.



Your right to minimum resources benefits when moving within Europe

Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.

EU coordination rules apply only to social security, not to social assistance benefits.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter XII: Long-term care

When are you entitled to long-term care?

Long term care is needed when a person becomes ill or suffers a disability that makes them unable to carry out their activities of daily living, with the probability that this disability will continue over the long term. In the case of elderly people, this is typically caused by increasing frailty due to ageing or the chronic aftermath of acute conditions such as a stroke or a fall, or severe arthritis. Long term care can also be required if a person is mentally impaired.

The NHS now only provides and/or pays for the Nursing Care Service Component of a person's long-term care service needs. All other costs and services associated with long term care are the individual's responsibility unless they qualify for local authority assistance. In Scotland, Free Personal Care is now available.

The 1993 Health and Community Care Act restricts state support to those with relatively low incomes or savings. England and Northern Ireland have one set of rules. Wales and Scotland have differing rules.

For residential care, the local authority will apply a standard means test if you are assessed as needing care. This will determine what proportion of the costs is your responsibility, and what the local authority will pay. If there is a contribution from the local authority, the authority will contract with the care home, pay the home direct but ask that you make a contribution towards the fees to them, if you are assessed as needing to do so.

In England:

- **Assets greater than upper means test limit (currently £23,250)**
You will not be entitled to any financial assistance from the local authority for long term care costs in a care home - it will be up to you to make your own financial arrangements for care.
- **Assets between the means test limits**
The local authority may give some assistance. The amount of assistance takes into account all actual income and the tariff income. This is all income, less the Personal Expense Allowance.
- **Assets below lower means test limit (currently £14,250)**
You will have to give up all of your income to the local authority, and the local authority will then meet the remainder of your care home fees. Income includes all private pensions, plus most of the Social Security benefits to which you are entitled. A small amount may be retained for personal spending.

Monetary limits

Monetary limits apply where the Local Authority is considering care in a care or nursing home. Similar limits may apply when care is to be provided in the applicant's own home, but will exclude the value of the house.

If you have assets exceeding £23,250 you will receive nothing and are liable for the full cost, until your total assets fall below this figure.

The definition of "assets" will normally include the family home, unless a spouse or close family member remains in site. Strict measures exist to ensure that anyone seen to have "deprived themselves of assets" in order to claim State benefits can be fully investigated and forced to pay. So those who sell the home to a family member or seek to avoid paying can be pursued in court.



If you have assets below £23,250, you will get increasing help on a sliding scale down to the lower limit of £14,250 where no contribution is needed.

What is covered?

The care required can take many forms, from simple domestic assistance to daily medical help and medication. Long term care may be provided in a care or nursing home or in the person's own home.

Disability Living Allowance

If help is required with personal care or you have walking difficulties because of a physical or mental disability and you are under 65, you may be entitled to a disability living allowance. The Disability living allowance may be paid in addition to other benefits and there are no contribution conditions. There are currently conditions relating to residence and presence in the UK. Disability living allowance is paid directly into a bank, building society or other account of the payee's choice.

Attendance Allowance

If you are aged 65 or over and need help with personal care because of a physical or mental disability you may be entitled to attendance allowance. It may be paid in addition to other benefits. There are no contribution conditions, but there are conditions relating to residence and presence in the UK.

The Attendance allowance is paid directly into a bank, building society or other account of the payee's choice.

Carer's Allowance

The Carer's allowance is a weekly benefit paid to someone who spends at least 35 hours a week caring for a person receiving a disability living allowance at the middle or highest rate for help with personal care, an attendance allowance or equivalent rates of the constant attendance allowance. The Carer's allowance may affect payment of other benefits, there is an earnings limit, and it is not payable to full-time students. There are no contribution conditions, but there are conditions relating to residence and presence in the UK which you will be required to satisfy.

Carer's allowance is paid directly into a bank, building society or other account of the payee's choice.

How is long-term care accessed?

The Care Quality Commission (CQC) regulates health and adult social care services in England, whether they're provided by the NHS, local authorities, private companies or voluntary organisations. Other regulatory regimes operate in other parts of the United Kingdom. They ensure that essential common quality standards are being met where care is provided. CQC promotes the rights and interests of people who use services and it has a wide range of enforcement powers to take action on their behalf if services are unacceptably poor. More information can be found at <http://www.cqc.org.uk/>

Your right to long-term care when moving within Europe

Long-term care benefits also fall under EU social security coordination rules, in the same way as sickness benefits. Long-term care benefits in cash are paid according to the



legislation of the state where you are insured, regardless of which state you are residing or staying in.*

Long-term care benefits in kind (which include healthcare, medical treatment, medicines and hospitalisation) are provided according to the legislation of the state in which you reside or stay as if you were insured in that state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Annex I: Useful addresses and websites

More detailed information on qualifying conditions and individual cash benefits in the United Kingdom can be obtained from local social security or Jobcentre Plus offices. The address of your nearest social security office is obtainable from the local post office.

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>

In Great Britain, enquiries concerning the effect on benefits and pensions of insurance in two or more countries should be addressed to:

Department for Work and Pensions
International Pension Centre
Newcastle upon Tyne
United Kingdom
NE98 1BA
Tel.: (44-191) 218 77 77
E-mail:
<mailto:TVP-IPC-Customer-Care@thepensionservice.gsi.gov.uk>

You can also get more information from the Department for Work and Pensions website:
<http://www.dwp.gov.uk>

You can get information about child benefits on the Internet at: <http://www.hmrc.gov.uk> or from:

Her Majesty's Revenue and Customs

Child Benefit Office
PO Box 1
Newcastle Upon Tyne
NE88 1AA
United Kingdom
Tel.: 0845 302 1444

If you live outside the UK, please phone 00 44 191 225 10 00.

You can get information about child tax credit on the Internet at: <http://www.hmrc.gov.uk/taxcredits>

Or from

Her Majesty's Revenue and Customs

Tax Credit Office
Preston
PR1 0SB
United Kingdom
Tel.: 0845 300 3900 (England, Scotland and Wales)
Tel.: 0845 603 2000 (Northern Ireland)

If you live outside the UK, please phone 00 44 -289 080 83 16.

Further information about health services in Great Britain, and how to use them, can be obtained from your local PCT (Health Board in Scotland). To find out the telephone number of your PCT (Health Board in Scotland) telephone the Freephone Health Information Service on 0845 4647 (08454 2242424 in Scotland).



You can find out the number of your local Health Authority (Health Board in Scotland) by ringing the Freephone Health Information Service on 0800 665544 (0800 224488 in Scotland).

Information about the Health Service in Northern Ireland can be obtained from the Health Services Agency, 2 Franklin Street, Belfast BT2 8DQ (telephone number 028 90324431).



Annex II: Special non-contributory cash benefits

Some social security benefits, referred to as special non-contributory cash benefits¹, are provided exclusively in the country where the person concerned resides. It is therefore not possible to "export" these cash benefits when moving to another country in Europe, even if you are still insured in the United Kingdom.

The special non-contributory benefits listed for the United Kingdom are:

- State Pension Credit (State Pension Credit Act 2002 and State Pension Credit Act (Northern Ireland) 2002);
- Income-based allowances for jobseekers (Jobseekers Act 1995 and Jobseekers (Northern Ireland) Order 1995);
- Income Support (Social Security Contributions and Benefits Act 1992 and Social Security Contributions and Benefits (Northern Ireland) Act 1992);
- Disability Living Allowance mobility component (Social Security Contributions and Benefits Act 1992 and Social Security Contributions and Benefits (Northern Ireland) Act 1992).

¹ In Annex X of Regulation (EC) No 883/2004 as amended by Regulation (EC) No 988/2009.